



North East Quality Observatory Service

Population Health & Healthcare Surveillance Healthy Lifestyles

March 2022 Update

Summary Dashboard

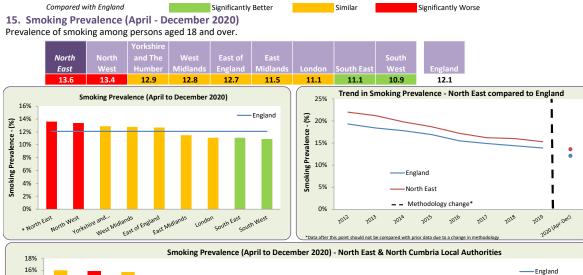
	Indicator	Time Period	North East Value	North East Rank	National Average	Direction of Travel
	15. Smoking prevalence (%)	April -	13.6%	9	12.1%	
		December				
Healthy Lifestyles		2020				
	16. Smoking- Successful Quitters (Self Reported) (%)	2020/21	56.6%	7	58.9%	• • • • • •
	17. Excess weight in adults (%)	2019/20	67.6%	9	62.8%	• • • • •
	18. Percentage of adults classified as inactive (%)	May 2020 -	28.9%	6	27.5%	
		May 2021				
	19. Successful completion of drug treatment - opiates (%)	2020/21	16.7%	9	24.7%	••••
	20. Successful completion of drug treatment – non opiates only	2020/21	52.8%	7	57.0%	****
	(%)					
	21. Weighted percentage reporting a long-term musculoskeletal problem (%)	2021			17.0%	
	22. Social Isolation: % of adult social care users who have as	2019/20	49.9%	1	45.9%	•••••
	much social contact as they would like	,				
	23. Population vaccination coverage - Flu (aged 65+) (%)	2020/21	83.7%	1	80.9%	•••••
	24. Population vaccination coverage - Flu (at risk individuals) (%)	2020/21	56.6%	2	53.0%	••••



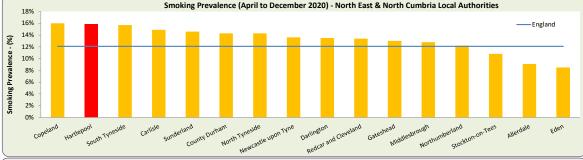
North East Rank amongst the 9 Regions 1 - Best 9 - Worst

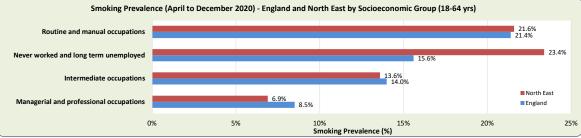
What do the detailed pages show?

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 / North East and North Cumbria. 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.



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Data source: Office for Health Improvement and Disparities. Public Health Profiles. 2022 (http://fingertips.phe.org.uk) © Crown copyright 2022

Definitions / Notes

Compared with England

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 UK1. 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

The methodology for the collection of the data for this indicator changed during the COVID-19 pandemic, switching from face-to-face interviews to telephone interviews only from April 2020. ONS has highlighted that this change in data collection method has affected the prevalence estimates resulting in what ONS considers to be an implausibly large decline in smoking prevalence in 20202. It stresses that the 2020 data should therefore be treated with caution. Due to these caveats the 2020 results can not be compared to those for previous vears, as shown in the trend chart above.

What is the data telling us?

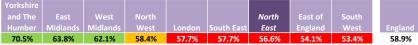
For the period April to December 2020 (hereafter referred to as 2020) the North East had the highest smoking prevalence of all the regions in the country at 13.6%. Up until the methodology change in 2020, a clear decline in smoking prevalence can be seen both regionally and nationally. In 2014 the 12 local authorities in the North East committed to working towards a bold ambition to reduce adult smoking to 5% by 20253.

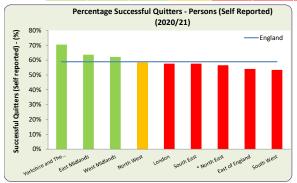
Many of the constituent Local Authorities in the NENC AHSN area demonstrate adult smoking prevalence rates which are similar to the national average. However, the fact that the 2020 prevalence estimates are based on nine months of data collection, rather than a full year, has affected statistical calculations, and has resulted in fewer local authorities being statistically significantly higher or lower than the England average. In 2020, rates were highest in Copeland (16.0%) and lowest in Eden (8.5%).

