

Assessment of compliance with the Code of Practice for Official Statistics

Statistics from Lifestyles Surveys

*(produced by the NHS Information Centre
for Health and Social Care)*

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About the UK Statistics Authority

The UK Statistics Authority is an independent body operating at arm's length from government as a non-ministerial department, directly accountable to Parliament. It was established on 1 April 2008 by the *Statistics and Registration Service Act 2007*.

The Authority's overall objective is to promote and safeguard the production and publication of official statistics that serve the public good. It is also required to promote and safeguard the quality and comprehensiveness of official statistics, and good practice in relation to official statistics.

The Statistics Authority has two main functions:

1. oversight of the Office for National Statistics (ONS) – the executive office of the Authority;
2. independent scrutiny (monitoring and assessment) of all official statistics produced in the UK.

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ASSESSMENT AND DESIGNATION

The *Statistics and Registration Service Act 2007* gives the UK Statistics Authority a statutory power to assess sets of statistics against the *Code of Practice for Official Statistics*.

Assessment will determine whether it is appropriate for the statistics to be designated as National Statistics.

Designation as National Statistics means that the statistics comply with the *Code of Practice*. The *Code* is wide-ranging. Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

Designation as National Statistics should not be interpreted to mean that the statistics are always correct. For example, whilst the *Code* requires statistics to be produced to a level of accuracy that meets users' needs, it also recognises that errors can occur – in which case it requires them to be corrected and publicised.

Assessment Reports will not normally comment further on a set of statistics, for example on their validity as social or economic measures. However, Reports may point to such questions if the Authority believes that further research would be desirable.

Assessment Reports typically provide an overview of any noteworthy features of the methods used to produce the statistics, and will highlight substantial concerns about quality. Assessment Reports also describe aspects of the ways in which the producer addresses the 'sound methods and assured quality' principle of the *Code*, but do not themselves constitute a review of the methods used to produce the statistics. However the *Code* requires producers to "seek to achieve continuous improvement in statistical processes by, for example, undertaking regular reviews".

The Authority may grant designation on condition that the producer body takes steps, within a stated timeframe, to fully meet the *Code's* requirements. This is to avoid public confusion and does not reduce the obligation to comply with the *Code*.

The Authority grants designation on the basis of three main sources of information:

- i. factual evidence and assurances by senior statisticians in the producer body;
- ii. the views of users who we contact, or who contact us, and;
- iii. our own review activity.

Should further information come to light subsequently which changes the Authority's analysis, it may withdraw the Assessment Report and revise it as necessary.

It is a statutory requirement on the producer body to ensure that it continues to produce the set of statistics designated as National Statistics in compliance with the *Code of Practice*.

Contents

Section 1: Summary of findings

Section 2: Subject of the assessment

Section 3: Assessment findings

Annex 1: Suggestions for improvement

Annex 2: Compliance with the Standards for Statistical Releases

Annex 3: Summary of the assessment process and user views

1 Summary of findings

1.1 Introduction

1.1.1 This is one of a series of reports¹ prepared under the provisions of the *Statistics and Registration Service Act 2007*². The Act requires all statistics currently designated as National Statistics to be assessed against the *Code of Practice for Official Statistics*³. The report covers the following sets of statistics, collectively referred to in this Assessment report as Lifestyles Surveys, produced by the NHS Information Centre for Health and Social Care (NHS IC):

- *Health Survey for England: Health and lifestyles*⁴;
- *Health Survey for England: Trend tables*⁵;
- *Smoking, drinking and drug use among young people in England*⁶;
- *Smoking, drinking and drug use among young people in England: Findings by region*⁷; and
- *Infant Feeding Survey*⁸.

1.1.2 This report was prepared by the Authority's Assessment team, and approved by the Board of the Statistics Authority on the advice of the Head of Assessment.

1.2 Decision concerning designation as National Statistics

1.2.1 The Statistics Authority judges that the statistics covered by this report are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest, subject to any points for action in this report. The Statistics Authority confirms that the statistics published in the Lifestyles Surveys are designated as National Statistics, subject to NHS IC implementing the enhancements listed in section 1.5 and reporting them to the Authority by October 2011 for Requirements 1, 2, and 6-8, and December 2011 for Requirements 3-5.

