



Public Health
England

Protecting and improving the nation's health

Local Health 2018 user survey

Summary results

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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1. Introduction

Public Health England continually aims to ensure products meet users' needs. Engagement with our stakeholders allows us to review, reflect and act on those needs to ensure that our products are relevant, well used and valued.

Local Health is one of PHE's **official statistics** products. It provides users with information on demographic characteristics, health outcomes and wider determinants of health for small areas (electoral wards and Middle Layer Super Output Areas). As part of our commitment to the **Code of Practice for Statistics** regular engagement with stakeholders and users is undertaken to establish "user satisfaction with the relevance and usefulness of statistics and data".

The 2018 Local Health user survey ran between 6th August and 7th September 2018. The link to the survey was sent out to local authority public health teams and analytical networks by PHE's local knowledge and intelligence service (LKIS) and via the Local Government Association. It was also published on the Local Health webpage and the link was tweeted using PHE's Twitter account. Internal PHE colleagues, who use the tool to inform their own work and train external organisations in how to use it, were also encouraged to complete the survey.

The survey was chiefly designed to seek opinions on priorities for adding new indicators and on dropping some indicators which appear to be little used.

The survey received 134 responses. Of these, 44% of respondents were Public Health Information Analysts and 49% of respondents were from local authorities. A complete breakdown of survey respondents is included in the Appendix.

The Local Health team would like to thank all those who took the time to respond to the survey.

2. New indicators

The survey sought opinions from users on potential indicators which were being considered for inclusion in the next update of the Local Health tool in June 2019.

Suggestions for new indicators had primarily come from Local Health users, either by email to the Local Health team, or from earlier user surveys and engagement events with users. All potential new indicators could have provided important public health information, but as not all could be added at the next update, feedback from users was sought to identify the highest priorities.

Indicators were grouped into the existing Local Health themes. Only 1 new indicator was proposed for the 'Our community' theme (Table 1).

Table 1: Proposed new indicator, Theme 1 – Our community

Indicator	Response	Decision
Households in poverty	95% of respondents said they would find this indicator quite or very useful.	Add in 2019

No new indicators were included in the survey for Theme 2 of the tool (Behavioural risk factors and child health). New indicators of behavioural risk factors have, however, been previously identified as a high priority for users, and it is hoped that indicators of adult smoking prevalence, adult obesity and adult excess weight will be added to Local Health in a future update.

In June 2019, 2 indicators of smoking prevalence at age 15 (regular or occasional smokers, and regular smokers) will be added to Local Health, based on survey data from 2014. These will replace the current 3 indicators of smoking prevalence at age 15 (never smoked / occasional smoker / regular smoker) based on survey data for 2009 to 2012.

For Themes 3 and 4, users were asked to rank suggested indicators in order of importance. Results are presented in Tables 2 and 3, with the highest-ranking indicator at the top.

Table 2: Proposed new indicators, Theme 3 – Diseases and poor health

Indicator	Decision
Hospital stays for alcohol-related harm (narrow definition)	Add in 2019
Back pain prevalence	Add in 2019
Incidence of cervical cancer	Not adding
Prevalence of hip osteoarthritis	Not adding
Prevalence of knee osteoarthritis	Not adding
Incidence of malignant melanoma	Consider for future update
Incidence of oesophageal cancer	Not adding
Incidence of stomach cancer	Not adding
Incidence of bladder cancer	Not adding

The survey identified 'Hospital stays for alcohol-related harm (narrow definition)' as the highest priority for this theme. The next update of the tool will therefore include 2 complementary indicators of hospital stays for alcohol-related harm – 1 based on a narrow definition of alcohol-related conditions and 1 based on a broad definition.

Back pain prevalence was identified as the second highest priority. Two indicators will be added in the Local Health update in June 2019: 1 for back pain prevalence and 1 for severe back pain prevalence. Adding indicators of prevalence for hip and knee osteoarthritis was investigated but it was not possible to identify a method which resulted in significant differences between small areas in England. These indicators are therefore not being added.

Incidence of cervical cancer was identified as the third highest priority for this theme. However, on investigation of the incidence data it was found that even after aggregating data for 5 years, the number of cases was too small to produce robust estimates for small areas. Many small areas would have had numbers suppressed based on the disclosure rules for these data. This indicator is therefore not being added to Local Health. Of the other cancer indicators, incidence of malignant melanoma was ranked highest. This could not be added in the June 2019 update, but it will be added in a future update if robust estimates can be calculated for small areas. The indicators of incidence of oesophageal, stomach and bladder cancers were not identified as priorities in the survey and are not being added.

Table 3: Proposed new indicators, Theme 4 – Life expectancy and causes of death

Indicator	Decision
Deaths from causes considered preventable	Add in 2019
Deaths from dementia and Alzheimer's disease	Consider for future update
Deaths from chronic obstructive pulmonary disease	Not adding
Deaths from influenza and pneumonia	Not adding
Deaths from cirrhosis and other liver disease	Not adding
Deaths from kidney disease and other diseases of the urinary system	Not adding

Deaths from causes considered preventable was identified as the highest priority for Theme 4 and will be added in the next Local Health update.¹ Deaths from dementia and Alzheimer's disease was also identified as a priority. It has not been possible, however, to add this indicator in the next update, but it will be considered as a high priority for inclusion in the future. Indicators for the other causes of death were ranked lower in the survey and are not being added to the tool.

A summary of all new indicators being added to Local Health in June 2019 is included in the Appendix.

Further comments on new indicators

Users were asked for further suggestions for indicators they would like to see added to Local Health in the future, and 29 comments were received.

The highest number of suggestions were for new indicators for mental health. This has been raised as a priority by users in earlier engagement exercises. It has, however, proved difficult to identify indicators which are available, and suitably robust, at small area level. Further work will be taken to try and identify potential indicators for inclusion in future updates.

