

Assessment of compliance with the Code of Practice for Official Statistics

Statistics on Health Expectancies

(produced by the Office for National Statistics)

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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*.

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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 statistics on health expectancies produced by the Office for National Statistics (ONS) reported in:

- *Health Expectancies at Birth and at Age 65 in the United Kingdom*⁴ (Statistical Bulletin);
- *Inequalities in Disability-free Life Expectancy by Area Deprivation: England*⁵ (Health Statistics Quarterly (HSQ) article);
- *Disability-free Life Expectancy: Comparisons of Sources and Small Area Estimates in England* (HSQ article)⁶.

1.1.2 The Act also allows the National Statistician to request an assessment of other official statistics in order for them to gain National Statistics status. This report is in response to such a request and covers the set of statistics produced by ONS in *Inequality in Disability-free Life Expectancy by Area Deprivation: England*⁷ (Statistical Bulletin).

1.1.3 Section 3 of this report adopts an ‘exception reporting’ approach – it includes text only to support the Requirements made to strengthen compliance with the *Code* and Suggestions made to improve confidence in the production, management and dissemination of these statistics. This abbreviated style of report reflects the Head of Assessment’s consideration of aspects of risk and materiality⁸. The Assessment team nonetheless assessed compliance with all parts of the *Code of Practice* and has commented on all those in respect of which some remedial action is recommended.

1.1.4 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 <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.ons.gov.uk/ons/rel/disability-and-health-measurement/health-expectancies-at-birth-and-age-65-in-the-united-kingdom/2007-09/stb-he-2007-2009.html>

⁵ <http://www.ons.gov.uk/ons/rel/hsq/health-statistics-quarterly/no--48--winter-2010/inequalities-in-disability-free-life-expectancy.pdf>

⁶ <http://www.ons.gov.uk/ons/rel/hsq/health-statistics-quarterly/no--50--summer-2011/disability-free-life-expectancy--comparison-of-sources-and-small-area-estimates-in-england--2006-08.pdf>

⁷ <http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/sub-national-health-expectancies/2002-2005-and-2006-2009/stb-inequality-in-disability-free-life-expectancy-by-area-deprivation.html>

⁸ <http://www.statisticsauthority.gov.uk/assessment/assessment/guidance-about-assessment/criteria-for-deciding-upon-the-format-of-an-assessment-report.pdf>

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 releases listed in paragraph 1.1.1 are designated as National Statistics, and has determined that the statistics published in *Inequality in Disability-free Life Expectancy by Area Deprivation: England* can be designated as a new National Statistics product, subject to ONS implementing the enhancements listed in section 1.5 and reporting them to the Authority by October 2012.

1.3 Summary of strengths and weaknesses

1.3.1 ONS has regular meetings with its main users in government departments and has established informal contacts with expert users in public health research. It undertook a stakeholder review in 2008 and published the outcome from the review. The statistical bulletins refer to the main uses in government but the equivalent information in the summary quality report is out of date and very little is said about uses outside government.

1.3.2 ONS has published detailed analyses in *Health Statistics Quarterly (HSQ)* articles that set out the basis for the measurement of health expectancies using self-reported general health and limiting long term illness and disability. It has responded to user feedback by developing annual health expectancy statistics for local authority areas and for the level of deprivation (in quintiles) of the area in which respondents were living.

1.3.3 The *HSQ* articles are aimed at an expert audience and provide a comprehensive account of the methods and findings. The statistical bulletins are intended for a more general audience but the measures used and the main messages could be expressed more clearly. ONS has released two podcasts to help non-expert users understand the methods used to produce the statistics.

1.4 Detailed recommendations

1.4.1 The Assessment team identified some areas where it felt that ONS 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	Document the use made of the health expectancy statistics and the types of decisions that they inform (para 3.1).
Requirement 2	Improve access to information about the methods used to produce the health expectancy statistics and

publish information about the quality of the statistics in relation to their uses, highlighting their strengths and limitations (para 3.2).

Requirement 3

Review the current evidence for the predictive value of the self-perceived measures of general health and limiting long term illness and publish the evidence (para 3.3).

