Evaluation of Scotland Health and Wellbeing Profiles 2008

1. Introduction

In June 2008 the Scottish Public Health Observatory (ScotPHO) team at ISD Scotland published individual area health and wellbeing profiles for CHPs and a 'Scotland Overview' (http://www.scotpho.org.uk/profiles). This was followed, in December 2008, by the release of Excel data files for a range of geographies (Scotland, NHS boards, CHPs, intermediate geography zones and locally defined areas) for the same set of 61 health profile indicators, to allow local areas to undertake further analyses of the data, if they wished. In December 2009 the Excel data files were replaced with a new 'easier to use' interactive Excel based tool.

Between 12th January and 5th February 2010 we undertook an evaluation of the 2008 profiles to find out how they had been used and any improvements that could be made to them in future. The evaluation was conducted via an online questionnaire using SurveyMonkey. The survey was sent out to various email distribution lists/networks (including: the PHINS and ScotPHO mailing lists, the Scottish Government's ScotStat network, Directors of Public Health and CHP General Managers, membership of the Social Services Research Group, the Profiles 2010 Steering Group and contacts from the 2008 profiles) it was posted on web sites (including: the ScotPHO web site, Improvement Service web site and AIR Community of Practice for local government analysts) and included in the January 2010 ISD Customer Newsletter.

The evaluation will inform the development of 'Community Profiles 2010', due to be published in November 2010. Detailed 2008 profiles for the 10 CHPs/CHCPs in Greater Glasgow and Clyde were published, and evaluated, separately by the Glasgow Centre for Population Health (GCPH), see http://www.gcph.co.uk/content/view/221/1/.

2. Results

2.1 Responses

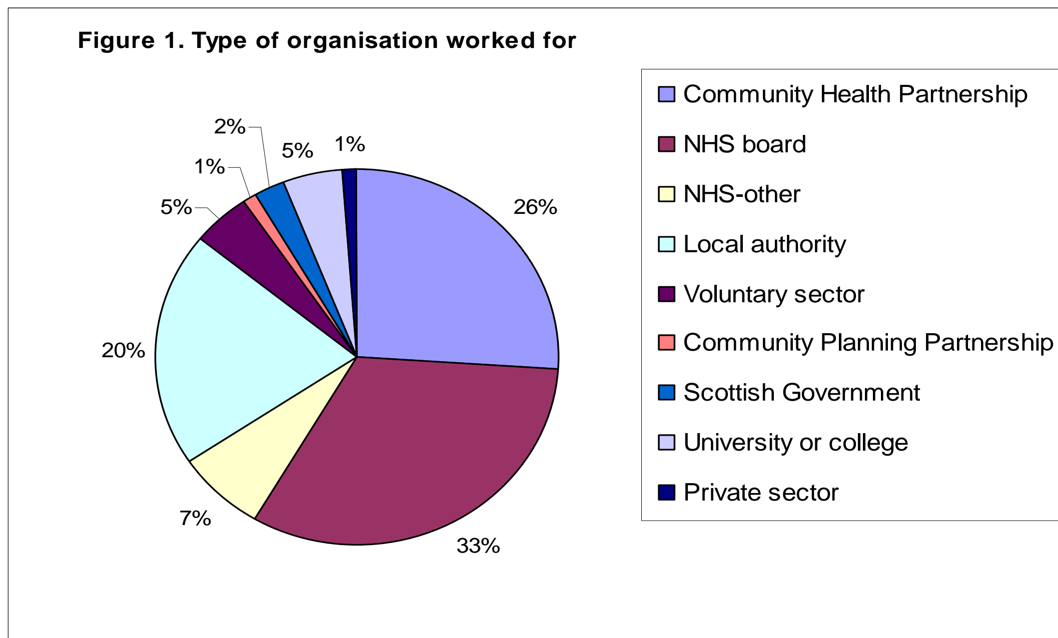
A total of 136 people started the survey with 83 (61%) completing it. There was a marked drop-off in responses early in the survey, particularly after question 4. 'Which of the profiles reports have you used?' and question 5. 'How did you find out about the health profiles initially?'. We suspect that one of the main explanations for this is respondents from Greater Glasgow & Clyde commencing the survey then realising it did not include the GCPH health and wellbeing profiles, also produced in 2008 (see above).

2.2 Job title or role (non-mandatory question, N=67)

A total of 67 respondents gave their job title. Responses included: 'Research Officer', 'Senior Health Promotion Officer', 'Nurse Advisor', 'CHP Community Planning Lead', 'Health Improvement Lead', 'Alcohol Development Officer', 'Research and Information Manager', 'Head of Quality and Marketing', 'Consultant in Public Health', 'Head of Corporate Services', 'Clinical Governance Coordinator', 'Specialist Pharmacist in Substance Misuse', 'Senior Health Intelligence Analyst', 'Policy & Public Affairs Manager', 'Practice Development Nurse', 'Planning Manager' and 'Health Improvement Practitioner'.