¹ <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html>

² http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf

³ <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

⁴ <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england>

⁵ <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england/health-survey-for-england--2009-trend-tables>

⁶ <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/smoking-drinking-and-drug-use-among-young-people-in-england/smoking-drinking-and-drug-use-among-young-people-in-england-in-2009>

⁷ <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/smoking-drinking-and-drug-use-among-young-people-in-england/smoking-drinking-and-drug-use-among-young-people-in-england-findings-by-region-2006-to-2008>

⁸ <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey>

1.3 Summary of strengths and weaknesses

- 1.3.1 The Lifestyles Surveys are held in high regard by users, in particular the objective measures provided by the Health Survey for England (HSE) offer a valuable source of health data. Results from the surveys are published with detailed methodological information and metadata as well as quality measures such as confidence intervals or standard errors. The vast amount of statistics produced from these surveys however, means it can be difficult to navigate and locate the relevant statistics or information about the quality of them.
- 1.3.2 HSE trend tables are published in Excel format on NHS IC's website for users to download and re-use but NHS IC doesn't publish Excel tables from the Smoking, drinking and drug use in young people in England survey (SDD) or the Infant Feeding Survey (IFS). Anonymised individual records are deposited with the UK Data Archive for each survey; however, NHS IC does not publicise the availability of such data.
- 1.3.3 NHS IC carried out a review⁹ of population based health related surveys in 2008 about the structure of its surveys programme and the development of the HSE. The review resulted in the creation of the IC Health Surveys Programme Network¹⁰ (SPN). The review did not ask users whether the quality of the statistics met their needs, or about either the presentation of the statistics or users' experiences of the statistical services provided by NHS IC.
- 1.3.4 NHS IC uses a variety of methods to engage with users, including: a user forum; survey newsletters; workshops with users; survey steering groups; and an advisory group. Despite this, there is scope for NHS IC to develop a more complete understanding of the use made of the statistics.

1.4 Detailed recommendations

- 1.4.1 The Assessment team identified some areas where it felt that NHS IC could strengthen its compliance with the *Code*. Those which the Assessment team considers essential to enable designation as National Statistics are listed in section 1.5. Other suggestions, which would improve the statistics and the service provided to users but which are not formally required for their designation, are listed at annex 1.

1.5 Requirements for designation as National Statistics

Requirement 1

Take steps to develop a more complete understanding of the use made of the statistics by non-government users; publish the relevant information and assumptions, and use them to better support the beneficial use of the statistics (para 3.4).

⁹ <http://www.ic.nhs.uk/work-with-us/consultations/review-of-population-based-health--related-surveys>

¹⁰ <https://groups.ic.nhs.uk/ICHSPN/default.aspx>

Requirement 2	Confirm that future changes to methods or classifications will be announced in advance of any publications (para 3.6).
Requirement 3	Communicate to users the steps taken to address the issue of falling response rates and the impact of these actions. NHS IC should also consult users to ensure the Lifestyles Surveys, in particular the HSE, are of a suitable quality to meet their needs and publish the results (para 3.12).
Requirement 4	Communicate the implications of the reduction in central funding to stakeholders and users of the Lifestyles Surveys and investigate users views to help guide future planning (para 3.20).
Requirement 5	In consultation with users, review the publication format of the Lifestyles Surveys (para 3.21).
Requirement 6	Provide more commentary and analysis in the Lifestyles Surveys' publications to aid understanding and interpretability of the statistics (para 3.22).
Requirement 7	Publish information on the strengths and limitations of the Lifestyles Surveys in relation to particular uses (para 3.23).
Requirement 8	Publish the tables published in PDF format for SDD and IFS in formats that encourage and enable re-use (para 3.24).

2 Subject of the assessment

- 2.1 The Lifestyles Surveys – the Health Survey for England (HSE), the Smoking, drinking and drug use among young people in England survey (SDD) and the Infant Feeding Survey (IFS) – are part of a programme of surveys commissioned and managed by NHS IC. The HSE is designed and carried out by the Joint Health Surveys Unit of National Centre for Social Research¹¹ (NatCen) and the Department of Epidemiology and Public Health at the University College London¹² (UCL). NatCen manage all aspects of the survey from design, sample selection, fieldwork, data cleaning and processing, analysis and report writing in collaboration with UCL which provides clinical expertise, co-author the report and provide survey doctor cover. The SDD is carried out by NatCen with the National Foundation for Educational Research¹³ (NFER) managing the sample selection and initial contact with selected schools; The IFS is carried out by IFF Research¹⁴.
- 2.2 The HSE is the primary source of information about public health in England; it is conducted annually. Beginning in 1991, the survey covers the adult population (aged 16 and over) living in private households in England. Since 1995, children aged 2 to 15 living in households were also included and since 2001 infants aged under two have also been included. The survey consists of a core module – which includes objective measurements of blood pressure, height and weight and analysis of blood and saliva samples taken by a nurse – and a topic module which changes from year to year. Surveys in recent years have included topic modules on cardio-vascular disease and respiratory disease. The trend tables provide key statistics for all years for which data are available; the tables were revised and reformatted in 2006. In 2010, the HSE was renamed the Health Survey for England – Health, Lifestyles and Social Care survey as it now includes questions about social care within its core module.
- 2.3 The HSE statistics are used by government to measure performance against leading indicators of health improvements such as Change4Life¹⁵ and 5 A DAY¹⁶. These indicators are part of the cross-government strategy *Healthy Weight, Healthy Lives*¹⁷ which aims to halt the year-on-year rise in obesity in children aged under 11 by 2010, and by 2020, reduce the proportion of overweight and obese children in England to 2000 levels. The statistics are also used to assess the impact of the introduction of smokefree legislation in England¹⁸.

