Academic Health Science Network
North East and North Cumbria

NHS
North East Quality Observatory Service

Population Health & Healthcare Surveillance

Preventable Suffering

March 2019 Update

Summary Dashboard

	Indicator	Time Period	North East Value	North East Rank	National Average	Direction of Travel
Preventable Suffering	16. Leading Causes of Morbidity, % of Years lived with disabilities (YLD) due to:	2017				
	Musculoskeletal Diseases		22%		23%	
	Mental Disorders		13%		14%	
	Neurological Disorders		9%		9%	
	Chronic Respiratory Diseases		6%		6%	
	Sense Organ Diseases		6%		6%	
	Total		**57%**		**58%**	
	17. Injuries due to falls in people aged 65-79 (per 100,000)	2017/18	**1191**	9	1033	
	18. Injuries due to falls in people aged 80+ (per 100,000)	2017/18	**5595**	7	5469	
	19. Hip fractures in people aged 65-79 (per 100,000)	2017/18	**285**	9	246	
	20. Hip fractures in people aged 80+ (per 100,000)	2017/18	**1659**	9	1539	
	21. Estimated Diagnosis Rate for People 65+ with Dementia	Jan 2019	**72.9%**		67.9%	
	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	
	24. Preventable sight loss - diabetic eye disease (per 100,000)	2016/17	**3.4**	1	3.1	
	25. Excess Winter Deaths Index (all ages) (ratio)	Aug 2014 - Jul 2017	**20.5**	2	21.1	
	26. Excess Winter Deaths Index (ages 85+) (ratio)	Aug 2014 - Jul 2017	**31.0**	9	29.3	
	27. Hospital Admissions for Violence	2015/16 - 17/18	**59.4**	8	43.4	
	28. Emergency readmissions within 30 days of discharge from hospital (%)	2017/18	**13.7%**		13.8%	
	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	
	30. Sickness absence - The percent of working days lost due to sickness absence	2015 - 17	**1.5**	9	1.1	

Compared with England Significantly Better | Similar | Significantly Worse

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

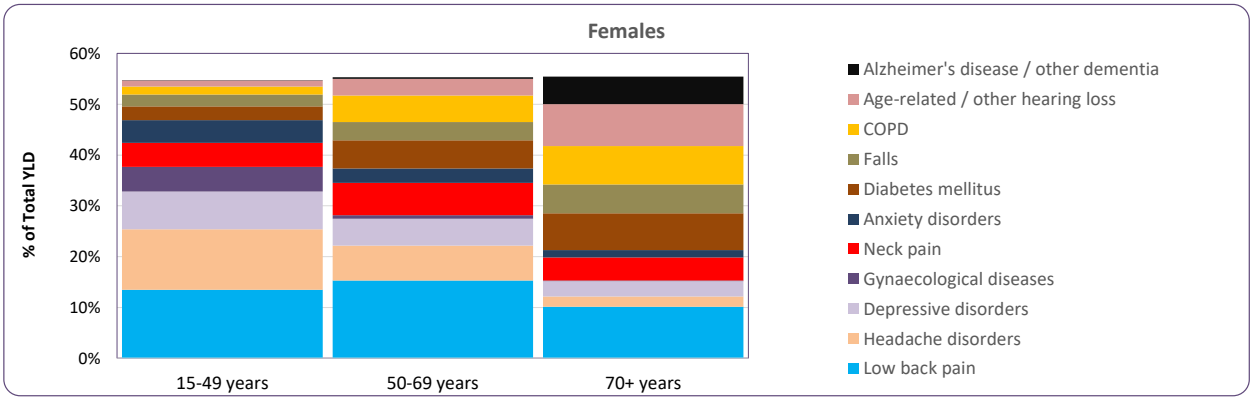
What do the detailed pages show?

The following pages contain further information for each indicator. This varies depending on data availability but generally includes information comparing each region in England, trend data over time for England and the North East and the latest information at local authority or CCG level for the North East and North Cumbria. A narrative section explains the key findings from the data and also includes data sources and definitions.

16. Leading Causes of Morbidity (2017)

% of Years lived with disabilities (YLD) due to:	North East	England
Musculoskeletal Diseases	22.3%	22.7%
Mental Disorders	13.3%	14.0%
Neurological Disorders	8.7%	9.0%
Chronic Respiratory Diseases	6.5%	6.3%
Sense Organ Diseases	6.3%	6.0%
TOTAL	**57.0%**	**58.0%**

Percentage of Years Lived in Disability, North East, 2017



Data Source: Global Burden of Disease, Collaborative Network. Global Burden of Disease Study 2017 (GBD 2017) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2018.

Definitions / Notes

Years lived with disability (YLDs) is a measure of morbidity used in the Global Burden of Disease study (GBD) that combines the prevalence of each disease with a rating of the severity of its symptoms (excluding death itself), to give an overall measure of the loss of quality of life.

What is the data telling us?

The leading causes of morbidity in the North East are:

- Musculoskeletal conditions (e.g. low back and neck pain, osteoarthritis and rheumatoid arthritis)
- Mental disorders (e.g. depression and anxiety)
- Neurological disorders (e.g. headaches, epilepsy, Alzheimer's disease /dementia)
- Chronic respiratory diseases (e.g. COPD and asthma)
- Sense organ diseases (e.g. hearing and sight loss).

Together these five broad groups accounted for almost 60% of the YLD burden in the North East in 2017. The information is presented in more granular detail in the charts. This shows that on a day-to-day basis, the most common causes of morbidity for people are back and neck pain, headaches, poor mental health, and hearing loss. These problems tend to attract less attention than causes of early death such as heart disease and cancer, but together they account for a huge burden of ill health and place a large burden on the NHS and other care services.

Low back pain was the leading cause of morbidity for males and females between the ages of 15 and 69. For younger males aged 15 to 49 years, headaches were ranked second, followed by drug use disorders and depressive disorders. For females aged 15 to 49 years, headaches were also ranked second, followed by depressive disorders and then gynaecological diseases.

For males aged 60-69 years, diabetes was ranked second, followed by neck pain, age-related hearing loss and COPD. For females in this age group, headaches were ranked second, followed by neck pain, diabetes and COPD.

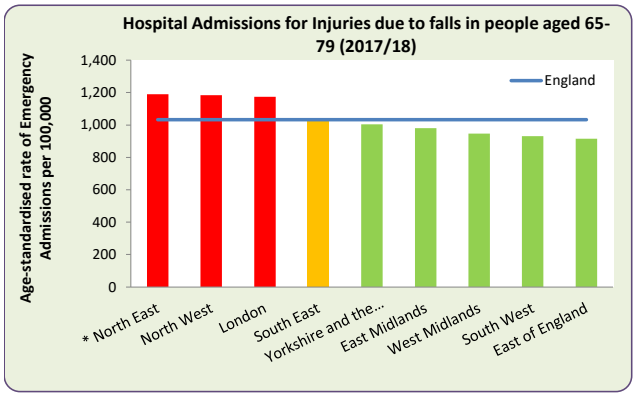
In those aged 70 years and older, the top four causes of morbidity are similar for males and females. Age-related hearing loss was the leading cause of morbidity in males, followed by diabetes, low back pain, and COPD. Alzheimer's disease/other dementia was ranked fifth for males. In females, age-related hearing loss was ranked second behind back pain, followed by COPD, diabetes, falls and Alzheimer's disease/other dementia.

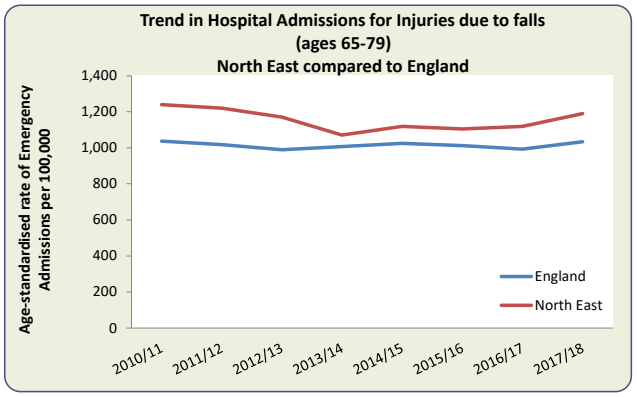
Compared with England Significantly Better Similar Significantly Worse

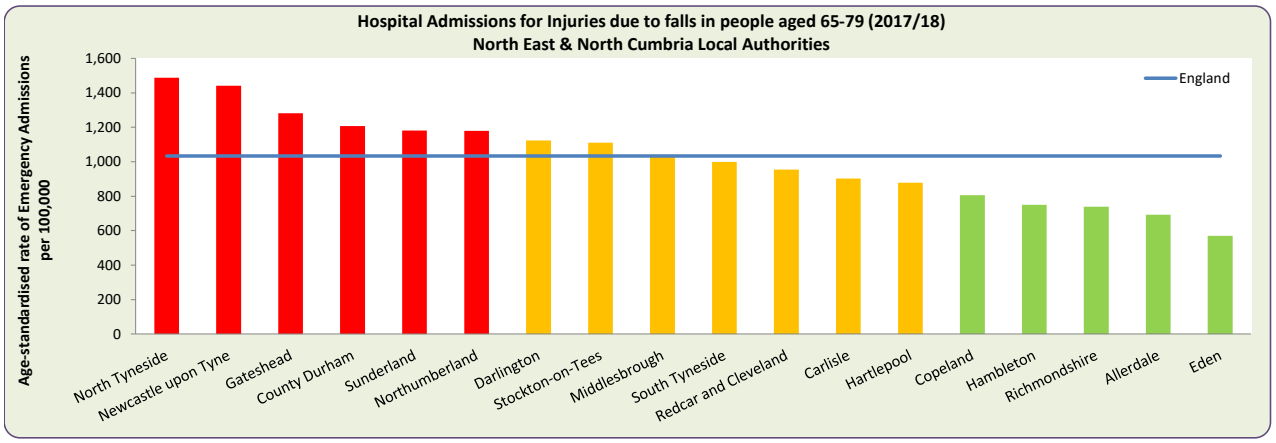
17. Injuries due to falls in people aged 65-79 (2017/18)

Emergency hospital admissions for falls injuries in persons aged 65 to 79, directly age standardised rate per 100,000.

