Public Health Dashboard

Criteria for service areas and indicators

May 2018

Introduction

The Public Health Dashboard (PHD) was launched in October 2017. Its intention is to support local decision making by bringing existing comparative data into one place and making it accessible to a wide audience, including locally elected politicians. The dashboard currently contains data on services that fall within the local authority mandated functions and public health grant conditions (best start in life, childhood obesity, alcohol and drug treatment, NHS health checks and sexual health services), plus tobacco control.

For each service area there is one overall summary rank indicator and several component indicators. Each local authority in each of the seven areas of delivery has been given a ranking and category description that describes how local delivery compares with all other local authorities, both in England as a whole and also within each local authority’s deprivation decile. The Public Health Dashboard is presented on Public Health England’s “Healthier Lives” platform.

The tool was initially accessible via a password protected website only. The details were sent out to Directors of Public Health asking for feedback related to the suitability and accuracy of the data within the tool, and the general functionality. Some improvements were then made to the Dashboard before the password protection was removed in mid-October.

Further feedback was sought until the end of November 2017. This document summarises the feedback that was received on the data and tool functionality up until the end of November and proposes developments to the tool ahead of the official launch in July 2018. The priority of the proposed developments is based on the feedback received from users.

Criteria for service areas

The Public Health Dashboard currently covers the mandated public health services (plus tobacco control and drug and alcohol treatment). It does not nor is it designed to cover the entirety of the public health activity local authorities undertake. However, further service areas and indicators will be added to the Dashboard according to the following criteria:

Criteria for service areas:

1. It is a mandated or statutory services that local authorities are required to deliver in law or are specified in grant conditions.
2. There is evidence that delivery and equity of access to the service has an impact on population health and wellbeing.
3. There is a very robust evidence base on the cost-effectiveness of interventions in the service area that will improve health and wellbeing.
4. Local authorities can have a direct, measurable short term impact in the area.
5. Service delivery will impact on future demand for the NHS and local authority services.

Criteria for indicators

There are many possible indicators that can be used to measure delivery in services areas that meet the criteria above. However, indicators will be included if they meet the following criteria:

Criteria for indicators:

1. A measure of health outcomes but if it is a very long-term outcome (proxy outcome measures are possible, but not those relating to staffing or spend)
2. Included in the Public Health Outcomes Framework or other standard indicator set.
3. Meets the technical criteria for inclusion in the Public Health Outcomes Framework:
	* Clarity - clear what it measures
	* Rationale - why, addresses a specific policy issue or draws attention to a particular outcome
	* Relevance - relevant to the policy and action available to improve
	* Attributable - measures progress attributable to the interventions/activities
	* Interpretation - is meaningful to the intended audience(s)
	* Validity - has an unambiguous definition, is methodologically and technically sound from a reliable data source which is available at an appropriate level (e.g. LA) to make it meaningful and sustainable
	* Construction - the methods used support the stated purpose of the indicator and there is transparency about how they have been tested and justified
	* Risks - any limitations, risks or perverse incentives identified and stated with any mitigating actions
	* Availability - collected at sufficient level of geographical or organisational split
	* Affordability & value for money - benefits without disproportionate costs and where new burdens created these will be estimated and sustainable funding identified
	* Timeliness - with sufficient frequency and data time lag (ideally less than one year but may vary for surveys)