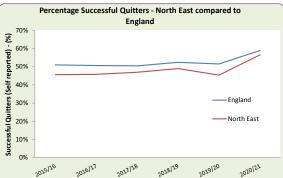
There is a well-recognised clear social gradient in smoking behaviour, with individuals in routine and manual occupations and those in the "never worked and long term unemployed" category the most likely to smoke. In the North East, smoking prevalence in 2020 amongst those in the "never worked and long term unemployed" category was 23.4% compared to the England average of 15.6%. Research suggests that successful quit rates also vary according to the same social gradient4.

- 1. Office for Health Impovement and Disparities. Public Health profiles. https://fingertips.phe.org.uk/search/93798#page/6/gid/1/pat/6/par/E12000001/ati/401/are/E06000047/iid/93798/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1
- 2. ONS. (2021). Smoking prevalence in the UK and the impact of data collection changes: 2020. https://www.ons.gov.uk/peoplepopulation and community/health and social care/druguse alcohol and smoking/bulletins/smoking prevalence in the ukand the impact of data collection changes/2020. The provided in the provided
- 3. Rutter, A., & West, R. (2018). Modelling how to achieve 5% adult smoking prevalence by 2025: a regional approach. Tobacco Induced Diseases. 16(1). https://doi.org/10.18332/tid/84018
- 4. Thirlway, F. (2020) Explaining the social gradient in smoking and cessation: the peril and promise of social mobility. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7079060/

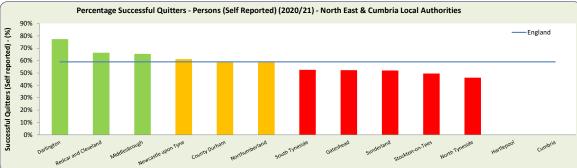
16. NHS Stop Smoking Services in England - Percentage Successful Quitters (Self Reported) (2020/21) Results from the monitoring of the NHS Stop Smoking Services in England showing the proportion of those setting a quit date that were successful in quitting smoking (self reported).

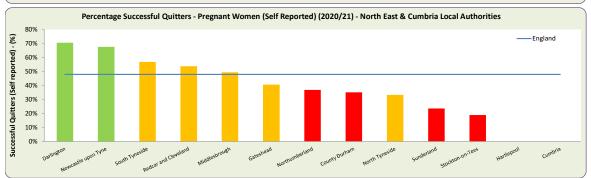






Healthy Lifestyles





Data source: NHS Digital (https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england) Copyright © 2022 Health and Social Care Information Centre

Definitions / Notes

The data includes the number of people who smoke, and women who are pregnant who smoke, who set a quit date, and the self-reported outcome of this (defined as 'successful quitter'), which is collected each quarter. As smoking impairs lung function it is possible that smokers could be at higher risk of developing severe illness and a poorer outcome if infected by COVID-195. Data was not available for Hartlepool and Cumbria.

This indicator is published as a percentage of successful quitters as above, and a rate per 100,000 smokers by NHS Digital.

What is the data telling us?

The proportion of successful quitters across the North East (56.6%) is lower than the England rate (58.9%). There is no data for Cumbria and Hartlepool, but five of the North East and Cumbria local authorities have significantly lower proportions of successful quitters than the England average. Darlington has the highest proportion, with 77.4% of people successfully quitting after setting a quit date. While the percentage of those who set a quit date and then successfully quit is low in the region, it has the highest rate of self reported successful quitters per 100,000 smokers of any region in England.

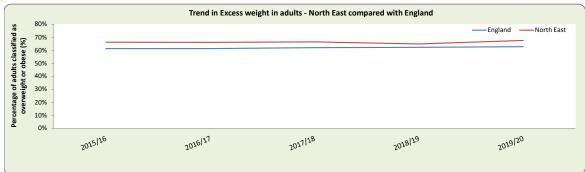
With regard to the subgroup of pregnant women, in 2020/21 the region as a whole had a lower quit rate (39.2%) than England (48.0%). However, across the North East and Cumbria several local authorities had higher rates, particularly Darlington (71%) and Newcastle upon

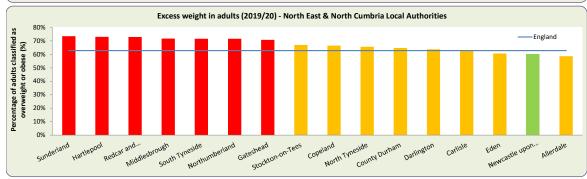
Across the region and in England as a whole quit rates seem to be improving, though there is a slight fall in the number of people setting a quit date in the 2020/21 data publication, potentially linked to the COVID-19 pandemic affecting access to services.