Requirement 4

Improve the commentary in the statistical bulletins so that it aids user interpretation of the statistics (para 3.4).

2 Subject of the assessment

- 2.1 ONS produces measures of life expectancy⁹ that it uses in compiling national projections of the UK population. In addition to these overall life expectancies at birth and at age 65, it has developed two estimates of the length of life spent in favourable health states (or 'health expectancies'): healthy life expectancy (HLE) and disability-free life expectancy (DFLE). ONS uses the Sullivan¹⁰ method of health expectancy calculation adopted by the member states of the EU in the Eurohex project¹¹.
- 2.2 ONS first produced the health expectancy (HE) measures in 2000¹² followed by a series of articles in *Health Statistics Quarterly*¹³ (HSE) describing the development of the methods. It uses self-reported responses to questions relating to general health¹⁴ and limiting long term illness or disability¹⁵ from the General Household Survey (GHS) (now called the General Lifestyle Survey (GLF)) for GB. It combines these data with equivalent responses from the Continuous Household Survey for Northern Ireland, to produce health expectancies for the UK, as well as its constituent countries. ONS adjusts the household survey data to allow for people living in communal establishments¹⁶. It applies the survey data to the mid-year population estimates¹⁷ and period interim life tables¹⁸ which use the mortality rates over a three year period by age group, sex and area, to give a measure of the quality of the remaining years of life.
- 2.3 ONS publishes health expectancy statistics for the UK and the constituent countries in an annual statistical bulletin, *Health Expectancies at Birth and at Age 65 in the United Kingdom*¹⁹. It subsequently extended the analysis, to provide disability-free life expectancy at smaller geographic areas²⁰ in England. ONS also produced DFLE by area deprivation²¹ in England (using the Index of Multiple Deprivation²²). It first published these statistics in an *HSQ* article and

⁹ <http://www.ons.gov.uk/ons/rel/lifetables/period-and-cohort-life-expectancy-tables/2010-based/index.html>

¹⁰ See Calculation Guide under 'Training Material' on:

<http://www.eurohex.eu/index.php?option=welcme>

¹¹ <http://www.eurohex.eu/index.php?option=welcme>

¹² Kelly S, Baker A and Gupta S (2000) Healthy life expectancy in Great Britain, 1980-96, and its use as an indicator in UK Government strategies. *Health Statistics Quarterly* 07, 32–37

<http://www.ons.gov.uk/ons/rel/hsq/health-statistics-quarterly/no--7--autumn-2000/index.html>

¹³ <http://www.ons.gov.uk/ons/rel/hsq/health-statistics-quarterly/index.html>

¹⁴ The metric of health life expectancy uses the proportions reporting 'very good' or 'good' general health

¹⁵ The metric of disability-free life expectancy uses the responses free from a limiting long term illness or disability

¹⁶ Using the proportions on the two variables general health measures for residents in communal establishments in the 2001 Census

¹⁷ <http://www.ons.gov.uk/ons/publications/all-releases.html?definition=tcm:77-22371>

¹⁸ <http://www.ons.gov.uk/ons/rel/lifetables/interim-life-tables/2008-2010/index.html>

¹⁹ <http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/health-expectancies-at-birth-and-age-65-in-the-united-kingdom/index.html>

²⁰ <http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/sub-national-health-expectancies/2001/index.html>

²¹ <http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/sub-national-health-expectancies/2002-2005-and-2006-2009/index.html>

²² <http://www.communities.gov.uk/communities/research/indicesdeprivation/deprivation10/>

then developed a new annual statistical bulletin which was first published in May 2012. It has applied the same method to data from the Annual Population Survey (APS) to derive disability-free life expectancy²³ by local authority²⁴. The first annual statistical bulletin using the APS was published in June 2012. ONS has also produced two podcasts²⁵ in which the HE statistics are explained in a style intended to be accessible to non-expert users, such as students.

