

Hertfordshire & West Essex District Profile

2024

Watford

Public Health Evidence & Intelligence, Hertfordshire County Council, 2024-03-19

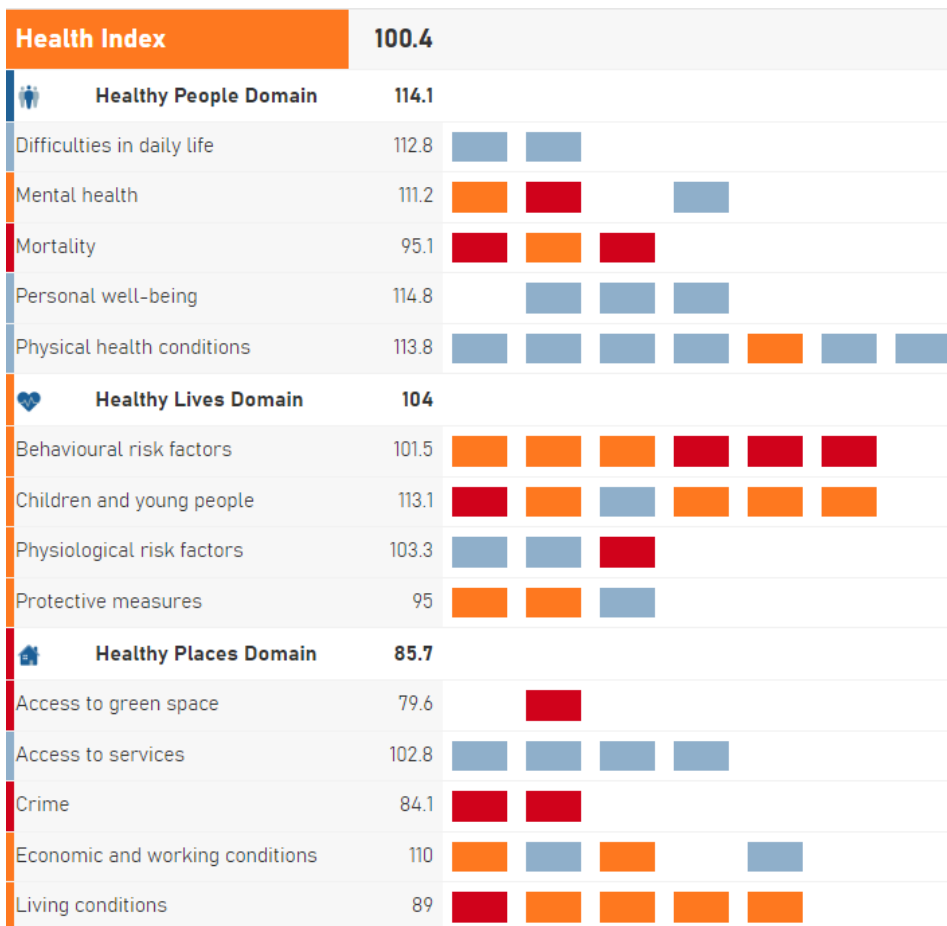
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Overview

This report presents data for Watford. It includes demographics as well as indicators on topics such as hospital admissions, service access, disease prevalence, and mortality. If you would like to discuss the report or dig deeper into population needs, please contact PH.Intelligence@hertfordshire.gov.uk. For more profiles, reports, and data, please visit the [Herts Health Evidence](#) website.

The below graphic compares Watford to Hertfordshire in terms of its Health Index scores. The Health Index provides a single value for health that can show how health changes over time. It can also be broken down to focus on specific topics to show what is driving these changes. The full scores can be seen at [Herts Health Evidence](#). For the full data see the [ONS Health Index](#).



Source: ONS Health Index Scores 2019

2019 ONS Health Index

Data Sources, Methodology and Definitions

Suppression: To protect against disclosure and ensure robust statistics, data for some indicators may be suppressed or rounded. Where data is not present (e.g., missing or suppressed), a blank value is shown.

Directly age-standardised rates (DSR): Differences between areas are partly due to the differences in the underlying population age structure. DSRs are used to allow comparisons between areas with different demographics by controlling for the differences in the underlying population. The DSR for an area is the number of events per 100,000 population that would occur in a 'standard reference population' if that standard population had the age-specific rates of the population of interest. This report uses the 2013 European standard population.

Standardised incidence ratios (SIR): To understand how the incidence rates of a condition in an area compare to the general population (in this report, the England population), SIRs can be used. The SIR is generated by dividing the observed total number of new cases in the area by the expected number and multiplying by 100. The expected number is calculated by applying age-sex-year-specific incidence rates for England to each area's population.

'Tartan Rugs': Tartan rugs are colour coded data tables which allow quick comparison of a large number of indicators against a comparator area. Cell colour is determined by statistical significance. Significance in this sense is a measure of whether any difference is statistically meaningful, rather than a subjective judgement. Areas where the confidence intervals overlap with the comparator area are said to be 'not significantly different'. Where confidence intervals do not overlap, higher or lower values can be judged to be higher/lower or better/worse depending on whether a value judgement can be made as to the polarity of the metric. It is important to consider data quality; an area with a low prevalence may simply have poorer recording for instance.

It is important to note that interventions should not be planned simply based on the colour of a cell in the rug in relation to a particular indicator but should also consider the impactability, current priorities, and data quality. While an area may not be significantly different than the comparator area for a particular indicator, a robust intervention here could make more of an impact than a weak intervention on an indicator which is significantly worse.