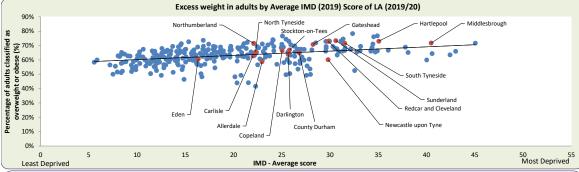
5. Clift, A.K., von Ende, A., Tan, P.S., Sallis, H.M., Lindson, N., Coupland, C.A.C., Munafò, M. R., Aveyard, P., Hippisley-Cox, J., & Hopewell, J. C. (2022). Smoking and COVID-19 outcomes: an observational and Mendelian randomisation study using the UK Biobank cohort *Thorax*, 77(1), 65-73. https://doi.org/10.1136/thoraxjnl-2021-217080

Similar

				Yorkshire					
North	West	North		and the	East of				
East	Midlands	West	Midlands	Humber	England	West	South East	London	England
67.6	66.8	65.9	65.4	65.2	62.3	62.0	61.5	55.7	62.8







Data source: Office for Health Improvement and Disparities. Public Health Profiles. 2022 (http://fingertips.phe.org.uk) © Crown copyright 2022

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 England⁶. As the data are self-reported they are likely to under-estimate the prevalence of overweight and obesity.

What is the data telling us?

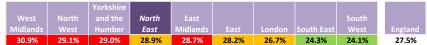
For the period 2019/20 the observed rates of excess weight in adults were higher in the North East Region than any of the other English health regions. Across the NENC, the prevalence of excess weight in adults was significantly higher than the national average in almost half of the NENC AHSN region constituent local authorities and the highest rate was observed in Sunderland.

There is some correlation between this indicator and deprivation, with Hartlepool and Middlesbrough, the two most deprived Local Authorities in the NENC, amongst those local authorities with the highest rates of excess weight.

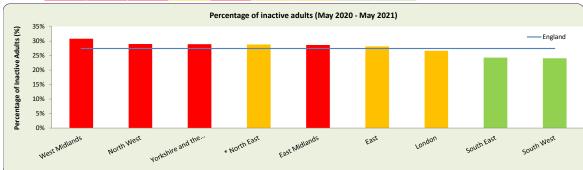
6. Sports England. Active Lives. https://www.sportengland.org/research/active-lives-survey/

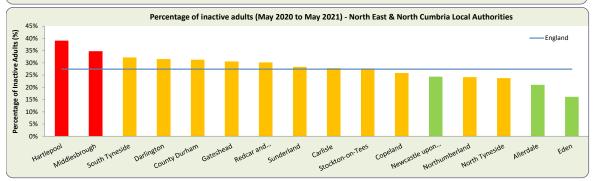
Healthy Lifestyles

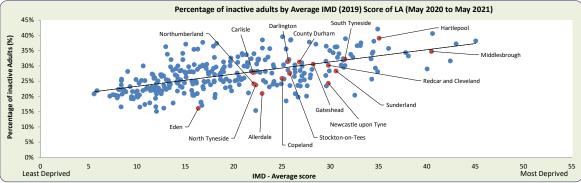
Healthy Lifestyles



Significantly Better







Data source: Sport England. Active Lives. https://www.sportengland.org/know-your-audience/data/active-lives

Definitions / Notes

Physical inactivity is estimated to be the main cause for around one quarter of the burden of breast and colon cancer, type 2 diabetes and ischaemic heart disease7.

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 Lives⁶, a self-reported 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?