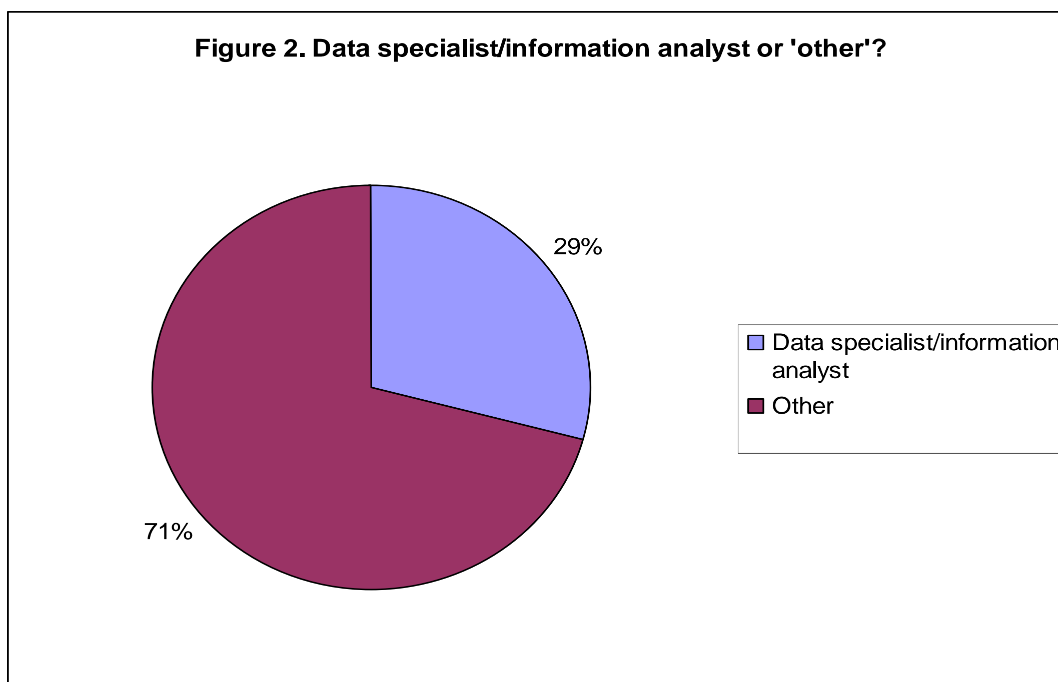
2.3 Type of organisation worked for (N=83)

The largest share of respondents (33%) came from an NHS board, followed by Community Health Partnership (26%), local authority (20%), NHS - other (7%), university or college (5%), voluntary sector (5%), Scottish Government (2%), Community Planning Partnership (1%) and private sector (1%).



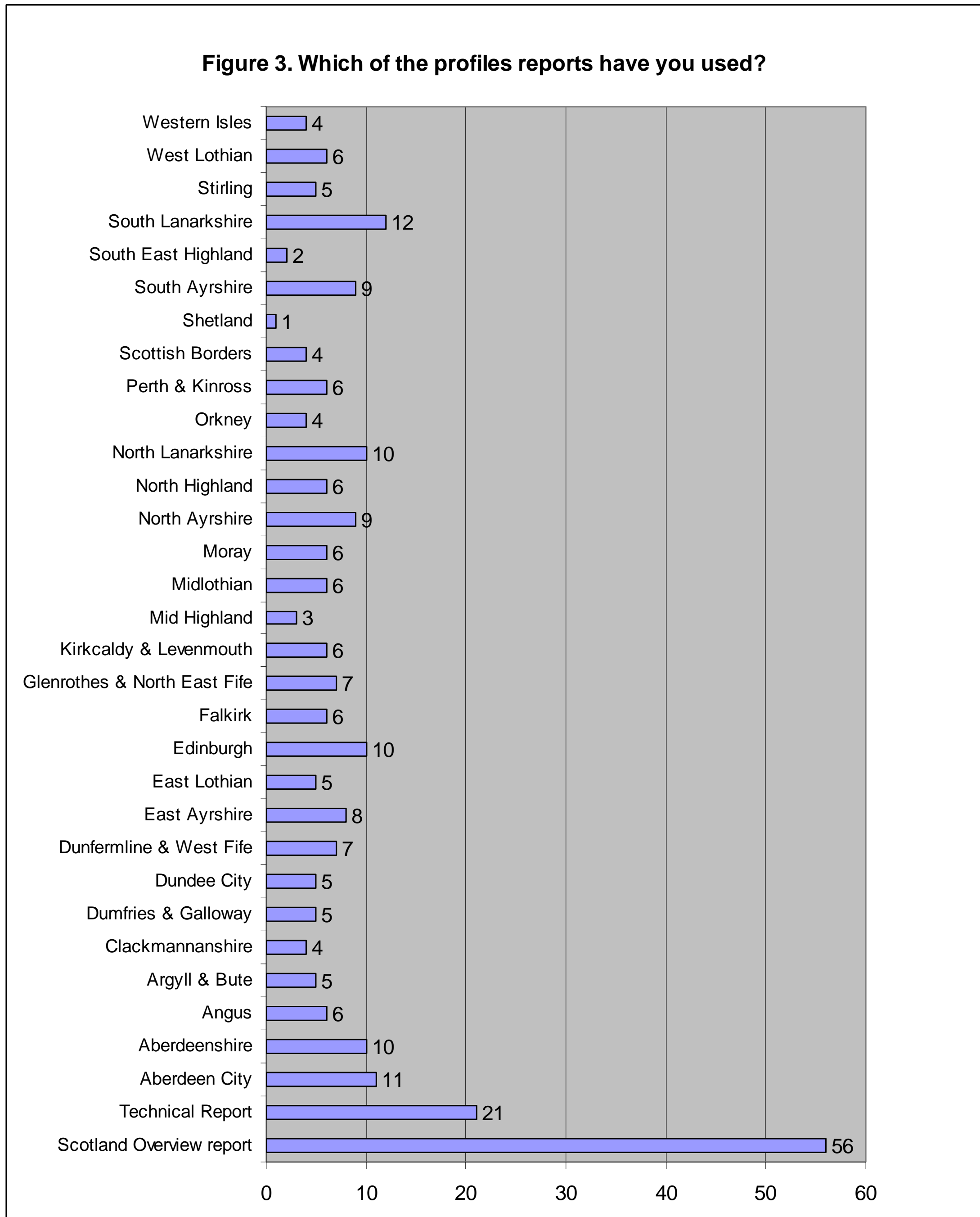
2.4 In broad terms, would you describe yourself as: a data specialist/information analyst or 'other'? (non-mandatory question, N=82)

