

## 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.<sup>1</sup>

Public Health England commissioned an independent inquiry<sup>1</sup> 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,<sup>2</sup> 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  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           |                  |                 |                  |                     |          |
| Preventable Premature Death | 3. Males  |                     | 59.5             | 9               | 63.4             |                     | New      |
|                             | 4. Females  |                     | 60.4             | 9               | 63.8             |                     | New      |
|                             | 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             |                     | Yes      |
|                             | 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 | 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? |
|------------------------|---|---------------------|------------------|-----------------|------------------|---------------------|----------|
| 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      |

## Population Health & Healthcare Surveillance

### Life Expectancy

March 2019 Update

### Summary Dashboard

| Indicator       |  | Time Period | North East Value | North East Rank | National Average | Direction of Travel   |
|-----------------|--|-------------|------------------|-----------------|------------------|---|
| Life Expectancy | Life Expectancy at Birth (years)         | 2015 - 17   |                  |                 |                  |   |
|                 | 1. Males                                 |             | 77.9             | 9               | 79.6             |  |
|                 | 2. Females                               |             | 81.6             | 9               | 83.1             |  |
|                 | Healthy Life Expectancy at Birth (years) | 2015 - 17   |                  |                 |                  |   |
|                 | 3. Males                                 |             | 59.5             | 9               | 63.4             |  |
|                 | 4. Females                               |             | 60.4             | 9               | 63.8             |  |

Compared with England  Significantly Better  Similar  Significantly Worse

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

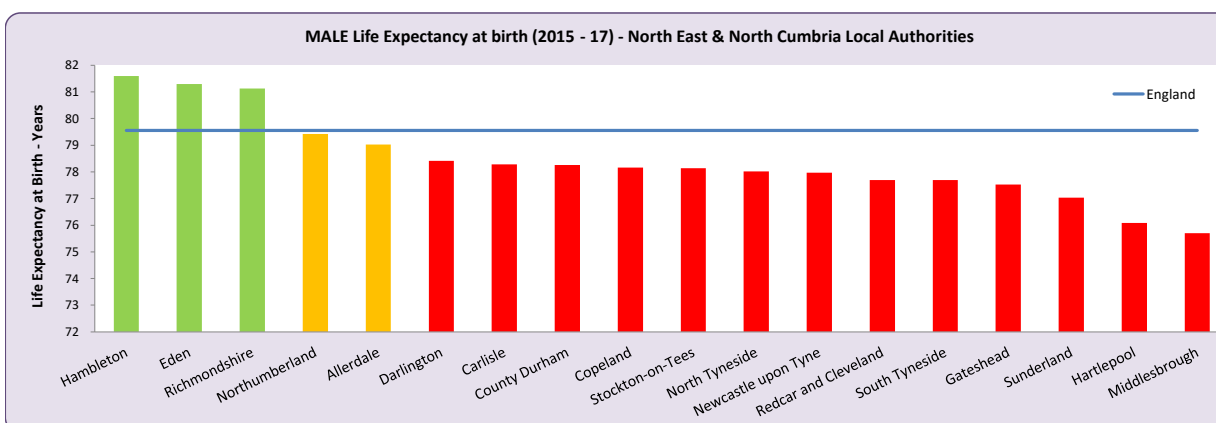
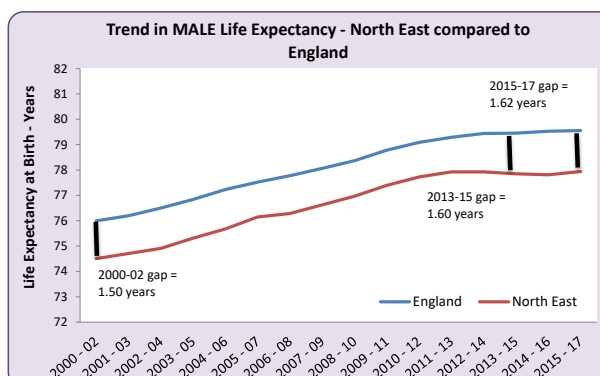
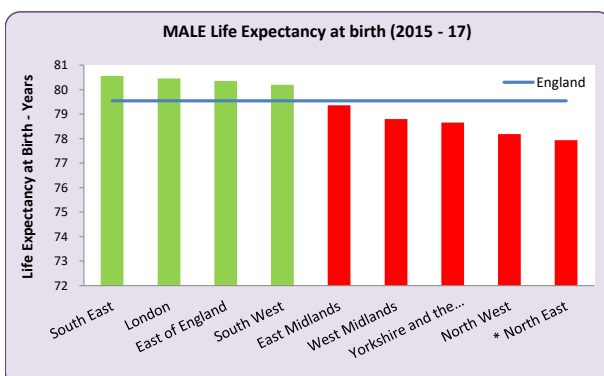
#### What do the detailed pages show?

The following pages contain further information for each indicator, including data comparing each region in England, trend data over time for England and the North East and the latest information at local authority 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.

## 1. Life Expectancy at Birth - MALES (2015 - 17)

The average number of years a male would expect to live based on contemporary mortality rates.

| South East | London | East of England | South West | East Midlands | West Midlands | Yorkshire and the Humber | North West | North East | England |
|------------|--------|-----------------|------------|---------------|---------------|--------------------------|------------|------------|---------|
| 80.6       | 80.5   | 80.4            | 80.2       | 79.4          | 78.8          | 78.7                     | 78.2       | 77.9       | 79.6    |



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

### Definitions / Notes

Life Expectancy at birth is an estimate of the average number of years a newborn baby would survive if he or she experienced the same age-specific mortality rates for that area and time period throughout his or her life, i.e. if they remained in the same area with the same mortality rates for the rest of their life.

Life expectancy is used internationally as a key summary health outcome indicator and data is commonly compared over rolling three year periods.

### What is the data telling us?

These data show that average life expectancy at birth for men in the North East in 2015-17 was the lowest amongst all the regions, at 77.9 years, compared to the national average of 79.6 years, a difference of 1.6 years. Within the region there is a 5.9 year difference between the area with the highest life expectancy (Hambleton - 81.6 years) compared to the area with the lowest (Middlesbrough - 75.7 years). The national and local variation in male life expectancy can largely be explained by differences in factors such as wealth, education, housing, employment and lifestyle rather than hospital care.

Trend data show that male life expectancy had been increasing, both regionally and nationally. However, the rate of improvement nationally has slowed, and locally a plateau is observed for the most recent time periods. These trend data also show that the absolute gap between the North East and England has widened slightly, from 1.5 years in 2000-02 to 1.62 in 2015-17 due to more favourable longevity gains in other parts of the country than in the North East.

An analysis based on data for 2012-14 showed that higher mortality rates in the North East from cancer, external causes (include deaths from injury, poisoning and suicide), circulatory diseases, digestive system diseases (includes alcohol-related conditions such as chronic liver disease and cirrhosis) and respiratory diseases account for the majority of the gap between England and the region in male life expectancy.<sup>3</sup>

Between 2000-02 and 2011-13 male life expectancy in the North East increased faster than that for females and the gap is now 3.7 years, whereas in 2000-02 it was 4.8 years.

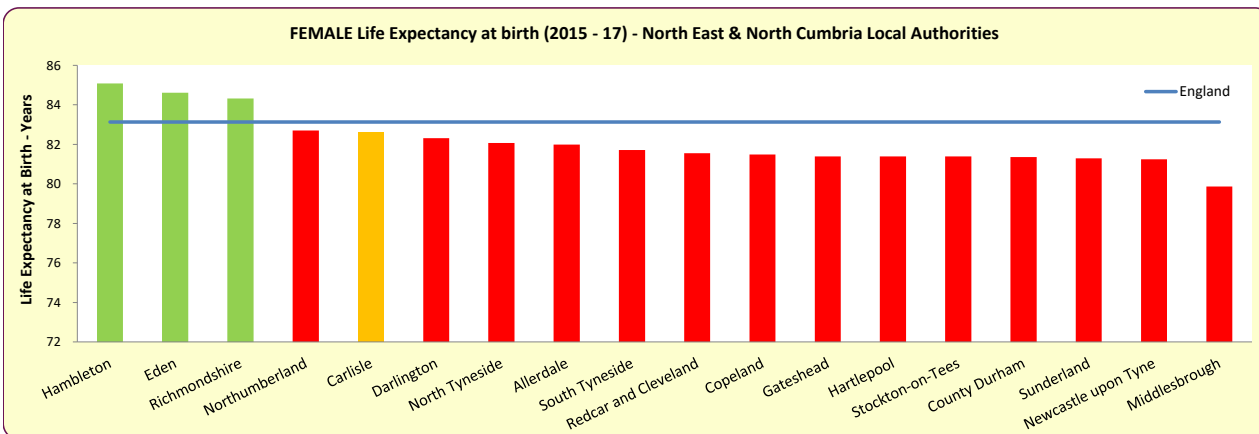
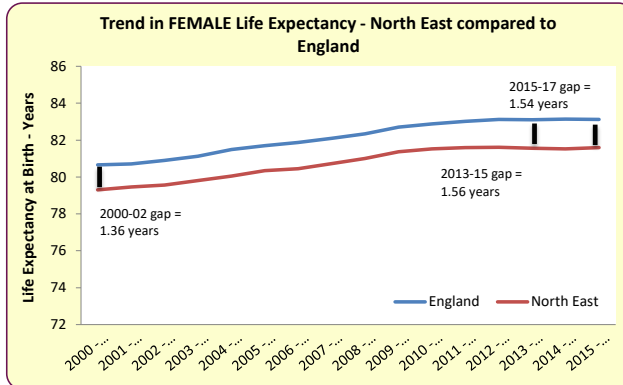
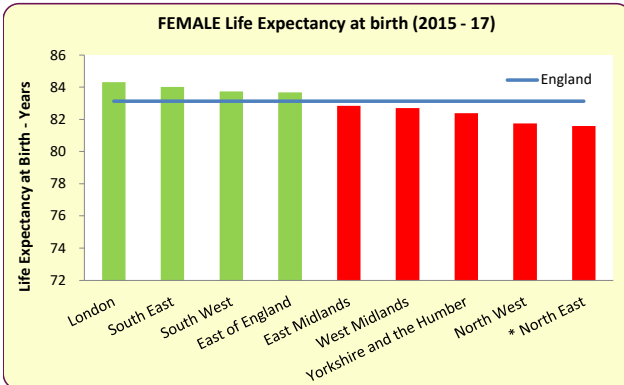
Gaps in life expectancy between different populations lie at the heart of concerns around inequalities in health. The gaps are further explored in the following pages.

3. Public Health England. Segment Tool, <https://fingertips.phe.org.uk/profile/segment>

## 2. Life Expectancy at Birth - FEMALE (2015 - 17)

The average number of years a female would expect to live based on contemporary mortality rates.

| London | South East | South West | East of England | East Midlands | West Midlands | Yorkshire and the Humber | North West | North East | England |
|--------|------------|------------|-----------------|---------------|---------------|--------------------------|------------|------------|---------|
| 84.3   | 84.0       | 83.7       | 83.7            | 82.9          | 82.7          | 82.4                     | 81.8       | 81.6       | 83.1    |



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

### Definitions / Notes

Life Expectancy at birth is an estimate of the average number of years a newborn baby would survive if he or she experienced the same age-specific mortality rates for that area and time period throughout his or her life i.e. if they remained in the same area with the same mortality rates for the rest of their life.

Life expectancy is used internationally as a key summary health outcome indicator and data is commonly compared over three year rolling periods.

### What is the data telling us?

These data show that average life expectancy at birth for women in the North East in 2015-17 was the lowest amongst all the regions, i.e. 81.6 years compared to the national average of 83.1 years, a difference of 1.5 years. Within the region there is a 5.2 year difference between the area with the highest life expectancy (Hambleton - 85.1 years) compared to the area with the lowest (Middlesbrough - 79.9 years). The national and local variation in female life expectancy can largely be explained by differences in factors such as wealth, education, housing, employment and lifestyle rather than hospital care.

Trend data show that improvements in female life expectancy have stalled, both locally and nationally. These trend data also show that the absolute gap between the North East and England has widened slightly since 2000-02. During that period it was 1.36 years whereas data for 2015-17 shows that it has increased to 1.54 years.

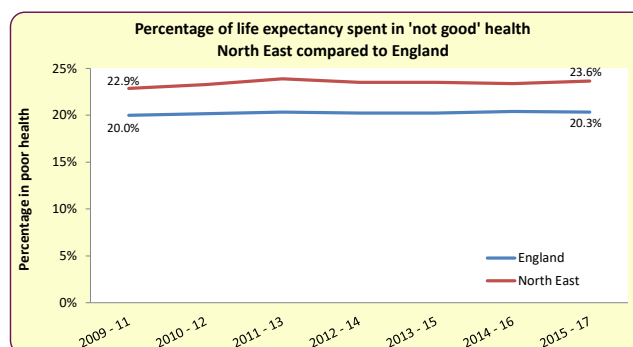
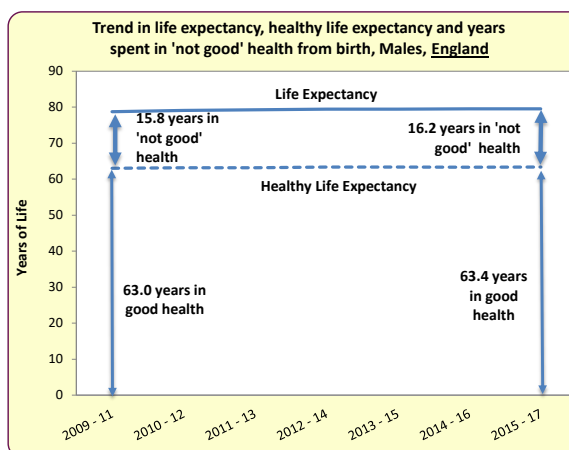
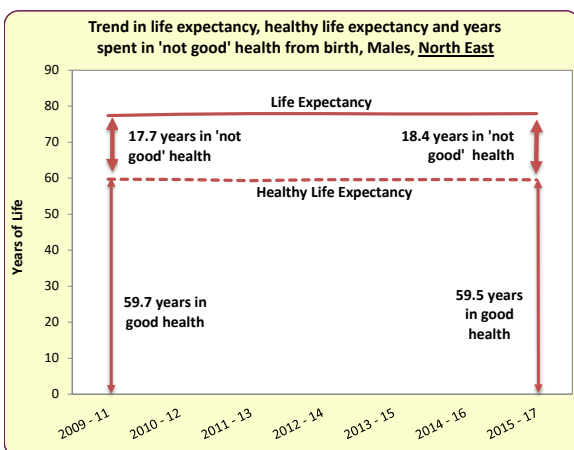
An analysis based on data for 2012-14 showed that higher mortality rates in the North East from cancer, respiratory diseases, digestive system diseases (includes alcohol-related conditions such as chronic liver disease and cirrhosis), circulatory diseases, and external causes (include deaths from injury, poisoning and suicide) account for the majority of the gap between England and the region in female life expectancy.<sup>4</sup>

4. Public Health England. Segment Tool, <https://fingertips.phe.org.uk/profile/segment>

### 3. Healthy Life expectancy at birth (Males) (2015 - 17)

The average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

| South East | South West | East of England | London | East Midlands | West Midlands | Yorkshire and the Humber | North West | North East | England |
|------------|------------|-----------------|--------|---------------|---------------|--------------------------|------------|------------|---------|
| 66.1       | 64.7       | 64.1            | 63.9   | 62.8          | 62.1          | 61.7                     | 61.2       | 59.5       | 63.4    |



Data source: Public Health Outcomes Framework Data tool. Indicator Portal (<http://www.phoutcomes.info>). ©Crown copyright 2018

#### Definitions / Notes

While average life expectancy and healthy life expectancy are both important headline measures of the health status of the population, the healthy life expectancy measure adds a 'quality of life' dimension to estimates of life expectancy by dividing them into time spent in different states of health.

Healthy life expectancy is an estimate of the number of years lived in 'Very good' or 'Good' general health, based on how individuals perceive their general health. The prevalence of 'good' / 'not good' health is derived from responses to a question on general health in the Annual population Survey. In response to the question "How is your health in general; would you say it was..." responses "Very good" and "Good" are categorised as 'Good' health and "Fair", "Bad" or "Very bad" as 'Not Good' health.

In addition to adding a quality of life dimension to life expectancy, the number of years of life in 'Not Good' health is also important as it relates more closely to demand for health and social care services.

Due to a change in methodology, data on healthy life expectancy are only available back to 2009-11. This short time scale limits the conclusions that can be drawn about trends.

Note that although data on life expectancy is published for districts, data on healthy life expectancy are only available at county level, which for this report, affects the data that is shown for Cumbria and North Yorkshire.

#### What is the data telling us?

Since 2009-11 there has been no major change to healthy life expectancy, either nationally or in the North East. Although a North East male could expect, in 2015-17, to live 77.9 years, his average healthy life expectancy (based on self-reported general health) was only 59.5 years, compared to a national average of 79.6 years for life expectancy and 63.4 years for healthy life expectancy.

Since 2009-11 male life expectancy at birth in the region has increased by 6 months, whereas healthy life expectancy has fallen by just over 2 months over the same period, and therefore the number of years lived in 'not good' health has increased from 17.7 to 18.4 years.

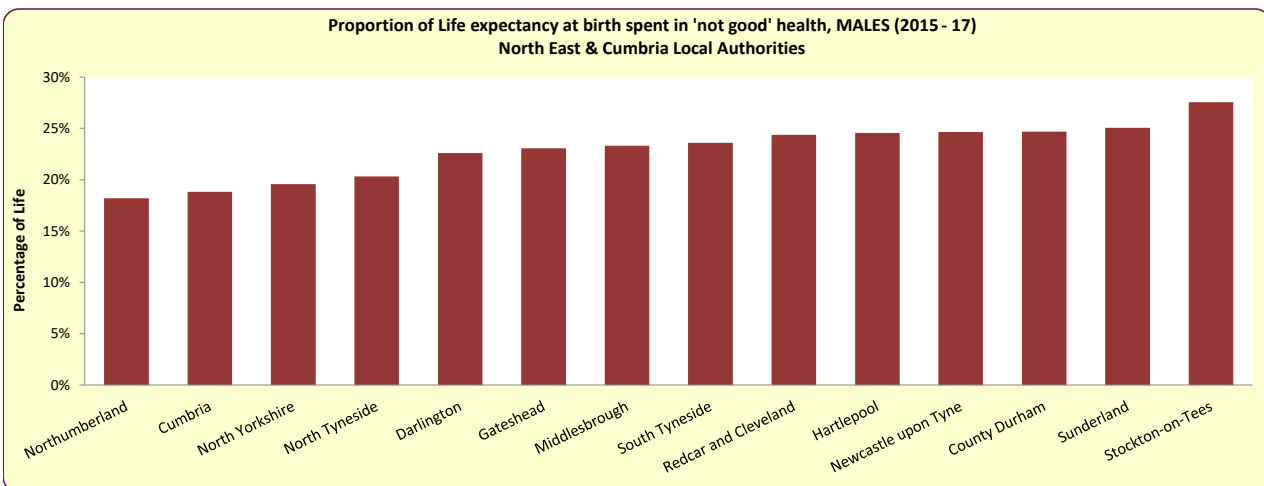
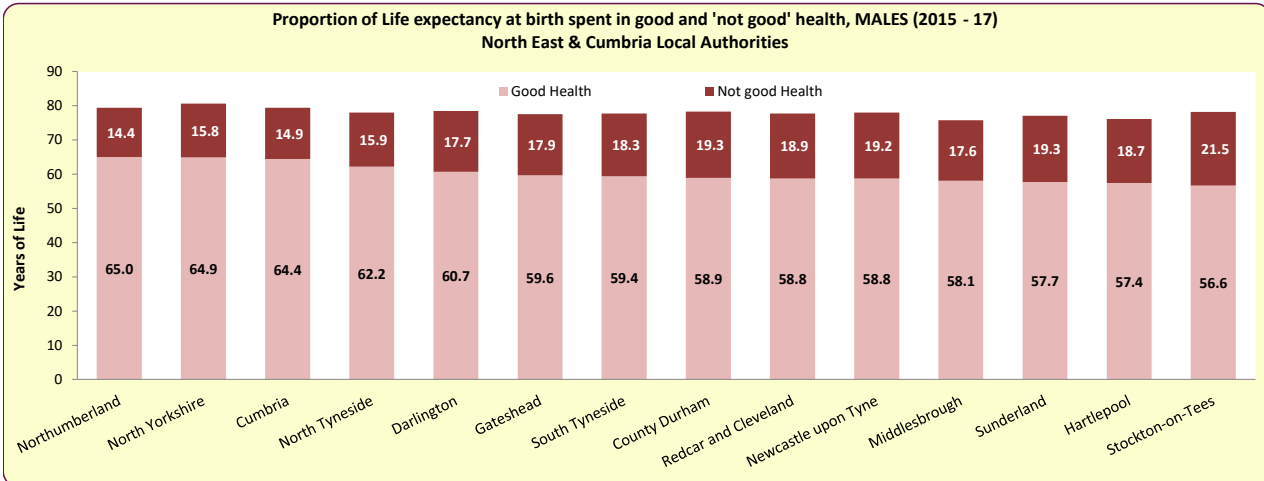
These data demonstrate that not only do males in the North East have lower life expectancy than the national average, they spend a larger proportion of their shorter lives in 'not good/poor' health. Men in the North East spend almost a quarter (23.6%) of their lives in 'not good/poor' health compared to 20.3% of those in the country as a whole, and the trend shows a deteriorating picture.

Intra regional variation is explored on the next page.

### 3. Healthy Life expectancy at birth (Males) (2015 - 17)

The average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

| South East | South West | East of England | London | East Midlands | West Midlands | Yorkshire and the Humber | North West | North East | England |
|------------|------------|-----------------|--------|---------------|---------------|--------------------------|------------|------------|---------|
| 66.1       | 64.7       | 64.1            | 63.9   | 62.8          | 62.1          | 61.7                     | 61.2       | 59.5       | 63.4    |



Data source: Public Health Outcomes Framework Data tool. Indicator Portal (<http://www.phoutcomes.info>).  
©Crown copyright 2018

#### What is the data telling us?

Whilst the gap in male life expectancy within the North East and Cumbria was 5.9 years in 2015-17, there was an 8.4 year difference in healthy life expectancy between the area with the highest (Northumberland) healthy life expectancy and that with the lowest (Stockton-on-Tees). Men in Stockton-on-Tees spend 28% of their lives in 'not good/poor' health, whereas for men in Northumberland it is 18%.

These data demonstrate that not only do men in the more deprived areas in the region have shorter lives compared to those in the more affluent areas, they spend a larger proportion of their shorter lives in 'not good/poor' health.

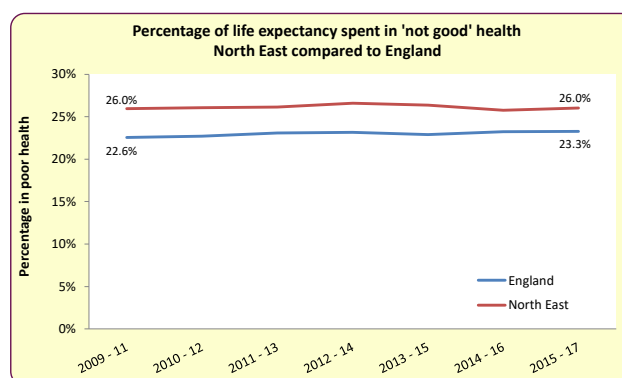
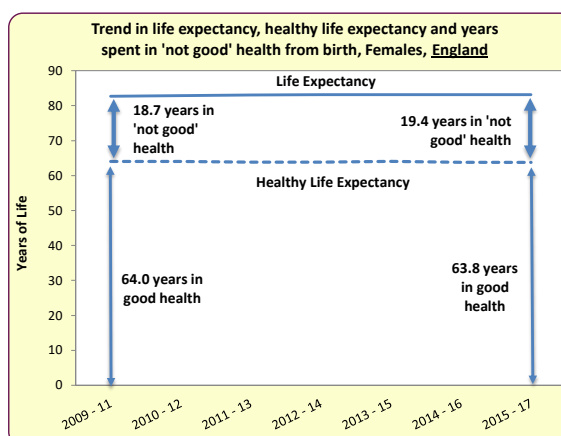
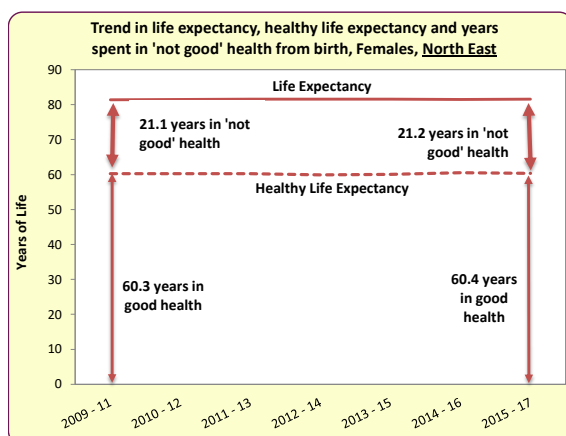
In the following two pages of the report similar information on healthy life expectancy in relation to women is presented, followed by a description of the impact of poor health on productivity in the region. Inequalities in health undermine not only the health of the population but also the economy, and so the impact on productivity in the north of England is described.



#### 4. Healthy Life expectancy at birth (Females) (2015 - 17)

The average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

| South East | South West | East of England | London | West Midlands | North West | East Midlands | Yorkshire and the Humber | North East | England |
|------------|------------|-----------------|--------|---------------|------------|---------------|--------------------------|------------|---------|
| 66.2       | 65.1       | 64.6            | 64.6   | 62.9          | 62.3       | 62.1          | 61.5                     | 60.4       | 63.8    |



Data source: Public Health Outcomes Framework Data tool. Indicator Portal (<http://www.phoutcomes.info>).  
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##### Definitions / Notes

While average life expectancy and healthy life expectancy are both important headline measures of the health status of the population, the healthy life expectancy measure adds a 'quality of life' dimension to estimates of life expectancy by dividing them into time spent in different states of health.

Healthy life expectancy is an estimate of the number of years lived in 'Very good' or 'Good' general health, based on how individuals perceive their general health. The prevalence of 'good'/'not good' health is derived from responses to a question on general health in the Annual population Survey. In response to the question "How is your health in general; would you say it was..." responses "Very good" and "Good" are categorised as 'Good' health and "Fair", "Bad" or "Very bad" as 'Not Good' health.

In addition to adding a quality of life dimension to life expectancy, the number of years of life in 'Not Good' health is also important as it relates more closely to demand for health and social care services.

Due to a change in methodology, data on healthy life expectancy are only available back to 2009-11. This short time scale limits the conclusions that can be drawn about trends.

Note that although data on life expectancy is published for districts, data on healthy life expectancy are only available at county level, which for this report, affects the data that is shown for Cumbria and North Yorkshire.

##### What is the data telling us?

Since 2009-11 there has been no significant change to healthy life expectancy, either nationally or in the North East. Although a North East female could expect to live 81.6 years in 2015-17, her average healthy life expectancy (based on self-reported general health) was only 60.4 years, compared to a national average of 83.1 years for life expectancy and 63.8 years for healthy life expectancy.

These data demonstrate that not only do females 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. Women in the North East spend over a quarter (26.0%) of their lives in 'not good/poor' health compared to 23.3% of those in the country as a whole.

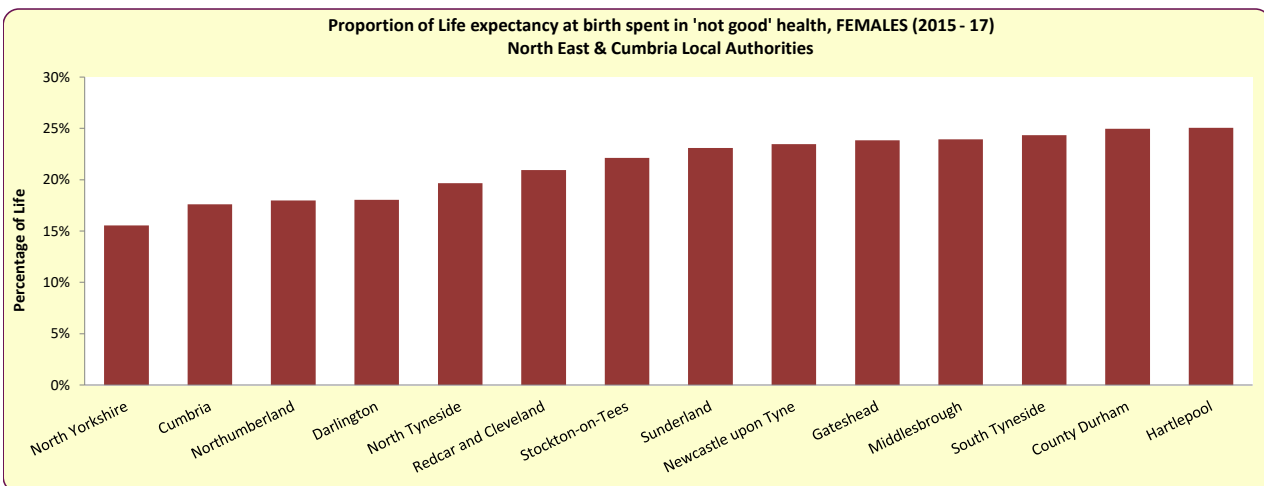
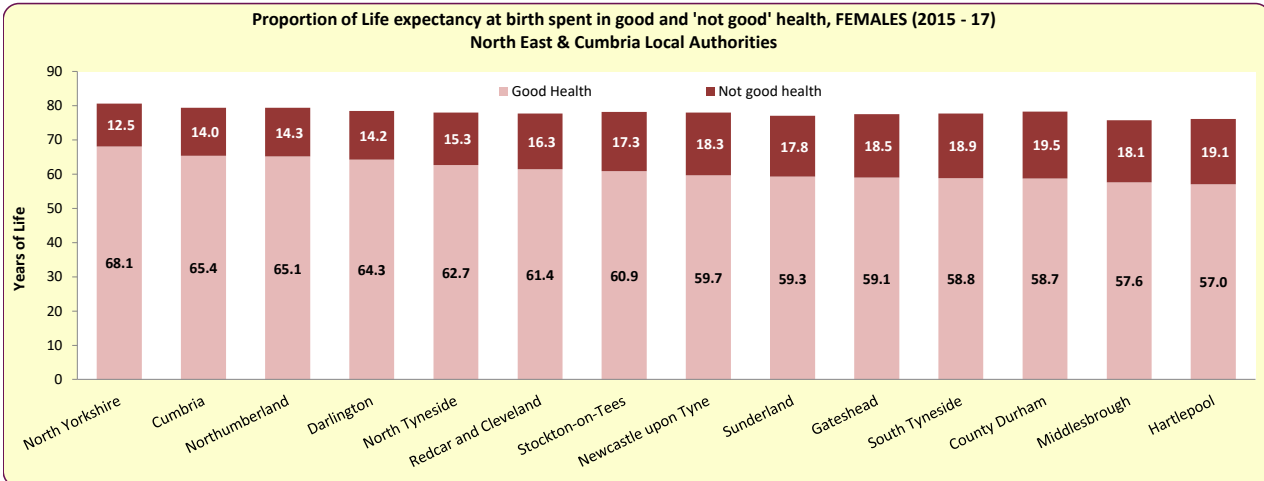
Although women in the North East live an average of 3.7 years longer than men, much of that time is spent in 'not good/poor' health – they experience only 0.9 more years of good health than men.

Intra regional variation is explored on the next page.

#### 4. Healthy Life expectancy at birth (Females) (2015 - 17)

The average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

| South East | South West | East of England | London | West Midlands | North West | East Midlands | Yorkshire and the Humber | North East | England |
|------------|------------|-----------------|--------|---------------|------------|---------------|--------------------------|------------|---------|
| 66.2       | 65.1       | 64.6            | 64.6   | 62.9          | 62.3       | 62.1          | 61.5                     | 60.4       | 63.8    |



Data source: Public Health Outcomes Framework Data tool. Indicator Portal (<http://www.phoutcomes.info>).  
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##### What is the data telling us?

Whilst the gap in female life expectancy within the North East and Cumbria was 5.2 years in 2015-17, there is an 11.1 year difference in healthy life expectancy between the area with the highest (North Yorkshire) healthy life expectancy and that with the lowest (Hartlepool). Women in Hartlepool spend 25% of their lives in 'not good/poor' health, whereas for women in North Yorkshire it is 16%.

These data demonstrate that not only do women in the more deprived areas in the region have shorter lives compared to those in the more affluent areas, they spend a larger proportion of their shorter lives in 'not good/poor' health.

A report was commissioned by the Northern Health Science Alliance (NHSa) to understand the impact of poor health, in both men and women, on the economic performance of the region.<sup>5</sup> On the following page the key findings of this report, which was released in November 2018, are summarised.

5. Bamba, 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>

**Health for Wealth: Building a Healthier Northern Powerhouse for UK Productivity**

The health inequalities between the North and the South, as described in the previous sections of this report, are important for productivity. There is a productivity gap between the Northern Powerhouse\* and the rest of England of £4 per-person-per-hour.<sup>6</sup> The poor productivity performance of the North has previously been explained only in terms of workforce skills or technology, investment and connectivity.<sup>7</sup> A report commissioned by the Northern Health Science Alliance (NHSA) was the first exploration of whether worse health in the North also has a bearing on productivity.<sup>8</sup>

Labour productivity is one of the most widely used measures of economic performance of a nation or an area. It is defined as the ratio of output (such as gross value added) divided by the labour input used to create it. Productivity matters because increasing productivity is critical to increasing economic growth in the long run.

Key findings of the report were that:

- 30% of the productivity gap between the Northern Powerhouse and the rest of England can be attributed to poorer health in the North; This can be broken down into 17.1% being explained by morbidity and 12.8% being explained by premature mortality.
- If productivity in the Northern Powerhouse increased to match the UK average, it would equate to a potential £44 billion real terms gain to UK GDP.
- Average annual earnings in the Northern Powerhouse are lower than in the rest of England and economic activity rates are also lower with higher rates of unemployment, economic inactivity and worklessness.
- Increasing the NHS budget by 10% in the Northern Powerhouse will decrease economic inactivity rates by 3 percentage points.
- If they experience a spell of ill health, working people in the Northern Powerhouse are 39% more likely to lose their job compared to their counterparts in the rest of England. If they subsequently get back into work, then their wages are 66% lower than a similar individual in the rest of England.
- Increasing of the proportion of people in good health in the Northern Powerhouse by 3.5% would reduce the employment gap between the Northern Powerhouse and the rest of England by 10%.
- Improvements in health are likely to lead to greater gains in wider economic outcomes when targeted to the North of England compared to the rest of England.

\* The Northern Powerhouse comprises 77 local authorities in the North East, North West, Yorkshire and Humber and the Northern Midlands.

6. Office for National Statistics (2016), Regional Productivity Levels (£) data

<https://www.ons.gov.uk/economy/grossvalueaddedgva/adhocs/005195regionalproductivitylevelsdata>

7. The Northern Powerhouse Independent Economic Review (2016).

<https://www.transportforthenorth.com/wp-content/uploads/Northern-Powerhouse-Independent-Economic-Review-Executive-Summary.pdf>











8. Bamba,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>

## Population Health & Healthcare Surveillance

### Preventable Premature Death

March 2019 Update

### Summary Dashboard

| Indicator                   |   | Time Period | North East Value | North East Rank | National Average | Direction of Travel   |
|-----------------------------|---|-------------|------------------|-----------------|------------------|---|
| Preventable Premature Death | 5. Leading Causes of Death: % of deaths with an underlying cause of:                                  | 2017        |                  |                 |                  |   |
|                             | Dementia and Alzheimer disease  |             | 11.7%            |                 | 12.8%            |   |
|                             | Heart diseases  |             | 10.6%            |                 | 10.8%            |   |
|                             | Lung Cancer   |             | 7.2%             |                 | 5.7%             |   |
|                             | Chronic lower respiratory diseases  |             | 7.2%             |                 | 6.0%             |   |
|                             | Stroke  |             | 6.1%             |                 | 6.0%             |   |
|                             | <b>Total</b>  |             | <b>42.9%</b>     |                 | <b>41.1%</b>     |   |
|                             | 6. Infant Mortality (deaths per 1,000 live births)  | 2015 - 17   | 3.3              | 3               | 3.9              |    |
|                             | 7. Mortality rate from causes considered preventable (per 100,000)                                    | 2015 - 17   | 223.4            | 9               | 181.5            |   |
|                             | 8. Suicide rate (per 100,000)   | 2015 - 17   | 10.8             | 9               | 9.6              |  |
|                             | 9. Deaths from Drug Misuse  | 2015 - 17   | 7.6              | 9               | 4.3              |  |
|                             | 10. Under 75 Mortality Rate from all Cardiovascular Diseases (per 100,000)                            | 2015 - 17   | 82.9             | 8               | 72.5             |  |
|                             | 11. Under 75 Mortality Rate from Cancer considered preventable (per 100,000)                          | 2015 - 17   | 92.8             | 9               | 78.0             |  |
|                             | 12. Under 75 mortality rate from liver disease considered preventable (per 100,000)                   | 2015 - 17   | 22.2             | 8               | 16.3             |  |
|                             | 13. Under 75 mortality rate from respiratory disease considered preventable (per 100,000)             | 2015 - 17   | 26.8             | 9               | 18.9             |  |
|                             | 14. Mortality rate from a range of specified communicable diseases, including influenza (per 100,000) | 2015 - 17   | 12.5             | 8               | 10.9             |  |
|                             | 15. Mortality Rate from dementia and Alzheimer's disease (per 100,000)                                | 2017        | 131.2            | 6               | 122.3            |  |

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, including, in the main, data comparing each region in England, trend data over time for England and the North East and the latest information at local authority 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.

## 5. Leading Causes of Death (2017)

### % of deaths with an underlying cause of:

|                                    | North East   | England      |
|------------------------------------|--------------|--------------|
| Dementia and Alzheimer disease     | 11.7%        | 12.8%        |
| Heart diseases                     | 10.6%        | 10.8%        |
| Lung Cancer                        | 7.2%         | 5.7%         |
| Chronic lower respiratory diseases | 7.2%         | 6.0%         |
| Stroke                             | 6.1%         | 6.0%         |
| <b>TOTAL</b>                       | <b>42.9%</b> | <b>41.1%</b> |

| Age            | 1st   | 2nd   | 3rd   | 4th                                | 5th                                   |
|----------------|---|---|---|------------------------------------|---------------------------------------|
| 1 to 19 years  | Suicide and injury/poisoning of undetermined intent | Land transport accidents                            | Accidental poisoning                                | Homicide and probable homicide     | Epilepsy                              |
| 20 to 34 years | Accidental poisoning                                | Suicide and injury/poisoning of undetermined intent | Land transport accidents                            | Epilepsy                           | Cirrhosis and other diseases of liver |
| 35 to 49 years | Cirrhosis and other diseases of liver               | Accidental poisoning                                | Suicide and injury/poisoning of undetermined intent | Heart disease                      | Breast Cancer                         |
| 50 to 64 years | Heart disease                                       | Lung Cancer   | Cirrhosis and other diseases of liver               | Chronic lower respiratory diseases | Stroke                                |
| 65 to 79 years | Lung Cancer   | Heart disease                                       | Chronic lower respiratory diseases                  | Stroke                             | Dementia and Alzheimer's disease      |
| 80+ years      | Dementia and Alzheimer's disease                    | Heart disease                                       | Stroke  | Chronic lower respiratory diseases | Influenza and pneumonia               |
| All Ages       | Dementia and Alzheimer's disease                    | Heart disease                                       | Lung Cancer   | Chronic lower respiratory diseases | Stroke                                |

Data Source: NOMIS - ONS Crown Copyright Reserved [from Nomis on 12 March 2019].

<https://www.nomisweb.co.uk/query/construct/summary.asp?reset=yes&mode=construct&dataset=161&version=0&anal=1&initsetl>

### Definitions / Notes

In the infographic above causes of death are ranked according to the number of deaths from each cause in the specified age group.

Infant mortality is not included in the analysis because deaths under 28 days do not record an underlying cause of death in the same way as those 28 days and over.

### What is the data telling us?

In 2017 the most common cause of death in the North East was dementia and Alzheimer's disease, accounting for 11.7% of deaths. Also amongst the top five causes of death were heart disease (10.6%), lung cancer (7.2%), chronic respiratory diseases (7.2%) and stroke (6.1%). These five diseases accounted for almost 43% of all deaths in the region in 2017.

Deaths from suicide and injury/poisoning of undetermined intent, and accidents were leading causes in those under 20 years. However, the number of deaths, from any cause, in young people is small and therefore the leading causes vary from year to year.

In the 20-34 age group the leading causes are similar to those in the younger age group, with epilepsy and liver diseases also among the top five causes of death.

Liver disease was a common cause of death between the ages of 20 and 64 years.

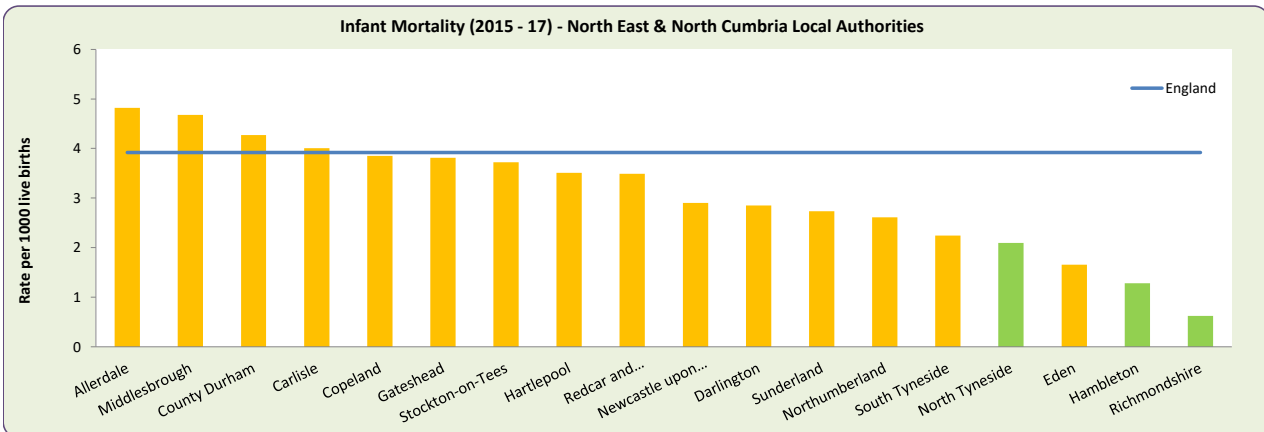
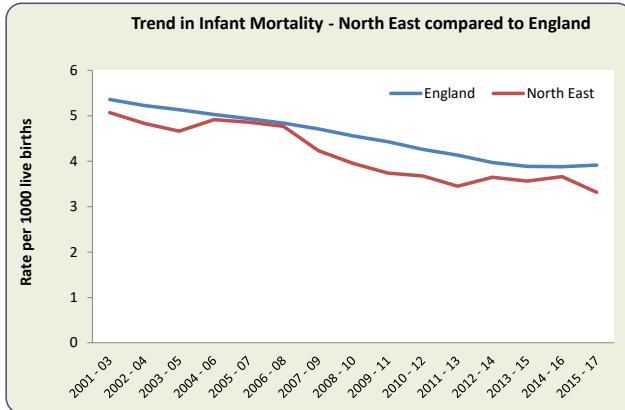
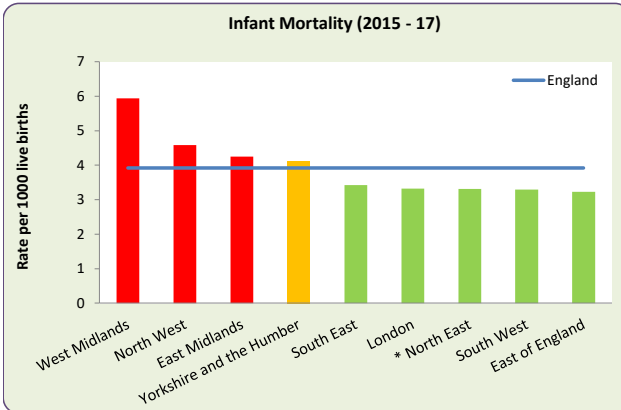
Deaths from heart disease, stroke, and respiratory disease were leading causes from age 50.

