

Information to Improve Public Health

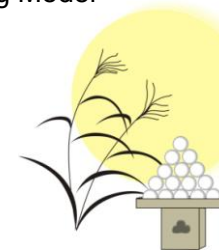
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Outline

- Public Health England Operating Model
- Opportunities
 - Public health intelligence
 - What is available now?
 - What could we do together?
- Challenges
 - Transparency vs confidentiality
- Conclusions

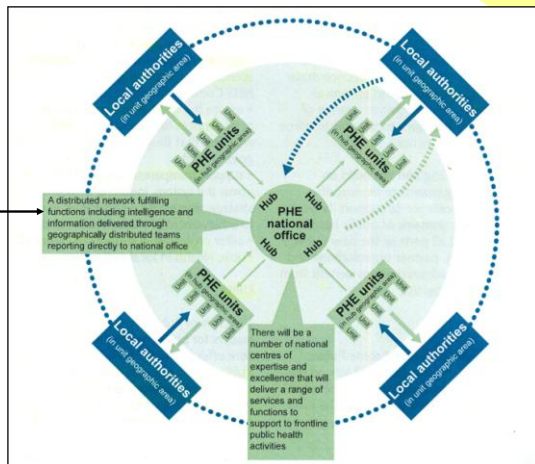


PHE - Operating Model



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Network of 'Evidence & Intelligence Teams'
70% national and 30% local work supporting local PH staff, health & wellbeing boards, clinical commissioning groups, DsPH in local authorities



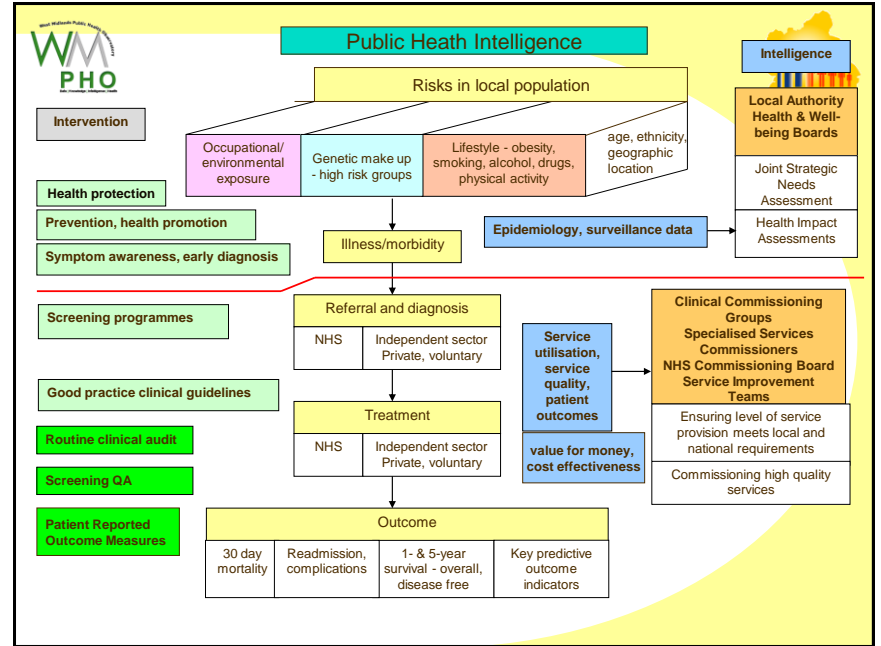
Published 20 December 2011

Network Teams



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- Will be accountable to 'PHE National Office'
- Will carry out
 - **Replicated functions** – same function performed according to a single service specification by each team agreed with 'PHE National Office' e.g.
 - cancer registration,
 - screening QA visits
 - **Distributed lead roles**
 - ❖ Roles carried out for whole of England by a single team e.g.
 - NCIN cancer lead roles
 - National Obesity Observatory
 - Child Health and Maternity Information
 - ❖ Integrated work programmes, which could be
 - **within a single function** – NCIN and cancer registry work programme, move to single national cancer registration database
 - **across functions** – PH Outcomes Framework Indicators, joint projects with e.g. PHO, HPA, NTA, cancer screening QARC





What is available now?