¹¹ <http://www.natcen.ac.uk/>

¹² <http://www.ucl.ac.uk/epidemiology/>

¹³ <http://www.nfer.ac.uk/index.cfm>

¹⁴ <http://www.iffresearch.com/>

¹⁵ <http://www.nhs.uk/change4life/Pages/change-for-life.aspx>

¹⁶ <http://webarchive.nationalarchives.gov.uk/20061016092221/http://dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/FiveADay/FiveADaygeneralinformation/index.htm>

¹⁷ http://webarchive.nationalarchives.gov.uk/20100407220245/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378

¹⁸ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124961

The data from the surveys are freely available from the UK Data Archive¹⁹ and are used for a variety of articles including ‘The contribution of smoking and obesity to income-related inequalities in health in England’²⁰ and ‘The impact of obesity on employment’²¹.

- 2.4 The SDD is an annual survey; it provides estimates of the proportions of young people aged 11 to 15 in England who smoke, drink and take illegal drugs. The survey began in 1982 to measure the prevalence of smoking among young people, questions about alcohol consumption were added in 1988 and questions about drug use in 1998. The surveys are conducted within schools, with around 7,800 pupils from 270 schools taking part. As well as the prevalence of smoking, drinking and drug taking, the survey also focuses on the topics on a two-year cycle (with drugs one year and smoking and drinking the next) and explores the attitudes and beliefs of young people about those topics. *SDD Findings by region* is based on three-year aggregates to provide regional estimates of sufficient quality.
- 2.5 The statistics from the SDD are used to monitor progress towards meeting a range of government targets and the impact of various strategies, including:
- The target for reducing children’s smoking, set out in *Smoking Kills: A White Paper on Tobacco* (2004)²², was to reduce the proportion of pupils who are regular smokers from 13 per cent in 1996 to 9 per cent or less by 2010;
 - The *Updated Drug Strategy 2002*²³ to reduce drug use among young people with a specific emphasis on vulnerable young people; and
 - The Home Office’s ten-year drug strategy (2008-2018)²⁴ included a Public Service Agreement target specific to the age group covered by SDD.
- 2.6 Statistics from SDD are also submitted to UK Focal Point on Drugs²⁵ which provides statistics on drug use among children in England to the European Monitoring Centre for Drugs and Drug Addiction²⁶. In addition, the data have been used to provide evidence to the Advisory Council on the Misuse of Drugs²⁷, and additional analysis has been undertaken for the London Assembly²⁸ on ethnicity and drinking levels in London. Anonymised individual records are available from the UK Data Archive and have been used in articles such as ‘The Impact of Alcohol Marketing on Youth Drinking Behaviour: A Two-stage Cohort Study’²⁹ and ‘The role of cannabis and cannabinoids in diabetes’³⁰.

¹⁹ <http://www.data-archive.ac.uk/>

²⁰ <http://farm.ccsr.ac.uk/cgi-bin/citations/esdsgovt/display.cgi?id=27834>

²¹ <http://farm.ccsr.ac.uk/cgi-bin/citations/esdsgovt/display.cgi?id=4228>

²² http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006684

²³ <http://www.education.gov.uk/publications/standard/publicationdetail/page1/HO-Drug-Strategy>

²⁴ <http://webarchive.nationalarchives.gov.uk/20100419081707/drugs.homeoffice.gov.uk/drug-strategy/overview/>

