

Population Health & Healthcare Surveillance

Intelligence for the North East & North Cumbria AHSN

March 2022 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.

The last full surveillance report was published in March 2019, with a version relating to the impact of the COVID-19 pandemic published in three reports in 2020 and 2021. As a result of the substantial effect of the pandemic on the healthcare system and wider determinants of health, a review of the content of this report was undertaken by NEQOS and the Medical Director of the AHSN. This has resulted in changes to some of the indicators in the report with several new indicators added and others removed. The Summary from page 7 indicates whether an indicator has been updated or is a "New" indicator in the report.

It is important to note that, while the previous effects of lockdowns and other COVID-19 measures may no longer apply, as of March 2022 COVID-19 case numbers remain high and will remain a consideration for the foreseeable future. While trends in this report may appear to show a 'return to normal' for some indicators, it remains important to consider the impact of the pandemic, particularly in relation to inequalities¹.

The data included in the report are taken primarily from: the Office for Health Improvement and Disparities (OHID) Fingertips platform (<https://fingertips.phe.org.uk/>), NHS Digital (<https://digital.nhs.uk/>) and the Office for National Statistics (ONS). This has been supplemented with healthcare utilisation data from Hospital Episode Statistics, and we acknowledge the support of the North East and Yorkshire Local Knowledge and Intelligence Service (LKIS) at OHID in providing the analysis for indicator 51. In addition to presenting data, NEQOS has attempted to provide some interpretation of the data, with a high level summary on page 3 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 mainly 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, geographical boundary changes affect 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. In April 2020 NHS Darlington CCG, NHS Hartlepool and Stockton-on-Tees CCG and NHS South Tees CCG merged to form NHS Tees Valley CCG. Also in April 2020 NHS Durham Dales, Easington and Sedgfield CCG and NHS North Durham CCG merged to form NHS County Durham CCG. Data prior to this date will be presented based on the new geographies where possible, otherwise it will relate to the previous CCG configurations where merging of the data has not been possible.

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

1. Public Health England. Disparities in the risk and outcomes of COVID-19.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

Related recent publications:

Health Profile for England (September 2021)

<https://www.gov.uk/government/publications/health-profile-for-england-2021>

OHID A Picture of Health – Health Intelligence pack for health improvement NE region 2021

<https://app.powerbi.com/view?r=eyJrIjojMGU3YjYwOWltZTcwZS00NTNiLWExZTEtMmMyZTg2YzZmOWQwliwidCI6ImVINGUxNDk5LTRhMzUtNGlyZS1hZDQ3LTVmM2NmOWRlODY2NiIsImMiOjh9>

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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.

No statistical comparison has been applied where the area has not been highlighted, in cases where it is not possible or appropriate to compare to the benchmark (i.e. England).

Geographies of the North East and North Cumbria

North East and North Cumbria CCGs, grouped by Integrated Care Partnership (ICP)

North of Tyne and Gateshead ICP

Northumberland CCG

North Tyneside CCG

Newcastle Gateshead CCG

Durham, South Tyneside and Sunderland ICP

South Tyneside CCG

Sunderland CCG

County Durham CCG (Durham Dales, Easington and Sedgefield CCG and North Durham CCG prior to April 2020)

Tees Valley ICP

Tees Valley CCG (Darlington CCG, Hartlepool and Stockton-on-Tees CCG and South Tees CCG prior to April 2020)

North Cumbria ICP

North Cumbria CCG (Cumbria CCG prior to April 2017 with a boundary change)

North East and North Cumbria Local Authorities

Northumberland

North Tyneside

Newcastle upon Tyne

Gateshead

South Tyneside

Sunderland

County Durham

Darlington

Hartlepool

Middlesbrough

Redcar & Cleveland

Stockton-on-Tees

North Cumbria (made up of Allerdale, Carlisle, Copeland and Eden districts)

