

Population Health & Healthcare Surveillance

Intelligence for the North East & North Cumbria AHSN

March 2018

Report Content

The aim of this report is to provide a single reference source containing a regional oversight of activity across all areas of health and healthcare, not solely limited to the AHSN work programmes, to assist users in identifying indicators where there is wide variation across the North East and North Cumbria. Measures that relate specifically to the AHSN Programmes will be incorporated in the relevant measurement frameworks where appropriate.

This version of the report has been refreshed to contain the latest data available for each indicator. All metrics have been updated since the previous version of this report (May 2017) however in some cases the indicator methodology has changed, resulting in slight differences in calculated rates or in time periods.

The data included in the report are taken primarily from the Public Health Outcomes Framework Data tool (<http://www.phoutcomes.info>), including trend data where available, from the End of Life Care Profiles (<http://www.endoflifecare-intelligence.org.uk>), and from NHS Digital (<https://digital.nhs.uk/>) and this has been supplemented with healthcare utilisation data from Hospital Episode Statistics. In addition to presenting data, NEQOS has attempted to provide some interpretation of the data, with a high level summary on page 2 and a brief commentary under the heading of "what is the data telling us?" for each metric.

Readers should note that it has not been possible to provide data that relates precisely to the geographical footprint of the AHSN, since the source data are published at local authority district, top tier local authority or PCT/CCG level only. Nevertheless, it is hoped that these data provide useful comparative information.

Feedback from the AHSN and other Stakeholders, on content and presentation, is welcomed.

What does the Rating colour scheme mean ?

Values highlighted in GREEN and RED indicate when an area is statistically significantly better or worse than the England value for that particular indicator. AMBER indicates where an area's value is not significantly different to the England value.

For some indicators, a different colour scheme is used – PALE BLUE and DARK BLUE to indicate values that are statistically significantly higher or lower than the England value. Some indicators are presented in this way because it is not straightforward to determine whether a high value is good or bad, or due to concerns with data quality. In some cases Local authority and Regional figures have been calculated from PCT level indicators. In these cases, the data was originally collected and reported by PCTs and so has had to be manipulated to estimate values for LAs and Regions. They are therefore estimates rather than actual values and may not accurately reflect the resident population of a Local Authority or Region. In some cases, there are other known issues with data quality, such as incomplete data. There is a need to interpret such indicators with caution.

Indicators that are shaded white are presented in this way because they do not have confidence intervals with which to compare against the benchmark (i.e. England) value, and therefore it is not possible to determine whether a particular value is statistically significantly higher or lower than the benchmark.

North East and North Cumbria Region Health Report (March 2018 update)

The epidemiological evidence presented in this report portrays health and healthcare in this region, during the timescales described in the report. During these timescales it indicates that, on average and when compared to people living elsewhere in England, people in this region are:

Strengths

- More likely to be immunised against the major infectious diseases
- Less likely to suffer a serious or fatal road traffic accident
- More likely to live independently if receiving mental health treatment services
- Less likely to feel socially isolated as an adult carer / user of adult social care services
- More likely to be covered by population health services which promote early diagnoses e.g. cervical screening, breast screening and GP health checks
- More likely to undergo screening for diabetic retinopathy
- More likely if already suffering from dementia, to be formally diagnosed as having the condition

Challenges

- More likely to have a shorter lifespan
- More likely to die prematurely from preventable diseases and problems
- More likely to suffer a fall or hip fracture in older age
- Less likely to make healthy lifestyle choices e.g. smoking, alcohol, diet, conception, exercise, breastfeeding (notably perinatally with implications for the future health of children in the Region)
- Suicide data portrays a worsening picture for the North East region
- More likely to miss work due to sickness
- More likely to suffer fuel poverty
- Less likely to successfully complete drug treatment programmes for opiate and non-opiate drug misuse
- More likely to use/need urgent care hospital services
- More likely to die in hospital (those aged 85+ years)

How is the Academic Health Sciences Network in the North East and North Cumbria addressing the healthcare challenges?

The range of programmes currently underway in the region supported by the AHSN-NENC has been established based on the local determinants of needs and priorities in the population.

The main challenges for the region indicated above are based on the latest achievement in a number of overarching and condition-specific indicators within this report which are mostly covered by these programmes. Exceptions to this are the public health indicators such as smoking in pregnancy and breastfeeding initiation and sight loss measures.