²⁵ <http://www.nwph.net/ukfocalpoint/>

²⁶ <http://www.emcdda.europa.eu/>

²⁷ <http://www.homeoffice.gov.uk/drugs/acmd/>

²⁸ <http://www.london.gov.uk/who-runs-london/assembly>

²⁹ <http://alcalc.oxfordjournals.org/content/45/5/470.short>

³⁰ <http://dvd.sagepub.com/content/10/6/267.short>

- 2.7 The IFS has been carried out every five years since 1975 in England and Wales, with Scotland included since 1980 and Northern Ireland since 1990. The 2005 survey was the first where separate estimates for all four countries were available. The survey provides UK figures on the incidence, prevalence and duration of breastfeeding and allows examination of trends in practices over time. The survey also measures the proportion of mothers who smoke and drink alcohol during pregnancy and provides analysis of patterns of smoking and drinking before, during and after pregnancy. The 2010 survey is being conducted using the same methodology as the 2005 survey.
- 2.8 The IFS is used by the Department of Health (DH) and the devolved administrations (DAs) to monitor infant feeding policies. The statistics inform the development of infant feeding policies and local services to support breastfeeding and encourage good infant feeding practices. DH uses statistics from the IFS to monitor breastfeeding prevalence at six to eight weeks after the baby's birth and to develop strategies to deliver advice and services to mothers and health professionals. The IFS will also be used to evaluate the impact of the 2010 tobacco control strategy 'A Smokefree Future'³¹ which aims to halve smoking rates among pregnant women in England by 2020. The DAs use the statistics from the IFS to compare breastfeeding prevalence across the other UK countries. Anonymised individual records are available from the UK Data Archive and have been used in articles such as 'Infant feeding, solid foods and hospitalisation in the first 8 months after birth'³² and 'Breast-feeding and adherence to infant feeding guidelines do not influence bone mass at age 4 years'³³.
- 2.9 The HSE costs approximately £4m per survey to deliver and manage; the SDD costs approximately £400k per survey; and the IFS costs approximately £760k per survey.

³¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111749

³² <http://adc.bmj.com/content/94/2/148.abstract>

³³ <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=6174120>

3 Assessment findings

Principle 1: Meeting user needs

The production, management and dissemination of official statistics should meet the requirements of informed decision-making by government, public services, business, researchers and the public.

- 3.1 NHS IC engages with users in a variety of ways including survey steering groups, the Survey Programme Advisory Group (SPAG) and the IC Health Surveys Programme Network (SPN). The survey steering groups include key stakeholders from DH, representatives from the DAs, the Office for National Statistics (ONS) and academics. SPAG provides a platform to discuss significant issues relating to all NHS IC's surveys. It includes representatives from DH, the Association of Public Health Observatories, local authorities (LAs), NHS and academia. A newsletter is sent to members of the SPN to keep them up to date with developments from the SPAG and to alert them to any significant information, for example the recent ONS consultation³⁴ on the future of the General Lifestyles Survey (GLF) as NHS IC is a major contributor to the GLF. NHS IC also publishes news updates on its SPN portal³⁵. The statistics team informed us that the membership of the SPN continues to increase.
- 3.2 NHS IC holds regular workshops with users and holds 'launch days' when the results from a new survey are published. A workshop was held in April 2011 to discuss the development of the HSE 2012 and in May 2011 the results of the HSE 2009 were officially launched. Furthermore, the Economic and Social Data Service (ESDS) is hosting a Health Surveys user group meeting in the summer. NHS IC also reaches out to users through other organisations' newsletters, for example those of ONS and the ESDS³⁶. Charities such as the National Childbirth Trust³⁷ have been involved in the piloting of the survey questions for the IFS.
- 3.3 NHS IC has a point-of-download feedback form on its website, on which users can comment on the statistics. Information about users is also passed to statisticians from the central NHS IC contact centre. NHS IC has started to publish the information gained from this user engagement³⁸.
- 3.4 The Lifestyles Surveys have a significant academic user base through the UK Data Archive. The HSE is often used as a sampling frame for other surveys (for example the English Longitudinal Study of Ageing³⁹) and the blood samples taken as part of the HSE are stored in a blood bank for future research⁴⁰. The statistics team told us it encourages researchers to take advantage of this valuable resource. While NHS IC receives regular updates about the use of the

³⁴ <http://www.ons.gov.uk/about/consultations/closed-consultations/the-future-of-the-glf-survey/index.html>

³⁵ https://groups.ic.nhs.uk/ICHSPN/Shared%20Documents_1/Forms/Archive.aspx

³⁶ <http://www.esds.ac.uk/news/publications/esdsnews5.pdf>

³⁷ <http://www.nct.org.uk/home>

³⁸ <http://www.ic.nhs.uk/webfiles/publications/publications%20calendar/Userfeedbacksummary.pdf>

³⁹ <http://www.ifs.org.uk/elsa/>

⁴⁰ <http://www.ic.nhs.uk/statistics-and-data-collections/supporting-information/health-and-lifestyles-related-surveys/health-survey-for-england/health-survey-for-england-bloodbank-project>

survey data from the UK Data Archive, it does not actively engage with these users, as the team focuses primarily on the main users within government. As part of the designation as National Statistics, NHS IC should take steps to develop a more complete understanding of the use made of the statistics by non-government users; publish the relevant information and assumptions, and use them to better support the beneficial use of the statistics⁴¹ (Requirement 1). We suggest that NHS IC refer to the generic classes of use put forward in the Authority's Monitoring Brief: *The Use Made of Official Statistics*⁴² in meeting this requirement.

