Academic Health Science Network
North East and North Cumbria

NHS
North East Quality Observatory Service

Population Health & Healthcare Surveillance

Intelligence for the North East & North Cumbria AHSN

March 2019 Update

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.

Following publication of last year's report (March 2018), a review of the content was undertaken jointly by NEQOS and the Medical Director of the AHSN. This resulted in a number of indicators, which were considered of a lower priority for the AHSN, being removed from this version of the report, and these were replaced by others considered more relevant. The Summary on page 5 indicates whether an indicator has been updated or is a "New" indicator in the report.

The data included in the report are taken primarily from; the Public Health Outcomes Framework Data tool (http://www.phoutcomes.info), the End of Life Care Profiles (http://www.endoflifecare-intelligence.org.uk), NHS Digital (https://digital.nhs.uk/), Office for National Statistics (ONS) (https://www.nomisweb.co.uk/) and the Global Burden of Disease Study 2017 (http://ghdx.healthdata.org/gbd-2017). 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 indicator.

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 region, local authority district, top tier local authority or CCG level only. Nevertheless, it is hoped that these data provide useful comparative information. In addition, a geographical boundary change affects the comparability of some of the data over time. Cumbria CCG ceased to exist in April 2017, and North Cumbria CCG was created, which covers Allerdale, Carlisle, Copeland and Eden. South Lakes and Furness are now part of Morecambe Bay CCG. Therefore, for some of the indicators in the Healthcare Utilisation section of the report, the historic data relates to Cumbria while the data for the most recent time period relates to North Cumbria only.

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 better or worse or due to concerns with data quality. In cases where there are data quality concerns, this is noted in the text which accompanies the charts, and there is a need to interpret such indicators with caution.

Indicators that are shaded grey 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 2019 update)

The data 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 on average, people in this region are:

Strengths

- Less likely to die in infancy
- More likely to be immunised against flu
- Less likely to feel socially isolated as an adult carer / user of adult social care services
- More likely to be covered by population cancer screening programmes which promote early diagnoses e.g. cervical, breast and bowel cancer screening
- More likely to undergo screening for diabetic retinopathy
- More likely if already suffering from dementia, to be formally diagnosed as having the condition
- More likely to die from cancer at home, in a care home or religious establishment

Challenges

- More likely to have a shorter lifespan and to spend a larger proportion of their shorter lives in poor health
- More likely to die prematurely from preventable diseases and problems
- More likely to die prematurely from drugs misuse
- More likely to suffer a fall or hip fracture in older age
- More likely to be admitted to hospital because of violence
- Less likely to make healthy lifestyle choices e.g. smoking, alcohol, diet, exercise
- Less likely to take up the offer of an NHS Health Check
- Less likely to successfully complete drug treatment programmes for opiate and non-opiate drug misuse
- More likely to be unemployed or missing work for long periods due to sickness
- More likely to use/need urgent care hospital services
- More likely to have multiple (3 or more) admissions to hospital in the last three months of life
- 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 linked to lifestyle such as smoking and drug and alcohol use.

Surveillance flags

The following March 2019 data updates are especially noteworthy:

