January 2019

North Yorkshire Joint Strategic Needs Assessment 2019
Scarborough and Ryedale CCG Profile

Introduction

This profile provides an overview of population health needs in Scarborough and Ryedale CCG (S&R CCG). Greater detail on particular topics can be found in our Joint Strategic Needs Assessment (JSNA) resource at www.datanorthyorkshire.org which is broken down by district. This document is structured into five parts: population, deprivation, disease prevalence, hospital admissions and mortality. It identifies the major themes which affect health in S&R CCG and presents the latest available data, so the dates vary between indicators.

Summary

- **Life expectancy is significantly lower than England for males and not significantly different for females**. For 2011-2015, female life expectancy in S&R CCG is 82.8 years (England: 83.1), and male life expectancy is more than four years lower than for females at 78.4 years (England: 79.4) [1].
- **There is a high proportion of older people**. In 2017, 24.2% of the population was aged 65 and over (28,900), higher than national average (17.3%). Furthermore over 3,800 (3.2%) were age 85+, compared with 2.3% in England. [2]
- **A substantial number of children grow up in relative poverty**. In 2015, there were 19.8% of children aged 0-15 years living in low income families, compared with 19.9% in England [1].
- **There are areas of deprivation**. Within the CCG area, 15 Lower Super Output Areas (LSOAs) out of a total of 69 are amongst the 20% most deprived in England, and 8 of these 15 LSOAs are amongst the 10% most deprived in England. These 8 LSOAs are in the Woodlands, Eastfield, Castle and North Bay wards in Scarborough. S&R CCG contains two-thirds of North Yorkshire's deprived LSOAs. [3]
- **Many people have longstanding health problems**. The census in 2011 showed 23,500 people living with long-term health problem or disability (21.3% compared to 17.6% in England) [1].
- **The highest reported rates of ill health are** from: hypertension (16.9%); obesity (12.9%); depression (10.9%); asthma (7.9%); and diabetes (7%) [4].
- **Hospital admissions vary according to admissions route**. Non-elective admissions are most frequently due to respiratory problems (13.9%); and circulatory diseases (12.9%); and injury, Poisoning and other external causes (12.6%). Elective admissions are most common for neoplasms (22%); digestive disorders (14.4%) and pregnancy and childbirth (10%) [5].

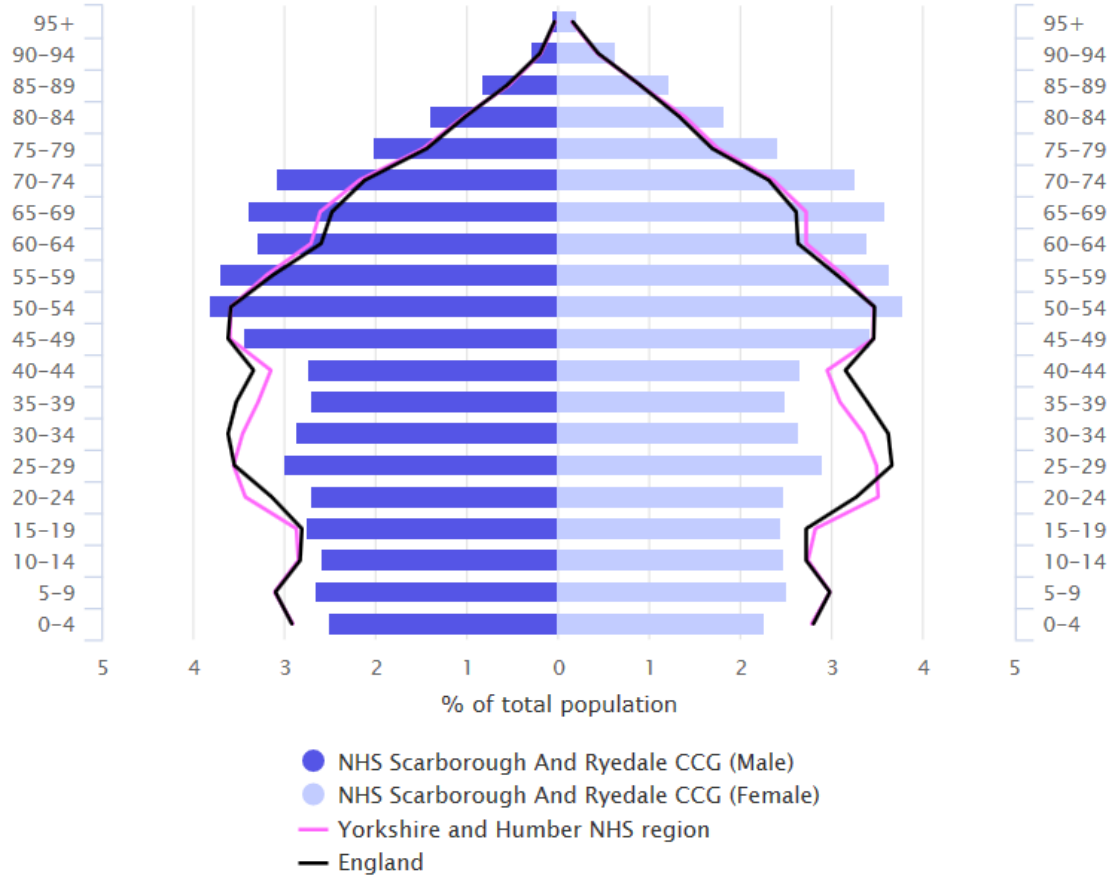
Population

There are 12 general practices in S&R CCG area with 120,400 registered patients (December 2018) [6]. In contrast, the ONS mid-year resident population estimate for 2017 gave a CCG-wide population of 112,300 [7]. The GP registered population in S&R CCG is 7.2% higher than the resident population, similar to England, where the difference between registered and resident population in 7%. Such differences can be due to: over-counting in GP registers; under-counting in population estimates; people resident in one district but registered with a GP in a different district; and definitions of residency (e.g. students and other temporary residents).

