Data Set	**Mortality Standard Mortality Ratio (SMR)**				
MM Code	40001.01	**Methodology**	MM NAE	**Latest version**	31/10/2016
Description	Mortality relative to population (using ONS mortality for England and Wales ELT17)				
Geography	UK (England, Wales, Scotland, Northern Ireland)				
Uses	Marketing, sales, insurance pricing, reporting. Not when subject to race discrimination legislation (refer to MM)				
GDPR status	Not Individual Personalised Data. No Individual Personalised Data used to produce it.				
Source data	ONS Deaths		**Predictor data**	Full MM 2011 set	
Keys (3)	Output Areas 2011, Sex, AgeBand1 (18-24, then 5 yearly to 85+)				
Data (1)	Standard Mortality Ratio (SMR)				
Formats	40001.01.R	Relational on all 3 keys (6,504,288 x 4)			
	40001.01.OA.Age	Keyed on OA11 and AgeBand1 (3,252,144 x 4)			
	40001.01.OA	Keyed just on OA11 (232,296 x 29)			

Example data

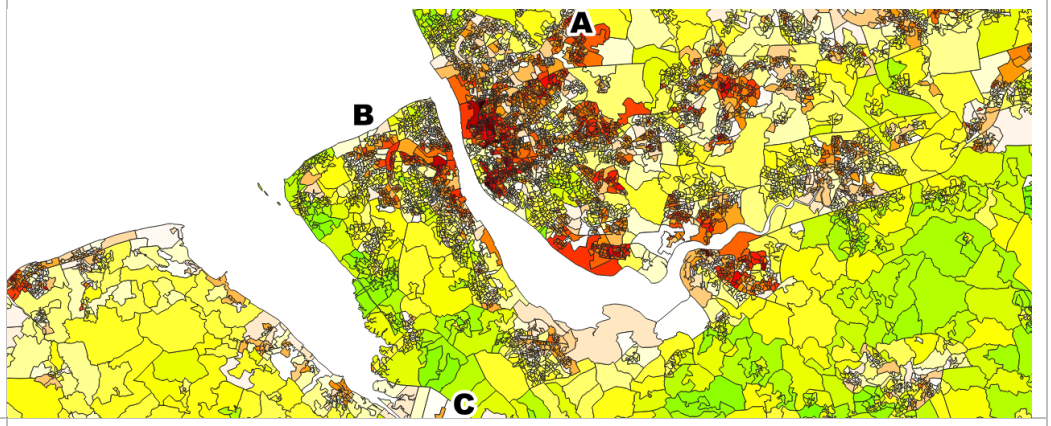
Female

On map	SMRs for Age Bands						
	18-24	30-34	40-44	50-54	60-64	70-74	80-84
A	1.24	1.38	1.55	1.61	1.64	1.57	1.29
B	1.00	1.00	1.07	1.11	1.14	1.16	1.15
C	0.92	0.85	0.83	0.79	0.75	0.77	0.92

Geographic spread

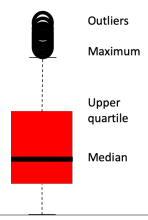
Liverpool, Wirral and surrounds

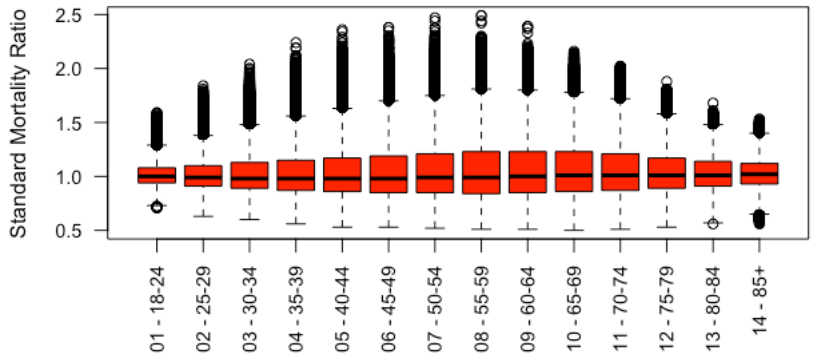
Female age 60-64



Data value spread

Female





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OA11 key	For use of Postcode to provide >99.8% match to OA11 key refer to Data Sheet 20001 Postcode to OA11.
Notes	The Standardised Mortality Ratio (SMR) is the ratio of our modelled death rate divided by lifetable death rate (ELT17). A value of 1 indicates that the individual's modelled mortality risk is exactly in line with the England and Wales average death rate for their age and sex as at 2011. A figure above 1 indicates an increased risk and a figure below 1 a reduced risk. Mortality rates are low at young ages, and largely driven by external causes such as accident and suicide, which leads to lower differentials across the population. It has been recognised by actuaries for years that differentials reduce at older ages: "one thing we know about all older people, they're good at not dying". This data provides population mortality. It can be used to provide absolute mortality rates, or relative rates. Care should be taken when there is any prior selection, for example directly through medical underwriting or indirectly through income.
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