- 3.5 In 2008 NHS IC formally consulted users about the future structure of the survey programme and proposals to bring the social care element into the HSE. The results of the consultation confirmed the importance of the HSE and the high regard in which it is held; the SDD was also cited as being very important to users. A common request from users was for statistics at lower geographical levels, such as LA. However, it was noted that some respondents found it difficult to provide responses as they were confused about the context of the review⁴³. Furthermore, the consultation did not ask whether the quality of the statistics met their needs nor about the format and timing of the reports. NHS IC recognises that another consultation may be required in the light of the 2010 Spending Review⁴⁴; the structure of the NHS in England is also under review and the outcome of this may have a significant impact on users' requirements.

⁴¹ In relation to Principle 1, Practice 2 of the *Code of Practice*

⁴² <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/index.html>

⁴³ Page 1, paragraph 10: <http://www.ic.nhs.uk/work-with-us/consultations/review-of-population-based-health-related-surveys>

⁴⁴ http://www.hm-treasury.gov.uk/spend_index.htm

Principle 2: Impartiality and objectivity

Official statistics, and information about statistical processes, should be managed impartially and objectively.

- 3.6 NHS IC changed the way that ‘average weekly alcohol consumption’ and ‘the heaviest day of alcohol consumption’ were calculated from the 2006 HSE and 2007 SDD onwards. A Government Statistical Service (GSS) methodology paper⁴⁵, published by ONS, proposed that this new calculation be used for the GLF and HSE as they are the two major surveys collecting data on alcohol consumption. NHS IC told us that users would have been alerted to the forthcoming changes and made aware of the GSS paper. However, NHS IC did not provide any evidence of a pre-announcement of the changes to the HSE or SDD surveys. The statistics team told us that any future changes would be communicated to users through the SPN newsletter. As part of the designation as National Statistics, NHS IC should confirm that future changes to methods or classifications will be announced well in advance of any publications⁴⁶ (Requirement 2). We suggest that NHS IC place announcements of changes to methods or classifications on the relevant survey page of NHS IC’s website.
- 3.7 The statistics from the Lifestyles Surveys are not subject to scheduled revisions. NHS IC has a general revisions and corrections procedure⁴⁷ published on its website. The procedures include full reviews to investigate the cause of errors and to implement any lessons learned. During the production of the statistics from the 2008 HSE an error was identified relating to all child body mass index data published between 1995 and 2007. The revised figures were published and an Errata note⁴⁸ provided full details of the error and revisions. Revised datasets were also provided to the UK Data Archive. Key stakeholders including the DH and the National Obesity Observatory were contacted directly. The statistics team conducted a full appraisal together with the survey contractor and additional quality assurance procedures are now in place to reduce the risk of this type of error occurring in the future.
- 3.8 *IFS 2005* includes detailed contextual commentary⁴⁹ about the development of government policy around infant feeding. The commentary states that ‘A large body of published research has shown that breastfeeding has clear health benefits...’ indicating that there are empirical reasons for the promotion of breastfeeding; however, this research is not referenced. We suggest that NHS IC review the contextual commentary for the 2010 IFS to ensure that assertions are referenced appropriately.

⁴⁵ <http://www.statistics.gov.uk/StatBase/Product.asp?vInk=15067&Pos=1&ColRank=1&Rank=272>

⁴⁶ In relation to Principle 2, Practice 4 of the *Code of Practice*

⁴⁷ <http://www.ic.nhs.uk/webfiles/publications/publications%20calendar/Revisions%20Procedure%20300909.doc>

⁴⁸ <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england>

⁴⁹ <http://www.ic.nhs.uk/webfiles/publications/ifs06/2005%20Infant%20Feeding%20Survey%20%28Chapter%201%29%20%20Introduction.pdf#17>

Principle 3: Integrity

At all stages in the production, management and dissemination of official statistics, the public interest should prevail over organisational, political or personal interests.

- 3.9 No incidents of political pressures, abuses of trust or complaints relating to professional integrity, quality or standards were reported to or identified by the Assessment team.

Principle 4: Sound methods and assured quality

Statistical methods should be consistent with scientific principles and internationally recognised best practices, and be fully documented. Quality should be monitored and assured taking account of internationally agreed practices.