The resident population is forecast to rise to 113,100 by 2025 (1% increase since 2018) and 114,300 by 2040 (2% increase since 2018) [8]. In England, the corresponding increases are 4% by 2025 and 10.3% by 2040. Local population growth is forecast to be lower than that seen nationally. For more detailed information on population growth please see the district profiles which are available at Data North Yorkshire.

There is a high proportion of people aged over 65 (24.2%) in the S&R CCG compared with England (17.3%). The proportion of people aged 5-14 (10.2%) is slightly lower than England (11.6%). The following age profile shows a lower proportion of the population in age groups 0-49 years and a higher proportion in age groups 50-95+, compared with both England and the Yorkshire & Humber region. For more detailed information on population and BME population please see the district profiles which are available at Data North Yorkshire.

Age Profile – GP registered population by sex and five-year age band 2017



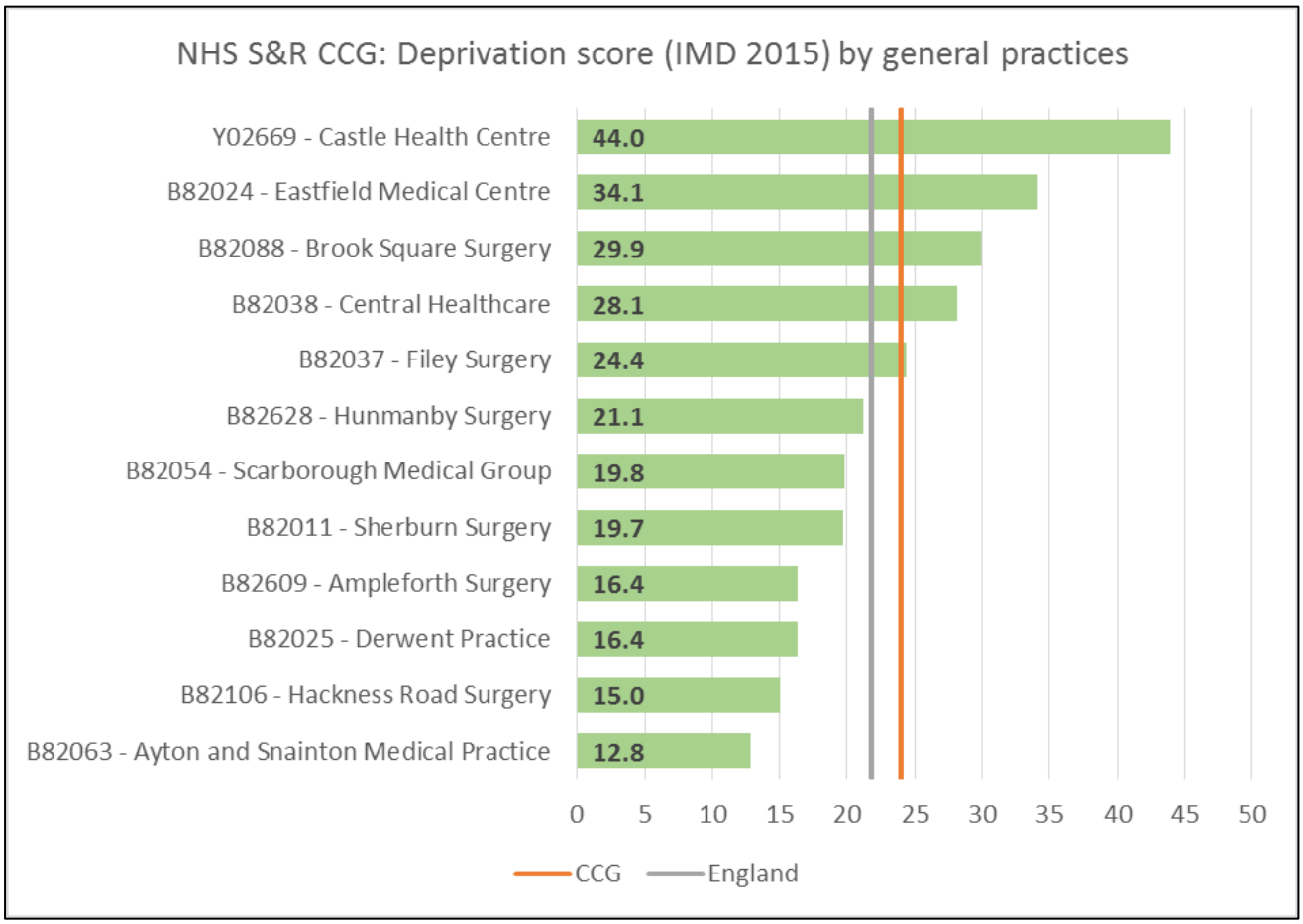
Source: National General Practice Profiles, PHE

Deprivation

In 2015, there were 19.8% of children aged 0-15 years living in low income families, compared with 19.9% in England [1]. The 2015 Index of Multiple Deprivation (IMD) identifies 15 Lower Super Output Areas (LSOAs) out of a total of 69 across the CCG which are amongst the 20% most deprived in England, and 8 out of these 15 LSOAs are amongst the 10% most deprived in England. These 8 LSOAs are all in the Woodlands, Eastfield, Castle and North Bay areas in Scarborough. A further 7 LSOAs, in Ramshill, Central, Woodlands, Falsgrave Park, Filey and Northstead wards (all in Scarborough District) are amongst the 15 LSOAs (20% most deprived in England) [3]. A list of these 15 LSOAs can be found in Appendix 1.

