



Public Health
England

Protecting and improving the nation's health

Health Profiles

Questions about the data in the 2016 profiles

Please be aware these questions are not retrospectively updated and so external links might not work.

Contents

Questions about the data in the 2016 profiles	3
Which indicators have changed compared to the previous profiles?	3
Why was the 2016 Health Profile published later than usual?	3
Will the 2017 profile also be published later than usual?	3
Why do the county Health Profiles show different range data from the district or unitary authority profiles?	3
Why is the England range for the suicide and deaths from drug misuse indicators not shown for county district and unitary authority areas?	4
Why is the England range for deaths from drug misuse indicator not shown for counties?	4
Why is the England range for statutory homelessness indicator not shown for counties?	4
Why is both the Index of Multiple Deprivation (IMD) 2015 and 2010 used in the 2016 Health Profiles?	5

Questions about the data in the 2016 profiles

Which indicators have changed compared to the previous profiles?

A number of indicator changes have occurred between the 2015 and 2016 Health Profiles. The full list of changes is provided in the FAQ section of our website in the document “Rationale for changes to indicators presented in the Health Profiles online tool and annual PDF”, <http://fingertips.phe.org.uk/profile/health-profiles/supporting-information/faqs>

Why was the 2016 Health Profile published later than usual?

The Health Profiles are becoming more aligned with the Public Health Outcomes Framework (PHOF). 26 of the 31 indicators presented in the spine chart on page 4 of the Health Profiles are also in the PHOF. The Health Profiles were delayed to enable changes as a result of the refresh of the PHOF framework published in May 2016, to be implemented and to allow a user consultation to be run. Full details can be found in the “Rationale for changes to indicators presented in the Health Profiles online tool and annual PDF”, <http://fingertips.phe.org.uk/profile/health-profiles/supporting-information/faqs>

Will the 2017 profile also be published later than usual?

The current intention is to publish the 2017 profile during the more usual release period of June / July 2017.

Why do the county Health Profiles show different range data from the district or unitary authority profiles?

Health Profiles divide local authorities into upper tier (which includes counties and unitary authorities) and lower tier (which includes districts and unitary authorities). Unitary authorities are included in both groups, because they have most of the functions of districts and counties.

The pdf Health Profiles for districts present ranges which include districts and unitary authorities. The pdf Health Profiles for unitary authorities treat the unitary authorities as districts rather than counties, because unitary authorities are not subdivided into districts. Therefore the pdf Health Profiles for unitary authorities present ranges which include districts and unitary authorities.

The pdf Health Profiles for counties present ranges which include unitary authorities, but do not include counties. The inclusion of counties would mean districts' data was counted twice (once as a district, and once within the county).

The Health Profiles online tool allows users to select upper tier local authorities (counties and unitary authorities) or lower tier local authorities (districts and unitary authorities). Unitary authorities can therefore be compared with counties or districts according to the user preference. This will affect the range that is presented for unitary authorities.

Why is the England range for the suicide and deaths from drug misuse indicators not shown for county district and unitary authority areas?

For districts and unitary authorities (the pdf Health Profiles group unitary authorities and districts together), a large number of rates cannot be calculated reliably due to the number of deaths being less than 25. If more than 25% of all district and unitary authorities have no rates calculated, the range is considered too incomplete, and the range information is not shown. Where individual areas do have a valid value, these are displayed in the spine chart.

This methodology is also applied to the Health Profiles online tool (area profile display).

This is in line with the approach taken in the Public Health Outcomes Framework data tool.

Why is the England range for deaths from drug misuse indicator not shown for counties?

This indicator follows the same rule as above (applied to county and unitary authorities) that if more than 25% of areas have no rates calculated, the range is considered too incomplete, and hence the range information is not shown.

Why is the England range for statutory homelessness indicator not shown for counties?

Data were not supplied at county level for statutory homelessness and so the rule above applies whereby values are not available for more than 25% of areas so the range information is not shown.

Why is both the Index of Multiple Deprivation (IMD) 2015 and 2010 used in the 2016 Health Profiles?

Deprivation: a national view is produced specifically for the Health Profiles and with the release of IMD 2015 the decision was taken to update this to the most up to date data available.

Life expectancy and health inequalities (premature mortality) use IMD 2010 and are produced for other PHE products. They contain multiple years of trend data which also need updating. These have not been updated to use the IMD2015.