From May 2020 to May 2021, inactivity levels in the North East region were the fourth highest of all of the English health regions at 28.9%. In England since the previous equivalent year of data (May 2019 to May 2020), the number of inactive adults has increased by roughly 1 milion, from 25.5% to 27.5%, and this period also included several months of COVID-19 restrictions.

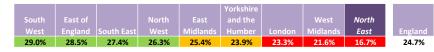
Within the NENC rates of adult inactivity are significantly higher (worse) than the national rate in two of the constituent Local Authorities (Hartlepool and Middlesbrough) and significantly lower (better) in three Local Authorities (Newcastle upon Tyne, Allerdale and Eden).

There is some correlation between deprivation and the proportion of inactive adults, with the most deprived NENC local authorities showing the highest percentages of inactive adults.

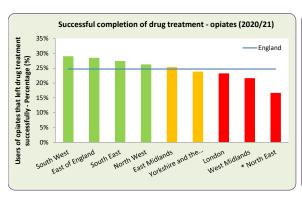
7. World Health Organization. (2009). Global health risks: mortality and burden of disease attributable to selected major risks. World Health Organization. https://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf

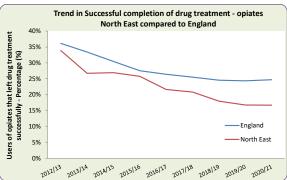
19. Successful completion of drug treatment - opiates (2020/21)

Number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) as a percentage of the total number of opiate users not retained in treatment on 31 March.

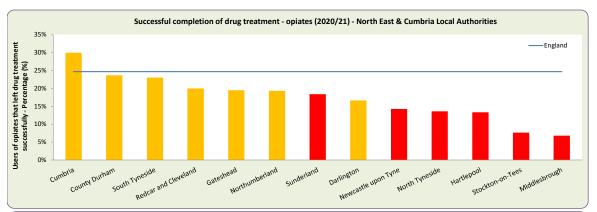


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Healthy Lifestyles



Data source: NDTMS - National Drug Treatment Monitoring System. https://www.ndtms.net/ © Crown copyright 2022

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 England around £20 billion every year⁸. Investment in drug treatment is likely to substantially reduce social costs associated with drug misuse and dependence, and the benefits of treatment go beyond preventing overdose to reduction of crime and improvement of social functioning including employment, housing and family relations⁹.

Data note: NDTMS data is published rounded to the nearest five, therefore significance calculations have been produced based on these rounded counts.

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 percentage of opiate users who left drug treatment successfully in the North East in 2020/21 was 16.7%, the lowest of all the English health regions. While there has generally been a downward trend, both regionally and nationally, over the reported period, the successful completion rate has declined faster in the North East than nationally, so the gap between the North and England has grown in recent years and is at its widest in 2020/21.

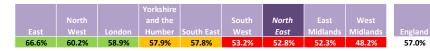
Within the North East and Cumbria, data for six of the Local Authority areas indicate significantly lower success rates than those observed nationally in 2020/21. The rate for Middlesbrough residents was the lowest in the North East and Cumbria at 6.8%. Cumbria (30%) was the only area that achieved a rate above the national average but not significantly so.

8. Home Office, Department of Health and Social Care, Ministry of Justice, Department for Work and Pensions, Department for Education, and Department for Levelling Up, Housing and Communities. (2021) From harm to hope: A 10-year drugs plan to cut crime and save lives. https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives

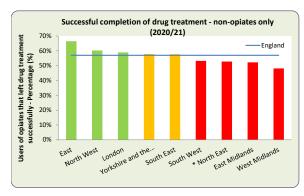
9. Public Health England. (2017). Drug misuse treatment in England: evidence review of outcomes. https://www.gov.uk/government/publications/drug-misuse-treatment-in-england-evidence-review-of-outcomes

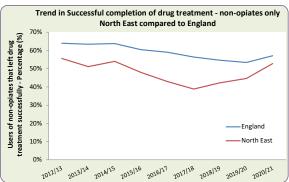
20. Successful completion of drug treatment - non-opiates only (2020/21)

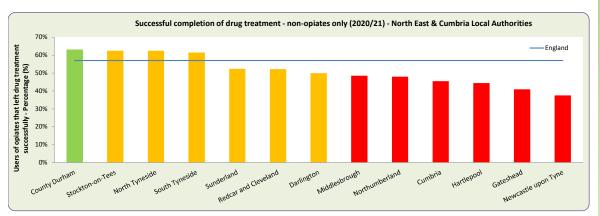
Number of users of non-opiates only that left drug treatment successfully (free of drug(s) of dependence) as a percentage of the total number of non-opiate users only not retained in treatment on 31 March 2021.



