



Public Health
England

Longer Lives

A new way to connect with community health



June 2013



Professor John Newton

Chief Knowledge Officer
Public Health England

‘Public Health England is a new organisation with new ideas about how to improve and protect health. One of the first things we are doing is publishing *Longer Lives*, an initiative presenting a clear picture of health in local areas – where it is good and bad – so everyone involved can consider and agree how to make improvements from a common basis of knowledge. The data is provided alongside evidence of what needs to be done as well as case studies, and, with your support and over time, will increase in scope and richness.

‘I am convinced that *Longer Lives* has the potential to make a real difference to the health of each and every community in England, and England as a whole. I really hope you’re as excited about its potential as I am.’

What is *Longer Lives*?

***Longer Lives* is a new initiative from Public Health England (PHE). It makes information about the health of the nation available to everyone and connects people with the knowledge and resources they need to help the country work together towards better health.**

This, the first phase of *Longer Lives*, presents data for the four biggest causes of premature mortality in England: cancer, heart disease and stroke, lung disease and liver disease, enabling easy interpretation and comparison. It highlights variations across all the local authorities in England and offers guidance to help make improvements.

Longer Lives comes at a time when the health and care system is undergoing great change, and will support local government in its new role as the champion for their public's health.

The project is just beginning and, with your support and participation, can grow to provide genuine insight into the issues and opportunities in each area. The range and depth of data will be enhanced in line with feedback, and the resources expanded, helping anyone with a stake in health make a real difference to their community.

longerlives.phe.org.uk

What is Public Health England?

PHE works to help people live longer, healthier lives by supporting and enabling local government, the NHS and the public to protect and improve health and wellbeing and reduce inequalities. *Longer Lives* is one of its first initiatives.



Duncan Selbie

Chief Executive
Public Health England

‘Wherever you sit, whether you’re in industry or in government, whatever the role you’re fulfilling, you can come to Public Health England with any question and we’ll direct you to the evidence and what works’

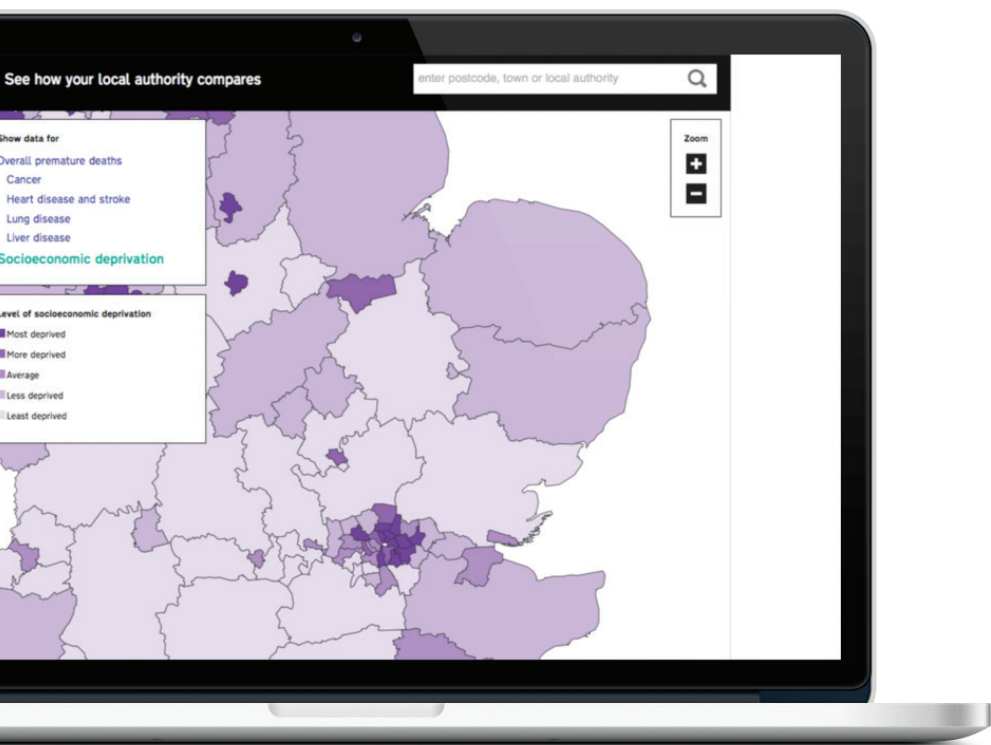
How was *Longer Lives* created?