- 2.4 In 2006 the general health question in the GHS was harmonised with the definition used in the European Union Statistics on Income and Living Conditions²⁶ (EU-SILC). This question change led to a break in the series for HLE, but should mean that the UK statistics are now broadly comparable with those of other EU countries (although in practice there may be variations due to differences in the concept of ill-health, survey mode, and the inclusion or exclusion of residents of communal establishments). The question used to derive the DFLE statistics was not changed because the wording in EU-SILC does not provide a measure of the prevalence of disability that meets the requirements of the Office for Disability Issues (ODI). The DFLE statistics therefore form a continuous series but are not comparable with other EU countries. Following the introduction of the *Equality Act 2010*²⁷ ONS, with ODI and the Government Equalities Office, developed a question suite that satisfies both the requirements of UK legislation and EU-SILC. The questions were included in the Family Resource Survey from April 2012 (when it incorporated the cross-sectional questions for EU-SILC), and will be included in the Integrated Household Survey from 2013/14. The suite covers the type and severity of disability.
- 2.5 Health expectancy statistics provide an opportunity to assess differences by gender and deprivation group in terms of the absolute number of years and the proportion of life likely to be spent in favourable and unfavourable health states. HEs are used by the Department of Health (DH), Department for Work and Pensions (DWP), Department for Environment Food and Rural Affairs (Defra) and the devolved administrations to monitor health variations. DWP is using the statistics in its assessment of the impact of the ageing population on pensions. DH has applied the statistics most recently, to the Public Health Outcomes Framework²⁸. The health expectancy statistics were used in the Marmot review²⁹, *Fair Society, Healthy Lives*, conducted on behalf of DH and published in February 2010. It proposed the need for a national target based on life expectancy to capture years of life and an indicator of health expectancy to capture the quality of those years. DH subsequently published the Public Health Outcomes Framework with two high-level outcomes:
- increased healthy life expectancy, and

²³ APS doesn't include the general health question and so HLE cannot be produced at LA level

²⁴ <http://www.ons.gov.uk/ons/rel/hsq/health-statistics-quarterly/no--50--summer-2011/disability-free-life-expectancy--comparison-of-sources-and-small-area-estimates-in-england--2006-08.pdf>

²⁵ <http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/health-expectancies-at-birth-and-age-65-in-the-united-kingdom/national-summary/national-health-expectancies-summary-podcast.html>

²⁶ http://epp.eurostat.ec.europa.eu/portal/page/portal/microdata/eu_silc

²⁷ <http://www.legislation.gov.uk/ukpga/2010/15/contents>

²⁸ <http://www.dh.gov.uk/health/2012/01/public-health-outcomes/>

²⁹ <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

- reduced differences in life expectancy and healthy life expectancy between communities.
- 2.6 Health expectancies are also used within the NHS, for example by public health observatories³⁰, as well as by local government, to support policy development and monitoring, comparing performance with similar local areas and regions. The statistics are part of the wide range of health measures used by academic researchers and the voluntary sector.
- 2.7 ONS told us that the healthy life expectancy statistics cost around £21,000 to produce in 2011/12.

³⁰ http://www.lho.org.uk/LHO_Topics/national_lead_areas/marmot/marmotindicators.aspx