North East	North West	London	South East	Yorkshire and the Humber	East Midlands	West Midlands	South West	East of England	England
1191	1185	1174	1030	1004	981	946	930	916	1033







Data source: ©Crown Copyright, Public Health England, 2017
Public Health Outcomes Framework Data tool. Indicator Portal (http://www.phoutcomes.info).

Definitions / Notes

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care. [12]

What is the data telling us?

In 2017/18 the rate of falls for those aged 65-79 years in the North East was 1191 per 100,000, higher than any other region, and 15% higher than the national average of 1033 per 100,000. The North East region is recognised to have a higher dependency on hospital services. These data reflect the likelihood of going to hospital with a fall rather than the risk of falling. Hospitalisation may depend on the availability of adequate social care or any care in the community for a frail older person with an injury rather than a need for inpatient care.

Trend data for England show that the risk of being admitted to hospital had been reducing slightly but has increased in the latest time period. The regional trend is also upwards in recent years.

Within the region, in 2017/18, the likelihood of being admitted ranged from 569 per 100,000 in Eden to 1488 per 100,000 for North Tyneside - more than a two fold difference.

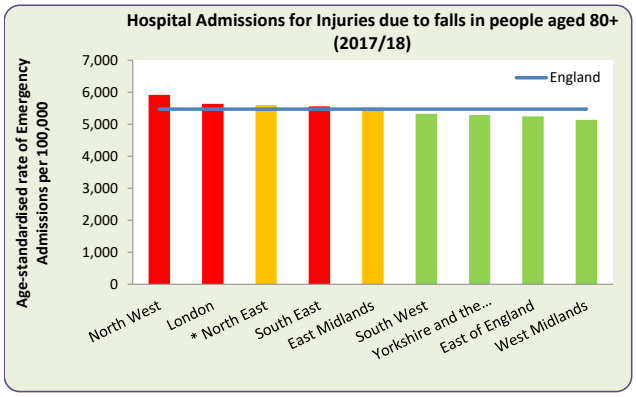
12. Department of Health (2012), improving outcomes and supporting transparency. Part2: Summary technical specifications of public health indicators. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH

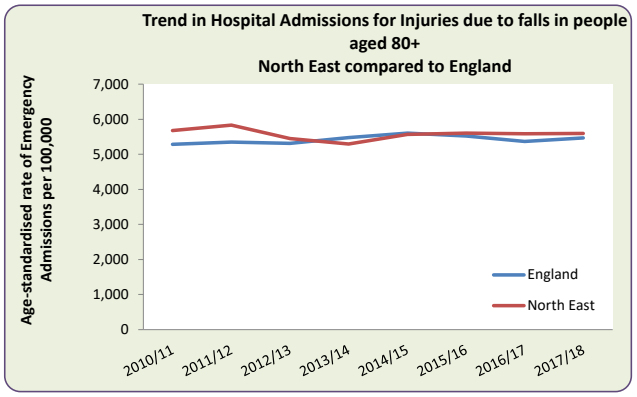
Compared with England Significantly Better Similar Significantly Worse

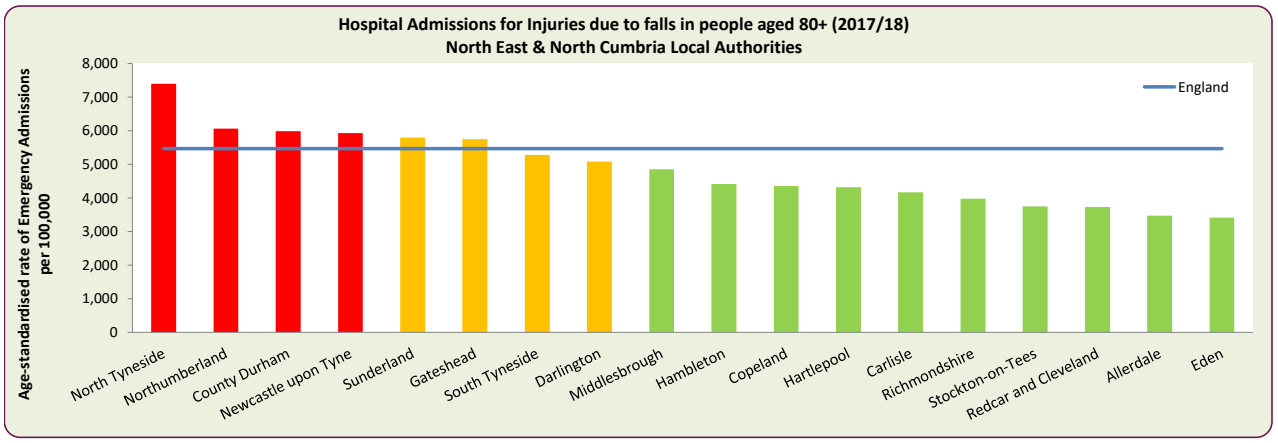
18. Injuries due to falls in people aged 80+ (2017/18)

Emergency hospital admissions for falls injuries in persons aged 80 and over, directly age standardised rate per 100,000.

North West	London	*North East*	South East	East Midlands	South West	Yorkshire and the Humber	East of England	West Midlands	England
5919	5640	5595	5553	5446	5322	5288	5246	5137	5469







Data source: ©Crown Copyright, Public Health England, 2017
Public Health Outcomes Framework Data tool. Indicator Portal (http://www.phoutcomes.info).

Definitions / Notes

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care [13]

What is the data telling us?

The latest data (2017/18) shows that the risk of being admitted to hospital with a fall, in people over 80 years of age, in the North East, is similar to the national average. Nevertheless, there is considerable intra-regional variation with a two fold difference between the area with the highest admission rate (North Tyneside) and that with the lowest (Eden).

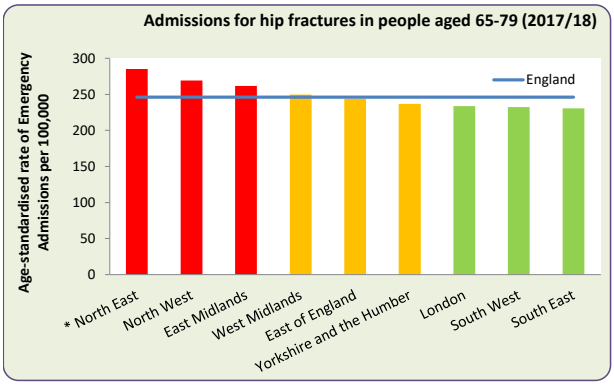
13. Department of Health (2012), improving outcomes and supporting transparency. Part2: Summary technical specifications of public health indicators. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH

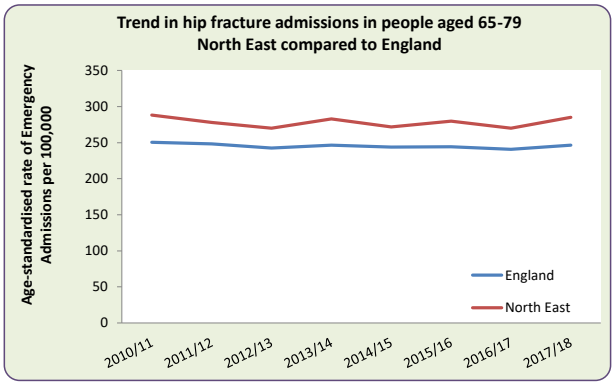
Compared with England Significantly Better Similar Significantly Worse

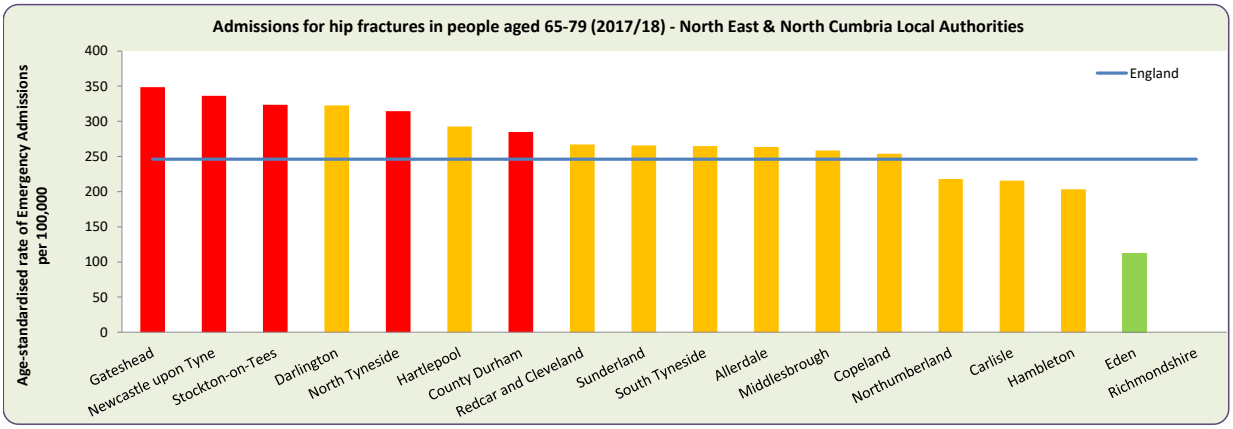
19. Hip fractures in people aged aged 65-79 years (2017/18)

Emergency hospital admissions for hip fractures in persons aged 65 to 79, directly age standardised rate per 100,000

North East	North West	East Midlands	West Midlands	East of England	Yorkshire and the Humber	London	South West	South East	England
285	269	262	250	244	237	234	232	230	246







Data source: Public Health Outcomes Framework Data tool. Indicator Portal (http://www.phoutcomes.info).