The majority of respondents (71%) described themselves as 'other' with less than one in three (29%) calling themselves a data specialist/information analyst.



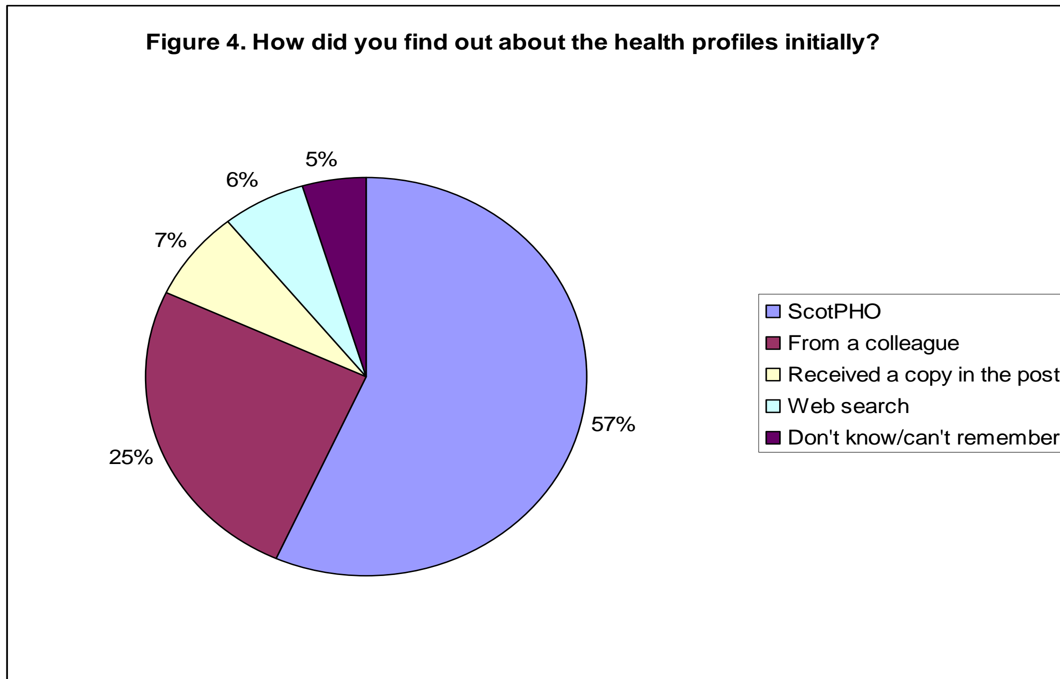
2.5 Which of the profiles reports have you used? (tick all that apply, N=83)

Two thirds of respondents (67%) said they had used the Scotland Overview report, whilst just one in four (25%) had used the Technical Report. Respondents were also asked which of the CHP area reports they had accessed with South Lanarkshire, North Lanarkshire, Aberdeen City, Aberdeenshire and Edinburgh, followed by North and South Ayrshire being the most commonly cited. This will reflect a greater number of survey responses from these CHP/board/council areas.



