Developing the Health Index for England

The Health Foundation's response to Office for National Statistics consultation on the 'beta' version of the Health Index

3 March 2021

About the Health Foundation

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

The Health Foundation's response

Overview

The Health Foundation welcomes the introduction of the experimental Health Index and is pleased to have supported its development through the project's External Advisory Group.

The creation of the ONS Health Index marks an important step towards repositioning health as one of the nation's primary assets. As the former Chief Medical Officer, Dame Sally Davies, set out in her annual report: if we are to achieve a healthier population, we need an expanded view of what it means to be healthy, along with better ways of measuring this at national and local levels.

We support the Health Index's central aim of improving the health of the nation by helping to focus public debate and policy attention across government on a broad concept of health and 'healthiness' and consider the Health Index to present an important opportunity to present the nation's health as a key measure of success.

However, the Health Index is one component to a wider series of changes needed to create better health. If the index is to make a real difference to how we support good health both now and in the long-term, there is now concerted action needed to embed it within government, across both local and national settings. Our concern is that if the Health Index

lacks political support and is not embedded in policymaking, it will not help change priorities in the way that is needed.

The Health Index is more likely to be effective at delivering its aims and survive changing political priorities if it is supported by structures that embed health impacts with key decision-making processes and has strong cross-party and public support. Accompanying the beta version's development, there must now be concrete action to disseminate the tool and build support for its use across different government bodies, as well as the wider voluntary and community sector.

There are other levers that can be used to embed its use across government, including the development of a cross-governmental strategy on health inequalities. As part of this strategy, the ONS Health Index could help focus policymakers' minds on the health implications of policies.

As the Health Foundation previously highlighted, there have been repeated calls to strengthen health and social care policymaking for the long term. Yet policymakers continue to prioritise current interests at the expense of issues on the horizon or just beyond it. The Health Index can help policymakers to overcome the challenge of 'short-termism' by demonstrating the true costs and benefits of decisions.

As part of the Health Foundation's consultation response, we held a series of roundtables, alongside the Royal Society for Public Health, to discuss the ONS Health Index. These were attended by representatives from across the voluntary and community sector, local government and Whitehall. Their feedback informed our consultation response and we have included a summary of discussions as an appendix.

Multiple choice questions

No.	Question	Our response
1	On a scale of 1 to 5, where 1 is very happy and 5 is very unhappy, what do you think of the concept of a health index as a way to measure health?	1
2	On a scale of 1 to 5, where 1 is very happy and 5 is very unhappy, what do you think of the Health Index as presented in this consultation, as a way to measure health?	2
3	To what extent do you feel the Health Index as we have presented it fulfils the aims we presented? (completely, to some extent or not at all)	To some extent
5	On a scale of 1 to 5, where 1 is very likely and 5 is very unlikely, how likely are you to use the Health Index as it is currently proposed for your own analysis?	1

Open consultation questions

Q4: How would you ideally use the Health Index for your own analysis?

The Health Foundation is an independent charity and our work ranges from giving grants to those working at the frontline to carrying out research and policy analysis. Our activities expand across five key strategic priorities, including: promoting healthy lives for all, data analytics for better health, supporting health care improvement, making health and care services more sustainable and improving national health and care policy. The Health Index has the potential to support our work across these five strategic priorities and we would look to promote its use across the organisation. We have selected some of the ways in which we anticipate using the Health Index, which are outlined below.

The Health Foundation will continue to advocate using the Health Index as a vital tool for securing cross-sector action to improve health. This includes promoting its use in our conversations with those working across national and local government, public bodies and the voluntary sector, and highlighting its value in our wider work on securing long-term policy planning.

Data analysis forms a core element of our strategy and we see the focus of the Health Index is complementary to our work. The index provides easily accessible data and is straightforward to navigate, so we would use it to quickly find statistics on different issues, which we would then use to cross-reference our other work.

The Health Foundation has set up the Collaboration for Health and Wellbeing which works with partner organisations to take collective action to address the wider determinants of health. This work aims to place action to address the wider determinants of health at the heart of policy and practice in the UK. The Health Index has the potential to be a key tool in the Collaboration's work by embedding the health focus in different government departments and working with different partner organisations to campaign on these issues. More broadly, the Health Index provides an opportunity to see how the nation's health is progressing.

As an independent charity we fund numerous programmes which help to achieve our aim of bringing about better health and health care for people living across the UK. The Health index could offer important insights on issues we should prioritise funding and areas where this funding should be targeted. For example, the Health Index could be used by award applicants as part of their needs assessment.

Finally, the Health Index is potentially a valuable tool for communicating with the public and wider sector working on health and its wider determinants. By finding new ways to communicate with the public about health investment beyond increasing health-related spend as a way to create savings for the NHS, we can build support for focused, long-term interventions that improve health across the breadth of government.