North East and North Cumbria Region Health Report (March 2022 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
- Less likely to feel socially isolated as a user of adult social care services
- More likely to be immunised against flu for both those aged 65+ and at-risk individuals
- More likely to receive New Birth Visits and 2-2½ year reviews within timescales
- 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, though note COVID-19 has had a significant effect with percentages falling nationally in 2020/21
- More likely if already suffering from dementia, to be formally diagnosed as having the condition
- More likely to receive timely ambulance responses

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 from suicide
- More likely to die prematurely from drugs misuse
- More likely to experience a higher crime rate and to be admitted to hospital because of violence
- Less likely to make healthy lifestyle choices e.g. smoking, alcohol, diet
- Less likely to receive an NHS Health Check
- Less likely to successfully complete drug treatment programmes for opiate and non-opiate drug misuse
- More likely to report a long-term musculo-skeletal (MSK) problem
- More likely to use/need urgent care hospital services
- Less likely to have had a personalised care and support plan agreed or reviewed as a care home resident

Surveillance flags

The following March 2022 data updates are especially noteworthy:

- Indicators 1-4: The region continues to have the lowest life expectancy at birth in England, and improvements have stalled in recent years. 2018-20 saw the largest fall in male life expectancy since World War 2, with the gap between the North East and England widening. 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, a situation that is deteriorating over time.
- Indicator 5: COVID-19 was the leading cause of death in the North East in 2020, and it accounted for a higher proportion of deaths in the North East than in the country as a whole. This varies between age groups, but was the leading cause in all ages over 64.
- Indicator 7: The suicide rate in the North East is the second highest of all the English regions. In common with the national rate, the rate in the North East has been on an upward trajectory in recent years, and is increasing at a faster pace than the national average. The region's high suicide rate is wholly attributable to the high number of deaths amongst males. While the suicide rate amongst females in the region is similar to the national average, North East males have a suicide rate that is more than four times higher than that amongst their female counterparts, a gender disparity that is greater than in any other region in the country.
- Indicator 8: The region's mortality rate from drug misuse is almost double the national average and increasing. Within the region, there is wide variation between local authorities. However for all areas where data is available all but one local authority has a significantly higher rate than the national average. See also Indicators 19 and 20 showing a below national average and decreasing proportion of opiate users successfully completing drug treatment and below national average treatment completion rates for non-opiate users.
- Indicator 10: The North East's <75 mortality rate from cancer considered preventable is significantly higher than the national rate and higher than any other region.
- Indicator 11: The <75 mortality rate from liver diseases considered preventable is higher than in any other region in England and increasing, and the gap between the region and England is widening. See also indicator 51 where North East and North Cumbria has a significantly higher rate of alcohol-related admissions than the national average.
- Indicators 15 & 16: The smoking prevalence in the North East is higher than any other region and the region also has a significantly lower self-reported smoking cessation rate than the national average.
- Indicator 17: The proportion of adults classified as overweight or obese is significantly higher than the national average, and higher than any other region in England.
- Indicators 23 & 24: In the North East and Cumbria all local authorities achieved the government recommended 75% coverage rate for flu vaccination in relation to the 65+ population. For at-risk individuals most local authorities achieved the recommended 55% coverage rate, and only one local authority had a significantly lower rate than the national average.
- Indicators 25a & 25b: The region's police recorded crime rate is significantly higher than the national average, with the most common crimes recorded in 2020/21 being violence against the person and theft. See also Indicator 52 which shows that the North East and North Cumbria has consistently higher rates of emergency admissions due to violence.
- Indicators 33-35: Although cancer screening coverage rates in the North East were significantly better than the national average, the region (and all others) did not meet the Department for Health & Social Care's 'achievable standard' in relation to coverage for breast cancer screening, nor did the region achieve the 'acceptable standard' in relation to cervical screening coverage.