Potential Years of Life Lost (PYLL): Potential years of life lost (PYLL) is a measure of the potential number of years lost when a person dies prematurely. The basic concept of PYLL is that deaths at younger ages are weighted more heavily than those at older ages. The advantage in doing this is that deaths at younger ages may be seen as less important if cause-specific death rates were just used on their own in highlighting the burden of disease

and injury, since conditions such as cancer and heart disease usually occur at older ages and have relatively high mortality rates.

Geographies: Lower Layer Super Output Areas are geographic units of around 1,500 people. Wards are electoral geographic units which are more familiar than LSOAs but vary in size.

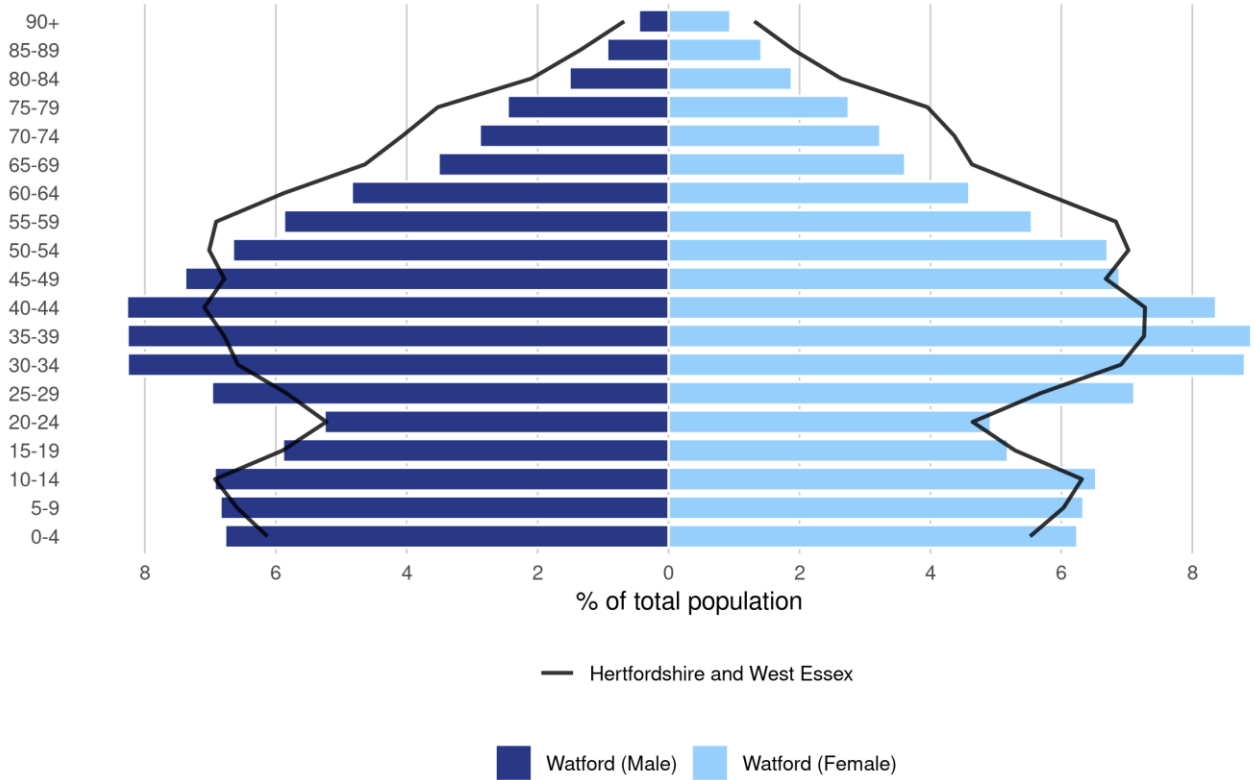
Data Sources: Data has been gathered from a number of different sources including [OHID Fingertips](#), locally analysed deaths data, and Office for National Statistics (ONS) data. Where relevant other data sources are listed within each section. Data may not be available for all areas.