In the 80 plus age group, the most common cause of death was dementia and Alzheimer's disease.

## 6. Infant Mortality (2015 - 17)

Rate of deaths in infants aged under 1 year per 1,000 live births.

| West Midlands | North West | East Midlands | Yorkshire and the Humber | South East | London | North East | South West | East of England | England |
|---------------|------------|---------------|--------------------------|------------|--------|------------|------------|-----------------|---------|
| 5.9           | 4.6        | 4.2           | 4.1                      | 3.4        | 3.3    | 3.3        | 3.3        | 3.2             | 3.9     |



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

### Definitions / Notes

Infant mortality is an internationally recognised indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period), in particular, are considered to reflect maternal and newborn health and care. Infant deaths are infrequent events so data are compared over rolling three year periods.

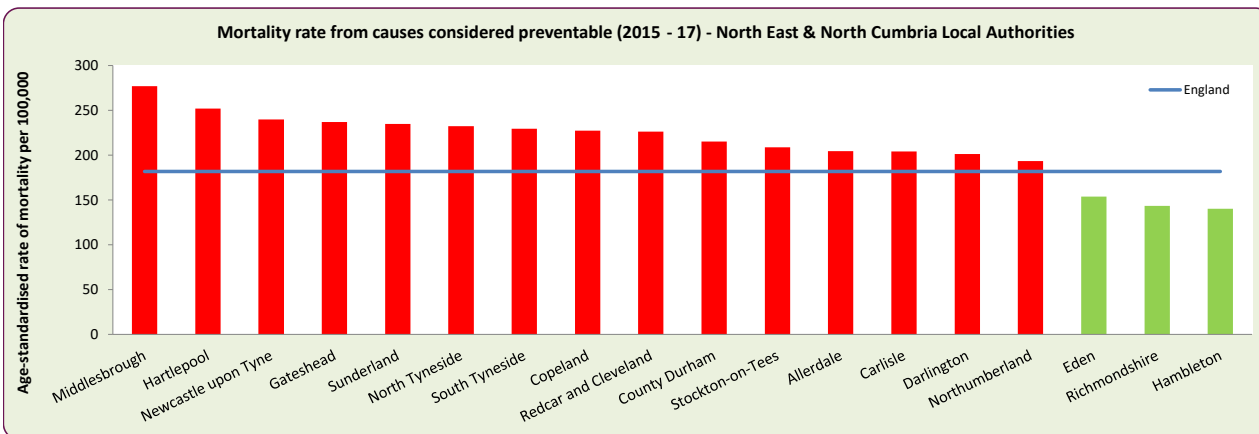
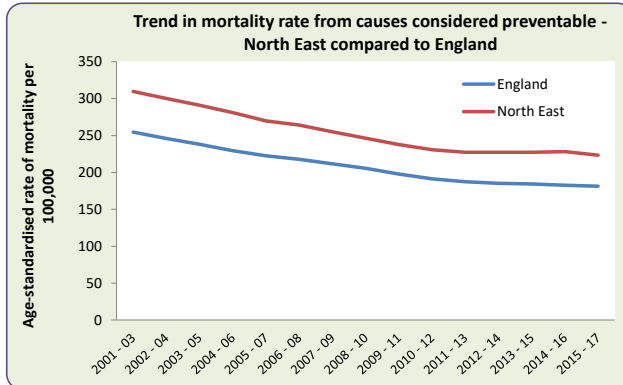
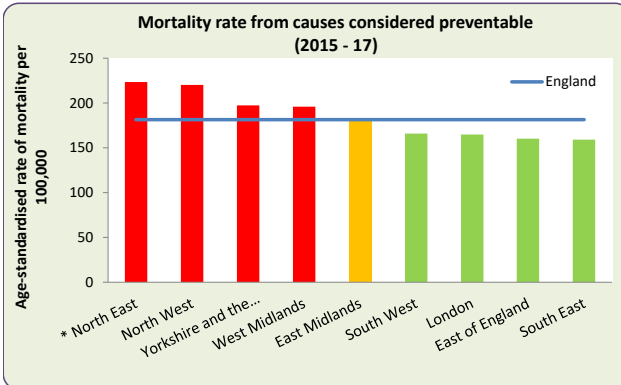
### What is the data telling us?

Trends show that in general, infant mortality rates are improving over time and those in the North East region are lower than those seen nationally. In 2015-17 the Infant Mortality rate in the North East was 3.3 per 1,000 live births, while the national average was 3.9. Three Local Authority areas in the region had rates that were significantly better than the national average.

## 7. Mortality rate from causes considered preventable (2015 - 17)

Age-standardised rate of mortality from causes considered preventable per 100,000 population.

| North East | North West | Yorkshire and the Humber | West Midlands | East Midlands | South West | London | East of England | South East | England |
|------------|------------|--------------------------|---------------|---------------|------------|--------|-----------------|------------|---------|
| 223.4      | 220.4      | 197.2                    | 195.8         | 182.8         | 166.0      | 164.7  | 160.2           | 159.2      | 181.5   |



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

### Definitions / Notes

The basic concept of preventable mortality is that some deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense. Preventable mortality overlaps with, but is not the same as 'amenable' mortality, which includes causes of deaths which could potentially be avoided through good quality healthcare. Preventable mortality rates are helpful indicators of the effectiveness of public health and health care.

### What is the data telling us?

The data indicates considerable scope for improvement and largely reflects the different public health needs in the region. For the period 2015-17, the North East region had the highest preventable mortality rate nationally, i.e. 223 per 100,000, 23% higher than the national average of 182 per 100,000.

During the first decade of this century when death rates fell consistently year-on-year, the rate of improvement has largely stalled both regionally and nationally, and the relative gap between the North East region and England has not reduced.

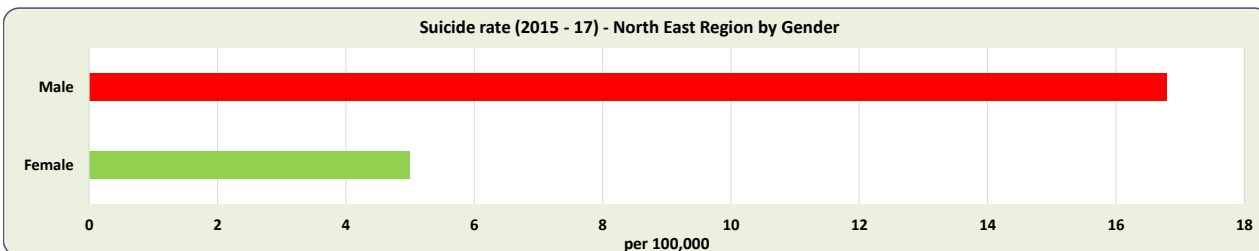
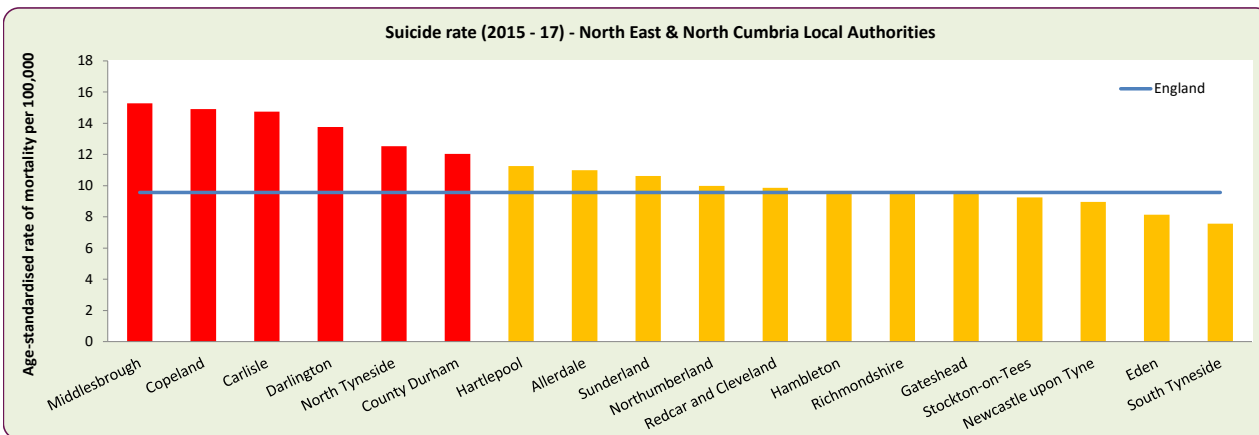
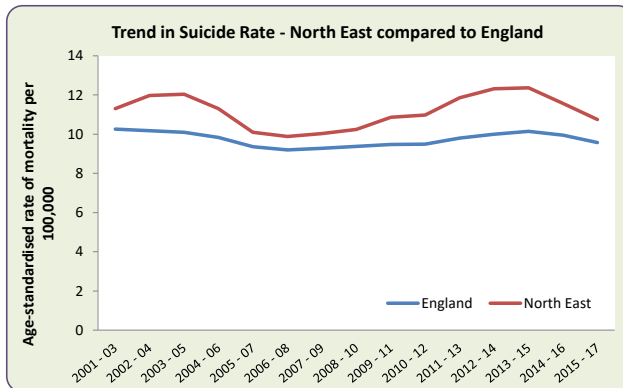
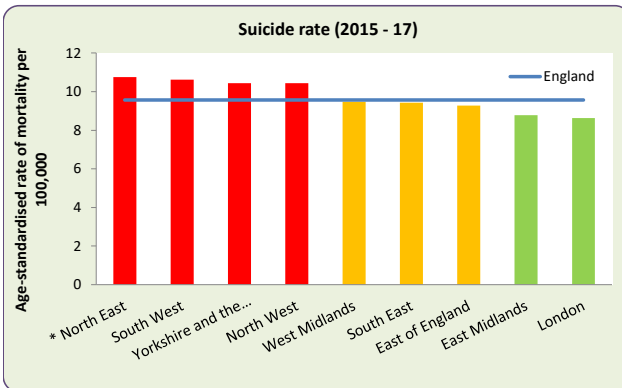
Differences within the region are considerable. In 2015-17 the preventable mortality rate in Middlesbrough was almost double that in Hambleton, 277 compared to 140 per 100,000.



## 8. Suicide rate (2015 - 17)

Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population.

| North East | South West | Yorkshire and the Humber | North West | West Midlands | South East | East of England | East Midlands | London | England |
|------------|------------|--------------------------|------------|---------------|------------|-----------------|---------------|--------|---------|
| 10.8       | 10.6       | 10.4                     | 10.4       | 9.5           | 9.4        | 9.3             | 8.8           | 8.6    | 9.6     |



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

### Definitions / Notes

Suicide is a significant cause of death especially in young adults, and is widely used as an indicator of mental health and health care.

### What is the data telling us?

During 2015-17, the North East continued to experience the highest suicide rate of all the English regions at 10.8 per 100,000 compared with 9.6 per 100,000 nationally. The gap between the North East and England fluctuates over time, as demonstrated by the trend chart, although the region's rate has decreased in recent years. However, more data will be required before we can be certain that this is the beginning of a downward trend.

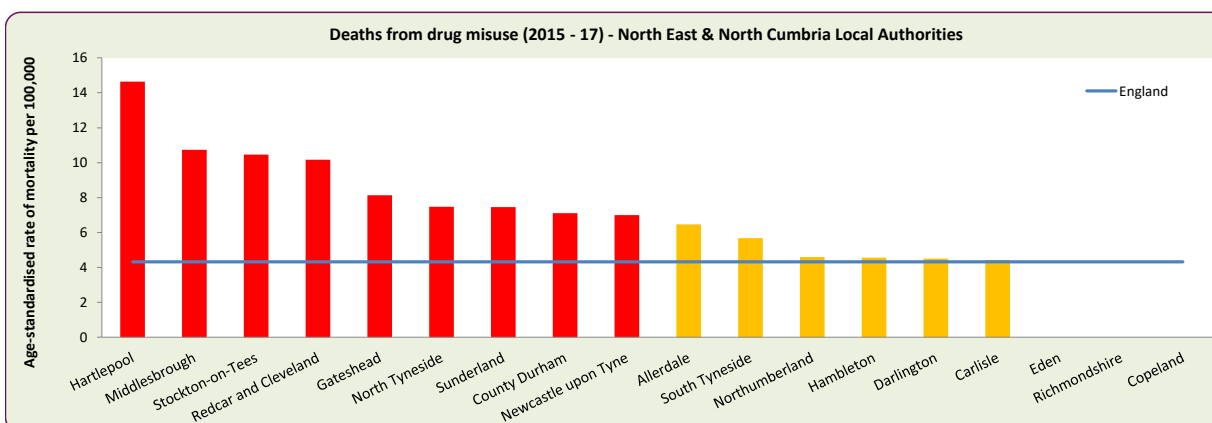
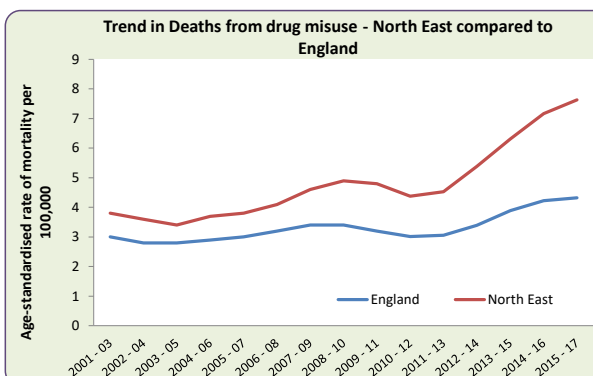
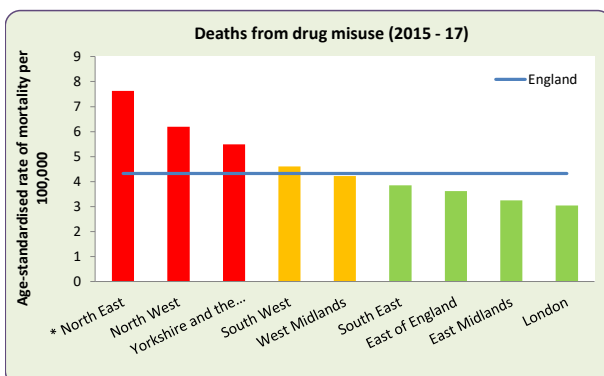
During 2015-17, wide intra-regional variation remained across Local Authority areas with suicide rates of 7.6 per 100,000 in South Tyneside but more than twice as high in Middlesbrough at 15.3 per 100,000.

Nationally and regionally there are marked gender differences with males experiencing much higher suicide rates than females. In the North East, in the 2015-17 period, the rate for males was 16.8 per 100,000 compared to 5 per 100,000 for females.

## 9. Deaths from drug misuse (2015 - 17)

Age-standardised mortality rate from drug misuse per 100,000 population.

| North East | North West | Yorkshire and the Humber | South West | West Midlands | South East | East of England | East Midlands | London | England |
|------------|------------|--------------------------|------------|---------------|------------|-----------------|---------------|--------|---------|
| 7.6        | 6.2        | 5.5                      | 4.6        | 4.2           | 3.9        | 3.6             | 3.3           | 3.0    | 4.3     |



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

### Definitions / Notes

There were no data available for Eden, Richmondshire or Copeland. This was due to the fact that the number of deaths in each of these areas was fewer than 10, a number considered too few from which to calculate directly standardised rates reliably, and therefore the data has been suppressed.

### What is the data telling us?

Drug misuse is a significant cause of premature mortality in the UK. The Global Burden of Disease Survey 2017<sup>9</sup> shows that drug use disorders are now the second highest cause of death in the 15–49 age group both nationally and in the North East.

During the period 2015–17 the population in the North East region experienced mortality rates from drug misuse which were higher than any other region and significantly higher than the national rate. During this period the mortality rate in the North East was 76% higher than the national average; 7.6 per 100,000 compared with 4.3 per 100,000 nationally.

The data indicate a worsening picture for the North East, particularly since 2012–14 when rates in the North East increased considerably more than in England, and the gap continues to widen.

During 2015–17, almost half of the local authorities in the North East had rates which were significantly above the national average and there was more than a three fold difference between the area with the lowest rate (Carlisle - 4.4 per 100,000) and that with the highest (Hartlepool - 14.7 per 100,000).

A PHE report<sup>10</sup> which explained the increase in these deaths nationally, has indicated that the factors responsible are multiple and complex. They include changes in the availability of heroin over time and an ageing cohort of 1980s and 1990s heroin users, who are now experiencing cumulative physical and mental health conditions that make them more susceptible to overdose. According to PHE the majority of these users "appear not to be engaging in drug treatment where they could be protected". PHE concludes that "Until we meet the general health and other needs of the ageing cohort, and address the factors leading to increased numbers of deaths in other risk groups, the evidence suggests that drug misuse deaths will continue to rise."

9. 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.

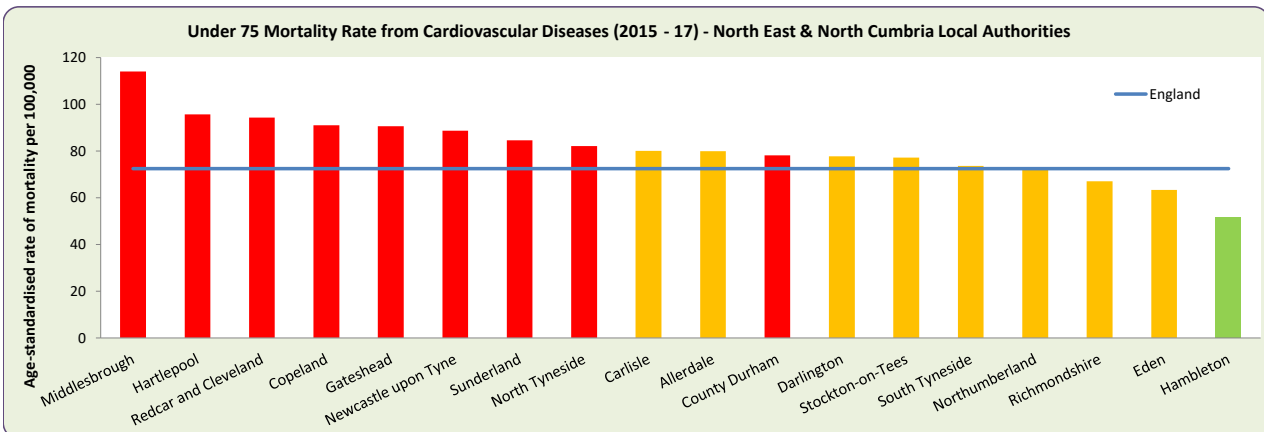
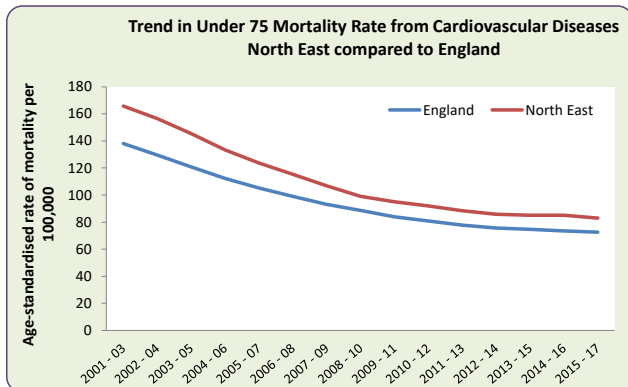
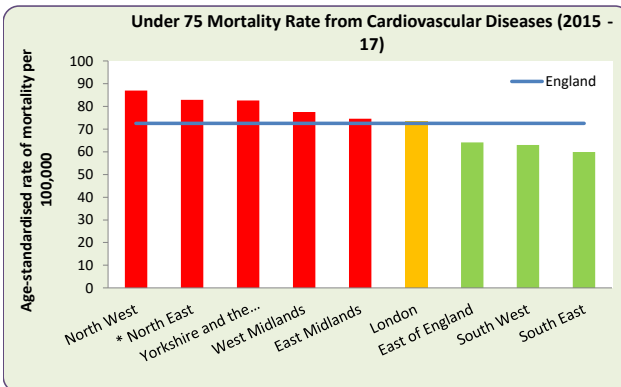
<http://ghdx.healthdata.org/gbd-results-tool>

10. Public Health England (2016): Understanding and preventing drug-related deaths: The report of a national expert working group to investigate drug-related deaths in England. © Crown copyright 2016 <https://www.gov.uk/government/publications/preventing-drug-related-deaths>

## 10. Under 75 Mortality Rate from Cardiovascular Diseases (2015 - 17)

Age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years of age per 100,000 population.

| North West | North East | Yorkshire and the Humber | West Midlands | East Midlands | London | East of England | South West | South East | England |
|------------|------------|--------------------------|---------------|---------------|--------|-----------------|------------|------------|---------|
| 87.0       | 82.9       | 82.6                     | 77.5          | 74.5          | 73.2   | 64.1            | 63.0       | 59.9       | 72.5    |



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

### Definitions / Notes

Cardiovascular disease (CVD) is one of the major causes of premature death (i.e. under the age of 75 years) in England. There have been huge gains over the past decades in terms of better treatment for CVD and improvements in lifestyle, but to ensure that there continues to be a reduction in the rate of premature mortality from CVD, there needs to be concerted action in both prevention and treatment.

It should be noted that in previous versions of this report the indicator used to describe CVD mortality was the "under 75 mortality rate from cardiovascular Diseases **considered preventable**". The definition of preventable mortality from CVD, which currently excludes stroke, is under review by ONS at present and likely to change in future. For this report, NEQOS therefore took the decision to replace the indicator which related to CVD mortality considered preventable, with an indicator which reports on all CVD mortality in the under 75s.

### What is the data telling us?

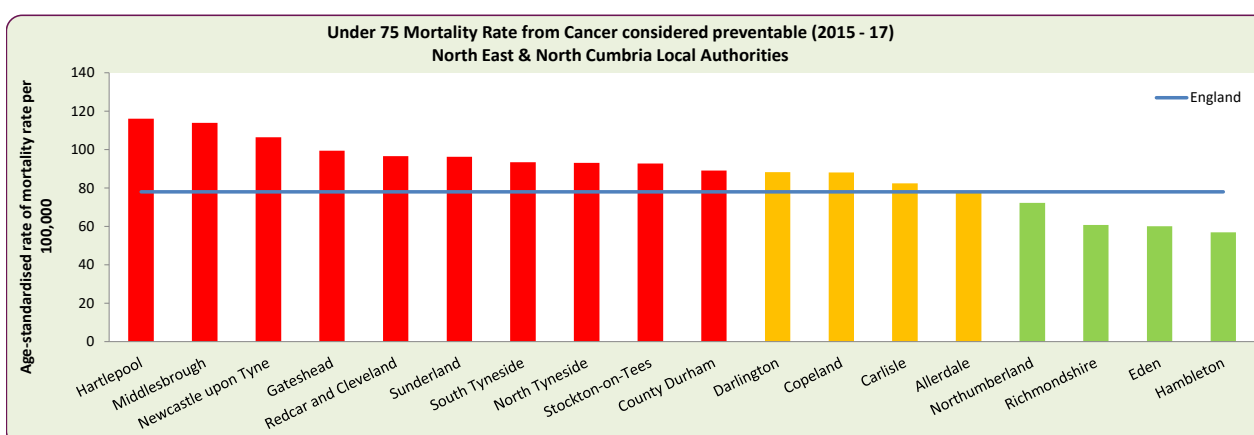
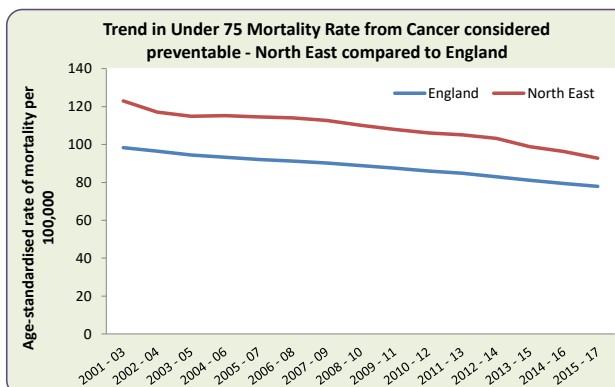
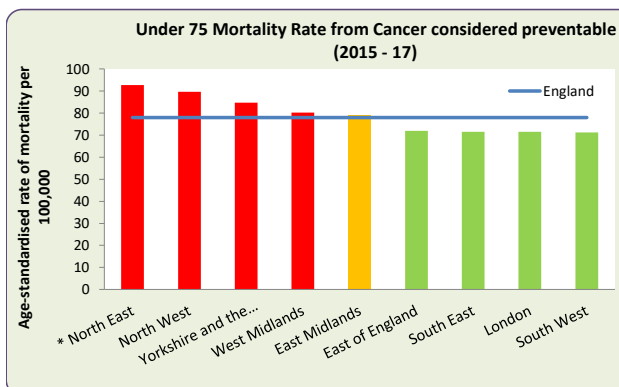
In 2015-17, the rate of premature CVD mortality in the North East region was the second highest of all the English regions and significantly higher than the national rate. However, the gap between the region and England has narrowed as the rate in the North East has fallen at a faster pace than in the country overall. Trend data for the region indicates that the mortality rate halved, from 166 per 100,000 in 2001-03 to 83 per 100,000 in 2015-17. However, the rate of decrease has slowed both regionally and nationally, and is one of the explanations for the slow down in improvements in life expectancy discussed earlier in this report.

During 2015-17, there was wide intra-regional variation in rates of premature death from CVD, with a rate as low as 51.7 per 100,000 in Hambleton compared with 114 per 100,000 in Middlesbrough.

## 11. Under 75 Mortality Rate from Cancer considered preventable (2015 - 17)

Age-standardised rate of mortality considered preventable from all cancers in those aged <75 per 100,000 population.

| North East | North West | Yorkshire and the Humber | West Midlands | East Midlands | East of England | South East | London | South West | England |
|------------|------------|--------------------------|---------------|---------------|-----------------|------------|--------|------------|---------|
| 92.8       | 89.7       | 84.7                     | 80.2          | 78.9          | 72.0            | 71.6       | 71.6   | 71.2       | 78.0    |



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

### Definitions / Notes

The inclusion of this indicator (alongside several other indicators in the Public Health and NHS Outcomes Frameworks) reinforces the Government's commitment to reducing avoidable deaths through public health policy and interventions and sends out a clear signal that prevention of cancer is just as important as treatment.

### What is the data telling us?

During the period 2015-2017 the population in the North East region suffered premature mortality rates from cancer which were higher than any other region and significantly higher than the national rate, 92.8 per 100,000 compared to 78.0 per 100,000.

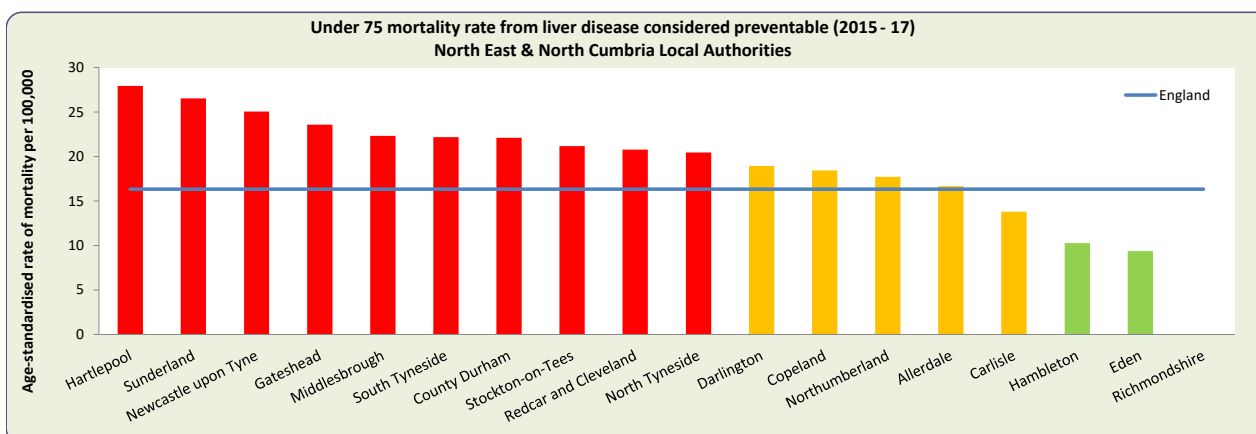
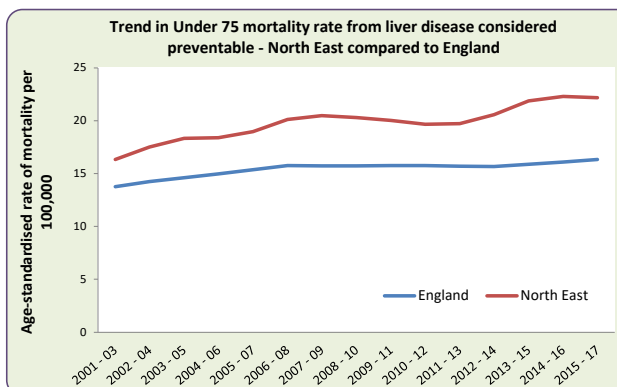
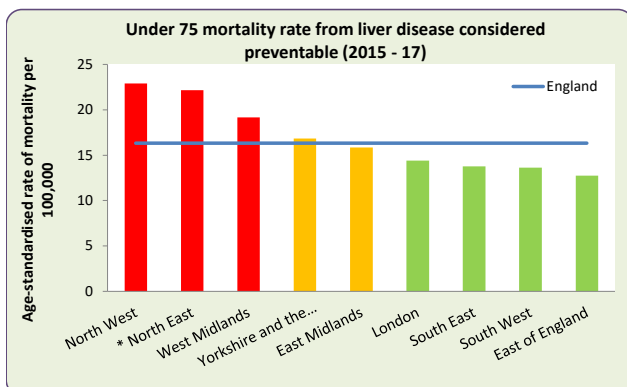
Trend data show that premature mortality from cancer continues to fall and the North East is slowly closing the gap with England. In 2001-03, the North East rate was 25% higher than the national rate and this difference has narrowed to 19% in recent years.

Within the North East region, mortality rates vary widely between Local Authorities - in 2015-17 the rate in Hartlepool was 116 per 100,000, more than double the rate for Hambleton (57 per 100,000).

## 12. Under 75 mortality rate from liver disease considered preventable (2015 - 17)

Age-standardised rate of mortality considered preventable from liver disease in those aged <75 per 100,000 population

| North West | North East | West Midlands | Yorkshire and the Humber | East Midlands | London | South East | South West | East of England | England |
|------------|------------|---------------|--------------------------|---------------|--------|------------|------------|-----------------|---------|
| 22.9       | 22.2       | 19.2          | 16.9                     | 15.8          | 14.4   | 13.8       | 13.6       | 12.7            | 16.3    |



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

### Definitions / Notes

Liver disease is one of the top causes of death in England and is strongly linked to alcohol consumption and obesity prevalence, which are both amenable to public health interventions.

There were no data available for Richmondshire Local Authority. This was due to the fact that the total number of deaths 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 2015-17, the North East region experienced the second highest premature mortality rates from liver disease - 22.2 per 100,000 which is significantly higher than the national rate of 16.3 per 100,000.

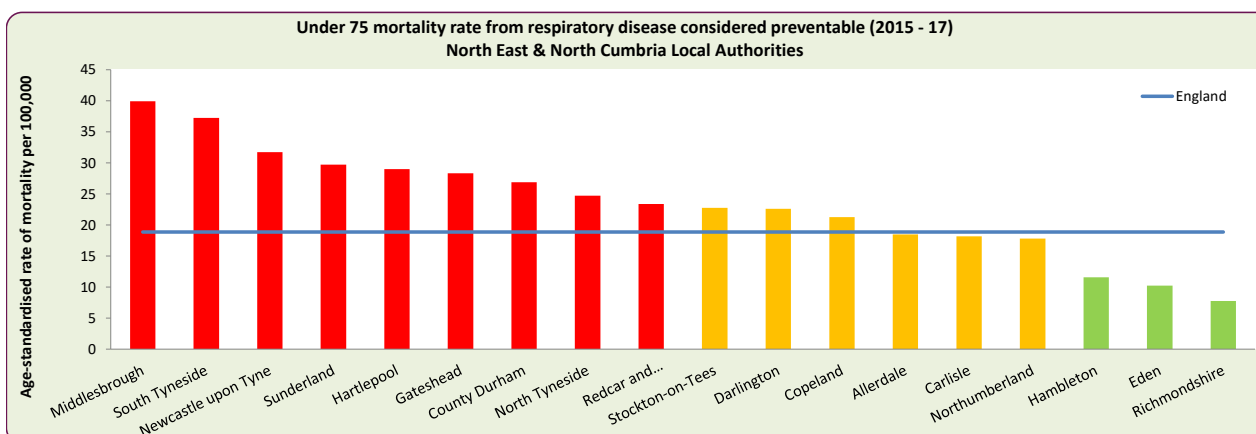
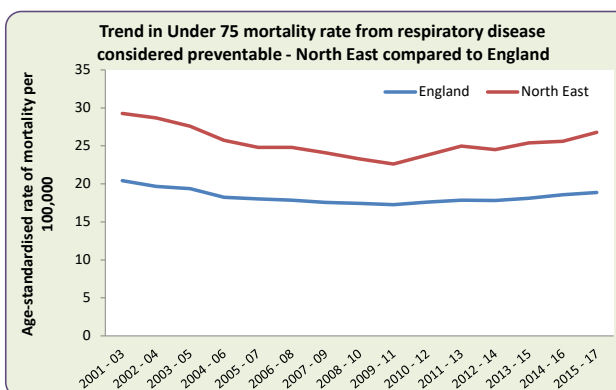
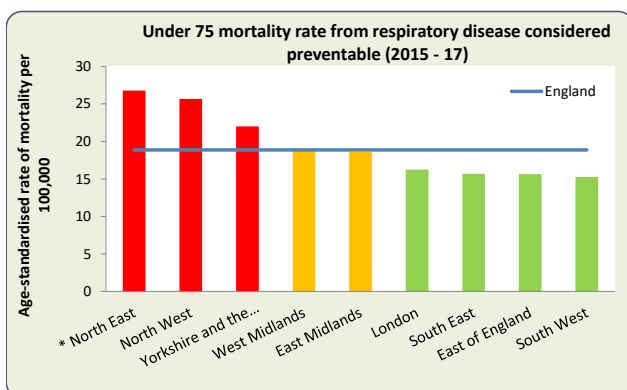
Trends show that premature mortality from liver disease is increasing regionally and nationally, and the increase is at a higher rate in the North East region than that nationally. In 2010-12 the regional value was 15.8 per 100,000 which was 25% higher than the national value. By 2015-17 the regional figure had increased to the extent that it was 36% higher than that observed nationally.

Within the region, wide variations in premature mortality from liver disease continue. During 2015-17 the area with the highest rate was Hartlepool (27.9 per 100,000) which had a rate that was almost 3 times higher than the rate for Eden (9.3 per 100,000).

### 13. Under 75 mortality rate from respiratory disease considered preventable (2015 - 17)

Age-standardised rate of mortality considered preventable from respiratory disease in those aged less than 75 years per 100,000 population.

| North East | North West | Yorkshire and the Humber | West Midlands | East Midlands | London | South East | East of England | South West | England |
|------------|------------|--------------------------|---------------|---------------|--------|------------|-----------------|------------|---------|
| 26.8       | 25.7       | 22.0                     | 19.0          | 18.6          | 16.2   | 15.7       | 15.6            | 15.3       | 18.9    |



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

#### Definitions / Notes

Premature mortality from respiratory disease is a problem in the North East region and widely considered to reflect its industrial legacy (mining and ship building) as well as historic smoking rates.

#### What is the data telling us?

The data indicate a worsening picture for the North East region which, for 2015-17, had the highest premature mortality rates from respiratory disease of any of the English regions.

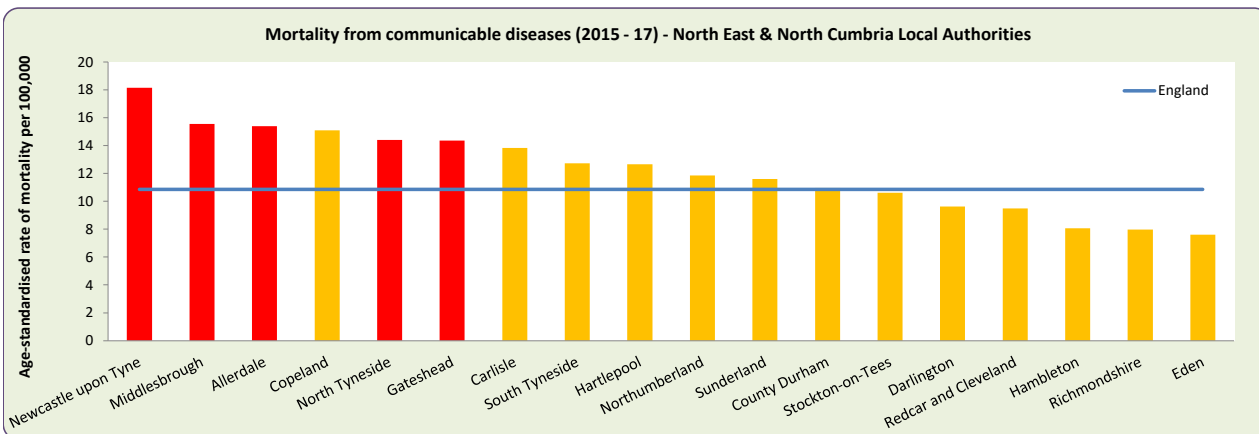
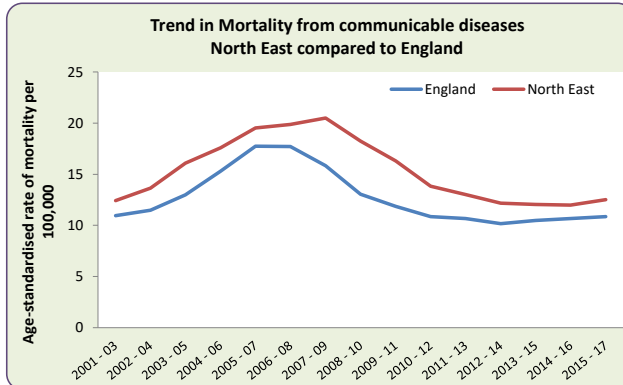
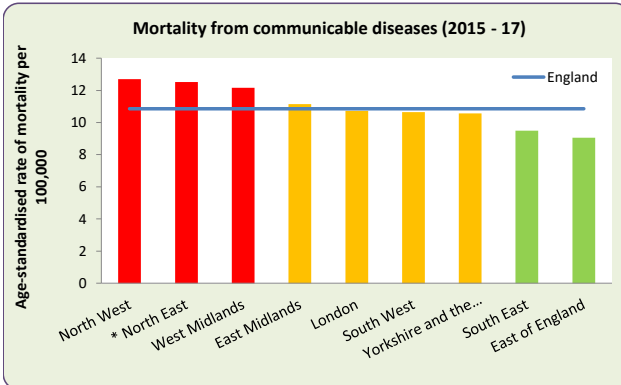
For the first ten years of this century, the gap between the North East and England had been reducing, as the rate in the region fell at a faster rate than that observed nationally. However, for about the past six years, the gap has been widening. In 2009-11 the North East rate was 31% higher than the national rate but by 2015-17 the gap had increased to 42%, similar to that observed in the first few years of this century.

During the period 2015-17, mortality rates varied considerably within the region, ranging from 7.8 per 100,000 in Richmondshire to 39.9 per 100,000 in Middlesbrough (over 5 times higher).

#### 14. Mortality rate from a range of specified communicable diseases, including influenza (2015 - 17)

Age-standardised rate of mortality from communicable diseases per 100,000 population.

| North West | North East | West Midlands | East Midlands | London | South West | Yorkshire and the Humber | South East | East of England | England |
|------------|------------|---------------|---------------|--------|------------|--------------------------|------------|-----------------|---------|
| 12.7       | 12.5       | 12.2          | 11.1          | 10.7   | 10.7       | 10.6                     | 9.5        | 9.1             | 10.9    |



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

##### Definitions / Notes

Preventing the incidence of communicable diseases is an important issue for Public Health. There is evidence that rapid diagnosis, treatment and prevention of spread can reduce mortality. Immunisation is an important intervention and this region has high coverage rates for immunisation.

##### What is the data telling us?

In 2015-17 the North East region had the second highest premature mortality rate from communicable diseases of all the English health regions, and 15% higher than that observed nationally - 12.5 per 100,000 compared with 10.9 per 100,000.

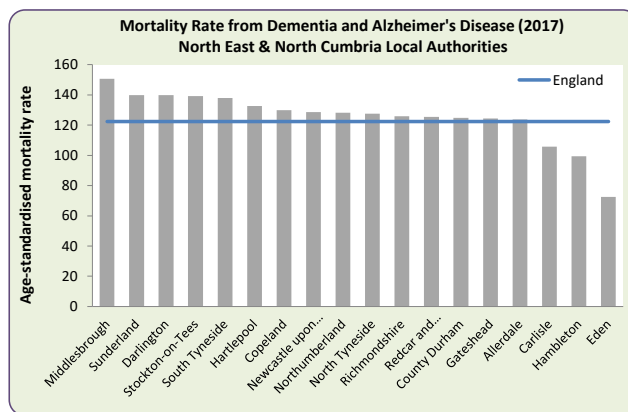
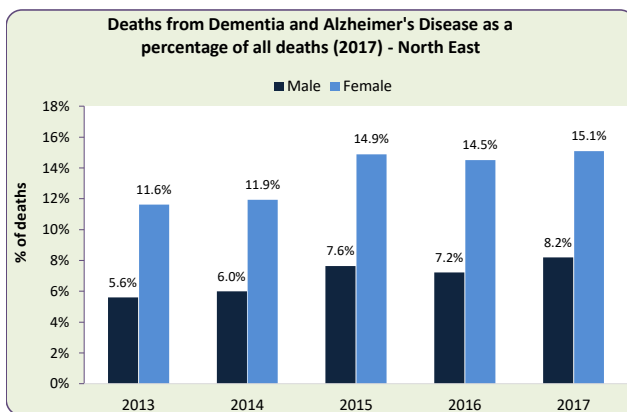
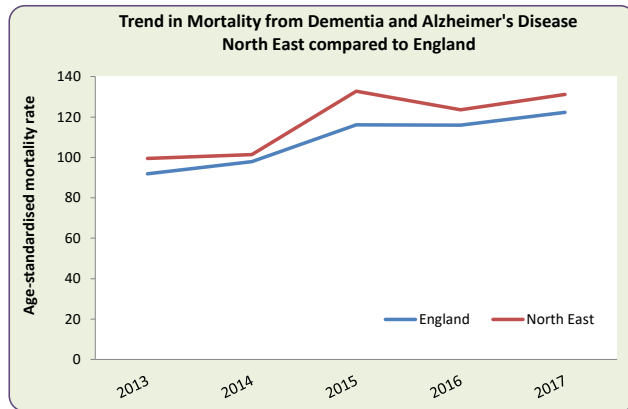
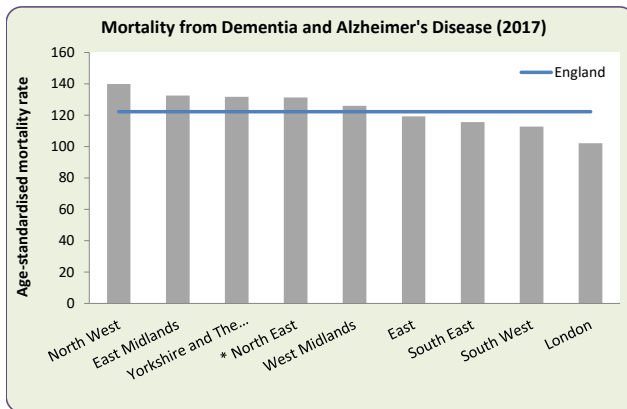
Trend data show a rise and then a fall in premature mortality rates from communicable diseases both nationally and regionally but with the peak sustained for a longer period in the North East compared to England. Data for the most recent time period suggests that the rate is on the increase again, both nationally and regionally.