Surveillance flags

The following March 2018 data updates are especially noteworthy:

- Indicators 1&2: Life expectancy at birth seems to have recently reached a plateau for the North East, and the region has the lowest life expectancy in England. At Local Authority level there is substantial variation in life expectancy.
- Indicator 9: The <75 mortality rate from liver disease considered preventable is significantly higher than the national rate and the gap compared to the England rate is widening.
- Indicators 13&14: The rate of injuries due to falls in those aged 65-79 years old and 80+ years old within the North East is significantly higher than the national rate. For the 65-79 years group this is 13% higher and in those 80+ years the rate is 4% higher in 2016/17.
- Indicator 20: The North East rate for certifications of visual impairment for preventable sight loss due to age-related macular degeneration has increased substantially in the latest 2 years in contrast to the England rates. It may be necessary to understand if this is due to poorer care outcomes for this condition or better arrangements for identifying patients.
- Indicator 35: Inactivity in the North East region is a growing problem and the gap between the North East and England is statistically significant.
- Indicator 64&65: The trend in unplanned hospital admission rates for acute ACSC and for A&E attendances is steadily increasing over time, both regionally and nationally.

Healthcare Activity

This version of the surveillance report includes some measures of healthcare activity in this region. These data relate to the current debate regarding pressures on public services. In general, these data illustrate larger scale use of hospital services by people living in this region compared to counterparts in the rest of the England. This demand is not wholly attributable to the health burden suffered by the population in this region but also reflects socio cultural and clinical norms of practice.

Addressing the challenges

The measures in this report highlight wide differences in health outcomes both within the AHSN NENC Region and between the AHSN NENC Region and the rest of England. These differences – termed health inequalities - are widely recognised as persisting and worsening over time.

Public Health England commissioned an independent inquiry (1) which aimed to develop recommendations for policies that could address the social inequalities in health within the North and between the North and the rest of the England.

The enquiry made four high level recommendations, which were:

1. Tackle poverty and economic inequality within the North and between the North and the rest of England;
2. Promote healthy development in early childhood;
3. Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health;
4. Strengthen the role of the health sector in promoting health equity.

In July 2017 Public Health England also produced Health Profiles for each Local Authority area (2), providing a snapshot of the overall health of the local population and highlighting potential problems through comparison with other areas and the national average.

Acknowledgements

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References

(1) Public Health England 2014, Due North. Report of the inquiry on Health Equity for the North. University of Liverpool and Centre for Local Economic Strategies: 2014

<https://cles.org.uk/publications/due-north-report-of-the-inquiry-on-health-equity-for-the-north/>

(2) Public Health England Health Profiles (2017)

<https://www.gov.uk/government/statistics/2017-health-profiles>

Summary

Compared with England ■ Significantly Better ■ Similar ■ Significantly Worse
■ Significantly Higher ■ Significantly Lower