Population

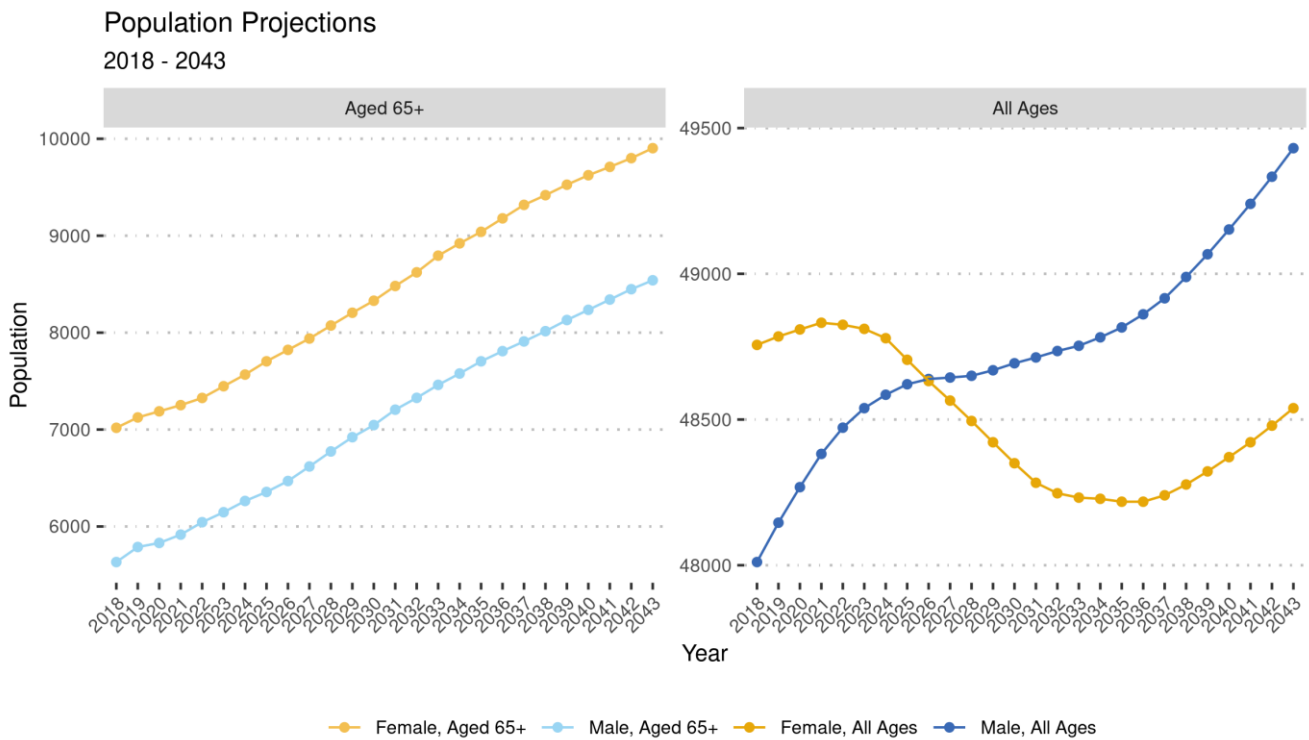
Watford had a population of 103,031 according to ONS 2022 mid-year estimates.

Watford Age Profile

Mid-year estimates 2022



Population projection within Watford across all ages and 65+ in males and females.



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 Source: Office for National Statistics National population projections: 2018-based

Based on 2018 population projections, the total of number of females and males in Watford were 48,756 and 48,011, respectively. In 2043, the female population is estimated to decrease to 48,539 and the male population is estimated to increase to 49,431. Based on 2018 population projections, the total of number of 65+ females and males were 7,018 and 5,633, respectively. In 2043, the female population is estimated to increase to 9,903 and the male population is estimated to increase to 8,540.

Estimated age breakdown within the district by ward (2021 Census)

Area	All ages	Under 5	5-18	19-44	45-64	65-84	85 and over
Hertfordshire and West Essex	1,518,427	89,365 (5.9%)	265,422 (17.5%)	497,907 (32.8%)	403,131 (26.5%)	223,929 (14.7%)	38,673 (2.5%)
Watford	102,253	6,526 (6.4%)	18,272 (17.9%)	39,988 (39.1%)	24,575 (24%)	11,093 (10.8%)	1,799 (1.8%)
Callowland	8,702	659 (7.6%)	1,429 (16.4%)	4,061 (46.7%)	1,904 (21.9%)	596 (6.8%)	53 (0.6%)
Central (Watford)	10,474	742 (7.1%)	1,334 (12.7%)	5,585 (53.3%)	2,076 (19.8%)	628 (6%)	109 (1%)
Holywell (Watford)	9,892	684 (6.9%)	1,911 (19.3%)	4,210 (42.6%)	2,099 (21.2%)	831 (8.4%)	157 (1.6%)
Leggatts	8,390	506 (6%)	1,803 (21.5%)	3,135 (37.4%)	1,997 (23.8%)	844 (10.1%)	105 (1.3%)
Meriden (Watford)	8,069	495 (6.1%)	1,622 (20.1%)	2,787 (34.5%)	1,954 (24.2%)	996 (12.3%)	215 (2.7%)
Nascot	9,067	570 (6.3%)	1,452 (16%)	3,341 (36.8%)	2,142 (23.6%)	1,260 (13.9%)	302 (3.3%)
Oxhey	7,186	436 (6.1%)	1,185 (16.5%)	2,476 (34.5%)	1,916 (26.7%)	1,051 (14.6%)	122 (1.7%)
Park (Watford)	8,638	431 (5%)	1,748 (20.2%)	2,677 (31%)	2,355 (27.3%)	1,226 (14.2%)	201 (2.3%)
Stanborough	7,582	423 (5.6%)	1,393 (18.4%)	2,427 (32%)	2,151 (28.4%)	1,034 (13.6%)	154 (2%)
Tudor (Watford)	7,117	426 (6%)	1,162 (16.3%)	2,533 (35.6%)	1,832 (25.7%)	1,032 (14.5%)	132 (1.9%)
Vicarage	9,162	623 (6.8%)	1,744 (19%)	3,993 (43.6%)	2,105 (23%)	625 (6.8%)	72 (0.8%)
Woodside (Watford)	7,974	531 (6.7%)	1,489 (18.7%)	2,763 (34.7%)	2,044 (25.6%)	970 (12.2%)	177 (2.2%)

Ethnicity

Within Watford, 50.2% of the population are 'Non-White UK'. This percentage is significantly higher than Hertfordshire and West Essex (24.8%). 'Non-White UK' refers to the percentage of the population that do not state their ethnicity as English, Welsh, Scottish or Northern Irish.