Q6: Which elements of the Health Index's proposed structure would you want us to improve for you to be more likely to use it?

The Health Index successfully communicates concepts of health and 'healthiness' that not only draw upon population health outcomes but also the wider determinants of health. As part of its future development, we would be interested if the Health Index could more

explicitly present the extent of inequalities in health. The visualisation tool could provide more direct comparisons between different areas, presenting differences in index scores and the degrees of inequality. Inequalities within local areas could also be highlighted visually and explored through specific inequality indicators, such as using the Gini coefficient for different regions.

As part of its future development, we are interested in the potential to use the Health Index for modelling the impact of different policy interventions to improve health outcomes. Government departments might benefit more from tracking performance against a range of health indicators to which their policy decisions can best contribute.

The Health Index could make a clear case to policymakers working across local and national settings for greater and more targeted investment in interventions that can improve health outcomes and have a long-term impact on the nation's health. For example, policymakers could be guided through complex decisions about investment in short-term health and social care services versus services such as children's centres, which would have a long-term impact.

This approach would be similar to the Living Standards Framework (LSF) Dashboard that has been attempted in New Zealand. This approach led to a 'Wellbeing Budget' in 2019 which required ministers in all government departments to show how their funding bids would contribute to wellbeing priorities. Allocations were based on wellbeing analysis, taking into account economic, social, environmental and cultural outcomes for current and future generations. While it is unclear whether this approach will be re-established after the COVID-19 pandemic and adopted over the long term, it demonstrated what moving beyond GDP as a primary measure of policy success could look like and put wellbeing at the heart of government in a systemic way.

Q7: Which elements of the Health Index's data and content would you want us to improve for you to be more likely to use it?

Securing cross-government support for the Health Index will be vital to its success and longevity. The ONS should continue working with different government departments, ensuring that the Health Index draws upon key indicators used by each department. By creating a tool that uses recognisable data for these departments, this is likely to increase cross-government buy-in and to offer a clearer visualisation of the link between their work and health. As a result, the index could show support for departmental work inadvertently promoting good health.

As the current version of the ONS Health Index is limited to England, we would want to prioritise extending the index's coverage across all devolved nations. Creating headline scores for Scotland, Wales and Northern Ireland would provide greater meaning through comparison to England's headline score.

We would recommend that the ONS produces a clear, easy-to-understand user guide to accompany the Health Index which sets out how to interpret the different values, how to interpret changes in each of the index's scores and the purposes for which it can and cannot be used.

Where new national data is collected that may be of relevance to the Health Index, the ONS should further clarify what mechanisms are in place for introducing these new metrics where they emerge. If new indicators could be added to the Health Index, it should be confirmed whether this will take place as an annual review or would be an ongoing process for each release.

Q8: Which elements of the Health Index's methodology would you want us to improve for you to be more likely to use it?

As the Health Foundation have previously highlighted, how a health index is constructed will have significant implications for our conceptualisation of health and what is deemed to have the greatest impact on health outcomes. In particular, the approach to weighting in the Health Index will imply whether different health measures have the same impact upon health. We support the decision to apply equal weighting to each of the three life domains on the basis that it values both health outcomes and the wider determinants of health as equally important in our construction of health. The decision to use factor analysis in grouping different indicators together seems to address bias associated with certain indicators.

There are some instances in the Health Index where there should be greater caution with weighting. For example, smoking prevalence is given the same weighting as drug misuse, despite drug misuse affecting a much smaller proportion of the population. In this instance we would suggest that mortality outcomes are weighted for their incidence at national level. However, we are aware that other indicators on the wider determinants of health where adjusting weighting for population incidence would be extremely challenging. This issue may not be possible to resolve but should be clearly highlighted as a limitation of the Health Index.

There are wider questions around how likely the Health Index value will change from year to year as the indicators are updated. Some data may be more likely to change than others, and if it is those factors driving an increase, which will have broader implications for the index and how we interpret the score. The ONS should provide guidance on what would be considered to be a significant improvement in the Health Index. This could be explored by constructing an index with historical data and tracking how the score has changed over time.

A key strength of the Health Index is the transparency around how its methodology was developed and why certain indicators were selected. We would encourage the ONS to publish the Health Index's code on GitHub, such as the imputation, standardisation, factor analysis, along with the sensitivity analyses. This would further improve the transparency of its approach and allow users to suggest improvements.

There is a point of clarification on the methodology section. This document sets out that certain sub-domains use age and sex adjusted inputs, however it is not clear whether a poor score for an area means that it is performing poorly on absolute or relative terms to its age and sex distribution.

Q9: Is there anything else we could change about the Health Index which could improve your likelihood of using it?