North East Rank amongst the 9 Regions 1 - Best 9 - Worst

	Indicator	Time Period	North East Value	North East Rank	National Average	Direction of Travel	Updated?	
Life Expectancy	Life Expectancy at Birth (years)	2014 - 16						
	1. Males		77.8	9	79.5		Yes	
	2. Females		81.5	9	83.1		Yes	
	Gap in Life Expectancy at Birth (years)	2014 - 16						
Preventable Premature Death	3. Males		-1.7	9	-		Yes	
	4. Females		-1.6	9	-		Yes	
	5. Infant Mortality (deaths per 1,000 live births)	2014 - 16	3.7	5	3.9		Yes	
	6. Mortality rate from causes considered preventable (per 100,000)	2014 - 16	228.3	9	182.8		Yes	
	7. Under 75 Mortality Rate from Cardiovascular Diseases considered preventable (per 100,000)	2014 - 16	54.7	8	46.7		Yes	
	8. Under 75 Mortality Rate from Cancer considered preventable (per 100,000)	2014 - 16	96.3	9	79.4		Yes	
	9. Under 75 mortality rate from liver disease considered preventable (per 100,000)	2014 - 16	22.3	8	16.1		Yes	
	10. Under 75 mortality rate from respiratory disease considered preventable (per 100,000)	2014 - 16	25.6	9	18.6		Yes	
	11. Mortality rate from a range of specified communicable diseases, including influenza (per 100,000)	2014 - 16	12.0	7	10.7		Yes	
	12. Suicide rate (per 100,000)	2014 - 16	11.6	9	9.9		Yes	
	Preventable Suffering	13. Injuries due to falls in people aged 65-79 (per 100,000)	2016/17	1119.5	8	993.3		Yes
		14. Injuries due to falls in people aged 80+ (per 100,000)	2016/17	5584.2	8	5363.2		Yes
15. Population vaccination coverage - HPV vaccination coverage for one dose (%)		2015/16	92.0	1	87.0		Yes	
16. Population vaccination coverage - PPV (%)		2016/17	72.1	1	69.8		Yes	
17. Population vaccination coverage - Flu (aged 65+) (%)		2016/17	72.4	2	70.5		Yes	
18. Population vaccination coverage - Flu (at risk individuals) (%)		2016/17	49.5	3	48.6		Yes	
19. Emergency readmissions within 30 days of discharge from hospital (%)		Nov 2016 - Oct 2017	15.1%		15.0%		Yes	
20. Preventable sight loss - age related macular degeneration (AMD) (per 100,000)		2015/16	159.9	1	114.0		Yes	
21. Preventable sight loss - glaucoma (per 100,000)		2015/16	13.2	4	12.8		Yes	
22. Preventable sight loss - diabetic eye disease (per 100,000)		2015/16	2.4	7	2.9		Yes	
23. Hip fractures in people aged 65-79 (per 100,000)		2016/17	270.1	8	240.6		Yes	
24. Hip fractures in people aged 80+ (per 100,000)		2016/17	1726.0	9	1544.5		Yes	
25. Excess Winter Deaths Index (all ages) (ratio)		Aug 2013 - Jul 2016	17.4	3	17.9		Yes	
26. Excess Winter Deaths Index (ages 85+) (ratio)		Aug 2013 - Jul 2016	24.9	6	24.6		Yes	
27. Dementia: 65+ years old estimated diagnosis rate		Jul 2016 - Dec 2017	74%		68%			
Healthy Lifestyles	28. Killed and seriously injured casualties on England's roads (per 100,000)	2014 - 16	33.9	2	39.7		Yes	
	29. Low birth weight term babies (%)	2016	3.0	7	2.8		Yes	
	30. Breastfeeding initiation (%)	2016/17	59.0	8	74.5		Yes	
	31. Smoking status at time of delivery (per 100)	2016/17	16.0	9	10.5		Yes	
	32. Under 18 years conceptions (per 1,000)	2015	28.0	9	20.8		Yes	
	33. Excess weight in 10-11 year olds (%)	2016/17	37.3	8	34.2		Yes	
	34. Excess weight in adults (%)	2015/16	66.3	9	61.3		Yes	
	35. Percentage of adults classified as inactive (%)	2015/16	24.6	8	22.3		Yes	
	36. Smoking prevalence (%)	2016	17.2	8	15.5		Yes	
	37. Smoking prevalence - routine and manual (%)	2016	26.5	5	26.5		Yes	
	38. Successful completion of drug treatment - opiates (%)	2016	5.2	9	6.7		Yes	
	39. Successful completion of drug treatment - non opiates (%)	2016	27.4	9	37.1		Yes	
	40. Alcohol related admissions to hospital (per 100,000)	2016/17	865.7	9	636.4		Yes	
Early Diagnosis	41. Cancer screening coverage - Breast cancer (%)	2017	77.1	3	75.4		Yes	
	42. Cancer screening coverage - Cervical cancer (%)	2017	74.7	4	72.0		Yes	
	43. Diabetic eye screening - uptake (%)	2016/17	84.6	2	82.2		Yes	
	44. Cumulative % of the eligible population aged 40-74 offered an NHS Health Check (%)	2013/14 - 16/17	75.4	4	74.1		Yes	
	45. People presenting with HIV at a late stage of infection (%)	2014 - 16	46.7	7	40.1		Yes	

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North East Rank amongst the 9 Regions 1 - Best 9 - Worst

