Public Health England

Protecting and improving the nation's health

Health Profiles 2018 User Survey Summary results

Contents

Introduction

Public Health England continually aims to ensure products meet users' needs. Engagement with stakeholders allows us to review and reflect on this and ensure that efforts are focused on products that are used and valued.

Health Profiles are official statistics. As part of our commitment to the code of practice we regularly engage with users. Comments were invited on the proposed content for the 2018 profiles via a survey run online between 14 November 2017 and 01 December 2017.
The survey link was sent out to local authority public health teams and analytical networks by PHE's local knowledge and intelligence service (LKIS) teams and via the Local Government Association. It was also published on the Health Profiles webpage and the link tweeted using PHE's twitter account.

The survey received 49 responses and has been used in conjunction with feedback received throughout the year to our dedicated inbox and via LKIS teams. In addition to the online survey in 2017/18, a number of user workshops were run to gain greater insight into the use of Health Profiles and to identify areas for development. Results from the workshops will be published separately.

The Health Profiles team would like to thank all those stakeholders that took the time to respond.

Decisions taken

Question 1: It is proposed that the smoking related deaths indicator is replaced with Smoking prevalence in adults in routine and manual occupations (Source profile - Local tobacco control). Do you agree with the proposed change?
Decision: smoking-related deaths will be replaced by smoking prevalence in adults in routine and manual occupations
Rationale: 70% of respondents agreed with the proposed change.

Question 2: It is proposed that the long term unemployment indicator is replaced with another employment-related indicator.
Decision: Long term unemployment will be replaced by percentage of people aged 16-64 in employment
Rationale: This indicator was ranked highest according to preference of the choices given. The employment rate is designed to represent the working status of the whole population, as such, it was deemed most appropriate to include in the Health Profiles.

Question 3: Rank preference of indicators for inclusion in future
Decision: The rankings have been noted for future iterations of the Health Profiles, an additional indicator will not be included in the 2018 pdfs.
Rationale: Having assessed the changes to be made to the pdf, there is not currently sufficient space to include an additional indicator.

Question 4: In the 2017 Health Profiles, a new section was added to page 2 - Population: summary characteristics. How relevant are these characteristics for use in local discussions?
Decision: The population section will be retained on page 2.

The dependency ratio will be replaced by 2 indicators:
1. the percentage of population aged under 18;
2. the percentage of population aged 65 and over

Rationale: Responses supported the inclusion of this section of the pdf report.
PHE's indicator methodology review group recommended the removal of the dependency ratio to be replaced with percentages of the young and old population. This change will simplify interpretation.

Question 5: It is proposed that a second deprivation map is added using local deprivation quintiles (within the local authority). Do you agree with the proposed change?

Decision: A second deprivation map will be added to the deprivation section on page 2 of the Health Profiles.
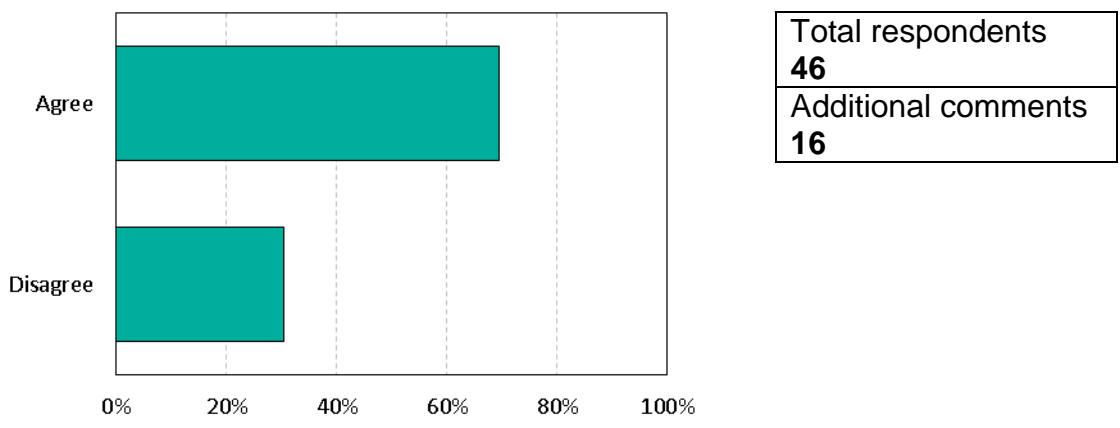
Rationale: There was 85% agreement to add a second map. The bar chart which displays the percentage of population who live in areas at each level of deprivation will also be retained