Definitions / Notes

Hip fracture is a debilitating condition – only one in three sufferers return to their former levels of independence and one in three end up leaving their own home and moving to long-term (resulting in social care costs).[14] As a result, hip fracture is associated with a total cost to health and social services of over £1 billion per year. This one injury carries a total cost equivalent to approximately 1% of the whole NHS budget.[15]

This indicator is calculated using HES inpatient data. Although this is generally considered to be complete and robust, there may be a question regarding the quality and completeness of clinical coding with respect to injuries which may affect the comparability of data for different areas.

There were no data available for Richmondshire. This was due to the fact that the total number of admissions for this area was fewer than 10, a number considered too few with which to calculate directly standardised rates reliably, and therefore the data has been suppressed.

What is the data telling us?

During the period 2017/18, the rate of hospital admission for hip fractures among people aged 65-79 years was significantly higher for those living in the North East region compared to England. The regional rate of 285 per 100,000 was higher than any other region and 16% above the England rate.

Trend data show that hip fracture rates in the North East are consistently higher than those observed nationally and in the most recent time period the region's rate has increased such that the gap with England has widened.

Within the NENC AHSN region, hip fracture rates were significantly higher than the national average in five local authorities during 2017/18.

14. National Institute for Health and Clinical Excellence (2017), The management of hip fracture in adults. https://www.nice.org.uk/guidance/cg124/evidence/full-guideline-183081997

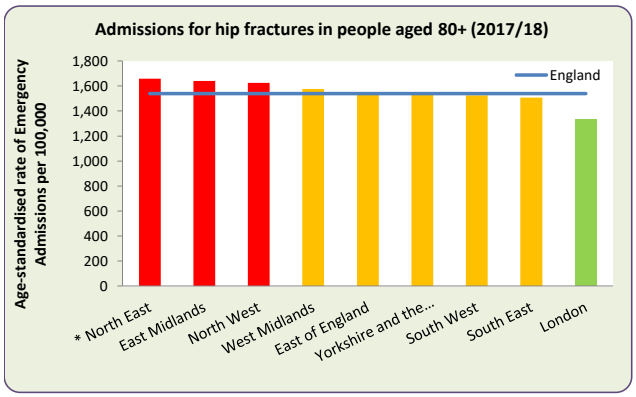
15. Royal College of Physicians. *National Hip Fracture Database annual report 2018*. London: RCP, 2018. https://www.rcplondon.ac.uk/projects/outputs/national-hip-fracture-database-nhfd-annual-report-2018

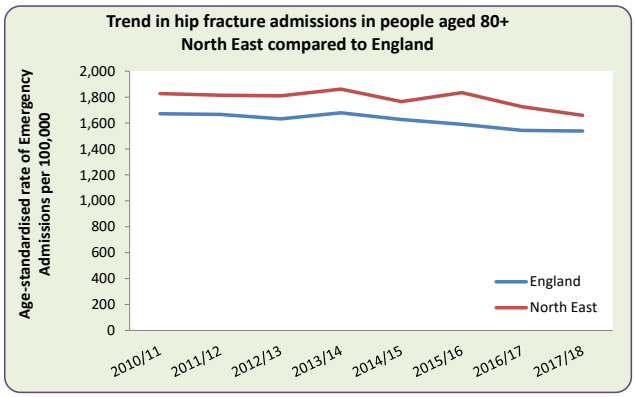
Compared with England Significantly Better Similar Significantly Worse

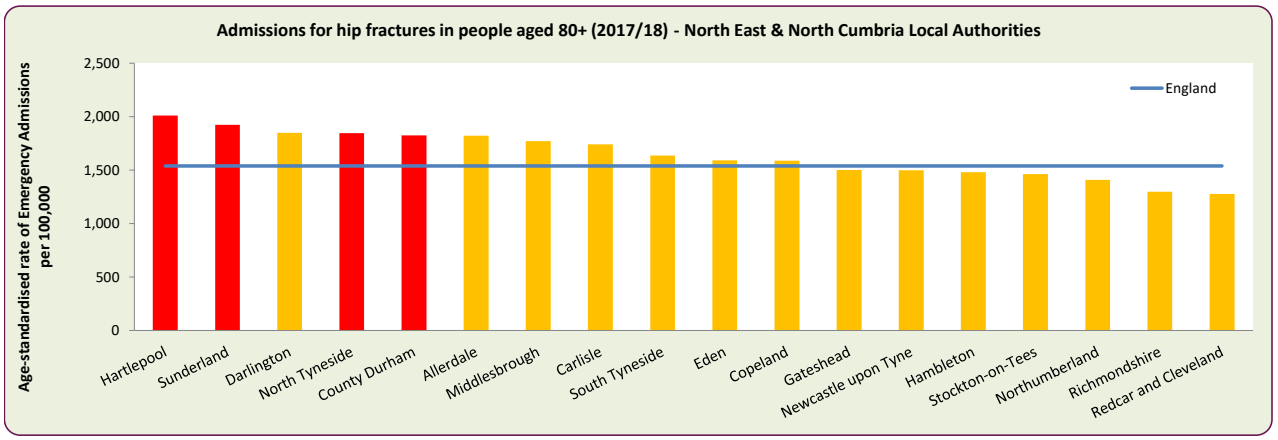
20. Hip fractures in people aged 80 and above (2017/18)

Emergency hospital admissions for hip fractures in persons aged 80 and over, directly age standardised rate per 100,000.

North East	East Midlands	North West	West Midlands	East of England	Yorkshire and the Humber	South West	South East	London	England
1659	1639	1626	1576	1543	1533	1525	1507	1331	1539







Data source: Public Health Outcomes Framework Data tool. Indicator Portal (http://www.phoutcomes.info).

Definitions / Notes

Hip fracture is a debilitating condition – only one in three sufferers return to their former levels of independence and one in three end up leaving their own home and moving to long-term care (resulting in social care costs.[16] As a result, hip fracture is associated with a total cost to health and social services of over £1 billion per year. This one injury carries a total cost equivalent to approximately 1% of the whole NHS budget.[17]

This indicator is calculated using HES inpatient data. Although this is generally considered to be complete and robust, there may be a question regarding the quality and completeness of clinical coding with respect to injuries which may affect the comparability of data for different areas.

What is the data telling us?

During the period 2017/18, the rate of hospital admission for hip fractures sustained by people aged 80 years and over was higher for those living in the North East region than any other region in England. The regional rate of 1659 per 100,000 was 25% higher than the rate observed in the London region.

Trend data show that hip fracture rates in the North East are consistently higher than those observed nationally although the gap appears to be narrowing in recent years.

Within the NENC AHSN region, hip fracture rates were significantly higher than the national average in four local authorities, with the remaining areas having rates that were similar to England.

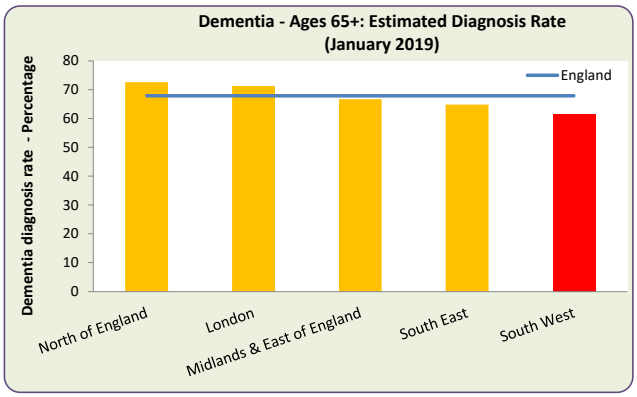
16. National Institute for Health and Clinical Excellence (2017), The management of hip fracture in adults.
https://www.nice.org.uk/guidance/cg124/evidence/full-guideline-183081997
17. Royal College of Physicians. *National Hip Fracture Database annual report 2018.* London: RCP, 2018.
https://www.rcplondon.ac.uk/projects/outputs/national-hip-fracture-database-nhfd-annual-report-2018

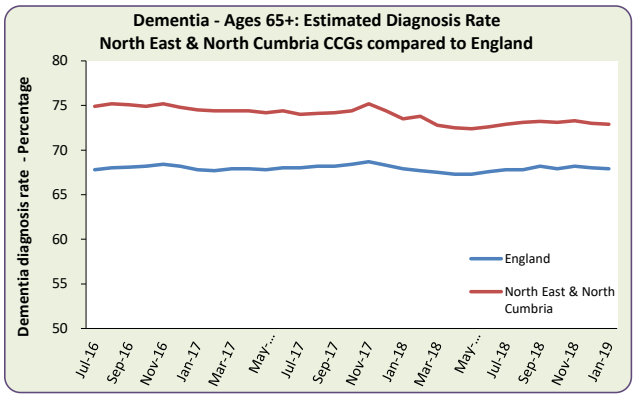
Compared with England Significantly Better Similar Significantly Worse