In 2015-17 intra-regional variation in Local Authority mortality rates continued, ranging from 18.1 per 100,000 for Newcastle upon Tyne to 7.6 per 100,000 in Eden.



### 15. Age-standardised rate of mortality from dementia and Alzheimer's disease per 100,000 population (2017)

| North West | East Midlands | Yorkshire and The Humber | North East | West Midlands | East  | South East | South West | London | England |
|------------|---------------|--------------------------|------------|---------------|-------|------------|------------|--------|---------|
| 139.8      | 132.6         | 131.7                    | 131.2      | 126.1         | 119.3 | 115.5      | 112.8      | 102.1  | 122.3   |



Source: NOMIS - ONS Crown Copyright Reserved [from Nomis on 12 March 2019]

<https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=161>

#### Definitions / Notes

ICD-10 codes used to define dementia and Alzheimer's disease are F01, F03 and G30.

#### What is the data telling us?

The mortality rate from dementia and Alzheimer's disease has been increasing steadily, both nationally and regionally. With people living longer and surviving other illnesses, the number of people developing dementia and Alzheimer's disease is increasing. A better understanding of dementia and improved diagnosis is also likely to have caused increased reporting of dementia on death certificates. There have also been coding changes that make dementia and Alzheimer's disease more likely to be classified, in place of other causes, as the underlying cause of death.<sup>11</sup>

The trend data above also show that deaths from dementia and Alzheimer's disease, as a proportion of all deaths, have increased in both sexes over the past five years.














11. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredinenglandandwalesseriesdr/2015#quality-and-methodology>

## 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%               |   |
|                       | <b>Total</b>   |                     | <b>57%</b>       |                 | <b>58%</b>       |   |
|                       | 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

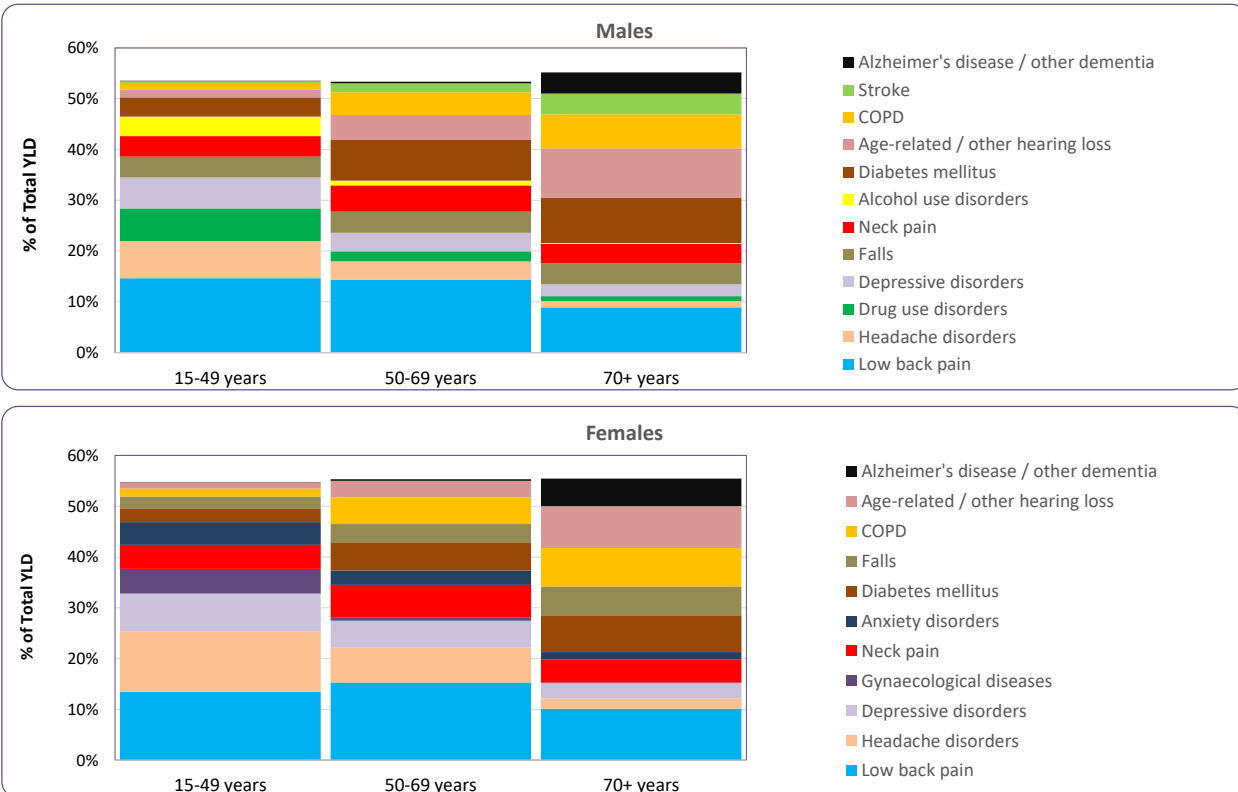
#### What do the detailed pages show?

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%         |
| <b>TOTAL</b>                                     | <b>57.0%</b> | <b>58.0%</b> |

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.

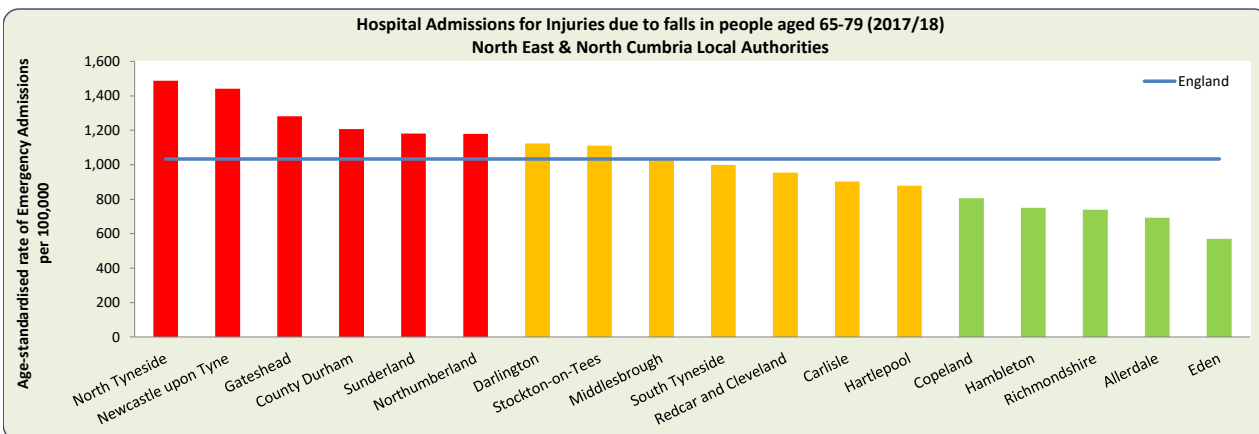
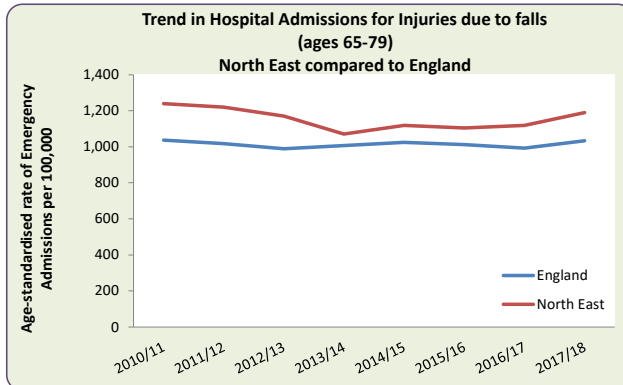
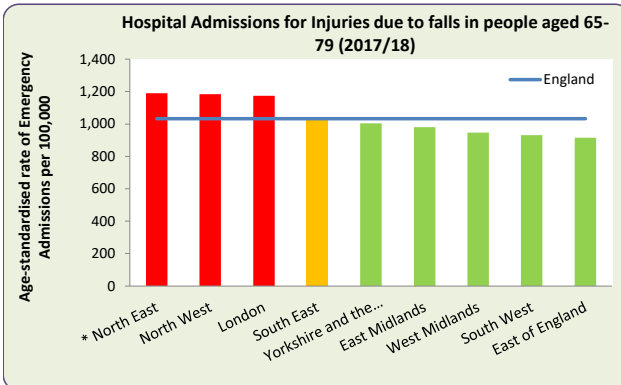
For males aged 60-69 years, diabetes was ranked second, followed by neck pain, age-related hearing loss and COPD. For females in this age group, headaches were ranked second, followed by neck pain, diabetes and COPD.

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.

## 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    |



Preventable Suffering

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.<sup>12</sup>

### 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.

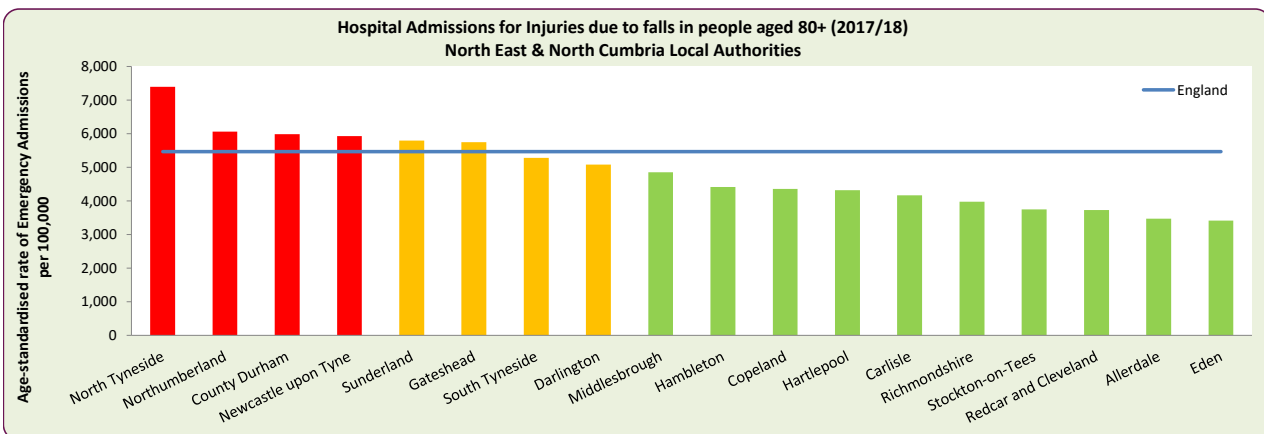
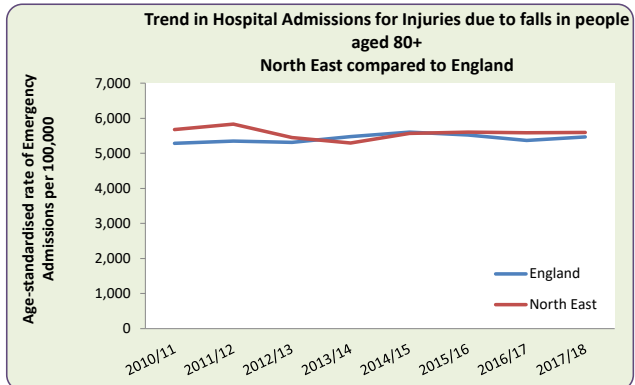
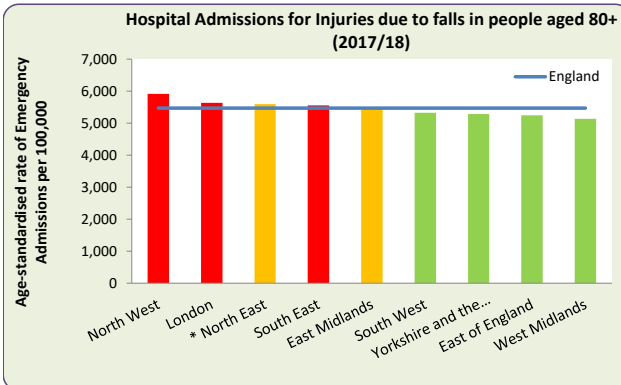
Within the region, in 2017/18, the likelihood of being admitted ranged from 569 per 100,000 in Eden to 1488 per 100,000 for North Tyneside - more than a two fold difference.

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>

## 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 <sup>13</sup>

### What is the data telling us?

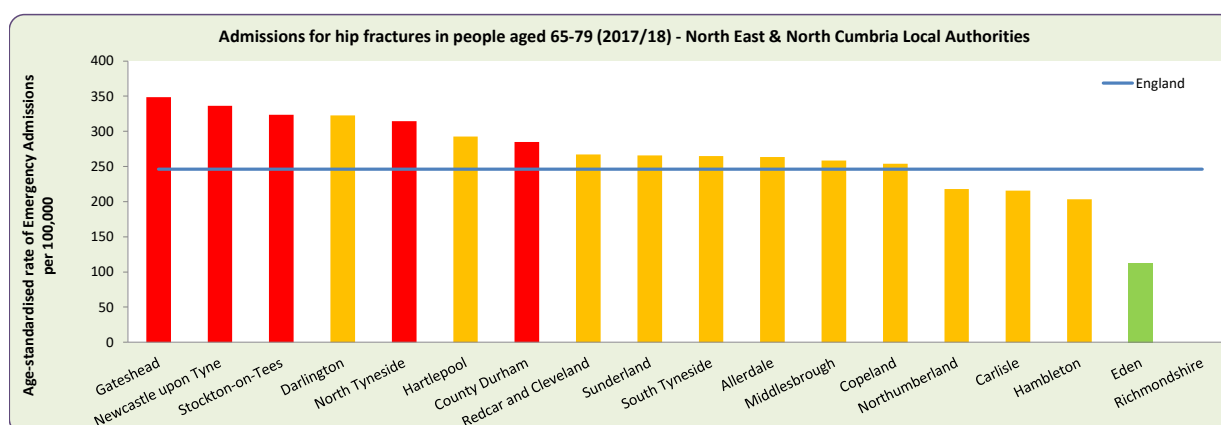
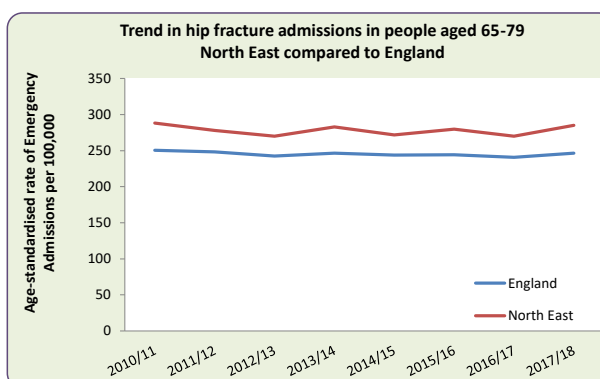
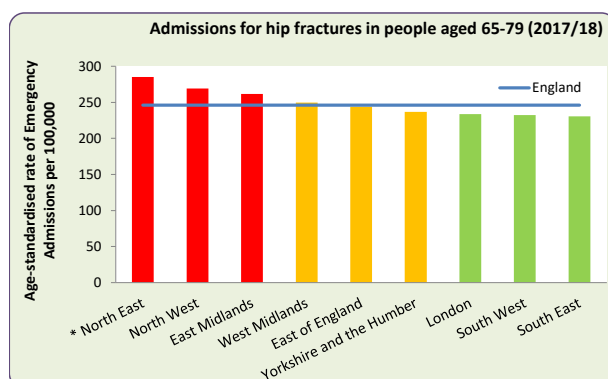
The latest data (2017/18) shows that the risk of being admitted to hospital with a fall, in people over 80 years of age, in the North East, is similar to the national average. Nevertheless, there is considerable intra-regional variation with a two fold difference between the area with the highest admission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

## 19. Hip fractures in people 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).<sup>14</sup> 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.<sup>15</sup>

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>

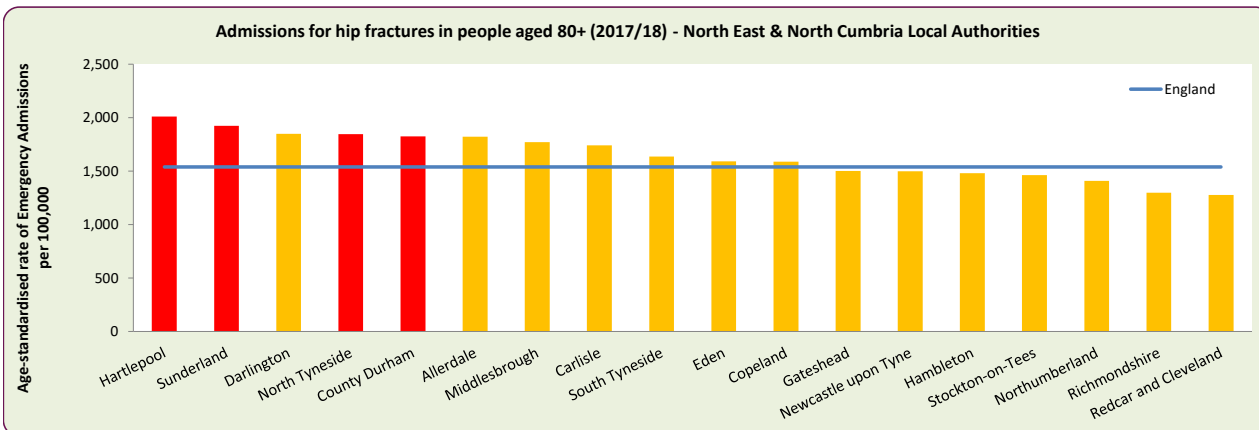
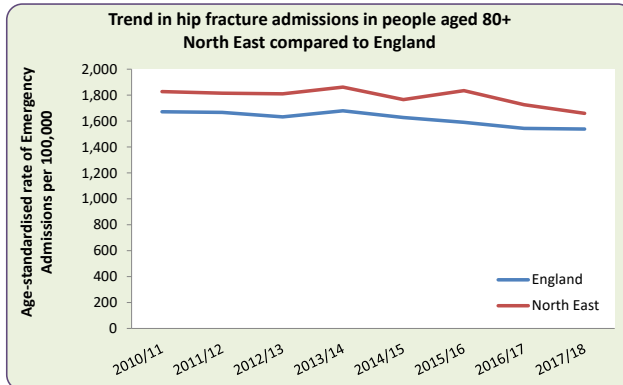
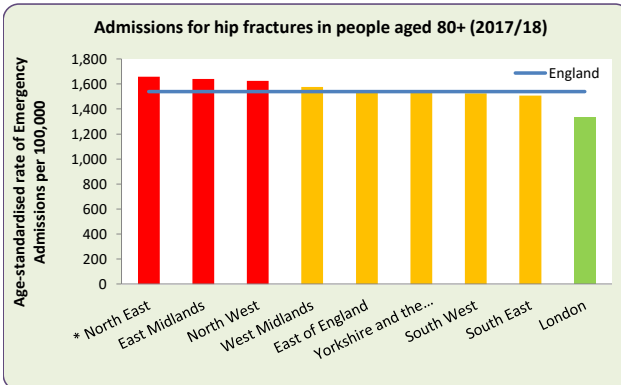
15. Royal College of Physicians. *National Hip Fracture Database annual report 2018*. London: RCP, 2018.

<https://www.rcplondon.ac.uk/projects/outputs/national-hip-fracture-database-nhfd-annual-report-2018>

## 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.<sup>16</sup> 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.<sup>17</sup>

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.

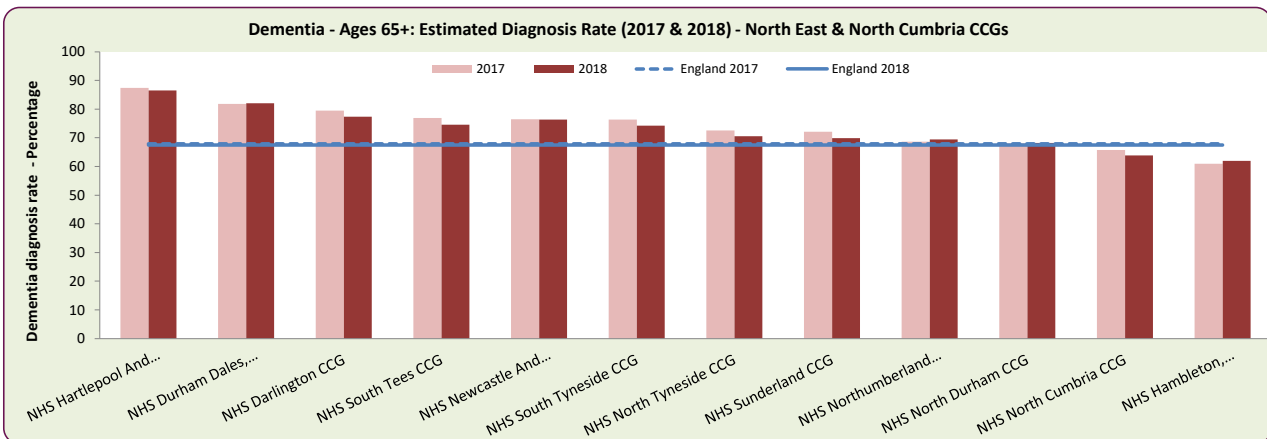
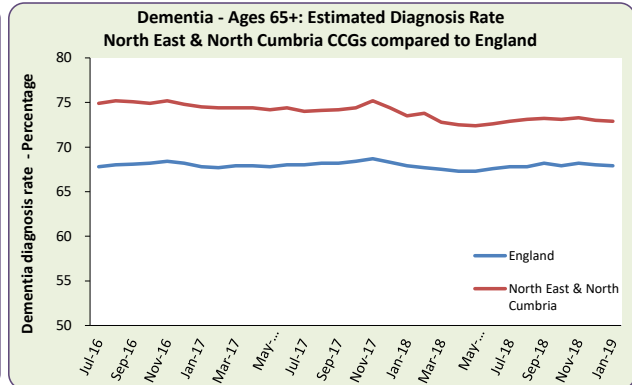
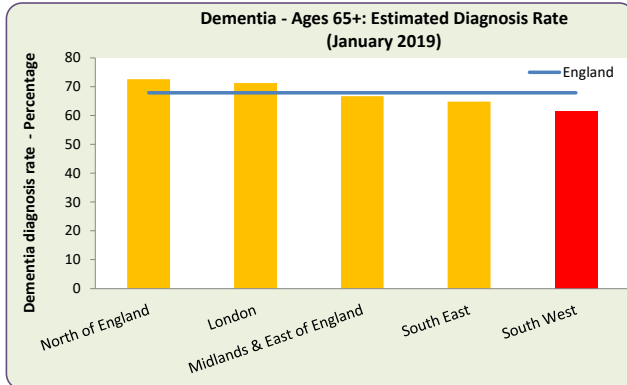
<https://www.rcplondon.ac.uk/projects/outputs/national-hip-fracture-database-nhfd-annual-report-2018>



## 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<sup>18</sup>) 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,<sup>19</sup> 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.

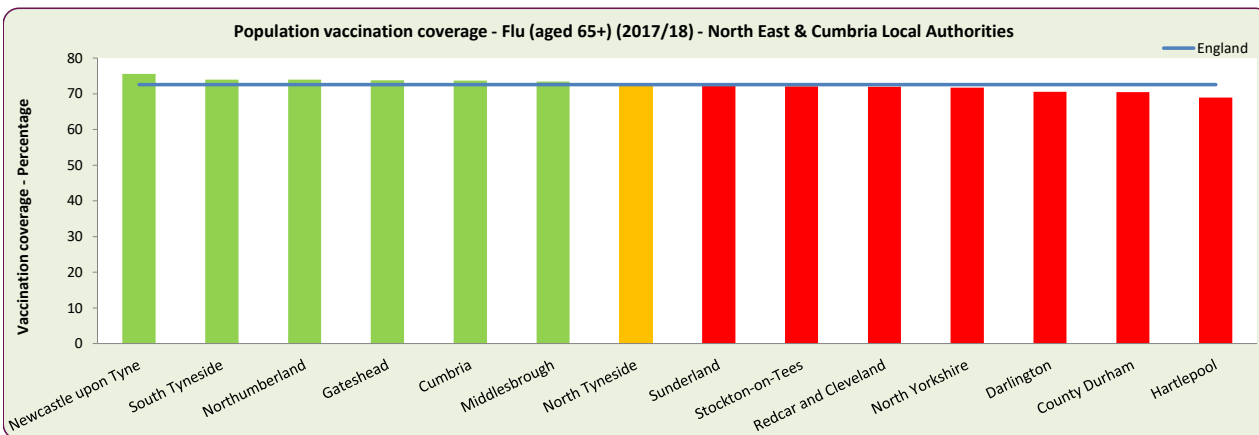
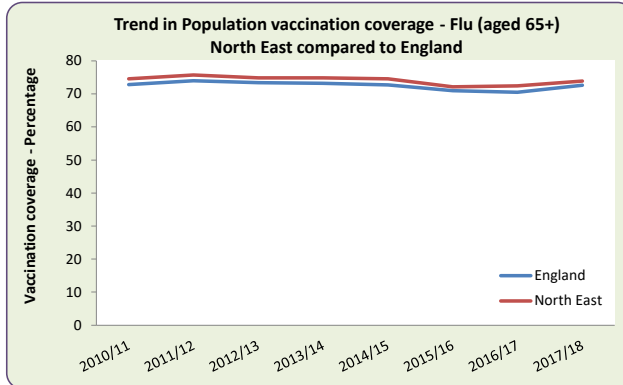
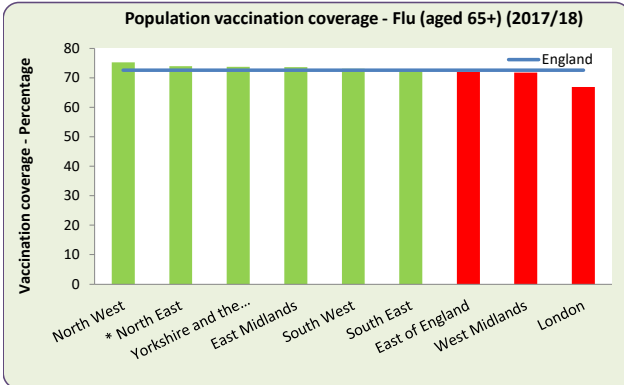
18. <http://www.cfas.ac.uk/cfas-ii/>

19. <https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020/prime-ministers-challenge-on-dementia-2020>

## 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 ( $\geq 75\%$ ), which may result in a slightly different Red / Amber / Green rating for some organisations.

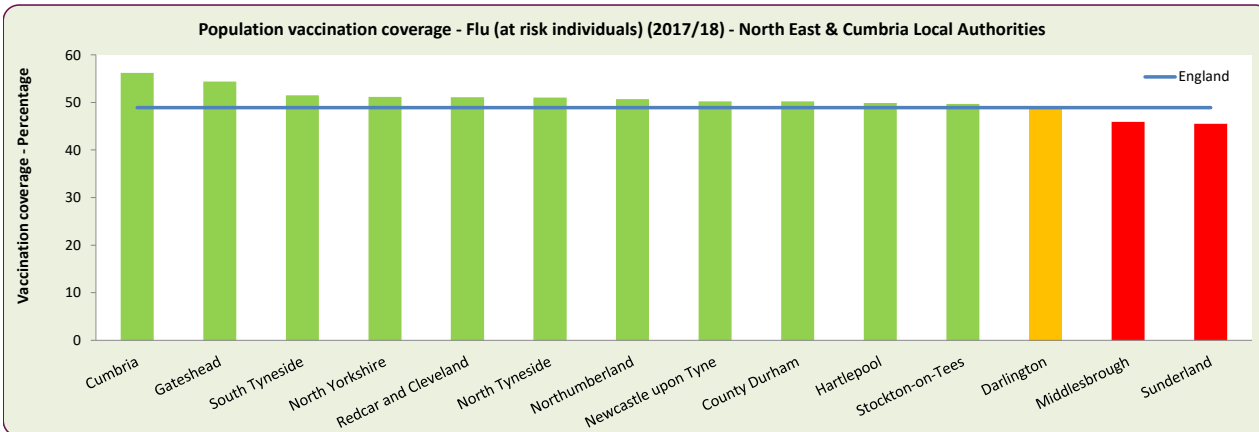
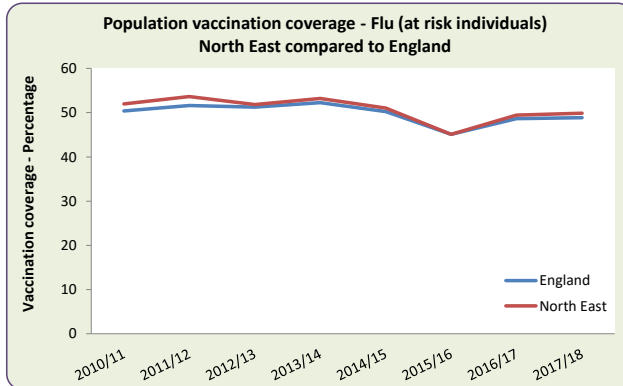
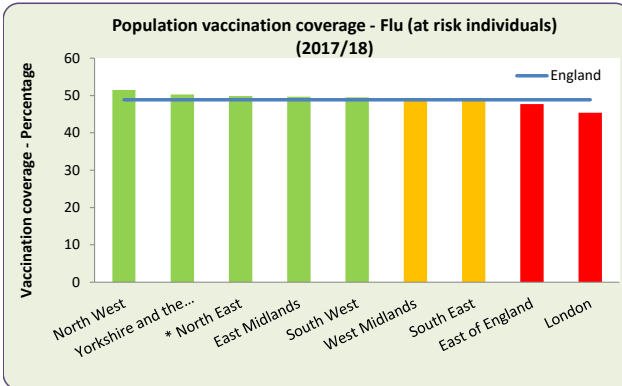
### What is the data telling us?

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%.

### 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 ( $\geq 55\%$ ), which may result in a slightly different Red / Amber / Green rating for some organisations.

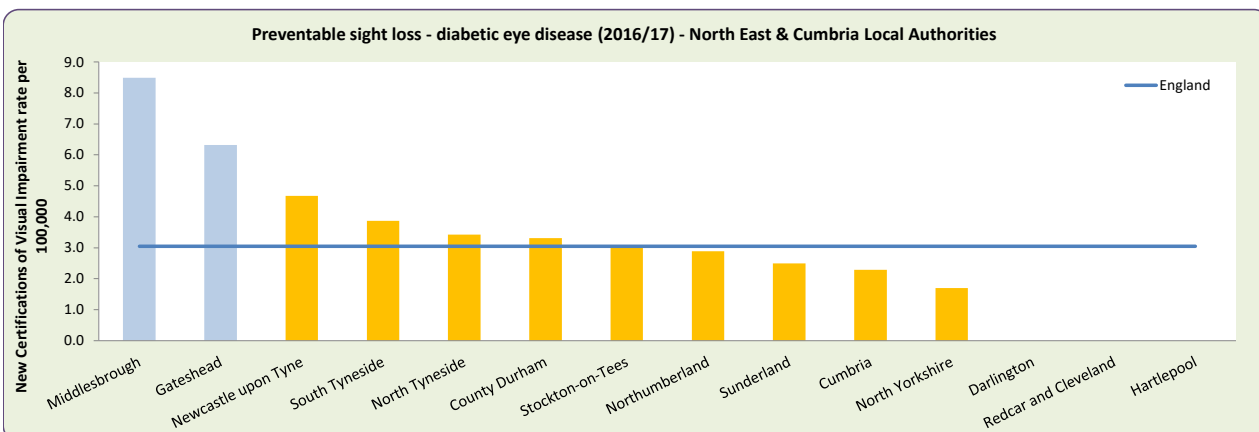
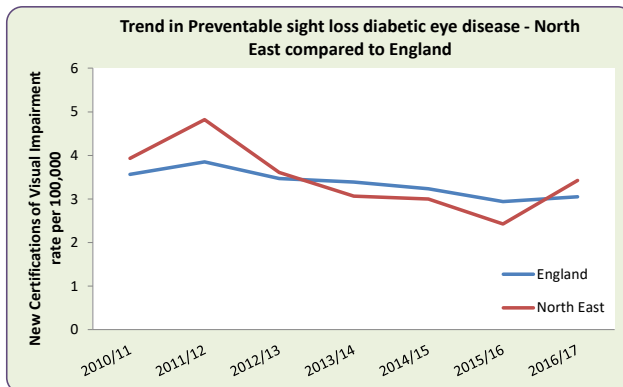
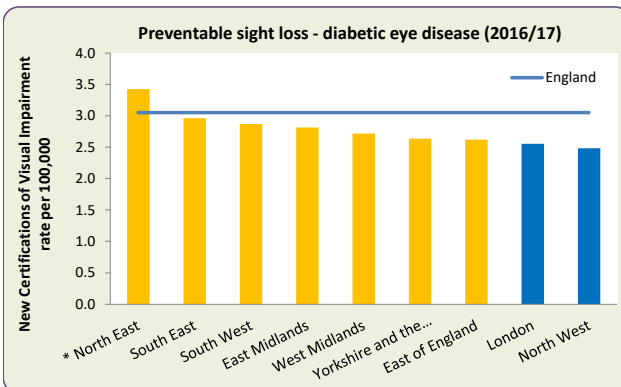
#### What is the data telling us?

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%.

## 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.<sup>20</sup> 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?

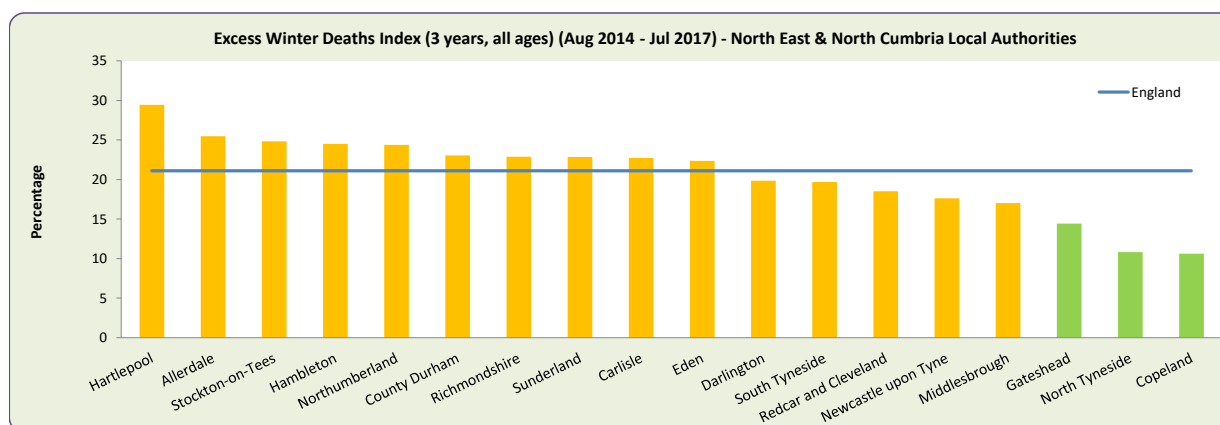
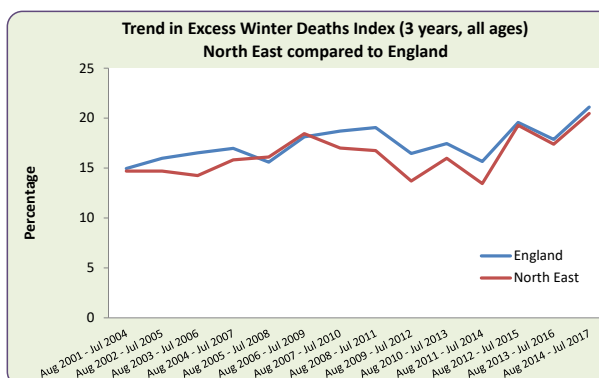
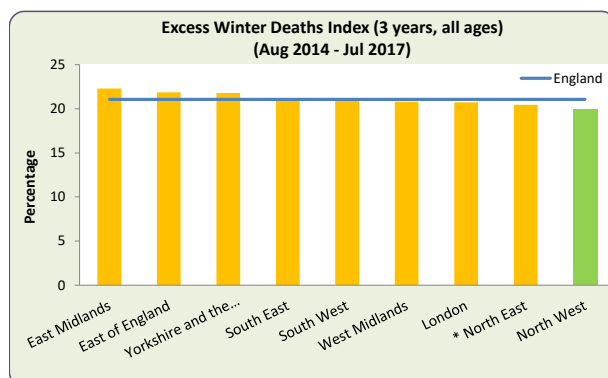
For the period 2016/17, the preventable sight loss (diabetic eye disease) rate for patients aged 12+ in the North East region was higher than the England average, but not significantly so - 3.4 per 100,000 compared with a national average of 3.1 per 100,000. After several years in which there were reductions 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>

## 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.<sup>21</sup> Research carried out by the Eurowinter Group<sup>22</sup> and Curwen<sup>23</sup> 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>

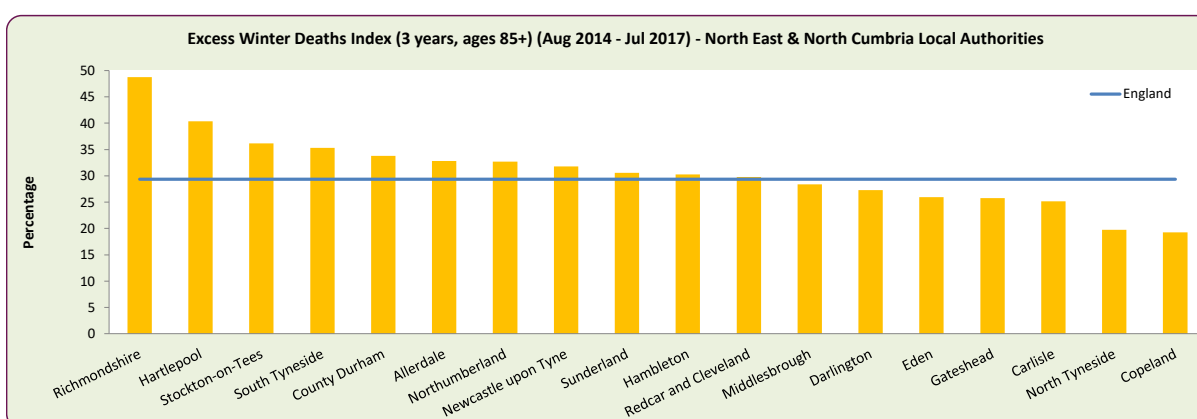
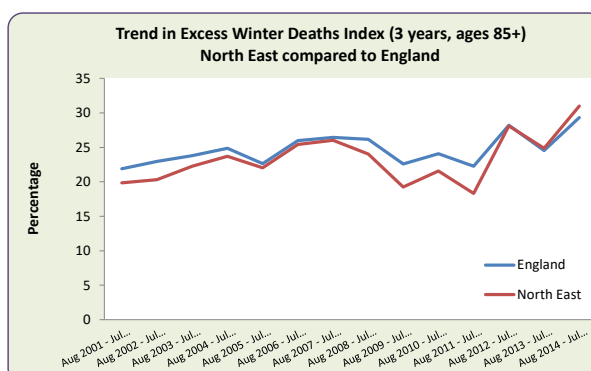
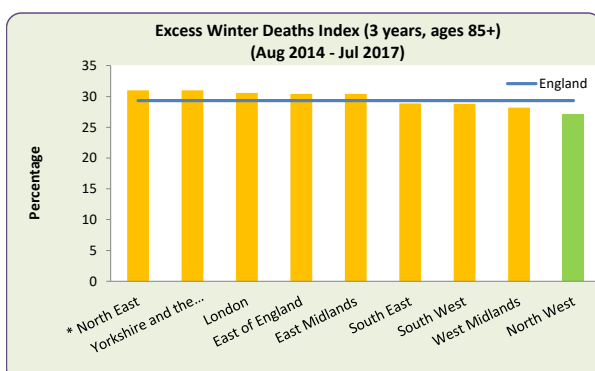
22. The Eurowinter group (1997) Cold exposure and winter mortality from ischaemic heart disease, cerebrovascular disease, respiratory disease, and all causes in warm and cold regions in Europe. The Lancet 349, 1341-1346.

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    |



Preventable Suffering

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.<sup>24</sup> Research carried out by the Eurowinter Group<sup>25</sup> and Curwen<sup>26</sup> 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>

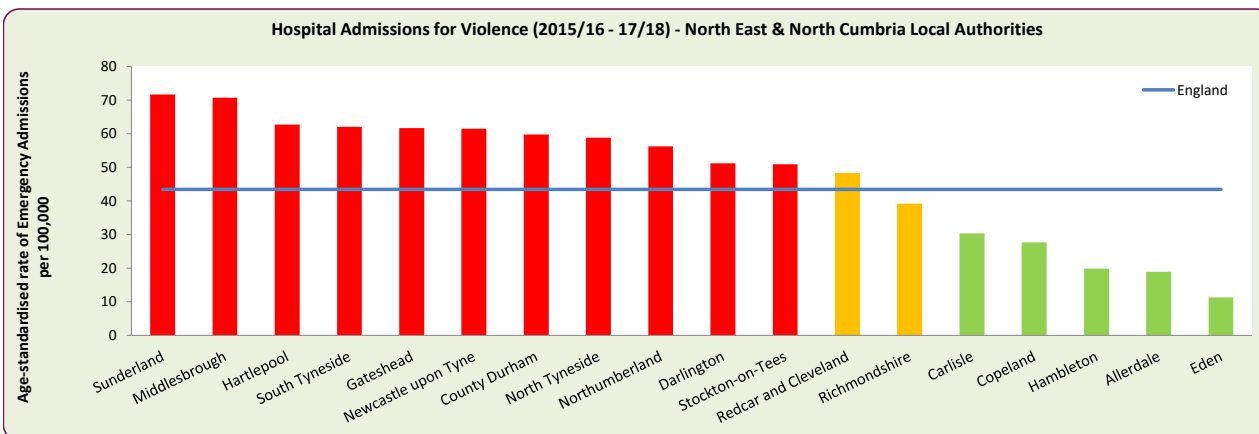
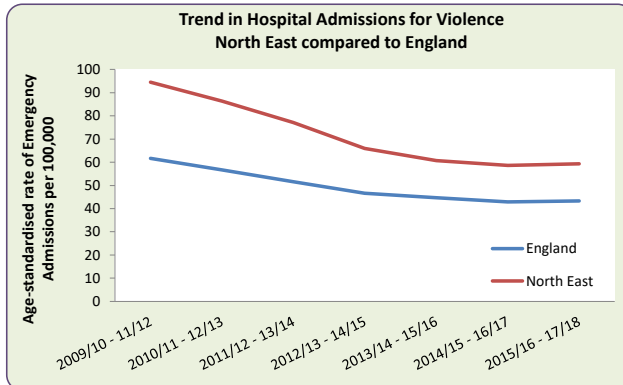
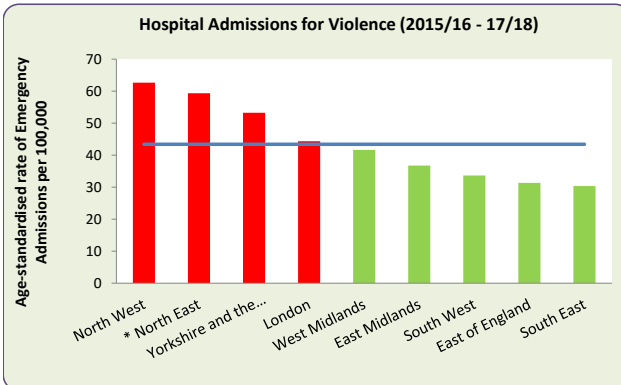
25. The Eurowinter group (1997) Cold exposure and winter mortality from ischaemic heart disease, cerebrovascular disease, respiratory disease, and all causes in warm and cold regions in Europe. The Lancet 349, 1341-1346.