- Indicator 38: The percentage of diabetes patients with a record of retinal screening in the last twelve months has fallen dramatically during the COVID-19 pandemic, and due to the need for infection control it is likely to take some time to address the backlog.
- Indicator 39: The percentage of the eligible population of the North East region that received an NHS Health check is significantly lower than the national average and has been declining, particularly since the pandemic struck.
- Indicator 45: The A&E attendance rate is significantly higher in NENC than the national average, though attendances have been much lower during the COVID-19 period, particularly around national lockdowns.
- Indicator 50: Although access to dental services appears to be improving, the percentage of respondents to the GP Patient Survey who tried and were successful in getting an NHS dental appointment within any of the reported time periods was considerably lower in the 2021 survey compared to the two previous surveys in 2019 and 2020.
- Indicator 51: All NENC CCGs have admission rates for alcohol-related conditions that are above the national average.
- Indicator 63: The monthly NHS sickness absence rate in the North East and North Cumbria has been consistently higher than the national average for several years.

Healthcare Activity

This version of the surveillance report includes some measures of healthcare activity in this region. 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 may also reflect socio-cultural and clinical norms of practice.

Summary

Compared with England

 Significantly Better	 Similar	 Significantly Worse
 Significantly Higher		 Significantly Lower

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

Indicator		Time Period	North East Value	North East Rank	National Average	Direction of Travel	Updated?
Life Expectancy	Life Expectancy at Birth (years)	2018 - 2020					
	1. Male		77.6	9	79.4		Yes
	2. Female		81.5	9	83.1		Yes
	Healthy Life Expectancy at Birth (years)	2017 - 2019					
Preventable Premature Death	3. Male		59.4	9	63.2		Yes
	4. Female		59.0	9	63.5		Yes
	5. Leading Causes of Death: % of deaths with an underlying cause of:	2020					Yes
	COVID-19		13.9%		12.2%		
	Dementia and Alzheimer's disease		10.1%		11.6%		
	Ischaemic heart diseases		9.0%		9.1%		
	Malignant neoplasm of trachea, bronchus and lung		5.8%		4.7%		
	Chronic lower respiratory diseases		5.3%		4.6%		
	Total		44.1%		42.2%		
	6. Infant Mortality Rate (deaths per 1,000 live births)	2018 - 2020	3.5	4	3.9		Yes
	7. Suicide Rate (per 100,000)	2018 - 2020	12.4	8	10.4		Yes
	8. Deaths from Drug Misuse	2018 - 2020	9.9	9	5.0		Yes
	9. Under 75 Mortality Rate from Cardiovascular Diseases considered preventable (per 100,000)	2020	33.6	7	29.2		Yes
	10. Under 75 Mortality Rate from Cancer considered preventable (per 100,000)	2020	63.2	9	51.5		Yes
	11. Under 75 Mortality Rate from Liver disease considered preventable (per 100,000)	2020	26.1	9	18.2		Yes
	12. Under 75 Mortality Rate from Respiratory disease considered preventable (per 100,000)	2020	23.2	8	17.1		Yes
	13. Mortality Rate from a range of specified communicable diseases, including influenza (per 100,000)	2020	9.0	7	8.3		Yes
	14. Mortality Rate from dementia and Alzheimer's disease (per 100,000)	2020	124.2	5	120.5		Yes
Healthy Lifestyles	15. Smoking prevalence (%)	April - December 2020	13.6%	9	12.1%		Yes
	16. Smoking- Successful Quitters (Self Reported) (%)	2020/21	56.6%	7	58.9%		Yes
	17. Excess weight in adults (%)	2019/20	67.6%	9	62.8%		Yes
	18. Percentage of adults classified as inactive (%)	May 2020 - May 2021	28.9%	6	27.5%		Yes
	19. Successful completion of drug treatment - opiates (%)	2020/21	16.7%	9	24.7%		Yes
	20. Successful completion of drug treatment – non opiates only (%)	2020/21	52.8%	7	57.0%		Yes
	21. Weighted percentage reporting a long-term musculoskeletal problem (%)	2021			17.0%		Yes
	22. Social Isolation: % of adult social care users who have as much social contact as they would like	2019/20	49.9%	1	45.9%		Yes
	23. Population vaccination coverage - Flu (aged 65+) (%)	2020/21	83.7%	1	80.9%		Yes
	24. Population vaccination coverage - Flu (at risk individuals) (%)	2020/21	56.6%	2	53.0%		Yes