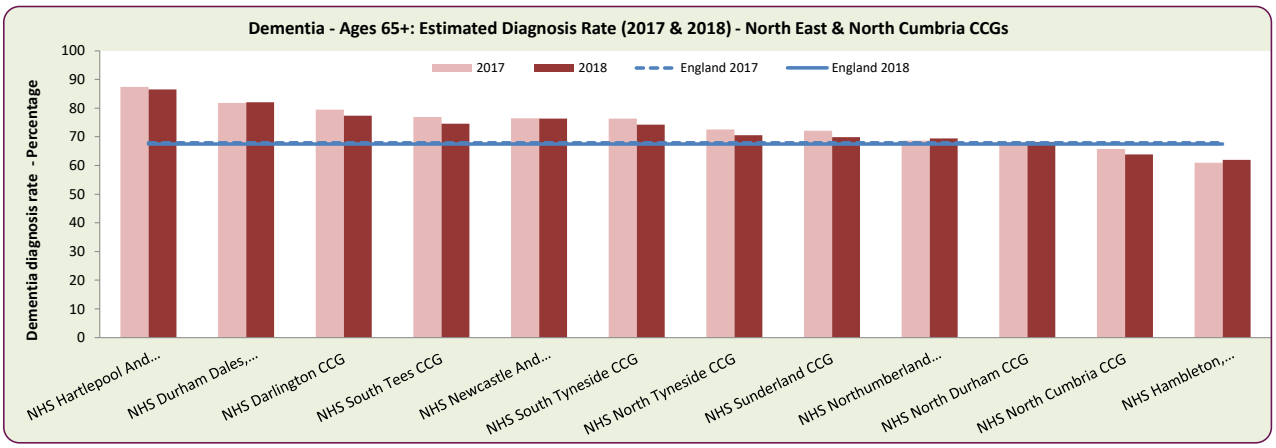
21. Estimated Diagnosis Rate for People 65+ with Dementia (January 2019)

The rate of those aged 65+ with a recorded diagnosis of dementia in the general practice record per person estimated to have dementia based on the CFAS II model

North East & North Cumbria CCGs	England
72.9%	67.9%







Data source: NHS Digital (https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses)

Definitions / Notes

Not everyone with dementia has a formal diagnosis. This indicator reports the rate of persons aged 65 years and over with a recorded diagnosis of dementia per person estimated to have dementia (given the characteristics of the population and the age and sex specific prevalence rates derived from the Cognitive Function and Ageing Study II[18]) expressed as a percentage. This indicator is within the Public Health Outcomes Framework (PHOF 4.16) and the CCG Improvement and Assessment Framework (CCG IAF 126a).

These data support the Prime Minister's challenge on dementia 2020,[19] which aims to improve the national diagnosis rate of dementia.

What is the data telling us?

The estimated dementia diagnosis rate for the North East and North Cumbria CCGs combined is consistently much higher than the England rate, although since the end of 2017 the rate has dropped both regionally and nationally, with the decline having been more pronounced in the region than nationally.

At CCG level there is significant variation, with estimated dementia diagnoses rates ranging from 62% in Hambleton, Richmondshire and Whitby CCG to 86.5% in Hartlepool and Stockton on Tees CCG. Over half of the CCGs in the region have reported a small decline in the diagnosis rate between 2017 and 2018. Although the "facilitating timely diagnosis and support for people with dementia" enhanced service ceased on 31 March 2016 it was agreed under the GMS contracts since then that GPs should continue to perform dementia assessments where clinically appropriate and that these data should continue to be collected.

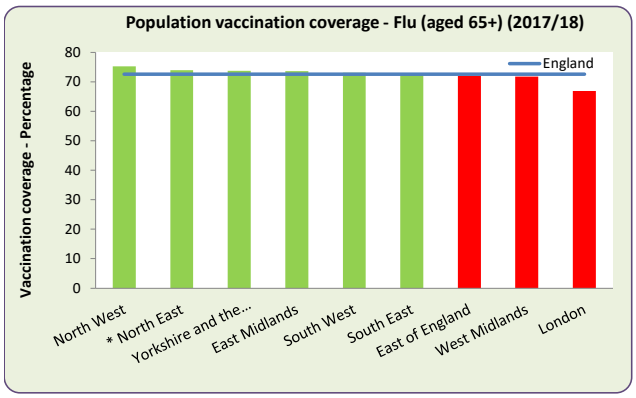
18. http://www.cfas.ac.uk/cfas-ii/
19. https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020/prime-ministers-challenge-on-dementia-2020

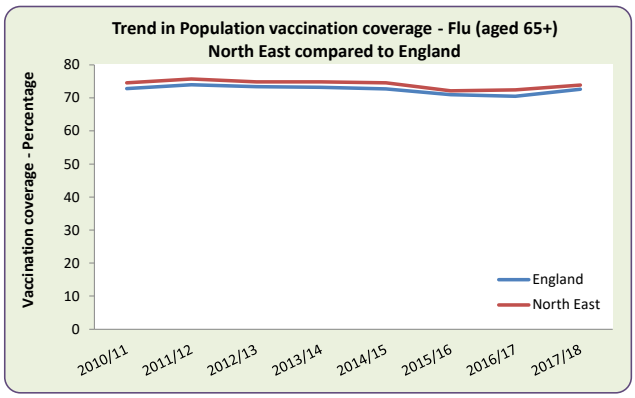
Compared with England Significantly Better Similar Significantly Worse

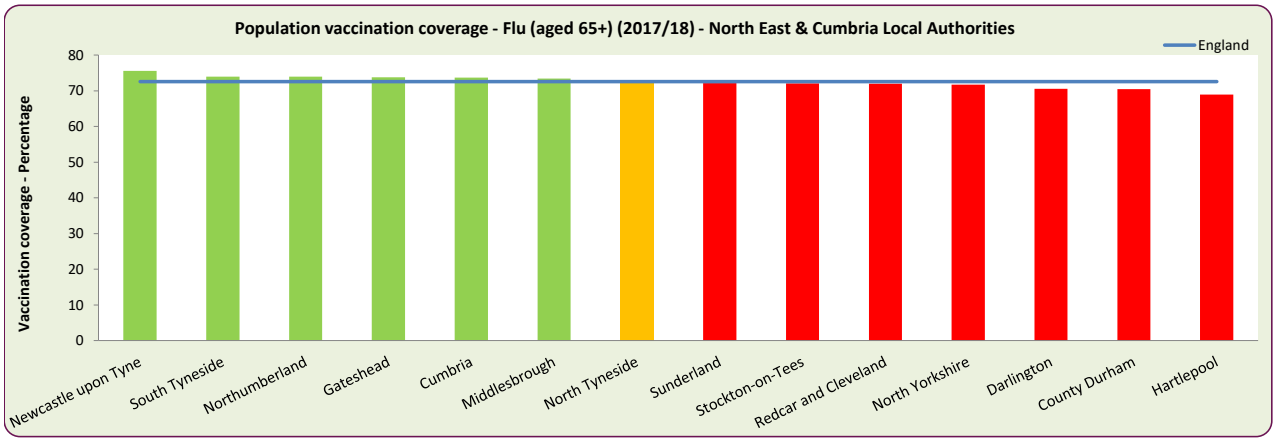
22. Population vaccination coverage - Flu (aged 65+) (2017/18)

Flu vaccine uptake (%) in adults aged 65 and over, who received the flu vaccination between 1st Sept 2017 and 31st Jan 2018.

North West	*North East*	Yorkshire and the Humber	East Midlands	South West	South East	East of England	West Midlands	London	England
75.3	73.9	73.7	73.6	73.1	72.8	72.0	71.8	66.9	72.6







Data source: Public Health Outcomes Framework Data tool. Indicator Portal (http://www.phoutcomes.info).

Definitions / Notes

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Immunisation is one of the most effective healthcare interventions available and flu vaccines can prevent illness and hospital admissions among those aged 65 years and above. Coverage is closely related to levels of disease and monitoring coverage identifies possible drops in immunity before levels of disease rise.

The flu vaccination is offered to people in at-risk groups such as pregnant women and elderly people. These people are at greater risk of developing serious complications, such as bronchitis and pneumonia if they catch flu.

In this report the vaccination coverage is reported using statistical significance calculations (as described in the introduction to this report). However, this data is also presented by PHE within the indicator portal as benchmarked against the coverage goal (>=75%), which may result in a slightly different Red / Amber / Green rating for some organisations.

What is the data telling us?

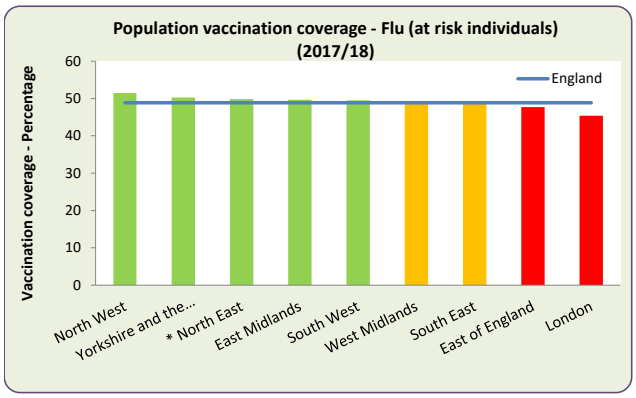
The flu vaccination coverage rate for older people in the North East region increased slightly in the latest time period, and was the second highest of all the English regions in 2017/18 - 73.9% compared with an England average rate of 72.6%. However, only Newcastle achieved the 75% government recommended coverage rate. Hartlepool's rate was below 70%.