The population distribution within Watford, along with each of the wards within the district were compared to the distribution of Hertfordshire and West Essex, with the colour of the rug reflecting whether any significant differences exist. Ethnicity populations used the 2011 LSOA census data, the LSOA was matched to the current ward geography using the ONS Open Geography Portal.

	White (%)	Asian / Asian British / Chinese (%)	Black / African / Caribbean / Black British (%)	Mixed / multiple ethnic groups (%)	Other ethnic groups (%)	Non-White UK (%)
Period	2021	2021	2021	2021	2021	2021
Hertfordshire & West Essex	83.1	7.8	3.5	3.6	2	24.8
Watford	61.6	23.9	6.3	4.7	3.5	50.2
Callowland	61.6	20.3	8.3	5.1	4.7	57.6
Central	59.6	25.6	5	5.3	4.6	59.8
Holywell	49	34.4	7.8	5	3.8	62.6
Leggatts	59.2	26.3	6.1	4.8	3.6	51.6
Meriden	70	15.7	6.6	4.8	2.9	40.2
Nascot	63.2	25	4.9	3.9	2.9	46.6
Oxhey	73.1	16.9	3	4.6	2.4	36.6
Park	54.4	33.1	4.2	4.9	3.4	53.9
Stanborough	70.3	15.1	7.8	4.4	2.4	38.9
Tudor	65.4	20.7	5.3	4.9	3.7	45.7
Vicarage	43.4	38.3	8.5	4.7	5.1	73.8
Woodside	73.1	13.8	6.3	4.5	2.2	35.7

■ Similar
 ■ Significantly Lower
 ■ Significantly Higher

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Tartan rug showing differences in Ethnicity between wards within the district, compared to the ICS.

Life Expectancy

Life expectancy at birth reflects the cumulative impact of the prevalence of risk factors, prevalence and severity of disease, and the effectiveness of intervention and treatment. Differences in life expectancy reflect potential health inequalities between regions and sex.

Period	Male life expectancy at birth (upper age band 90+)	Female life expectancy at birth (upper age band 90+)
	2016 - 20	2016 - 20
Hertfordshire	80.9	84.2
Watford	79.1	82.6
Callowland	83.6	84.4
Central	77.6	83.7
Holywell	73.2	79.6
Leggatts	80.7	83.1
Meriden	78.3	85.6
Nascot	79.3	81.1
Oxhey	81.8	84.7
Park	83.4	86.8
Stanborough	82.8	84.4
Tudor	81.5	83.5
Vicarage	75.8	79.9
Woodside	78.1	81.5

■ Similar
 ■ Significantly Worse
 ■ Significantly Better

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Male life expectancy in Watford is significantly lower than Hertfordshire, with one wards in the district having significantly higher life expectancies than Hertfordshire and five wards with significantly lower life expectancies. Female life expectancy in Watford is significantly lower than Hertfordshire, with one wards in the district having significantly higher life expectancies than Hertfordshire and four wards with significantly lower life expectancies.

Health State Life Expectancies

Health state life expectancies add a quality dimension to estimates of life expectancy by dividing expected lifespan into time spent in different states of health.

The main metric involves examining healthy life expectancy (HLE), whereby it aims to define how long an individual experiences life expectancy as a period of good health. This is an important supplementary measure to life expectancy itself, as those living with poor health tend to have poorer well-being and have higher care needs.

Period	Female healthy life expectancy at birth	Male healthy life expectancy at birth
	2018 - 2022	2018 - 2022
Hertfordshire	69.7	68.4
Watford	67.4	66.3
Callowland	67.3	65.6
Central	65.8	61.9
Holywell	62.5	61.1
Leggatts	66.5	66
Meriden	66.3	63.5
Nascot	68.4	70.3
Oxhey	69.7	68.6
Park	72.5	72
Stanborough	67.4	67.1
Tudor	69.1	68.8
Vicarage	66.4	65
Woodside	66.4	64.8

■ Similar
 ■ Significantly Worse
 ■ Significantly Better

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Tartan rug showing differences in healthy life expectancy in males and females between wards within the district, compared to the county.

Wider Determinants

The wider determinants of health are a diverse range of social, economic and environmental factors which impact on people's health. This includes factors such as the built and natural environment, employment and income, crime, and education. These factors account for a substantial part of the difference between the health and well-being of individuals. The Indices of Multiple Deprivation (IMD) combine several indicators covering a range of economic, social, health and housing issues into a single score of deprivation. Estimates for IMD, and child and elder poverty are from 2019, fuel poverty from 2020, and unemployment and long-term unemployment from 2021/22. The following section gives details on these wider determinants and crime statistics for each ward.

More analysis on [crime](#), [deprivation and poverty](#) and [unemployment](#) can be found on Herts Insight.

More information about IMD and associated measures can be found on the [IMD Profiles page on Herts Health Evidence](#).

A broader discussion around the impact of the wider determinants of health can be found in the [OHID Health Profiles](#) and the [Marmot Review in a Hertfordshire Context](#).



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Tartan rug showing differences in wider determinants health between wards within the district.

Crime indicator breakdown within the district by ward (2023). Metric rates per 1,000 population. Data from Jan-23 - Dec-23., except St. Albans' ward level data from Jul-21 - Jun-22. Not available for West Essex areas.