Local Authority Health Profiles

Health Profile 2011

Wolverhampton

Draft version 16 April 2011

This profile gives a picture of health in this area. It is designed to help local government and health services understand their community's needs, so that they can work to improve people's health and reduce health inequalities.

Visit the Health Profiles website for:

- Profiles of all local authorities in England
- Interactive maps - see how health varies between areas
- More health indicator information
- Links to more community health profiles and tools

Health Profiles are produced by the Digital Public Health Discussion working in partnership.

www.healthprofiles.info

Wolverhampton at a glance

- The health of people in Wolverhampton is generally worse than the England average. Deprivation is higher than average and over 17,300 children live in poverty. Life expectancy for both men and women is lower than the England average.
- Life expectancy is 5 years lower for men and 2 years lower for women in the most deprived areas of Wolverhampton than in the least deprived areas. (Based on the ONS Index of Multiple Deprivation published on 20 January 2011).
- Over the next 50 years, the rates of death from all causes have fallen. Early death rates from cancer and heart disease and stroke have all fallen but remain worse than the England average.
- About 20% of Year 8 children are identified as obese and more than average (based on school hours) hours each week on school sports. Levels of teenage pregnancy and STI diagnoses are worse than the England average.
- Estimated adult healthy eating and obesity levels are worse than the England average. Recent smoking related deaths are also average.
- Profiles in Wolverhampton include priority 1, priority 2 and priority 3. For more information see www.wolverhampton.gov.uk

Cancer Profile 2010

West Midlands

West Midlands Cancer Intelligence Unit

Key Facts

West Midlands population in 2002:
5,002,000 people
2,600,000 males and 2,750,000 females.

The most common invasive cancer sites in the West Midlands are breast, prostate, bowel and lung. Cancer incidence, mortality and survival rates vary greatly with cancer site.

Age is a very important factor when considering cancer in the West Midlands, incidence and mortality rates are significantly less than in the over 75s than in the under 75s, and survival is generally significantly worse for elderly patients.

Cancer Survival

Relative survival rates vary greatly with cancer site. In the under 75s, prostate cancer and breast cancer have the best five year survival (87% and 67% respectively). Survival for breast cancer is 50%, and survival for lung cancer is very poor, with those in the 10% of patients surviving 5 years.

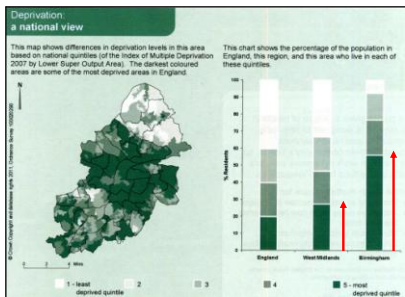
The variation between cancer sites is similar for the patients aged over 75, but for any given cancer site the 5 year survival is significantly lower in the elderly patients.

Supporting the fight against cancer through timely, high quality information provision. Oct 2010

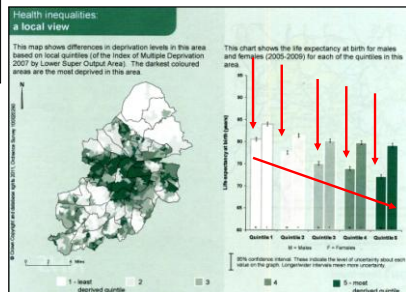
Health Profiles - deprivation



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- The West Midlands is a relatively deprived region
- Birmingham is one of the most deprived local authorities in England



- Life expectancy in Birmingham is lower in the most deprived quintile
- Life expectancy is lower in males in all deprivation quintiles

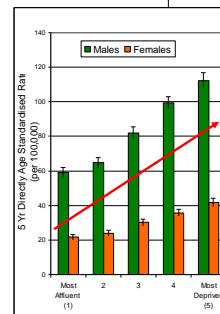
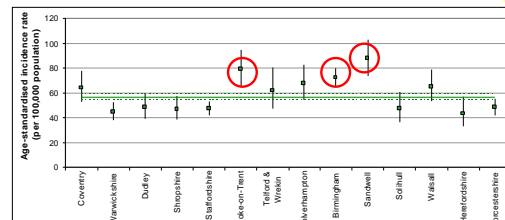
Deprivation – cancer incidence