- Indicators 1-4: The region has the lowest ***life expectancy*** at birth in England, and improvements have stalled in recent years. The gap in life expectancy between the region and England is widening and there is substantial variation between the most deprived and the most affluent areas within the North East and North Cumbria. The region also has the lowest ***healthy life expectancy*** of any region in England, and the data demonstrate that not only do men and women in the North East have lower life expectancy than the national average, they spend a larger proportion of their shorter lives in "not good / poor" health. Inequalities in healthy life expectancy between local authorities in the region are much larger than inequalities in life expectancy.
- Indicator 9: The region's mortality rate from drug misuse is 76% higher than the national average and increasing. Within the region, there is more than a three-fold difference between the local authority with the lowest death rate and that with the highest. See also indicators 35 & 36, showing a decreasing proportion of opiate and non-opiate users successfully completing drug treatment.
- Indicator 12: The <75 mortality rate from liver disease considered preventable is significantly higher than the national rate and increasing, and the gap between the region's rate and the England rate is widening.
- Indicator 13: The <75 mortality rate from respiratory disease considered preventable is higher than in any other region in England and increasing, and the gap between the region and England is widening.
- Indicators 17, 19 & 20: The rate of injuries due to falls in those aged 65-79 years old, and the rate of hip fractures in people aged 65 years and above within the North East are significantly higher than the national rates.
- Indicators 22 & 23: Although the flu vaccine coverage rates in 2017/18 were significantly better than the national averages, only one local authority in the region achieved the government recommended 75% coverage rate in relation to the 65+ population. Similarly there was only one local authority area which achieved the recommended 55% coverage rate in relation to at-risk individuals.
- Indicators 33 & 34: The proportion of adults classified as overweight or obese and the proportion classified as inactive are significantly higher than the national average.
- Indicators 40-42: Although cancer screening coverage rates in the North East in 2018 were significantly better than the national average, the region did not achieve the Department for Health & Social Care's 'agreed standard' in relation to coverage for breast cancer screening, nor the 'lower threshold' in relation to coverage for cervical cancer screening.
- Indicator 44: The uptake of NHS Health checks in the region is significantly lower than the uptake nationally.
- Indicator 45: In 2017, the percentage of deaths with multiple (3 or more) admissions to hospital in the last three months of life was higher in the region than nationally.
- Indicator 55: The size of the population aged 85 years and over is an important determinant of demand for health and social care. This population in the region is forecast to increase by over 80% within 20 years.
- Indicator 58: The A&E attendance rate 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 may not be 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 region and the rest of England. These differences – termed health inequalities - are widely recognised as persisting and worsening over time.[1]

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 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 addition to the well documented health inequalities between the region and the rest of England, there is a well-known productivity gap between the North and the rest of England. The Northern Health Science Alliance (NHSA) commissioned a report to understand the impact of regional health inequalities on productivity and to explore the opportunities for improving UK productivity by unlocking regional growth through health improvement. The report,[2] published in November 2018, made four recommendations to central government and four to Northern Powerhouse (*77 local authorities in the North East, North West, Yorkshire and Humber and the Northern Midlands*) local and regional stakeholders, which are as follows:

Key proposals to central government

1. To improve health in the North by increasing investment in place-based public health in Northern Powerhouse local authorities;
2. To improve labour market participation and job retention amongst people with a health condition in the Northern Powerhouse;
3. To increase NHS funding in the Northern Powerhouse – to be spent on prevention services and health science research;
4. To reduce economic inequality between the North and the rest of England by implementing an inclusive, green industrial strategy.

Key proposals to Northern Powerhouse local and regional stakeholders

1. Health and Wellbeing boards and the emerging NHS integrated care systems should commission more health promotion, condition management and prevention services;
2. Local enterprise partnerships, local authorities and devolved Northern regions should develop locally tailored 'health-first' programmes (supporting people who have left employment due to ill-health back into good quality employment) in partnership with the local NHS and third sector providers;
3. Local enterprise partnerships, local authorities and devolved Northern regions should scale-up their place-based public health programmes across the life course: 'starting well', 'living well' and 'ageing well';
4. Local businesses should support job retention and health promotion interventions across the Northern Powerhouse workforce and Northern city regions and Northern NHS Integrated care systems should lead by example.

Acknowledgements

Acknowledgements to Public Health England, NHS Digital, Office for National Statistics and the Global Burden of Disease Study 2017, as the sources of the data used in this report.

References

1. Whitehead M, Bambra C, Barr B, Bowles J, Caulfield R, Doran T, Harrison D, Lynch A, Pleasant S, and Weldon, J. **(**2014) *Due North: report of the inquiry on health equity for the North.* University of Liverpool and Centre for Local Economic Strategies, Liverpool and Manchester.
http://cles.org.uk/publications/due-north-report-of-the-inquiry-on-health-equity-for-the-north/
2. Bambra,C., Munford,L., Brown,H et al (2018) Health for Wealth: Building a Healthier Northern Powerhouse for UK Productivity, Northern Health Sciences Alliance, Newcastle.
http://www.thenhsa.co.uk/app/uploads/2018/11/NHSA-REPORT-FINAL.pdf