The data provided in *Longer Lives* is from the Public Health Outcomes Framework (PHOF). This is not the first time it has been published, but the first time it has been published in this form, making the information easy to access, view and compare. It is also the first time it has been published alongside relevant supporting information, such as the intervention guidance provided by the National Institute for Health and Clinical Excellence (NICE).

The design process began with careful consideration of the audience for *Longer Lives* and ways to help them access and use the website to its fullest potential. In line with the government's digital strategy, this, its first phase, has been delivered quickly and with feedback from a small group of stakeholders. From May 2013 it will undergo a process of continuous iteration in response to feedback from everyone.

Longer Lives is accessed primarily through the PHE homepage on GOV.UK, the website for government services and information. However, you will find links to it on many health domains, including NHS Choices.

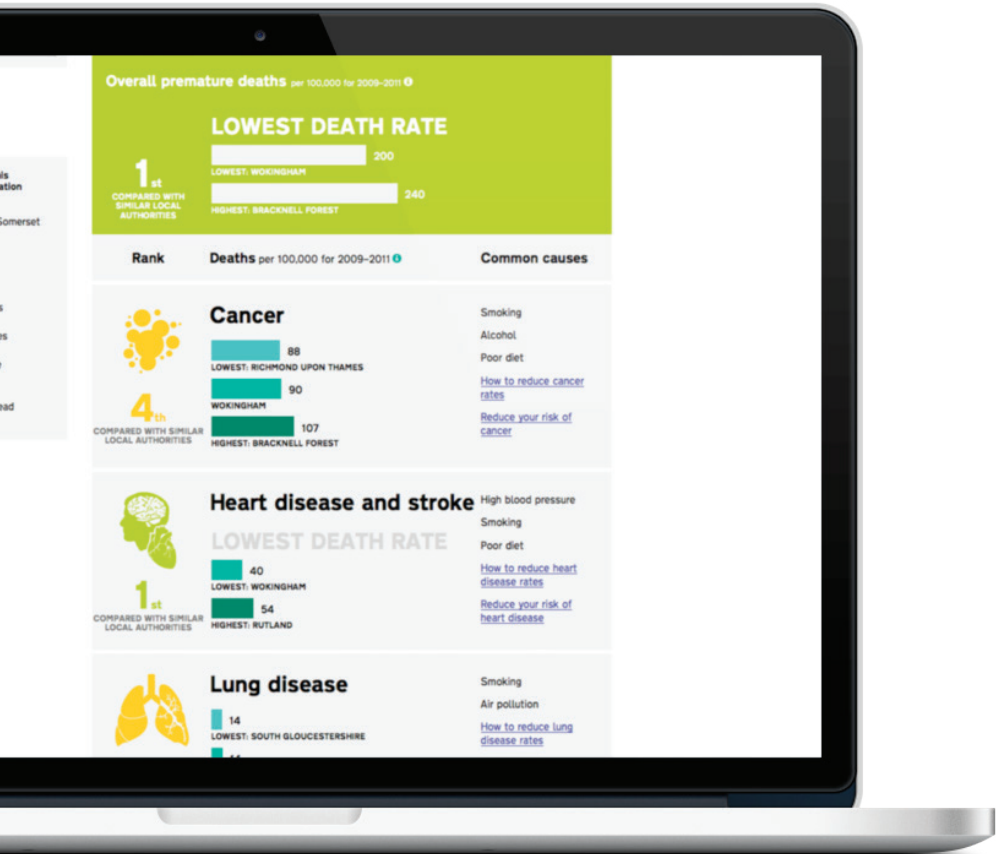
What does *Longer Lives* look like?



Interactive map

The map offers a view of England's health in a single glance, using a simple colour key. Users can opt to view overall

premature deaths, deaths by each of the four diseases or by socioeconomic deprivation.