26. Curwen M (1990/91) Excess winter mortality: a British phenomenon? Health Trends 4, 169-75

## 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?

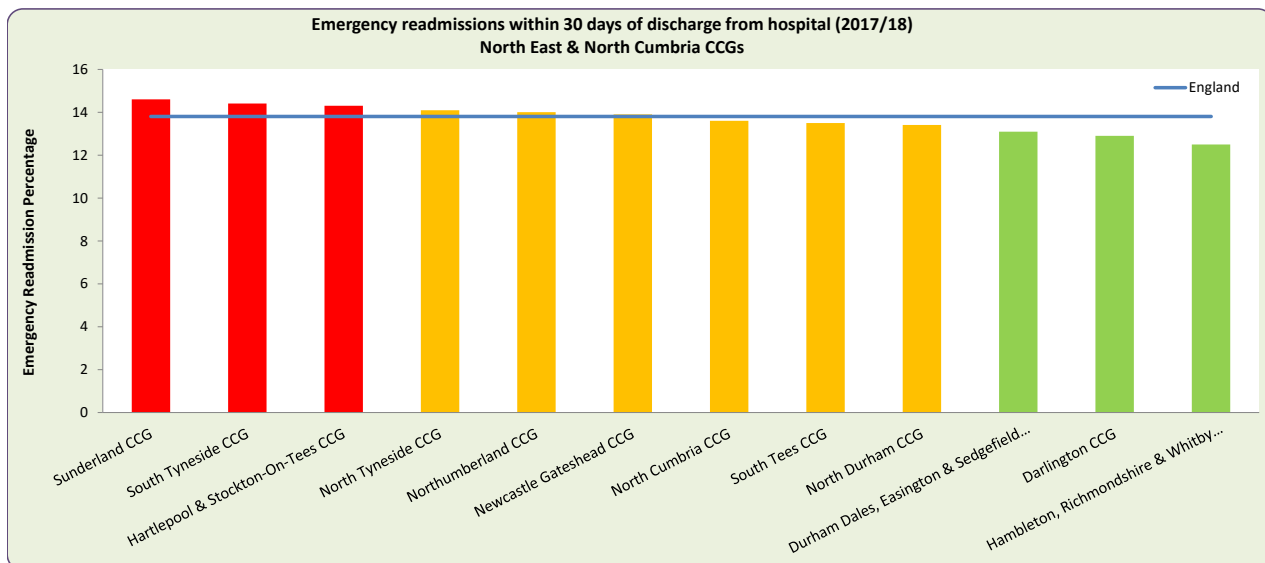
Nationally and regionally the trend in hospital admissions as a result of violence has been falling, and at a faster pace in the North East than in the country as a whole. Nevertheless, the rate in the North East in 2017/18 remains high, 37% higher than the national rate (59.4 per 100,000 compared with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

## 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**  
**Cumbria**  
**13.7%**  
 England  
**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/cg-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?

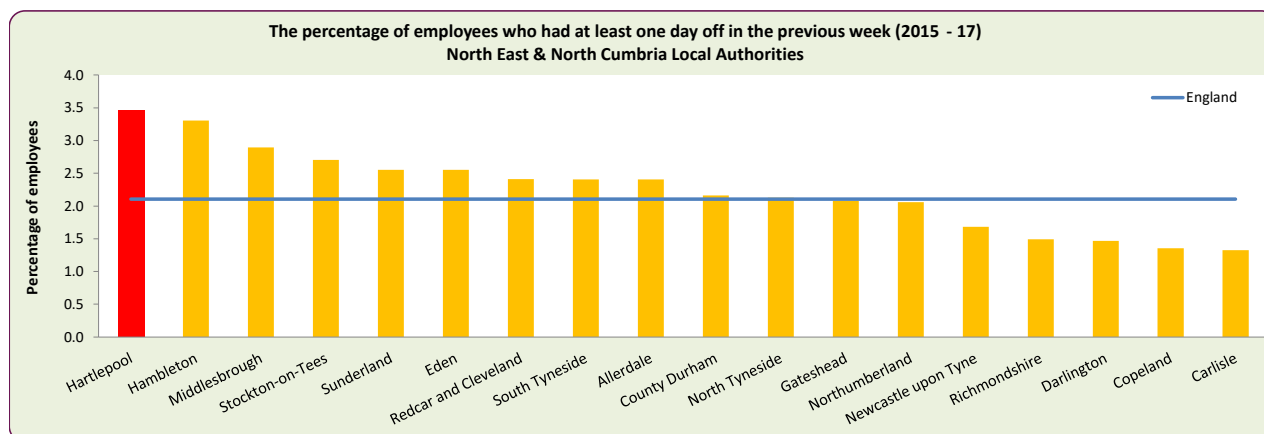
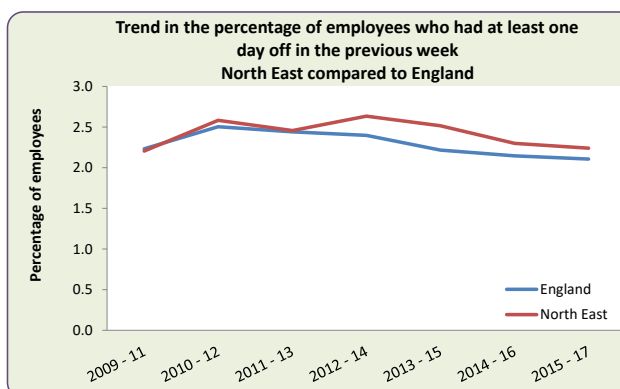
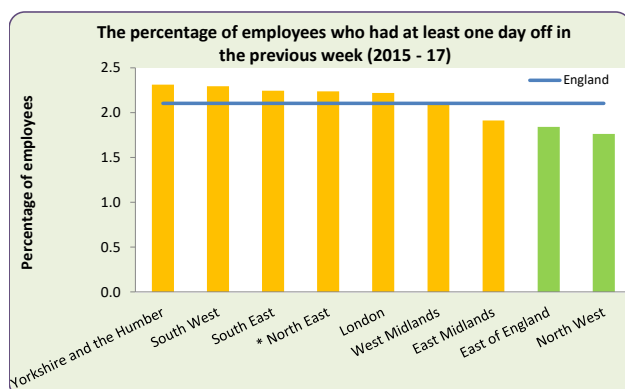
For the period 2017/18, the 30 day emergency readmission rate for patients in the North East and North Cumbria was 13.7%, similar to the England average of 13.8%. Three CCGs in the NENC region had rates which were significantly higher than the England average. During this period, the risk of being readmitted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



## 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<sup>27</sup> 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%).

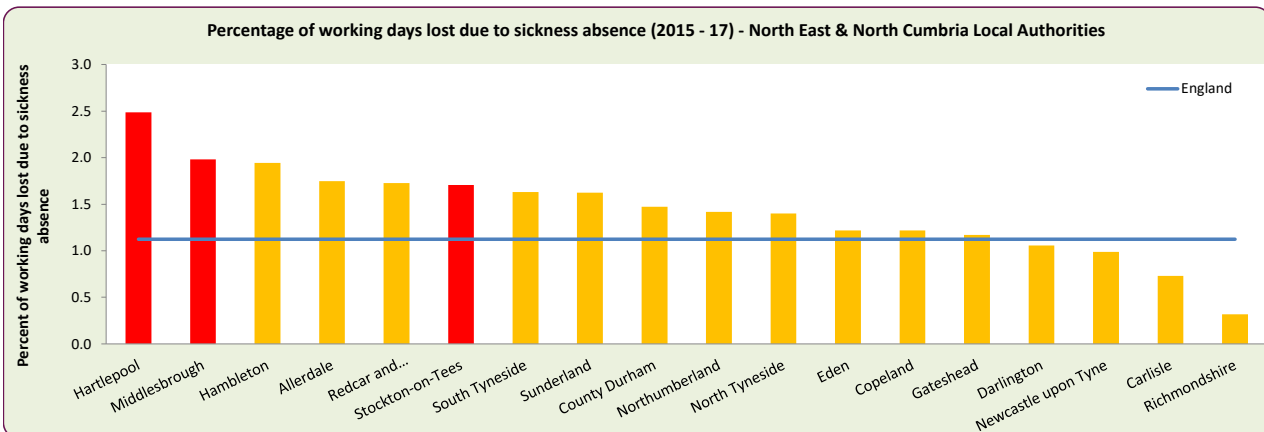
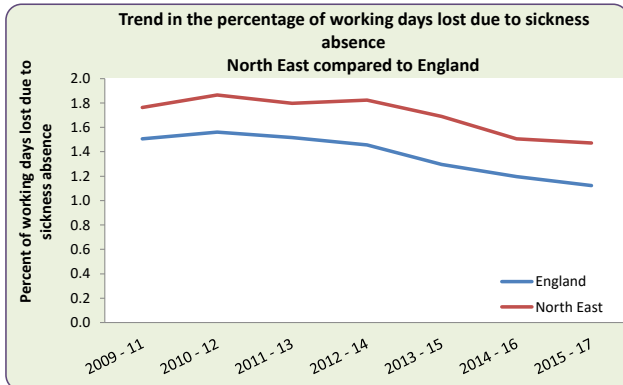
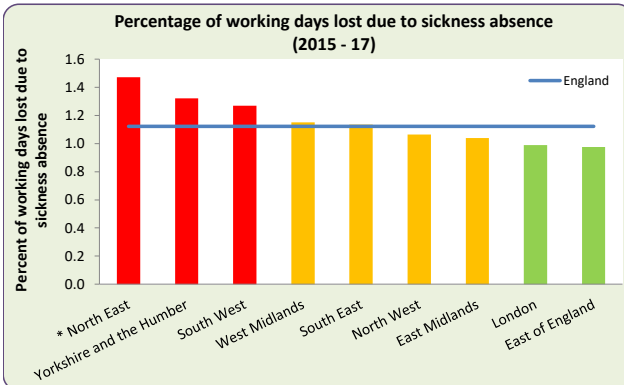
27. Dame Carol Black and David Frost CBE, Health at work – an independent review of sickness absence November 2011.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/181060/health-at-work.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/181060/health-at-work.pdf)

### 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

The independent review of sickness absence<sup>28</sup> 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?

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](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/181060/health-at-work.pdf)

## Population Health & Healthcare Surveillance

### Healthy Lifestyles

March 2019 Update

### Summary Dashboard

|                    | Indicator   | Time Period | North East | North East | National | Direction of Travel  |
|--------------------|---|-------------|------------|------------|----------|--|
|                    |   |             | Value      | Rank       | Average  |  |
| Healthy Lifestyles | 31. Smoking prevalence (%)  | 2017        | 16.2       | 8          | 14.9     |   |
|                    | 32. Smoking prevalence - routine and manual (%)   | 2017        | 26.1       | 6          | 25.7     |   |
|                    | 33. Excess weight in adults (%)   | 2016/17     | 66.1       | 9          | 61.3     |   |
|                    | 34. Percentage of adults classified as inactive (%)   | 2016/17     | 24.6       | 8          | 22.2     |   |
|                    | 35. Successful completion of drug treatment - opiates (%)   | 2017        | 4.9        | 9          | 6.5      |   |
|                    | 36. Successful completion of drug treatment – non opiates (%)   | 2017        | 25.8       | 9          | 36.9     |   |
|                    | 37. Alcohol related admissions to hospital (per 100,000)  | 2017/18     | 862        | 9          | 632      |   |
|                    | 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     |   |
|                    | 39. Social Isolation: % of adult carers who have as much social contact as they would like            | 2016/17     | 44.8       | 1          | 35.5     |  |

Compared with England  Significantly Better  Similar  Significantly Worse

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

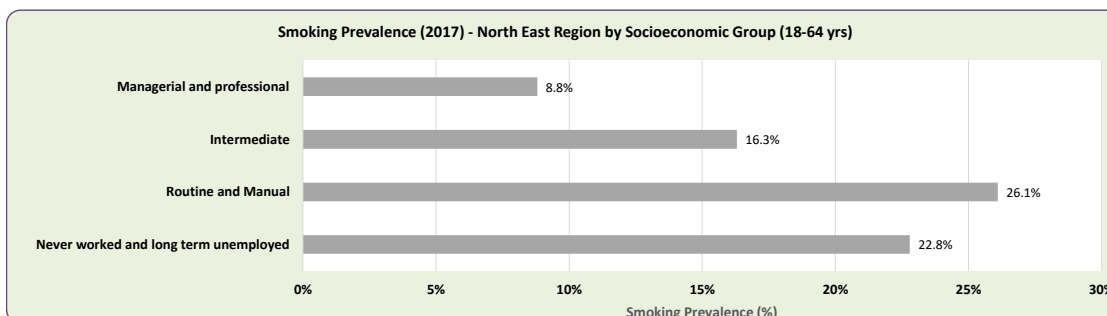
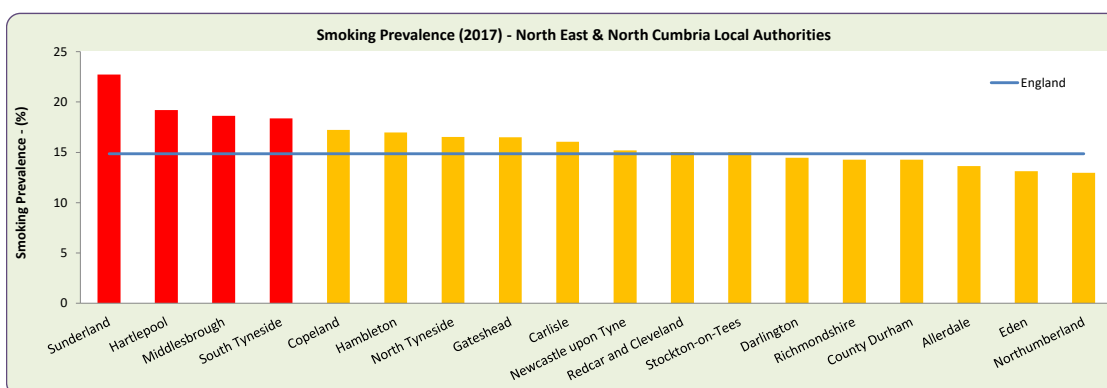
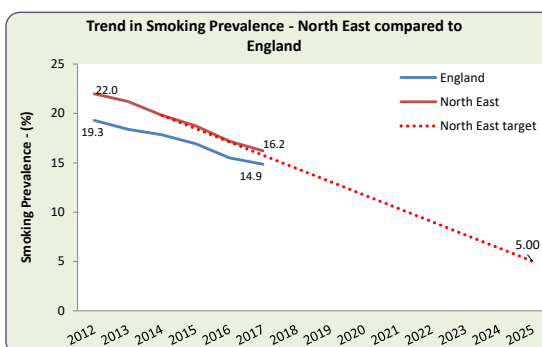
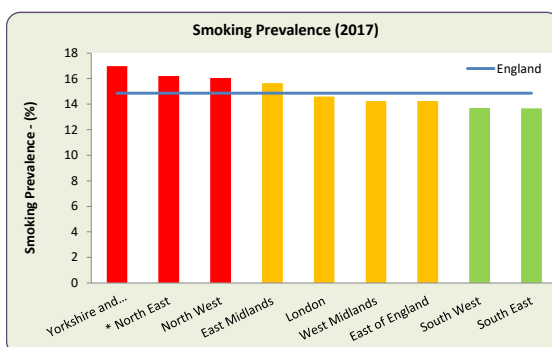
#### What do the detailed pages show?

The following pages contain further information for each indicator, including data comparing each region in England, trend data over time for England and the North East where available and the latest information at local authority 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.

### 31. Smoking Prevalence (2017)

Prevalence of smoking among persons aged 18 years and over.

| Yorkshire and the Humber | North East | North West | East Midlands | London | West Midlands | East of England | South West | South East | England |
|--------------------------|------------|------------|---------------|--------|---------------|-----------------|------------|------------|---------|
| 17.0                     | 16.2       | 16.1       | 15.7          | 14.6   | 14.2          | 14.2            | 13.7       | 13.7       | 14.9    |



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

#### Definitions / Notes

The health risks of smoking are well documented and accepted. Smoking is the most important cause of preventable ill health and premature mortality in the UK. It is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.<sup>(1)</sup>

#### What is the data telling us?

In 2017, adult smoking rates in the North East region were the second highest of all the English Regions. However, smoking prevalence has declined in the North East slightly faster than the national average and this appears to be because of higher quit success rates.<sup>29</sup> Nationally, between 2012 and 2017, smoking prevalence rates reduced by 4.4 percentage points - from 19.3% in 2012 to 14.9% in 2017. By contrast, the prevalence rate in the North East fell by 5.8 percentage points - from 22.0% in 2012 to 16.2% in 2017. In 2014 the 12 local authorities in the North East committed to working towards a bold ambition to reduce adult smoking to 5% by 2025.<sup>30</sup>

Many of the constituent Local Authorities in the NENC AHSN region demonstrate adult smoking prevalence rates which are similar to the national average. In 2017, rates were highest in Sunderland (22.75%) and lowest in Northumberland (13.0%). In fact Sunderland had the second highest rate amongst all local authorities in England in 2017.

There is a clear social gradient in smoking behaviour, with individuals in routine and manual occupations and those in the "never worked and long term unemployed" category the most likely to smoke. In the North East smoking prevalence in 2017 amongst those in routine and manual jobs was 26.1% compared to only 8.8% amongst those in managerial and professional jobs. Research suggests that successful quit rates also vary according to the same social gradient. On the next page of this report we look in more detail at smoking rates amongst those in routine and manual occupations.

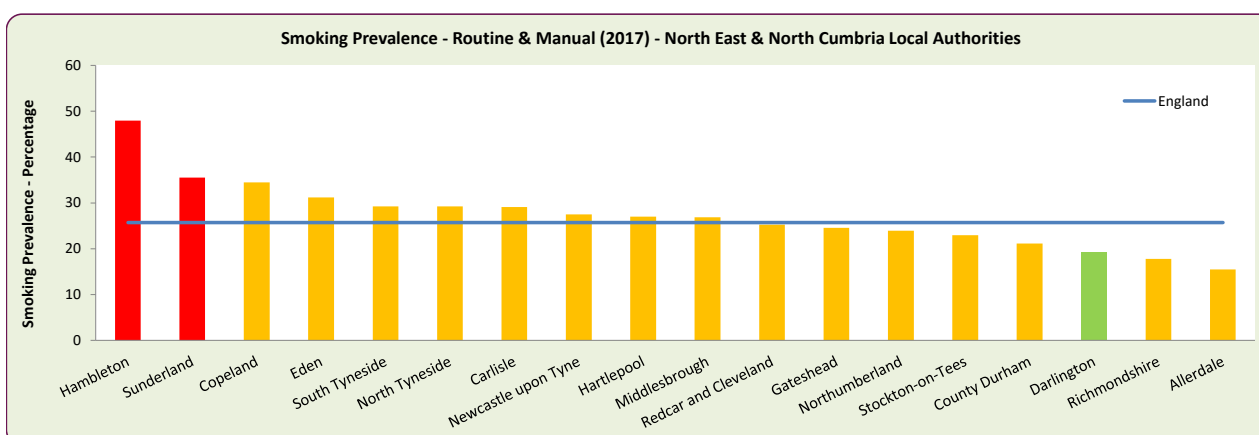
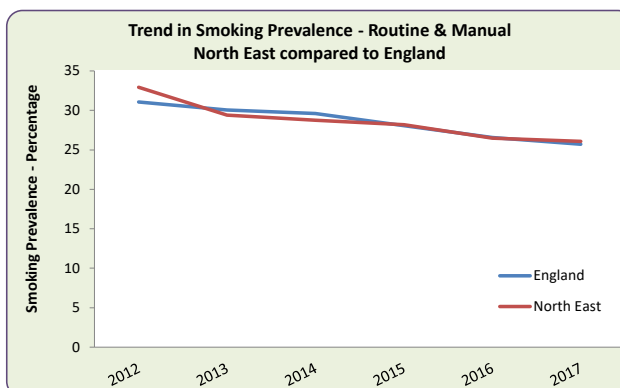
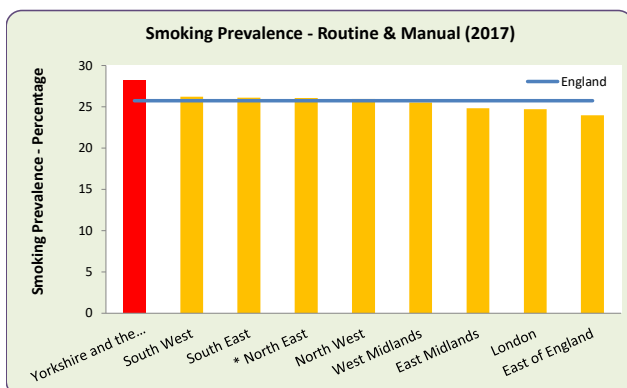
29. Public Health Outcomes Framework Data tool. Indicator Portal <http://www.phoutcomes.info>

30. Rutter A, West R. Modelling how to achieve 5% adult smoking prevalence by 2025: a regional approach. Tobacco Induced Diseases. 2018;16(1):28. doi:10.18332/tid/84018. <http://www.tobaccoinduceddiseases.org/Modelling-how-to-achieve-5-adult-smoking-prevalence-by-2025-a-regional-approach.84018.0.2.html>

### 32. Smoking Prevalence - Routine & Manual (2017)

Prevalence of smoking among persons aged between 18-64 years in the routine and manual group.

| Yorkshire and the Humber | South West | South East | North East | North West | West Midlands | East Midlands | London | East of England | England |
|--------------------------|------------|------------|------------|------------|---------------|---------------|--------|-----------------|---------|
| 28.2                     | 26.2       | 26.1       | 26.1       | 26.0       | 25.5          | 24.8          | 24.7   | 24.0            | 25.7    |



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

#### Definitions / Notes

##### What is the data telling us?

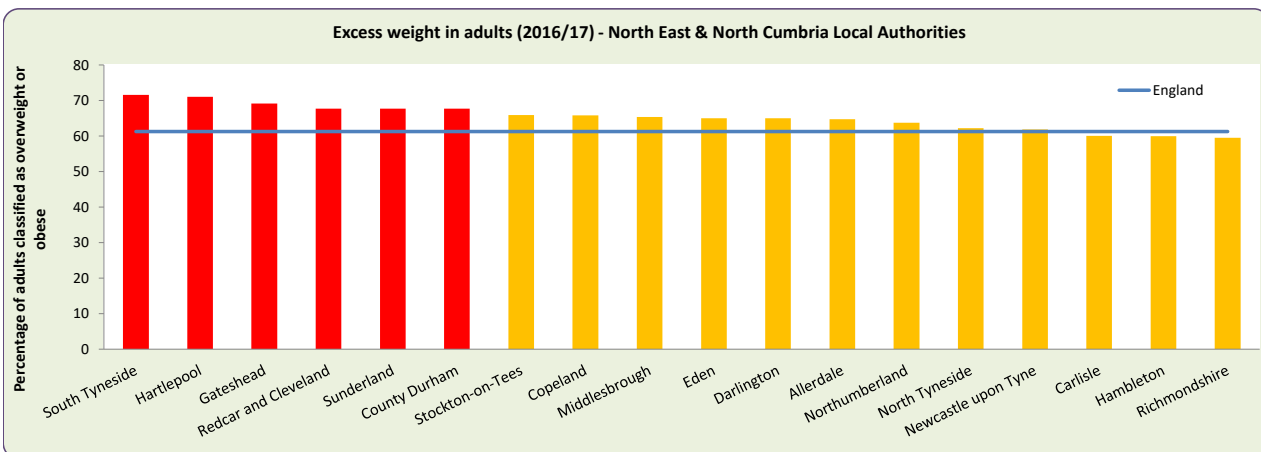
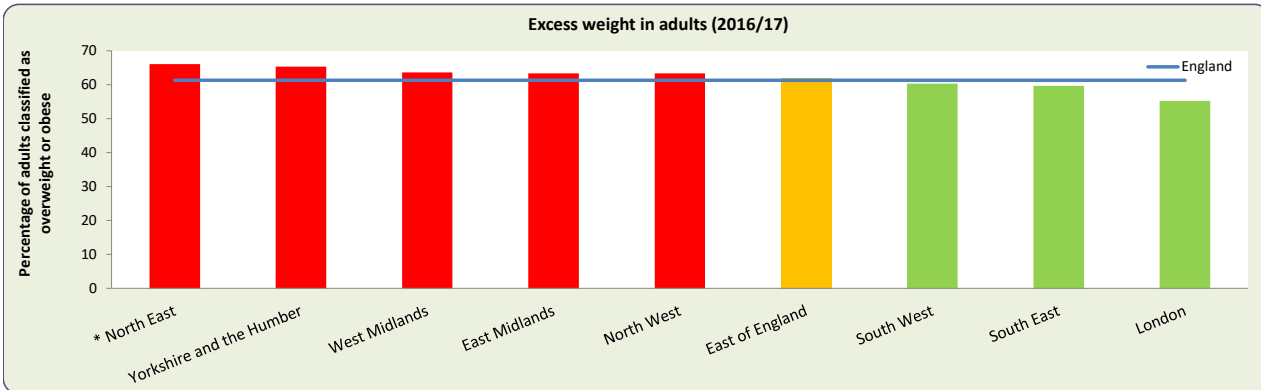
The data shows a promising picture with smoking rates for routine and manual workers similar to, and falling at a similar rate to, those observed nationally. The smoking rate in 2017 has decreased in the North East in this group to 26.1% which is higher than the national average for this group, but not significantly so.

Within the NENC AHSN region, there is only one Local Authority area that shows statistically significantly lower rates of smoking in this group than those observed for England, but two have rates which are significantly higher.

### 33. Excess weight in adults (2016/17)

Percentage of adults (aged 18+) classified as overweight or obese.

| North East | Yorkshire and the Humber | West Midlands | East Midlands | North West | East of England | South West | South East | London | England |
|------------|--------------------------|---------------|---------------|------------|-----------------|------------|------------|--------|---------|
| 66.1       | 65.3                     | 63.6          | 63.3          | 63.3       | 61.9            | 60.3       | 59.7       | 55.2   | 61.3    |



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

#### Definitions / Notes

Excess weight in adults is associated with a wide range of health problems including: musculoskeletal problems such as osteoarthritis and low back pain, increased risk of hypertension, cardiovascular disease, thrombosis and embolism, type 2 diabetes, cancer, reproductive and urological problems, fatty liver disease, gall stones and gastro-oesophageal reflux, social and psychological problems.

The data source for this indicator is the Active Lives Survey which is carried out by Sport England.<sup>31</sup> As the data are self-reported they are likely to under-estimate the prevalence of overweight and obesity.

#### What is the data telling us?

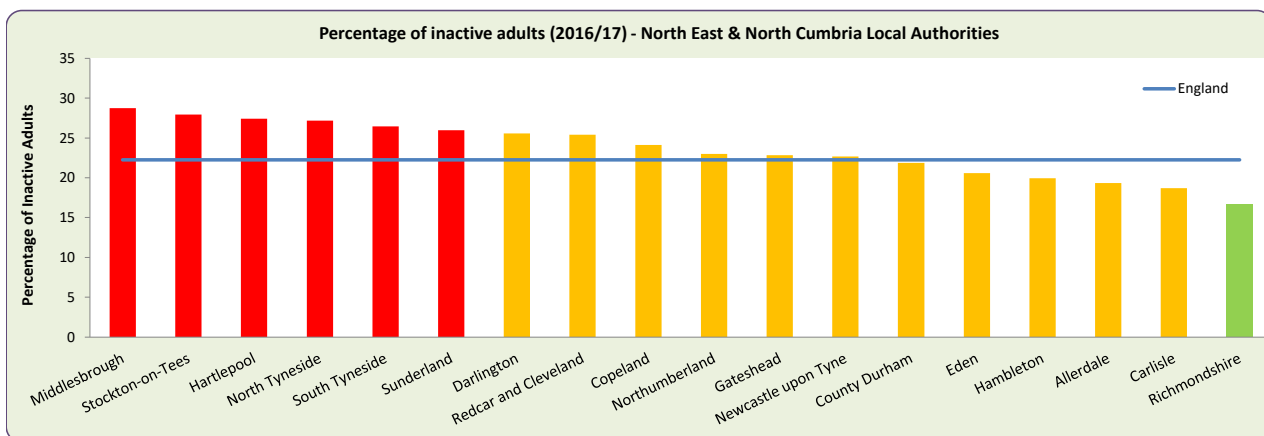
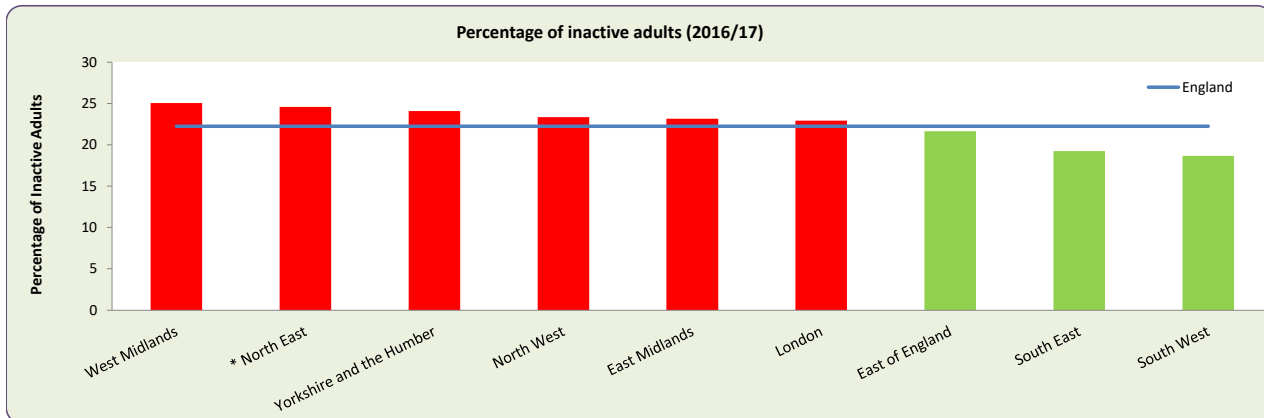
For the period 2016/17 the observed rates of excess weight in adults were higher in the North East Region than any of the other English Health regions. At regional level, the prevalence of excess weight in adults was significantly higher than the national average in several of the NENC AHSN region constituent local authorities and the highest rate was observed in South Tyneside.

31. <https://www.sportengland.org/research/active-lives-survey/>

### 34. Percentage of adults classified as inactive (2016/17)

The number of respondents in the Active Lives Survey aged 19 and over, with valid responses to questions on physical activity, doing less than 30 "moderate intensity equivalent" minutes of physical activity per week in bouts of 10 minutes or more, in the previous 28 days, expressed as a percentage of the total number of respondents aged 19 and over.

| West Midlands | North East | Yorkshire and the Humber | North West | East Midlands | London | East of England | South East | South West | England |
|---------------|------------|--------------------------|------------|---------------|--------|-----------------|------------|------------|---------|
| 25.0          | 24.6       | 24.1                     | 23.4       | 23.1          | 22.9   | 21.7            | 19.3       | 18.7       | 22.2    |



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

#### Definitions / Notes

Physical inactivity is estimated to be the main cause for around one quarter of the burden of breast and colon cancer, diabetes and ischaemic heart disease.

Regular activity reduces the risk of the problems listed above as well as stroke, depression and falls. It is also key to tackling obesity.

This indicator has been calculated from Active Lives,<sup>32</sup> a self-report survey, which is subjective and is influenced by the respondent's ability to recall and assess their physical activity levels. The data may also be affected by respondent desire to conform to expectations and social norms. However, although this might affect the absolute values, this should not affect comparisons if the bias is consistent across populations.

#### What is the data telling us?

In 2016/17, inactivity levels in the North East region were the second highest of all of the English health regions at 24.6%.

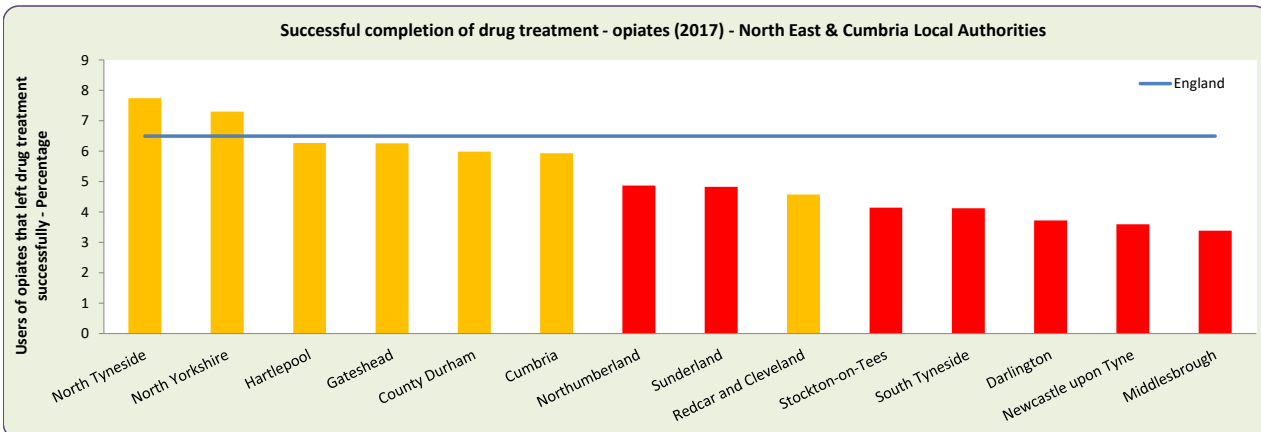
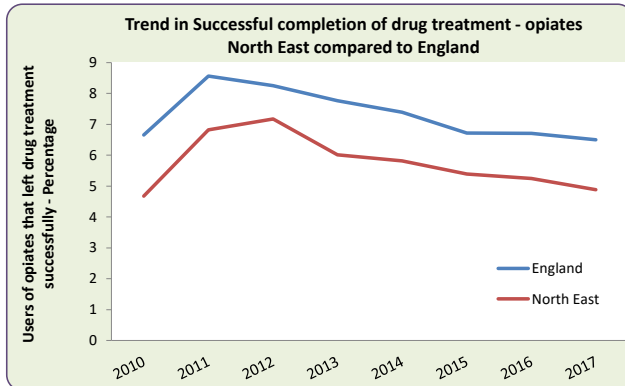
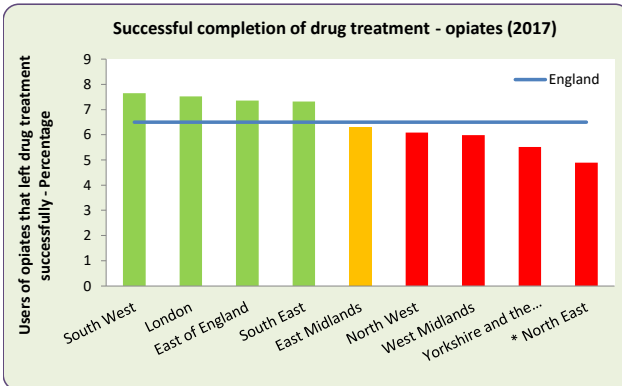
Within the Region rates of adult inactivity are significantly higher (worse) than the national rate in six of the constituent Local Authorities and significantly lower (better) in only one Local Authority.

32. <https://www.sportengland.org/research/active-lives-survey/>

### 35. Successful completion of drug treatment - opiates (2017)

Number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment.

| South West | London | East of England | South East | East Midlands | North West | West Midlands | Yorkshire and the Humber | North East | England |
|------------|--------|-----------------|------------|---------------|------------|---------------|--------------------------|------------|---------|
| 7.6        | 7.5    | 7.4             | 7.3        | 6.3           | 6.1        | 6.0           | 5.5                      | 4.9        | 6.5     |



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

#### Definitions / Notes

Substance misuse has a negative effect on health, wellbeing and quality of life. It also has an important effect on wealth. Crimes related to drugs cost the UK £13.3 billion every year.<sup>33</sup> Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.<sup>34</sup>

#### What is the data telling us?

The data demonstrates challenges for the North East region in terms of successful drug treatment for opiate users. The North East region recorded the lowest successful completion rate of any of the English health regions with a fall from 7.2% in 2012 to 4.9% in 2017. Nationally there was also a fall from 8.6% in 2011 to 6.5% in 2017.

Within the NENC AHSN region, data for seven of the Local Authority areas indicate significantly lower success rates than those observed nationally in 2017. The rate for Middlesbrough residents was the lowest in the NENC region and the third lowest in England i.e. 3.4% compared to a rate of 7.8% recorded for North Tyneside.

33. <https://www.gov.uk/government/publications/2010-to-2015-government-policy-drug-misuse-and-dependency/2010-to-2015-government-policy-drug-misuse-and-dependency>

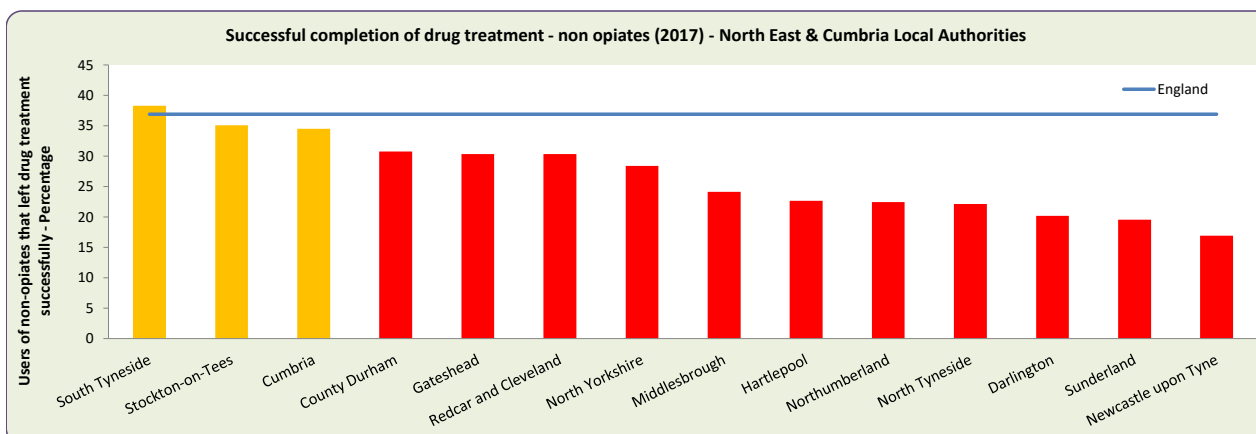
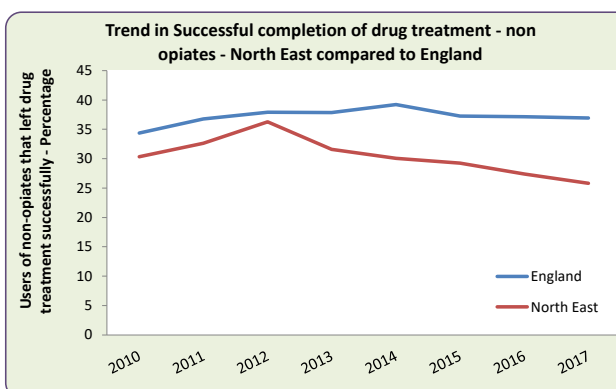
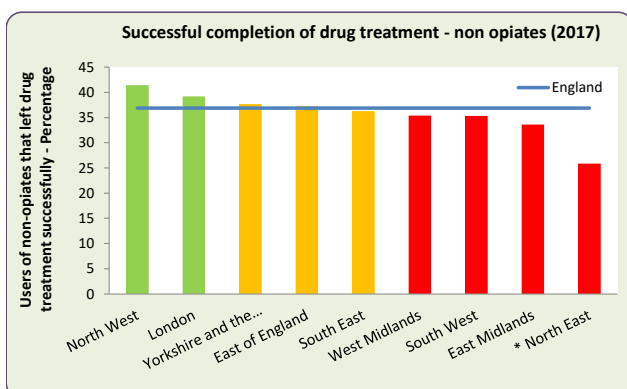
34. Public Health Outcomes Framework Data tool. Indicator Portal <http://www.phoutcomes.info>



### 36. Successful completion of drug treatment - non opiates (2017)

Number of users on non-opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment.

| North West | London | Yorkshire and the Humber | East of England | South East | West Midlands | South West | East Midlands | North East | England |
|------------|--------|--------------------------|-----------------|------------|---------------|------------|---------------|------------|---------|
| 41.4       | 39.2   | 37.7                     | 37.2            | 36.3       | 35.4          | 35.3       | 33.6          | 25.8       | 36.9    |



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

#### Definitions / Notes

Substance misuse has a negative effect on health, wellbeing and quality of life. It also has an important effect on wealth. Crimes related to drugs cost the UK £13.3 billion every year.<sup>35</sup> Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.<sup>36</sup>

#### What is the data telling us?

The 2017 data shows a worsening picture compared with that previously observed. Successful treatment rates recorded for non opiate drug users in the North East region (25.8%) were the lowest of all the English Health Regions and statistically significantly lower than those seen nationally (36.9%). Trend data show this fall in the last five years despite a period of sustained improvement between 2010 and 2012.

Within the NENC AHSN region during 2017, records showed significantly lower success rates than those observed nationally for all but three of the Local Authority populations. The rate for Newcastle residents was the lowest in the NENC region (16.9% compared with a rate of 38.3% recorded for residents of South Tyneside).

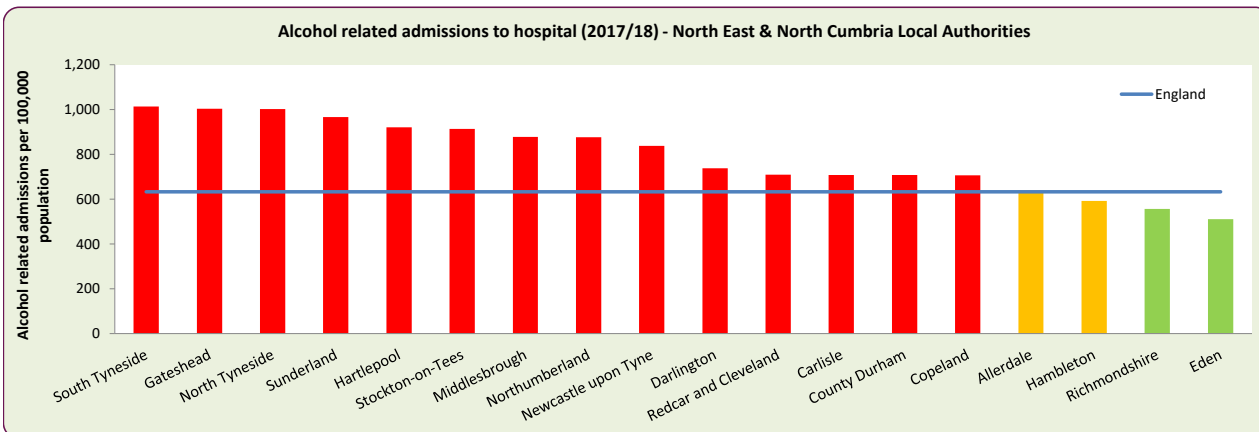
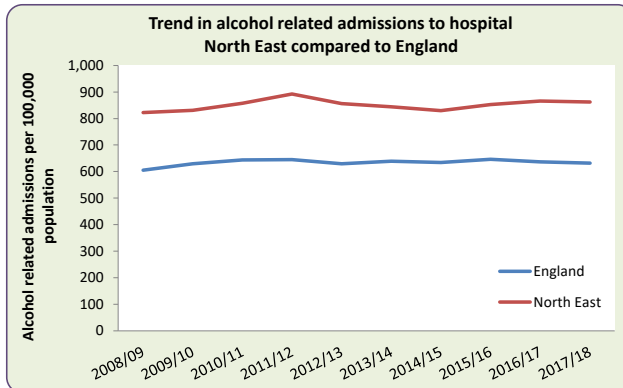
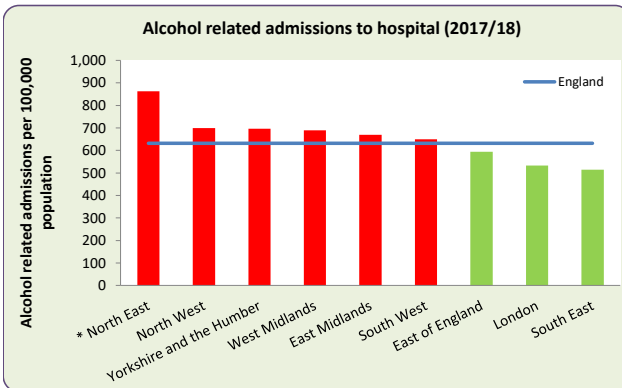
<sup>35</sup> <https://www.gov.uk/government/publications/2010-to-2015-government-policy-drug-misuse-and-dependency/2010-to-2015-government-policy-drug-misuse-and-dependency>

<sup>36</sup> Public Health Outcomes Framework Data tool. Indicator Portal <http://www.phoutcomes.info>

### 37. Alcohol related admissions to hospital (2017/18)

The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population (age standardised).

| North East | North West | Yorkshire and the Humber | West Midlands | East Midlands | South West | East of England | London | South East | England |
|------------|------------|--------------------------|---------------|---------------|------------|-----------------|--------|------------|---------|
| 862        | 700        | 697                      | 690           | 669           | 650        | 594             | 533    | 515        | 632     |



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

Hospital Episode Statistics (HES) Copyright © 2019, Re-used with the permission of NHS Digital. All rights reserved.

