



## Response from the Faculty of Public Health to the Communities and Local Government's Consultation on *The New Place Survey*

### Introduction

The Faculty of Public Health (FPH) is the leading professional body for public health specialists in the UK. It aims to promote and protect the health of the population, and improve health services, by maintaining professional and educational standards, advocating on key public health issues, and providing practical information and guidance for public health professionals.

We welcome the opportunity to respond to this consultation which has been written by the FPH's Information and Intelligence Committee.

### Branding the survey

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**Would it be appropriate to 'brand' the Place Survey in a different way relating to the area? Have any councils and/or their partners tried running surveys under an 'area' brand? If so, what has your experience been? What affect might this have on response rates?**

Consideration should be given to branding the survey as a multi-agency sponsored survey, and possibly relating it more strongly to, for example, the Local Area Agreement. This would be particularly desirable if other partner agencies e.g. PCTs contributed funding and questions (as has been done in some areas), and would help to reinforce the idea that the survey relates to an area and not just the local authority (LA).

Perhaps branding could be tested in different areas (ie. some areas have a branded survey and some do not), with an evaluation of the effect that branding has on response rate etc.

However, branding will not be the sole measure responsible for improving response rates.

### Research Method

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**Would respondents agree that a postal methodology would provide the best balance of cost-effectiveness and quality of response?**

While FPH welcomes a more systematic approach to collecting this type of data, it does not agree that a postal methodology provides the best balance of cost-effectiveness and quality of response. Experience with the postal PCT Patient Surveys shows that the overall response rate is less than 50 per cent. For example, in the 2005 PCT Patient Survey, the response rate for England was only 47%, and much lower in inner city and deprived areas, e.g. for inner London and Birmingham it was 23-24%. From a statistical perspective, this data is therefore unuseable. This is a particular problem given the Government's emphasis on reducing inequalities. Since most people have direct contact with the NHS (through their GP) annually, we would expect that the response rate to a survey about an area such as the Place Survey would be even lower. It would be wasteful to replicate a poor survey methodology.

The new Office for National Statistics (ONS) Integrated Household Survey (IHS), which is about to commence, will have a sample size of 370,000 households annually, providing the ability to obtain reliable results at sub-LA level, and will be interview-based and unclustered. This will provide a much higher response rate than a postal survey. While there are limits to the size of a survey questionnaire, one option would be to add the Place Survey questions to the IHS. There would also be considerable economies of scale and the option may in fact be cheaper than a separate postal survey.

We were very surprised that the IHS is not even mentioned in the Place Survey consultation, let alone the possibility of integration. Another advantage of integration is that the wealth of other socio-demographic data collected through the IHS would contribute greatly to the analyses which could be carried out. If integration with IHS is not feasible because of questionnaire size (although a modular design is planned for the IHS), another option would be to take the opportunity to integrate the Place Survey with the PCT Patient Survey, and use the savings made to move to an interview-based methodology. This would have the advantage of strengthening local working with LAs' major partners. The PCT Patient Survey already includes self-rated health status (SRHS).

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## **Frequency and Timing**

### **How frequently should the survey be undertaken?**

FPH agrees that an annual survey would be sufficiently frequent given that responses to most of the questions will change only slowly.

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### **Is autumn the right time of year for carrying out the relevant field work?**

Yes.

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## **Additional questions**

### **Is it helpful to have space for voluntary questions? Is this guidance clear on how additional questions should be included?**

It would be helpful to allow locally-agreed questions to be added. However these should be chosen from a nationally-agreed question bank of validated questions maintained by the survey provider.

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## **NI 119 Self-reported measure of people's overall health and wellbeing DH DSO**

### **Is the Technical Definition of this indicator clear?**

Two options are given for the for the definition: the relatively narrow definition of SRHS "good", "fairly good" or "not good" health used in the Census 2001 and the General Household Survey (GHS), and likely to be used in the IHS; or the EQ5D. FPH supports efforts to collect information about wider overall health and wellbeing, rather than just self-rated physical health. However, while the EQ5D includes five domains, including mental health, it is still a measure of health status. Health status itself is only one domain of global wellbeing.

Consideration could be given to monitoring through the Place Survey global wellbeing as envisaged by the DEFRA-led UK Sustainable Development Strategy (SDS). More detail about SD Indicator 68 is at: <http://www.sustainable-development.gov.uk/progress/national/68.htm> , and the proposed content includes the domains listed below:

- (a, b) Percentage of people reporting overall life satisfaction ratings, on a scale of 0 to 10, and by social grade, 2007
- (c, d) Satisfaction with aspects of life, 2007
- (e) Satisfaction with aspects of life by age, 2007
- (f, g, h) Frequency of feelings and activities, 2007
- (i) Physical activity, 2005-6
- (j) Greenspace, 2007
- (k) Cultural participation, 2005-6

Other “contextual” measures of SDS wellbeing are shown below. It is not clear from the Consultation how the Place Survey maps to these SDS indicators, and the SDS is not mentioned in the Consultation.

- 39. [Fear of crime](#)  
[Perceptions of anti-social behaviour](#) \*
  - 41. [Workless households](#)
  - 43. [Childhood poverty](#)
  - 45. [Pensioner poverty](#)
  - 47. [Education](#)
  - 50. [Healthy life expectancy](#)  
[Self-reported general health](#) \*  
[Self-reported long-standing illness](#) \*
  - 51. [Mortality rates](#) (suicide)  
[Mortality rates for those with severe mental illness](#) \*
  - 57. [Accessibility](#)
  - 59. [Social justice](#)
  - 60. [Environmental equality](#)
  - 62. [Housing conditions](#)
  - 66. [Satisfaction with local area](#)  
[Trust in people in neighbourhood](#) \*  
[Influencing decisions in the local area](#) \*
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**Does the Technical Definition for this indicator have any unintended consequences?**

Yes

If YES

- a. What are the unintended consequences on this national indicator?
- b. Can the unintended consequence be avoided? If so, how?

As stated above, there is currently potential duplication with IHS, which also includes SRHS. A proper mapping to SDS indicators is required.

**NI 137 Healthy life expectancy at age 65 PSA 17**

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**Is the Technical Definition of this indicator clear?**

Yes

Please provide any further comments for clarification and improvement, detailing in particular any specific aspects in relation to measurement or reporting of the technical definition of the indicator which you feel are unclear.

As for N119, relationship with IHS-derived HLE needs to be clarified.

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**Does the Technical Definition for this indicator have any unintended consequences?**

As for 119.

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**Further comments on the questions above and/or any other comments that are not covered by the above questions.**

Add your comments.

Data on healthy life expectancy (HLE) will be obtainable from the IHS, so it is not clear why it is included here.

## **D: General Comments**

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**Please add any further comments you have about the survey.**

Please provide your response below.

FPH has outlined above the lack of clarity about the relationship between the Place Survey and the IHS, and the SDS indicators.

In addition, in future consideration should be given to person-based linkage of national survey data with other data sources, such as the Census, other surveys, and even mortality data. Respondent consent would need to be obtained for this to occur. In the absence of a unique identifier crossing data sources, fuzzy matching of pseudo-anonymised data could be undertaken.

### **Classificatory Questions**

1. Asking Date of Birth may put people off responding and lower response rate; suggest age or age-bands are used instead.

2. In the ethnicity section it would be useful to have specific categories of:

- Gypsy/Traveler
- Irish Traveler
- Other Traveler

These are being considered for the next census and are the largest ethnic minority group in some areas such as Cambridgeshire.

3. Migrant workers are another group that would be useful to identify; an additional question on home language, first language or mother tongue may help to identify this group.