Local authority pages

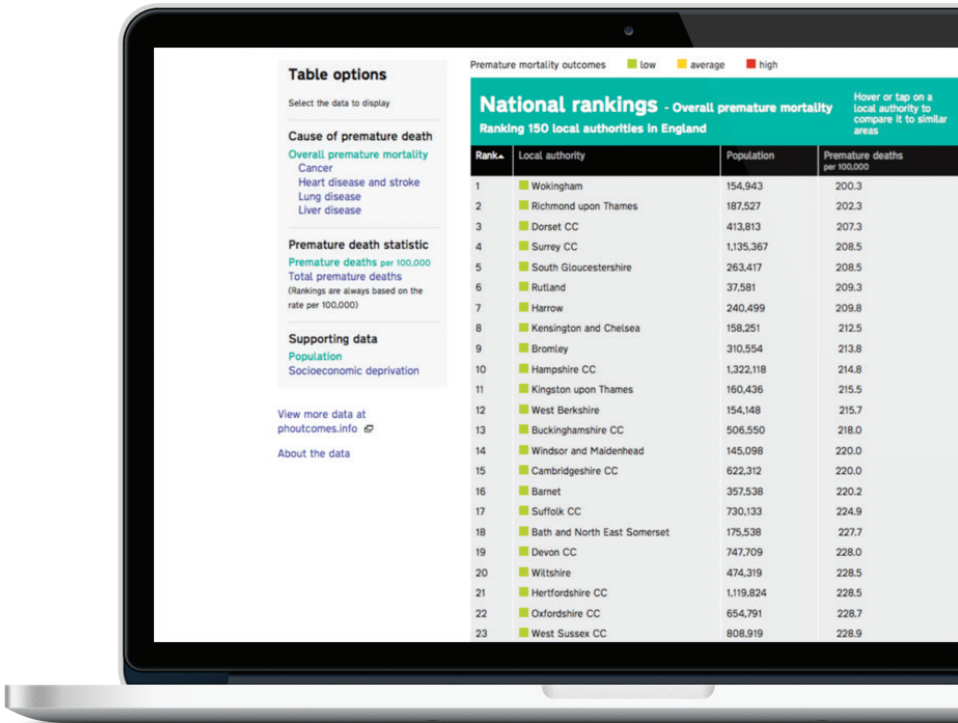
Each of the 150 local authority pages lists the area's population, total premature deaths in a given timeframe, its premature mortality ranking and socioeconomic deprivation ranking. Bar charts show how it compares to the local authorities with the highest and lowest rates, both for overall

premature mortality and each disease. Users can see how their local authority compares both nationally and within their socioeconomic deprivation decile.

Mortality rankings

This shows the country's premature mortality data in table form. Users can arrange the data by overall premature mortality or by each disease and can easily toggle between information on

overall deaths or rates per 100,000, and between population size or socioeconomic deprivation.



Disease page

Each of the four diseases covered in the first stage of *Longer Lives* has a dedicated page, with information about it and any inequalities that exist in its mortality rates. This is where

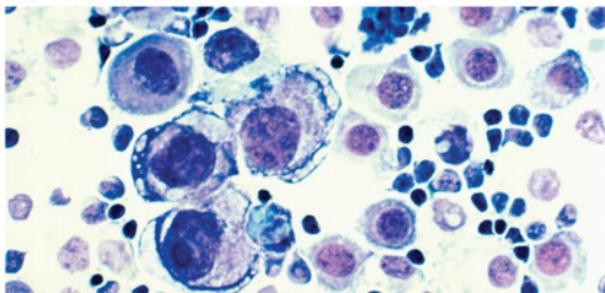
you can find out the common causes of the disease and recommended interventions, and read a local authority case study.

