The Intelligence Group newsletter
Health in the East of England

health intelligence east

March 2007

editorial

Take a resident population and then use a fixed budget to achieve the best possible set of health outcomes for your population. Is this a description of NHS commissioning or simply the essence of public health practice?

Good commissioning will reduce avoidable illness; good commissioning will improve the health of the poor and other marginalised groups; good commissioning will improve the level and quality of healthcare available for our community. It is not a professional discipline or a department in a PCT; rather it is the whole *raison d'être* of our new PCTs.

"Commissioning is the whole *raison d'être* of our new PCTs"

This means that the muscle of contracting, procurement and performance management will need to be driven by the brain of health surveillance, needs assessment and evidence-based clinical practice.

The performance of PCTs is currently focused on "Are you delivering national targets?" This will increasingly move to a more interesting and challenging set of questions which will be "How have you assessed health needs and are you commissioning to better meet these needs?"

First-class health intelligence will be at the heart of this commissioning process.

Paul Watson
Director of Commissioning, EoE SHA

Containing costs – improving health

Representatives from PCTs, the SHA, and erpho are meeting regularly to coordinate the public health and commissioning aspects of the wise husbanding of health budgets. Although decisions about surgical thresholds and clinical prioritisation lie with PCTs, the SHA is committed to supporting coordination between PCTs. The priority is to ensure that inappropriate variation is addressed, with decisions being based on the best available evidence, so that any action taken leads to better outcomes for patients and better health for the population.

Results are being shared through the region's DsPH and Directors of Commissioning, who are currently being consulted about clinical prioritisation work being done locally. Levels of variation need to be monitored and addressed. The centrality of commissioning (see left) and better access to data tools (e.g. programme budgeting) are significant opportunities. Consistent statements of evidence-based policy need to be embedded in contracts, and the results (e.g. variation in activity) tracked and evaluated, to generate transferable learning. Dilemmas include: Resident or registered populations? Which method of standardisation? The topics studied range from inefficient surgical procedures to endoscopy to tobacco ('Stop before the Op') to obesity.

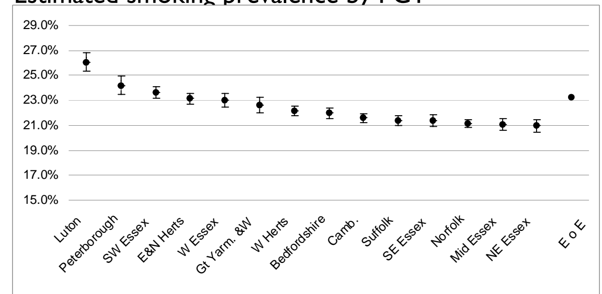
For more details, contact Jan Yates or David Pencheon.

Big variation in smoking at PCT level

While the prevalence of smoking in the East of England continues to fall, there are still big variations in prevalence across the region by PCT. Between 1998-1999 and 2004-2005, the overall adult prevalence of smoking fell by 1% to 23.3%. At the current rate of improvement this will reach 21% by 2012 (http://tinyurl.com/ytqn2n).

Routine prevalence estimates for PCTs are not available, so erpho has used the Community Insights dataset to generate proxy estimates based on household expenditure on tobacco for 2005. This dataset gives plausible values for the region and PCTs (see graph) with smoking prevalence varying from 26.1% (95% CI 25.7-26.4%) in Luton to 21% (95% CI 20.7-21.3%) in North East Essex. (Dataset and methodology available on request.)

Estimated smoking prevalence by PCT



The Intelligence Group:

East of England

Eastern Region Public Health Observatory

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Avian flu H5N1 engages local health economy

Since the outbreak of H5N1 on a poultry farm at Holton, Suffolk on 1 February 2007 the Health Protection Agency has been working closely with Defra and local NHS partners to ensure that all the necessary actions are being taken to protect those people who may have been exposed to the virus.

Despite this incident, the current level of risk to humans from H5N1 has been assessed as extremely low. Nonetheless, any possibility of exposure is taken very seriously, and measures were taken to protect the large number of people involved in the culling and disposal operations: this involved the wearing of personal protective equipment, and offering antiviral drugs and seasonal influenza vaccine to those who had been in close contact with the infected poultry. Potentially exposed people have been advised to monitor their own health and report any symptoms.

Testing was carried out on three workers at the poultry farm who had symptoms that could indicate the possibility of avian influenza and which required further investigation according to protocols. All have tested negative for avian flu.