3 Assessment findings

- 3.1 ONS has a formal agreement with DH covering the work to produce the health expectancy statistics, including funding for the development of the sub-national HEs. It has regular meetings with the DH health inequalities team and with DWP to discuss the programme of work, its scope and the timing of outputs. ONS told us that it has frequent informal contact with public health researchers in academia and the public health observatories, particularly in London and Scotland. It has sought peer review feedback from these experts on its health expectancy research articles. The ONS HE team has also spoken at conferences and the Health Statistics User Group³¹ seminars. ONS conducted a stakeholder review³² in 2008 in which it contacted nearly 100 users in local and central government, the NHS, academia, and the private sector. It published the outcomes from the review on its website. The users were generally satisfied but made some suggestions for improvement. They were keen to receive more timely information, statistics at a local and small area level as well as nationally, and for an expanded explanation of the methods. ONS has partly responded to these comments by producing annual health expectancies for three-year rolling periods and by developing local level DFLE statistics using the APS. It has summarised types of use by central government in the *Summary Quality Report*³³ (SQR) for health expectancies; however this information is outdated, reflecting policies for the previous Government, and does not sufficiently explain use in other sectors such as within the NHS, local government, academia and the voluntary sector. As part of the designation as National Statistics, ONS should document the use made of the HE statistics and the types of decisions that they inform³⁴ (Requirement 1). We suggest that in completing this requirement, ONS refer to the types of use put forward in the Statistics Authority's Monitoring Brief, *The Use Made of Official Statistics*³⁵ when documenting use.
- 3.2 The HE statistical bulletins provide an outline of the methods used to produce the statistics in their introductions and include some further explanatory information in the background sections. They also provide links to the detailed *HSQ* articles and to the *SQR*. The *SQR* describes different aspects of the quality of the statistics such as relevance, accuracy and accessibility. It explains about the impact of non-response bias on the survey information and the steps to minimise the effect through the weighting of the GLF data. It does not explain the reasons for using both health expectancy metrics and the different uses they support. ONS has published a template spreadsheet that enables users to apply the method, for example, to particular local areas. The confidence intervals are given alongside the statistics, as well as a clear explanation of their interpretation. The *SQR* provides a link to the template spreadsheet and to a methodology document, *Health Expectancies: Methodology Guide* but these links are broken for both documents. The guide

³¹ <http://www.rss.org.uk/site/cms/contentviewarticle.asp?article=1043>

³² <http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/health-expectancies-at-birth-and-age-65-in-the-united-kingdom/index.html>

³³ See *SQR* for Health Expectancies at Birth and at Age 65 in the UK:

<http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Health+Inequalities>

³⁴ In relation to Principle 1, Practice 2 of the *Code of Practice*

³⁵ <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/index.html>

appears to be one of the *HSQ* articles but the specific reference is not given. The statistical releases and *SQR* refer to the change in general health question in the GLF following harmonisation with EU-SILC but do not give the underlying survey questions. As part of the designation as National Statistics, ONS should improve access to information about the methods used to produce the health expectancy statistics and publish information about the quality of the statistics in relation to their uses, highlighting their strengths and limitations³⁶ (Requirement 2).

- 3.3 The UK HE bulletin states that despite the subjective nature of self-perceived general health and limiting long term illness, the measures are strong predictors of longevity and correlate well with health service use. The references quoted in support of this statement comprise a literature review from 1997 and a study of 155 elderly public housing tenants reported in the *American Journal of Public Health (AJPH)* in 1986. The literature review covered studies that related the general health question to subsequent mortality, but did not consider limiting long term illness or health service use. The *AJPH* study related both types of question to hospital admissions or nursing home placements over a one year follow up period. These studies alone do not appear to demonstrate sufficient evidence of the predictive value of the two measures. As part of the designation as National Statistics, ONS should review the current evidence for the predictive value of the self-perceived measures of general health and limiting long term illness, and publish the evidence³⁷ (Requirement 3).
- 3.4 Each bulletin and article describes the key findings and gives an outline of what statistics are provided. They give some contextual information about the relevance to health policy and outline why the statistics are important. The commentary in the statistical bulletins is intended for a more general audience than the articles, but the choice and structuring of the contents could do more to convey the main messages and enhance understanding. As part of the designation as National Statistics, ONS should improve the commentary in the statistical bulletins so that it aids user interpretation of the statistics³⁸ (Requirement 4). We suggest that in meeting this requirement ONS should consider the points detailed in annex 2.
- 3.5 Although the question from which HLE is derived has been aligned with EU-SILC, the UK health expectancies bulletin does not include comparisons with other countries in the EU. We were told that work would be required in order to determine whether apparent differences between countries are genuine or whether they result from measurement differences (see paragraph 2.4). We suggest that ONS consider whether to investigate the international comparability of the HLE measure, should resources be available.
- 3.6 ONS provides a wide range of additional health expectancy data tables on its website³⁹ alongside the PDF and HTML version of the bulletins. These statistics can be downloaded in an Excel file by clicking on a link. However, ONS does not make clear the range of available information in either the

³⁶ In relation to Principle 4, Practices 1 and 2 and Principle 8, Practice 1 of the *Code of Practice*

³⁷ In relation to Principle 4, Practice 1 of the *Code of Practice*

³⁸ In relation to Principle 8, Practice 2 of the *Code of Practice*

³⁹ For example: <http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/health-expectancies-at-birth-and-age-65-in-the-united-kingdom/2007-09/stb-he-2007-2009.html>

bulletin or on the web page. In the case of the health expectancies bulletin, for example, the additional data include pivot tables for five year age bands up to 85+, and the full time series from 2000-02, with associated charts. We suggest that ONS make clear the range of available health expectancy statistics in the statistical bulletins and associated web pages.