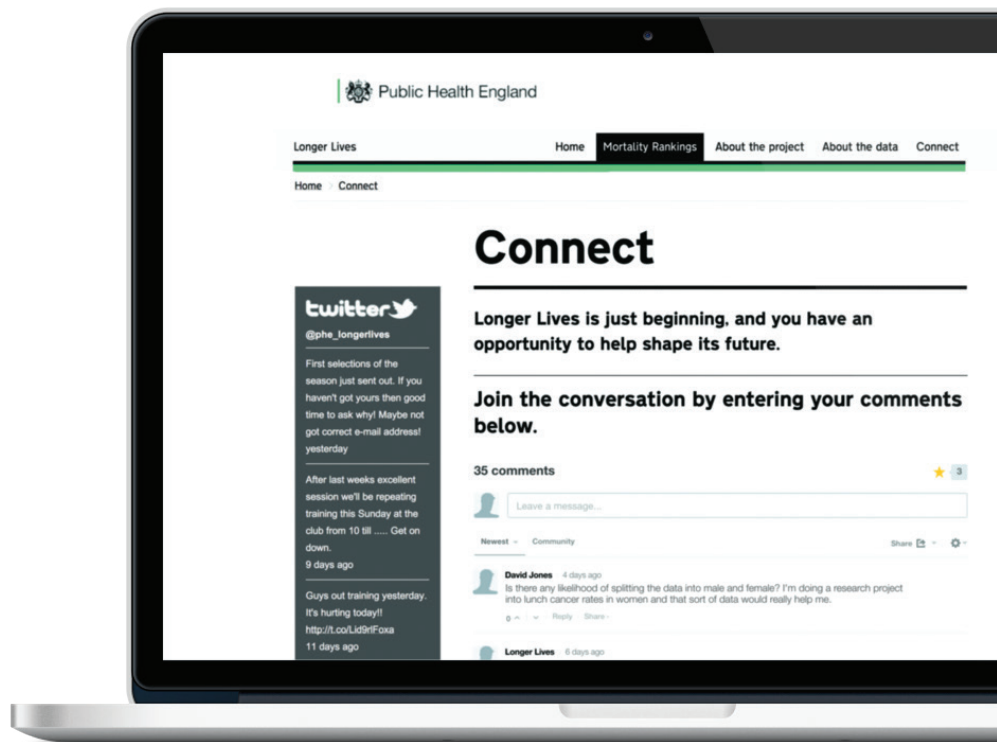
Health interventions

Cancer

More than one in three people in the UK will develop some form of cancer during their lifetime.¹ Although there are more than 200 different types, lung, breast, prostate and bowel cancers account for more than half of cancer diagnoses each year.

Cancer is a group of conditions where cells in a specific part of the body grow and reproduce uncontrollably. It accounts for a quarter of all deaths in England, and survival is generally lower among patients in more deprived areas.





Connect

This page helps users have their say about the project by submitting their feedback and responding to others’.

What outcomes are expected?

Making England's premature mortality data transparent can lead to any number of positive outcomes, not just for local authorities.

Anyone can use and benefit from *Longer Lives*.

If you're a director of public health, a local authority officer or member, a member of a health and wellbeing board or clinical commissioning group, or have any other role in making decisions about how budgets should be spent on health in your area, *Longer Lives* offers you a valuable insight into the issues within your community. It can be used to identify and align effort on areas that need attention, and commission effective interventions.

If you have an interest in community health – perhaps you're a member of the public or media – the *Longer Lives* data can function as an authoritative context for conversations and challenges to those in positions of responsibility. And if you belong to a voluntary and community sector, professional body or are an academic expert, it can help you contribute to progress.

Most importantly, *Longer Lives* gives anyone and everyone the opportunity to participate in open and honest debate on reducing premature mortality, fostering a collaborative approach to community health and care in which successes are readily and regularly shared. The result, it is hoped, will be real and tangible improvements.

Why is *Longer Lives* important?

Because our premature mortality rates must improve

England's premature mortality rates (deaths under age 75) place us 7th out of 17 European countries for men and 15th for women, and must improve. For premature deaths caused by lung disease, we are 16th, and figures for liver disease deaths are worsening compared with European improvement.

Because there are huge variations across the country

In England today, a person's likelihood of dying prematurely from one of the top four killers varies widely between local authorities due to differences in risk factors and socioeconomic determinants. For example, more than twice as many people from the most deprived areas die of cardiovascular disease than those from the most affluent.

Because better health begins in the community

Every community faces its own distinct challenges in health and determinants of it – everything from air quality to transport, housing and outdoor spaces. The responsibility

for these determinants lies with local government. And that's why, from April 2013, there will be a far greater emphasis on local decision-making and ownership.

Because interventions could make a real difference

Interventions such as smoking cessation, improved diet and early diagnosis, could drastically reduce the 103,000 avoidable premature deaths in England every year (that's two thirds of all premature deaths). However, effective interventions demand a clear understanding of how and, crucially, where, change is needed.

Because positive action starts with accessible information

The starting point for improving community health is transparency of health data. *Longer Lives* enables people for whom health and healthcare is a daily concern to understand what is happening and work together towards improvement.

Why is *Longer Lives* happening now

In March 2013, Jeremy Hunt, the Secretary of State for Health, issued a challenge: help England achieve the lowest rates of premature mortality in its European peer group. There is a long way to go before this challenge can be truly fulfilled, however, the changes to the health and care system that came into effect in April 2013 ensure that work has begun.