Area	All Crime Rate	Burglary Rate	Shoplifting Rate	Drugs Rate	Possession of weapons Rate	Violence and sexual offences Rate	Anti-social behaviour Rate
Hertfordshire	64.71	3.27	7.14	1.80	0.61	24.07	21.38
Watford	90.46	4.08	9.26	2.81	1.26	32.00	29.43
Callowland	62.19	3.27	1.89	0.88	0.63	28.70	22.16
Central	328.22	13.33	48.96	13.92	5.90	103.94	111.73
Holywell	67.20	2.24	1.28	1.70	0.64	30.46	25.98
Leggatts	46.35	4.03	0.00	1.13	0.50	22.17	12.47
Meriden	64.18	2.93	11.86	1.10	1.10	20.05	27.87
Nascot	43.54	4.67	0.46	2.05	0.34	18.92	13.79
Oxhey	53.68	2.21	0.59	1.77	1.18	19.71	18.09
Park	68.48	3.73	0.13	3.98	1.12	18.80	18.43
Stanborough	42.17	1.83	1.41	0.56	0.70	17.20	17.91
Tudor	140.90	5.00	38.37	2.57	1.16	30.41	25.92
Vicarage	73.60	1.60	2.64	2.06	0.69	32.56	23.39
Woodside	80.69	3.50	1.88	1.08	1.08	35.10	29.99

Morbidity

Childhood factors

Deliveries (births) to teenage mothers, 5 year pooled data (%)

Low birth weight (LBW) of live babies, five year pooled (%)

Year 6 prevalence of overweight (including combined (%))

Reception prevalence of overweight (including combined (%))

Period	2016/17-20/21	2016-20	2020/21-22/23	2020/21-22/23
Hertfordshire and West Essex	0.4	5.8	31.6	19.3
Watford	0.2	7.6	36.5	18.1
Callowland		7.1	40.7	22.4
Central	0	7.3	39	19
Holywell	0	6.6	41.8	20
Leggatts		7.9	40.6	17.5
Meriden		8.2	32.8	20.6
Nascot	0	9.3	35.7	13.2
Oxhey	0	6.4	30.8	17
Park		9.2	29	10.4
Stanborough	0	8.7	40	20
Tudor	0	9.8	28.6	13.9
Vicarage	0	6.6	41.3	21.2
Woodside		6.4	34.5	19.6

■ Similar
 ■ Significantly Worse
 ■ Significantly Better

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The electoral wards with the largest number of indicators that were statistically significantly worse than Hertfordshire and West Essex was Stanborough. The electoral wards with the

largest number of indicators that were statistically significantly better than Hertfordshire and West Essex were Nascot, and Park.

Disease and Poor Health

	Percentage of people who reported having a limiting disability (%)	Incidence of prostate cancer, standardised incidence ratio	Incidence of lung cancer, standardised incidence ratio	Incidence of colorectal cancer, standardised incidence ratio	Incidence of breast cancer, standardised incidence ratio	Incidence of all cancers, standardised incidence ratio
Period	2011	2015-19	2015-19	2015-19	2015-19	2015-19
Hertfordshire and West Essex	14.6	107.3	87.2	97.1	104.6	98.1
Watford	13.6	91	100.7	107.4	100.6	96.5
Callowland	10.8	83.8	132.1	81.2	111.6	92.4
Central	12.9	72.8	123.4	92	89.2	87.4
Holywell	14.9	106.5	142.1	119.1	60.1	110.8
Leggatts	14.2	47.1	120.4	111.3	109	92.1
Meriden	17.4	131.3	120.9	120.9	89.9	103.3
Nascot	15.4	77.9	50.4	132.9	88.1	83.9
Oxhey	13.6	61.5	78.8	128.3	100.4	93.5
Park	11.6	118.1	51.4	106.8	132.1	93.5
Stanborough	13.1	120.9	129.7	122.2	111.6	111.4
Tudor	13.2	92.5	94	38.8	113.4	98.8
Vicarage	10.6	78.4	80.8	94.7	103.5	92.6
Woodside	16.1	79.6	129.7	114.9	95.2	98.7

■ Similiar
 ■ Significantly Worse
 ■ Significantly Better

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Tartan rug showing differences in disease and poor health indicators between wards within the district, compared to the ICS.

The electoral wards with the largest number of indicators that were statistically significantly worse than Hertfordshire and West Essex were Holywell, Meriden, and Woodside. The electoral wards with the largest number of indicators that were statistically significantly better than Hertfordshire and West Essex were Nascot, Oxhey, and Tudor.

Mortality

Mortality is a good high-level indicator of the overall health of a population, and is correlated with many other measures of population health. Geographical and cohort-based differences between mortality in different areas reflects a wide range of underlying differences between populations and can track progress to tackle inequality over extended periods.

Indicators in the following tartan rug are directly standardised by age, accounting for differences in the population structures of different areas and facilitating more accurate comparisons. Potential Years of Life Lost (PYLL) indicators are limited to those [considered amenable](#) to healthcare such as infections, neoplasms, injuries, and certain diseases. Premature mortality indicators have a [wider range of causes](#) but are limited to deaths occurring in those aged under 75. The PYLL indicators show the number of years of life lost by every 100,000 adults in the denominator population.