Summary

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Significantly Better	Similar	Significantly Worse
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North East Rank amongst the 9 Regions 1 - Best 9 - Worst

Indicator		Time Period	North East Value	North East Rank	National Average	Direction of Travel	Updated?
At Risk and Vulnerable	25a. Police Recorded Crime per 1,000 population	Q1 2021/22	25.4	8	20.1		New
	25b. Police Recorded Crime by Crime Group (as a % of all police recorded crime)	2020/21					New
	Violence against the person		39.0%*		38.7%*		
	Theft offences		24.0%*		28.6%*		
	Criminal damage and arson		14.3%*		10.1%*		
	Public order offences		12.1%*		10.1%*		
	Sexual offences		3.2%*		3.2%*		
	Drug offences		3.1%*		4.6%*		
	Miscellaneous crimes		3.0%*		2.4%*		
	Possession of weapons offences		0.8%*		0.9%*		
	Robbery		0.5%*		1.3%*		
	26. Digital Exclusion - Percentage of adults (aged 18+) who have Foundation Level Digital Skills	2021	82%		81%		New
Early Diagnosis	27. Digital Exclusion - Percentage of adults (aged 18+) who have Life Essential Digital Skills (EDS)	2021	80%		79%		New
	28. Percentage of New Birth Visits (NBVs) completed within 14 days (%)	2020/21	92.9%	2	88.0%		New
	29. Percentage of children who received a 2-2½ year review (%)	2020/21	92.1%	1	71.5%		New
	30. Households assessed as homeless per 1,000 households	Q2 2021/22	1.4	6	1.5		New
	31. Hospital admissions with a primary or secondary diagnosis relating to gambling (Number)	2020/21			220		New
	32. Asylum seekers in receipt of section 95 support (Number)	Q2 2021/22	4554		38927		New
	33. Cancer screening coverage - Breast cancer (%)	2020	76.3%	3	74.1%		Yes
	34. Cancer screening coverage - Cervical cancer (%)	Q4 2020/21	74.9%*		70.9%		Yes
End of Life Care	35. Cancer screening coverage - Bowel cancer (%)	Q3 2020/21	64.6%	3	62.3%		Yes
	36. Referrals to cancer 2 week wait pathway- all cancer (% of GP referrals seen by a specialist within 14 days)	Oct-21	85.0%*		81.4%		Yes
	37. Referrals to cancer 2 week wait pathway- Breast Symptomatic but where cancer is not initially suspected (% of GP referrals seen by a specialist within 14 days)	Oct-21	77.8%*		67.6%		Yes
	38. Diabetic eye screening - coverage (%)	2020/21	42.3%*		37.9%		Yes
	39. Cumulative % of the eligible population aged 40-74 who received an NHS Health Check (%)	2016/17 - 2020/21	28.8%	8	33.4%		Yes
	40. Estimated Diagnosis Rate for People 65+ with Dementia	Nov-21	65.3%*		62.0%		Yes
	41. % of care home residents 18+ who had a Personalised Care and Support Plan agreed or reviewed	Dec-21	6.5%*		9.4%		New
	42. % of permanent care home residents 18+ who received a Structured Medication Review	Dec-21	22.5%*		21.5%		New
	43. Death Occurrences by:	2020 - 2021					New
	All causes (number)						
	COVID-19 (number)						
	44. Death Occurrences by place of death (% of all deaths):	2021					New
	Hospital		45.0%*		44.2%		
	Home		28.4%*		28.4%		
	Care Home		21.4%*		20.7%		
	Other		5.2%*		6.7%		





















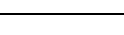
* Please note these values are based on the North East and North Cumbria rather than just the North East

Summary

Compared with England

	Significantly Better		Similar		Significantly Worse
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North East Rank amongst the 9 Regions 1 - Best 9 - Worst