Summary of responses

Review of indicators

Question 1: The smoking related deaths indicator will not be included in the 2018 Health Profiles. This indicator is no longer produced at district level due to unavailability of accurate estimates of smoking prevalence by age group.

It is proposed that the smoking related deaths indicator is replaced with smoking prevalence in adults in routine and manual occupations (Source profile - Local tobacco control).

Total respondents
46
Additional comments
16

Additional comments from survey responders:
- Many agreed that the smoking related deaths indicator was very useful and that its removal would be a loss to the tool. A number of people commented that the smoking related deaths indicator had been invaluable in making cases for change/funding.
- Commenters suggested that it would still be very useful to have this indicator available at County/UA level, despite no longer being available at District level.
- Deaths from lung cancer and Healthy life expectancy were suggested to be better alternatives.

Response to comments:
- For those expressing concern at the loss of the indicator, it remains available in the Local Tobacco Control Profiles.
- Deaths from lung cancer will be considered as an indicator suggestion. Healthy life expectancy is not available at district level and so does not meet the criteria for inclusion.

Question 2: As a result of the transition from the provision of Job Seeker's allowance to Universal Credit, the long term unemployment indicator methodology is likely to change. It is proposed that it is replaced with another employment-related indicator. Please rank the following indicators in order of importance for inclusion in the Health Profiles.
(With a rank of 1 being the indicator that you most like to see included in the Health Profiles and a rank of 3 being the least).

Indicator	Source	Average rank (1 highest priority)
Percentage of people aged 16-64 in employment (Persons)	Public Health Outcomes Framework	1.91
Gap in the employment rate between those with a long-term health condition and the overall employment rate	Public Health Outcomes Framework	1.95

Continue to use the existing Long Term Unemployment indicator until ONS develop a new indicator	Wider Determinants of Health	2.11

Total respondents	**44**	Additional comments	**13**

Additional comments from survey responders:
- Rankings for the top two options were very close.
- Some concern was raised as to whether the "Percentage of people aged 16-64 in employment (Persons)" indicator would be distorted in university towns.
- There was also concern that the introduction of an age band reduced the usefulness of the indicator.

Response to comments:
- The "Percentage of people aged 16-64 in employment (Persons)" will be influenced by students because they contribute to both the numerator and denominator. It could be argued that this is part of what the measure is, rather than a distortion i.e. the students are an integral part of the economy and labour market and the locality would be altogether different if a university was not there in many cases.

Question 3: Topic leads within PHE were asked to identify indicators for possible inclusion in the Health Profiles. This question presents these suggestions.
If space allows, an additional indicator may be included in the Health Profiles. Please rank the following indicators in order of importance for inclusion in the Health Profiles. With a rank of 1 being the indicator that you most like to see included in the Health Profiles and a rank of 3 being the least.

Indicator	Source	Average rank (1 highest priority)
Percentage of 5-year olds who are free from obvious dental decay	Public Health Outcomes Framework	1.88
Deaths from drug misuse	Public Health Outcomes Framework	1.90
Hospital admissions for alcoholic liver disease conditions	Liver Disease profiles	2.22

Total respondents	**41**	Additional comments	**8**

Additional comments from survey responders:
- If space allows, commenters would like more than one indicator included.

Response to comments:
- Due to the addition of the indicator "Estimated dementia diagnosis rate (aged 65+)", agreed as a result of the 2017 user survey, there is not currently space for the inclusion of any additional indicators.