These 15 LSOAs form about two-thirds (65%) of the 23 LSOAs in North Yorkshire which are amongst the 20% most deprived in England. S&R CCG has the highest concentration of deprived neighbourhoods in North Yorkshire, predominantly located in Scarborough town, but also in Eastfield and Filey.

Deprivation scores, using IMD-2015, have been estimated for general practices. They show five practices in S&R CCG have populations experiencing higher levels of deprivation than England.



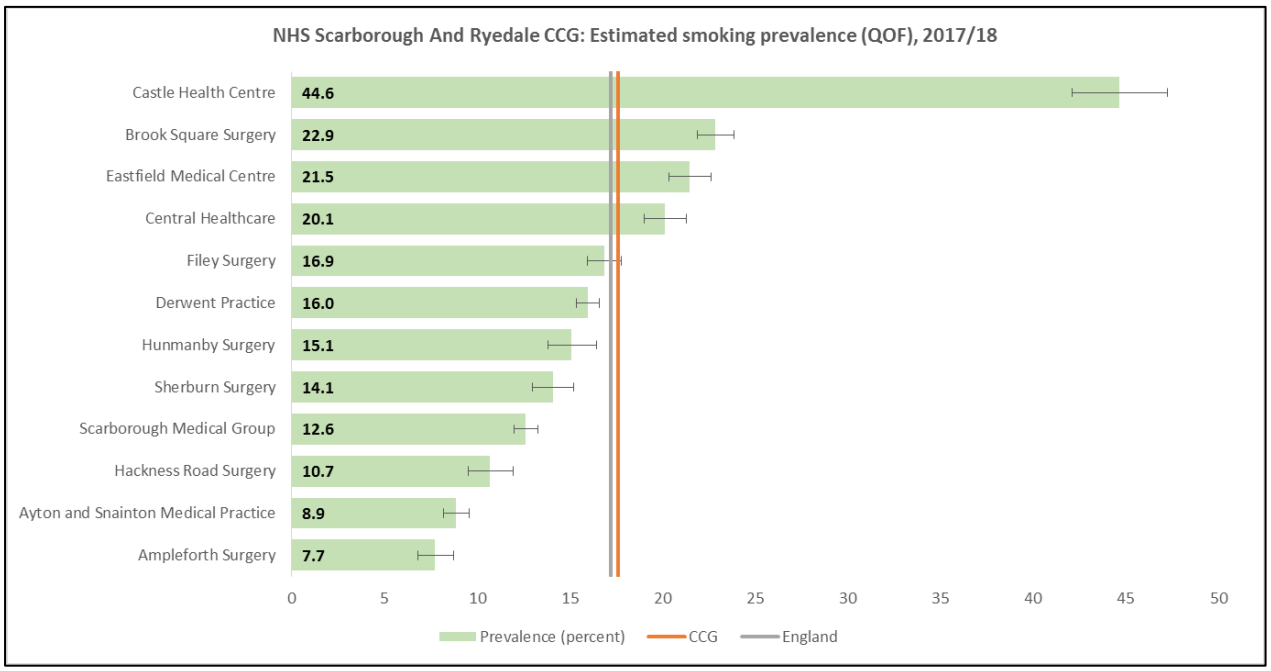
Source: National General Practice Profiles, PHE

Lifestyle and behaviour

The lifestyle choices that people make and behaviours they follow in their lifetime can all have an impact on both their current and future health. Lifestyle diseases are defined as diseases linked with the way people live their life. These are commonly caused by alcohol, drug and smoking abuse as well as lack of physical activity and unhealthy eating.

Smoking

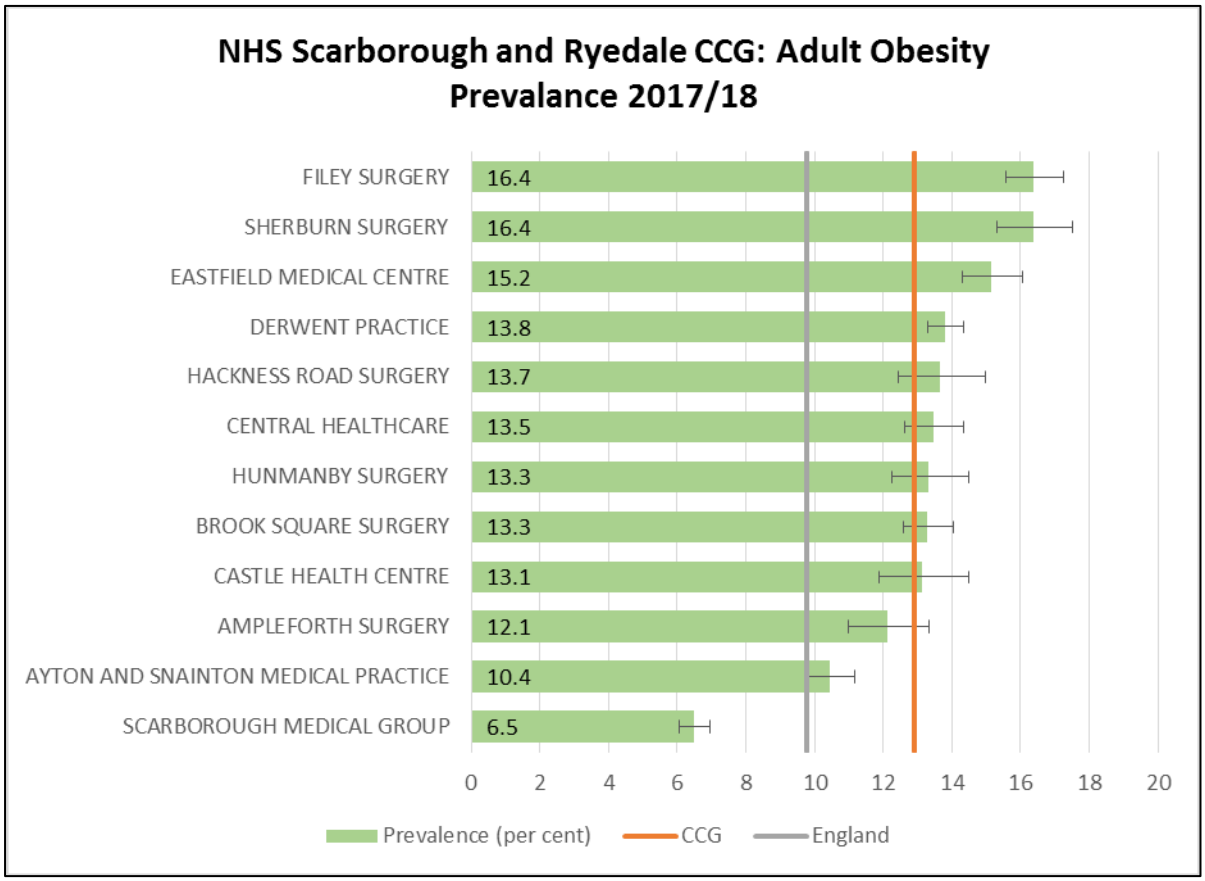
S&R CCG has highest estimated rate of smoking in 2017/18 in North Yorkshire and the rate is higher than the England average. Castle Health Centre has the highest rate of smoking prevalence in Scarborough; the rate higher than the England and CCG average.



