

Response ID ANON-6GXP-PQ1M-4

Submitted to **Consultation on the Health Index (Beta release)**

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How We Will Handle your Response

To support transparency in our decision-making process, responses to this consultation will be made public. This will include the name of the responding organisation or individual. Please confirm that you are content for your name to be published. We won't publish personal contact details.

Yes, I consent to my name being published with my response

About You

How would you describe yourself?

An individual or organisation who could produce analysis using the Health Index

How would you describe yourself? :

The Association for Young People's Health is the UK's leading independent voice for youth health. We work to improve the health and wellbeing of 10-24 year olds. We do this by involving young people in our work and making sure their views are heard, working with healthcare providers to improve services for young people, sharing information, resources and innovations, promoting evidence-based practice, highlighting important data, and increasing communication between practitioners from different sectors. More information can be found on our website.

Rachael McKeown - Health Inequalities Policy Fellow

We may wish to contact you in relation to your response to this consultation. Would you be happy for us to do so? If so, please include your email address below.

email address for contact:

rachael@youngpeopleshealth.org.uk

Analyst/Decision Maker

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 - very happy

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 - quite happy

To what extent do you feel the Health Index as we have presented it fulfils the aims we presented?

Completely

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

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

We would use the analysis to support our research and policy work.

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?

2 - quite likely

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

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

We support the aims outlined for setting up the Health Index, to improve the health of the nation by providing a top-level measure of health, tracked over time.

The health index takes a broader view of the nation's performance and productivity, moving beyond GDP as an economic marker. Viewing GDP alongside the proposed health index is useful in recognising the connections between health and the economy, which allows for more accurate long-term planning and

monitoring of policies and their impact on different aspects of society.

We support the three areas of the health index, which take into account health outcomes and the wider / social determinants of health:

- Healthy people (health outcomes)
- Healthy lives (risk factors)
- Healthy places (social and commercial drivers)

By adopting this broad definition of health, it demonstrates that health is not just an illness they require treatment for in the immediate term, but it also relates to the ability to which people are able to live healthy lives that support them having good health in the future. Therefore, the health index plays an important role in predicting / modelling future health needs, to support health promotion and prevention policies in the short-term.

These domains intersect across health, but are not necessarily viewed as traditional health 'topics'. Taking this approach is useful in fostering cross-government support in developing policies that impact on the nation's health. This approach supports the Association for Young People's Health's work on young people's health and health inequalities and our support for a 'health in all policies' approach to decision-making.

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?

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?:

We recommend that the current health index be expanded to include more data from earlier than 2015. Trend data from earlier years would provide a more detailed look at change over time and the impact that previous policies may have had on the nation's health.

Additionally, it would be helpful to provide more on the data behind each of the indicators, specifically the population age bands that will be used, to ascertain how relevant it is to the cohort we are specifically interested in (young people aged 10-24).

The health index currently looks at the following measures relating to children and young people's health:

- Risk factors for children: infant mortality, children's social, emotional and mental health, overweight and obesity in children, low birth weight, teenage pregnancy, child poverty, children in state care
- Children and young people's education: young people's education, employment and training, pupil absence, early years development, GCSE achievement.

More information on each of these measures would aid in how useful and usable it will be for different sectors who have a specified interest in certain age groups. Furthermore, a breakdown of indicators into different age bandings could provide comparison between different groups. In line with World Health Organisation and ONS recommendations, we would endorse the use of quinary age bands across the life course as the basic minimum in terms of age breakdowns.

A number of the measures are not defined as children and young person specific, though without more information we do not know what specific age group data relates to. However, many of these are pertinent issues for young people and publicly available data is available for this age group on a number of these topics. For example, 'behavioural risk factors: alcohol, drugs, smoking, physical activity, healthy eating' are habits that are typically formed and developed during adolescence and increased awareness of data on this is vital for prevention of ill health in later life.

We believe that an additional 'health index for children and young people' could be developed to further explore the needs of this age group and support the prevention agenda. Young people have specific health needs and experiences of health inequalities, and a dedicated children and young people's health index would allow for policies and services that specifically meet their needs. In 2019/20, we worked with colleagues at the Children's Society and the Royal College of Paediatrics and Child Health (RCPCH) to scope the possibility of a dedicated children and young people's health index, with specific health indicators. We would be happy to share the results of this with the ONS.

Additionally, we recommend reviewing Guthold et al (2021) 'Priority areas for adolescent health measurement', which provides detail on the priority areas for measuring health outcomes and what the gaps are within data for this age group. More information at:
<https://www.sciencedirect.com/science/article/pii/S1054139X20308466>

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

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

We support the methods used in the production of the health index.

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

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

We recommend the health index is expanded to a UK-wide basis. This would provide useful insight into the different health status between nations and a discussion point for comparing different devolved health policies.

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

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

ONS may wish to consider including the following topics that are specific to young people:

- Sexually Transmitted Infections
- Free School Meals
- Oral health

- Immunisations
- Road traffic accidents
- Long-term conditions likely to develop in this age group (e.g. asthma, epilepsy, diabetes)
- Physical activity
- Smoking
- Drinking
- Substance use.

Our bi-annual report Key Data on Young People contains publicly available data sources that supplement the above topics. You can find out more on our website: <https://www.youngpeopleshealth.org.uk/key-data-on-young-people>

To explore the prevalence of health inequalities, we recommend exploring comparative data by different subgroups (where it is available). One approach to this is to present data by legally protected characteristics (gender, age, ethnicity etc) <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

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

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

No, we do not recommend any of the current data indicators be removed from the health index. However, we recommend that a broader view of ‘access to services’ is considered, as it is not always distance to services that prevents individuals from accessing healthcare. For example, for young people specifically, accessibility may relate to satisfaction with previous services, hours services are open (are drop in services available), whether the services are ‘youth friendly’, language requirements, and transport options.

How would you want others to use the Health Index?

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

The health index should be used as a conversation starter for change, to encourage policy development both locally and nationally that improves health outcomes and reduces health inequalities. Providing a picture of the nation’s health allows for analysis of current health burden and a prediction of future health needs, encouraging stronger health promotion and prevention policies. We believe that the Government should introduce health index targets to record progress over time and monitor the impact of any policy changes. It would also be useful for local areas to monitor their progress against interventions implemented, with any learning from best practice then shared nationally.

The Health Index as presented here would be an annual release.

It depends (please comment below)

It depends - please comment:

We support an annual approach for refreshing the health index, which provides a solid overall picture of the nation’s health and trends over time.

The Health Index as presented here can be disaggregated by geography down to upper tier local authority (UTLA) level.

It depends (please comment below)

It depends - please comment:

It is useful for the health index to be presented in geographies that can be compared to other local and national measures already in use – such as, the index of multiple deprivation.

We perceive the health index to be especially valuable for local authorities, public health teams, health and wellbeing boards, and STPs / ICSs. These organisations and groups can use data to inform local decision making, through effectively planning policies and services to meet the needs of their communities. NHS geographical footprints do not neatly map with local authority borders, and some local areas may need to access data at different geographies.

When analysing trend data, more granular and frequently updated data is more likely to show fluctuations, whereas high-level data is more likely to present an even picture over time.

Do you have any other comments?

Do you have any other comments?:

We recommend that young people are involved in the consultation process about which health outcomes are most important to their age group.