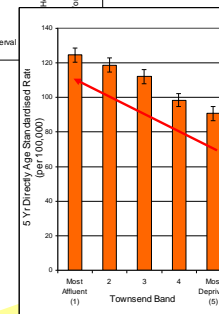
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Lung cancer

Breast cancer



- Lung cancer incidence increases with deprivation
- Unusually, breast cancer incidence is higher in the most affluent groups

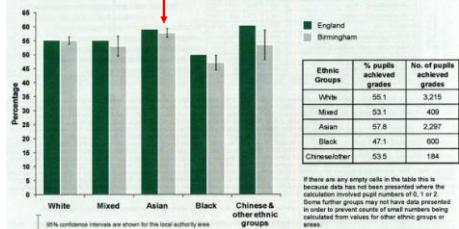


Health Profiles - ethnicity



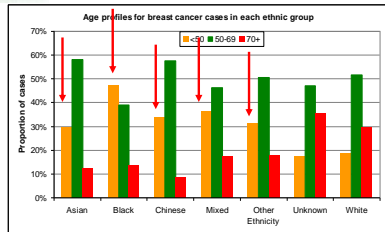
Health inequalities ethnicity

This chart shows the percentage of pupils by ethnic group in this area who achieved five GCSEs in 2009/10 (A* to C grade including English and Maths). Comparing results may help find possible inequalities between ethnic groups.



- In Birmingham a higher proportion of Asian pupils achieved 5 GCSE A* to C grades

- In the West Midlands women in ethnic minority groups diagnosed with breast cancer are younger



Social and Health Care Benchmarking



ADASS / AQuA whole system quality and efficiency locality benchmarking summary table

Source System	Population aged 15 and over	(a) Non-elective admissions aged 65+ per 1000 pop	(b) Non-elective bed days aged 65+ per head of 1000 pop 65+	(c) Non-elective re-admission rate within 28 days aged 65 and over	(d) Non-elective re-admission rate within 90 days aged 65 and over	(e) No of delayed transfers of care aged 16+ per 100,000 pop	(f) Proportion of people aged 65+ discharge direct to residential care	(g) Permanent admissions to residential nursing care aged 65+ per 100,000 pop 65+	(h) Proportion of local authority ASC based on aged 65+ on rehousing care	(i) Proportion of all deaths which occur at home aged 65 and over
Rate range	2010 est	Jan10 - Dec10	Jan10 - Dec10	Jan10 - Dec10	Jan10 - Dec10	Feb-11 bed days	HES & TIS	NAS20	NAS20	Jan10 - Dec10
Locality		Less is better	Less is better	Less is better	Less is better	Less is better	Less is better	Less is better	Less is better	more is better
Blackburn	18,100	227	2319	24.7%	46.6%	68	1.7%	1,110	29%	18.6%
Blackpool	242,900	291	2674	22.7%	39.3%	234	2.3%	244	5%	19.1%
Bolton	41,300	216	1966	20.9%	39.3%	108	1.5%	700	4%	17.8%
Bury	26,700	202	1937	22.5%	36.2%	138	1.9%	340	5%	18.4%
Cheshire E	68,400	207	2023	21.2%	36.2%	273	4.3%	790	5%	16.3%
Cheshire W & C	58,100	207	2084	22.7%	36.3%	158	4.1%	860	5%	17.4%
Cumbria	93,700	190	1723	21.1%	36.7%	193	2.9%	730	5%	20.3%
Halon	17,000	147	2728	28.5%	42.1%	118	1.8%	395	3%	20.7%
Knowsley	23,300	225	2423	24.1%	40.2%	158	1.9%	390	3%	22.2%
Lancashire	200,900	247	2246	23.4%	39.1%	204	2.2%	900	5%	19.1%
Liverpool	62,300	212	2123	23.3%	39.5%	172	2.5%	300	5%	19.9%
Manchester	50,400	141	1733	24.6%	40.9%	208	2.5%	430	4%	18.4%
Oldham	32,600	283	2224	24.9%	40.9%	90	2.8%	875	5%	15.4%
Rochdale	38,100	287	2148	25.4%	41.4%	158	1.4%	815	5%	19.2%
Salford	33,400	305	2001	22.3%	38.0%	224	1.0%	930	5%	16.7%
Skelton	50,900	241	2071	22.0%	38.9%	150	2.9%	860	4%	20.0%
St Helens	38,100	271	2240	22.8%	39.1%	141	1.7%	810	4%	19.2%
Stockport	50,100	248	2414	22.3%	38.2%	120	2.7%	795	4%	17.4%
Tameside	33,500	264	2452	21.9%	36.9%	08	3.4%	400	5%	15.9%
Trafford	34,800	262	2462	22.7%	38.8%	414	2.0%	670	5%	15.9%
Warrington	31,200	283	2013	25.4%	39.3%	14	4.2%	100	5%	18.2%
Wigan	49,000	287	2051	24.4%	41.8%	223	1.9%	830	5%	17.4%
Wirral	94,000	270	2343	23.4%	38.5%	22	3.8%	390	5%	18.8%





