

## Annexes

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# Annex 1

## Sources and resources

### Sources

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## Resources

### Useful web sites

[www.detr.gov.uk](http://www.detr.gov.uk) (for DETR index)

[www.homeoffice.gov.uk](http://www.homeoffice.gov.uk) (for national police statistics)

[www.met.police.uk](http://www.met.police.uk) (for metropolitan police statistics)

[www.londonhealth.gov.uk](http://www.londonhealth.gov.uk) (for the London Health Commission and London Health Strategy)

[www.lho.org.uk](http://www.lho.org.uk) (for the London Health Observatory)

### Further reading

#### *London-specific*

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## Acronyms

CO	Carbon monoxide
DETR	(former) Department of the Environment, Transport and the Regions
DfEE	(former) Department for Education and Employment
DOH	Department of Health
DTLR	Department for Transport, Local Government and the Regions
GLA	Greater London Authority
HIP	Housing Investment Programme
ILO	International Labour Organisation
LFS	Labour Force Survey
LHC	London Health Commission
LHO	London Health Observatory
LRC	(former) London Research Centre
NO <sub>2</sub>	Nitrogen dioxide
NO <sub>x</sub>	Oxides of nitrogen
O <sub>3</sub>	Ozone
ONS	Office for National Statistics
PM <sub>10</sub>	Fine particles (less than 10 microns in diameter)
SEIPH-ERG	South-East Institute of Public Health Environmental Research Group (King's College, University of London)
SO <sub>2</sub>	Sulphur dioxide
SOC	Standard Occupational Classification
TfL	Transport for London

## Glossary

### *Exceedences*

When an air quality objective is not achieved (definition in Greater London Authority Air Quality Strategy: 'It has to be related to the time period of the objective, e.g. a daily or annual average, and to a particular site')

### *Older boroughs*

Characterised by the older private housing and modern social housing, predominantly flats, that is found in the urban core of London.

### *Suburban boroughs*

Include most of Outer London and some larger towns in the South-East.

### *Social class*

Social class (based on occupation) groups occupations together in terms of occupational skill. Until recently this fivefold hierarchical classification has been used in government statistics and is the basis of the social class statistics in this report. The classification is shown below.

### **Non-manual**

- I Professional occupations, e.g. accountants, doctors, engineers
- II Managerial and technical occupations, e.g. marketing and sales managers, teachers
- IIIN Skilled occupations – non-manual, e.g. clerks, cashiers

### **Manual**

- IIIM Skilled occupations – manual, e.g. carpenters, joiners
- IV Partly skilled occupations, e.g. security guards, warehousemen
- V Unskilled occupations, e.g. labourers, cleaners

In 2001, the government introduced the new National Statistics Socio-economic Classification (NS-SEC). This takes account of social changes, and is based not on skill levels but on employment relations and conditions. The new NS-SEC classification is shown below:

- 1 Higher managerial and professional occupations
- 2 Lower managerial and professional occupations
- 3 Intermediate occupations, e.g. mid-level sales and technical occupations
- 4 Small employers and own account workers
- 5 Lower supervisory and technical occupations
- 6 Semi-routine occupations
- 7 Routine occupations
- 8 Never worked and long-term unemployed

# Annex 2

## Note on method

### Key characteristics of the indicators

The London Health Strategy stated that, ideally, the indicators should have the following features:

- 1 Be well-established
- 2 Form part of a high level agenda
- 3 Embrace the widest determinants of health
- 4 Belong equally to all partners
- 5 Have public acceptance and understanding.

All these qualities are clearly relevant to a public strategy.

There are other 'bottom line' qualities which the indicators need to share with all other measures of this kind. These are:

- ▶ Validity. The indicator must measure what it purports to measure. To use an analogy, the arrows must hit the target.
- ▶ Reliability. Repeated measurements should produce the same or very similar results. In other words, the arrows should fall close together. An indicator can be valid but it also needs a reliable measuring procedure if it is to be effective.
- ▶ Clarity of definition.
- ▶ Availability. It must be possible to obtain the data.

Measurability is preferable but not essential for an indicator. There are important qualitative data which cannot be measured.

### Obtaining relevant, accurate information

Throughout this report, there is an emphasis on relevant, accurate information. This can be obtained in a variety of ways, including the following.

- ▶ Some of the indicators, like the ILO measure of unemployment, are based on samples, which can only produce estimates of the true figure. If random sampling is used, as in the Labour Force Survey, one can assess the margins of error; where these margins are too great, the data have been omitted.
- ▶ For other indicators, there are full records; therefore, there is no issue of sampling reliability. However, there are still important issues to do with how the data were obtained and whether they are, in fact, valid measures. For example:
  - For those indicators where the numbers are small – for instance, infant mortality – there is an issue of how reliable these figures are and whether the differences between groups and areas of London could have occurred due to random variation. Where possible, we have accounted for this by grouping years of data together so that we can present robust differences between areas and groups.
  - Police statistics cover all crimes recorded by the police but many crimes are not reported or recorded. One also needs to consider the context in which data are provided: is there pressure to show a downturn in crime? Are the figures subject to independent audit? So far as possible, we have used well-established sources, but where there is doubt, this is mentioned in the report.

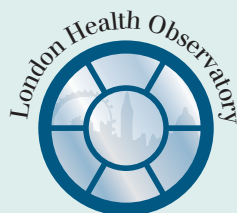
## Finding out more

For more information, or to make a contribution to specific areas of work of the London Health Commission, contact: Gus Wilson or Liza Cragg, London Health Commission, Greater London Authority, Romney House, 43 Marsham Street, London SW1P 3PY. Tel: 020 7983 4120. Email: [gus.wilson@london.gov.uk](mailto:gus.wilson@london.gov.uk)

To find out more about the work of the London Health Commission, the London Health Strategy, and resources and research, see our web site: [www.londonshealth.gov.uk](http://www.londonshealth.gov.uk) or [www.london.gov.uk/mayor/health\\_commission](http://www.london.gov.uk/mayor/health_commission)

For more information about the London Health Observatory, visit its web site at: [www.lho.org.uk](http://www.lho.org.uk)

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