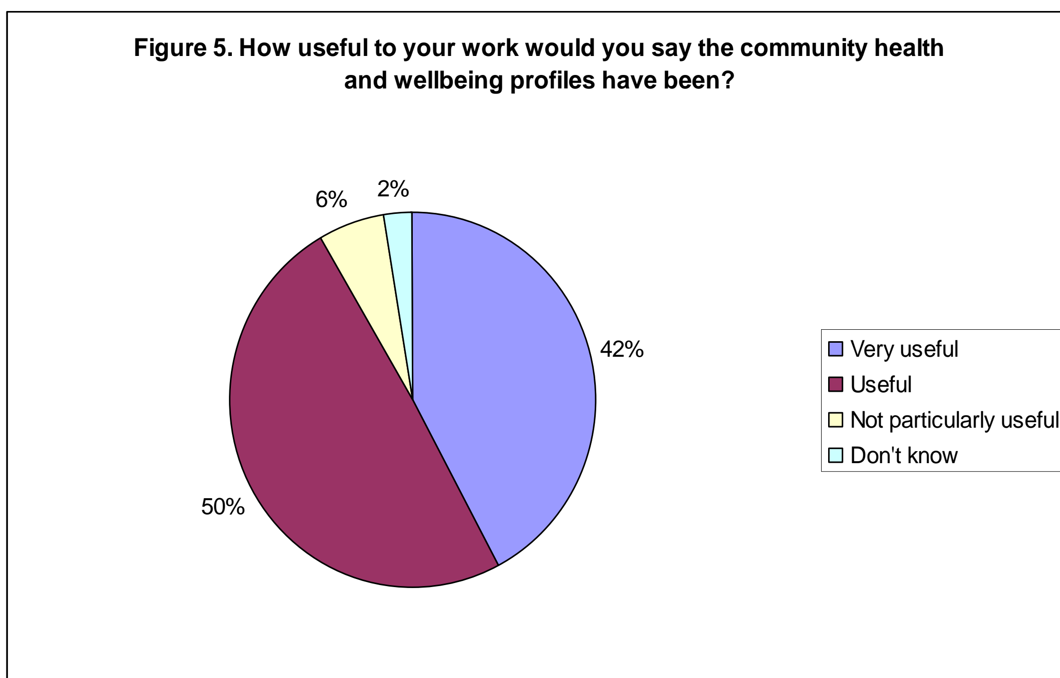
2.6 How did you find out about the health profiles initially? (N=83)

The largest share of respondents (57%) found out about the profiles from ScotPHO (ScotPHO team, website, e-newsletter or ScotPHO email alert). One in four heard about them from a colleague.



2.7 How useful to your work would you say the community health and wellbeing profiles have been? (N=83)

Overall, 92% of respondents said the profiles had been either 'very useful' or 'useful' to their work, with none saying 'not at all useful'.



Examples of further comment included:
"Brings together a range of useful information in one document".
"We are a health inequalities project and the profiles have allowed us to prioritise our work for North Ayrshire in terms of the key issues arising from the profiles".
"Information recorded in same format across regions allowing easy comparisons of information".
"Extremely useful in benchmarking communities locally, also used in support of a number of funding bids, assessing health status - contributing to wider partnership forums e.g. community planning partners".
"They provide a range of data about an area at a glance. There is some data in the profiles which is not readily available elsewhere".
"Our Strategy & Development Team are using the community health & wellbeing profiles information to inform our Housing Needs & Demand Assessments".
"The visual comparison between specific areas and the national picture are helpful in setting data in context".
"Targeting for health inequalities and deprivation especially. Also in explaining local issues to national problems (in community groups and vol orgs, etc)".
"Helped to provide statistics for reports and for meetings".
"They are very good for identifying areas of need, so that resources can be focused. They are also very good for teaching purposes encouraging students to explore the underlying reasons why certain diseases are more common in certain areas".
"I am always looking for credible data to strengthen any issues there may be in my area of work".
"They help collate a number of indicators which cover a variety of areas. Sources are clearly annotated and they also give information on where there are statistically significant differences between authorities".
"I have used them to raise awareness in the Community Planning Partnership and the Community Health Partnership of the health challenges that face us. In addition they have informed development of the Single Outcome Agreement and the workplan that underpins that".
"For supporting project proposals and providing an evidence base for your work".
"Helpful to be able to provide a comprehensive overview of health and wellbeing. At a glance format prompts deeper analysis. Good for quick queries and to source availability of data".

"Not always the most up to date information".
"Not particularly useful, until IZ data became more accessible".
"We would normally compile this sort of profile ourselves".
"Useful topics but some of the data now very out of date. 'Locality' profiles were always more useful than those covering larger geographical areas because they provided a better basis for targeting resources".
"They give an overview, but there are usually more questions than answers".
"Not as useful as the first edition. Later profiles are less detailed i.e. CHP based rather than postcode based. Postcode based health and wellbeing profiles provide a good evidence base of need in specific areas".
"Some of the data is 2/3 years old. Also, some information not available at CHP level".