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Data source: NDTMS - National Drug Treatment Monitoring System. https://www.ndtms.net/ © Crown copyright 2022

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 England around £20 billion every year⁸. Investment in drug treatment is likely to substantially reduce social costs associated with drug misuse and dependence, and the benefits of treatment go beyond preventing overdose to reduction of crime and improvement of social functioning including employment, housing and family relations⁹. People using drugs other than opiates have much higher successful completion rates as their use tends to be less entrenched and they frequently have better access to employment, housing and the support of family and friends⁹.

Data note: NDTMS data is published rounded to the nearest five, therefore significance calculations have been produced based on these rounded counts.

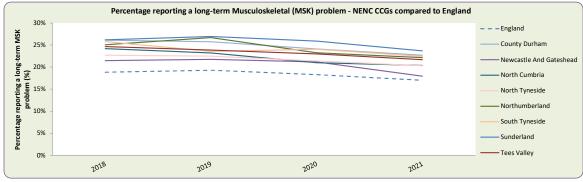
What is the data telling us?

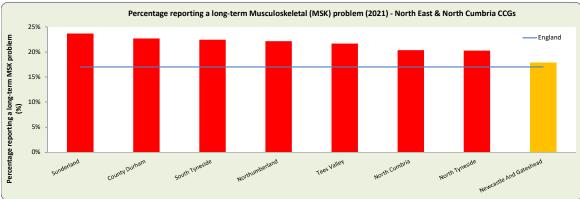
Successful treatment rates recorded for non-opiate users in the North East region in 2020/21 (52.8%) were the third lowest of all the English health regions and significantly lower than those seen nationally (57.0%). However, over the last three years, rates in the North East have been improving, and although they remain below the national rate, the gap with England is closing.

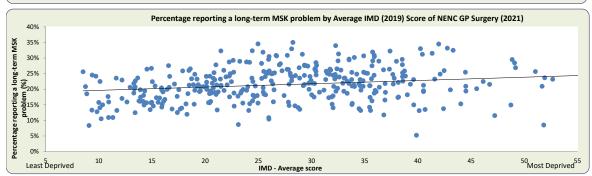
Within the North East and Cumbria, six Local Authority areas have significantly lower successful completion rates than the England average, and only County Durham (62.9%) has a significantly higher rate.

Healthy Lifestyles

Weighted Survey Results showing the percentage of people aged 16+ who when asked the question in the 2021 GP patient survey "Which, if any, of the following long-term conditions do you have?" answered with "Arthritis or ongoing problem with back or joints".







Data source: Office for Health Improvement and Disparities. Public Health Profiles. 2022 (http://fingertips.phe.org.uk) © Crown copyright 2022

Definitions / Notes

The latest Global Burden of Disease data (2019) show that low back pain is the top reason for years lived with disability in England, with neck pain in sixth position, other musculoskeletal (MSK) conditions in eighth position, and osteoarthiritis in ninth position¹⁰. MSK conditions are known to impact quality of life by increasing pain, limiting range of motion and impacting the ability to take part in daily life such as attending work¹¹.

This indicator is self-reported and taken from the GP Patient survey, based on the question "Which, if any, of the following long-term conditions do you have?", with the percentage reported being those answering "Arthritis or ongoing problem with back or joints".

Data note: As per the source data, significance is shown based on 99.8% confidence intervals.

What is the data telling us?

Over the period reported (2018 - 2021), all eight NENC CCG's have had higher percentages of those reporting long-term MSK conditions than the England average, and significantly so throughout with the exception of Newcastle and Gateshead in 2021 (similar).

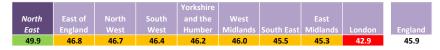
Within NENC GP practices there is a slight positive correlation between deprivation and those reporting MSK conditions.