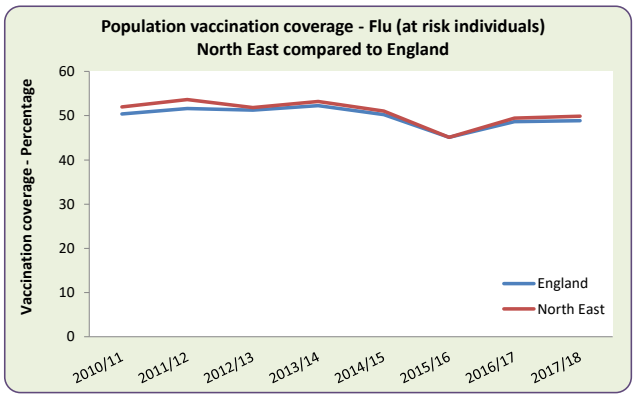
Compared with England Significantly Better Similar Significantly Worse

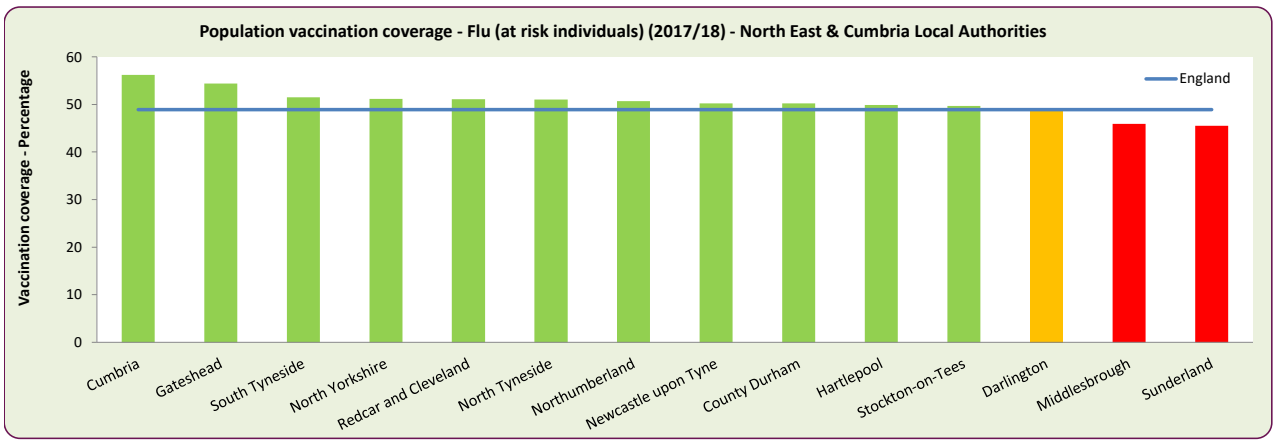
23. Population vaccination coverage - Flu (at risk individuals) (2017/18)

Flu vaccine uptake (%) in at risk individuals aged over 6 months to under 65 years (excluding pregnant women), who received the flu vaccination.

North West	Yorkshire and the Humber	*North East*	East Midlands	South West	West Midlands	South East	East of England	London	England
51.4	50.3	49.9	49.7	49.5	49.0	48.8	47.7	45.4	48.9







Data source: Public Health Outcomes Framework Data tool. Indicator Portal (http://www.phoutcomes.info).

Definitions / Notes

Vaccination against seasonal influenza targets those people who are at greatest risk of developing serious complications such as pneumonia. The risk groups are those aged over 65 years, pregnant women, children and adults with long term health conditions or poor immunity, and those living or working in environments which place them at greater risk.

In this report the vaccination coverage is reported using statistical significance calculations (as described in the introduction to this report). However, this data is also presented by PHE within the indicator portal as benchmarked against the coverage goal (>=55%), which may result in a slightly different Red / Amber / Green rating for some organisations.

What is the data telling us?

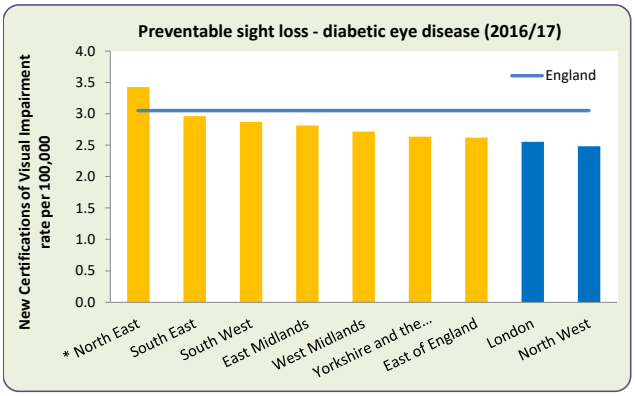
The flu vaccination coverage rate for at risk individuals in the North East region was the third highest of all the English regions in 2017/18 - 49.9% compared with an England average rate of 48.9%. However, only Cumbria achieved the 55% government recommended coverage rate. Middlesbrough and Sunderland both achieved less than 46%.

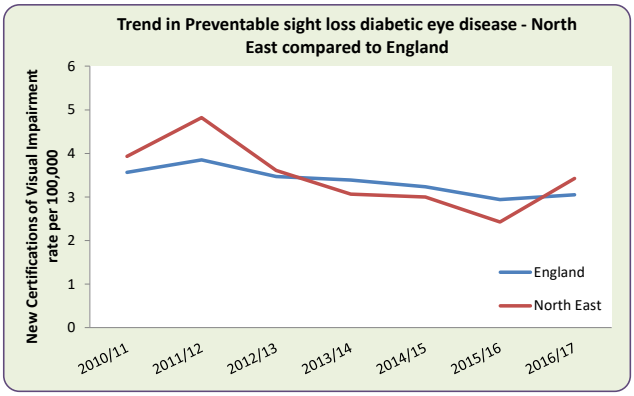
Compared with England Significantly Higher Similar Significantly Lower

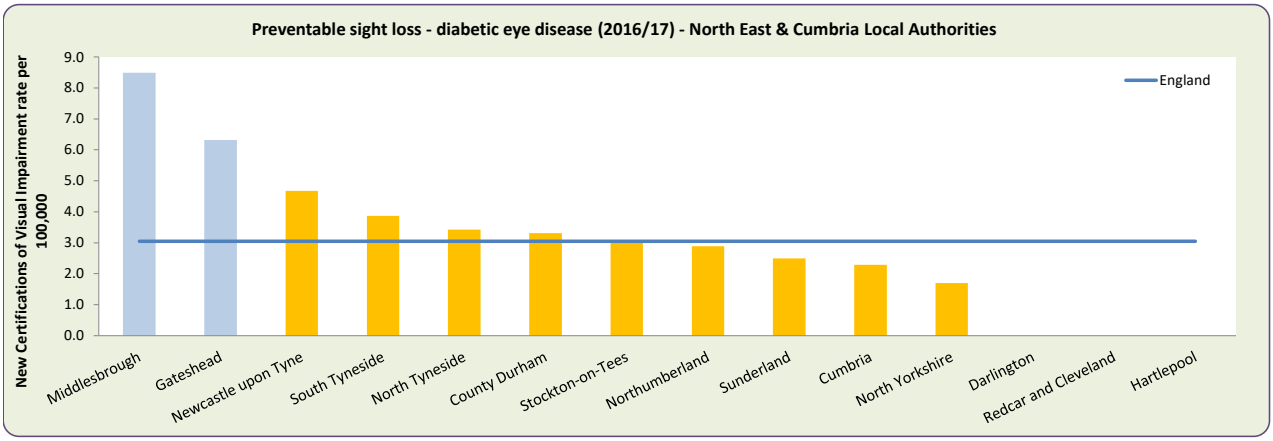
24. Preventable sight loss - diabetic eye disease (2016/17)

New Certifications of Visual Impairment (CVI) due to diabetic eye disease aged 12+, rate per 100,000 population.

North East	South East	South West	East Midlands	West Midlands	Yorkshire and the Humber	East of England	London	North West	England
3.43	2.96	2.87	2.81	2.72	2.63	2.62	2.55	2.48	3.05







Data source: Public Health Outcomes Framework Data tool. Indicator Portal (http://www.phoutcomes.info).

Definitions / Notes

Sight loss is a key cause of sensory impairment and disability affecting older people, and can increase the risk of depression, falls and hip fractures, loss of independence and living in poverty.[20] The three major causes of certifiable sight loss in England are glaucoma, age related macular degeneration (AMD), and diabetic retinopathy. Diabetic retinopathy is a complication of diabetes. Good diabetes care and control can reduce the risk of diabetic retinopathy. When vision falls below a certain threshold ophthalmologists complete a Certificate of Vision Impairment (CVI). CVIs are shared with social services so that patients can be registered as blind or sight impaired and supported accordingly. Monitoring the number of people certified with diabetic retinopathy is currently the best practical measure of tracking outcomes for this condition. However, the data require careful interpretation - low rates of diabetic retinopathy can be due to low incidence, better care outcomes for diabetes and diabetic eye care, or poorer arrangements for identifying, certifying and supporting those with impaired vision arising from diabetic retinopathy.