For the visualisation tool of the Health Index, information on the composition of each indicator should be more readily available, including the data sources used and how the scores were constructed. This will further help researchers and policymakers understand the limitations of the tool. We would recommend as an immediate next step that the ONS conducts user testing with a broad audience to understand the different user journeys and requirements. By completing thorough user testing, this will ensure that the visualisation tool can be as easily accessible and useful as possible.

Q10: What additional health data do you think the Health Index should include?

We would want to see additional indicators on other wider determinants of health. This includes:

Healthy Lives

- Work quality: while there is reporting on job-related training, low pay and workplace safety, our previous research highlights the significant impact of poor quality work on health. This may include measures such as job satisfaction, job autonomy, perception of job security and low pay.
- Income: while child poverty and low pay is recorded, we would welcome further measures on disposable income and persistent poverty, which our previous research has shown is linked to poor health.
- Personal level measures of social interaction: including isolation and loneliness. community participation, and the ability to rely on neighbours in the time of a crisis.

Healthy Places

- Housing stock quality: such as self-reported mould or damp, which has previously shown to be linked to a number of health problems, including respiratory issues, physical pain and headache.
- Transport and local connectivity: measures could address access to public transport, such as bus and rail use in local areas, and rates of active travel.
- Community level measures of social interaction: including community participation, and the ability to rely on neighbours in the time of a crisis.
- Digital connectivity: such as access to broadband and digital devices.
- Local economic performance: there should be some consideration on how to measure local economic performance in relation to how inclusive it is for local populations. This includes employment rates, Gross Value Added (GVA) per capita, social security rates and earnings ratios in an area. The ONS could explore capturing further data on issues such as percentage of procurement expenditure spent locally, which could demonstrate whether the population benefit from a thriving local economy.

The guidance on methods provides comprehensive information on why certain indicators were identified as unsuitable for use in the Index. Many of the reasons set out include missing data at UTLA level, including social interaction, housing quality and work quality. We therefore believe that the Health Index provides a compelling argument for improving the

quality and coverage of data collected in different national surveys. The ONS should continue working with different government departments to address gaps in data collection.

Q11: Is there any health data proposed for inclusion which you think the Health Index should not include?

We would not recommend using the 'rough sleeping' indicator, as it is very sensitive to change. Survey collection methods – either counts or estimates – differ between councils and in the same councils in different years. This poses challenges to the consistency of the data, as well as other limitations based on either methodology. We would therefore recommend replacing this indicator with the number of people living in temporary accommodation, which provides a more robust picture of the number of people experiencing, or are at risk of, homelessness. At the same time, this highlights the crucial need for more robust statistics on rough sleeping.

We would recommend replacing data on all age unemployment with working age unemployment as it is not subject to denominator fluctuations, or using the working age employment ratio where the denominator is population, not economically active. This indicator should be placed within the Healthy Places domain as it is an important indicator for how well a local economy is performing.

Due to the impact of COVID-19 on health service delivery, we would recommend a cautious approach to interpreting prevalence rates for some health conditions in future releases on the index. Data collected from administrative records may be biased downwards due to disruption to treatment, screening and prevention, which in turn may make it appear that prevalence rates have declined. Those values should be assessed carefully, and in some cases may be treated as missing.

We would also recommend caution when using prevalence data from the Quality and Outcomes Framework (QOF). Specifically, this refers to index indicators for dementia, cancer, diabetes, depression, hypertension, kidney disease and musculoskeletal, respiratory, and cardiovascular conditions. QOF does not necessarily provide the most reliable data on prevalence for health conditions as it is part of a payment scheme for quality improvement in general practice. We suggest that the ONS continues conversations with specialist health charities to agree best available measures on prevalence of specific health conditions.

Q12: How would you want others to use the Health Index?

The Health Index was originally conceptualised for use at central government, promoting health as a measure of national success and providing clear indications to policymakers where there needed to be greater investment in policies promoting good health. As such, it is right for the Health Index to maintain this focus in future developments and to continue working across government to embed its use within their work.

As part of its 'levelling up' agenda, the government can embed the Health Index into how it measures progress. The Health Index should be used to make clear goals for health in the country, with the index used to monitor progress and drive concerted policy action to

improve health. The government should consider including official responses to changes in the Health Index as part of a ministerial brief.

The government can work with the ONS to incentivise its use across different Whitehall departments. Like the New Zealand Wellbeing Budget, the Health Index could be used by government departments to make the case for investment in policies that improve health as part of the spending review or budget process. For the Health Index to be used in this manner, we would recommend exploring how the Health Index can be used to show the potential impact of different policy interventions on health. This could involve showing the point increase to the Health Index if investment is made in one of the sub-domains.

However, this development should be approached cautiously, avoiding the potential for targeted investments in policy areas that create maximum gains in the Health Index, leading to other policy areas being neglected.