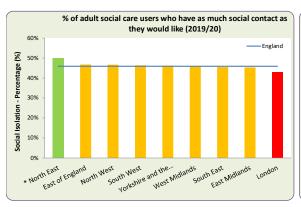
11. Office for Health Improvement and Disparities. Public health profiles. https://fingertips.phe.org.uk/search/msk#page/6/gid/1000042/pat/6/par/E12000001/ati/401/are/E06000047/iid/93377/age/164/sex/4/cat/-1/ctp/-1/vrr/1/cid/4/tbm/1

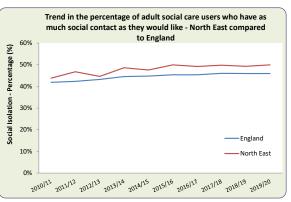
22. Social Isolation: % of adult social care users who have as much social contact as they would like (2019/20)

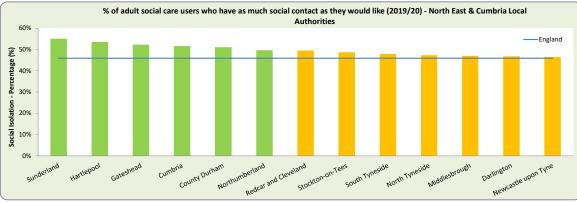
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The percentage of respondents to the Adult Social Care Users Survey, aged 18+, who responded to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?" with the answer "I have as much social contact as I want with people I like".









Data source: Office for Health Improvement and Disparities. Public Health Profiles. 2022 (http://fingertips.phe.org.uk) © Crown copyright 2022

Definitions / Notes

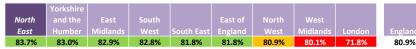
Social isolation and loneliness are key public health challenges. Older people are especially vulnerable after the loss of friends and family, reduced mobility or income. Loneliness is associated with higher rates of mortality, hypertension and depression.

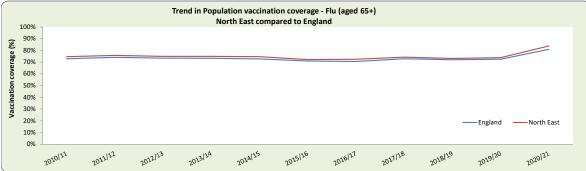
The data for this indicator is derived from responses to the NHS Digital Personal Social Services Adult Social Care Survey, England. The indicator measures the percentage of respondents to the survey who responded to the question "Thinking about how much contact you've had with people you like, which 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".

Due to the survey being voluntary Covid-19 has had an impact on data collection, with only 18 Local Authorities participating in 2020/21, none of whom were from the North East and Cumbria. Therefore 2019/20 is the latest data shown. Changes to the survey methodology in 2014/15 may mean that previous years' data are not comparable with data from 2014/15 onwards.

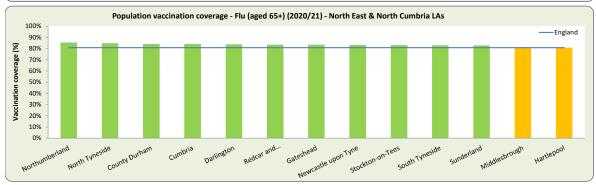
What is the data telling us?

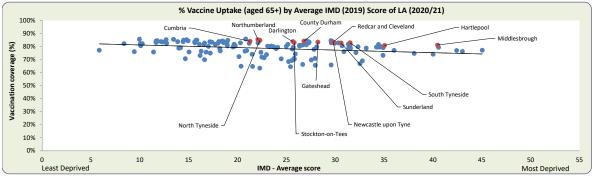
Just under half (49.9%) of the adults using social care services in the North East region in 2019/20 reported that they had as much contact with others as they would like. This proportion was significantly better than the national average and the best of all the regions. Within the North East and Cumbria, no Local Authority areas were significantly worse than the national average, and six Local Authorities had a significantly better rate.





Similar





Data source: Office for Health Improvement and Disparities. Public Health Profiles. 2022 (http://fingertips.phe.org.uk) © Crown copyright 2022

Definitions / Notes

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, who 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 in the Fingertips tool as benchmarked against the coverage goal (>=75%), which may result in a slightly different Red / Amber / Green rating for some organisations.

Please also note that over time the reporting period has changed. From 2017/18 onwards the reporting period is from the start of September to the end of February. However, prior to 2017/18 the reporting period was from the start of September to the end of January.