The 2 next most requested topics were sexual health and physical activity / inactivity. As with mental health, further work will be undertaken to explore potential options for new indicators.

The only other topics which received more than 1 suggestion were musculoskeletal conditions, cancer incidence and diabetes. Two indicators of back pain prevalence will

¹ Deaths from causes considered preventable are described in a report from the Office for National Statistics on [avoidable mortality](#)

be added to the next Local Health update, and incidence of malignant melanoma will be considered for a future update. Potential options for future diabetes indicators will also be considered.

3. Indicators with lower usage

Removing indicators from Local Health creates capacity to allow new indicators to be added. Therefore, to ensure that the indicators in the tool continue to meet user needs, respondents were asked to comment on proposals to remove selected indicators.

Website analytics were used to identify indicators which were being relatively little used. Comments were divided into 3 categories: positive for dropping indicators, neutral or no response, positive for keeping indicators.

Indicators where more than 20% of respondents requested that they be kept in the tool will be retained. These are all indicators related to hospital attendance or admissions for children and young people (Table 5).

All other indicators listed will be removed in the next update. All indicators being removed from Theme 1 (Our Community) are based on data from the 2011 Census and cannot be updated. Their recent low usage is likely to reflect the age of the data.

Four indicators of elective hospital admissions are also being removed. Earlier feedback from users has indicated that the Local Health indicators of emergency admissions are more valuable from a public health perspective, and the user survey did not show that there was a strong demand to retain the elective admission indicators.

In addition to the indicators listed in Table 5, 3 indicators of behavioural risk factors are being removed from Local Health: obese adults, binge drinking adults and healthy eating adults. These are being removed as the data they are based on are now more than 10 years old (they are estimates based on survey data from 2006 to 2008). As mentioned above, it is hoped that a new indicator of adult obesity will be added in a future update.

The indicator of deaths from coronary heart disease (under 75 years) has also been removed as data for 2013 to 2017 showed that in a substantial proportion of areas, results were based on very small numbers. This indicator is therefore no longer considered statistically meaningful for small areas.

Table 5: Indicators identified as “low use” from website analytics*

Indicators (number of responses 134)	Drop	Neutral	Keep	Decision
T1: Provision of 50 hrs or more unpaid care per week	13%	71%	16%	Remove
T1: Provision of 1 hr or more unpaid care per week	13%	74%	13%	Remove
T1: Overcrowding	13%	73%	13%	Remove
T1: General Health - bad or very bad	13%	70%	16%	Remove
T1: General Health - very bad	13%	70%	16%	Remove
T2: A&E attendances in under 5s	5%	71%	24%	Retain
T2: Emergency admissions in under 5s	5%	71%	24%	Retain
T2: Admissions for injuries in under 5s	5%	71%	24%	Retain
T2: Admissions for injuries in under 15s	5%	71%	24%	Retain
T2: Admissions for injuries in 15-24-year olds	5%	69%	25%	Retain
T3: Elective hospital admissions for heart disease	7%	79%	14%	Remove
T3: Elective hospital admissions for all causes	6%	80%	14%	Remove
T3: Elective hospital admissions for hip replacement	6%	80%	14%	Remove
T3: Elective hospital admissions for knee replacement	6%	79%	15%	Remove
T4: Death from all causes, under 65 years	10%	78%	12%	Remove

*Percentages may not sum to 100 because of rounding

A summary of all indicators being removed from Local Health in June 2019 is included in the Appendix.

4. Fingertips API / R package

Data for Local Health indicators can now be accessed by users via the online 'Fingertips' application programming interface (API) or using the FingertipsR package. This gives users flexibility of querying the dataset using applications such as R.

A question was added to the survey to establish if users were aware of this function, and to seek opinions from those who had used it.

Have you used the Fingertips API or FingertipsR package to download or query the Local Health dataset?	Number	%
No	103	77
Yes	20	15
Not sure	7	5
No response	4	3
Total	134	100

A range of comments were received from respondents who had used the API or FingertipsR package. Many had found the latter very useful and easy to use and welcomed the ability to access data in this way. Some users, including less experienced R users, had found the packages more difficult to use, but still welcomed the fact that the functionality was now available. Further support was requested by some users, and consideration will be given to what more could be done to provide this.

Appendix

Indicators being added / removed from Local Health in June 2019

Indicators being added
Households in poverty
Smoking prevalence at age 15 - regular or occasional smokers
Hospital stays for alcohol-related harm (broad and narrow definitions)
Back pain prevalence
Severe back pain prevalence
Deaths from causes considered preventable
Indicators being removed
Provision of 50 hours or more unpaid care per week
Provision of 1 hour or more unpaid care per week
Overcrowding
General Health - bad or very bad
Obese adults
Binge drinking adults
Healthy eating adults
Never smoked (modelled prevalence at age 15)
Occasional smoker (modelled prevalence at age 15)
Elective hospital admissions for heart disease
Elective hospital admissions for all causes
Elective hospital admissions for hip replacement
Elective hospital admissions for knee replacement
Death from all causes, under 65 years
Deaths from coronary heart disease, under 75 years

Information on respondents

What is your role?	No	%
Information analyst/specialist (Public Health)	59	44
Other	31	23
No reply	15	11
Information analyst/specialist (Not Public Health e.g. Clinical Commissioning Group)	13	10
Public health consultant	9	7
Other	7	5
Total replies	134	100

What is your organisation?	No	%
Local Authority	66	49
Not stated	15	11
PHE Local Knowledge and Intelligence Service	13	10
Other	10	8
NHS	9	7
Voluntary organisation	5	4
Other	16	11
Total replies	134	100