The ward with the largest number of indicators that were statistically significantly better than Hertfordshire was Vicarage. The ward with the largest number of indicators that were statistically significantly worse than Hertfordshire was Stanborough.

Period	2016-2020	2016-2020	2016-2020	2016-2020	2016-2020	2016-2020	2016-2020
Hertfordshire	282.6	115.2	58.5	819.4	177.5	595.3	217.1
Watford	336.8	128.3	71.6	997.2	226.2	575	368.9
Callowland	308.6	142.1	48.1	788.1	296.8	271.6	563.5
Central	408.5	136.5	102.4	1537.3	87.2	368.8	475.9
Holywell	533.1	160.5	110	1632.1	730.6	581.3	418.5
Leggatts	368.6	123.5	89.4	996.1	239.1	749.8	57
Meriden	352	132	102.1	1504.6	420.2	355.5	259.6
Nascot	324.9	124.7	66.4	755	80.8	879.1	128.9
Oxhey	242.8	95.4	61.3	843.8	116.7	375.4	340.3
Park	215.7	106.6	43.8	513.2		802.7	
Stanborough	264.1	129	44.1	567.2	63.7	418.5	342.7
Tudor	333.9	144.8	58.2	750		494.1	746.4
Vicarage	453.5	128.7	114.4	1693.9	430.2	847.4	685.5
Woodside	339.5	137.3	52.2	833.6	374.3	686.4	297.6

■ Similar
 ■ Significantly Worse
 ■ Significantly Better

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Tartan rug of mortality indicators for wards. Indicators include premature all-cause DSR rates and PYLL for a number of death causes

Indicators in the following tartan rug are taken from the Fingertips Local Health profile. Other than infant mortality rate, which is expressed as the number of infant deaths under 1 year of age per 1000 live births, indicators are expressed as standardised mortality ratio (SMR).

SMR shows how more or less likely a population with certain condition dies when compared to the overall mortality rate of the general population. Please note that infant mortality rate is not available at ward level.

	Infant mortality rate per 1000	Deaths from causes considered preventable, under 75 years, standardised mortality ratio	Deaths from respiratory diseases, all ages, standardised mortality ratio	Deaths from stroke all ages, standardised mortality ratio	Deaths from circulatory disease, under 75 years, standardised mortality ratio	Deaths from circulatory disease, all ages, standardised mortality ratio	Deaths from all cancer, all ages, standardised mortality ratio
Period	2020-22	2016-20	2016-20	2016-20	2016-20	2016-20	2016-20
Hertfordshire and West Essex	2.9	80.1	94.4	88.5	82.4	88.4	92.4
Watford	4.2	95.3	122.9	101.4	98.7	97.7	97.2
Callowland		86.1	97.1	49.6	69.6	76.2	92.1
Central		113.6	112.2	91.2	141.8	109	89.2
Holywell		150.3	227.3	202.7	141.9	146.9	124.2
Leggatts		117.9	107.4	111.8	120.3	108.9	87.1
Meriden		96.4	105.4	64	145.3	101.3	101.5
Nascot		83.3	155.2	120	90.2	98.2	103.8
Oxhey		61.1	86.6	68.2	85.6	80.6	89.8
Park		56	69.5	86.8	53.3	76.2	91.8
Stanborough		77.5	96.4	49.3	62	61.5	84.9
Tudor		101.6	109.3	95.5	79.3	81.7	105.2
Vicarage		118.4	150.6	204	152	151.7	92.7
Woodside		101.6	153.1	100.8	73.3	104.7	100.8