- 3.10 The methods used in the Lifestyles Surveys are fully documented in technical reports⁵⁰ published alongside, or as annexes to, the statistical releases. Confidence intervals are provided for estimates from the HSE and SDD and standard errors are provided for estimates from the IFS, as well as full copies of the questionnaires and other survey literature. A discussion of non-sampling error is presented within the technical reports and the survey design information also explains that communal establishments are not included. However, the size of these documents makes it difficult to locate the appropriate information; indeed, some users who contacted us in response to this assessment said they wanted confidence intervals or standard errors to be published, indicating that they were not aware these quality measures were already available. We suggest that NHS IC provide clearer links and references to the quality measures provided in the technical reports.
- 3.11 NHS IC and NatCen have detailed quality assurance processes which are reviewed after the results from each survey have been published. These reviews have helped to streamline the quality assurance process, and ensure that all processes are properly documented. We consider this process to be an example of good practice.
- 3.12 The HSE and SDD releases mention that in general, response rates to surveys are falling. Some users who contacted us in response to this assessment also voiced concern about falling response rates. NHS IC told us that it is confident that the response rates to the Lifestyles Surveys are sufficient to meet the quality needs of users. The statistical team told us that the HSE is maintaining a response rate of around 65 per cent which has been helped by the introduction of an incentive of a £5 gift voucher since 2008. The team told us that pupil response rates to the SDD are good but it is increasingly difficult to get schools to agree to participate. NatCen is currently developing a resource pack for schools to encourage participation. As part of the designation as National Statistics NHS IC should communicate to users the steps taken to address the issue of falling response rates and the impact of these actions. NHS IC should also consult users to ensure the Lifestyles Surveys, in particular the HSE, are of a suitable quality to meet their needs and publish the results⁵¹ (Requirement 3).
- 3.13 The HSE is used as the basis for health surveys conducted in other the UK countries although data collection methods vary; for example Wales uses self-completion questionnaires and the equivalent Scottish survey has recently

⁵⁰ http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/hse09report/HSE_09_Volume2_list.pdf

http://www.ic.nhs.uk/webfiles/publications/Health%20and%20Lifestyles/sdd2009/SDD_2009_Report.pdf
<http://www.ic.nhs.uk/webfiles/publications/ifs06/2005%20Infant%20Feeding%20Survey%20Appendices.pdf>

⁵¹ In relation to Principle 4, Practice 2 of the *Code of Practice*

reduced the size of the sample receiving the nurse visit element. The differences in data collection methods reduces the comparability of the results; however the 2011 HSE survey will be collecting self-reported height and weight (in addition to objective measurements) which will allow some comparisons with the Welsh survey. The statistics team told us that comparisons with the self-completion health questions in the Census may be considered by the HSE steering group once the Census data are available. NHS IC publishes an example of each survey questionnaire so that other organisations are able to align their health surveys with the HSE, or use the same questions for local surveys.

Principle 5: Confidentiality

Private information about individual persons (including bodies corporate) compiled in the production of official statistics is confidential, and should be used for statistical purposes only.

- 3.14 NHS IC has assured us that it takes all necessary steps to protect the confidentiality of the data it collects. This includes ensuring the anonymity of respondents to the SDD through the removal of any identifiers from the questionnaire and separating identifiers from other survey information in the HSE; and using General Register Offices to sample and distribute the first wave of the IFS survey questionnaire to respondents. Each statistical release is assessed for disclosure risk before publication.
- 3.15 NHS IC's arrangements for protecting confidentiality are summarised in its Statistical Governance Policy⁵². It has an internal data access and information sharing policy, an information governance legal compliance policy (covering its duties under common law and data protection, freedom of information, health service and other legislation) and has published a Small Numbers Procedure⁵³ which describes the process it uses to manage the risk of disclosure of personal information.
- 3.16 NatCen, as custodians of the HSE and SDD data, operates a Data Release Procedure to ensure that any third party requests for data can be met without compromising confidentiality. If the request is for disclosive data, NatCen offers options for providing data. These include: creating derived variables; matching data for the third party; and providing access to the data at NatCen's premises, where the researcher can undertake detailed analysis but take only the resulting output away with them.

⁵² http://www.ic.nhs.uk/webfiles/publications/NHS_IC_Statistical_Governance_Policy_v2.pdf

⁵³ <http://www.ic.nhs.uk/webfiles/publications/publications%20calendar/Small%20Numbers%20Procedure%20300909.doc>

Principle 6: Proportionate burden

The cost burden on data suppliers should not be excessive and should be assessed relative to the benefits arising from the use of the statistics.

- 3.17 Participation in the Lifestyles Surveys is voluntary. NHS IC told us that it regularly reviews the burden imposed by the surveys on respondents by assessing the time taken to complete the pilot survey and asking respondents for their experiences of participating in the survey. NHS IC told us it will be including a measure of this burden – mean time taken to complete the survey questionnaire – in the forthcoming publications.

Principle 7: Resources

The resources made available for statistical activities should be sufficient to meet the requirements of this Code and should be used efficiently and effectively.