#### Definitions / Notes

Alcohol misuse is a growing public health problem in England. Chronically heavy drinking, binge drinking and alcohol dependency poses a problem to the health and wellbeing of the drinker, their family and friends, as well as society in general. Alcohol is acutely associated with accidental injury, suicide, crime and violence. Long term alcohol misuse increases the risk of diseases including liver cirrhosis, hypertension, coronary heart disease, pancreatitis, and depression. Alcohol also increases the risk of common cancers such as breast, bowel, colorectal, oesophageal, pharynx, liver and mouth.<sup>37</sup> This indicator measures the impact of alcohol on hospital services.

#### What is the data telling us?

In the North East hospital admission rates relating to alcohol have been persistently higher than the national average. Both regionally and nationally, rates appear fairly static over the past decade. During the period 2017/18, hospital admission rates in the North East were higher than in any of the other regions. The admission rate of 862 per 100,000 for the North East was 68% higher than that observed in the South East region.

Across the NENC AHSN region, observed rates remain significantly higher than the national average for the majority of local authority populations. In 2017/18, the rate for the South Tyneside population was nearly twice that observed for the Eden population.

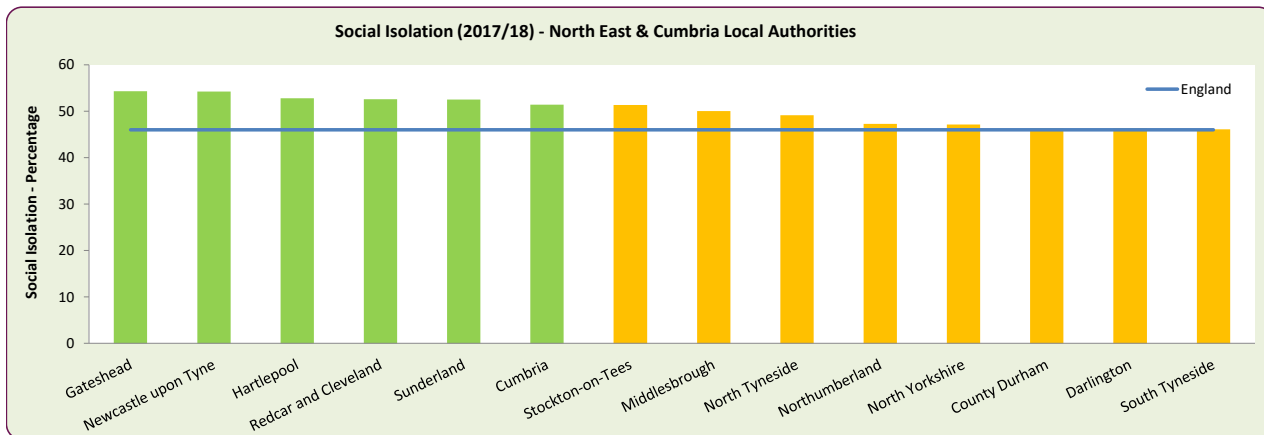
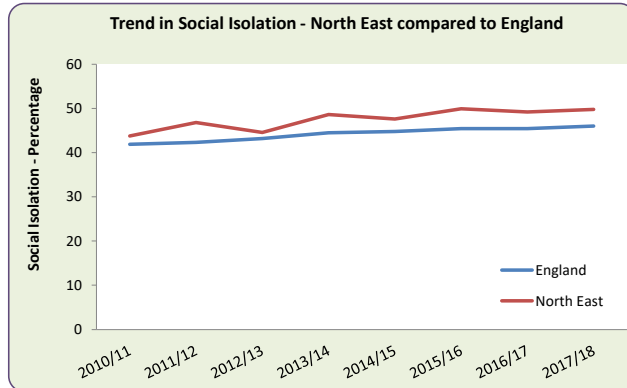
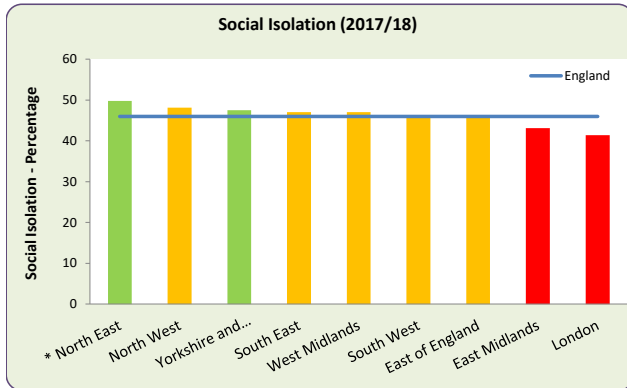
37.Faculty of Public Health: Alcohol and Public Health - Position statement

[www.adph.org.uk/wp-content/uploads/2013/08/alcohol\\_position\\_statement\\_final.pdf](http://www.adph.org.uk/wp-content/uploads/2013/08/alcohol_position_statement_final.pdf)

### 38. Social Isolation: % of adult social care users who have as much social contact as they would like (2017/18)

The percentage of respondents to the Adult Social Care Users Survey who responded to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?" with the answer "I have as much social contact as I want with people I like".

| North East | North West | Yorkshire and the Humber | South East | West Midlands | South West | East of England | East Midlands | London | England |
|------------|------------|--------------------------|------------|---------------|------------|-----------------|---------------|--------|---------|
| 49.8       | 48.1       | 47.5                     | 47.0       | 47.0          | 46.0       | 45.9            | 43.1          | 41.4   | 46.0    |



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

#### Definitions / Notes

Social isolation and loneliness are key public health challenges. Older people are especially vulnerable after the loss of friends and family, reduced mobility or income. Loneliness is associated with higher rates of mortality, hypertension and depression.

The data for this indicator is derived from responses to the NHS Digital Personal Social Services Adult Social Care Survey, England. The indicator measures the percentage of respondents to the survey who responded to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?" with the answer "I have as much social contact as I want with people I like".

Changes to the survey methodology in 2014/15 may mean that previous years' data are not comparable with data from 2014/15 onwards.

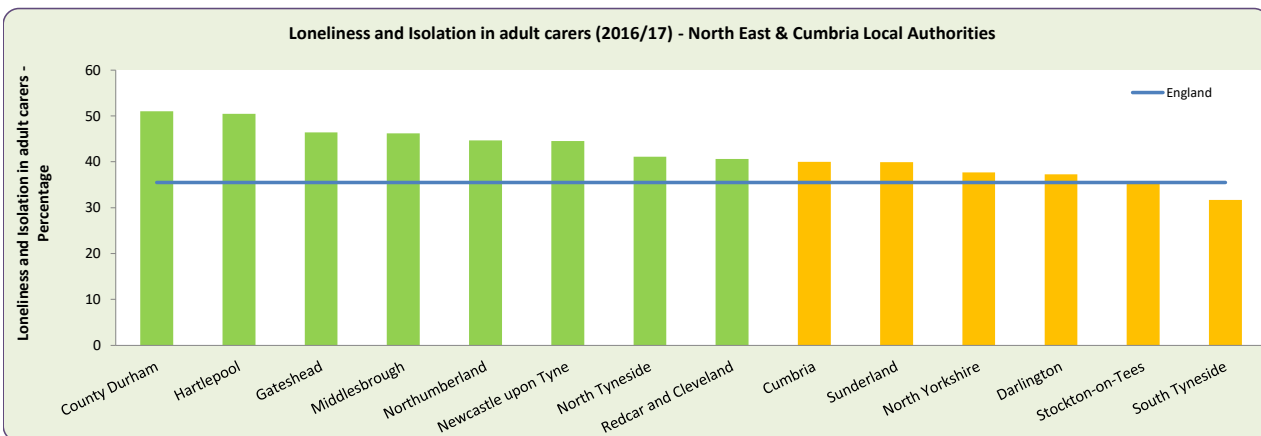
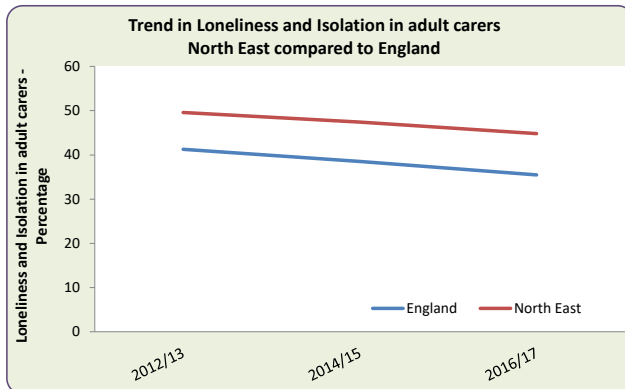
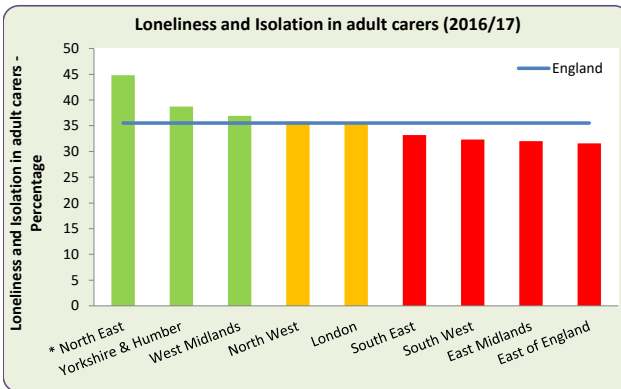
#### What is the data telling us?

Just under half (49.8%) of the adults using social care services in the North East region in 2017/18 reported that they had as much contact with others as they would like. This proportion was significantly better than the national average and the best of all the regions. Within the NENC AHSN region, no Local Authority areas were significantly worse than the national average, and six Local Authorities had a significantly better rate.

### 39. Social Isolation: % of adult carers who have as much social contact as they would like (2016/17)

The percentage of respondents to the Personal Social Services Adult Carers Survey who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact as I want with people I like".

| North East | Yorkshire & Humber | West Midlands | North West | London | South East | South West | East Midlands | East of England | England |
|------------|--------------------|---------------|------------|--------|------------|------------|---------------|-----------------|---------|
| 44.8       | 38.7               | 36.9          | 35.8       | 35.6   | 33.2       | 32.3       | 32.0          | 31.6            | 35.5    |



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

#### Definitions / Notes

This indicator has not been updated in this report as the survey only takes place every other year.

The data for this indicator is derived from responses to the NHS Digital Personal Social Services Survey of Adult Carers in England. The indicator measures the percentage of respondents to the survey who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact as I want with people I like".

#### What is the data telling us?





The 2016/17 survey data indicate that carers in the North East are less socially isolated than their counterparts in the rest of England with 44.8% reporting adequate social contact compared with 35.5% on average nationally and only 31.6% in the East of England region. Within Local Authority areas across the NENC AHSN region, the survey data is generally significantly better than, and at worse, similar to elsewhere in England (on average).

## Population Health & Healthcare Surveillance

### Early Diagnosis

March 2019 Update

### Summary Dashboard

|                 | Indicator   | Time Period     | North East Value | North East Rank | National Average | Direction of Travel   |
|-----------------|---|-----------------|------------------|-----------------|------------------|---|
| Early Diagnosis | 40. Cancer screening coverage - Breast cancer (%)   | 2018            | 77.0             | 3               | 74.9             |  |
|                 | 41. Cancer screening coverage - Cervical cancer (%)   | 2018            | 74.2             | 4               | 71.4             |  |
|                 | 42. Cancer screening coverage - Bowel cancer (%)  | 2018            | 60.4             | 4               | 59.0             |  |
|                 | 43. Diabetic eye screening - coverage (%)   | 2017/18         | 74.7             |                 | 68.1             |  |
|                 | 44. Cumulative % of the eligible population aged 40-74 who received an NHS Health Check (%) | 2013/14 - 17/18 | 41.4             | 6               | 44.3             |   |

Compared with England  Significantly Better  Similar  Significantly Worse

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

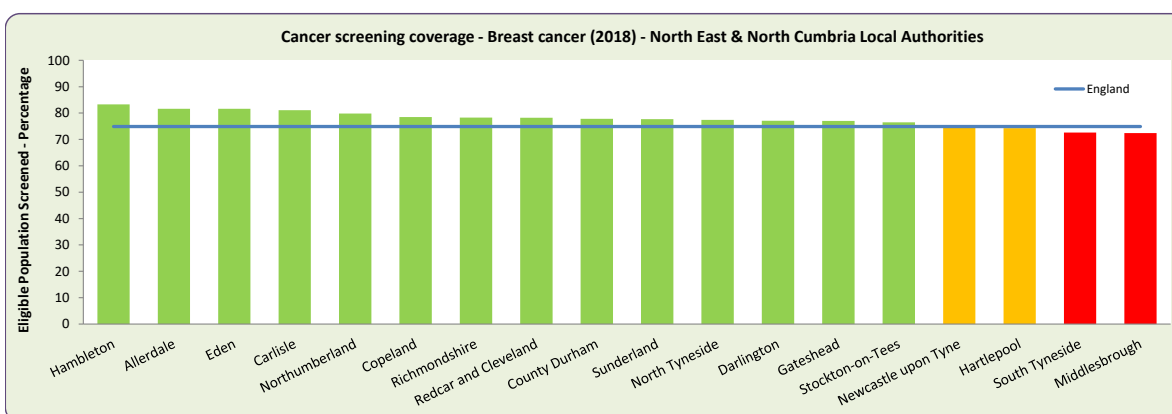
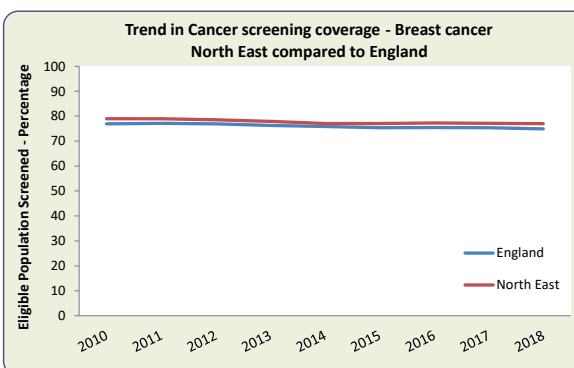
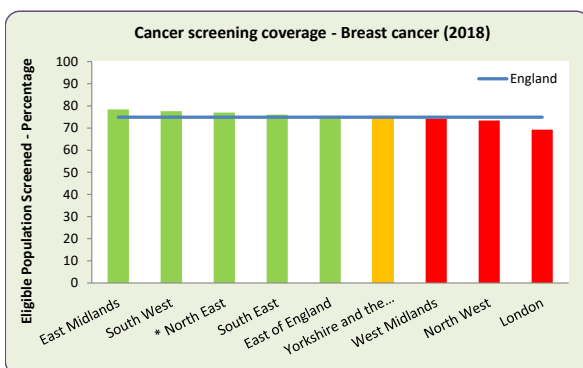
#### What do the detailed pages show?

The following pages contain further information for each indicator, including, where available, data comparing each region in England, and trend data over time for England and the North East. The latest information at local authority or CCG level for the North East and North Cumbria is also presented. A narrative section explains the key findings from the data and also includes data sources and definitions.

#### 40. Cancer screening coverage - Breast cancer (2018)

The percentage of women in the resident population eligible for breast screening who were screened adequately within the previous three years on 31 March.

| East Midlands | South West | North East | South East | East of England | Yorkshire and the Humber | West Midlands | North West | London | England |
|---------------|------------|------------|------------|-----------------|--------------------------|---------------|------------|--------|---------|
| 78.4          | 77.6       | 77.0       | 76.0       | 75.5            | 75.0                     | 74.3          | 73.4       | 69.3   | 74.9    |



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

##### Definitions / Notes

Breast screening supports early detection of cancer and is estimated to save 1,400 lives in England each year. Inclusion of this indicator in the Public Health Outcomes Framework provides an opportunity to incentivise screening promotion and other local initiatives to increase coverage of cancer screening. Improvements in coverage would mean more breast cancers are detected at earlier, more treatable stages.

The Department for Health & Social Care has set two performance levels for the breast screening programme: a 'lower threshold' which is the lowest level of performance that programmes are expected to attain, and an 'agreed standard' which is the level at which the programme is likely to be running optimally. These are 70% and 80% respectively.<sup>38</sup>

##### What is the data telling us?

Despite achieving a coverage rate significantly above the national average, the North East, like all other regions of the country did not meet the agreed standard for coverage (80%) in 2018. The coverage rate for the North East was 77.0% compared to the England average of 74.9%.

Within the region, all local authorities achieved the 70% lower threshold, but only four achieved the agreed standard with rates above 80%. They were Hambleton, Allderale, Eden and Carlisle. The lowest rates in the region were observed for Middlesbrough (72.4%) and South Tyneside (72.6%).

In 2018 two events (on the breast and cervical screening programmes) raised concerns about the management and understanding of screening programmes, and the National Audit Office conducted an enquiry,<sup>39</sup> which highlighted issues in relation to governance and oversight, contract management and complex and ageing IT systems. In November 2018 it was announced that Professor Sir Mike Richards will lead a review of cancer screening services, as part of a renewed drive to improve care and save lives.<sup>40</sup>

38. Department of Health & Social Care & NHS England (2018). NHS public health functions agreement 2018-2019, Public health functions to be exercised by NHS England. NHS England Publications Gateway Reference 07773, © Crown copyright.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/694130/nhs-public-functions-agreement-2018-2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/694130/nhs-public-functions-agreement-2018-2019.pdf)

39. National Audit Office (2019). Investigation into the management of health screening.

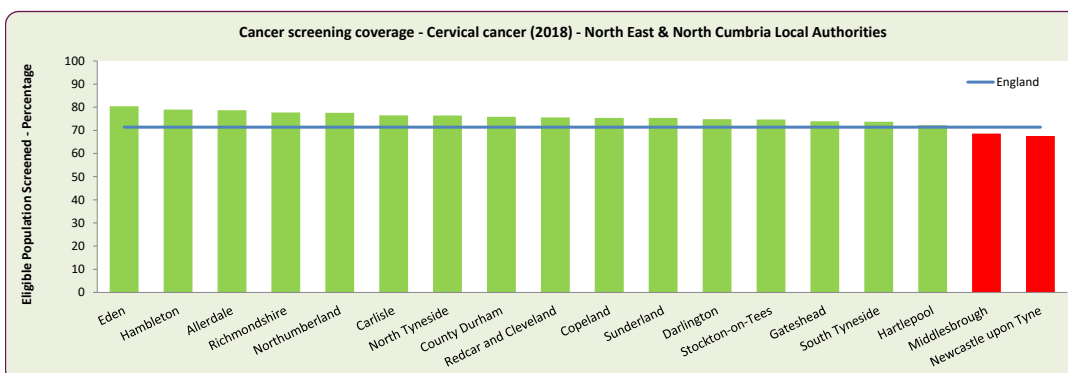
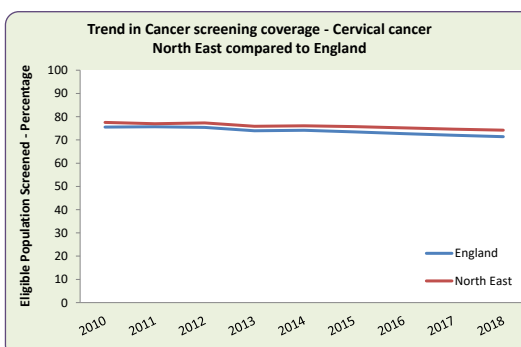
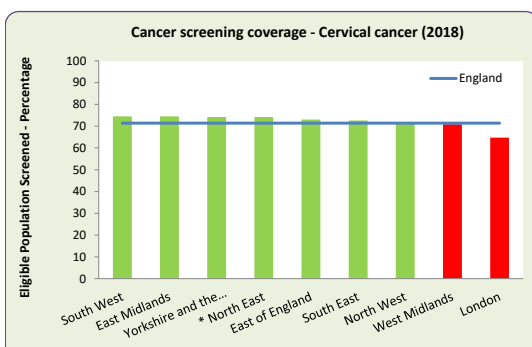
<https://www.nao.org.uk/report/investigation-into-adult-health-screening/>

40. <https://www.england.nhs.uk/2018/11/cancer-screening-to-be-overhauled-as-part-of-nhs-long-term-plan-to-improve-care-and-save-lives/>

#### 41. Cancer screening coverage - Cervical cancer (2018)

The percentage of women in the resident population eligible for cervical screening who were screened adequately within the previous 3.5 years or 5.5 years, according to age (3.5 years for women aged 25-49 and 5.5 years for women aged 50-64) on 31 March.

| South West | East Midlands | Yorkshire and the Humber | North East | East of England | South East | North West | West Midlands | London | England |
|------------|---------------|--------------------------|------------|-----------------|------------|------------|---------------|--------|---------|
| 74.5       | 74.5          | 74.2                     | 74.2       | 73.0            | 72.6       | 71.8       | 70.9          | 64.7   | 71.4    |



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

##### Definitions / Notes

Cervical cancer screening supports detection of symptoms that may become cancer and is estimated to save 4,500 lives in England each year.<sup>41</sup> Inclusion of this indicator in the Public Health Outcomes Framework provides an opportunity to incentivise screening promotion and other local initiatives to increase coverage of cancer screening. Improvements in coverage would mean more cervical cancer is prevented or detected at earlier, more treatable stages. The national target for cervical screening coverage is 80%.

The Department for Health & Social Care has set two performance levels for the cervical screening programme: a 'lower threshold' which is the lowest level of performance that programmes are expected to attain, and an 'agreed standard' which is the level at which the programme is likely to be running optimally. These are 75% and 80% respectively.<sup>42</sup>

##### What is the data telling us?

Despite achieving a coverage rate significantly above the national average, the North East, like all other regions of the country failed to meet even the lower threshold for coverage (75%) in 2018. The coverage rate for the North East was 74.2% compared to the England average of 71.4%.

Most regions are displaying a downward trend in screening coverage over the past 4 years and the North East is no exception.

During 2018, the majority of Local Authority populations in the North East region experienced coverage rates which were significantly higher than those achieved on average nationally. However, only Eden achieved the 80% standard. Coverage rates for residents of Newcastle (67.6%) and Middlesbrough (68.6%) were significantly lower than that achieved nationally and a further four areas failed to achieve the 75% lower threshold (South Tyneside, Gateshead, Stockton-on-Tees and Darlington).

In 2018 two events (on the breast and cervical screening programmes) raised concerns about the management and understanding of screening programmes, and the National Audit Office conducted an enquiry,<sup>43</sup> which highlighted issues in relation to governance and oversight, contract management and complex and ageing IT systems. In November 2018 it was announced that Professor Sir Mike Richards will lead a review of cancer screening services, as part of a renewed drive to improve care and save lives.<sup>44</sup>

41. Julian Peto et al, The Lancet 2004 (Vol.364: 249-56)

42. Department of Health & Social Care & NHS England (2018). NHS public health functions agreement 2018-2019, Public health functions to be exercised by NHS England. NHS England Publications Gateway Reference 07773, © Crown copyright.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/694130/nhs-public-functions-agreement-2018-2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/694130/nhs-public-functions-agreement-2018-2019.pdf)

43. National Audit Office (2019). Investigation into the management of health screening.

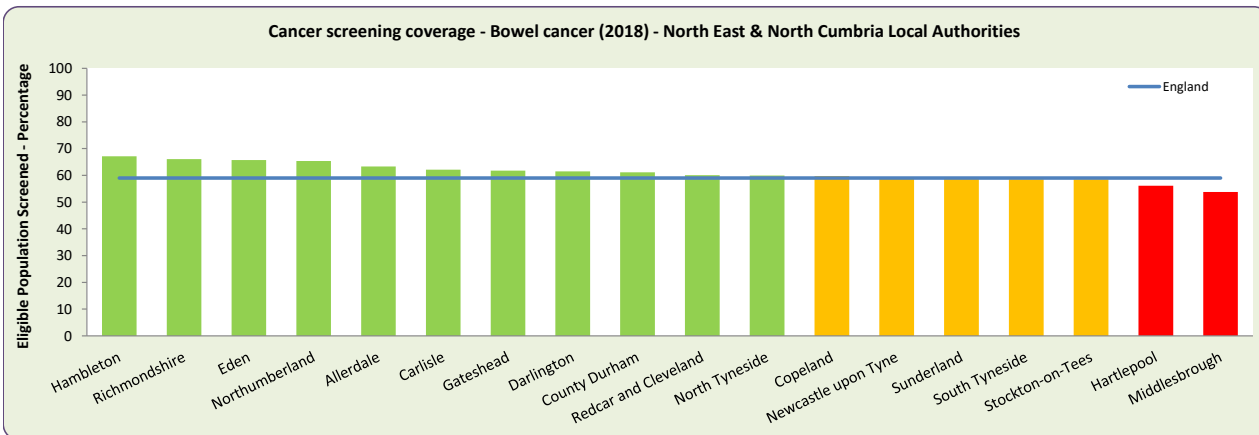
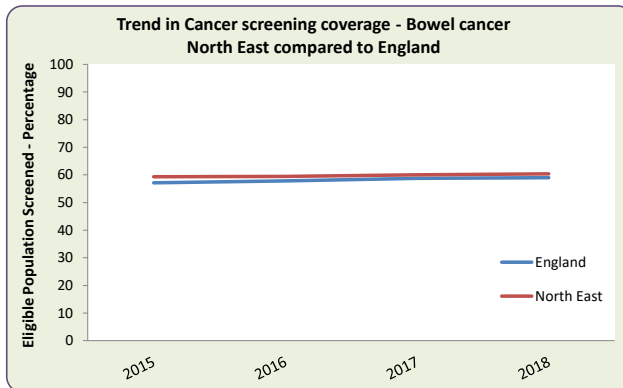
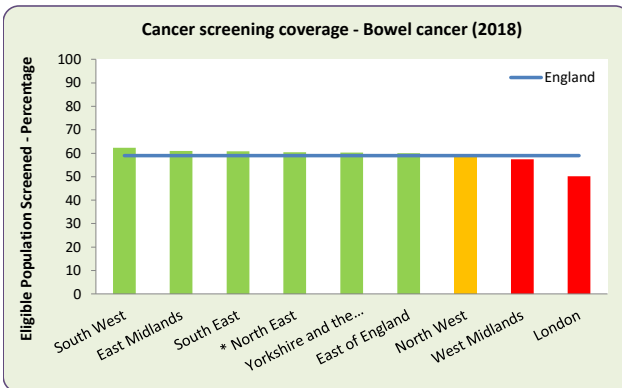
<https://www.nao.org.uk/report/investigation-into-adult-health-screening/>

44. <https://www.england.nhs.uk/2018/11/cancer-screening-to-be-overhauled-as-part-of-nhs-long-term-plan-to-improve-care-and-save-lives/>

## 42. Cancer screening coverage - Bowel cancer (2018)

The proportion of eligible men and women aged 60 to 74 invited for screening who had an adequate faecal occult blood test (FOBT) screening result in the previous 30 months.

| South West | East Midlands | South East | North East | Yorkshire and the Humber | East of England | North West | West Midlands | London | England |
|------------|---------------|------------|------------|--------------------------|-----------------|------------|---------------|--------|---------|
| 62.3       | 60.9          | 60.8       | 60.4       | 60.3                     | 60.0            | 58.9       | 57.4          | 50.2   | 59.0    |



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

### Definitions / Notes

Bowel cancer screening supports early detection of cancer and polyps which are not cancers but may develop into cancers over time. About one in 20 people in the UK will develop bowel cancer during their lifetime. This indicator provides an opportunity to incentivise screening promotion and other local initiatives to increase coverage of bowel cancer screening.

Improvements in coverage would mean more bowel cancers are detected at earlier, more treatable stages, and more polyps are detected and removed - reducing the risk of bowel cancer developing.

The Department for Health & Social Care has set two performance levels for the bowel screening programme: a 'lower threshold' which is the lowest level of performance that programmes are expected to attain, and an 'agreed standard' which is the level at which the programme is likely to be running optimally. These are 55% and 60% respectively.<sup>45</sup>

### What is the data telling us?

The 2018 data shows a positive picture for the North East region with a coverage rate of 60.4%, compared to the national average of 59.0%, and the North East was one of five regions that achieved the agreed standard (60%).

During 2018, more than half (10) of Local Authority populations in the North East region achieved the 60% standard. The lowest rate in the region was observed in Middlesbrough where even the lower threshold for coverage was not achieved (53.8%).

45. Department of Health & Social Care & NHS England (2018). NHS public health functions agreement 2018-2019, Public health functions to be exercised by NHS England. NHS England Publications Gateway Reference 07773, © Crown copyright.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/694130/nhs-public-functions-agreement-2018-2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/694130/nhs-public-functions-agreement-2018-2019.pdf)



### 43. Percentage of diabetes patients who have a record of retinal screening in the last 12 months (2017/18)

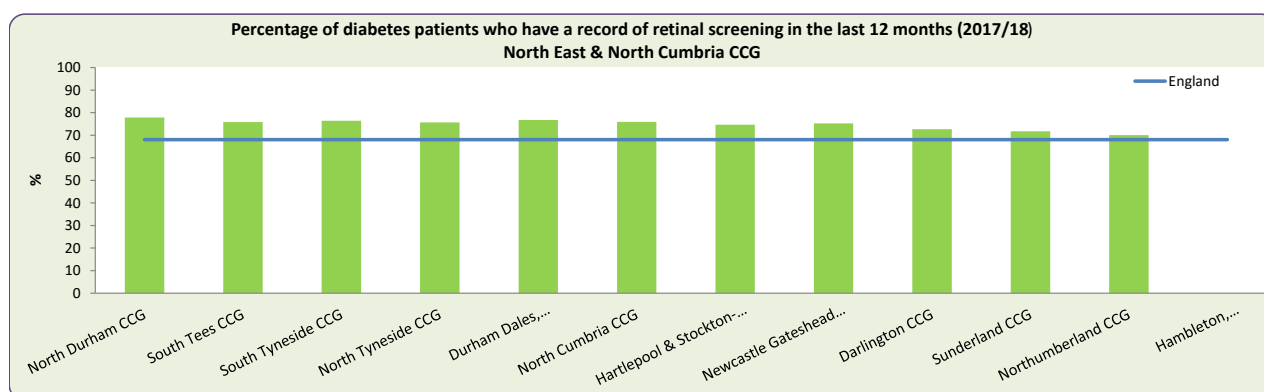
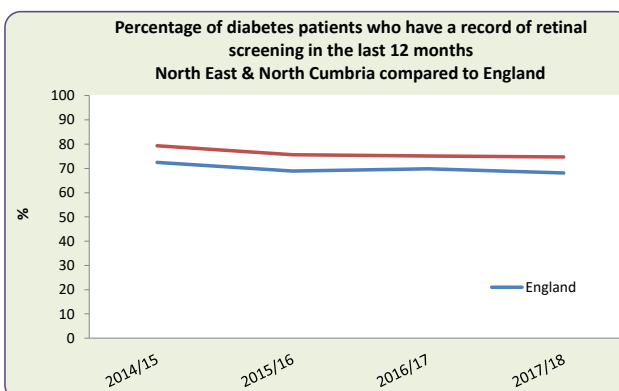
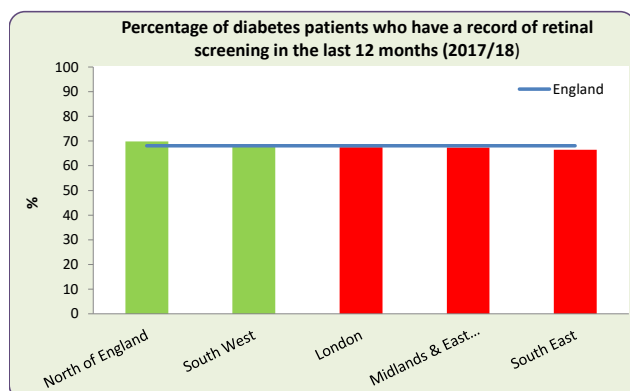
The percentage of patients with diabetes, on GP practice registers, who have a record of retinal screening in the preceding 12 months

**North East & North  
Cumbria**

**74.7**

England  
**68.1**

Compared with England: Significantly Better



Data source: NHS Digital. Indicators no longer in QOF (INLIQ).

2014-15 <http://content.digital.nhs.uk/pubs/gpprac1415> Copyright © 2015, Health and Social Care Information Centre.

2015/16 <http://digital.nhs.uk/catalogue/PUB22004> Copyright © 2016 Health and Social Care Information Centre.

2016/17 <http://www.digital.nhs.uk/catalogue/PUB30049> Copyright © 2017 Health and Social Care Information Centre.

2017/18 <https://digital.nhs.uk/data-and-information/publications/statistical/gp-contract-services/gp-contract-services-england-2017-18>  
Copyright © 2018 Health and Social Care Information Centre.

#### Definitions / Notes

Diabetic retinopathy is one of the most common causes of blindness in the UK. Regular screening allows prompt identification and effective treatment, if necessary, of sight threatening diabetic retinopathy.

This indicator replaces one reported previously in this report. The previous indicator measured screening uptake (the proportion of those offered screening who attended), whereas this one measures coverage (the proportion of eligible patients who have been screened). Another difference is that this indicator includes data at both regional and CCG level, whereas the previous indicator only provided data for regional geographies.

The information presented above has been derived from indicators that have been removed from the Quality and Outcomes Framework (QOF), a system of financial incentives for improving quality of primary care within the contract for GP services. However, the data are still collected and published.

No data has been published for Hambleton CCG for 2017/18 which means that the NENC figure for 2017/18, along with the England figure and the North of England figure exclude Hambleton, Richmondshire & Whitby CCG.

#### What is the data telling us?

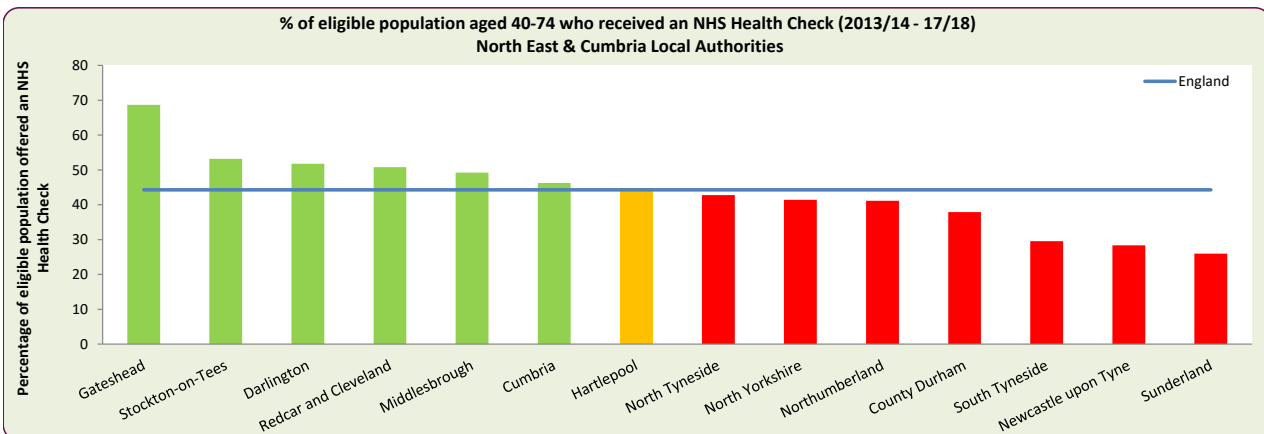
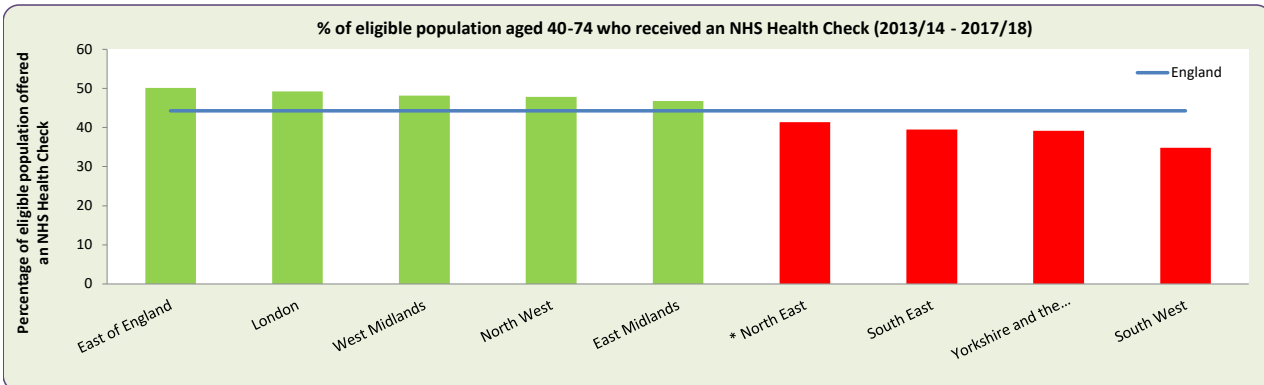
The percentage of patients with diabetes, on GP practice registers, who have a record of retinal screening in the preceding 12 months was significantly higher in the NENC AHSN area in 2017/18 than in the country as a whole (74.7% compared to 68.1%), a trend that has been observed for the past 4 years. However, the rate is very slowly declining, both regionally and nationally, possibly due to the fact that this indicator is no longer monitored as part of the Quality and Outcomes Framework.

Within the region, all of the CCGs had rates which are significantly better than the national average in 2017/18.

#### 44. Cumulative % of the eligible population aged 40-74 who received an NHS Health check (2013/14 - 17/18)

The cumulative percentage of the eligible population aged 40-74 who received an NHS Health check in the period 2013/14 - 2017/18.

| East of England | London | West Midlands | North West | East Midlands | North East | South East | Yorkshire and the Humber | South West | England |
|-----------------|--------|---------------|------------|---------------|------------|------------|--------------------------|------------|---------|
| 50.1            | 49.3   | 48.2          | 47.9       | 46.8          | 41.4       | 39.5       | 39.1                     | 34.9       | 44.3    |



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

##### Definitions / Notes

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS Health Checks is assumed to be important to identify early signs of poor health leading to opportunities for early interventions.

##### What is the data telling us?

In the period 2013/14 - 2017/18, the percentage of the eligible population of the North East region that received an NHS Health check was 41.4%, significantly lower than that achieved nationally.

During 2013/14 - 17/18, rates significantly below the national average were achieved for the populations of half of the constituent local authorities within the North East and Cumbria. However, six local authorities in the region achieved rates for health checks received that were significantly higher than those achieved nationally.











There appears to be high offer rate but low uptake of health checks in the North East region.

## Population Health & Healthcare Surveillance

### End of Life Care

March 2019 Update

### Summary Dashboard

|                  | Indicator   | Time Period | North East Value | North East Rank | National Average | Direction of Travel   |
|------------------|---|-------------|------------------|-----------------|------------------|---|
| 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%             |    |
|                  | 46. % Dying in hospital aged 65-74 years (all causes)   | 2016        | 49.1             |                 | 49.2             |    |
|                  | 47. % Dying in hospital aged 75-84 years (all causes)   | 2016        | 51.5             |                 | 50.5             |    |
|                  | 48. % Dying in hospital aged 85+ years (all causes)   | 2016        | 45.7             |                 | 43.8             |    |
|                  | 49. % of deaths with an underlying cause of Cancer that took place in Usual Place of Residence (all ages)                         | 2016        | 49.6             |                 | 44.5             |    |
|                  | 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             |    |
|                  | 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             |    |
|                  | 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             |   |
|                  | 53. Care home beds per 100 people - ages 75+  | 2018        | 11.6             |                 | 10.1             |  |
|                  | 54. Nursing home beds per 100 people - ages 75+   | 2018        | 6.0              |                 | 4.9              |  |

Compared with England

|   |                      |   |         |   |                     |
|---|----------------------|---|---------|---|---------------------|
|  | Significantly Better |  | Similar |  | Significantly Worse |
|  | Significantly Higher |   |         |  | Significantly Lower |

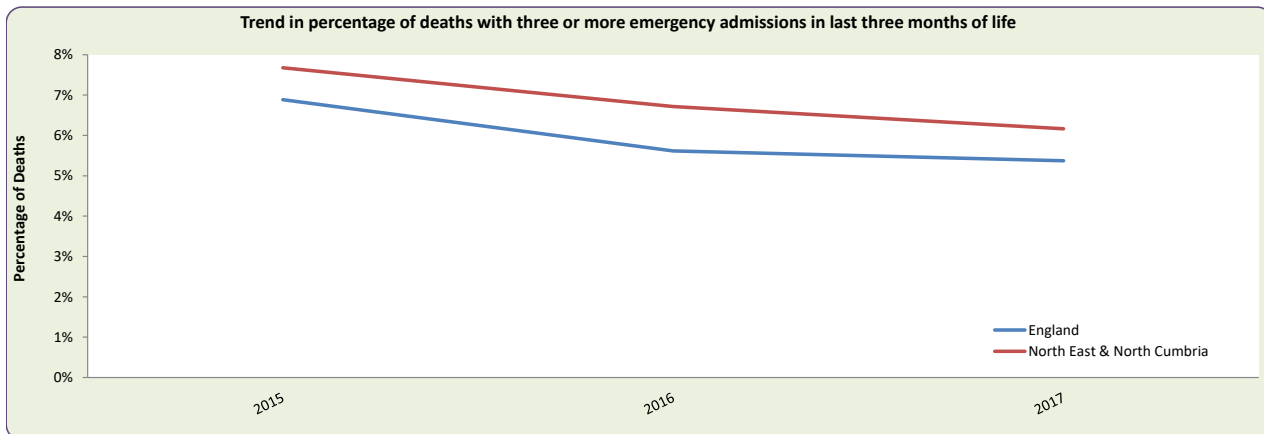
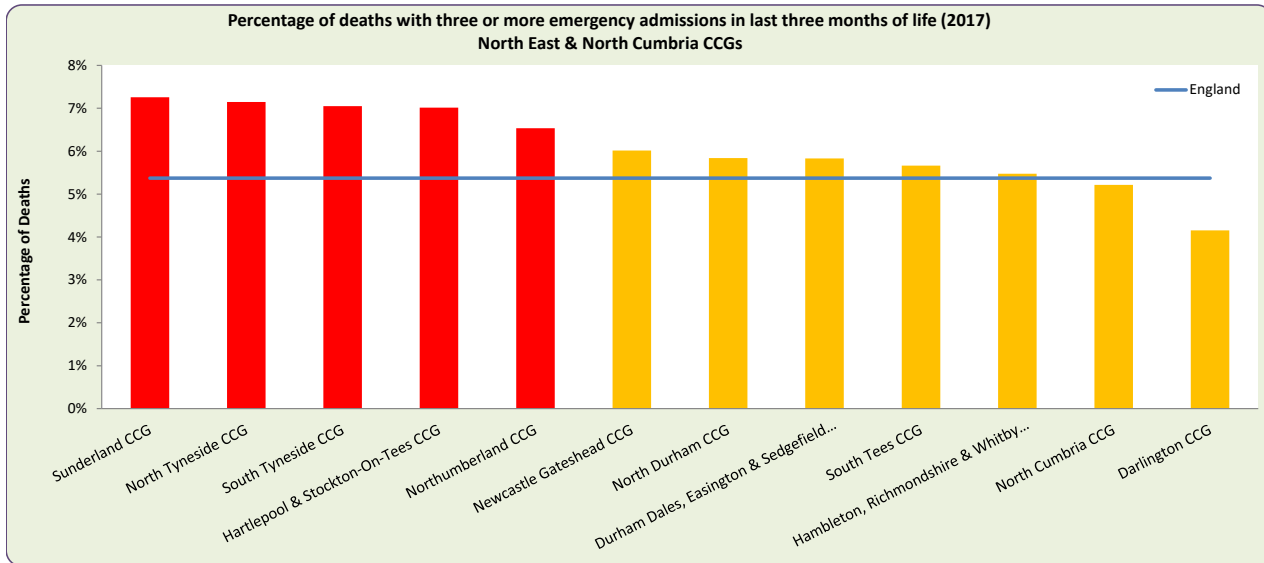
North East Rank amongst the 9 Regions 1 - Best 9 - Worst

#### What do the detailed pages show?

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

#### 45. Percentage of deaths with three or more emergency admissions in last three months of life (2017)

**North East & North Cumbria**  
**6.2%**  
 Compared with England: Significantly Worse  
 England  
 5.4%



Data source: NHS Digital - CCG Improvement and Assessment Framework

##### Definitions / Notes

The purpose of the indicator is to encourage improvement in the quality of end of life and it is part of the CCG Improvement and Assessment Framework (CCG IAF 105c). The threshold of 3 or more is set to account for the fact that some unplanned needs may require emergency admission (e.g. an acute reversible event that may or may not be connected to the underlying condition, or an unexpected and sudden deterioration in symptom severity which requires urgent and close 24/7 medical and/or nursing management).