Similar Significantly Worse Significantly Better

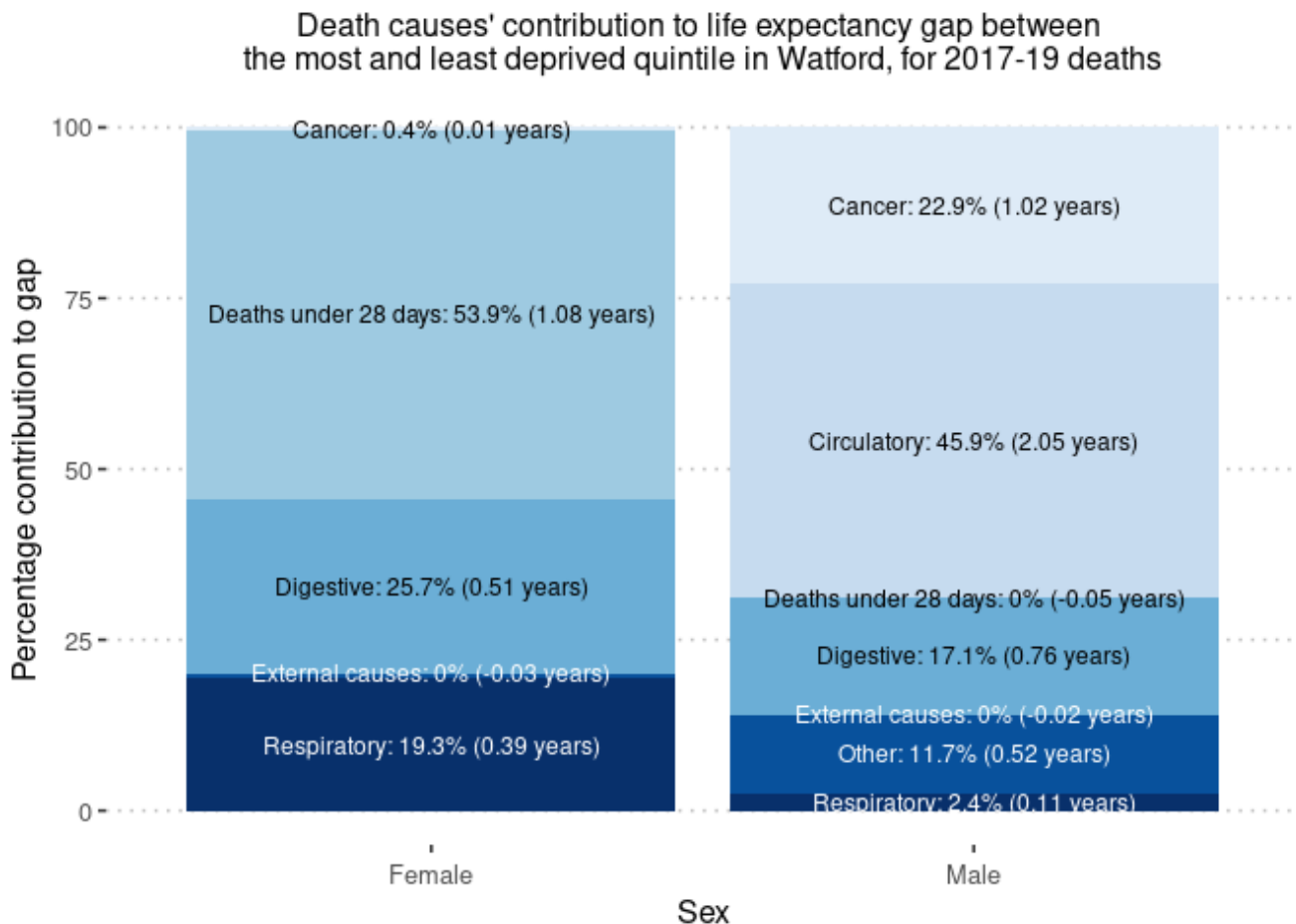
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Tartan rug of mortality indicators for wards. Indicators include infant mortality rates and standard mortality ratio for a number of death causes

The electoral wards with the largest number of indicators that were statistically significantly worse than Hertfordshire and West Essex was Holywell. The electoral wards with the largest number of indicators that were statistically significantly better than Hertfordshire and West Essex was Stanborough.

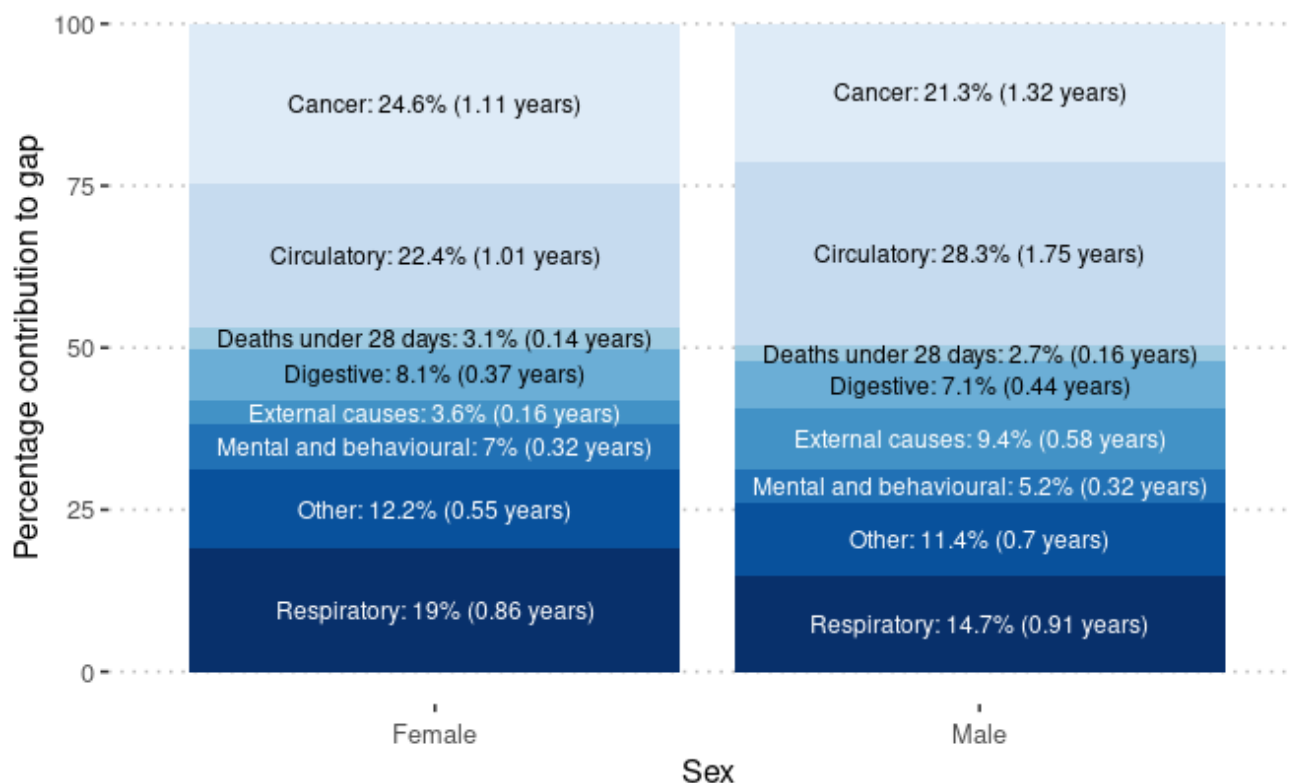
The following scarf chart shows, for each broad cause of death or each broad age group, the percentage contribution that it makes to the overall life expectancy gap between the most and least deprived areas within the area. Causes of death/age groups are only included in the scarf chart if they make a contribution to the gap in life expectancy (i.e. where the mortality rate is higher for that cause of death).