Source: National General Practice Profiles, PHE

Adult obesity

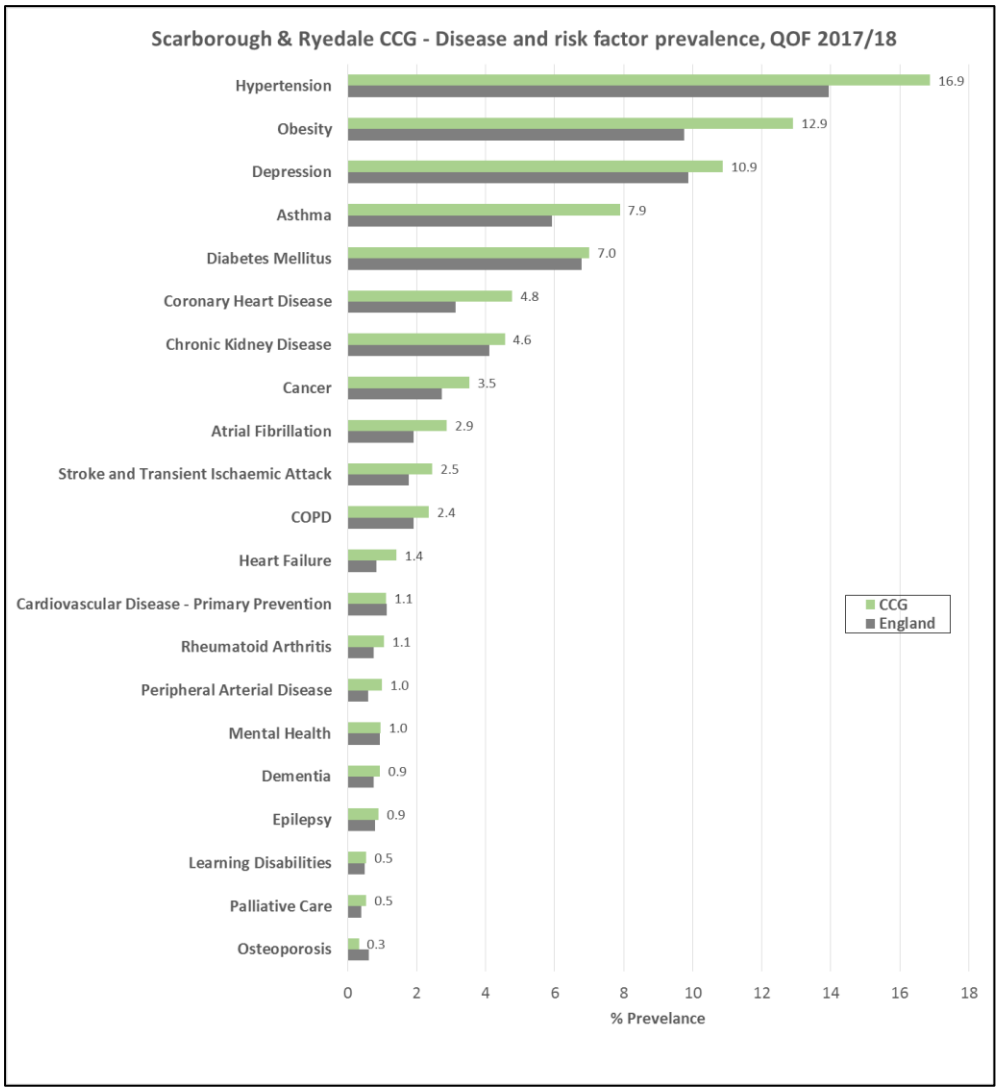
There is a higher rate of adult obesity in S&R CCG compared with England, with 12,800 adults having a recorded body mass index above 30 kg/m^2. Ten practices have rates which are significantly higher than England, and one practice (Scarborough Medical Group) which is significantly lower.



Source: NHS Digital

Disease Prevalence

In S&R CCG, hypertension, obesity and depression are the most common health problems, followed by asthma and diabetes.