- 3.18 NHS IC follows the standard Official Journal of the European Union⁵⁴ (OJEU) procurement process⁵⁵ when publishing invitations to tender. These procedures are designed to ensure fair competition and that the contracting department receives the best value for money.
- 3.19 The 2008 consultation reviewed the structure of the survey programme with particular emphasis on the future design and structure of the HSE. However the analysis of the responses states that key users – DH in particular – expressed confusion about the status of surveys other than the HSE and asked whether ‘all historical new data requirements would be shoe-horned into one Health & Social Care Survey’. Furthermore, respondents were ‘unclear as to what resource claims surveys had in the NHS Information Centre’s overall budget’. Similar concerns were expressed by users who contacted us in response to this assessment, with one claiming that users feel that they have been given no options because, as budgets are reduced, they are required to fund new content.
- 3.20 The future funding of the Lifestyles Surveys and the communication with users about how the surveys are affected will be very important in the light of the 2010 Spending Review and potential changes to the structure of the NHS. NHS IC clearly sets out funding arrangements and priorities in its published business plans taking potential developments on board where possible. The 2010–13 Strategic Plan⁵⁶ acknowledges the reduction in central funding and commits to ‘lessen dependence on central funding by identifying and realising new sources of income...’ As part of the designation as National Statistics NHS IC should communicate the implications of the reduction in central funding to stakeholders and users of the Lifestyles Surveys and investigate users’ views to help guide future planning⁵⁷ (Requirement 4).

⁵⁴ <http://www.ojeu.eu/WhatIsTheOJEU.aspx>

⁵⁵ http://www.ogc.gov.uk/process_ojeu_-_sors.asp

⁵⁶ http://www.ic.nhs.uk/webfiles/About%20us/NHS_IC_draft_Bus_strat_plan_2010-11_v7a.pdf

⁵⁷ In relation to Principle 7, Practice 2 of the *Code of Practice*

Principle 8: Frankness and accessibility

Official statistics, accompanied by full and frank commentary, should be readily accessible to all users.

- 3.21 The Lifestyles Surveys and associated technical reports are published on NHS IC's website in PDF format. The main HSE release is divided into two volumes: volume 1 presents the survey results and volume 2 is the technical report. The trend tables and associated commentary are published separately. The SDD is published in a single document, with descriptions of the methods used and metadata in annexes. The large amount of information provided by these surveys makes navigation through these documents difficult. The 2005 IFS however, was also published as separate documents for each chapter, making navigation through the topics easier. Some users who contacted us in response to this assessment said it was difficult to find the information they needed. As part of the designation as National Statistics, NHS IC should, in consultation with users, review the publication format of the Lifestyles Surveys⁵⁸ (Requirement 5).
- 3.22 Each of the Lifestyles Surveys' publications provide contextual information about government policies, initiatives and targets that the statistics are used to monitor. However, the commentary in HSE trend tables and SDD Findings by region does not go beyond descriptions of the statistics. For example, the relevance of the statistical trends for the different policy initiatives, identified at the beginning of each release, could be brought out more clearly. Similarly, while users who contacted us in response to this assessment welcomed the publication of SDD Findings by region, this contains little commentary to explain differences found between the regions. As part of the designation as National Statistics, NHS IC should provide more commentary and analysis in the Lifestyles Surveys' publications to aid understanding and interpretability of the statistics⁵⁹ (Requirement 6).
- 3.23 Confidence intervals and standard errors provide users with an objective measure of the accuracy of the estimates. However, the publications do not provide information about the quality and reliability of the estimates in relation to the range of potential uses. As part of the designation as National Statistics, NHS IC should publish information on the strengths and limitations of the Lifestyles Surveys in relation to particular uses⁶⁰ (Requirement 7).
- 3.24 NHS IC publishes HSE data in Excel format but Excel files are not available for SDD or IFS. For these two surveys, tables are only published in PDF format making re-use of the data difficult. All survey data are available through the UK Data Archive, but there is a three to four month time lag between publication and data availability. Furthermore, there is no indication on NHS IC's website that the data are available both from the UK Data Archive and from the contractors as data custodians and references within the HSE publications are not easy to locate. As part of the designation as National Statistics, NHS IC should publish the tables published in PDF format for SDD and IFS in forms

⁵⁸ In relation to Principle 8, Practice 3 and Protocol 1, Practice 7 of the *Code of Practice*

⁵⁹ In relation to Principle 8, Practice 2 of the *Code of Practice*

⁶⁰ In relation to Principle 4, Practice 2 of the *Code of Practice*

that encourage and enable re-use⁶¹ (Requirement 8). Furthermore, we suggest that NHS IC provide better signposting to alternative means of accessing data, such as through the UK Data Archive or via data custodians.

⁶¹ In relation to Principle 8, Practice 6 of the *Code of Practice*

Protocol 1: User engagement

Effective user engagement is fundamental both to trust in statistics and securing maximum public value. This Protocol draws together the relevant practices set out elsewhere in the Code and expands on the requirements in relation to consultation.