Indicator		Time Period	North East Value	North East Rank	National Average	Direction of Travel	Updated?
Healthcare Utilisation	45. A&E attendances -per 1,000 GP registered patients (Note: Chart opposite is based on count)	2020/21	287.8*		255.8		Yes
	46. Scheduled Appointments in General Practice (rate per 1,000 population)	Dec-21	457.7*		410.7		Yes
	47. Percentage of scheduled General Practice appointments conducted by a GP	Dec-21	46.0%*		50.4%		Yes
	48. Appointments in General Practice- Time between Booking Date and Appointment Date	Dec-21					New
	Same Day		44.0%*		45.8%		
	1 Day		8.8%*		8.8%		
	2 to 7 Days		19.8%*		18.8%		
	8 to 14 Days		13.4%*		12.6%		
	More than 14 Days		14.0%*		13.9%		
	Unknown/Data quality issue		0.03%*		0.1%		
	49. Appointments in General Practice- Mode of Appointment	Dec-21					Yes
	Face-to-Face		65.9%*		61.1%		
	Home Visit		0.8%*		0.7%		
	Telephone		29.8%*		34.7%		
	Video/Online		0.3%*		0.5%		
	Unknown		3.3%*		3.1%		
	50. Percentage of those who tried to get an NHS dental appointment who succeeded:	January - March 2021					New
	In the last 3 months				76.1%		
	In the last 6 months				73.8%		
	In the last year				72.3%		
	In the last 2 years				73.9%		
	51. Alcohol-related hospital admissions - per 100,000 GP registered patients (Note: Chart opposite is based on count)	2020/21	615.2*		430.4		Yes
	52. Emergency admissions for violence (including sexual violence) - per 100,000 GP registered patients (Note: Chart opposite is based on count)	2020/21	45.3*		30.8		Yes
	53. Numbers of calls to 999 - answered	Jan-22	36412**		801886		New
	54. Ambulance Quality Indicators - Incidents by type of response	Jan-22					New
	Hear & Treat		10.7%**		11.1%		
	See & Treat		27.5%**		32.0%		
	Transport to non-ED		8.9%**		4.9%		
	Transport to ED		52.9%**		52.0%		

* Please note these values are based on the North East and North Cumbria rather than just the North East

** Please note the North East value for this indicator is based on the North East Ambulance Service

Summary

Compared with England

Significantly Better	Similar	Significantly Worse
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North East Rank amongst the 9 Regions 1 - Best 9 - Worst

Indicator		Time Period	North East Value	North East Rank	National Average	Direction of Travel	Updated?
Healthcare Utilisation	55. Ambulance Quality Indicators - Response times	Jan-22					New
	Average response time (hh:mm:ss) for category:						
	C1		00:06:48**		00:08:31		
	C1T		00:08:04**		00:11:13		
	C2		00:31:22**		00:38:04		
	C3		01:16:26**		01:56:52		
	C4		01:16:10**		02:34:48		
	90th centile response time (hh:mm:ss) for category:						
	C1		00:11:45**		00:15:05		
	C1T		00:14:47**		00:20:43		
	C2		01:06:35**		01:23:35		
	C3		03:16:10**		04:47:18		
	C4		02:40:42**		05:52:28		
	56. Calls received by NHS 111 (Count)	Dec-21	100580**		2131223		New
	57. Percentage of NHS 111 Calls that were abandoned after call steering IVR	Dec-21	42.2%**		23.3%		New
	58. NHS 111 calls- Time to call answer (seconds)						New
	Average	Dec-21	1199**		565		
	95th Centile	Dec-21	4109				
	59. Percentage of triaged NHS 111 calls referred to the Ambulance service	Dec-21	17.3%**		11.0%		New
	60. Percentage of triaged NHS 111 calls recommended to attend an Emergency Department	Dec-21	9.8%**		10.5%		New
	61. IAPT-Referrals that finished a Course of Treatment where first treatment was in 6 weeks or less (%)	Sep-21	89.6%*		91.2%		Yes
	62. IAPT-Referrals that finished a Course of Treatment where first treatment was in 18 weeks or less (%)		95.2%*		98.7%		New
	63. Sickness absence - NHS sickness absence rates	Jul-21	6.1%*		5.1%		Yes

* Please note these values are based on the North East and North Cumbria rather than just the North East

** Please note the North East value for this indicator is based on the North East Ambulance Service