Summary

Compared with England Significantly Better; Significantly Higher; Similar; Significantly Worse; 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)	2015 - 17					
	1.	Males		77.9	9	79.6		Yes
	2.	Females		81.6	9	83.1		Yes
		Healthy Life Expectancy at Birth (years)	2015 - 17					
	3.	Males		59.5	9	63.4		New
	4.	Females		60.4	9	63.8		New
Preventable Premature Death	5.	Leading Causes of Death: % of deaths with an underlying cause of:	2017					
		Dementia and Alzheimer disease		11.7%		12.8%		New
		Heart diseases		10.6%		10.8%		New
		Lung Cancer		7.2%		5.7%		New
		Chronic lower respiratory diseases		7.2%		6.0%		New
		Stroke		6.1%		6.0%		New
		Total		**42.9%**		**41.1%**		New
	6.	Infant Mortality (deaths per 1,000 live births)	2015 - 17	3.3	3	3.9		Yes
	7.	Mortality rate from causes considered preventable (per 100,000)	2015 - 17	223.4	9	181.5		Yes
	8.	Suicide rate (per 100,000)	2015 - 17	10.8	9	9.6		Yes
	9.	Deaths from Drug Misuse	2015 - 17	7.6	9	4.3		New
	10.	Under 75 Mortality Rate from all Cardiovascular Diseases (per 100,000)	2015 - 17	82.9	8	72.5		New
	11.	Under 75 Mortality Rate from Cancer considered preventable (per 100,000)	2015 - 17	92.8	9	78.0		Yes
	12.	Under 75 mortality rate from liver disease considered preventable (per 100,000)	2015 - 17	22.2	8	16.3		Yes
	13.	Under 75 mortality rate from respiratory disease considered preventable (per 100,000)	2015 - 17	26.8	9	18.9		Yes
	14.	Mortality rate from a range of specified communicable diseases, including influenza (per 100,000)	2015 - 17	12.5	8	10.9		Yes
	15.	Mortality Rate from dementia and Alzheimer's disease (per 100,000)	2017	131.2	6	122.3		New
Preventable Suffering	16.	Leading Causes of Morbidity: % of Years lived with disabilities (YLD) due to:	2017					
		Musculoskeletal Diseases		22%		23%		New
		Mental Disorders		13%		14%		New
		Neurological Disorders		9%		9%		New
		Chronic Respiratory Diseases		6%		6%		New
		Sense Organ Diseases		6%		6%		New
		Total		**57%**		**58%**		New
	17.	Injuries due to falls in people aged 65-79 (per 100,000)	2017/18	1191	9	1033		Yes
	18.	Injuries due to falls in people aged 80+ (per 100,000)	2017/18	5595	7	5469		Yes
	19.	Hip fractures in people aged 65-79 (per 100,000)	2017/18	285	9	246		Yes
	20.	Hip fractures in people aged 80+ (per 100,000)	2017/18	1659	9	1539		Yes
	21.	Estimated Diagnosis Rate for People 65+ with Dementia	January 2019	73%		68%		Yes
	22.	Population vaccination coverage - Flu (aged 65+) (%)	2017/18	73.9	2	72.6		
	23.	Population vaccination coverage - Flu (at risk individuals) (%)	2017/18	49.9	3	48.9		Yes
	24.	Preventable sight loss - diabetic eye disease (per 100,000)	2016/17	3.4	1	3.1		Yes
	25.	Excess Winter Deaths Index (all ages) (ratio)	Aug 2014 - Jul 2017	20.5	2	21.1		Yes
	26.	Excess Winter Deaths Index (ages 85+) (ratio)	Aug 2014 - Jul 2017	31.0	9	29.3		Yes
	27.	Hospital Admissions for Violence	2015/16 - 17/18	59.4	8	43.4		New
	28.	Emergency readmissions within 30 days of discharge from hospital (%)	2017/18	13.7%		13.8%		New
	29.	Sickness absence - The percentage of employees who had at least one day off in the previous week	2015 - 17	2.2	6	2.1		Yes
	30.	Sickness absence - The percent of working days lost due to sickness absence	2015 - 17	1.5	9	1.1		Yes