3.25 The requirements for this Protocol are covered elsewhere in this report.

Protocol 2: Release practices

Statistical reports should be released into the public domain in an orderly manner that promotes public confidence and gives equal access to all, subject to relevant legislation.

- 3.26 The pre-release access lists for HSE⁶² and SDD⁶³ are quite long (over 50 people), but we were told that this is indicative of the importance of these surveys and the array of topics covered by them. Users are required to request pre-release access each time the survey results are published and access is strictly controlled.
- 3.27 NHS IC makes a publications calendar⁶⁴ available on its website detailing forthcoming releases over the next 12 months. All Lifestyles Surveys publications are available through the National Statistics Publication Hub.

⁶²http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/hse09report/HSE_2009_pre_release_access_list.pdf

⁶³<http://www.ic.nhs.uk/webfiles/publications/Health%20and%20Lifestyles/sdd2009/Smoking,%20drinking,%20drug%20use%20amongst%20young%20people.%20Pre-release%20access%20list.pdf>

⁶⁴<http://www.ic.nhs.uk/statistics-and-data-collections/publications-calendar>

Protocol 3: The use of administrative sources for statistical purposes

Administrative sources should be fully exploited for statistical purposes, subject to adherence to appropriate safeguards.

3.28 The Lifestyles Surveys do not incorporate any data from administrative sources in the results. However, with resources being reduced despite requests from users for increasing amounts of information, the use of such data could help to lower the costs of running these surveys. One possible source of information about infant feeding would be the Personal Child Health Record book⁶⁵ each child is issued at birth. We suggest that NHS IC investigate sources of administrative data for their potential to reduce both the cost and the burden of the Lifestyles Surveys and publish the results.

⁶⁵ <http://www.nhs.uk/Planners/birthtofive/Pages/Checkingdevelopment.aspx>

Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to the statistics from NHS IC's Lifestyle Surveys, in the interest of the public good. These are not formally required for designation, but the Assessment team considers that their implementation will improve public confidence in the production, management and dissemination of official statistics.

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| Suggestion 1 | Refer to the generic classes of use put forward in the Authority's Monitoring Brief: <i>The Use Made of Official Statistics</i> (para 3.4). |
| Suggestion 2 | Place announcements of changes to methods or classifications on the relevant survey page of NHS IC's website (para 3.6). |
| Suggestion 3 | Review the contextual commentary for the 2010 IFS to ensure that assertions are referenced appropriately (para 3.8). |
| Suggestion 4 | Provide clearer links and references to the quality measures provided in the technical reports (para 3.10). |
| Suggestion 5 | Provide better signposting to alternative means of accessing data, such as through the UK Data Archive or via data custodians (para 3.24). |
| Suggestion 6 | Investigate sources of administrative data for their potential to reduce both the cost and the burden of the Lifestyles Surveys and publish the results (para 3.28). |

Annex 2: Summary of assessment process and users' views

A2.1 This assessment was conducted from January to May 2011.

A2.2 The Assessment team – Rachel Beardsmore and Ruth James – agreed the scope of and timetable for this assessment with representatives of NHS IC in January. The Written Evidence for Assessment was initially provided on 21 June 2010 as part of the assessment of the Lifestyles Statistics Compendium Publications⁶⁶; the statistical team were invited to review and update their evidence in January 2011 for this assessment. The Assessment team subsequently met NHS IC during April to review compliance with the *Code of Practice*, taking account of the written evidence provided and other relevant sources of evidence.

Summary of users contacted, and issues raised

A2.3 Part of the assessment process involves our consideration of the views of users. We approach some known and potential users of the set of statistics, and we invite comments via an open note on the Authority's website. This process is not a statistical survey, but it enables us to gain some insights about the extent to which the statistics meet users' needs and the extent to which users feel that the producers of those statistics engage with them. We are aware that responses from users may not be representative of wider views, and we take account of this in the way that we prepare assessment reports.

A2.4 The Assessment team received 11 responses from the user consultation. The respondents were grouped as follows:

Government departments	6
Public Health Observatory	1
Primary Care Trust	1
Third sector	2
Journal	1

A2.5 In general users thought that the surveys are constructed, analysed and reported well. Several users thought that the current format of presenting the releases was not as accessible as they would like; some said that they could not always find the information they needed. Some users were happy with the level of engagement and consultation from producers; others were unaware of any consultation or had had no contact with the producer team. Several users said that LA level data would be useful, especially given the potential changes to the NHS.

Key documents/links provided

Written Evidence for Assessment document

⁶⁶ <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/assessment-report-64---lifestyles-statistics-compendium-publications.pdf>