A high number of emergency admissions during the last 3 months of life could indicate that care is not being coordinated, that care planning conversations are not taking place or the appropriate level of support to deliver a care plan and manage potential crises is not in place.

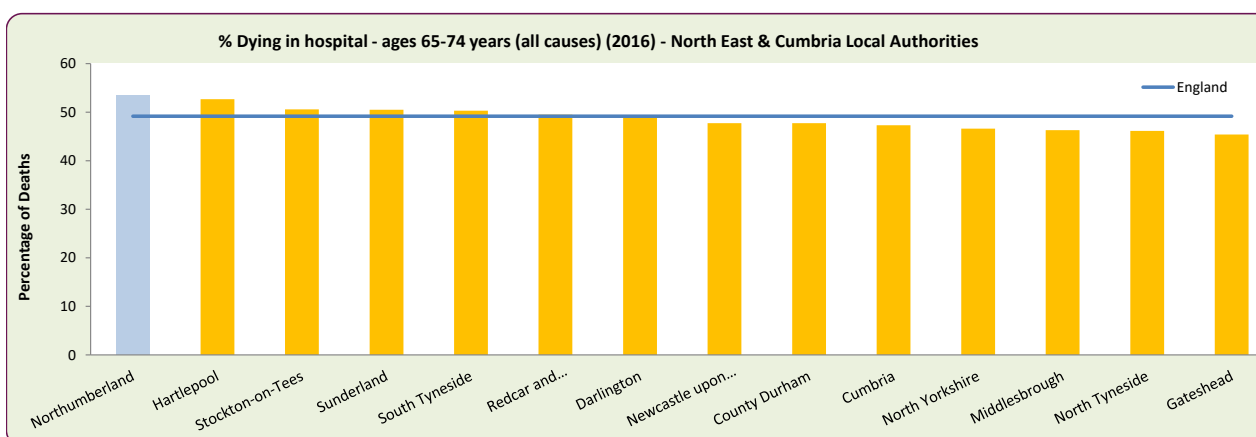
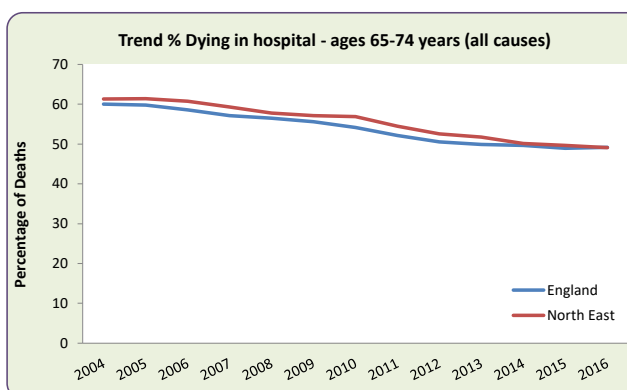
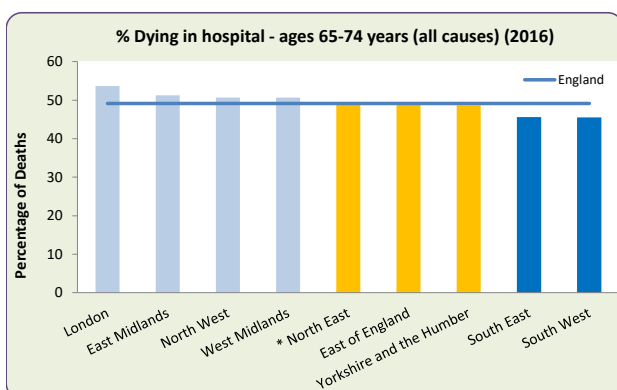
##### What is the data telling us?

The data show that the percentage of deaths with three or more emergency admissions in the last three months of life was significantly higher in the North East and North Cumbria in 2017 than in the country as a whole (6.2% versus 5.4%). Although trend data indicate that this percentage is declining in the NENC area, the gap between the region and England has not narrowed as the England rate has fallen at a similar pace to that seen in the NENC area.

#### 46. % Dying in hospital - ages 65-74 years (all causes) (2016)

The annual proportion of registered deaths in each area for persons aged 65 to 74 years and where the place of death is recorded as Hospital.

| London | East Midlands | North West | West Midlands | North East | East of England | Yorkshire and the Humber | South East | South West | England |
|--------|---------------|------------|---------------|------------|-----------------|--------------------------|------------|------------|---------|
| 53.6   | 51.2          | 50.7       | 50.6          | 49.1       | 48.9            | 48.7                     | 45.6       | 45.5       | 49.2    |



Data source: Public Health England - End of Life Profiles Indicator Portal (<https://fingertips.phe.org.uk/profile/end-of-life>).

#### Definitions / Notes

National studies indicate that, given the choice, most people would prefer to die at home. In practice, however, a considerable proportion of people die in hospital with implications for the quality of their end of life care.

#### What is the data telling us?

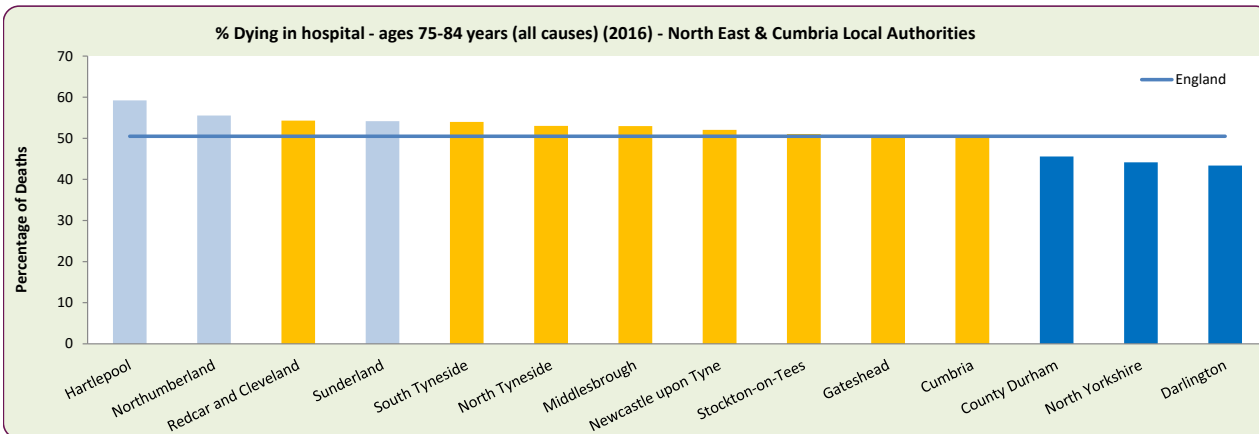
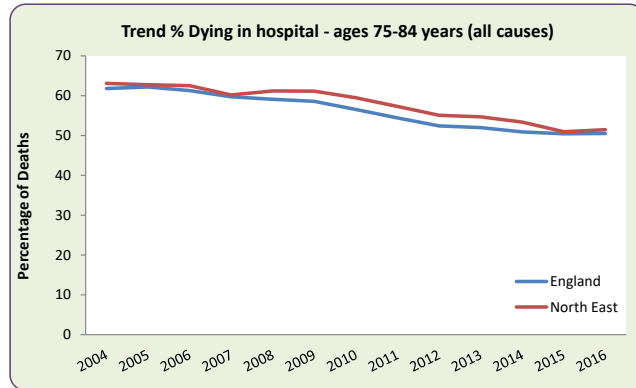
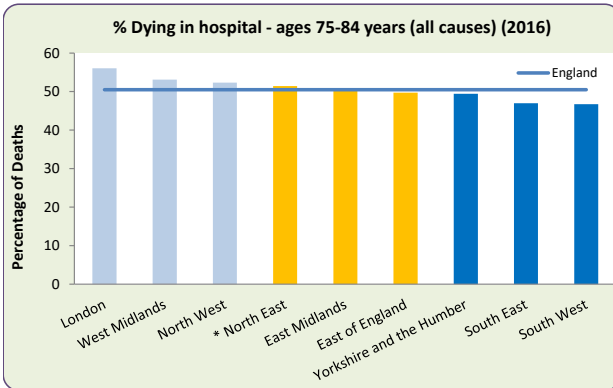
These data show that, in 2016, the proportion of people aged 65-74 years old in the North East region (49.1%) dying in hospital was similar to that in England (49.2%). The trend over time shows a reduction in the proportion of people in this age group who die in hospital.

During this period, the majority of local authorities in the North East and Cumbria were also similar to England. There was one exception: Northumberland was significantly higher than England. This variation may depend on the availability of community hospitals and hospices in each area.

#### 47. % Dying in hospital - ages 75-84 years (all causes) (2016)

The annual proportion of registered deaths in each area for persons aged 75 to 84 years and where the place of death is recorded as Hospital.

| London | West Midlands | North West | North East | East Midlands | East of England | Yorkshire and the Humber | South East | South West | England |
|--------|---------------|------------|------------|---------------|-----------------|--------------------------|------------|------------|---------|
| 56.1   | 53.1          | 52.3       | 51.5       | 50.8          | 49.7            | 49.4                     | 47.0       | 46.7       | 50.5    |



Data source: Public Health England - End of Life Profiles Indicator Portal (<https://fingertips.phe.org.uk/profile/end-of-life>).

##### Definitions / Notes

National studies indicate that, given the choice, most people would prefer to die at home. In practice, however, a considerable proportion of people die in hospital with implications for the quality of their end of life care.

##### What is the data telling us?

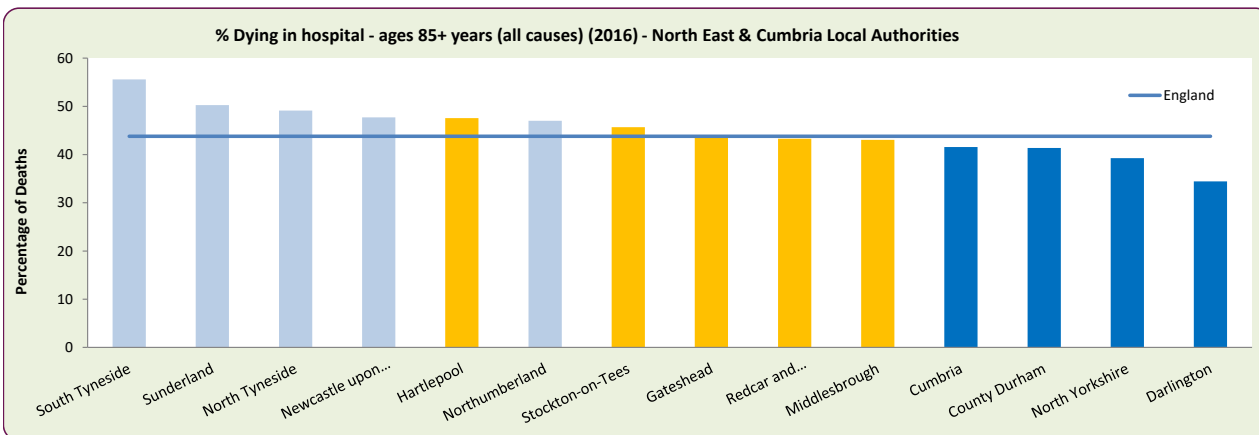
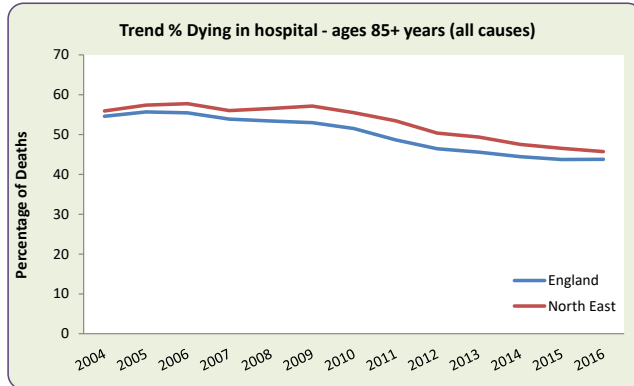
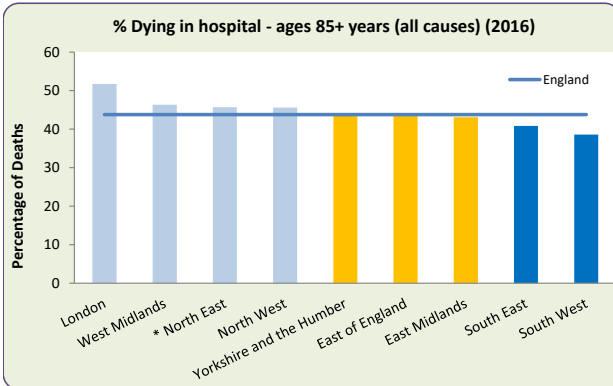
These data show that in 2016, the proportion of people aged 75-84 years old in the North East region (51.5%) dying in hospital, was similar to that in England (50.5%). The trend over time shows a reduction in the proportion of people in this age group who die in hospital.

During this period, there was variation within the region. In 2016 Hartlepool had the highest percentage dying in hospital at 59.2%, whilst the Local Authority area with the lowest percentage dying in hospital was Darlington at 43.4%. This variation may depend on the availability of community hospitals and hospices in each area.

#### 48. % Dying in hospital - ages 85 years and over (all causes) (2016)

The annual proportion of registered deaths in each area for persons aged 85 years and over and where the place of death is recorded as Hospital.

| London | West Midlands | North East | North West | Yorkshire and the Humber | East of England | East Midlands | South East | South West | England |
|--------|---------------|------------|------------|--------------------------|-----------------|---------------|------------|------------|---------|
| 51.7   | 46.3          | 45.7       | 45.6       | 43.5                     | 43.4            | 43.1          | 40.9       | 38.6       | 43.8    |



Data source: Public Health England - End of Life Profiles Indicator Portal (<https://fingertips.phe.org.uk/profile/end-of-life>).

##### Definitions / Notes

National studies indicate that, given the choice, most people would prefer to die at home. In practice, however, a considerable proportion of people die in hospital with implications for the quality of their end of life care.

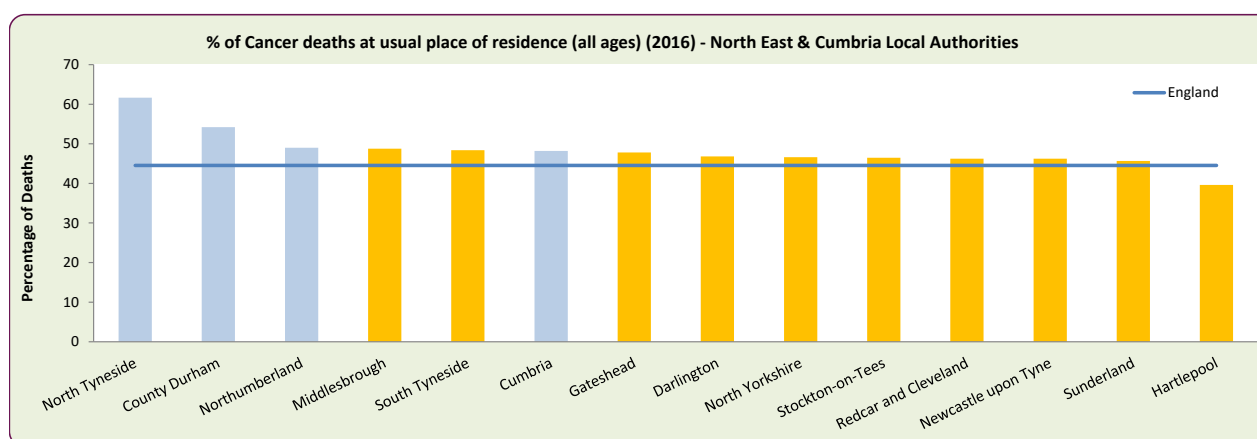
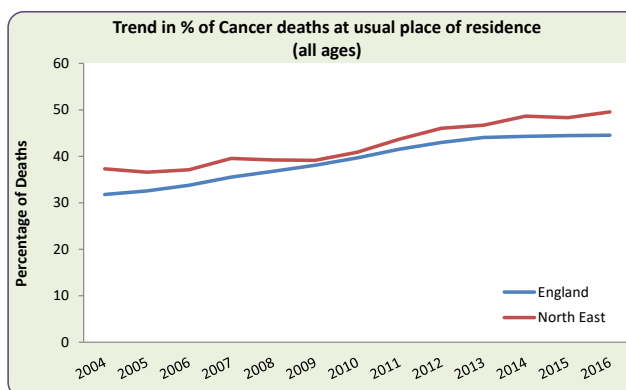
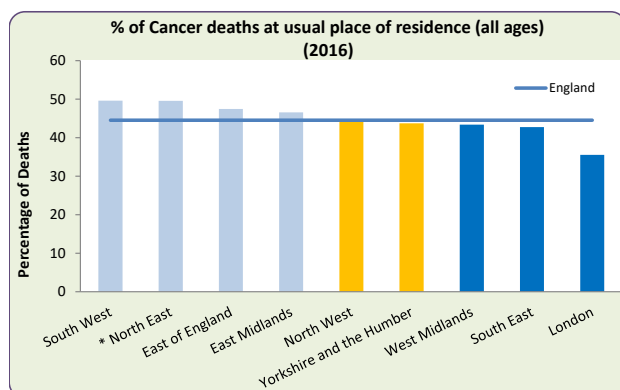
##### What is the data telling us?

These data show that in 2016, the proportion of people aged 85+ years old in the North East region (45.7%) dying in hospital was significantly higher than that in England (43.8%). The trend over time shows a reduction in the proportion of people in this age group who die in hospital.

During this period, there was variation within the region. In 2016 South Tyneside had the highest percentage dying in hospital at 55.6%, whilst the lowest percentage was in Darlington at 34.4%.

#### 49. % of deaths with an underlying cause of Cancer that took place in usual place of residence (all ages) (2016)

| South West | North East | East of England | East Midlands | North West | Yorkshire and the Humber | West Midlands | South East | London | England |
|------------|------------|-----------------|---------------|------------|--------------------------|---------------|------------|--------|---------|
| 49.6       | 49.6       | 47.4            | 46.6          | 44.6       | 43.7                     | 43.4          | 42.8       | 35.6   | 44.5    |



Data source: Public Health England - End of Life Profiles Indicator Portal (<https://fingertips.phe.org.uk/profile/end-of-life>).

##### Definitions / Notes

Usual residence is defined as: home, care homes (local authority and non-local authority) and religious establishments.

##### What is the data telling us?

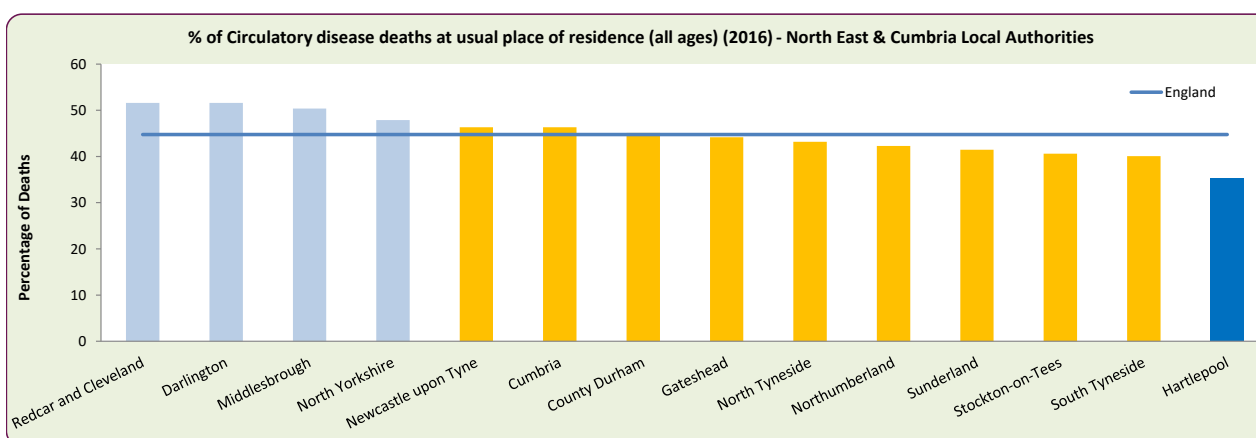
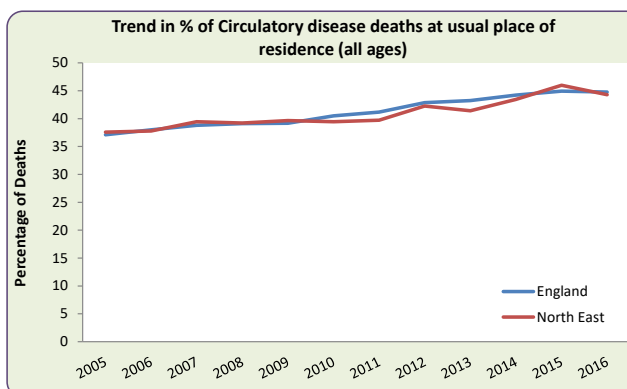
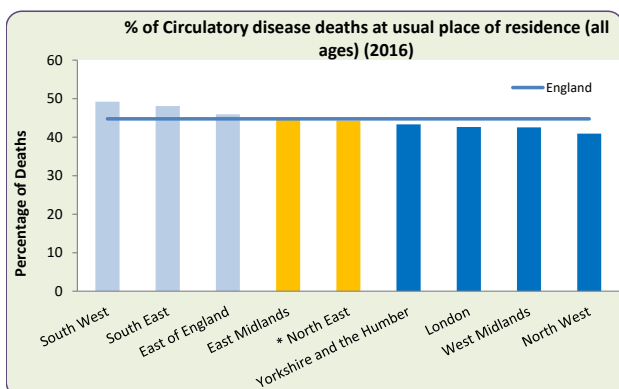
These data show that in 2016, the proportion of cancer deaths in the North East region that occurred at the usual place of residence (49.6%) was significantly higher than that in England (44.5%). The trend in this measure over time at national and regional level is that there has been an increase in the proportion of deaths from cancer that take place in the usual place of residence for the patient.

In 2016 there was variation within the region. North Tyneside had the highest proportion of cancer patients dying at the usual place of residence at 61.6%, whilst the lowest percentage was in Hartlepool at 39.6%.



## 50. % of deaths with an underlying cause of Circulatory disease that took place in usual place of residence (all ages) (2016)

| South West | South East | East of England | East Midlands | North East | Yorkshire and the Humber | London | West Midlands | North West | England |
|------------|------------|-----------------|---------------|------------|--------------------------|--------|---------------|------------|---------|
| 49.2       | 48.1       | 45.9            | 44.5          | 44.3       | 43.3                     | 42.6   | 42.5          | 40.9       | 44.8    |



Data source: Public Health England - End of Life Profiles Indicator Portal (<https://fingertips.phe.org.uk/profile/end-of-life>).

### Definitions / Notes

Usual residence is defined as: home, care homes (local authority and non-local authority) and religious establishments.

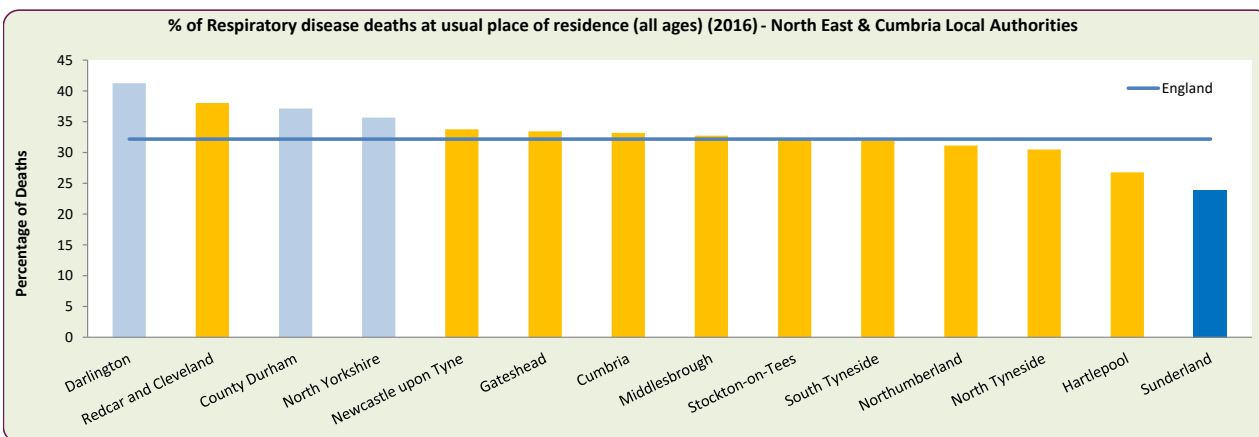
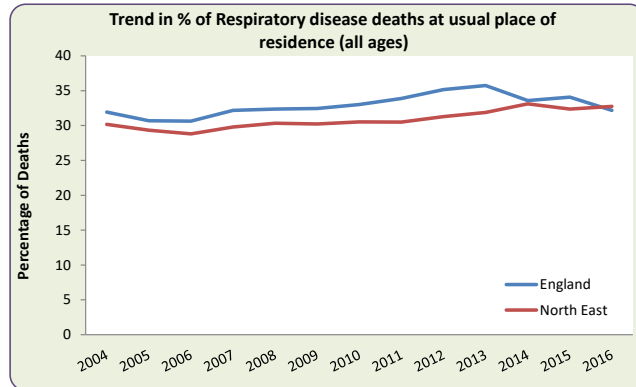
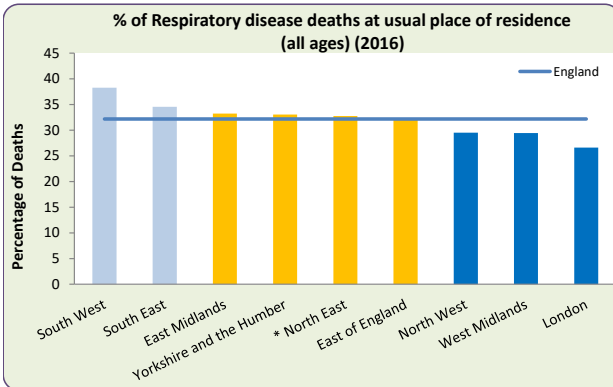
### What is the data telling us?

These data show that in 2016, the proportion of circulatory disease deaths in the North East region that occurred at the usual place of residence (44.3%) was similar to that in England (44.8%). The trend in this measure over time at national and regional level has generally been upwards, although in the North East, in 2016, the proportion of deaths from circulatory disease that took place in usual place of residence declined slightly from the 2015 figure.

In 2016 there was variation within the region. Redcar and Cleveland had the highest percentage dying at the usual place of residence at 51.6%, whilst the lowest percentage was in Hartlepool at 35.2%.

## 51. % of deaths with an underlying cause of Respiratory disease that took place in usual place of residence (all ages) (2016)

| South West | South East | East Midlands | Yorkshire and the Humber | North East | East of England | North West | West Midlands | London | England |
|------------|------------|---------------|--------------------------|------------|-----------------|------------|---------------|--------|---------|
| 38.2       | 34.5       | 33.2          | 33.0                     | 32.7       | 32.1            | 29.5       | 29.4          | 26.6   | 32.2    |



Data source: Public Health England - End of Life Profiles Indicator Portal (<https://fingertips.phe.org.uk/profile/end-of-life>).

### Definitions / Notes

Usual residence is defined as: home, care homes (local authority and non-local authority) and religious establishments.

### What is the data telling us?

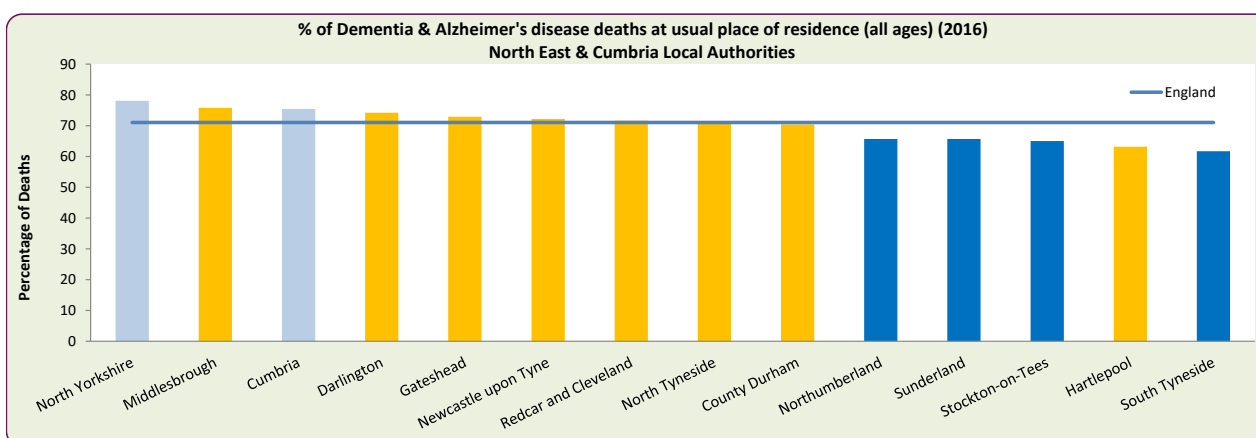
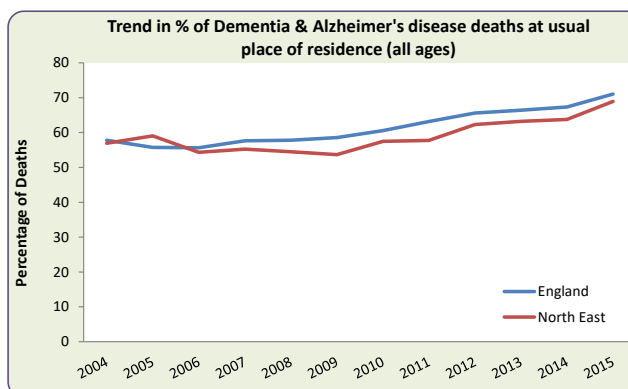
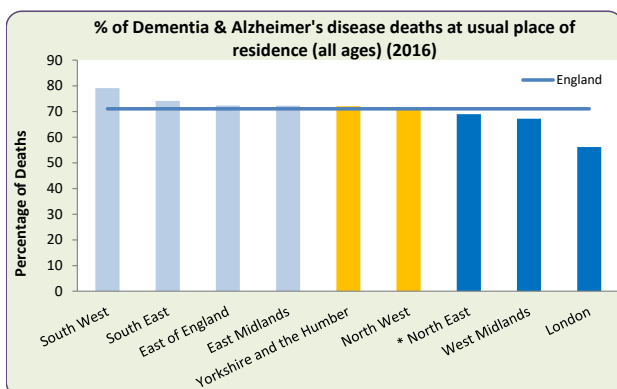
These data show that in 2016, the proportion of respiratory disease deaths in the North East region that occurred at the usual place of residence (32.7%), was similar to that in England (32.2%).

From 2007 until 2013/2014 there was a slow increase in the proportion of deaths from respiratory disease that took place in the usual place of residence for the patient but in recent years this has plateaued in the North East and appears to be declining in England.

In 2016 there was variation within the region. Darlington had the highest percentage dying at the usual place of residence at 41%, whilst the lowest percentage was in Sunderland, 23.9%.

## 52. % of deaths with an underlying cause of Dementia & Alzheimer's disease that took place in usual place of residence (all ages) (2016)

| South West | South East | East of England | East Midlands | Yorkshire and the Humber | North West | North East | West Midlands | London | England |
|------------|------------|-----------------|---------------|--------------------------|------------|------------|---------------|--------|---------|
| 79.1       | 74.1       | 72.3            | 72.3          | 72.1                     | 71.5       | 68.9       | 67.2          | 56.2   | 71.0    |



Data source: Public Health England - End of Life Profiles Indicator Portal (<https://fingertips.phe.org.uk/profile/end-of-life>).

### Definitions / Notes

Usual residence is defined as: home, care homes (local authority and non-local authority) and religious establishments.

### What is the data telling us?

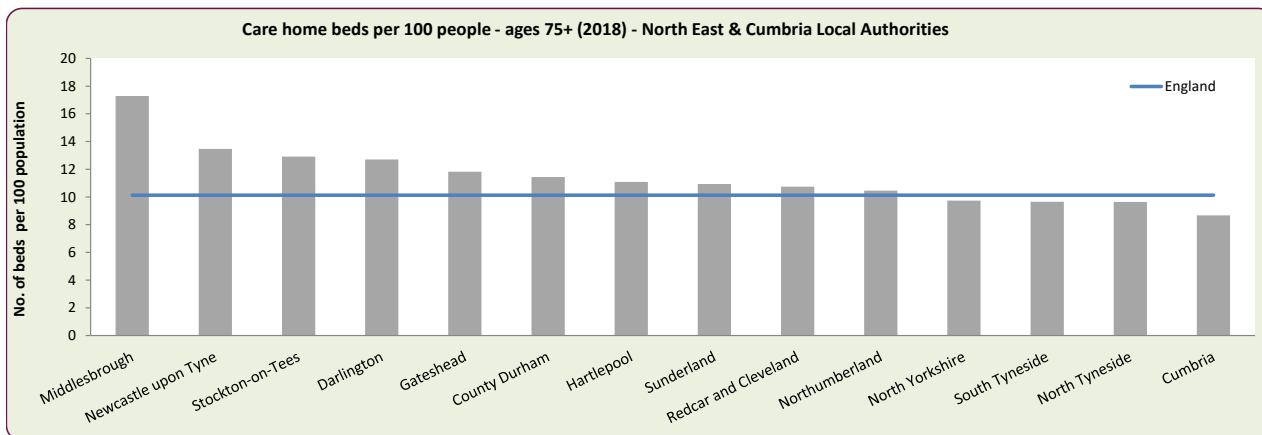
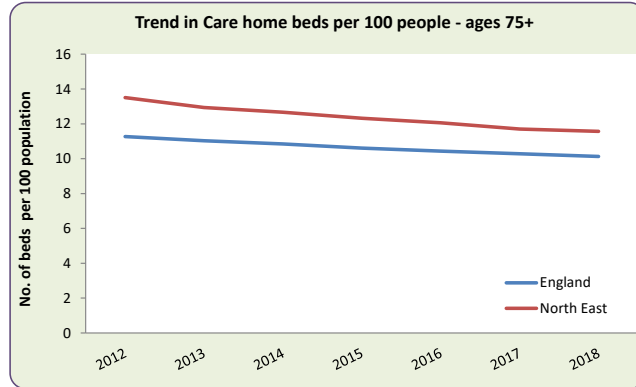
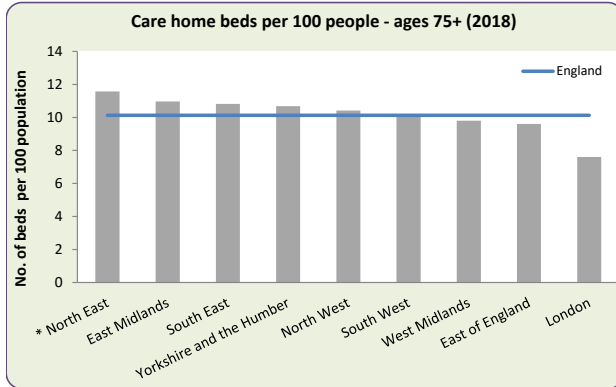
These data show that in 2016, the proportion of Dementia & Alzheimer's disease deaths in the North East region that occurred at the usual place of residence (68.9%) was significantly lower than that in England (71.0%). The trend in this measure over time at national and regional level is that there is an increase in the proportion of deaths from dementia and Alzheimer's disease that take place in the usual place of residence for the patient.

In 2016 there was variation within the region. North Yorkshire had the highest percentage dying at the usual place of residence at 78.1%, whilst the lowest percentage was in South Tyneside at 61.7%.

### 53. Care Home Beds per 100 people - ages 75+ (2018)

The number of beds in care homes (all care homes - nursing or residential) per 100 population aged 75 and over

| North East | East Midlands | South East | Yorkshire and the Humber | North West | South West | West Midlands | East of England | London | England |
|------------|---------------|------------|--------------------------|------------|------------|---------------|-----------------|--------|---------|
| 11.6       | 11.0          | 10.8       | 10.7                     | 10.4       | 10.2       | 9.8           | 9.6             | 7.6    | 10.1    |



Data source: Public Health England - End of Life Profiles Indicator Portal (<https://fingertips.phe.org.uk/profile/end-of-life>).

#### Definitions / Notes

Within each area, the number of beds available at fiscal year end (31st March) in care homes (nursing and residential), as recorded by CQC, is reported as a percentage of the ONS mid year estimated population aged 75 and over in that area for the previous year (e.g. beds data for end March 2018 is associated with population data for mid year 2017).

#### What is the data telling us?

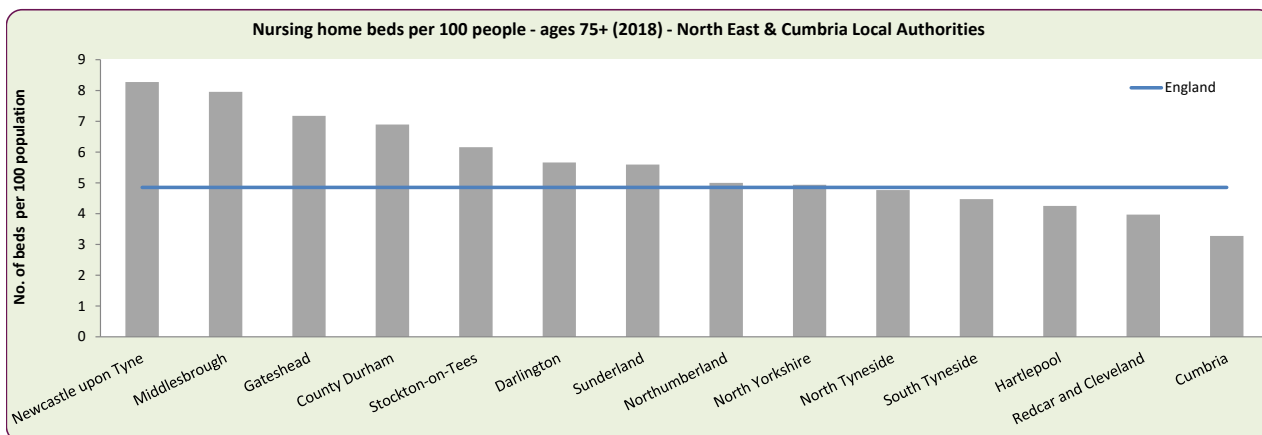
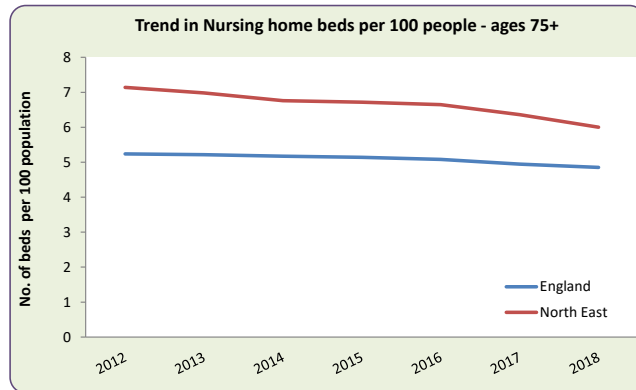
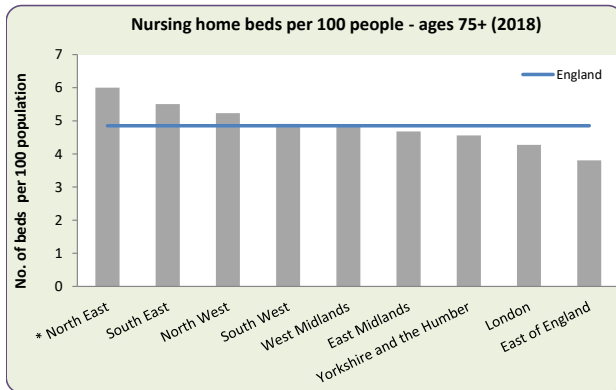
These data show that in 2018, the number of care home beds per 100 population aged 75 and over was the highest in England. The trend data shows that the North East region has consistently had a higher number of beds per population than the England average, although both rates have been falling since 2012.

In 2018 there was variation within the region. Middlesbrough had 17.3 care home beds per 100, whilst the lowest rate was in Cumbria with 8.7 beds per 100 people aged 75 and above.

#### 54. Nursing Home Beds per 100 people - ages 75+ (2018)

The number of beds in nursing homes per 100 population aged 75 and over

| North East | South East | North West | South West | West Midlands | East Midlands | Yorkshire and the Humber | London | East of England | England |
|------------|------------|------------|------------|---------------|---------------|--------------------------|--------|-----------------|---------|
| 6.0        | 5.5        | 5.2        | 4.9        | 4.9           | 4.7           | 4.6                      | 4.3    | 3.8             | 4.9     |



Data source: Public Health England - End of Life Profiles Indicator Portal (<https://fingertips.phe.org.uk/profile/end-of-life>).

##### Definitions / Notes

Within each area, the number of beds available at fiscal year end (31st March) in nursing homes, as recorded by CQC, is reported as a percentage of the ONS mid year estimated population aged 75 and over in that area for the previous year (e.g. beds data for end March 2018 is associated with population data for mid year 2017).

It should be noted that the data reported for this metric (nursing home beds only) is a subset of that reported for the previous metric which related to both residential and nursing home beds.

##### What is the data telling us?

These data show that in 2018, the number of nursing home beds per 100 population aged 75 and over was the highest in England. The trend data shows that the North East region has consistently had a higher number of beds per population than the England average, although both rates have been falling since 2012.

In 2018 there was variation within the region. Newcastle upon Tyne had 8.3 beds per 100, whilst the lowest rate was in Cumbria with 3.3 beds per 100 people aged 75 and above.