Three areas in the North East have no data reported due to data suppression. These areas had counts between 1 and 4 which were suppressed, and as a result no indicator values were calculated.

What is the data telling us?

For the period 2016/17, the preventable sight loss (diabetic eye disease) rate for patients aged 12+ in the North East region was higher than the England average, but not significantly so - 3.4 per 100,000 compared with a national average of 3.1 per 100,000. After several years in which there were reductions in CVIs for diabetic eye disease, data for the most recent time period shows an increase in the North East. However these trend data should be treated with caution due to concerns with data completeness which may be affecting both the regional and the national data.

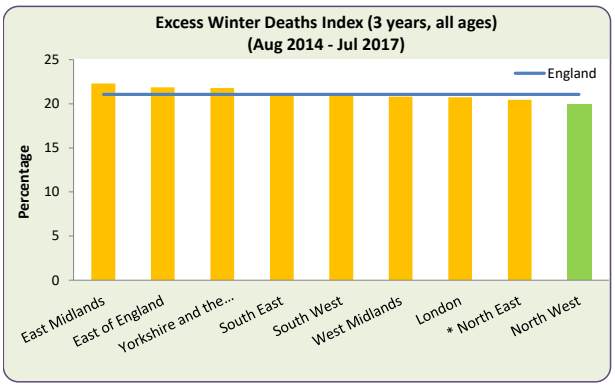
20. Sight loss: a public health priority (2014), RNIB http://www.rnib.org.uk/services-we-offer-advice-professionals-health-professionals/public-health-professionals

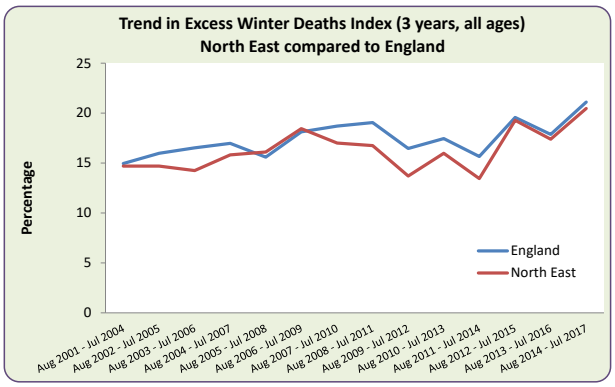
Compared with England Significantly Better Similar Significantly Worse

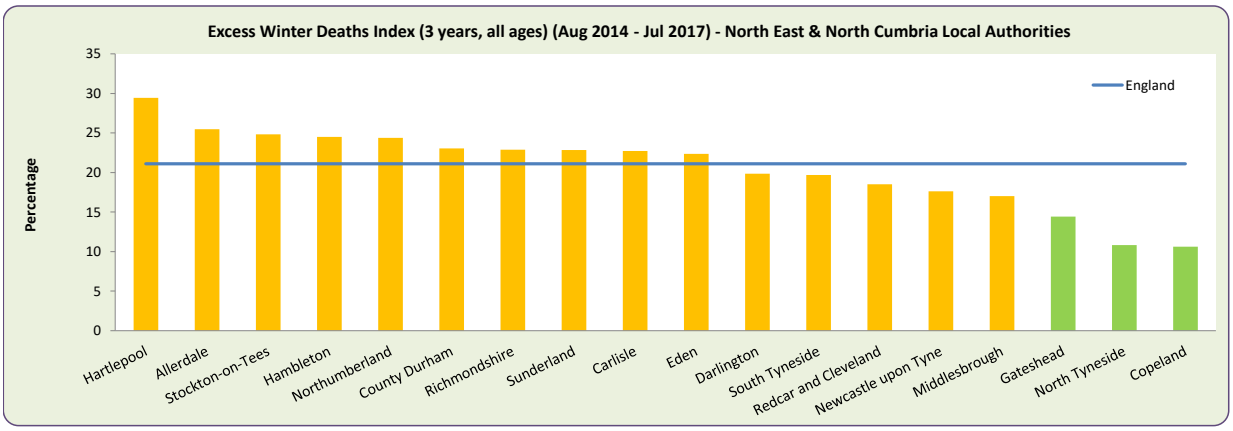
25. Excess Winter Deaths Index (3 years, all ages) (Aug 2014 - Jul 2017)

The Excess Winter Deaths Index is the excess of deaths in winter (December to March) compared with non-winter months from the preceding August to November and the following April to July expressed as a percentage.

East Midlands	East of England	Yorkshire and the Humber	South East	South West	West Midlands	London	*North East*	North West	England
22.3	21.9	21.8	21.1	21.0	20.8	20.8	20.5	19.9	21.1







Data source: Public Health Outcomes Framework Data tool. Indicator Portal (http://www.phoutcomes.info).

Definitions / Notes

The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population. [21] Research carried out by the Eurowinter Group [22] and Curwen [23] found that mortality during winter increases more in England and Wales compared to other European countries with colder climates, suggesting that many more deaths could be preventable in England and Wales.

The Excess Winter Deaths Index (EWD Index) indicates whether there are higher than expected deaths in the winter compared to the rest of the year.

What is the data telling us?

During the period 2014-17, the rate of excess winter deaths was similar for those living in the North East region compared to England.

Trend data show that the North East region had consistently lower excess winter deaths rates than those observed nationally during the period 2007/10 to 2011/14, but in more recent years rates have converged such that the North East has had a rate that is similar to the national average.

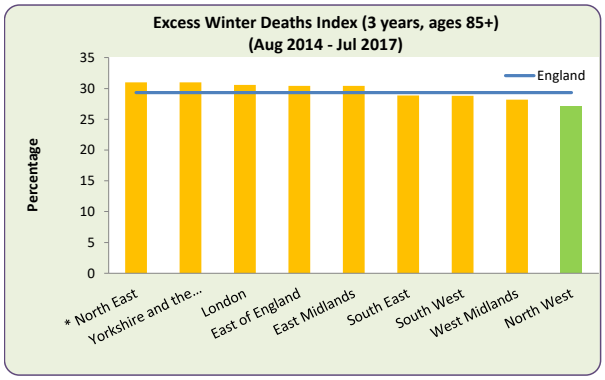
Within the NENC AHSN region, during the period 2014-17 none of the local authority areas experienced rates significantly above the national average and three areas had significantly lower rates.

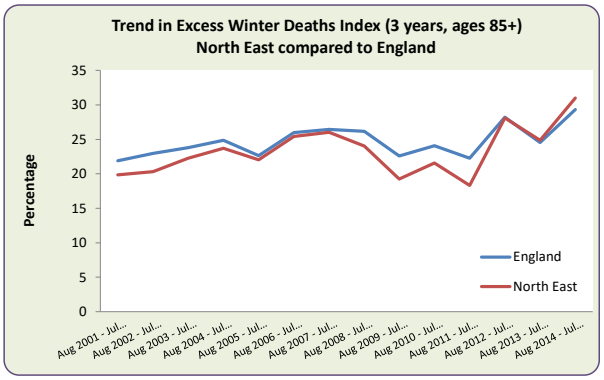
21. ONS Statistical Bulletin:Excess Winter Mortality in England and Wales, 2013/14(Provisional) and 2012/13 (Final)
http://www.ons.gov.uk/ons/rel/subnational-health2/excess-winter-mortality-in-england-and-wales/2013-14--provisional--and-2012-13--final-/stb.html
22. The Eurowinter group (1997) Cold exposure and winter mortality from ischaemic heart disease, cerebrovascular disease, respiratory disease, and all causes in warm and cold regions in Europe. The Lancet 349, 1341-1346.
23. Curwen M (1990/91) Excess winter mortality: a British phenomenon? Health Trends 4, 169-75

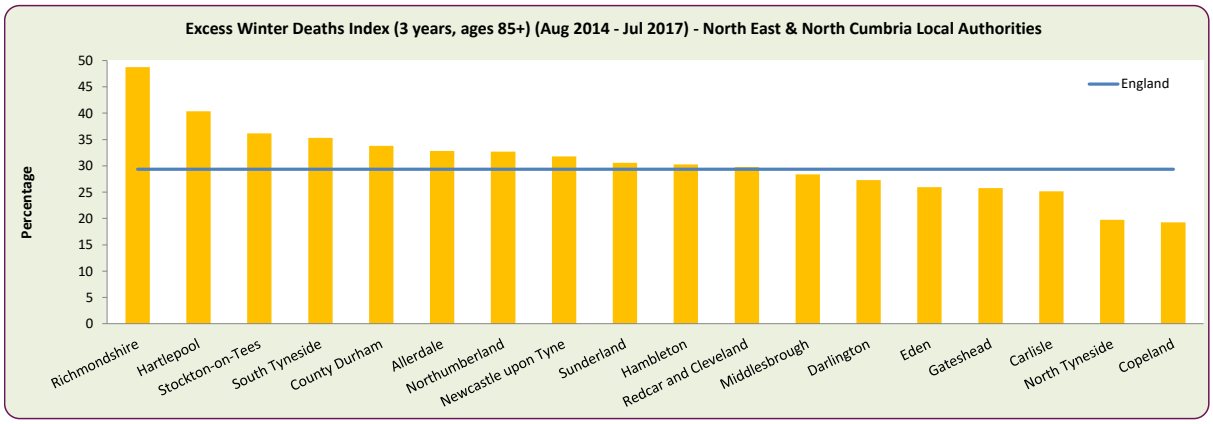
26. Excess Winter Deaths Index (3 years, ages 85+) (Aug 2014 - Jul 2017)

The Excess Winter Deaths Index is the excess of deaths in winter (December to March) compared with non-winter months from the preceding August to November and the following April to July expressed as a percentage.