Looking at the Health Index's application at local level, the Health Index could be used as a tool to identify local need and encourage targeted policy interventions. For example, the Health Foundation has highlighted the role and responsibility of large public sector organisations including the NHS, to tackle local health inequalities and improve community health and wellbeing by acting as 'anchor institutions'. Data from the Health Index could support anchor institutions to better understand their local population. In turn this can help NHS anchors to maximise their influence on the wider determinants of health by adapting the way they employ people, purchase goods and services, use buildings and spaces, reduce environmental impact, and work in partnership.

As previously discussed, this would require more granularity at local level, as the UTLA are currently too broad to be helpful. In both the local government and Whitehall discussions, representatives emphasised the importance of the Health Index not becoming a 'performance management' tool for local areas.

More broadly, the Health Index provides an important opportunity to reframe discussions on how we conceptualise health and healthiness across government and civil society. By demonstrating connections between health outcomes and drivers of poor health, the Health Index has the potential to encourage greater cross-sector working to tackle the wider determinants of health. Moreover, by highlighting the bi-directional relationship between a strong economy and good health, the government is incentivised to improve health outcomes.

Q13: The Health Index as presented here would be an annual release. We can explore development of a simpler index allowing for more frequent updates, such as quarterly. This would likely involve trade-offs for the breakdowns possible and breadth of definition of health. Would this be of interest to you?

We would recommend releasing regular versions of the Health Index, as this would provide a clearer assessment of the population's health in the present. Feedback from our roundtables highlighted that regular releases would assist policymakers to better understand the impact of policy interventions on health outcomes, as well as ensuring that the government can be held to account on its record on improving the nation's health.

Q14: The Health Index as presented here can be disaggregated by geography down to upper tier local authority (UTLA) level. We can explore development of a simpler index allowing for more granular geographic breakdowns. This would likely involve trade-offs for frequency of release and breadth of definition of health. Would this be of interest to you?

To gain more traction across local settings, including local government, public health systems and voluntary organisations, we would support the development of a simpler index to allow for more granular geographic breakdowns. Specifically, we would be interested in data at Lower Layer Super Output Area (LSOA) and Middle-Layer Super Output Area (MSOA) level. Many local authorities are highly heterogeneous in terms of health outcomes and lower-level indices are often a useful tool to assess health inequalities within an area.

We would be interested if a model similar to the index of multiple deprivation could be applied to the health index, as this provides LSOA-level breakdowns on a range of indicators including health. However, this should not necessarily mean that the wider indicator set is lost in order to take a more granular approach. This decision should be reviewed once the localised version of the Health Index has been created.

While it is likely that a more localised index would reduce the amount of data available, some indicators can be extracted at lower levels than UTLA level using administrative data and with a low risk of statistical disclosure, such as prevalence rates for common health conditions. This also applies to GIS-based environmental inputs.

Summary of recommendations

The creation of the Health Index marks an important moment in reframing what are the nation's most valuable assets and moving towards a long term and cross-governmental approach to policymaking. To ensure that the Health Index is embedded across national and local government settings, we recommend developing the index further in the following areas:

- **Working with national government to embed its use in key decision-making:** the Health Index should be promoted as an important tool for realising the 'levelling-up' agenda. The index should be used to make clear goals for health in the country, monitoring progress and driving concerted policy action to improve health.

- **Strengthening cross-government support for the Health Index:** the index has the potential to be used across Whitehall departments to make the case for investment in policies that improve health as part of the spending review or budget process. As part of the index's further development, we believe modelling that demonstrates the impact of investment in different policy areas on health outcomes could be a powerful tool and strengthen cross-government support. This should be approached cautiously to ensure that there are not trade-offs in investments to achieve the greatest improvements in the Health Index score.

- **Extending the coverage to all devolved nations:** the Health Index should be rolled out across the UK, as this will ensure all areas of the country are included in the

levelling-up agenda and to provide greater meaning through comparison to England's headline score.

- **Reviewing selected indicators and expanding coverage on the wider determinants of health:** there are indicators that should be included in future versions of the Health Index, such as measures on work quality, income, housing stock quality, community level measures of social interaction and digital connectivity. The ONS should have processes in place to review emerging measures related to the Health Index and how these could be included.

- **Reviewing the methodology used to construct the Health Index:** there should be some caution applied to the index's methodology, particularly on the issue of weighting and bias towards certain indicators.

- **Improving the visualisation tool for users:** the visualisation tool should undergo user testing in order for it to become more easily accessible and usable for a wide audience. Further developments to the visualisation tool should include more direct comparisons between local areas, presenting clear differences in index scores and the degrees of inequality. There should also be clear information on the data sources used and how the scores were constructed on the visualisation tool.