2.8 Please tick any partnership groups or networks with whom you have used the profiles (N=77)

The most commonly mentioned partnership group or network with whom the profiles had been used was community health partnership or sub-group (49% of respondents), followed by health improvement planning group (43%), community planning partnership or sub-group (39%), service planning group

(27%) and community group (18%). 'Other' groups or networks mentioned included: Alcohol and Drug Partnerships; local licensing forums and elected members.

2.9 Please describe up to three examples of how the profiles have been used locally to improve understanding or to influence planning, policy or practice (N=49)

Example responses included:
"Used to highlight vulnerable communities. To influence service redesign in community nursing/children's services. Disease specific information".
"Used as part of our annual planning for 2009/10 and will be used again for 2010/11. Used to provide a comparison to Scotland as a whole which provides justification for certain work streams. To provide information on alcohol for use within a project proposal".
"Used in maternity strategy development. Helped agree priorities for SOA".
"Used within health & wellbeing themed planning group for developing the SOA. Used to provide a local context for identifying priorities within the SOA & Community Plan".
"SOA, Improving Health and Wellbeing Action Plan of the Community Plan Children, and Young People's Service Plan".
"Some of the information has helped support the development of the SOA for 2009/12. Used in the local Health Improvement Plan".
"As a resource for a local authority joint health improvement plan development & steering group. Key aspects of findings presented to Operating Management Group of one of our Community Health Partnerships".
"To support capital planning bid. To support Healthy Weight Community programme. To inform 'Enquiry by Design' programme - planning model village - Prince's Trust".
"To target walking booklets at particular areas of deprivation. Used within the team to get a better understanding of the local picture
Will be using to help forward planning and development in terms of the health improvement work plan".
"With elected members to provide them with the information they need in working with community groups on local projects, and to inform/challenge what they know about their area. Shared with public health practitioners working within CHP areas. With senior managers to give them an at a glance overview of a geographic area".
"Incorporated into briefing notes for elected members to strengthen the decision making process, to inform the development of locality based programmes, to support service development".
"During teaching of health promotion units".
"Used to illustrate patterns of health in Scotland in lectures to nursing students".
"Information used to enhance discussions at meetings".
"Review of health issues to inform priorities".
"Use in gathering info and data for a needs assessment".
"Implementation of smoking cessation groups".
"The profiles have been used to highlight areas of concern and to improve understanding of why we have that profile e.g. non-intentional injury in the home. This led to discussion on the partners potential input to improve that result. The statistics on alcohol have been used to inform discussion on resource allocation and partnership working".
"Connecting health and other data to deprivation e.g. showing the alcohol related illness matches deprivation (and other illness) and not simply consumption".
"An example is around there was the feeling that suicide rates were higher in Orkney than other areas - however death from suicide published in 2008 ScotPHO - health and wellbeing profile demonstrated that Orkney death rates from suicide

matched the national average. This was great hard evidence to influence the mental health strategy, and then this discussion took place why do we think there is more ... know the people? reported in our local paper? National averages were also used in the alcohol and drugs partnership strategy, to help in planning services".
"Alcohol planning policy, Keep Well, Local 'traffic light' system".
"To look at specific targeting of areas for delivery of Keep well health checks. To increase understanding for staff on health indicators within deprived communities. To inform local documents, proposals and reports as an evidence base".
"Translated into more accessible traffic lights form separating demographic from health data, these have been used to support plans, policy, programmes and applications for funding and used with every level of organisation including third sector. On their own the community health profiles are not accessed by key decision makers, in our experience, but rather more by middle managers and the very 'switched on' executive...".
"Used to develop local action plan to improve sexual health info. Used to base funding apps on for voluntary organisations".
"Local Area has many different sub-communities, each with different needs. Useful to compare the likenesses and differences when making funding decisions on thematic projects (e.g. addictions where these levels were highest). Used information in local profile as justification for project briefs to other funding bodies. Used comparisons of health board areas against local areas to convince national groups/organisations of the benefit to targeting our (specific) area for pilot projects and seed funding".
"I used the profiles to compare Oxgangs and Firrhill against Edinburgh CHP on certain indicators as part of a project to decide what type of community health promotion support the Oxgangs community would most benefit from. Part of community service planning".
"NHS D&G is currently undergoing formal consultation of Clinical Services Strategy. IG profiles have been extremely helpful in providing some quick responses to consultation queries".
"I have used the profiles to inform partner agencies about health data. I have used the profiles to compare 2 similar CHP areas".
"Redesigning services: medical practice amalgamation; community nursing profiles; mental health services".