- 3.7 The bulletins and *HSQ* articles are accessible through the National Statistics Publication Hub. ONS announces the release of its National Statistics bulletins through the release calendar of its website and through the Publication Hub; however it has not released a development and publication plan for the health expectancy statistics – users told us that they would find this helpful in planning their own use of the statistics. We suggest that ONS publish its plans for the further development of the health expectancy statistics, giving an indication of the timing and content of the statistical releases.

Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to ONS's health expectancy statistics, 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.

- | | |
|---------------------|---|
| Suggestion 1 | Refer to the types of use put forward in the Statistics Authority's Monitoring Brief, <i>The Use Made of Official Statistics</i> when documenting use (para 3.1). |
| Suggestion 2 | Consider the points detailed in annex 2, in seeking to improve the statistical releases (para 3.4). |
| Suggestion 3 | Consider whether to investigate the international comparability of the HLE measure (para 3.5). |
| Suggestion 4 | Make clear the range of available health expectancy statistics in the statistical bulletins and associated web pages (para 3.6). |
| Suggestion 5 | Publish plans for the further development of the health expectancy statistics, giving an indication of the timing and content of the statistical releases (para 3.7). |

Annex 2: Compliance with Standards for Statistical Releases

- A2.1 In October 2010, the Statistics Authority issued a statement on *Standards for Statistical Releases*⁴⁰. While this is not part of the *Code of Practice for Official Statistics*, the Authority regards it as advice that will promote both understanding and compliance with the *Code*. In relation to the statistical releases associated with ONS's health expectancy statistics, this annex comments on compliance with the statement on standards.
- A2.2 In implementing any Requirements of this report (at paragraph 1.5) which relate to the content of statistical releases, we encourage the producer body to apply the standards as fully as possible.

Appropriate identification of the statistics being released

- A2.3 The titles give the coverage and reference periods. The frequency of the statistical bulletins is not clear from the releases or from the *SQR*. The articles are ad hoc. The name of the department is clear. The contact details and name of the responsible statistician is given. The bulletins and articles give an outline of what is covered. The DFLE deprivation bulletin was labelled as experimental statistics, but did not give an explanation of what this meant or outline the steps being taken to complete their development. The use of the term 'health expectancy'⁴¹ to cover DFLE as well as HLE is likely to confuse some users and makes web searches more difficult.

Include commentary that is helpful to the non-expert and presents the main messages in plain English

- A2.4 The articles include summaries of the findings and each bulletin includes a list of key findings at its start, but does not describe those findings sufficiently clearly for non-expert users. For example, the UK HE bulletin does not give the life expectancy in years (the usual measure) but instead summarises the findings as proportions of remaining life that would be free from ill-health or disability, without sufficiently explaining what the proportions mean. The DLFE deprivation bulletin has apparently contradictory key findings – with the first saying that the inequalities grew for males and females and the last bullet stating that absolute inequality fell for males at birth while it increased for females; these may be factually accurate but cause confusion because they are inadequately explained. The articles, although much more technical, are clearer than the bulletins. The structure of the bulletins seems muddled, with a number of sections giving the findings. In the case of the UK HE bulletin, for example, there are sections for *Key points*, *Summary*, and *Key comparisons* as well as *Results*.
- A2.5 Some contextual information about health policy and comparability is given in the *What are HEs* section of the UK HE bulletin. However, the terms for the different life expectancy measures are not clear – the bulletin does not explain the phrase used in its title: *Health Expectancies*. Some of the more detailed

⁴⁰ <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-releases.html>

⁴¹ For example, on this web page: <http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/sub-national-health-expectancies/2002-2005-and-2006-2009/index.html>

comparisons between parts of the UK might be omitted from the text and replaced with a short discussion about changes in health expectancies for different age groups over the time period for which data are available.