These changes put local government in the driving seat for health improvement in their communities, a move that complements their responsibilities for the wider determinants of health – everything from air quality to road deaths, housing and outdoor spaces. New health and wellbeing boards, populated by local authority representatives, individuals from local clinical commissioning groups and local healthwatch, and professionally supported by the local director of public health, are charged with looking strategically at the needs of their communities and taking action.

Public Health England plays a vital role in this local health and care system, giving these parties the information they need to make better decisions. Information availability in a health system can help improve performance, accountability and create better care and better outcomes. As such, transparency and open data is one of PHE's remits and a hugely important one for the success of the new system and achievement of its ambitions.

This is where *Longer Lives* comes in. The project gives every local authority in England a clear picture of its local health and an understanding of how it compares with similar areas. Later, it will also give an indication of how England compares with other countries in Europe, placing communities within a wider context of health and providing the foundation on which to fulfil the Secretary of State's challenge.

‘I call on all those involved across the health and care system and beyond to come together to determine what they should be doing to support their local communities to live longer, healthier lives. We will not be the best in Europe immediately. But we need to start making changes now. It is time to be bold and ambitious for health.’

Jeremy Hunt, Secretary of State for Health,
‘Living Well For Longer’, March 2013

Questions and answers

To help answer your questions about *Longer Lives*, and help you answer questions you may be asked about it as part of your job, we've put together a list of common questions and their answers.

Will any more data be added to *Longer Lives*?

Yes. We'll be expanding the causes of death to include injury, which is largely preventable and a big killer, and subdividing current causes of death, e.g. splitting cancer into breast, colorectal and lung as these have different underlying causes and preventive actions.

We are also drilling down to smaller areas including lower tier local authorities and electoral wards in response to requests from local government.

We'll add trends to highlight areas of improvement and risk factors to help local authorities understand where to focus public health action to tackle premature mortality.

How will the 2011 census impact this data?

Population data from the last census taken in 2001 has been used to estimate population figures in each of the local authorities.

The number of premature deaths per area uses the average number of deaths between 2009 and 2011.

When new population estimates based on the 2011 census are published we will update the data in *Longer Lives* and include trend data for death rates.

Why is the data only for England?

One of the aims of the *Longer Lives* project is to enable people to use the information to take positive action in their own communities.

Under the new health and care structure, Scotland, Wales and Northern Ireland will address these issues in their own health and care systems.

Why is there no data for the Isles of Scilly and the City of London?

The data presented is for 150 of the 152 upper tier local authorities in England.

The two local authorities not included – Isles of Scilly and City of London – have less than 25 observed deaths, which is too few to calculate death rates (which make allowances for differences in age between area) reliably.

How is socioeconomic deprivation calculated?

Socioeconomic deprivation data is taken from the Indices of Multiple Deprivation published by the Department for Communities and Local Government (DCLG).

We rank 150 local authorities in England on their overall deprivation score and split them into deciles – 10 groups of 15 authorities with similar scores.

Since deprivation scores are highly predictive of premature death rates, this allows us to compare areas likely to have similar death rates.

Note that in the deprivation map we subdivide local authorities into five groups, whereas in the rankings we use the deciles.

Why does *Longer Lives* focus on only four diseases?

Cancer, liver disease, lung disease, and heart disease and stroke, together accounted for 75% of premature deaths in England in 2012.

While *Longer Lives* will initially focus on deaths from these conditions, the data will be enhanced in line with user feedback and future data releases, to create an increasingly in-depth view of premature mortality in England.

What if someone dies from more than one condition?

Cause of death is based on rules applied by the Office for National Statistics to death notifications.

Why are stroke and heart disease combined?

At this time, the data for heart disease and stroke are reported together to reflect the public health outcomes framework (PHOF). We plan to split out heart disease and stroke in future releases.

How are the colours on the maps and the profiles determined?

Every local authority is colour coded to show how its premature mortality compares with the average for England.

We have used a red, yellow, orange and green colour scheme to denote the extent of variation from the national average or the average of similar areas.

Green represents rates that are statistically significantly better than the England average and red denotes rates that are statistically significantly worse.

Yellow denotes rates that are within expected limits but better than average, and orange denotes rates within expected limits but worse than average.

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