2.10 From your experience of using the profiles, please say to what extent you agree or disagree with the following statements.... (N=83)

Almost 92% of respondents 'strongly agreed'/'agreed' that the profiles were 'clear and well presented'; 83% 'strongly agreed/'agreed' that they 'raised awareness about health inequalities'; 75% 'strongly agreed'/'agreed' that they 'provided new information on public health'; 72% 'strongly agreed'/'agreed' that they 'helped us identify public health priorities' and; 58% 'strongly agreed/'agreed' that they 'informed strategy development'.

2.11 How useful were the following sections of the individual CHP area profiles? (N=83)

The spine chart/health summary was rated as 'very useful'/'useful' by 92% of respondents; ranks – key indicators was rated as 'very useful'/'useful' by 92% ; trends – key indicators 90%; 'at a glance' commentary 90%; introduction/cover page 86% and ; definitions and sources 94%. The sections rated highest as 'very useful' were the health summary/spine chart at 43% and trends-key indicators 42%.

2.12 How useful did you find each indicator domain/topic area? (N=83)

For six out of the 10 domains 90-93% of respondents said they found them 'very useful'/'useful' with the crime and the environment domains, relatively, the least useful – 73% and 75% respectively finding them 'very useful'/'useful', followed by 'education, employment and prosperity' at 86%. The domains receiving the highest rating for 'very useful' were population profile 46% and substance use 40%.

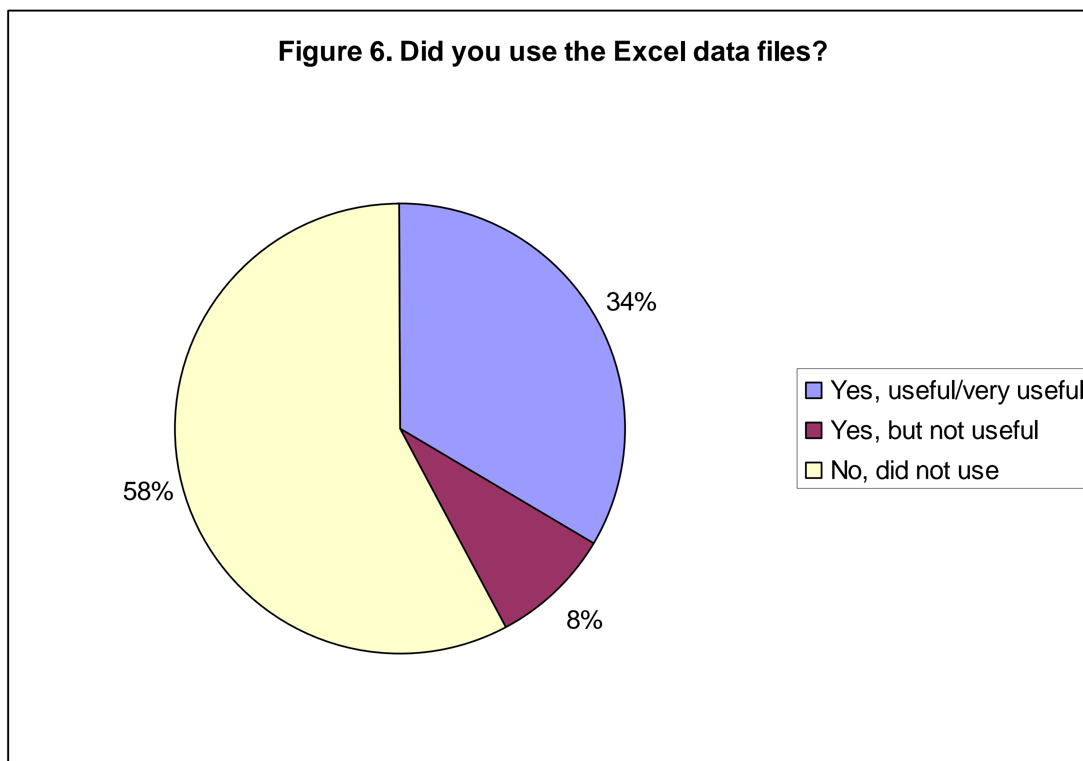
Feedback on specific profiles indicators included:
"Population - requires older split e.g. over 75s to align with mortality data".
"Substance use too old to be really helpful. Everyone is now focused on delivering improved outcomes & therefore demanding recent, reliable data at locality level".
"Ill health - take out statins".
"Census data too old".
"Indicator 45 should surely be guaranteed pension credit only?".
"Some spine charts can be confusing (is below/above average good or bad). I know there has been actions to address, but could this be made clearer" and ;
"It would have been good to have further information on SIMD areas to look specifically at inequalities work".

2.13 How useful were the following reports? (N=83)

Close to two thirds (65%) of respondents rated the Technical report 'useful'/ 'very useful', 6% 'not particularly useful', 6% 'don't know/can't remember' and almost one in four (23%) 'not applicable/did not use'. The Scotland Overview report was rated 'very useful'/'useful' by 84% of respondents, 4% 'not particularly useful', 5% 'don't know/can't remember' and 7% 'not applicable/did not use'.