## Population Health & Healthcare Surveillance

### Healthcare Utilisation

March 2019 Update

### Summary Dashboard

| Indicator  | Time Period         | North East Value | North East Rank | National Average | Direction of Travel |
|--|---------------------|------------------|-----------------|------------------|---------------------|
| 55. Percentage of the Population aged 85 & over  | 2017                | 2.4%             |                 | 2.4%             |                     |
| 56. Unplanned hospital admission rates for chronic ambulatory care sensitive conditions (ACSC) (per 100,000) |                     |                  |                 |                  |                     |
| All Ages   | Dec 2017 - Nov 2018 | 972              |                 | 702              |                     |
| 65-79 years  | Dec 2017 - Nov 2018 | 2330             |                 | 1738             |                     |
| 80+ years  | Dec 2017 - Nov 2018 | 4575             |                 | 3888             |                     |
| 57. Unplanned hospital admission rates for acute ACSC (per 100,000)  |                     |                  |                 |                  |                     |
| All Ages   | Dec 2017 - Nov 2018 | 1797             |                 | 1326             |                     |
| 65-79 years  | Dec 2017 - Nov 2018 | 2696             |                 | 2064             |                     |
| 80+ years  | Dec 2017 - Nov 2018 | 8091             |                 | 6454             |                     |
| 58. A&E attendance rates (per 1,000)   |                     |                  |                 |                  |                     |
| All Ages   | Dec 2017 - Nov 2018 | 413              |                 | 340              |                     |
| 59. Outpatient attendances: Review to New ratio  |                     |                  |                 |                  |                     |
| All Ages   | Dec 2017 - Nov 2018 | 2.7              |                 | 2.1              |                     |
| 65-79 years  | Dec 2017 - Nov 2018 | 3.1              |                 | 2.5              |                     |
| 80+ years  | Dec 2017 - Nov 2018 | 3.1              |                 | 2.6              |                     |
| 60. Age specific first outpatient attendance referral rates (per 1,000)                                      |                     |                  |                 |                  |                     |
| All Ages   | Dec 2017 - Nov 2018 | 217              |                 | 226              |                     |
| 65-79 years  | Dec 2017 - Nov 2018 | 401              |                 | 443              |                     |
| 80+ years  | Dec 2017 - Nov 2018 | 488              |                 | 527              |                     |
| 61. Unplanned admissions: average length of stay (chronic ACSC)  |                     |                  |                 |                  |                     |
| All Ages   | Dec 2017 - Nov 2018 | 4.8              |                 | 4.9              |                     |
| 65-79 years  | Dec 2017 - Nov 2018 | 5.2              |                 | 5.6              |                     |
| 80+ years  | Dec 2017 - Nov 2018 | 7.4              |                 | 7.2              |                     |
| 62. Unplanned admissions: average length of stay (acute ACSC)  |                     |                  |                 |                  |                     |
| All Ages   | Dec 2017 - Nov 2018 | 4.5              |                 | 4.3              |                     |
| 65-79 years  | Dec 2017 - Nov 2018 | 6.1              |                 | 6.1              |                     |
| 80+ years  | Dec 2017 - Nov 2018 | 9.3              |                 | 8.6              |                     |

Compared with England  Significantly Higher  Similar  Significantly Lower

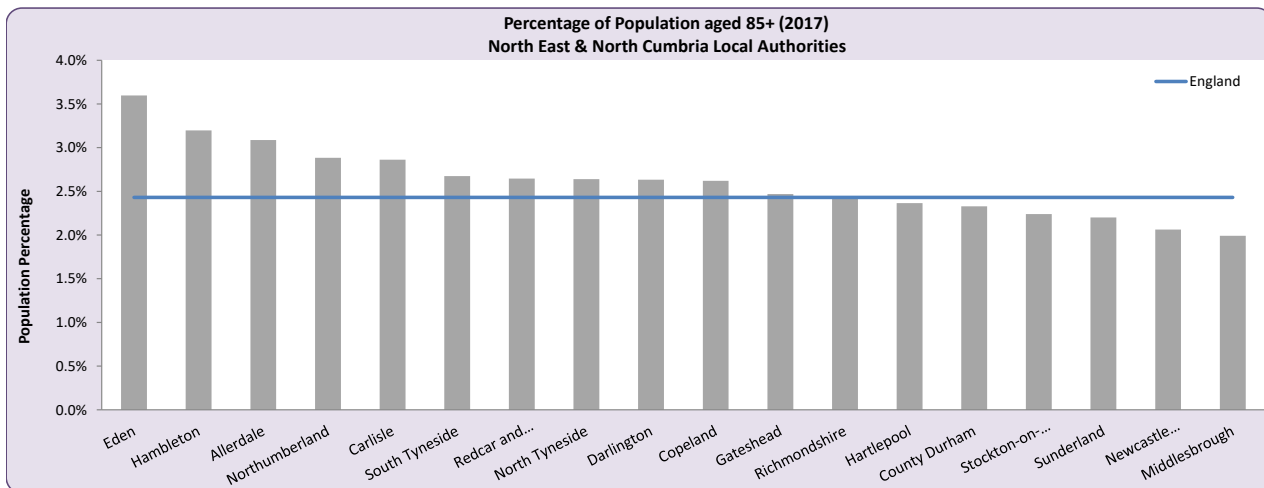
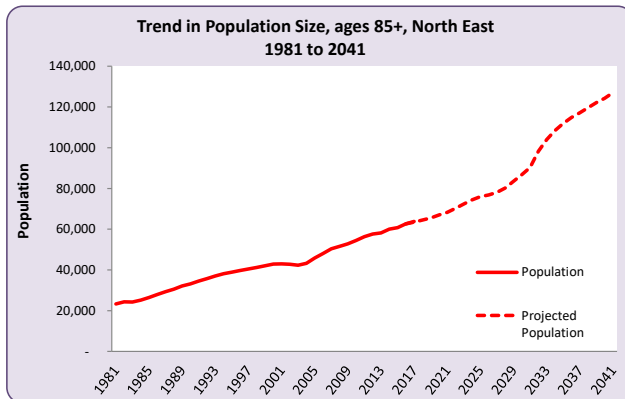
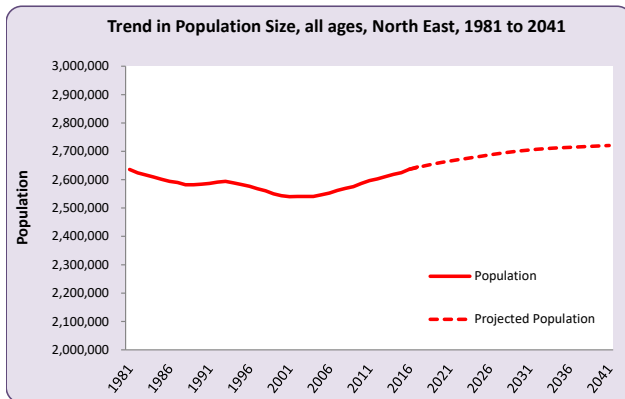
North East Rank amongst the 9 Regions 1 - Highest 9 - Lowest

#### What do the detailed pages show?

The following pages contain further information for each indicator, including the latest data and trend data over time comparing the region to England. The latest information is also presented at 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.

## 55. Percentage of the Population aged 85 & over (2017)

| South West | South East | East  | West Midlands | East Midlands | North East | Yorkshire and The Humber | North West | London | England |
|------------|------------|-------|---------------|---------------|------------|--------------------------|------------|--------|---------|
| 3.07%      | 2.75%      | 2.72% | 2.44%         | 2.43%         | 2.41%      | 2.34%                    | 2.33%      | 1.63%  | 2.43%   |



Data source: NOMIS - ONS Crown Copyright Reserved [from Nomis on 18 March 2019].

<https://www.nomisweb.co.uk/query/construct/components/date.asp?menuopt=13&subcomp=>

### Definitions / Notes

One of the biggest challenges facing health and social care services is demographic change. The size of the population aged 85 years and over is an important determinant of demand for health and social care as older people have the highest usage.<sup>46</sup>

### What is the data telling us?

In 2017, 2.4% of the population of the North East was aged 85 years or older, the same proportion as in England as a whole. However, there is wide variation within the region with some districts having a considerably higher proportion of their residents in this age group.

Between 1981 and 2005 the total population of the North East fell by almost 3.5%, but since then it is estimated to have increased by 3.8% and in 2017 there were almost 100,000 more people living in the region than in 2005.

In contract, the population aged 85 years and older almost doubled between 1981 and 2005, from just over 23,000 to almost 46,000. Between 2005 and 2017 the numbers in this age group increased by almost 40%, and are projected to increase substantially in the future, particularly when 'baby boomers' born after World War 2 move into it. Between 2017 and 2027 a 23% increase is forecast but between 2027 and 2037 the number aged 85 years and above is expected to increase by 50%. In 2017 it was estimated that there were 63,800 people in the region aged 85 or older. By 2037 it is expected that this number will be approximately 117,000.

46. NHS Digital (2016) Hospital Admitted Patient Care Activity, 2015-16

<https://webarchive.nationalarchives.gov.uk/20180328130140/http://digital.nhs.uk/catalogue/PUB22378>

Compared with England

Significantly Higher

Similar

Significantly Lower

## 56. Rates of unplanned hospital admissions for chronic ambulatory care sensitive conditions (ACSC) (Dec 2017 - Nov 2018)

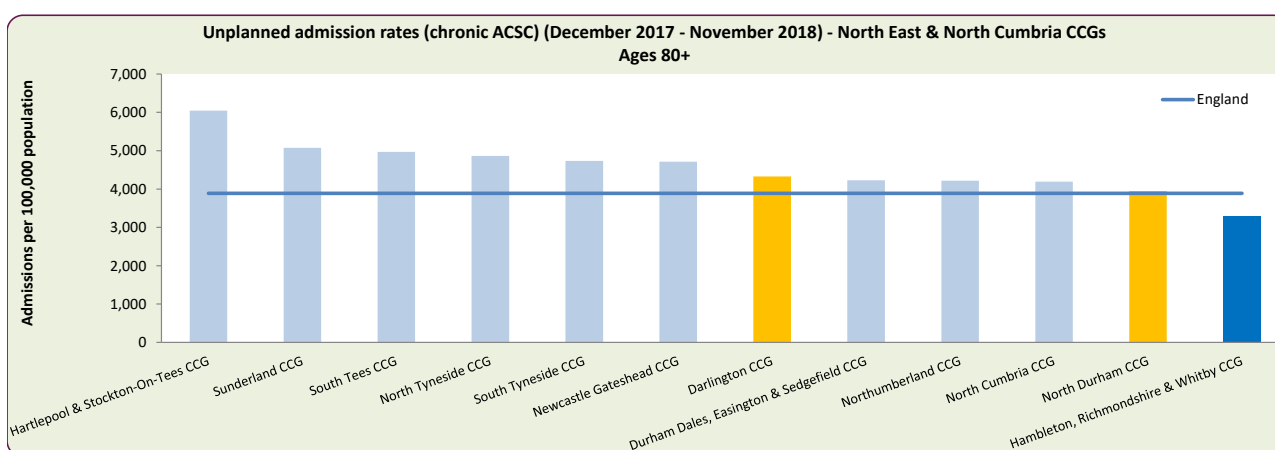
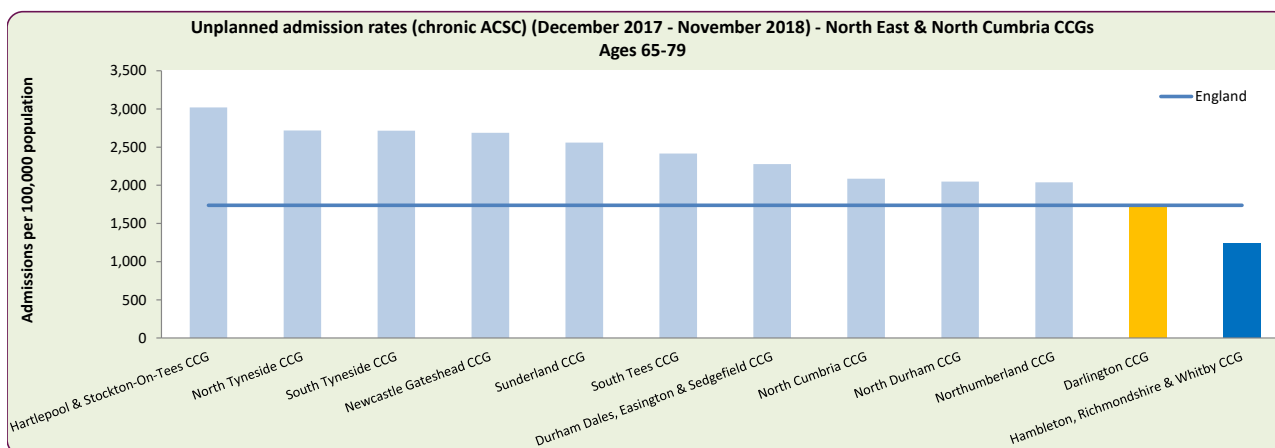
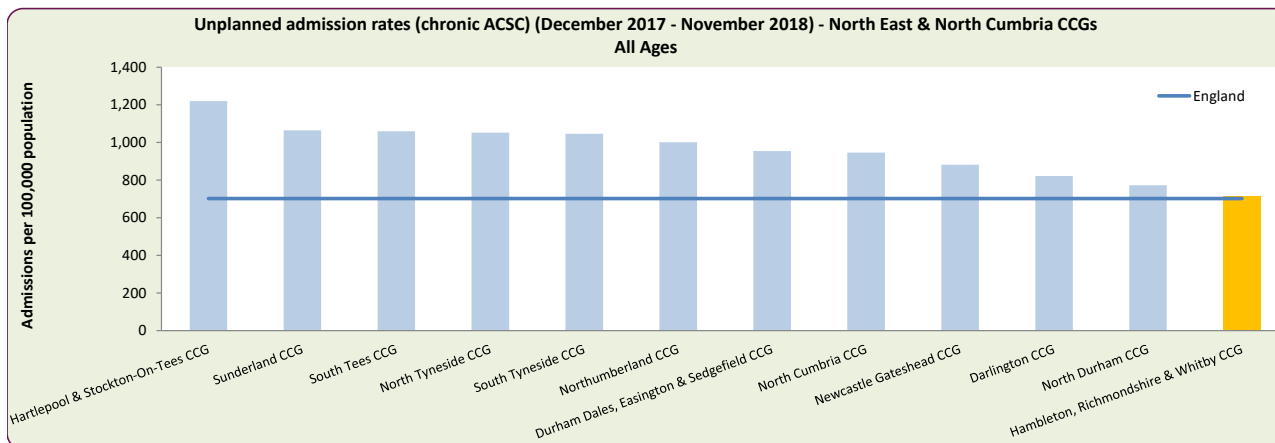
Admission rates for unplanned hospitalisation for chronic ambulatory care sensitive conditions (rate per 100,000).

All ages, 65-79 years, 80+ years.

| All Ages                        |         |
|---------------------------------|---------|
| North East & North Cumbria CCGs | England |
| 972                             | 702     |

| 65-79 years                     |         |
|---------------------------------|---------|
| North East & North Cumbria CCGs | England |
| 2330                            | 1738    |

| 80+ years                       |         |
|---------------------------------|---------|
| North East & North Cumbria CCGs | England |
| 4575                            | 3888    |



**Definitions / Notes & What is the data telling us?** See the following page



## 56. Unplanned hospital admission rates for chronic ambulatory care sensitive conditions (ACSC) (Dec 2017 - Nov 2018)

Admission rates for unplanned hospitalisation for chronic ambulatory care sensitive conditions. (Rate per 100,000).

All ages, 65-79 years, 80+ years.

| All Ages                        |         | 65-79 years                     |         | 80+ years                       |         |
|---------------------------------|---------|---------------------------------|---------|---------------------------------|---------|
| North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England |
| 972                             | 702     | 2330                            | 1738    | 4575                            | 3888    |

Data source: Hospital Episode Statistics, Copyright © 2019, re-used with the permission of NHS Digital. All rights reserved.

### Definitions / Notes

2018/19 HES data is provisional.

### What is the data telling us?

Ambulatory care sensitive conditions (ACSCs) are conditions where effective community care and case management can help prevent the need for hospital admission. Even if the ACSC episode itself is managed well, an emergency admission for an ACSC is often a sign of the poor overall quality of primary and community care.<sup>47</sup>

Chronic ACSCs relate to long term conditions for which effective care can prevent flare-ups or exacerbations that require hospital admission.

The conditions included in the chronic ACSC category are:

- Asthma
- Congestive heart failure
- Diabetes complications
- Chronic obstructive pulmonary disease (COPD)
- Angina
- Iron deficiency anaemia
- Hypertension
- Nutritional deficiencies

These graphs reflect the pressures on urgent care in this region and emphasise the significantly higher rates of unplanned admissions for chronic ACSC problems in comparison to the national average rate. Between December 2017 and November 2018, regardless of age, the regional rate was 38% higher than the national rate (i.e. 972 per 100,000 compared with a national rate of 702 per 100,000). For the 65-79 year age group, the regional rate was 34% higher than the national rate (2330 per 100,000 versus 1738 per 100,000). The difference for the "frail elderly" related age band, over eighty years old, was 18% (4575 per 100,000 versus 3888 per 100,000).

The high rates of unplanned admissions are evident in most CCG populations in this region with notable exceptions in Hambleton, Richmondshire and Whitby CCG. Darlington CCG and North Durham CCG also have rates that are similar to the England average, at least in the older age groups. Hartlepool and Stockton-on-Tees CCG population experiences the highest rates of unplanned admissions in the region, regardless of age.

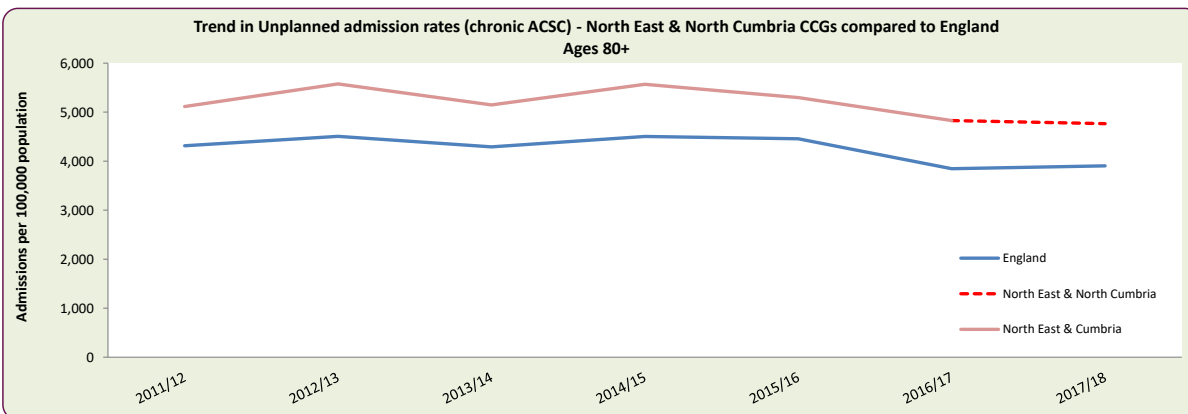
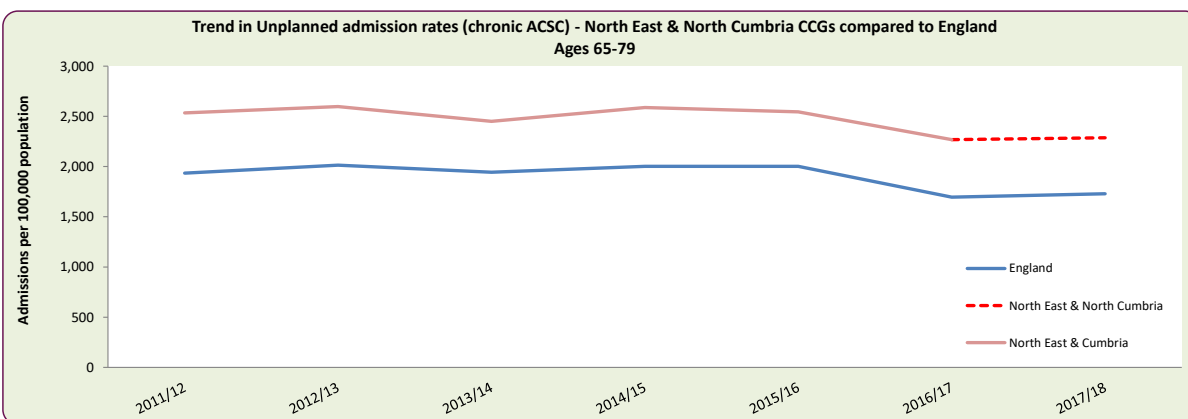
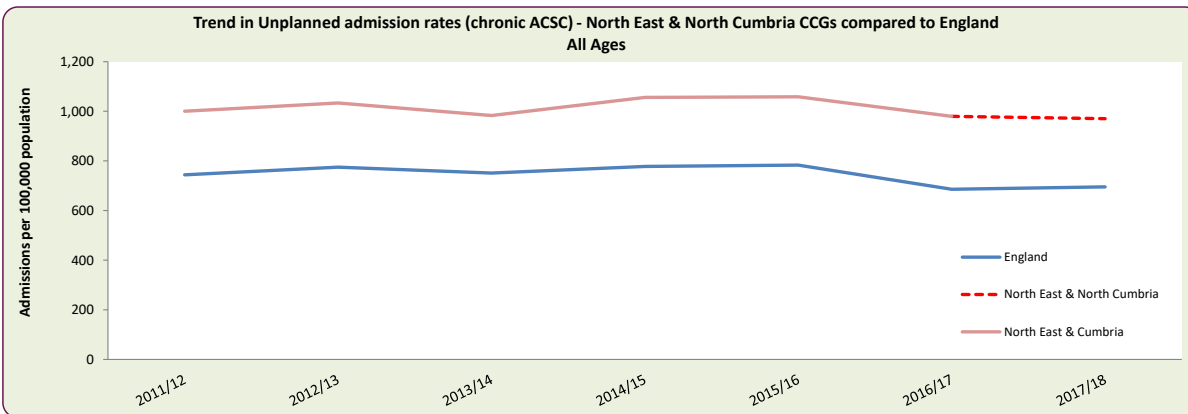
47. NHS England. Emergency admissions from Ambulatory Care Sensitive Conditions. March 2014.

**56. Trend in Unplanned hospital admission rates for chronic ambulatory care sensitive conditions**

Admission rates for unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000).

All ages, 65-79 years, 80+ years.

| All Ages                        |         | 65-79 years                     |         | 80+ years                       |         |
|---------------------------------|---------|---------------------------------|---------|---------------------------------|---------|
| North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England |
| 972                             | 702     | 2330                            | 1738    | 4575                            | 3888    |



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**Definitions / Notes**

2018/19 HES data is provisional.

The comparability of the regional data over time is affected by a geographical boundary change involving Cumbria - 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 data for 2011/12 to 2016/17 relates to the North East and Cumbria, whereas the data for 2017/18 covers the North East and North Cumbria only.

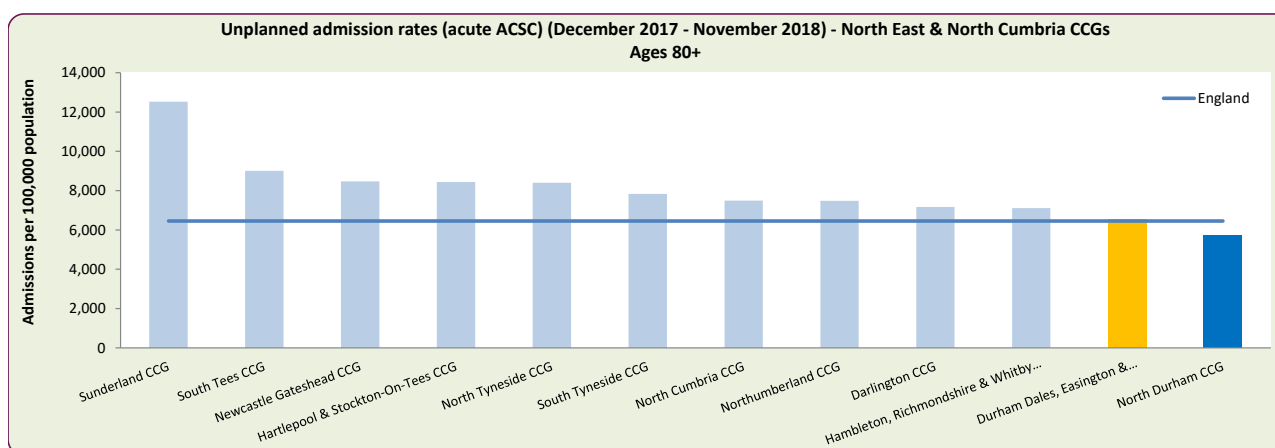
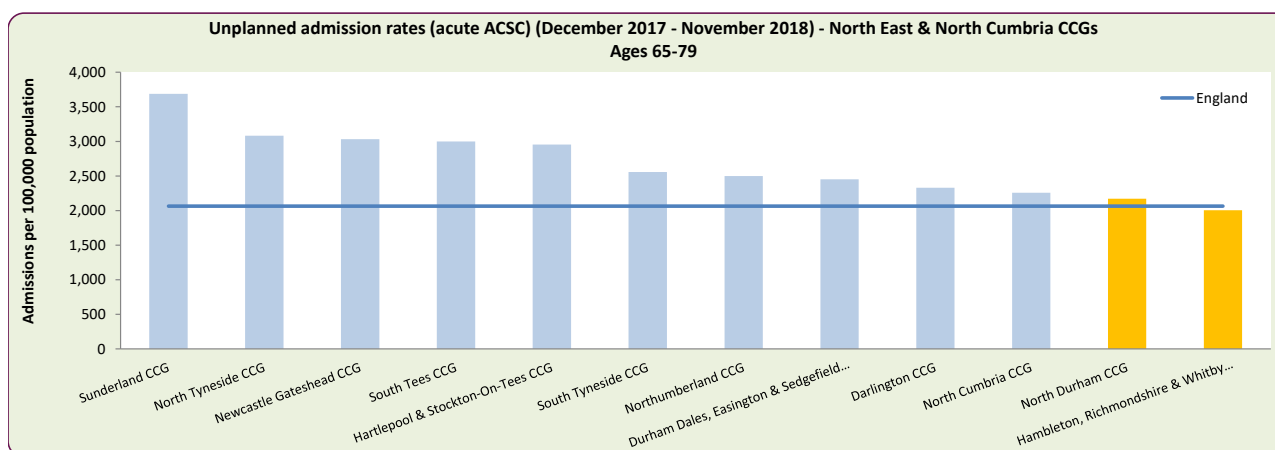
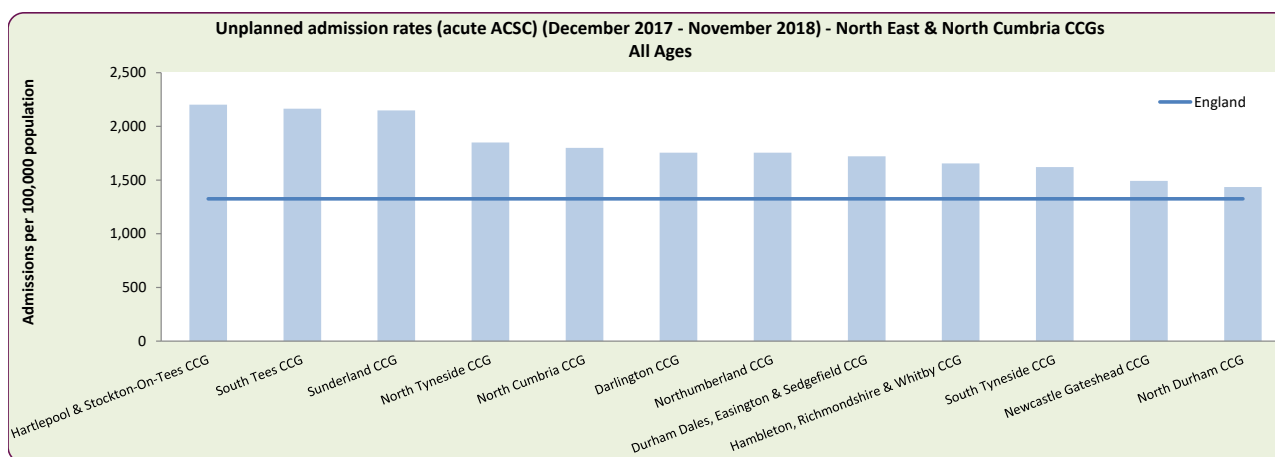
**What is the data telling us?**

The unplanned hospital admission rates for chronic ambulatory care sensitive conditions for the North East and Cumbria / North Cumbria are consistently higher than the England rate and roughly follow the same trend over time.

## 57. Unplanned hospital admission rates for acute ACSC (Dec 2017 - Nov 2018)

Rates of Emergency admissions for acute conditions that should not usually require hospital admission (Rate per 100,000).  
All ages, 65-79 years, 80+ years.

| All Ages                        |         | 65-79 years                     |         | 80+ years                       |         |
|---------------------------------|---------|---------------------------------|---------|---------------------------------|---------|
| North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England |
| 1797                            | 1326    | 2696                            | 2064    | 8091                            | 6454    |



Definitions / Notes & What is the data telling us? See the following page

## 57. Unplanned hospital admission rates for acute ACSC (Dec 2017 - Nov 2018)

Admission rates for Emergency admissions for acute conditions that should not usually require hospital admission (Rate per 100,000). All ages, 65-79 years, 80+ years.

| All Ages                        |         | 65-79 years                     |         | 80+ years                       |         |
|---------------------------------|---------|---------------------------------|---------|---------------------------------|---------|
| North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England |
| 1797                            | 1326    | 2696                            | 2064    | 8091                            | 6454    |

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### Definitions / Notes

2018/19 HES data is provisional.

### What is the data telling us?

Ambulatory care sensitive conditions (ACSCs) are conditions where effective community care and case management can help prevent the need for hospital admission. Even if the ACSC episode itself is managed well, an emergency admission for an ACSC is often a sign of the poor overall quality of primary and community care.<sup>48</sup>

Acute ACSCs relate to problems for which early intervention can prevent more serious progression to a problem that requires hospital admission.

The conditions included in the acute ACSC category are:

- Dehydration and gastroenteritis
- Pyelonephritis
- Perforated/bleeding ulcer
- Cellulitis
- Pelvic inflammatory disease
- Ear, nose and throat infections
- Dental conditions
- Convulsions and epilepsy
- Gangrene

These graphs reflect the pressures on urgent care in this region. On average, the region experiences significantly higher rates of unplanned admissions for acute ACSC problems than the rest of the country.

Between December 2017 and November 2018, regardless of age, the regional rate (1797 per 100,000) was 36% higher than the national rate (1326 per 100,000).

For the 65-79 year age group, the regional rate (2696 per 100,000) was 31% higher than the national rate (2064 per 100,000). For the "frail elderly" related age band, (over eighty years) the regional rate was 25% higher than the England average (i.e. 8091 per 100,000 versus 6454 per 100,000).

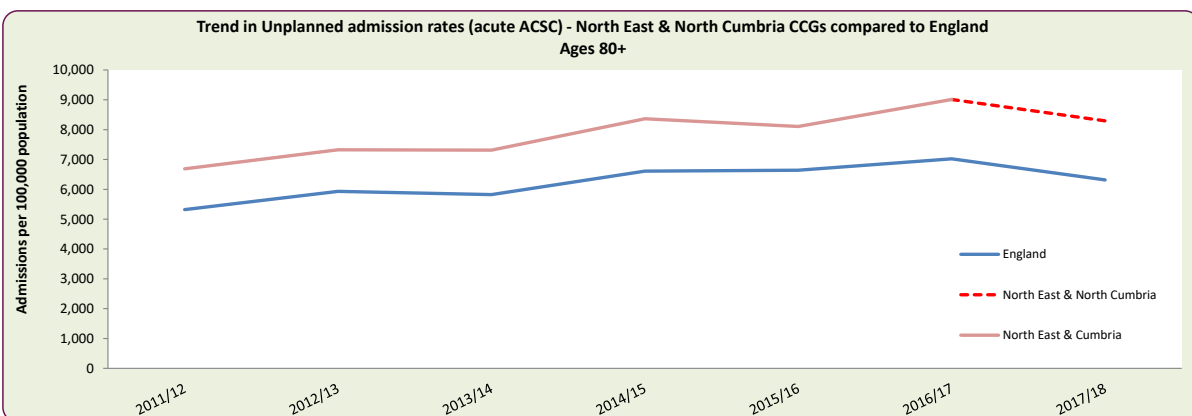
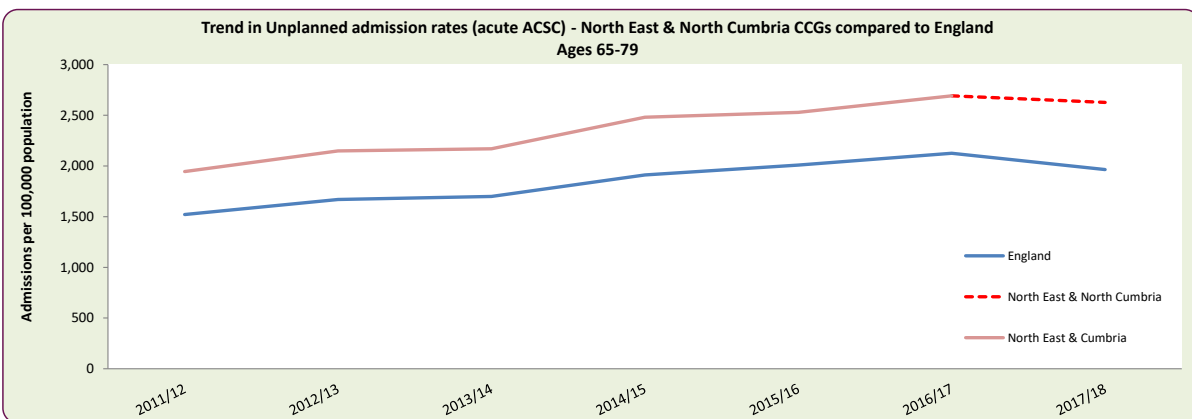
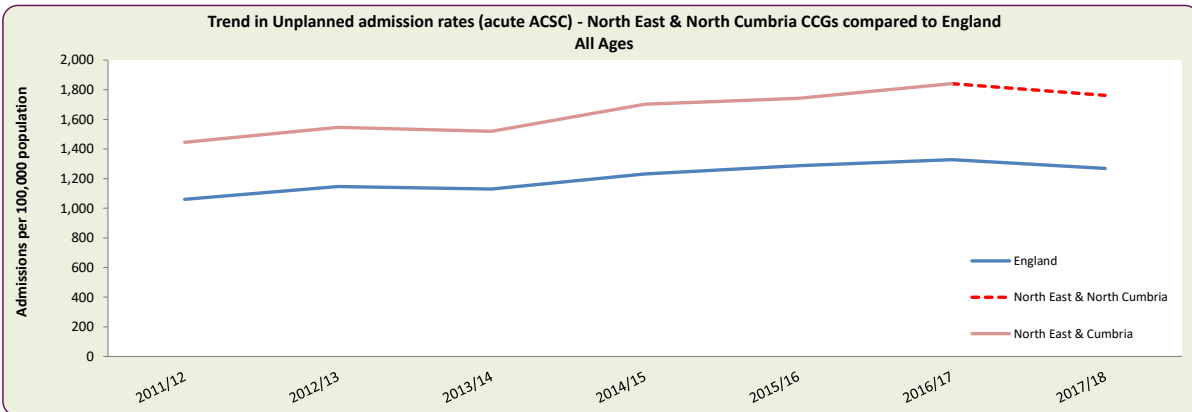
The high rates of unplanned admissions are evident in most CCG populations in this region. There are some interesting differences between the CCG age specific rates. For example, the Sunderland CCG population experiences high rates of unplanned admissions, particularly in the 80+ age group.

48. NHS England. Emergency admissions from Ambulatory Care Sensitive Conditions. March 2014.

## 57. Trend in Unplanned hospital admission rates for acute ACSC

Admission rates for Emergency admissions for acute conditions that should not usually require hospital admission. (Rate per 100,000). All ages, 65-79 years, 80+ years.

| All Ages                        |         | 65-79 years                     |         | 80+ years                       |         |
|---------------------------------|---------|---------------------------------|---------|---------------------------------|---------|
| North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England |
| 1797                            | 1326    | 2696                            | 2064    | 8091                            | 6454    |



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### Definitions / Notes

2018/19 HES data is provisional.

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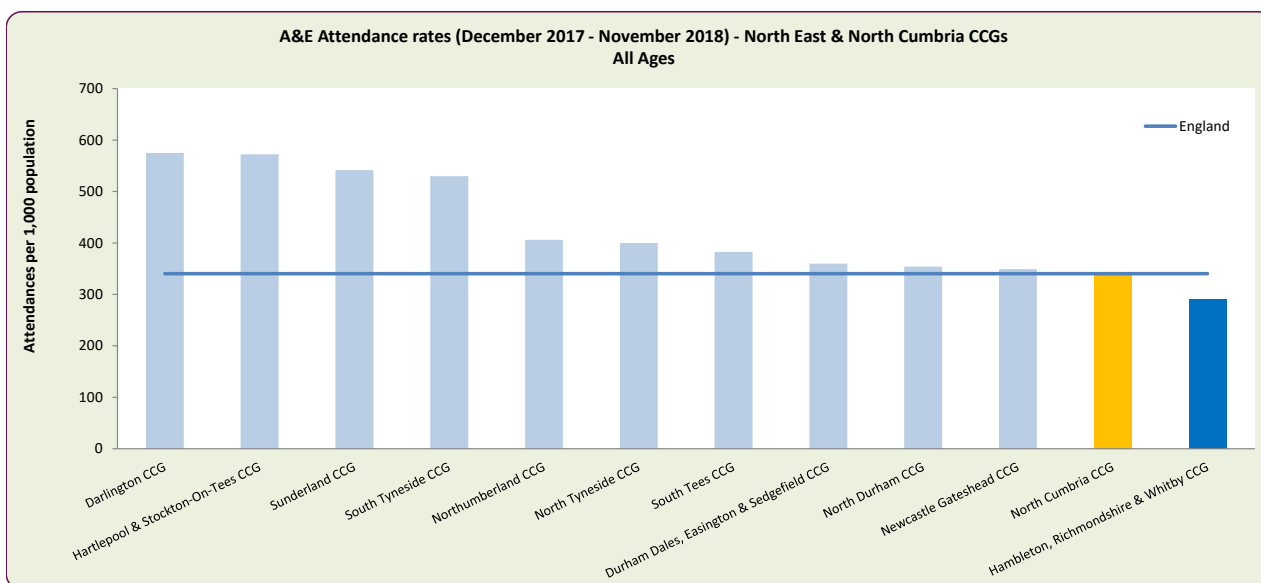
### What is the data telling us?

The unplanned hospital admission rates for acute ACSC for the region are consistently higher than the England rate although in 2017/18 the rate has dropped, particularly in the 80+ age group.

## 58. A&E Attendance Rates (Dec 2017 - Nov 2018)

Number of A&E Attendances per 1,000 population. Includes attendances at Type 1 or Type 3 A&E departments - see note below. All ages.

| All Ages                        |         |
|---------------------------------|---------|
| North East & North Cumbria CCGs | England |
| 413                             | 340     |



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### Definitions / Notes

2018/19 HES data is provisional.

This indicator reports on the number of A&E Attendances per 1,000 population. Attendances at type 01 and type 03 A&E Departments are included.

Type 01: Emergency departments with a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of A&E patients.

Type 03: Other type of A&E/minor injury departments for the reception of A&E patients where the department may be doctor-led or nurse-led and treats at least minor injuries and illnesses.

Attendances at NHS walk-in centres and single speciality (e.g. ophthalmology) emergency departments are excluded from the above analysis.

### What is the data telling us?

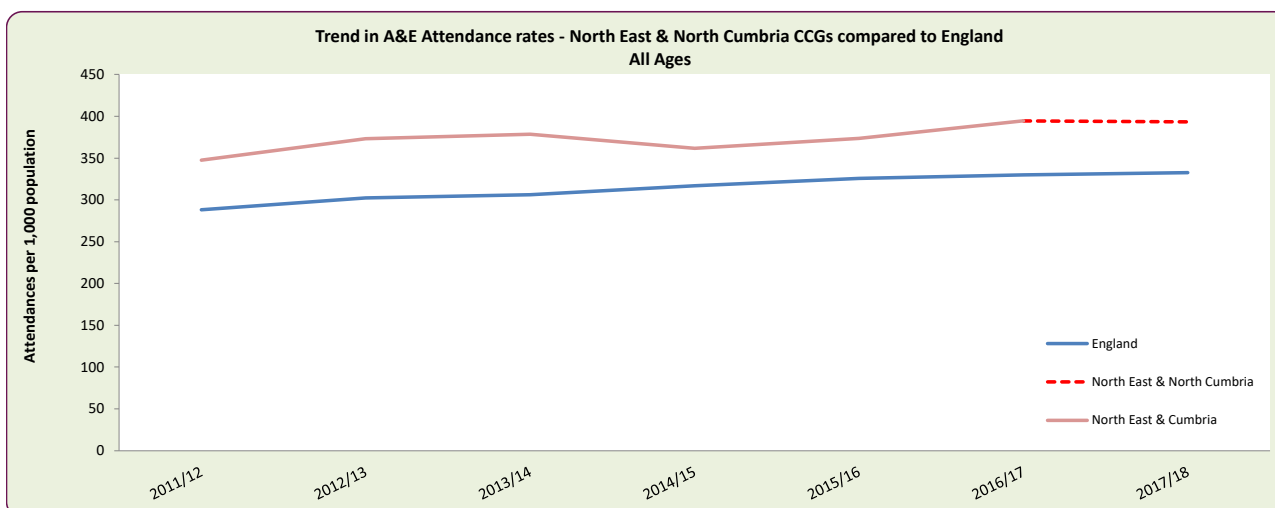
These data focus on A&E attendance rates for all ages only. In previous versions of this document we reported on rates for broad age groups. However, data quality problems with the HES data for the latest time period prevent such analysis for this report.

Regional pressures on A&E departments are evident, with regional attendance rates of 413 per 1000, 21% higher than the national average rate of 340 per 1000. However, this picture differs across CCG populations with significantly lower attendance rates in Hambleton, Richmondshire & Whitby CCG contrasting with significantly higher attendance rates in a number of CCGs, notably Darlington CCG, Hartlepool & Stockton on Tees CCG, Sunderland CCG and South Tyneside CCG.

## 58. Trend in A&E Attendance Rates

Number of A&E Attendances per 1,000 population. Includes only attendances at Type 1 or Type 3 A&E departments - see note below. All ages & 0-4 years.

| All Ages                           |         |
|------------------------------------|---------|
| North East & North<br>Cumbria CCGs | England |
| 413                                | 340     |



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### Definitions / Notes

2018/19 HES data is provisional.

The comparability of the regional data over time is affected by a geographical boundary change involving Cumbria - 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 data for 2011/12 to 2016/17 relates to the North East and Cumbria, whereas the data for 2017/18 covers the North East and North Cumbria only.

This indicator reports on the number of A&E Attendances per 1,000 population. Attendances at type 01 and type 03 A&E Departments are included.

Type 01: Emergency departments with a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of A&E patients.

Type 03: Other type of A&E/minor injury departments for the reception of A&E patients where the department may be doctor-led or nurse-led and treats at least minor injuries and illnesses.

Attendances at NHS walk-in centres and single speciality (e.g. ophthalmology) emergency departments are excluded from the above analysis.