Some causes of death may be highlighted as contributing a large percentage of the life expectancy gap, even though the gap itself may be small so both the percentage and the gap in years should be examined. It is also important to consider the mortality rate for each cause in the area as a whole. For example, if a local authority has a very high mortality rate for cancer, the within area breakdown may not highlight cancer as a significant contributor to the within area gap because the mortality rates are consistently high across the whole local authority. In this case, cancer would still be an issue requiring consideration in the local authority, even though it had not been highlighted in the within area analysis.



Scarf plot showing various death causes' contribution to the life expectancy gap between the most and least deprived quintile in the district and Hertfordshire & West Essex

Death causes' contribution to life expectancy gap between the most and least deprived quintile in Hertfordshire and West Essex, for 2017-19 deaths



Source: Office for Health Improvement and Disparities

Scarf plot showing various death causes' contribution to the life expectancy gap between the most and least deprived quintile in the district and Hertfordshire & West Essex

For females in Watford, the causes of death that account for the largest differences in life expectancies between the most and least deprived areas are deaths under 28 days (1.08 years, compared to 0.14 years in HWE), digestive diseases (0.51 years, compared to 0.37 years in HWE) and respiratory diseases (0.39 years, compared to 0.86 years in HWE). For males in Watford, the causes of death that account for the largest differences in life expectancies between the most and least deprived areas are circulatory diseases (2.05 years, compared to 1.75 years in HWE), cancer (1.02 years, compared to 1.32 years in HWE) and digestive diseases (0.76 years, compared to 0.44 years in HWE).

Health Service Utilisation

Using hospital admission data, the indicators in the following section aim to provide information on unplanned/emergency utilisation of acute hospitals. Hospital utilisation does not always correlate with need, for example, not all injuries will result in emergency admissions.

Hospital admissions for alcohol attributable conditions, (Narrow definition) indirectly age standardised ratio
 Emergency hospital admissions for injuries in 15 to 24 years old, crude rate per 10,000
 Emergency hospital admissions for injuries in under 15 years old, crude rate per 10,000
 Emergency hospital admissions in under 5 years old, crude rate per 1000
 Emergency hospital admissions for intentional self harm, standardised admission ratio
 Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio
 Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio
 Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio
 Emergency hospital admissions for stroke, standardised admission ratio
 Emergency hospital admissions for coronary heart disease, standardised admission ratio
 Emergency hospital admissions for all causes, all ages, standardised admission ratio

Period	16/17 - 20/21	16/17 - 20/21	16/17 - 20/21	18/19 - 20/21	16/17 - 20/21	16/17 - 20/21	16/17 - 20/21	16/17 - 20/21	16/17 - 20/21	16/17 - 20/21	16/17 - 20/21
Hertfordshire and West Essex	89	112.8	84.8	116.2	58.9	99	77.4	88.5	89.4	85.1	90.7
Watford	109.4	107.8	76.7	115.9	61.8	97.6	106.4	105.3	94.9	112.5	112.1
Callowland	106.3	83.1	62.2	120.8	47.7	81.5	109.9	96.2	97	118.2	108.3
Central	131.5	94.7	74.7	106.5	63.2	116.2	96.2	128	122.1	121.9	111.8
Holywell	133.2	56.8	79.7	159.3	73	151.9	136.8	164.6	167.5	165.1	149.9
Leggatts	95	104.3	60.1	98	38.2	75.6	165.4	124.3	110	121.6	116.7
Meriden	125.3	171.3	91.2	97.7	85.5	95.5	144.5	86.3	115.6	105	120.6
Nascot	85.8	110.8	58.1	97.4	75.1	126.3	121.4	91.3	100.3	103.2	109.1
Oxhey	120.4	107.1	76.1	110	58.4	93.2	102.8	107.8	55.4	116.9	102.6
Park	118.9	113.1	85.8	131	48.6	85.5	27.5	63.3	71.7	68.7	84.6
Stanborough	79.6	132.2	92.2	101.8	66.6	78.6	98.3	103.9	60.5	87.6	97.1
Tudor	107.2	106.5	83.1	121.4	58.7	68.1	110.9	93.9	90	103.9	103.5
Vicarage	106	104.1	77.5	123	54.3	79.9	72.2	143.9	91.8	160.6	125.4
Woodside	104.1	137	84.3	111.2	73.7	95.1	92.3	92.4	74.1	109.2	112.9

Similar Significantly Worse Significantly Better

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Tartan rug showing differences in Health Service Utilisation between wards within the district, compared to the ICS.

The ward with the largest number of indicators that were statistically significantly worse than Hertfordshire and West Essex was Holywell. The ward with the largest number of indicators that were statistically significantly better than Hertfordshire and West Essex was Leggatts.