While the incident was very local, the resulting workload was widespread. Suffolk PCT has been responsible for the provision of antiviral drugs and influenza vaccine, which have been made available via the Patrick Stead Hospital at Halesworth. Norfolk, Suffolk and Cambridge Health Protection Unit (NSC HPU), with support from Great Yarmouth and Waveney PCT, ensured that those requiring prophylaxis have been offered the antivirals and vaccine. The NSC HPU staff has been supported by colleagues from other HPUs in the region and from the regional offices. Further information on management of incidents at http://tinyurl.com/2cwzpf

HPA

Data linkage for commissioning and performance monitoring

ECRIC has combined its cancer registry data with data from a variety of sources in collaborations with acute trusts, cancer networks and erpho. A recent example of such work is a publication on head and neck cancers to support commissioning and service optimisation in the region, produced with the Anglia Cancer Network; other projects have been used in improving outcome guidance, payments by results and performance monitoring.

The cancer registries hold the most complete datasets on cancer cases in the UK and at ECRIC our data quality is one of the highest in the UK and worldwide. The value of the registry data can be enhanced by linkage to other datasets such as hospital episode statistics, patient administration systems, pathology laboratory data, radiotherapy episode statistics and multi-disciplinary teams' meeting data.

Collaborative working with partner organisations underpins our work for the NHS Cancer Plan (Dept of Health, 2000; http://tinyurl.com/3cqqmf) and the new Cancer Reform Strategy (due out by the end of 2007) which builds on and updates the Cancer Plan.

We are keen to hear from anyone who would like to work with us; contact us on enquiries@ecric.org.uk. Further info: http://www.ecric.org.uk

ECRIC

What targets does your NHS organisation have to deliver?

The primary answer is: better outcomes for patients, better health for your population, reduced inequalities and value for money. A second answer is: look at what is in the Health Commission's Annual Health Check (http://tinyurl.com/yttq2h) and be clear where they will source their data from. Ensure you track and are delivering national requirements and make sure that all data that is used in the Annual Health Check is compiled or submitted on time and is of good quality.

The NHS's performance is publicly monitored and assessed against two main areas: delivery of national priorities (addressed below) and delivery of national standards (http://tinyurl.com/2pcss9).

The Dept of Health's commitments for improving health are set out in its Public Service Agreement (PSA) (http://tinyurl.com/y9qouq). The PSA is turned into a set of Planning and Priorities guidance for the NHS which currently cover April 2005 to March 2008 and can be revised or updated each year. PCTs commit to delivering national priorities through their Local Delivery Plans (LDPs) and through their partnership in Local Area Agreements (LAAs). LDPs and LAAs at a local level will also include local deliverables and targets.

LDPs are a narrow set (http://tinyurl.com/yt9gzv) of deliverables and targets that, aggregated to national level, either directly measure or are proxy indicators for delivery of the PSA commitments. These include supporting activity, Information Management & Technology, workforce and financial plans. As new policies or guidance emerge (e.g. Referral to Treatment guidance) the LDPs are updated.

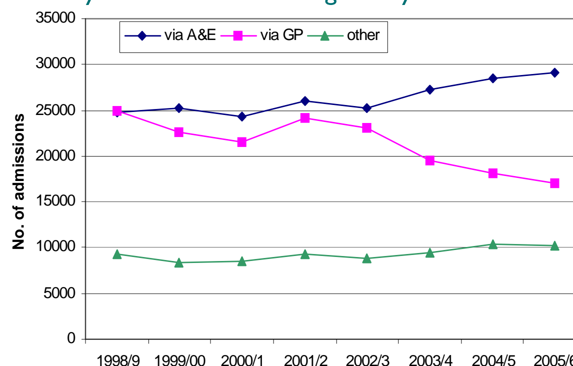
SHA

more news

Change in referral route of emergency child admissions

Since 2002/3, there appears to have been a shift in the route of referral for children requiring emergency admission to hospital, with more children coming via A&E rather than general practice (see graph). The underlying reasons for this are uncertain at present. It would be useful to learn of any local experience which may help to inform this finding. Please use the Health Intelligence East forum to share any relevant experience (http://www.healthintelligenceeast.org.uk). The overall rate of emergency admission in this age group in the East of England has remained stable. The epidemiology of child hospital admissions is explored further in a forthcoming issue of *INpho*.

Trend in the number of emergency admissions aged 0-14 years in the East of England by referral route



2005 under-18 pregnancy rates

The latest provisional teenage conception statistics from the Office for National Statistics and Teenage Pregnancy Unit (for 2005) show a fall in this region of nearly 14% since 1998. This is a steeper reduction than England as a whole, and the regional rate (32.7 conceptions per 1000 females aged 15-17) is lower than any other region in the country.

However, the rate of improvement has slowed in recent years and the picture is variable across the region. The under-18 conception rate fell by between 20% and 30% in Hertfordshire, Thurrock and Bedfordshire between 1998 and 2005, while Luton and Peterborough have seen reductions of less than 5% and the rate in Norfolk is 7.5% higher. There is even greater variation in rates at district level, but 2005 data at district level will not be available until later this year.

The trend in conception rates from 1998 to 2005 varies widely among top-tier Local Authorities.