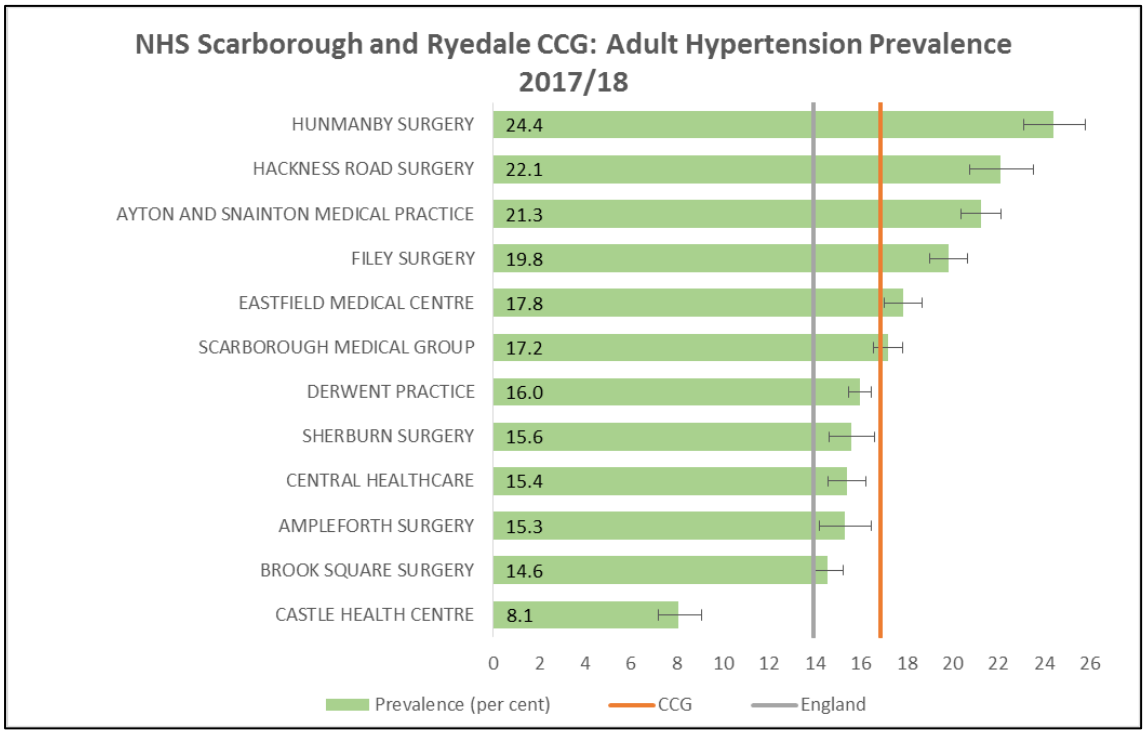
Source: NHS Digital

Disease prevalence by general practice

The following charts use the NHS Quality and Outcomes Framework prevalence data for 2017/18. These are expressed as crude percentages, without taking account of variation in the populations between general practices. Differences such as the proportion of elderly patients, ethnicity and levels of deprivation may affect crude prevalence rates. The charts are presented in order of recorded prevalence, from highest to lowest, within the CCG.

Hypertension

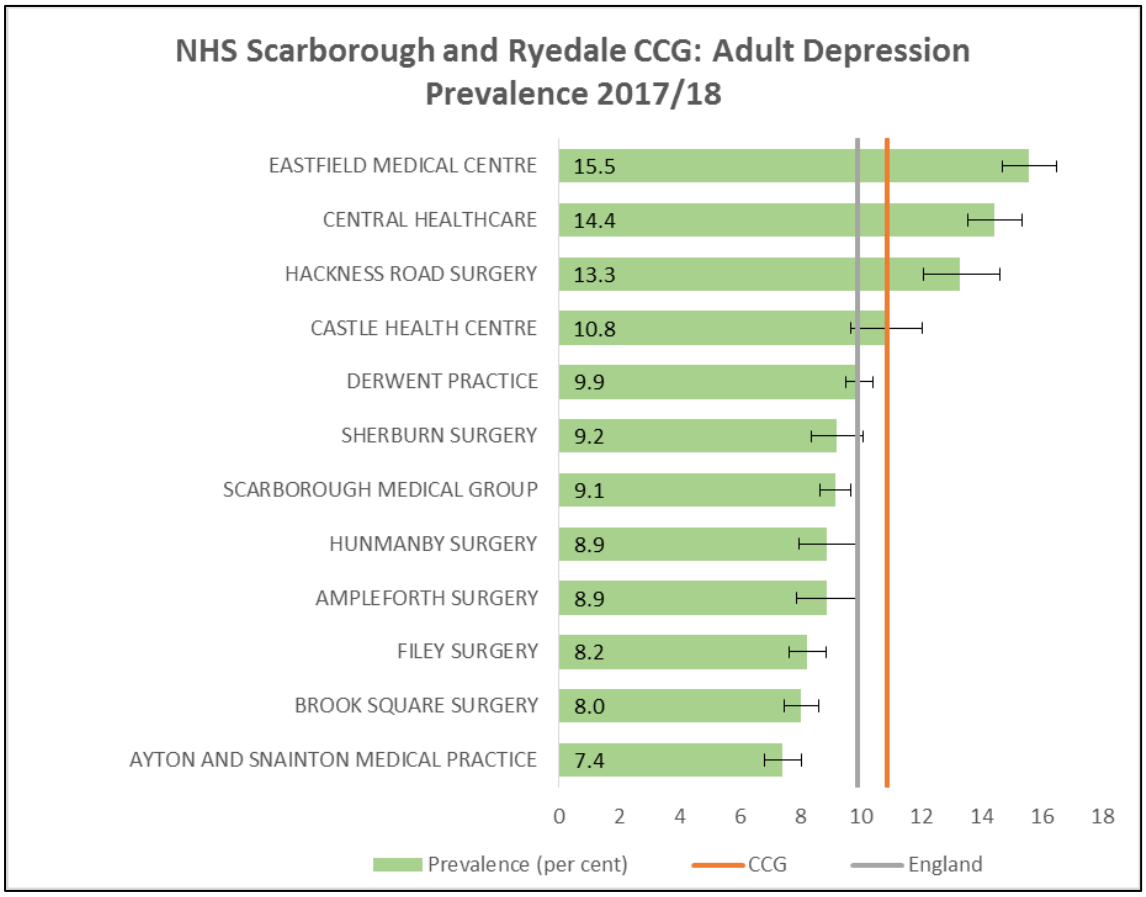
In S&R CCG, there are 20,400 people with known hypertension prevalence that is higher than England. Ten general practices have rates significantly higher than England whilst one practice (Castle Health Centre) has a significantly lower prevalence rate to England.