2.14 Did you use the Excel data files? (N=83)

The majority of respondents (58%) had not used the Excel data files, published on the ScotPHO website in December 2008. One in three (34%) had used them and said they found them 'very useful'/'useful' and 8% had used them, but did not find them 'useful'.



Further comments included:

"Have used to create instantatlases".
"Yes as gave interzone level data for data which had not had this information for previously, but difficult to give an overview of what is going on in one particular area. Used filters to get to information required for specific projects/data requests".
"I was able to use them to create my own graphs and charts for specific themes/ topics, comparing all CHPs to one another within the health boards".
"Used CHP and Intermediate Zone data to set up local 'traffic light' indicators".
"Useful for technical staff to support queries from managers etc and to provide managers with information which is more 'tailored' to specific need".

"If there is a compendium of spreadsheets, I was not aware of their locations but I am sure the more information at small area level the better".
"Problem is that gives an impression of accuracy that can be misleading on small areas - needed major health warnings on particular issues such as drugs".
"They were useful, but not easy to use".
"Too difficult to manage the spreadsheets effectively".
"What has restricted use of these files has been their MB size - they are so big it is impossible to e-mail them on to anyone. It took me ages to download them and I don't recommend this to anyone else".

2.15 Have you used the new interactive Excel tool? (N=77)

One in four respondents (25%) said they had used the new interactive Excel tool, published on the ScotPHO website in December 2009 in place of the previous Excel data files (see above). Of those who had used it, 64% said they found the tool 'useful' and 36% 'not useful'. They were also asked if they found the new Excel tool easy to use and similarly 65% said 'Yes' and 35% 'No'.

Further comments included:

"The health summary/spine chart is particularly easy to use, and easy to share with others through pdf. The rank charts are not so portable, and the rank charts can look odd if there is no data available for particular interzones because of small numbers. Not everyone looking at the rank charts will understand this".
"It did require a few moments of thinking about how to use the drop down menus and follow the link, but it wasn't difficult".
"Fantastic format".
"The spine graphs for each individual IG area are clear. However, as the comparisons are against Scotland, they are not good for identifying variations within the local CHP area".
"It is great to be able to look at the data for a small geographic area in a consistent way with the CHP, Fife and Scotland health summaries. It is a really flexible and clever tool. Well done!"
"Excellent - exactly what we were needing".

"Only because I have not really had time yet to use fully".
"I found it quite slow and difficult to use".
"same problem as excel files - also very small areas".

2.16 What format do you prefer for community health information (tick one or more, N=81)?

Overall, 91% of respondents identified web based files as a preferred format for community health information and 44% paper copies.

Further comment included:

"Limited paper copies are still a good idea especially for CHP staff who do not have regular access to a PC or the internet".
"Always helpful to have a paper copy for reference but tend to use webpages the most".
"Paper copies as you can print them off, write on them and refer back to them in meetings".
"Some hard copies are useful as a central resource and the ability to signpost to web pages is also helpful".
"When working in partnership the paper copies are useful".

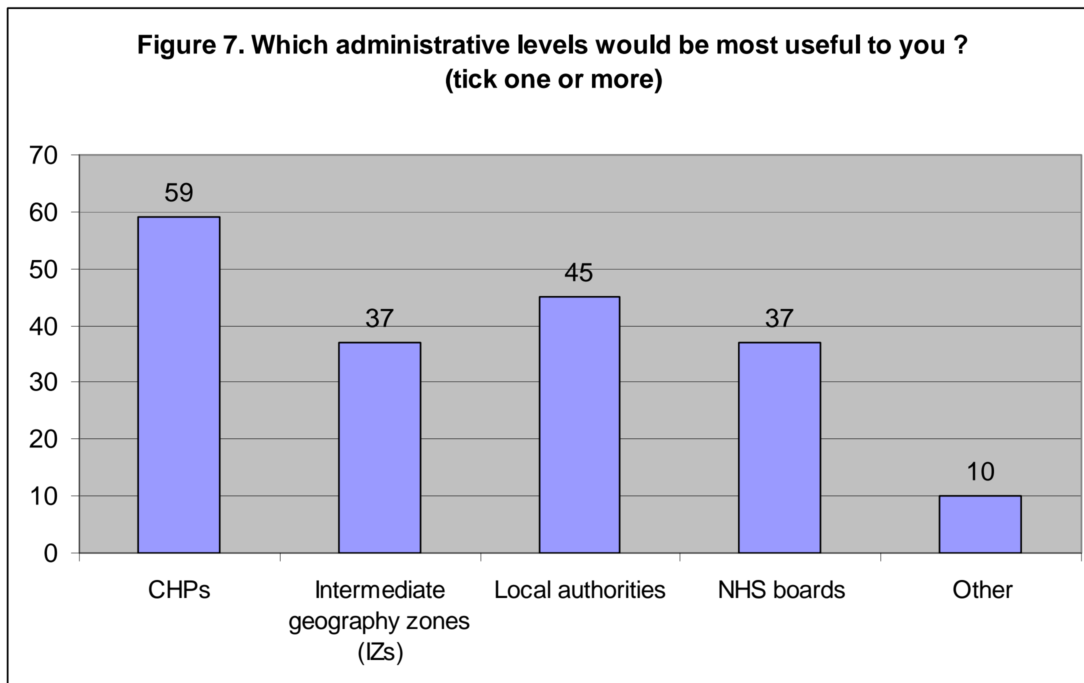
2.17 How often would you like to have updated community health information? (N=81)