### What is the data telling us?

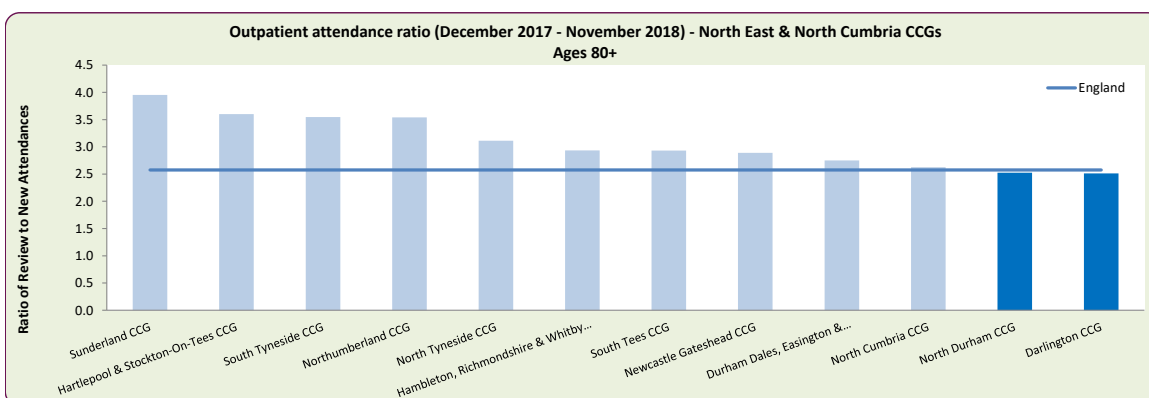
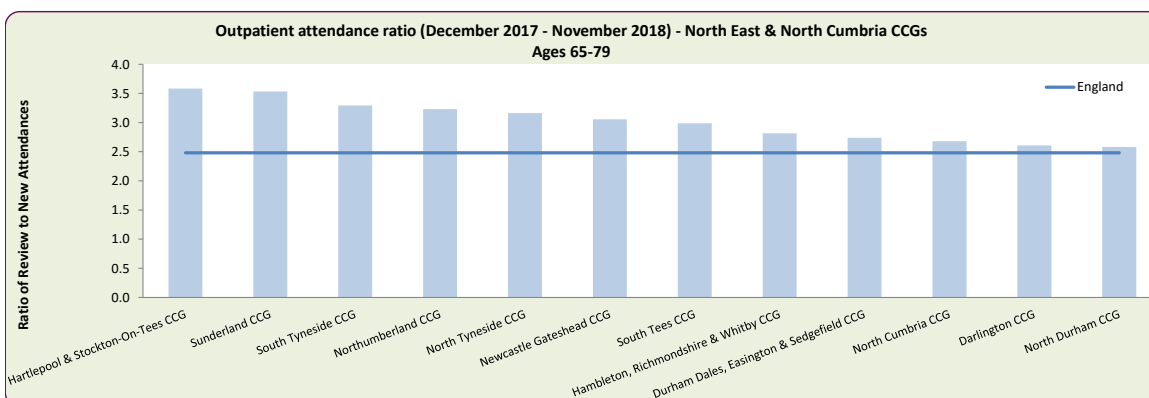
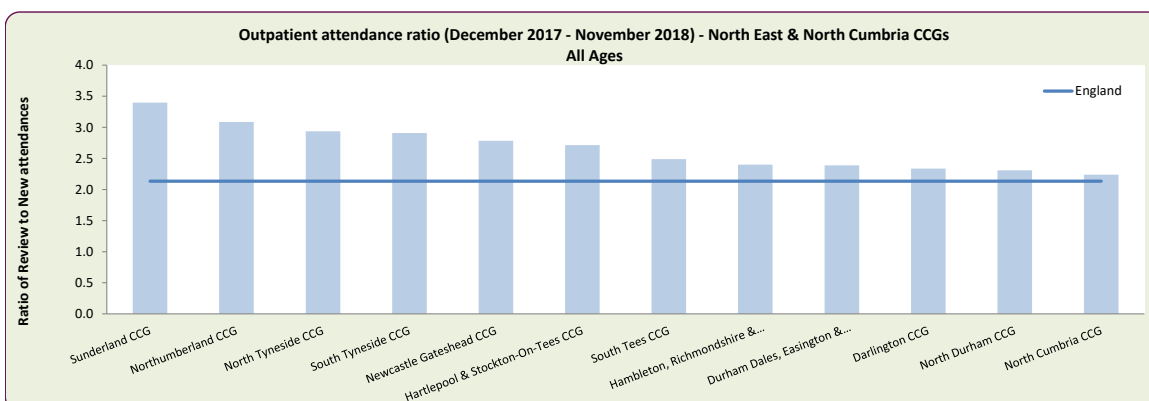
The national rate for A&E attendances is very slowly increasing over time. A similar trend has been evident in the region, although with slightly more fluctuation. In the most recent time period, the NENC rate appears to have plateaued.

## 59. Outpatient attendance ratio (Dec 2017 - Nov 2018)

Number of review outpatient attendances per first attendance.

All ages, 65-79 years, 80+ years.

| All Ages                        |         | 65-79 years                     |         | 80+ years                       |         |
|---------------------------------|---------|---------------------------------|---------|---------------------------------|---------|
| North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England |
| 2.75                            | 2.13    | 3.06                            | 2.48    | 3.14                            | 2.58    |



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### Definitions / Notes

2018/19 HES data is provisional.

### What is the data telling us?

These data indicate the extent to which patients are followed up in secondary care clinics following the first outpatient attendance. Whilst, the ideal ratio cannot be defined, multiple review appointments may offer opportunities to reduce costs. This ratio is a close reflection of Trust managed activity.

These data indicate that, during the period between December 2017 and November 2018, patients in the AHSN NENC region are significantly more likely to have repeated follow-up appointments than, on average, patients in the rest of England. This pattern is the same for the age range 65-79 years and 80+ years.

Intra-regional variation is evident and ranges from values significantly below the national average for ratios concerning the North Durham CCG and the Darlington CCG population aged 80+, to values significantly above the national average for ratios concerning patients aged 65+ served by several CCGs, notably Sunderland CCG and Hartlepool and Stockton on Tees CCG.

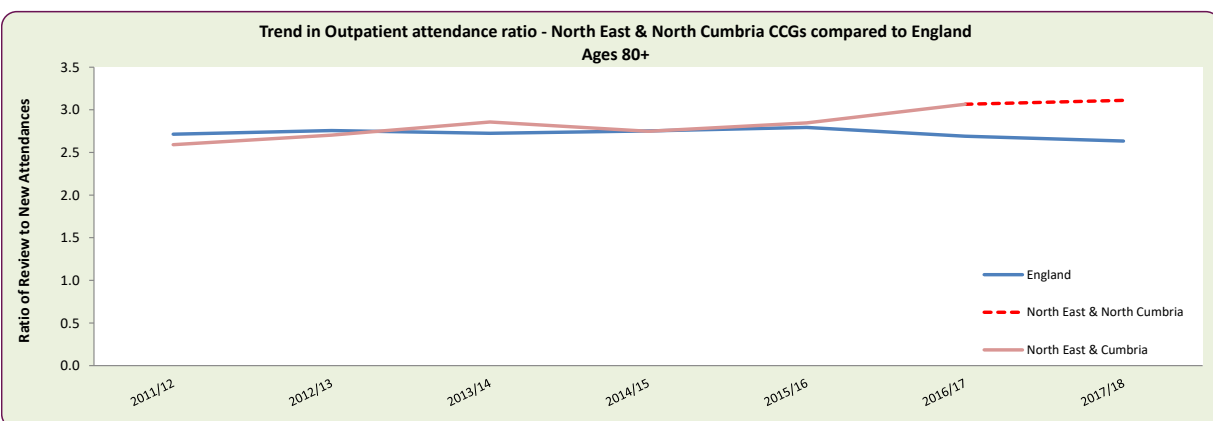
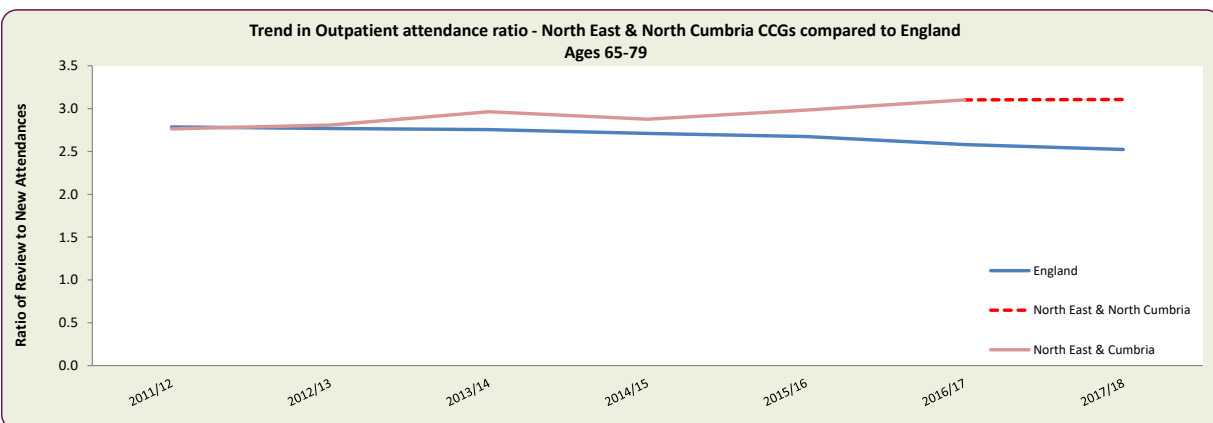
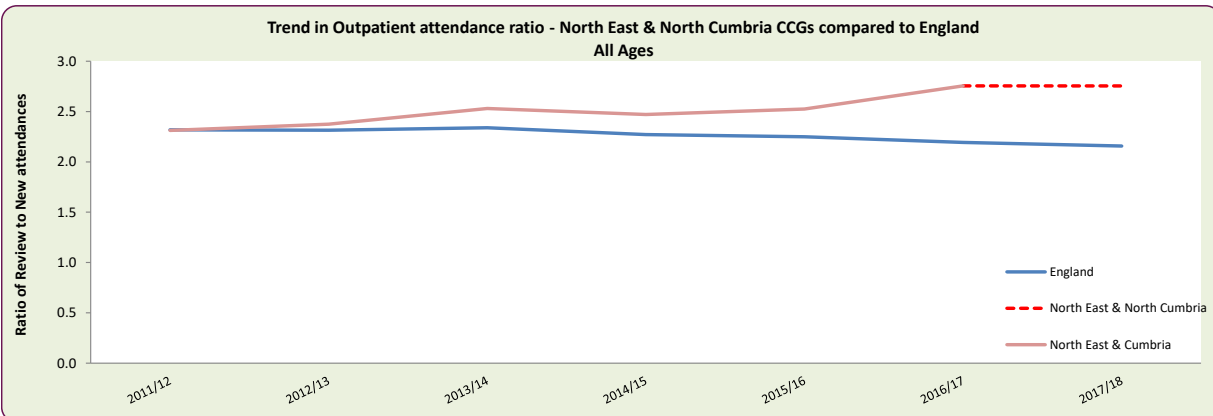


**59. Trend in Outpatient attendance ratio**

Number of review outpatient attendances per first attendance.

All ages, 65-79 years, 80+ years.

| All Ages                        |         | 65-79 years                     |         | 80+ years                       |         |
|---------------------------------|---------|---------------------------------|---------|---------------------------------|---------|
| North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England |
| 2.75                            | 2.13    | 3.06                            | 2.48    | 3.14                            | 2.58    |



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**Definitions / Notes**

2018/19 HES data is provisional.

The comparability of the regional data over time is affected by a geographical boundary change involving Cumbria - 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 data for 2011/12 to 2016/17 relates to the North East and Cumbria, whereas the data for 2017/18 covers the North East and North Cumbria only.

**What is the data telling us?**

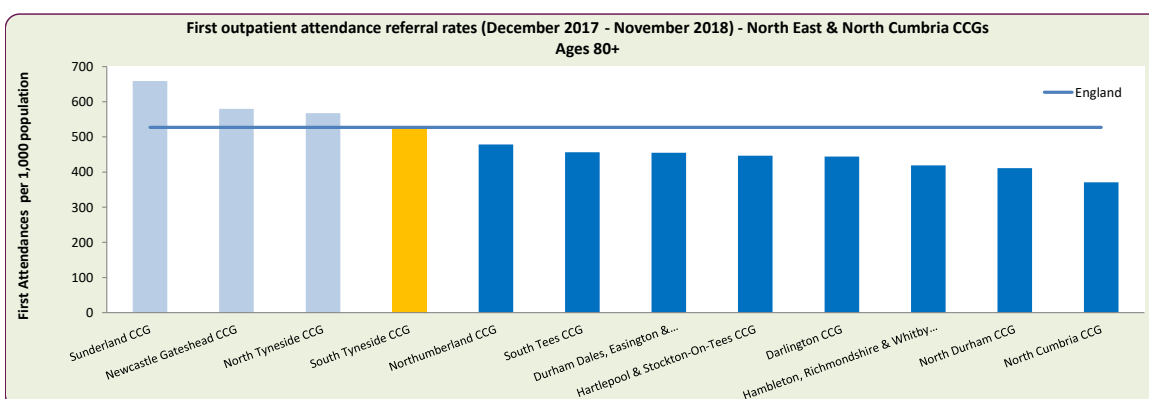
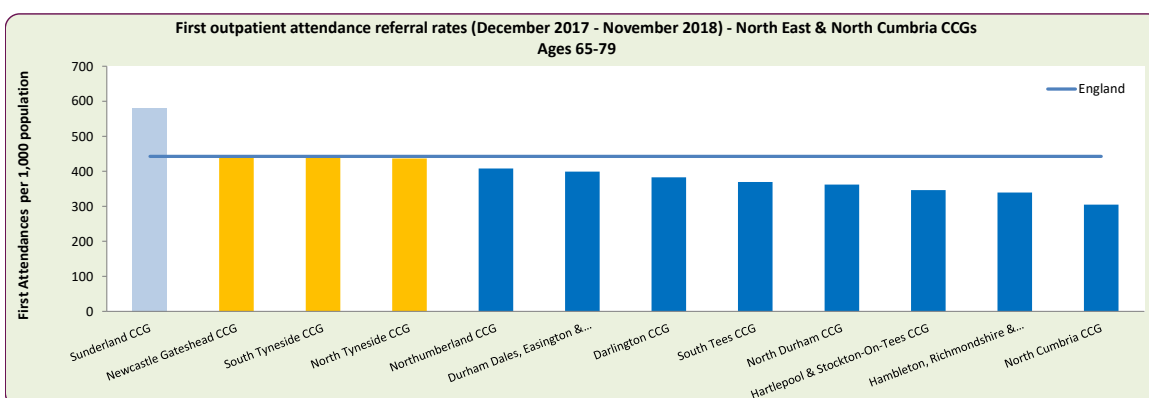
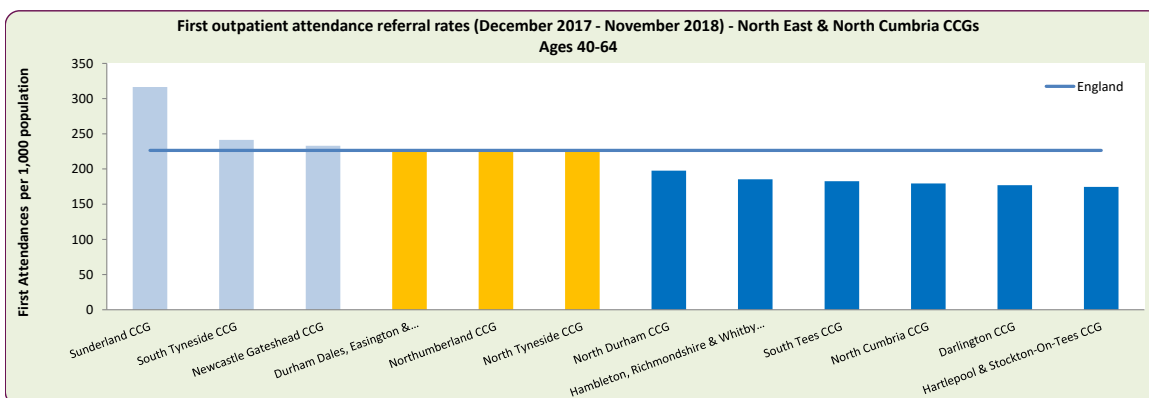
While the outpatient attendance ratio for England has been fairly static or falling over time, the ratio in the AHSN NENC region is increasing, so the gap between the AHSN NENC region and England is widening.

**60. Age specific first outpatient attendance referral rates (Dec 2017 - Nov 2018)**

Number of first attendances referred by GP per 1,000 population.

40-64 years, 65-79 years, 80+ years.

| 40-64 years                     |         | 65-79 years                     |         | 80+ years                       |         |
|---------------------------------|---------|---------------------------------|---------|---------------------------------|---------|
| North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England |
| 217                             | 226     | 401                             | 443     | 488                             | 527     |



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**Definitions / Notes**

2018/19 HES data is provisional.

**What is the data telling us?**

This indicator measures the probability of patients being referred to specialist clinics. The ideal rate cannot be defined but unusually low rates might reflect unmet need whereas unusually high rates might reflect inappropriate use of scarce resources. This rate is a reflection of GP managed activity.

These data indicate that, during the period between December 2017 and November 2018, patients in the AHSN NENC region were significantly less likely to be referred to outpatient clinics than, on average, patients in the rest of England. This pattern is the same for those aged 40-64 years, 65-79 years and those aged 80+ years.

Age specific comparisons indicate that increasing age is associated with a greater probability of referral, which is consistent with age related morbidity rates.

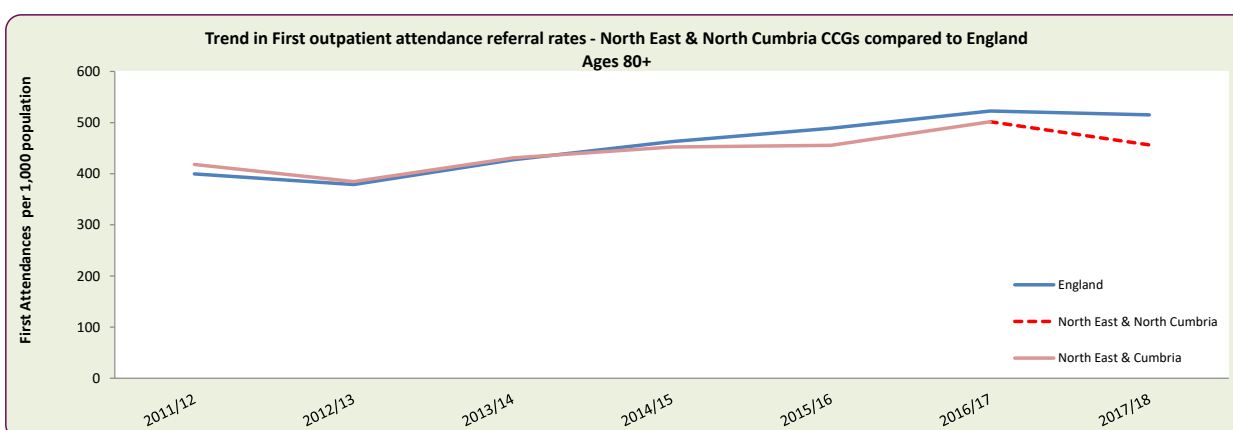
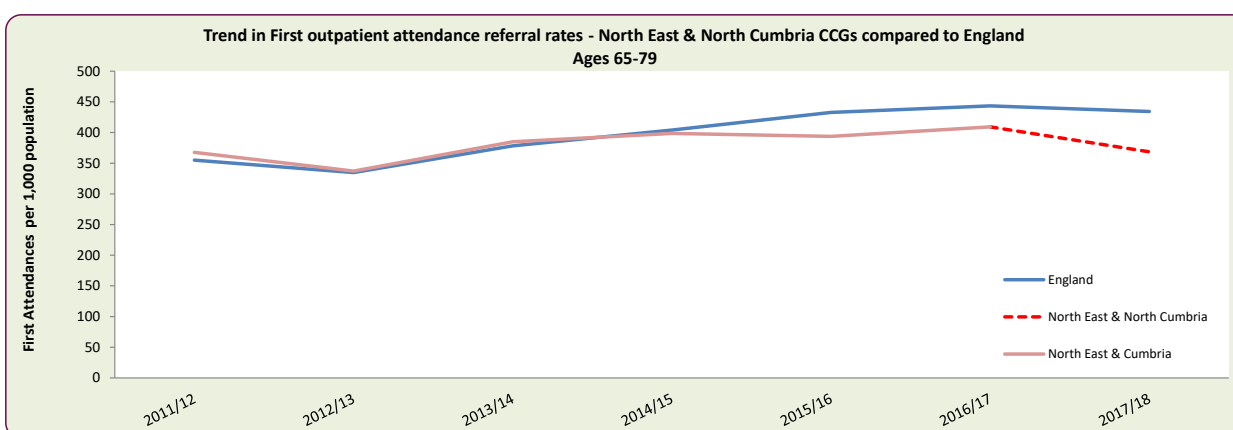
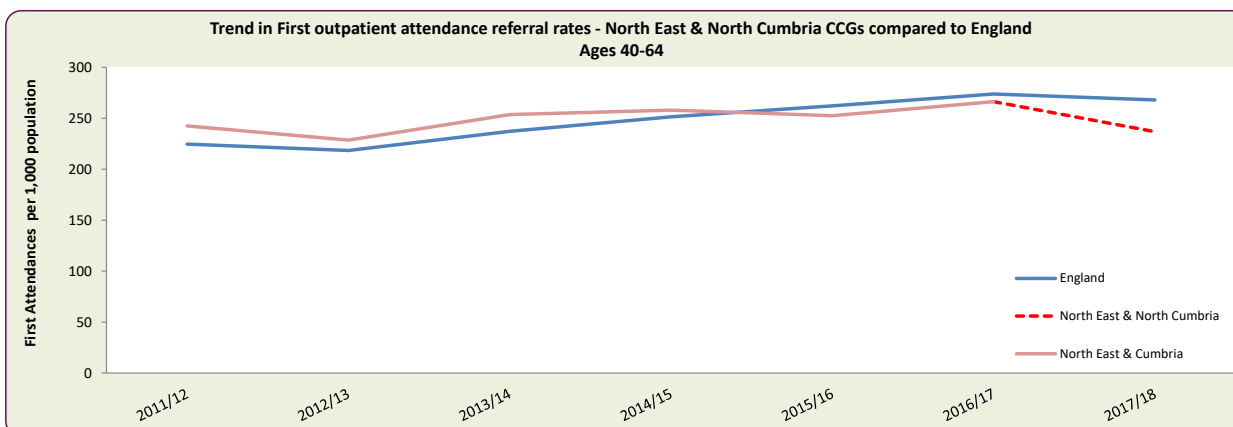
Intra-regional variation is evident with rates generally higher in the north of the region compared with those in the south and North Cumbria.

## 60. Trend in age specific first outpatient attendance referral rates

Number of first attendances referred by GP per 1,000 population.

40-64 years, 65-79 years, 80+ years.

| 40-64 years                     |         | 65-79 years                     |         | 80+ years                       |         |
|---------------------------------|---------|---------------------------------|---------|---------------------------------|---------|
| North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England |
| 217                             | 226     | 401                             | 443     | 488                             | 527     |



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### Definitions / Notes

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### What is the data telling us?

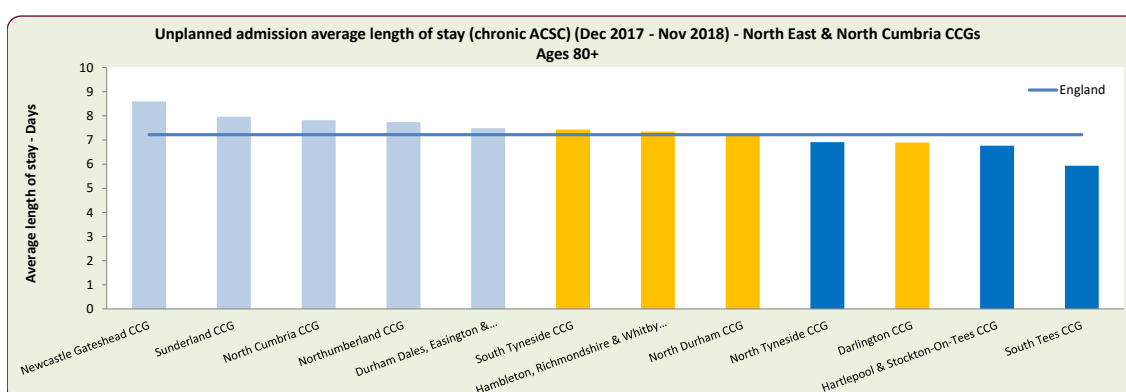
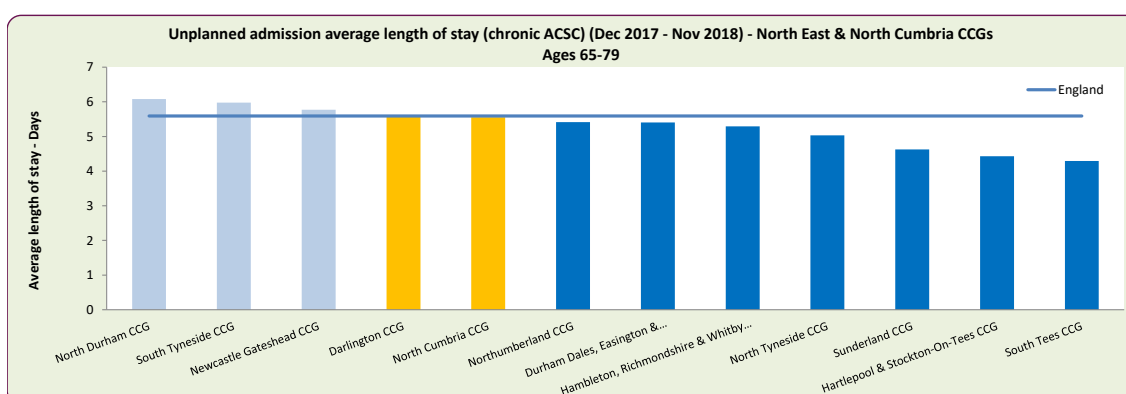
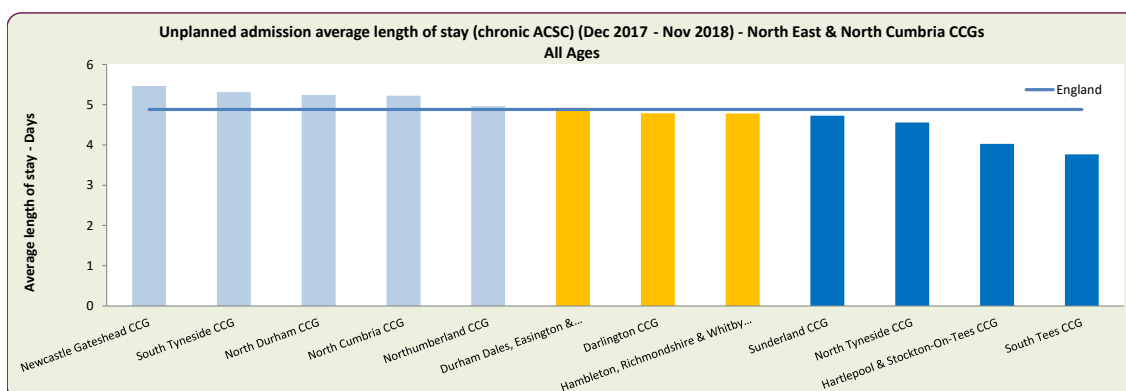
After several years in which there was an upward trend, both regionally and nationally, in outpatient attendance referral rates, the data for the most recent time period shows a fall in the rate, although the drop has been more pronounced in the AHSN NENC region. The pattern is similar across the three age ranges.

## 61. Unplanned admission average length of stay (chronic ACSC) (Dec 2017 - Nov 2018)

Average length of stay for admissions for unplanned hospitalisation for chronic ambulatory care sensitive conditions.

All ages, 65-79 years, 80+ years.

| All Ages                        |         | 65-79 years                     |         | 80+ years                       |         |
|---------------------------------|---------|---------------------------------|---------|---------------------------------|---------|
| North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England |
| 4.8                             | 4.9     | 5.2                             | 5.6     | 7.4                             | 7.2     |



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### Definitions / Notes

2018/19 HES data is provisional.

### What is the data telling us?

There is no gold standard length of hospital stay. It is determined by clinical and social need, discharge arrangements and available community support. Unusually long lengths of stay place patients at greater risk of health care related complications such as infections and may indicate cost saving opportunities. Unusually short lengths of stay may be associated with higher rates of readmission. These data concern unplanned admissions for patients suffering chronic ACSCs (as previously defined in this report).

These data indicate that during the period between December 2017 and November 2018, patients aged under 80 years, from the AHSN NENC region, who were admitted to hospital as emergencies with chronic ACSCs, had shorter lengths of stay than their counterparts nationally. Length of hospital stay, unsurprisingly, increased with age, and amongst those 80 years and above, the average length of stay in the region was above the national average.

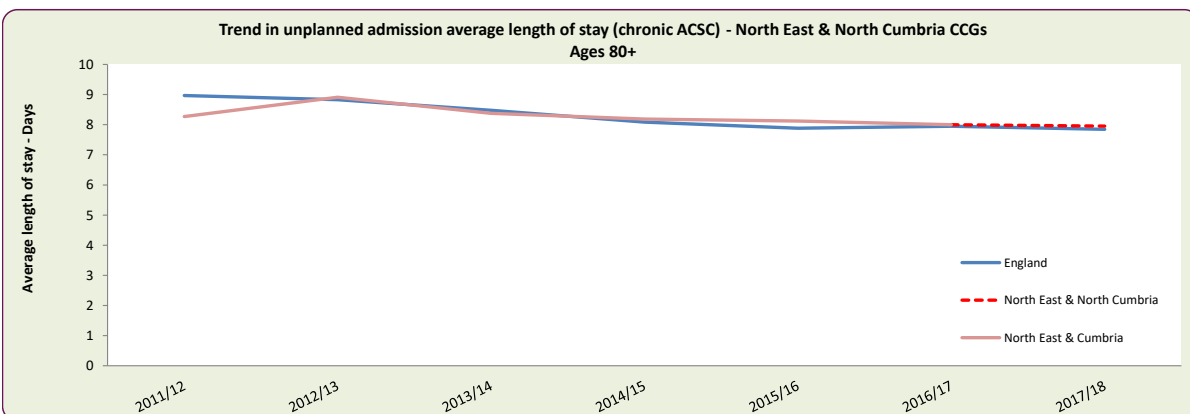
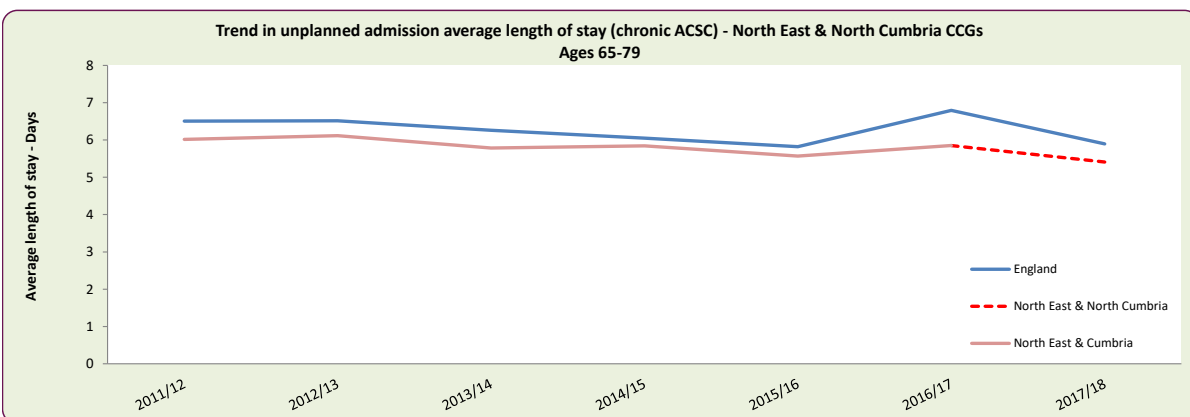
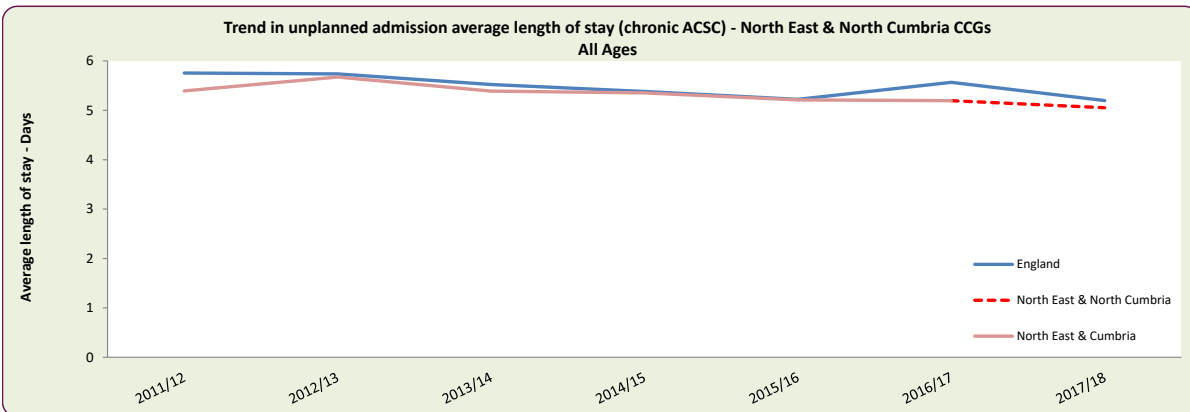
The same data indicate variation between CCG populations in the region, some with significantly longer, and some with significantly shorter, lengths of stay.

### 61. Trend in unplanned admission average length of stay (chronic ACSC)

Average length of stay for admissions for unplanned hospitalisation for chronic ambulatory care sensitive conditions.

All ages, 65-79 years, 80+ years.

| All Ages                        |         | 65-79 years                     |         | 80+ years                       |         |
|---------------------------------|---------|---------------------------------|---------|---------------------------------|---------|
| North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England |
| 4.8                             | 4.9     | 5.2                             | 5.6     | 7.4                             | 7.2     |



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#### Definitions / Notes

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#### What is the data telling us?

The unplanned admission average length of stay rate for those aged 80+ years closely follows the national trend. For the All Ages and those aged 65-79 years, rates diverged in 2016/17 when the England rate increased, but in 2017/18 appear to be converging again.

Compared with England

Significantly Higher

Similar

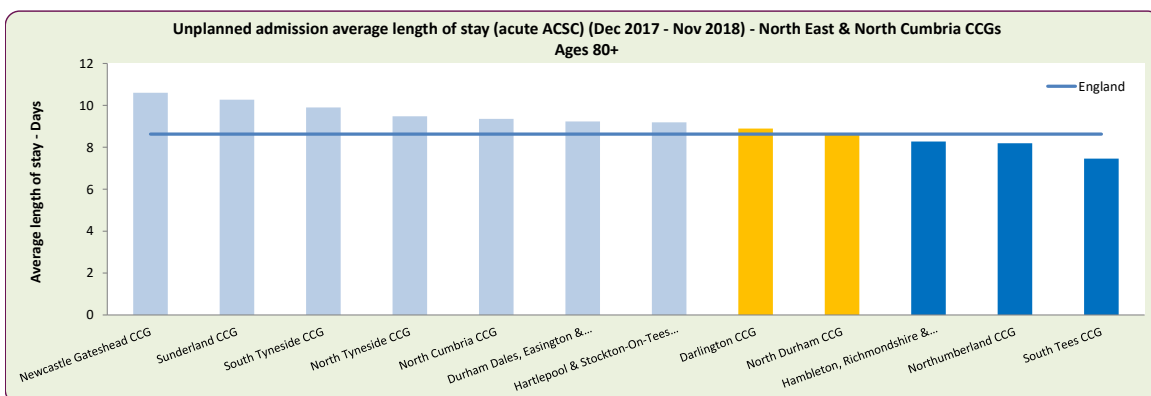
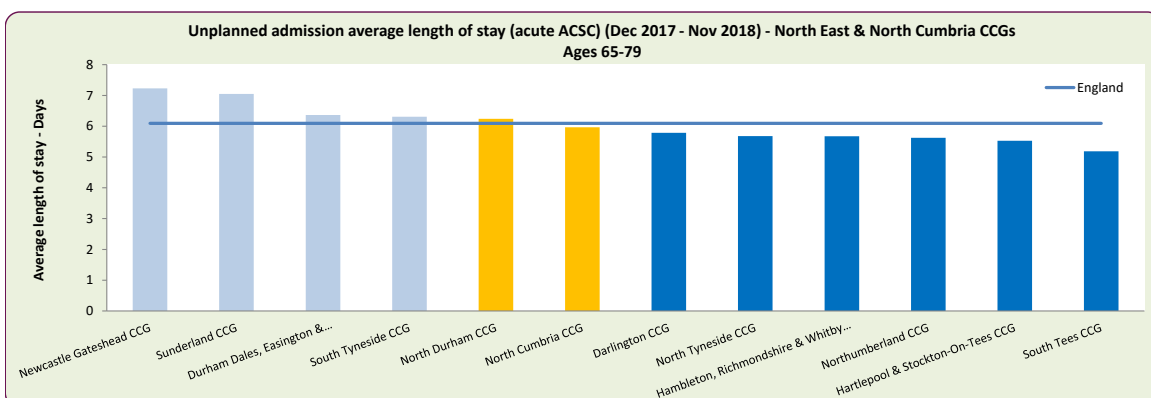
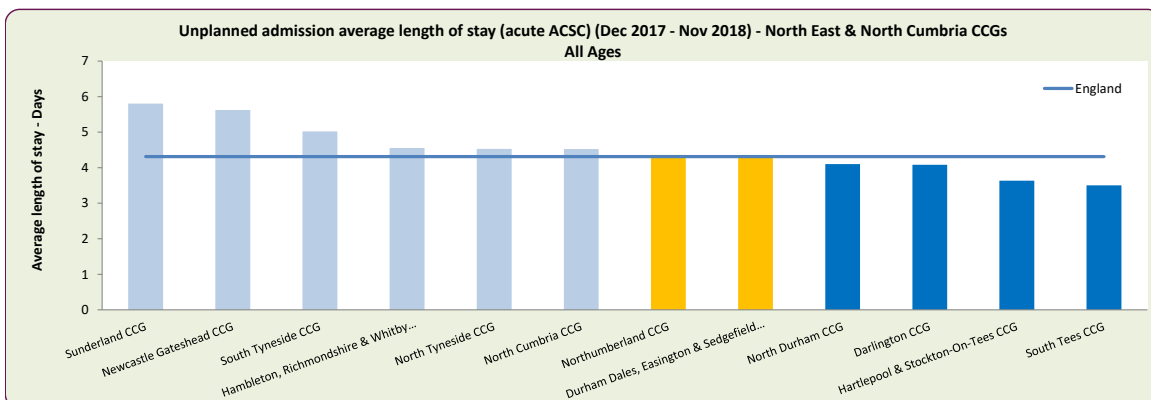
Significantly Lower

## 62. Unplanned admission average length of stay (acute ACSC) (Dec 2017 - Nov 2018)

Average length of stay for emergency admissions for acute conditions that should not usually require hospital admission.

All ages, 65-79 years, 80+ years.

| All Ages                        |         | 65-79 years                     |         | 80+ years                       |         |
|---------------------------------|---------|---------------------------------|---------|---------------------------------|---------|
| North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England |
| 4.54                            | 4.31    | 6.14                            | 6.09    | 9.26                            | 8.63    |



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### Definitions / Notes

2018/19 HES data is provisional.

### What is the data telling us?

There is no gold standard length of hospital stay. It is determined by clinical and social need, discharge arrangements and available community support. Unusually long lengths of stay place patients at greater risk of health care related complications such as infections and may indicate cost saving opportunities. However, unusually short lengths of stay may be associated with higher rates of readmission. These data concern unplanned admissions for patients suffering acute ACSCs (as previously defined in this report).

These data indicate that during the period between December 2017 and November 2018, patients from the AHSN NENC region who were admitted to hospital as emergencies with acute ACSCs, had longer lengths of stay than their counterparts nationally. This pattern was consistent regardless of age band. Length of hospital stay, unsurprisingly, increased with age.

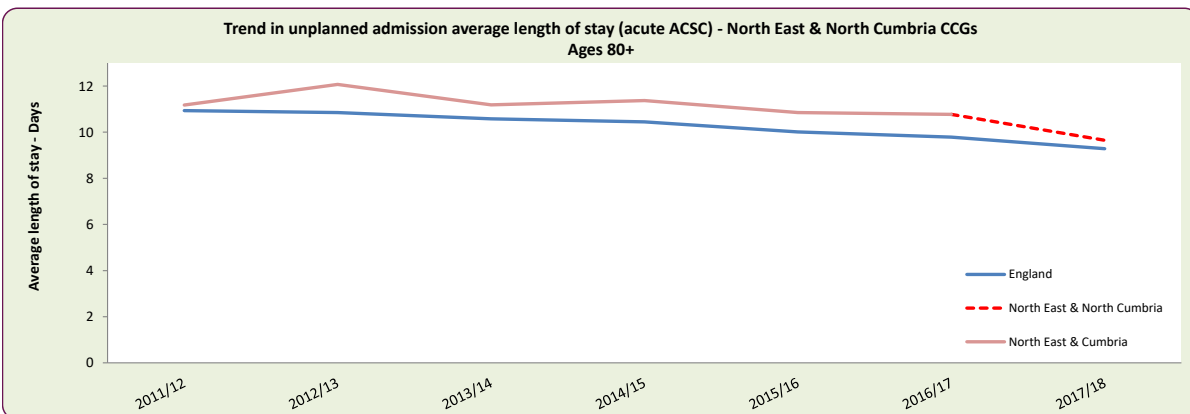
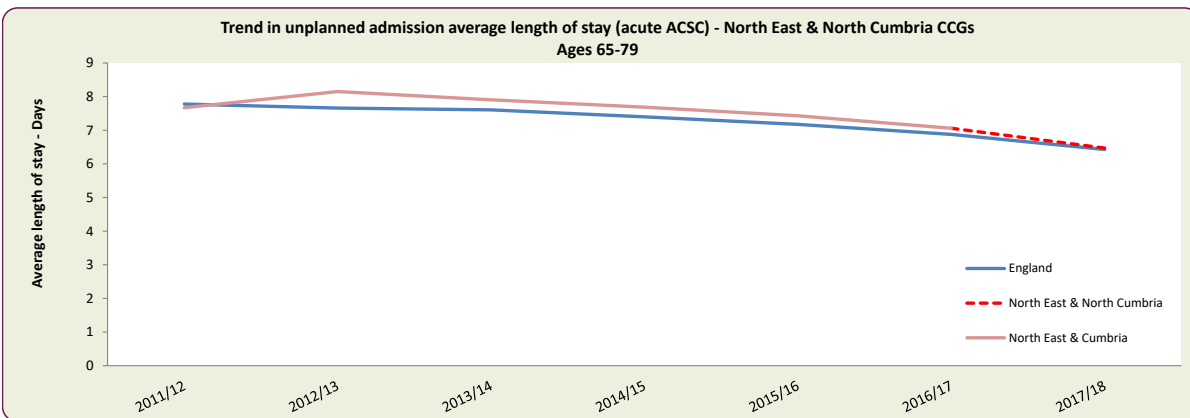
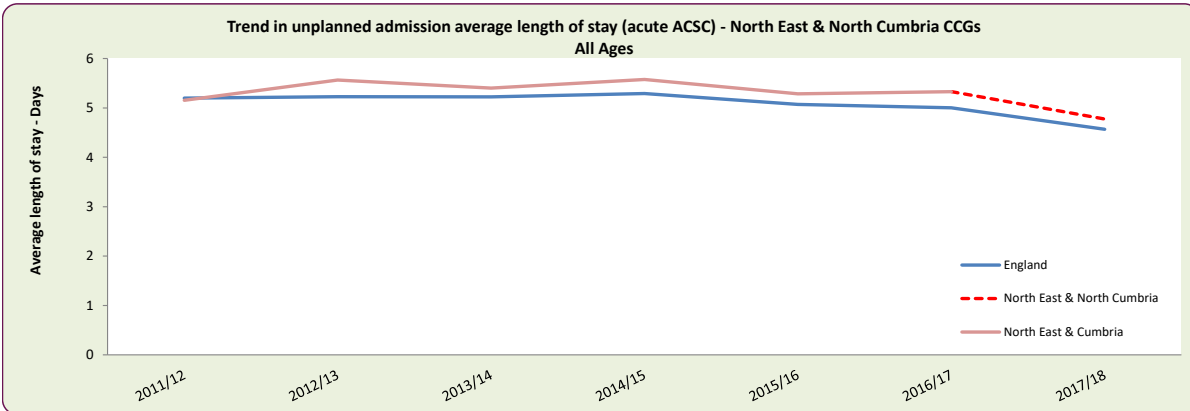
The same data indicate variation between CCG populations in the region, some with significantly longer, and some with significantly shorter, lengths of stay. The length of stay varies according to age band and geography.

## 62. Trend in unplanned admission average length of stay (acute ACSC)

Average length of stay for emergency admissions for acute conditions that should not usually require hospital admission.

All ages, 65-79 years, 80+ years.

| All Ages                        |         | 65-79 years                     |         | 80+ years                       |         |
|---------------------------------|---------|---------------------------------|---------|---------------------------------|---------|
| North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England | North East & North Cumbria CCGs | England |
| 4.54                            | 4.31    | 6.14                            | 6.09    | 9.26                            | 8.63    |



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### Definitions / Notes

2018/19 HES data is provisional.

The comparability of the regional data over time is affected by a geographical boundary change involving Cumbria - 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 data for 2011/12 to 2016/17 relates to the North East and Cumbria, whereas the data for 2017/18 covers the North East and North Cumbria only.

### What is the data telling us?

The unplanned admission average length of stay is reducing over time, both regionally and nationally. Between 2016/17 and 2017/18 the average length of stay in the NENC area reduced more than the national average length of stay, so the gap between the region and England has reduced.