Source: NHS Digital

Depression

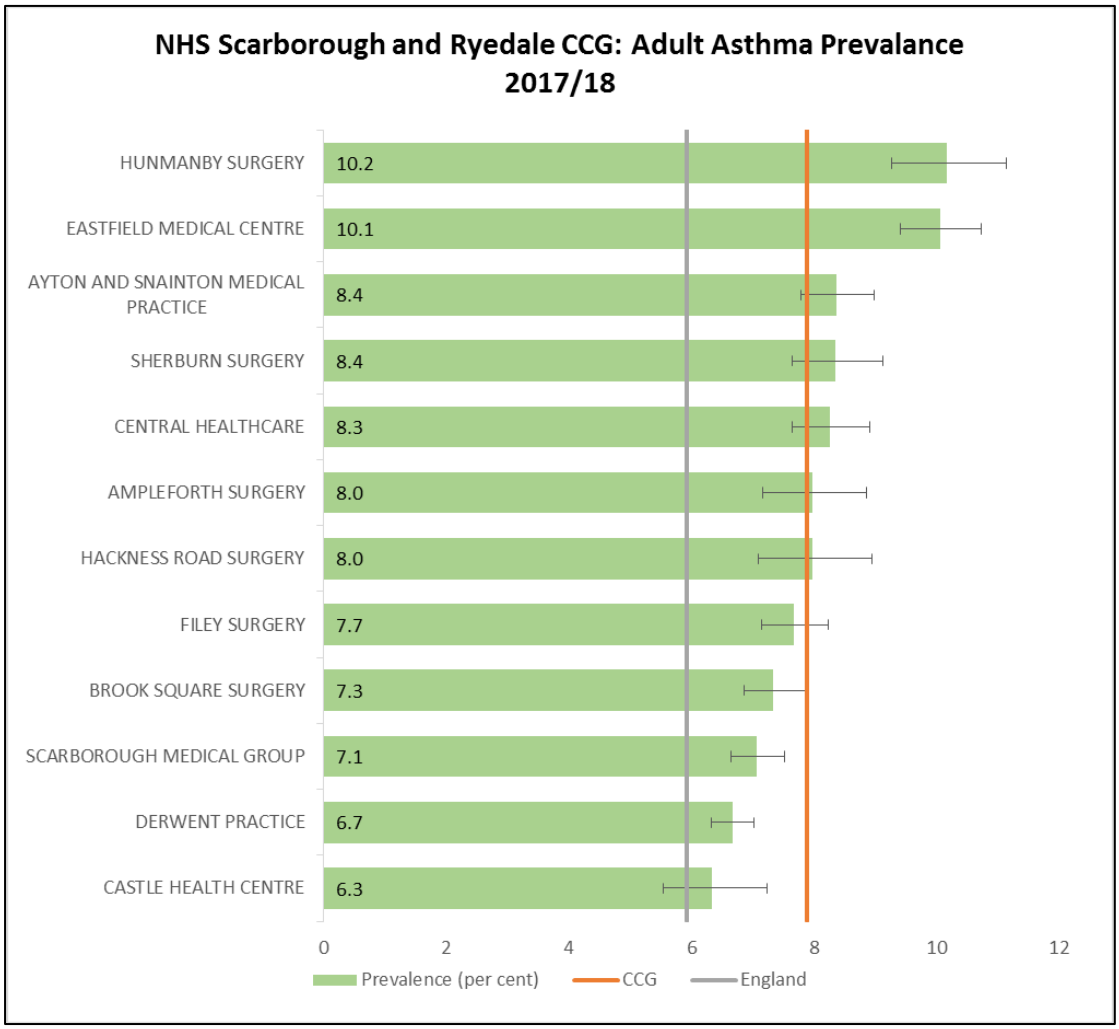
There are more than 10,700 adults with a record of depression in S&R CCG, with a higher rate than seen in England. Three practices have rates which are significantly higher than England, while three practices have significantly lower rates.