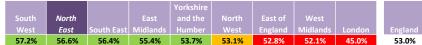
What is the data telling us?

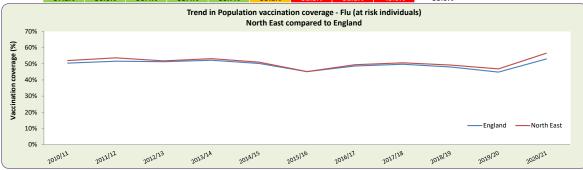
The flu vaccination coverage rate for older people in the NENC region notably increased in the latest time period, and was the highest of all the English regions in 2020/21 at 83.7% compared with an England average rate of 80.9%. All NENC local authorities achieved the 75% government recommended coverage rate. Hartlepool had the lowest coverage at 80.9%. The increase in vaccination uptake in 2020/21 is believed to be in part due to the COVID-19 pandemic¹². The evidence of greater mortality risk with coinfection of flu and COVID-19 and increased publicity educating the population about viruses and vaccine development are some of the factors thought to have increased the uptake¹². There is a statistically significant negative correlation between vaccination coverage and CCG deprivation score with those from more deprived areas less likely to have been vaccinated.

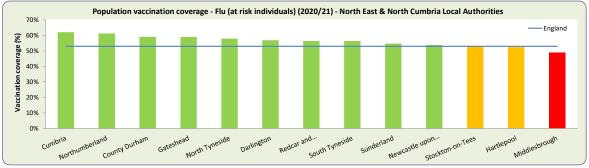
12. Bachtiger, Adamson, A., Chow, J.-J., Sisodia, R., Quint, J. K., & Peters, N. S. (2021). The Impact of the COVID-19 Pandemic on the Uptake of Influenza Vaccine: UK-Wide Observational Study. JMIR Public Health and Surveillance, 7(4), e26734-e26734. https://doi.org/10.2196/26734

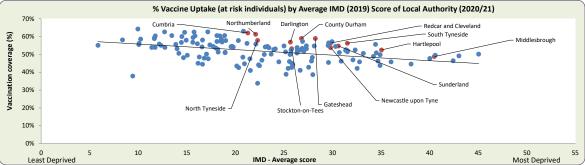
Flu vaccine uptake (%) in individuals aged over 6 months to under 65 years in a clinical risk group, who received the flu vaccination between 1st Sept 2020 and 28th Feb 2021.

Similar









Data source: Office for Health Improvement and Disparities. 2022 (http://fingertips.phe.org.uk) © Crown copyright 2022

Definitions / Notes

Vaccination against seasonal influenza targets those people who are at greatest risk of developing serious complications such as pneumonia. The at risk groups in this metric are those aged over 6 months to under 65 years in a clinical risk group. For information on what is considered a clinical risk group please see the annual flu letter for 2020 to 2021¹³. Please note that pregnant women with clinical risk factors are included in this indicator, while those with no clinical risk factors are excluded although they are covered by the flu vaccination programme. PHE produces a National Influenza Report once a fortnight which provides a summary of influenza and other seasonal respiratory illnesses¹⁴.

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

Please also note that over time the reporting period has changed. From 2017/18 onwards the reporting period is from the start of September to the end of February. However, prior to 2017/18 the reporting period was from the start of September to the end of January.

What is the data telling us?

The flu vaccination coverage rate for at-risk individuals both regionally and nationally considerably increased in the last time period compared to 2019/20. The North East had the second highest vaccination coverage of all the England regions in 2020/21 at 56.6% compared with an England average of 53.0%. In the latest time period for which data are available, eight NENC local authorities achieved the 55% government recommended coverage rate. Only one NENC local authority, Middlesbrough, had a coverage significantly lower than the England average with a rate of 48.8%.

Like for vaccination coverage for those 65+, there is a statistically significant negative correlation between vaccination coverage and CCG deprivation score.

13. NHS England. (2020). The national flu immunisation programme 2020 to 2021-update (Letter). https://www.england.nhs.uk/wp-content/uploads/2020/05/Letter_AnnualFlu_2020-21_20200805.pdf 14. UK Health Security Agency. Weekly national flu reports. https://www.gov.uk/government/collections/weekly-national-flu-reports