DRAFT FOR DISCUSSION ONLY
Data still to be verified with local partnerships
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What could we do together?

Health Profiles

Health summary for Birmingham

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator, however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average

Regional average * England Average England Worst Best
25th Percentile 75th Percentile

* In the South East Region this represents the Strategic Health Authority average

Domain	Indicator	Local Rate	Local Lower	Local Upper	Eng Avg	Eng Worst	Eng Best
Child health and young people	1 Deprivation	60384	56.1	19.9	89.2		0.0
	2 Proportion of children in poverty	9428	29.9	20.9	37.0		5.7
	3 Statutory homelessness	3371	8.28	1.88	4.28		0.08
	4 GCSE achieved (5A*-C inc. Eng & Maths)	4756	54.9	55.3	58.0		78.8
	5 Violent crime	2167	27.2	15.8	39.9		4.8
	6 Long term unemployment	12453	19.8	8.2	18.9		1.2
	7 Smoking in pregnancy	2152	13.1	14.0	31.4		4.5
	8 Breast feeding initiation	10813	45.5	73.6	38.3		66.2
	9 Physically active children	16911	62.8	58.1	26.7		80.3
	10 Chewy children (Year 6)	2638	23.1	19.7	29.8		12.7
Adult health	11 Children's tooth decay (at age 12)	na	0.7	0.7	1.8		0.2
	12 Teenage pregnancy (under 18)	1541	50.8	40.2	88.4		14.8
	13 Adults smoking	na	24.8	27.2	34.3		11.1
	14 Increasing and higher risk drinking	na	14.0	23.6	38.4		11.0
	15 Healthy eating adults	na	24.8	28.7	19.3		47.8
	16 Physically active adults	na	10.8	11.5	5.8		19.5
	17 Obese adults	na	28.2	24.2	30.7		15.9
	18 Incidence of malignant melanoma	87	8.8	19.1	27.2		3.1
	19 Hospital stays for self-harm	2142	203.8	183.3	487.3		48.0
	20 Hospital stays for alcohol related harm	2102	2094	1748	3174		848
Older people	21 Drug misuse	1069	15.8	9.4	28.8		1.8
	22 People diagnosed with diabetes	6744	8.87	6.40	7.87		3.28
	23 New cases of tuberculosis	427	4.0	1.5	12.0		0
	24 Hip fracture in 65s and over	622	491.8	487.8	601.3		210.8
	25 Excess winter deaths	622	18.9	18.1	30.1		5.4
	26 Life expectancy - male	na	78.4	78.3	73.7		84.4
	27 Life expectancy - female	na	81.3	80.3	78.1		89.2
	28 Infant deaths	133	2.78	4.71	10.82		0.88
	29 Smoking related deaths	1431	256.8	216.0	361.0		131.8
	30 Early deaths - heart disease & strokes	812	81.5	75.5	123.1		37.8
All mortality and deaths	31 Early deaths - cancer	1088	120.8	112.1	158.1		78.1
	32 Road injuries and deaths	456	44.7	48.1	193.2		13.7