North East	Yorkshire and the Humber	London	East of England	East Midlands	South East	South West	West Midlands	North West	England
31.0	31.0	30.6	30.4	30.4	28.8	28.8	28.2	27.0	29.3







Data source: Public Health Outcomes Framework Data tool. Indicator Portal (http://www.phoutcomes.info).

Definitions / Notes

The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population.[24] Research carried out by the Eurowinter Group [25] and Curwen [26] found that mortality during winter increases more in England and Wales compared to other European countries with colder climates, suggesting that many more deaths could be preventable in England and Wales.

The Excess Winter Deaths Index (EWD Index) indicates whether there are higher than expected deaths in the winter compared to the rest of the year.

What is the data telling us?

During the period 2014-2017, the rate of excess winter deaths for people aged 85 years and over was similar for those living in the North East region compared to England.

Trend data show that in the early 2000s and again between 2008/11 to 2011/14, the North East region had consistently lower excess winter death rates than those observed nationally. However, in more recent years the region's rate has been close to or slightly above the national average.

Within the NENC AHSN region, during 2014-2017 none of the local authority areas experienced rates statistically significantly different to the national average but there was substantial variation between areas.

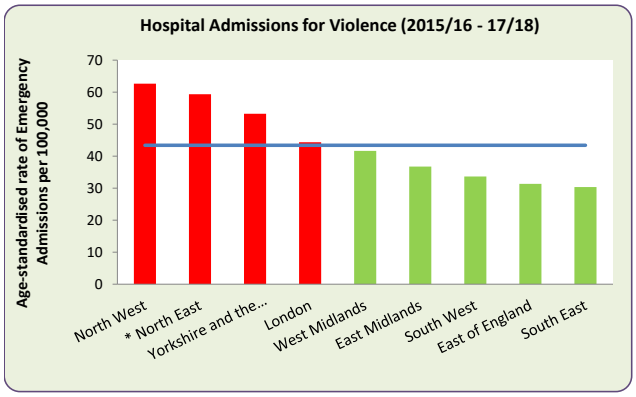
24. ONS Statistical Bulletin:Excess Winter Mortality in England and Wales, 2013/14(Provisional) and 2012/13 (Final)
http://www.ons.gov.uk/ons/rel/subnational-health2/excess-winter-mortality-in-england-and-wales/2013-14--provisional--and-2012-13--final-/stb.html
25. The Eurowinter group (1997) Cold exposure and winter mortality from ischaemic heart disease, cerebrovascular disease, respira tory disease, and all causes in warm and cold regions in Europe. The Lancet 349, 1341-1346.
26. Curwen M (1990/91) Excess winter mortality: a British phenomenon? Health Trends 4, 169-75

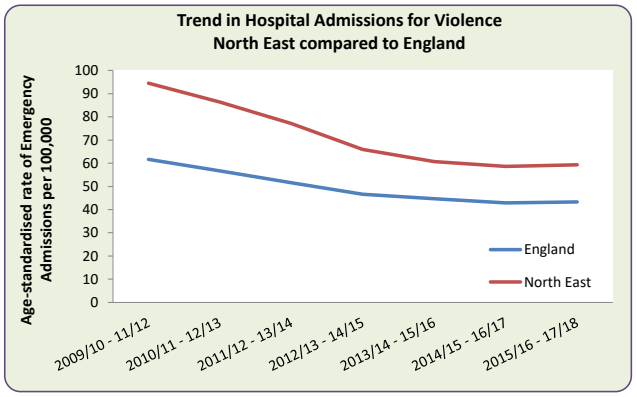
Compared with England Significantly Better Similar Significantly Worse

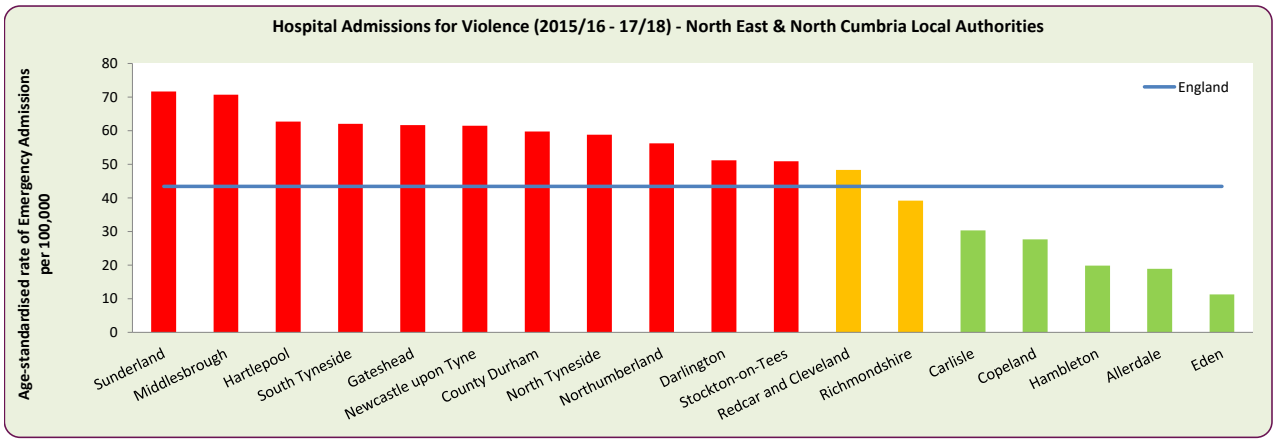
27. Hospital Admissions for Violence (2015/16 - 17/18)

Age-standardised rate of emergency hospital admissions for violence per 100,000 population.

North West	*North East*	Yorkshire and the Humber	London	West Midlands	East Midlands	South West	East of England	South East	England
62.7	59.4	53.3	44.4	41.7	36.7	33.6	31.3	30.4	43.4







Data source: ©Crown Copyright, Public Health England, 2017
Public Health Outcomes Framework Data tool. Indicator Portal (http://www.phoutcomes.info).

Definitions / Notes

The inclusion of this indicator in the Public Health Outcomes Framework enables a focus on the interventions that are effective and evidence-based, which need to be considered alongside criminal justice measures for a balanced response to the issue. The NHS contribution to sexual assault services are a public health function.

What is the data telling us?

Nationally and regionally the trend in hospital admissions as a result of violence has been falling, and at a faster pace in the North East than in the country as a whole. Nevertheless, the rate in the North East in 2017/18 remains high, 37% higher than the national rate (59.4 per 100,000 compared with 43.4 per 100,000), and the second highest rate of all the English regions.

Wide intra-regional variation exists across Local Authority areas with admission rates for violence more than six times higher in Sunderland (71.6 per 100,000) than in Eden (11.3 per 100,000).

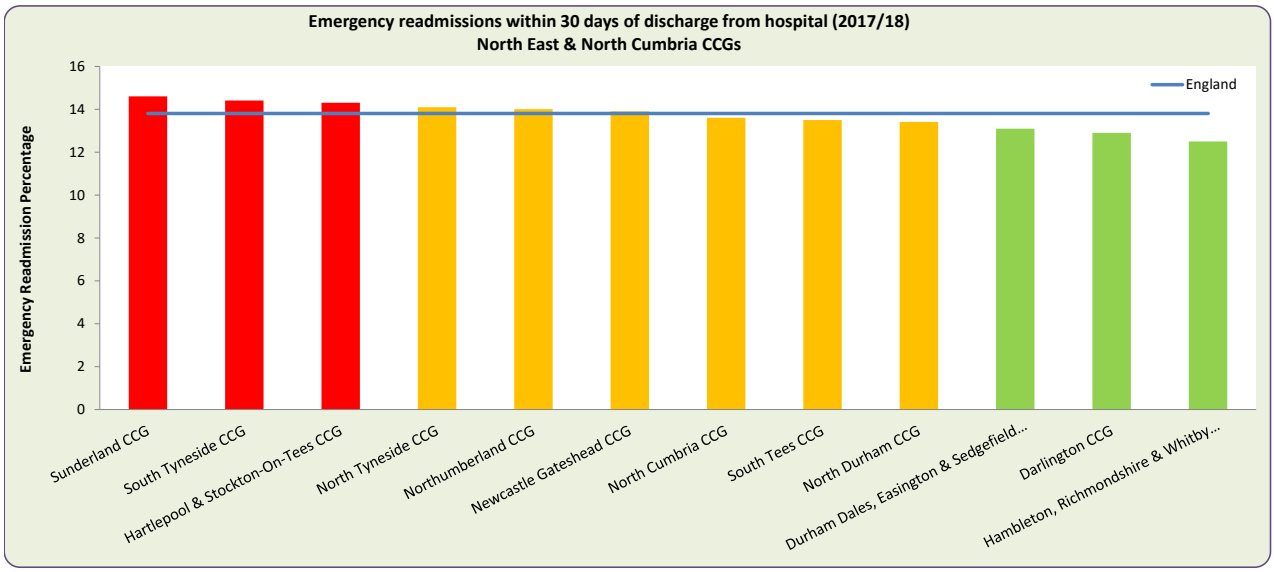
Compared with England Significantly Better Similar Significantly Worse

28. Emergency readmissions within 30 days of Discharge from Hospital (2017/18)

The percentage of emergency admissions to any hospital in England occurring within 30 days of the most recent discharge from hospital. The percentage is indirectly standardised.