For a link to the data see http://www.erpho.org.uk/viewResource.aspx?id=15892
Under-16 top-tier LA data are available for 1998-2004 http://www.erpho.org.uk/viewResource.aspx?id=11643

DPH development

There is a commitment to re-energise pan-regional public health professional development across the East of England. There is likely to be a significant emphasis on those areas where a coordinated and collaborative approach can help everyone contribute more efficiently within their own departments.

At least two levels of development have been proposed. A regional public health conference (once or twice a year) to showcase the best-implemented and best-generated research in the region has been suggested. Secondly, a two-monthly event on the afternoons of the RDPH meeting for DsPH, their directly accountable colleagues, senior academics and regional public health team leaders.

The first of these two-monthly meetings is planed for the afternoon of Tuesday 24th April, and is likely to address shared responses to common pressures such as public health input to cost containment (see page 1). Ideas for objectives, and formats for the six-monthly or annual meetings, are welcome. Contribute your wishes, needs, and ideas in our Forum at http://tinyurl.com/2ofjdv

Smoke Free Alliances work on compliance with 1st July law

New legislation dictates that from 1 July 2007 virtually all enclosed public places and workplaces in England will become smoke free, and the Smoke Free Alliances in the East of England are focusing on activities to raise awareness of the legislation and to achieve maximum compliance when it comes into force. Efforts will be focused on businesses most at risk of non-compliance and ensuring employers know of their local Stop Smoking services.

The Health Act 2006 provides for everyone to be able to work and socialise free from secondhand smoke (Chapter 28, Pt 1: Smoking; at http://tinyurl.com/2h5c4x). Currently only 51% of people report their workplace as being completely smoke free. The figure is lowest for people in routine and manual jobs, with 44% reporting working in a completely smoke free environment.

Under the legislation, there are five sets of smoke free regulations: Premises and enforcement; Signs; Exemptions and Vehicles; Penalties and Discounted Amounts; Vehicle Operators and Penalty Notices (see http://tinyurl.com/2kucbt).

For more information contact: Beelin.baxter@dh.gsi.gov.uk

events, resources, quick links

Events

20 March 2007
Surveillance and Information for Prevention and Control of HCAI in the East of England: Working within the Health Act 2006 Madingley, Cambridge
e: marianne.quinn@hpa.org.uk t: 01223 762037

27 March 2007
Tackling childhood obesity: regional conference
Hinxton Hall, Cambridge
For further details t: 020 8481 3305
http://www.livegroup.co.uk/tacklingchildhoodobesity/

28–29 March 2007
15th UKPHA Annual Public Health Forum
Generation to generation: Sustainable directions for public health Edinburgh
http://www.ukphaconference.org.uk/

Resources

OSPHE training

Training for public health trainers was held on 23 February—the next date for training can be obtained from Celia Duff at the Government Office. Celia also has some slide sets that may be useful locally.

Prevalence estimates

Note that the prevalence estimates as calculated by APHO to support Local Delivery Plans were revised on 9 February - this mainly affects PCTs with large ethnic populations. See
http://www.apho.org.uk/apho/models.aspx

New tools

Child health atlas from erpho

Atlas of the EoE by Local Authority, mapping the data underlying the indicators in the 'Be Healthy' domain of the Every Child Matters Outcomes Framework (as referenced in *INpho* 22 'Indications of Child Health in the East of England No. 2: Be healthy' at Quick Link 15539).
http://www.erpho.org.uk/extras2/childhealth/atlas.svgz

Quick Links

To access the resources place the code into the Quick Link box at top left of the erpho home page. Find this issue of *health intelligence east* at Quick Link 15843

New publication from erpho

Briefing No. 15: Small area geography: MSOA vs Ward
Quick Link: 15844

View erpho's delivery plan

Do you want to comment on the plan? The official consultation period on erpho's proposed work programme for the twelve months to March 2008 has closed but we are still accepting comments until the next meeting of the erpho Steering Group. Access the plan at Quick Link: 15741

Popular downloads in February 2007

Reports

'Child poverty in perspective: An overview of child well-being in rich countries', UNICEF Innocenti Research Centre.
A comprehensive assessment of the lives and well-being of children and adolescents in the economically advanced nations.
Quick Link: 15835

Publications

Two erpho publications were downloaded hundreds of times in February:
INphoRM 7 'An introduction to QOF data'
Quick Link: 13273

'A user's guide to data collected in primary care in England'
Quick Link: 12899

LA Health Profiles - year 2

Thanks to all those of you involved in providing commentary for the **Local Authority Health Profiles 2007**, which are due for publication in May 2007. Along with all other regional PHOs, erpho has been working on the data, analysis and quality assurance for several months.
Your feedback on content, layout and style of the first ever Health Profiles, issued in 2006, has been incorporated into the new-look version.

Don't bin it, pass it on...

After you have read your copy of ***health intelligence east***, please pass it on to someone else.
There are many thousands of people in the NHS in the East of England who would like to be better informed and they won't all have received their own copy.

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