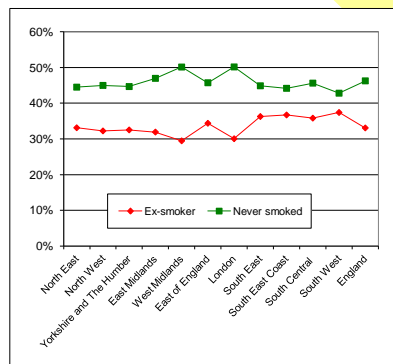
From the HPA

From the NTA

From cancer registries

Cancer registries and PHOs

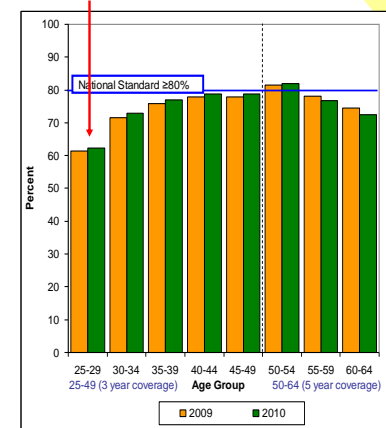
- Link smoking cessation with lung cancer incidence and mortality
- Do the areas with the highest smoking quit rates have the biggest decreases in lung cancer incidence?



Cancer screening QA, PHOs and HPA

- Link sexually transmitted disease and teenage pregnancy rates with cervical screening uptake
- Target health promotion campaigns to encourage high risk young women to attend their first invitation when they are 25
- Link HPV vaccination rates with cervical cancer incidence rates to monitor effectiveness of vaccination

Low uptake in women aged 25-29

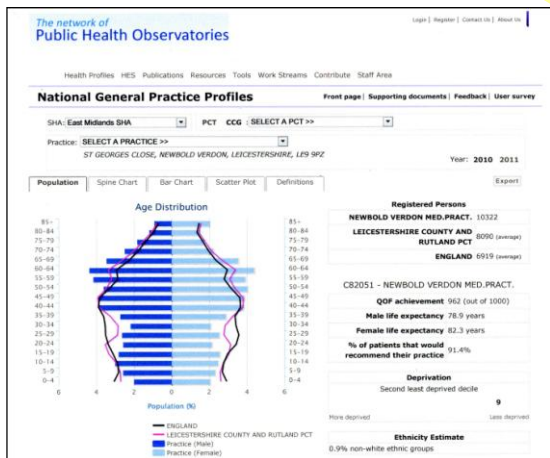




Challenges

Data Transparency

- Transparency and release of open data throughout the health and social care sector are to be driven forward in line with the policies set out in the Coalition agreement and the Public Data Principles agreed by the Public Sector Transparency Board
- Information Strategy includes plans to:
 - ❖ release large routine public service datasets to analysts
 - ❖ provide support for individuals and organisations to obtain fast, easy access to health and social care data
 - ❖ give access for service users to their own data and records
 - ❖ provide user feedback to services



Available on the internet

Guidelines governing the release or publication of *potentially identifiable data*

- As a general rule, the following categories of data should be regarded as potentially identifiable:
 - Individual records even if they do not include variables, such as names, full postcodes, and dates of birth which would make them obviously identifiable
 - Tabular data, based on **small geographic areas**, with cell counts of fewer than five cases/events (or where counts of less than five can be inferred by simple arithmetic) – hereafter referred to as “sparse cells”
 - Tabular data containing cells that have **underlying population denominators** of less than approximately 1,000
 - Tabular data relating to diagnoses/ treatments at provider level, with cells containing counts of **fewer than five cases/events**

Transparency vs confidentiality



Cancer Commissioning Toolkit - Includes GP Practice profiles

Only available to registered users via N3 connection

Conclusions



- There is much to gain from the 'sender organisations' working more closely together within Public Health England to provide evidence and intelligence
- Information Governance issues will need to be resolved if equivalent data are to be made available for all types of disease to PH staff working in local authorities and within PHE
- The release of large routine public service data sets as part of the **Transparency Agenda** means that commercial organisations and community interest groups may be 'in competition' with PHE to provide the intelligence required by local authorities and commissioners to improve the Public's Health



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