Source: NHS Digital

Asthma

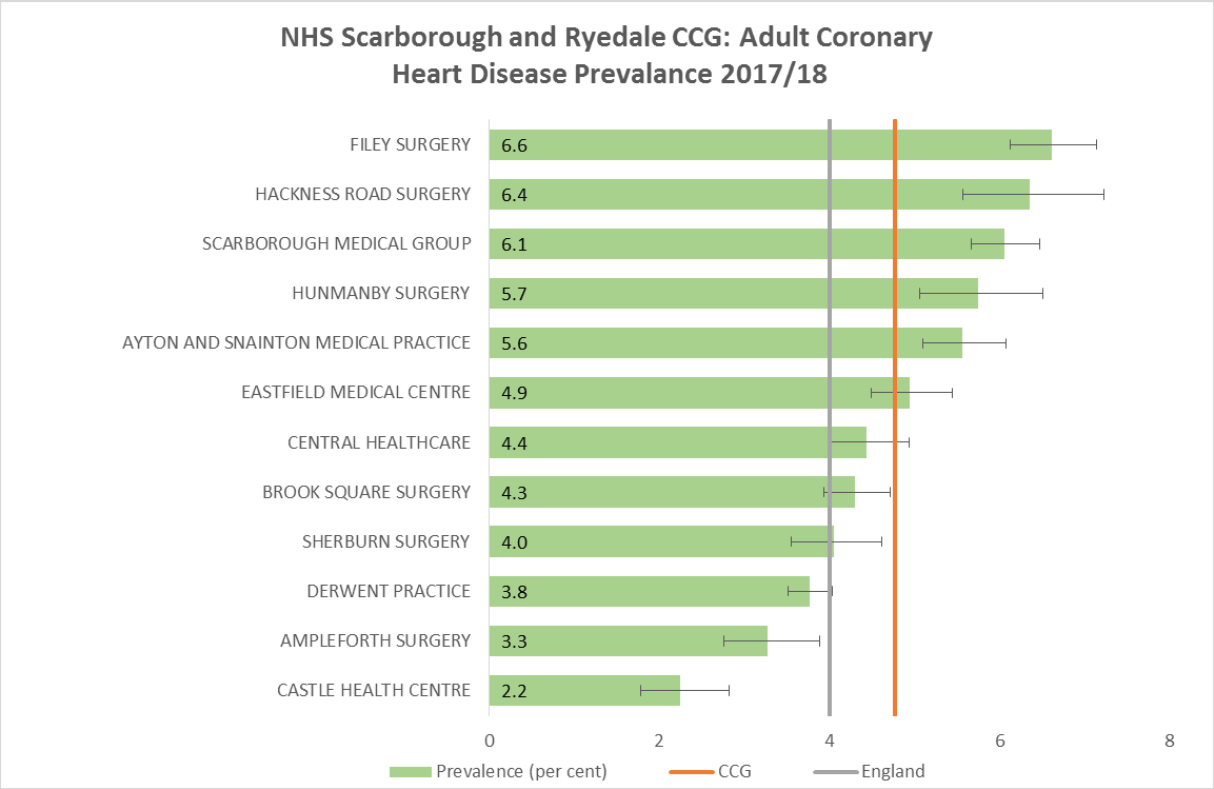
In S&R CCG, asthma prevalence is significantly higher than England. There are over 9,500 people on asthma registers in S&R CCG. Almost all practices have asthma prevalence rates which are significantly higher than England.



Source: NHS Digital

Coronary heart disease

Coronary heart disease (CHD) prevalence is higher in S&R CCG compared with England and there are nearly 5,800 people with diagnosed CHD. Eight of the 12 general practices have prevalence rates significantly higher than England. Three practices that have significantly lower prevalence rates than England.



Source: NHS Digital

Consideration can be given to variation which may be due to modifiable risk factors within the population, differences in record keeping, variation in health care and access to services. NHS RightCare produces a range of intelligence products to help local health economies identify and address health inequality.

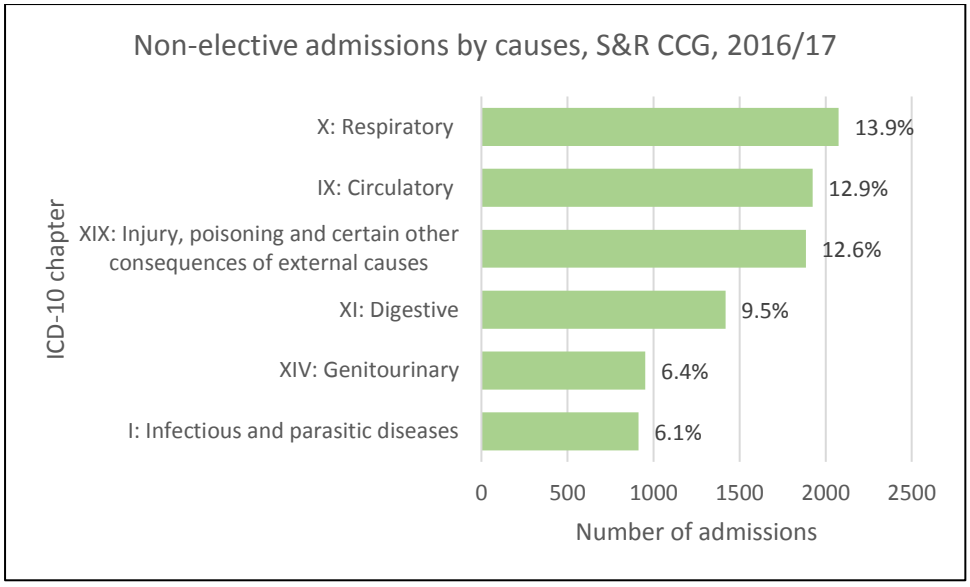
Furthermore, the NHS Health Check is a health check-up for adults in England aged 40-74, designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As individuals age they have a higher risk of developing one of these conditions and an NHS Health Check helps find ways to lower this risk. The NHS Health Check report for North Yorkshire highlights performance of health checks across North Yorkshire and can be found on Data North Yorkshire.

Hospital admissions

In 2016/17, there were just over 40,000 hospital admissions of which 25,898 (63.4%) were elective admissions and 14,950 (36.6%) were non-elective admissions. In total, there were 113 providers, with York Teaching Hospitals NHS Foundation Trust being the main provider.