Summary

Compared with England Significantly Better; Significantly Higher; Similar; Significantly Worse; 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?
Healthy Lifestyles	31. Smoking prevalence (%)	2017	16.2	8	14.9		Yes
	32. Smoking prevalence - routine and manual (%)	2017	26.1	6	25.7		Yes
	33. Excess weight in adults (%)	2016/17	66.1	9	61.3		Yes
	34. Percentage of adults classified as inactive (%)	2016/17	24.6	8	22.2		Yes
	35. Successful completion of drug treatment - opiates (%)	2017	4.9	9	6.5		Yes
	36. Successful completion of drug treatment – non opiates (%)	2017	25.8	9	36.9		Yes
	37. Alcohol related admissions to hospital (per 100,000)	2017/18	862	9	632		Yes
	38. Social Isolation: % of adult social care users who have as much social contact as they would like	2017/18	49.8	1	46.0		Yes
	39. Social Isolation: % of adult carers who have as much social	2016/17	44.8	1	35.5		No
Early Diagnosis	40. Cancer screening coverage - Breast cancer (%)	2018	77.0	3	74.9		Yes
	41. Cancer screening coverage - Cervical cancer (%)	2018	74.2	4	71.4		Yes
	42. Cancer screening coverage - Bowel cancer (%)	2018	60.4	4	59.0		New
	43. Diabetic eye screening - coverage (%)	2017/18	74.7		68.1		New
	44. Cumulative % of the eligible population aged 40-74 who received an NHS Health Check (%)	2013/14 - 17/18	41.4	6	44.3		New
End of Life Care	45. Percentage of deaths with three or more emergency admissions in last three months of life	2017	6.2%		5.4%		New
	46. % Dying in hospital aged 65-74 years (all causes)	2016	49.1		49.2		Yes
	47. % Dying in hospital aged 75-84 years (all causes)	2016	51.5		50.5		Yes
	48. % Dying in hospital aged 85+ years (all causes)	2016	45.7		43.8		Yes
	49. % of deaths with an underlying cause of Cancer that took place in Usual Place of Residence (all ages)	2016	49.6		44.5		Yes
	50. % of deaths with an underlying cause of Circulatory disease that took place in Usual Place of Residence (all ages)	2016	44.3		44.8		Yes
	51. % of deaths with an underlying cause of Respiratory disease that took place in Usual Place of Residence (all ages)	2016	32.7		32.2		Yes
	52. % of deaths with an underlying cause of Dementia & Alzheimer's disease that took place in Usual Place of Residence (all ages)	2016	68.9		71.0		Yes
	53. Care home beds per 100 people - ages 75+	2018	11.6		10.1		New
	54. Nursing home beds per 100 people - ages 75+	2018	6.0		4.9		New
Healthcare Utilisation	55. Percentage of the Population aged 85 & over	2017	2.4%		2.4%		New
	56. Unplanned hospital admission rates for chronic ambulatory care sensitive conditions (ACSC) (per 100,000)						
	All Ages	Dec 2017 - Nov 2018	972		702		Yes
	65-79 years	Dec 2017 - Nov 2018	2330		1738		Yes
	80+ years	Dec 2017 - Nov 2018	4575		3888		Yes
	57. Unplanned hospital admission rates for acute ACSC (per 100,000)						
	All Ages	Dec 2017 - Nov 2018	1797		1326		Yes
	65-79 years	Dec 2017 - Nov 2018	2696		2064		Yes
	80+ years	Dec 2017 - Nov 2018	8091		6454		Yes
	58. A&E attendance rates (per 1,000)						
	All Ages	Dec 2017 - Nov 2018	413		340		Yes
	59. Outpatient attendances: Review to New ratio						
	All Ages	Dec 2017 - Nov 2018	2.7		2.1		Yes
	65-79 years	Dec 2017 - Nov 2018	3.1		2.5		Yes
	80+ years	Dec 2017 - Nov 2018	3.1		2.6		Yes
	60. Age specific first outpatient attendance referral rates (per 1,000)						
	All Ages	Dec 2017 - Nov 2018	217		226		Yes
	65-79 years	Dec 2017 - Nov 2018	401		443		Yes
	80+ years	Dec 2017 - Nov 2018	488		527		Yes
	61. Unplanned admissions: average length of stay (chronic ACSC)						
	All Ages	Dec 2017 - Nov 2018	4.8		4.9		Yes
	65-79 years	Dec 2017 - Nov 2018	5.2		5.6		Yes
	80+ years	Dec 2017 - Nov 2018	7.4		7.2		Yes
	62. Unplanned admissions: average length of stay (acute ACSC)						
	All Ages	Dec 2017 - Nov 2018	4.5		4.3		Yes
	65-79 years	Dec 2017 - Nov 2018	6.1		6.1		Yes
	80+ years	Dec 2017 - Nov 2018	9.3		8.6		Yes