North East & North Cumbria	England
13.7%	**13.8%**

Compared with England: Similar



Data source: NHS Digital, Copyright © 2019, Health and Social Care Information Centre. NHS Digital is the trading name of the Health and Social Care Information Centre. https://digital.nhs.uk/data-and-information/publications/clinical-indicators/ccg-outcomes-indicator-set/current

Definitions / Notes

Reducing all emergency admissions is a national priority. Hospital readmissions may reflect ineffective patient management. Some readmissions are preventable although others are clinically necessary. A variety of factors contribute to avoidable readmissions – the quality of inpatient care, discharge arrangements and support and care in the community.

This indicator measures the percentage of emergency admissions to any hospital in England occurring within 30 days of the most recent discharge from hospital. Admissions for cancer and obstetrics are excluded as they may be part of the patient's care plan.

To ensure the comparison between areas with different casemix is fair, the indicator has been casemix adjusted to take account of differences in the characteristics of patients (i.e. age, gender, method of admissions and diagnosis/procedure).

The indicator methodology has been under review and these data are classed as provisional / experimental whilst the indicator undergoes further development work.

What is the data telling us?

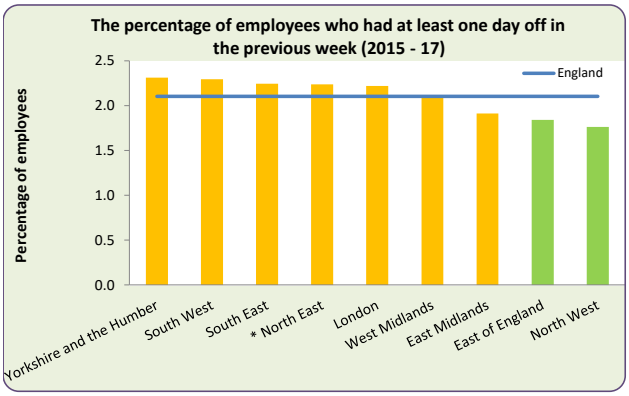
For the period 2017/18, the 30 day emergency readmission rate for patients in the North East and North Cumbria was 13.7%, similar to the England average of 13.8%. Three CCGs in the NENC region had rates which were significantly higher than the England average. During this period, the risk of being readmitted to hospital within 30 days varied from 12.5% in Hambleton, Richmondshire and Whitby CCG to 14.6% in Sunderland CCG.

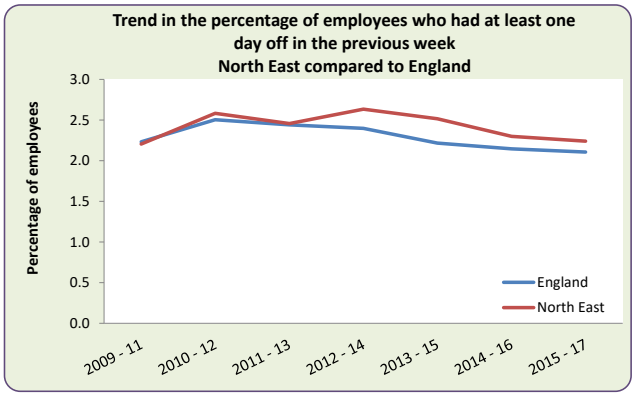
Compared with England | Significantly Better | Similar | Significantly Worse

29. Sickness absence - The percentage of employees who had at least one day off in the previous week (2015 - 17)

Percent of employees (16+ years) who had at least one day off due to sickness absence in the previous working week (From ONS Labour Force Survey).

Yorkshire and the Humber	South West	South East	*North East*	London	West Midlands	East Midlands	East of England	North West	England
2.3	2.3	2.2	2.2	2.2	2.1	1.9	1.8	1.8	2.1





Data source: Public Health Outcomes Framework Data tool. Indicator Portal (http://www.phoutcomes.info).

Definitions / Notes

The independent review of sickness absence [27] was commissioned by government to help combat the 140 million days lost to sickness absence every year. The review provided an important analysis of the sickness absence system in the UK; of the impact of sickness absence on employers, the State and individuals; and of the factors which cause and prolong sickness. This is in line with the Government's strategy for public health, which adopts a life-course approach and includes a focus on the working-age population in the "working well" stage to help people with health conditions to stay in or return to work.

What is the data telling us?

The North East regional rate (2.2%) during 2015-17 was higher, but not significantly higher than the national average (2.1%). Within the region, sickness absence rates varied considerably ranging from the highest value for Hartlepool residents (3.5%) to the lowest for residents of Carlisle (1.3%).

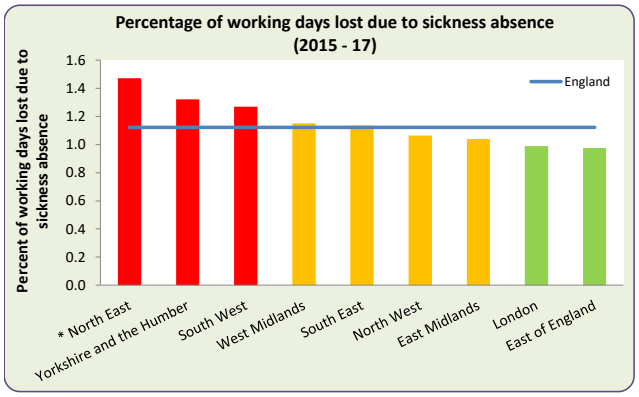
27. Dame Carol Black and David Frost CBE, Health at work – an independent review of sickness absence November 2011.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/181060/health-at-work.pdf

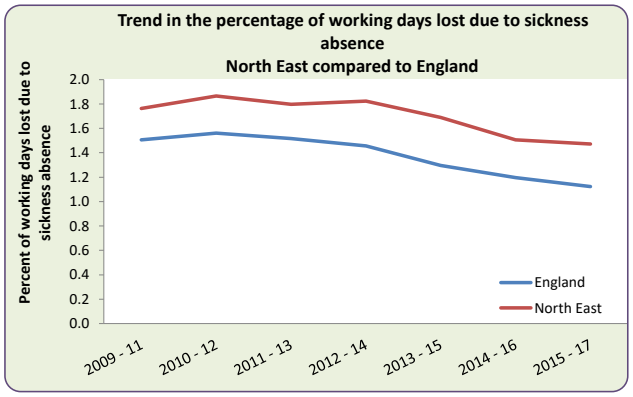
Compared with England Significantly Better Similar Significantly Worse

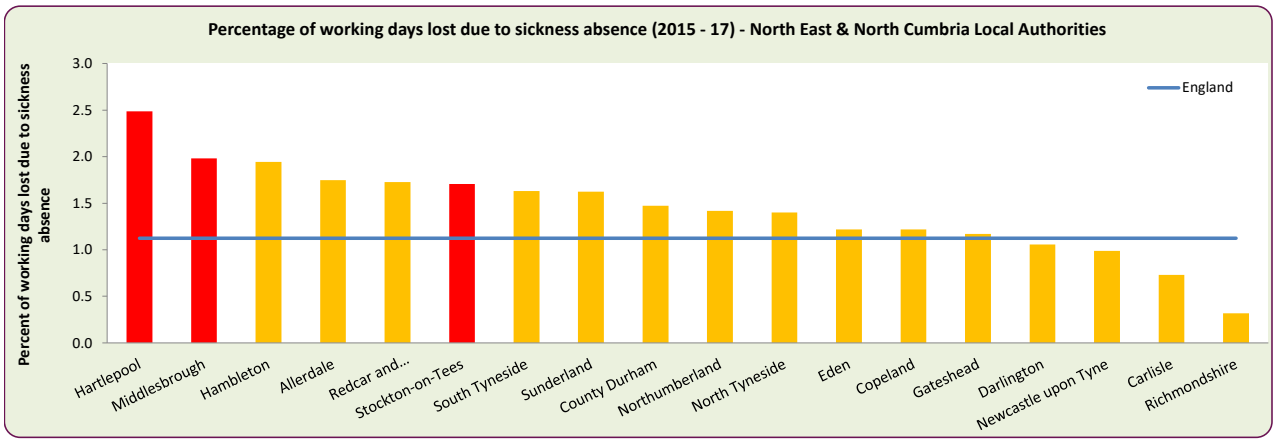
30. Sickness absence - The percentage of working days lost due to sickness absence (2015 - 17)

The percentage of working days lost due to sickness absence in the previous week (From ONS Labour Force survey).

North East	Yorkshire and the Humber	South West	West Midlands	South East	North West	East Midlands	London	East of England	England
1.5	1.3	1.3	1.2	1.1	1.1	1.0	1.0	1.0	1.1







Data source: Public Health Outcomes Framework Data tool. Indicator Portal (http://www.phoutcomes.info).

Definitions / Notes

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What is the data telling us?

In 2015-17 the percentage of working days lost due to sickness in the North East region (1.5%) was significantly higher than that observed nationally (1.1%). Considering these data alongside those on the previous page, the data suggests that in comparison to the national average, employees in the North East Region are more likely to take sick leave and to be absent for longer periods.

The trend in the percentage of working days lost due to sickness absence is reducing over time at a national and regional level.

Within the NENC AHSN region, the percentage of working days lost due to absence varies widely across Local Authority populations ranging from 2.5% in Hartlepool to 0.3% in Richmondshire.

28. Dame Carol Black and David Frost CBE, Health at work – an independent review of sickness absence November 2011.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/181060/health-at-work.pdf