Almost two thirds (65%) of respondents would prefer to have updated community health information 'annually', 26% 'every two years' and 9% 'every 3-5 years'.

2.18 Which administrative levels would be most useful to you (tick one or more, N=80)?

The administrative levels most useful to respondents were: CHPs (59 responses, or 74%); local authorities (45, or 56%); intermediate geography zones or IZs (37, or 46%); NHS boards (37, or 46%); and 'other' (10, or 13%).

'Other' administrative levels included: postcodes; wards/multi-member wards; data zones; local health partnership areas; school catchments; council administrative areas and locally defined specialised geographies within CHPs.



2.19 Are there any other topics/indicators you would like to see included in the profiles? (N=19)

Suggestions for other topics/indicators respondents would like to see included in the profiles included:
"More children and young people related ones".
"More information on mental health and wellbeing - collated info on wellbeing".
"Community Care Outcome Indicators to support shifting the balance of care".
"HEAT target data- e.g. alcohol brief interventions and smoking cessation".
"Diabetes, adult obesity";
"Children living in poverty, homelessness, sexually transmitted Infection, number of falls in the elderly, number of vulnerable elderly".
"Sexual and reproductive health in addition to the already included teenage pregnancy".
"Aligned to data/indicators/definitions selected for SOA use".
"Drug related deaths".
"SIMD 0-15 data zones, physical activity".
"Economic activity, health equity".
"Domestic abuse, data from HL1 on health and homelessness, migrant workers/GP registrations/service use".

"More up-to-date information. I've had comments from senior colleagues in partner bodies that it really is not good enough for public agencies to be publishing data that is two or three years behind the publication date. Data sharing of this sort should be much more immediate".

2.20 Did you use any other data sources alongside the profiles to meet your information needs (tick all that apply, N=79)?

Two thirds (67%) of respondents said they had used data held locally alongside the profiles to meet their information needs. The Scottish Neighbourhood Statistics (SNS) web site had been used by 62% of respondents alongside the profiles, other website(s) 30%, information request(s) to another organisation (23%) and 'no other data sources used' (10%).

'Other' web sites or organisations used/contacted included: ISD/ISD website (including ScotPHO); GROS; local NHS board; SIMD; Scottish Government statistics website; NOMIS; DWP; Scottish Household Survey/Scottish Health Survey/Crime Survey and the SALSUS Survey.

2.21 If there was one thing that would make the profiles more useful to you what would it be? (N=28)

Amongst the things mentioned by more than one respondent here were: more regular updating of the profiles (and retaining the same indicators, so comparisons could be made); using more up-to date data in the profiles; for the interactive Excel tool and small area data to be available at the same time as the main CHP profiles; to have the IZ level data compared to the CHP mean rather than the Scotland mean and to have postcode area based data. Other suggestions were: have the local authority or health board as a separate profile and ability to select as a comparison in the interactive tool; produce individually collated profiles for each of the small areas within a CHP (as 2004); separation of the demography and health data; include small area data at data zone or intermediate data zone level, perhaps specifically the health related data; to have the CHP compared to the NHS board and not Scotland; include commentary & explanation of reasons/causes e.g. known variations in local practice; a traffic light system to increase accessibility; online instantatlases or similar to allow exploration of the data; to have examples of how people have used the profiles in a practical sense and; that the managers and key decision makers used them when allocating resources

2.22 Please add any other comments on the profiles or your future requirements for community health and wellbeing information (N=11)

Listed below are some of the comments received:
"Very useful and well used resource. Thank you".
"Fundamental resource at every level across the public sector to support effective prioritisation and alignment of resource".
"The profiles are very useful for providing evidence around inequality and they support our work very well".
"These are very useful - and could be publicised better and used for local planning of services".
"Important to ensure the small area data are published at same time as CHP data. CHPS are very large and the whole benefit of things like the community profiles is to enable access to data for much smaller areas".
"If the profiles are repeated too frequently (e.g. annually) there will be overlap in any data based on multiple-year averages, and consequent can only show limited change".
"Some of the spine graphs are somewhat misleading. For example is it really "worse" to have a lower birth rate and lower percentage of the population aged 65+".

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