Changes to annual pdf

Question 4: In the 2017 Health Profiles, a new section was added to page 2 - Population: summary characteristics (see Appendix A). How relevant are these characteristics for use in local discussions?

Indicator	Indicator is relevant (keep)	Indicator is not relevant (remove)/No opinion
Population pyramid displaying proportion of population by gender and 5-year age bands compared to England and a 2020 projection	30	12
Proportion of people from an ethnic minority group	37	5
Dependency Ratio (dependants/working population)	29	13

Total respondents	**42**	Additional comments	**8**

Additional comments from survey responders:
- There was a general consensus that the three added indicators had been useful.
- Importance of the ethnicity indicator is recognised but its usefulness was questioned due to the lag in estimate production and use of 2011 Census data.
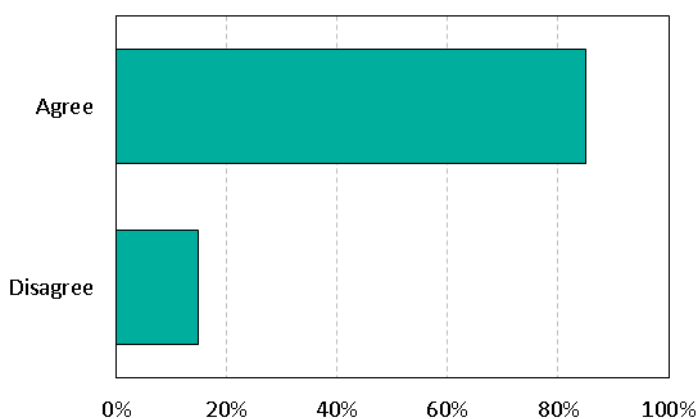
Response to comments:
- Data for the proportion of people from an ethnic minority group are sourced from the Annual Population Survey (APS), not the 2011 census.

Question 5: It is proposed that a second deprivation map is added to the section "Deprivation: a national view" (see Appendix B) using local deprivation quintiles (within the local authority).

Rationale: This change has been proposed as the life expectancy and health inequality charts on page 3 are based on local deprivation data, therefore a map of local quintiles would provide better context for interpretation of these indicators. This change might require the removal of the bar chart which displays the percentage of population who live in areas at each level of deprivation (this will be avoided if possible).
Do you agree with the proposed change?

Total respondents **40**	
Additional comments **11**	

Additional comments from survey responders:

- Although the response showed a clear favouring of the inclusion of a second map with local deprivation quintiles, many commenters said that the bar chart was actually useful for comparing to England, and showing what proportion of the population were in each quintile.
- There was some suggestion that the map could be removed and replaced with other deprivation stats, as most users would create their own maps themselves or use Local Health.
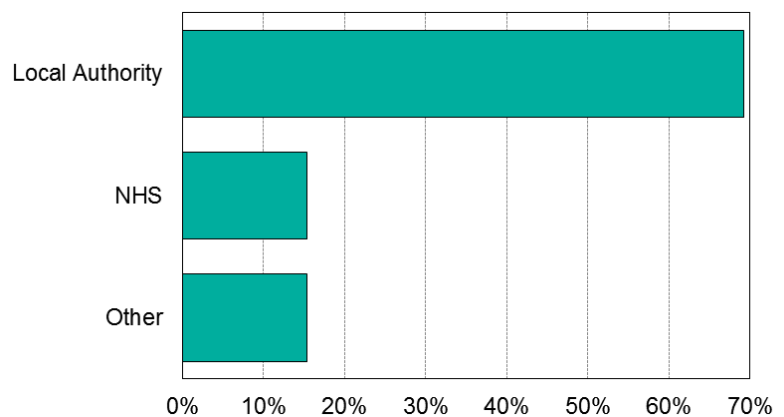
Response to comments:

The health profiles are designed to be accessible by a non-technical audience. This audience are less likely to create these maps themselves or to use other tools such as local health to do so.
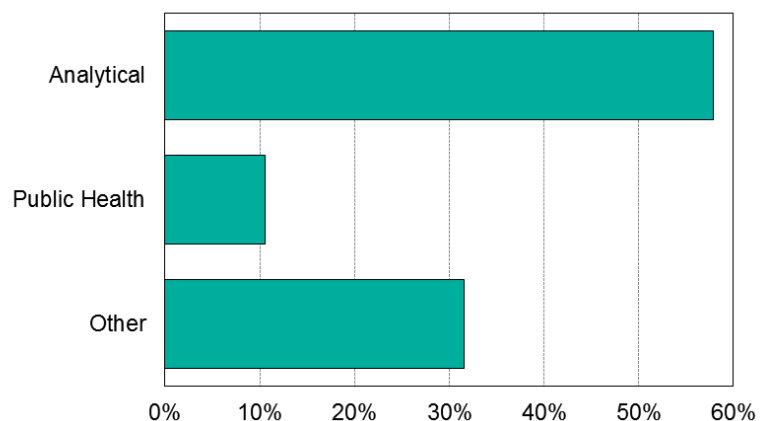

Information on respondents

Question 6: What type of organisation do you work for?
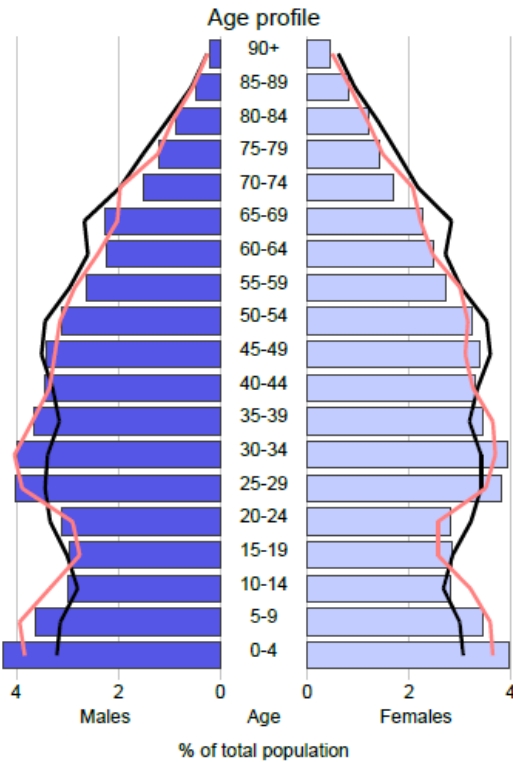
Total respondents
39

Question 7: What general role type do you work in?

Total respondents
38

Appendix A – screen shot of Population: summary characteristics section of pdf

Population: summary characteristics

Age profile

	Males	Females	Persons
Peterborough (population in thousands)			
Population (2015):	97	97	194
Projected population (2020):	102	101	203
% people from an ethnic minority group:	15.9%	13.0%	14.5%
Dependency ratio (dependants / working population) x 100			60.2%
England (population in thousands)			
Population (2015):	27,029	27,757	54,786
Projected population (2020):	28,157	28,706	56,862
% people from an ethnic minority group:	13.1%	13.4%	13.2%
Dependency ratio (dependants / working population) x 100			60.7%

The age profile and table present demographic information for the residents of the area and England. They include a 2014-based population projection (to 2020), the percentage of people from an ethnic minority group (Annual Population Survey, October 2014 to September 2015) and the dependency ratio.

The dependency ratio estimates the number of dependants in an area by comparing the number of people considered less likely to be working (children aged under 16 and those of state pension age or above) with the working age population. A high ratio suggests the area might want to commission a greater level of services for older or younger people than those areas with a low ratio.

- Peterborough 2015 (Male)
- Peterborough 2015 (Female)
- England 2015
- Peterborough 2020 estimate

Appendix B – screen shot of Deprivation: a national view section of pdf

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.

This chart shows the percentage of the population who live in areas at each level of deprivation.

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Lines represent electoral wards (2016)

N

% Residents

England   Peterborough

■ Most deprived quintile   ■   ■   □   □ Least deprived quintile