	Indicator	Time Period	North East Value	North East Rank	National Average	Direction of Travel	Updated?
Integrated Care	46. Adults with a learning disability who live in stable and appropriate accommodation (%)	2016/17	81.1	2	76.2		Yes
	47. % of adults in contact with secondary mental health services who live in stable and appropriate accommodation	2016/17	63.0	3	54.0		Yes
	48. % point gap in the employment rate between those with a long-term health condition and the overall employment rate	2016/17	27.3	2	29.4		Yes
	49. Sickness absence - The percentage of employees who had at least one day off in the previous week	2014 - 16	2.3	8	2.1		Yes
	50. Sickness absence - The percent of working days lost due to sickness absence	2014 - 16	1.5	9	1.2		Yes
	51. Domestic abuse (recorded incidents per 1,000)	2015/16	30.4	1	22.1		Yes
	52. Violent crime (including sexual violence) - recorded violence offences per 1,000 population	2016/17	23.0	2	20.0		Yes
	53. Statutory homelessness - Eligible homeless people not in priority need (per 1,000)	2016/17	0.7	4	0.8		Yes
	54. % of households experiencing fuel poverty	2015	13.3	2	11.0		Yes
	55. Social Isolation: % of adult social care users who have as much social contact as they would like	2016/17	49.2	1	45.4		Yes
56. Social Isolation: % of adult carers who have as much social contact as they would like	2016/17	44.8	1	35.5		Yes	
End of Life Care	57a % Dying in hospital aged 65-74 years (all causes)	2016	49.1	5	49.2		Yes
	57b % Dying in hospital aged 75-84 years (all causes)	2016	51.5	4	50.5		Yes
	58. % Dying in hospital aged 85+ years (all causes)	2016	45.7	3	43.8		Yes
	59. % of deaths with an underlying cause of Cancer that took place in Usual Place of Residence (all ages)	2015	44.3	2	44.4		Yes
	60. % of deaths with an underlying cause of Circulatory disease that took place in Usual Place of Residence (all ages)	2015	46.0	4	44.9		Yes
	61. % of deaths with an underlying cause of Respiratory disease that took place in Usual Place of Residence (all ages)	2015	32.4	6	34.1		Yes
	62. % of deaths with an underlying cause of Dementia & Alzheimer's disease that took place in Usual Place of Residence (all ages)	2015	68.9	7	71.0		Yes
Healthcare Utilisation	63. Unplanned hospital admission rates for chronic ambulatory care sensitive conditions (ACSC) (per 100,000)						
	All Ages	Dec 2016 - Nov 2017	974.9		682.9		Yes
	65-79 years	Dec 2016 - Nov 2017	2258.1		1688.2		Yes
	80+ years	Dec 2016 - Nov 2017	4819.0		3811.4		Yes
	64. Unplanned hospital admission rates for acute ACSC (per 100,000)						
	All Ages	Dec 2016 - Nov 2017	1732.2		1251.9		Yes
	65-79 years	Dec 2016 - Nov 2017	2548.6		1956.8		Yes
	80+ years	Dec 2016 - Nov 2017	8305.7		6374.5		Yes
	65. A&E attendance rates (per 1,000)						
	All Ages	Dec 2016 - Nov 2017	391.7		328.9		Yes
	0-4 years	Dec 2016 - Nov 2017	842.5		591.2		Yes
	65-79 years	Dec 2016 - Nov 2017	334.5		314.9		Yes
	80+ years	Dec 2016 - Nov 2017	692.2		663.2		Yes
	66. Outpatient attendances: Review to New ratio						
	All Ages	Dec 2016 - Nov 2017	2.8		2.2		Yes
	65-79 years	Dec 2016 - Nov 2017	3.1		2.5		Yes
	80+ years	Dec 2016 - Nov 2017	3.1		2.6		Yes
	67. Age specific first outpatient attendance referral rates (per 1,000)						
	All Ages	Dec 2016 - Nov 2017	256.9		271.5		Yes
65-79 years	Dec 2016 - Nov 2017	398.6		439.5		Yes	
80+ years	Dec 2016 - Nov 2017	485.2		517.5		Yes	
68. Unplanned admissions: average length of stay (chronic ACSC)							
All Ages	Dec 2016 - Nov 2017	5.0		5.4		Yes	
65-79 years	Dec 2016 - Nov 2017	5.5		6.5		Yes	
80+ years	Dec 2016 - Nov 2017	7.7		7.8		Yes	
69. Unplanned admissions: average length of stay (acute ACSC)							
All Ages	Dec 2016 - Nov 2017	4.8		4.5		Yes	
65-79 years	Dec 2016 - Nov 2017	6.4		6.3		Yes	
80+ years	Dec 2016 - Nov 2017	9.8		9.1		Yes	