Use language that is impartial, objective and professionally sound

A2.6 The language is impartial. The UK HE bulletin highlights an unusual result for Wales in its *Key Findings* but later warns that health expectancies for Scotland and Wales should be treated with caution due to a 'decline in cross sectional survey data' (presumably meaning smaller sample sizes). The figures for Wales are not significantly different from those for England. The bulletin includes occasional arithmetic and typographical errors, and some of the footnote indicators in the tables appear to have been placed incorrectly – for example, some of the results for England have a footnote to indicate that the results are significantly different from England (see Table 5). The commentary in the DFLE deprivation bulletin also highlights a number of non-statistically significant results in an attempt to cover every possible comparison, by age, sex, deprivation and time period, rather than concentrating on what is both interesting and significant.

A2.7 The descriptions otherwise appear sound and are supported by a good use of charts, summary tables and maps. The limitations of the analyses are discussed and links provided to further information. The methods also describe assumptions made and these are generally explained, although more information could be given on the relationship between the self-reported measures as predictors of longevity and health service use. Confidence intervals are given with the estimates and an explanation for why these were chosen is given in the *SQR*.

Include information about the context and likely uses

A2.8 The releases and *SQR* do give some information about use but this is primarily about central government and devolved administrations. Some examples are given with links in the *SQR*, including DH's sustainable development policy - but this is from 2005. Little information is provided about academic or voluntary sector use. The releases explain about the reliability of the statistics and highlight their limitations, but do not compare the respective strengths and weaknesses of the HLE and DFLE measures in relation to use. They do however point out that ONS is aiming to address some of the limitations by further developing the methods and testing new data sets, for example, from the Integrated Household Survey, so as to be able to produce age 65 HLEs at a local area level in response to user demand.

Include, or link to, appropriate metadata

A2.9 The statistical releases give some clear explanations about the survey sources and questions used, but do not reproduce the actual question wording. The bulletins provide links to the papers which present the development of the methods. These include the adoption and testing of the EU-SILC questions and impact on the HLE statistics. The changes in method were tested and papers were published setting out the basis for the changes.

- A2.10 The DFLE deprivation bulletin presents the slope index of inequality and relative index of inequality (RII). The text doesn't sufficiently explain (including when to use) the various metrics; the footnote to table 1 concludes that RII is a 'more reliable measure of the health gap' but this issue is not discussed in the background material or commentary.
- A2.11 The HE bulletin provides comparable statistics across UK and explains about differences with Scotland. It also includes some brief information about comparability with EU countries. The statistics are not subject to scheduled revisions.

Annex 3: Summary of assessment process and users' views

A3.1 This assessment was conducted from March to July 2012.

A3.2 The Assessment team – Penny Babb and Jill Barelli – agreed the scope of and timetable for this assessment with representatives of ONS in March. The Written Evidence for Assessment was provided on 20 April. The Assessment team subsequently met ONS during May 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

A3.3 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.

A3.4 The Assessment team received 13 responses from the user consultation. The respondents were grouped as follows:

Central government	1
Devolved administrations	3
Local government	1
NHS	4
Research	2
Voluntary sector	1
Non-departmental public body	1

A3.5 Generally, users were satisfied with the statistics but most expressed the need for health expectancies by local area and below. Another issue raised was some difficulty in accessing the statistics through ONS's website. One response commented on the title of the *Disability-Free Life Expectancy: comparison of sources and small area estimates for England, 2006-08* as not being clear about the source for estimates by local authority. Other topics of interest were: disability, age – with an interest in changing the upper age band as more people live beyond 85 years, and DFLE by local authority at birth. The need for a clear timetable for the regular release of the statistics was mentioned by two users, including the need for a strategic plan for future developments.

A3.5 Generally users were positive about engagement with the ONS team; although one was negative about ONS's responsiveness in consultations more generally.

Key documents/links provided

Written Evidence for Assessment document