Hospital admissions by provider, S&R CCG, 2016/17			
Provider	Proportion of elective admissions	Proportion of non-elective admissions	Proportion of all admissions
York Teaching Hospitals NHS Foundation Trust	87.6%	93.4%	89.7%
Hull and East Yorkshire Hospitals NHS trust	6.2%	2.8%	5.0%
Leeds Teaching Hospitals NHS Trust	2.3%		1.7%
Ramsay Healthcare UK Operations Ltd	1.3%		
Tees, Esk and Wear Valleys NHS Foundation Trust		1.2%	
Remaining providers	2.7%	2.7%	3.7%
Source: Public Health England SHAPE atlas			

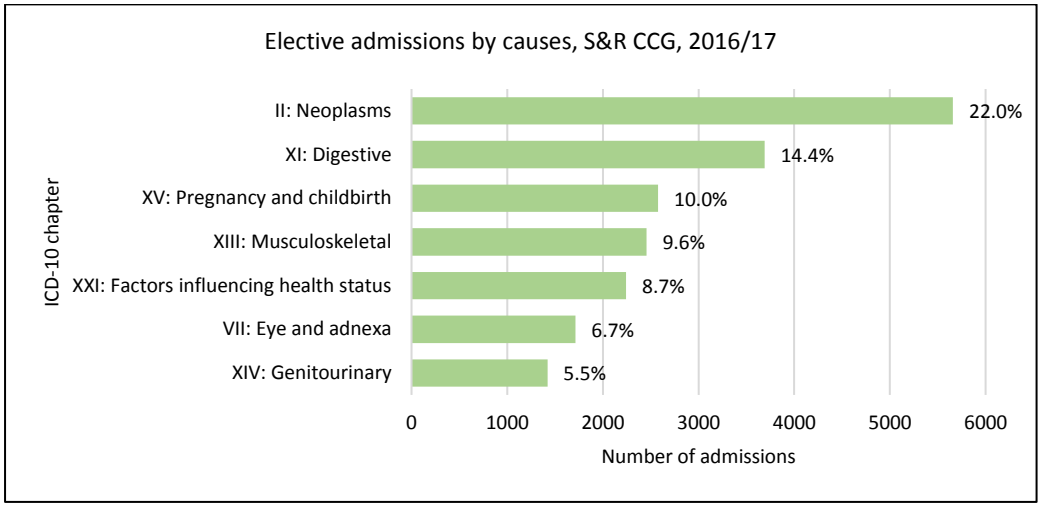
The main reasons for non-elective admissions are shown below for causes which contributed towards more than 5% of non-elective admissions. Respiratory diseases are the most common reason for non-elective admission followed by circulatory diseases and injuries & poisoning.



Source: Public Health England SHAPE atlas

Within *chapter XIX: Injury, poisoning and certain other consequences of external causes*, the main reasons for admission are: fracture of femur; poisoning by non-opioid drugs; open wound of head; and fracture of lower leg. This suggests falls and drug overdose (accidental or otherwise) may contribute importantly to local emergency admissions.

The main reasons for elective admission are similarly shown for causes which contributed towards more than 5% of elective admissions. Neoplasms represent the highest percentage of elective admissions, followed by digestive diseases and pregnancy & childbirth.

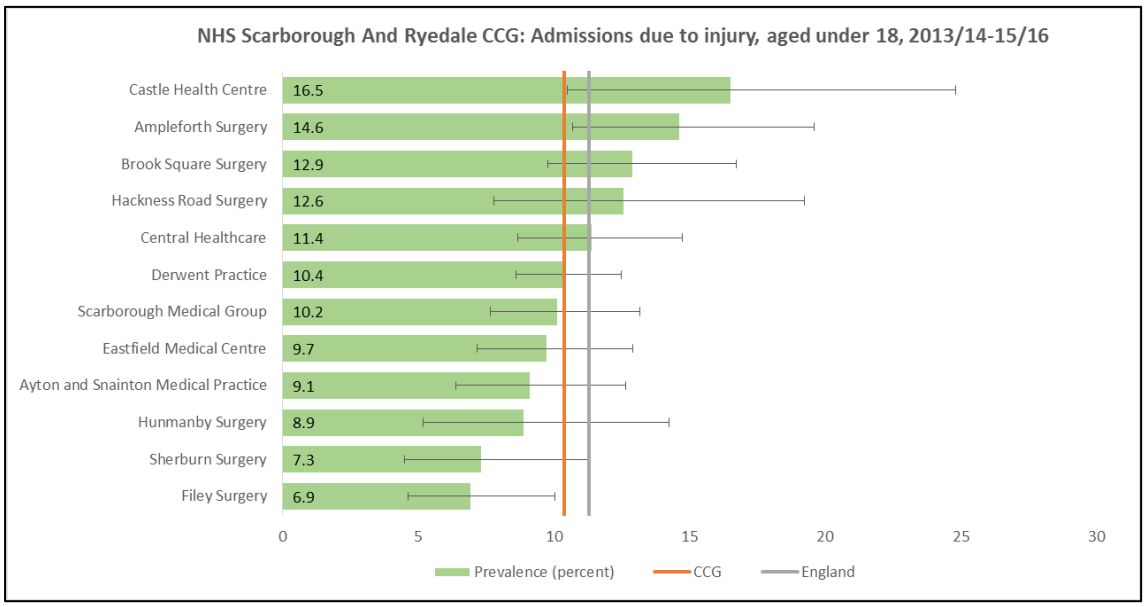


Source: Public Health England SHAPE atlas

For *chapter XXI: Factors influencing health status*, the leading reasons for admission are: live born infants according to place of birth (35% of admissions in this chapter); supervision of normal pregnancy (23%); need for other prophylactic measures (10%); follow-up examination after treatment for conditions other than cancer; and follow-up examination after treatment for malignant neoplasm.

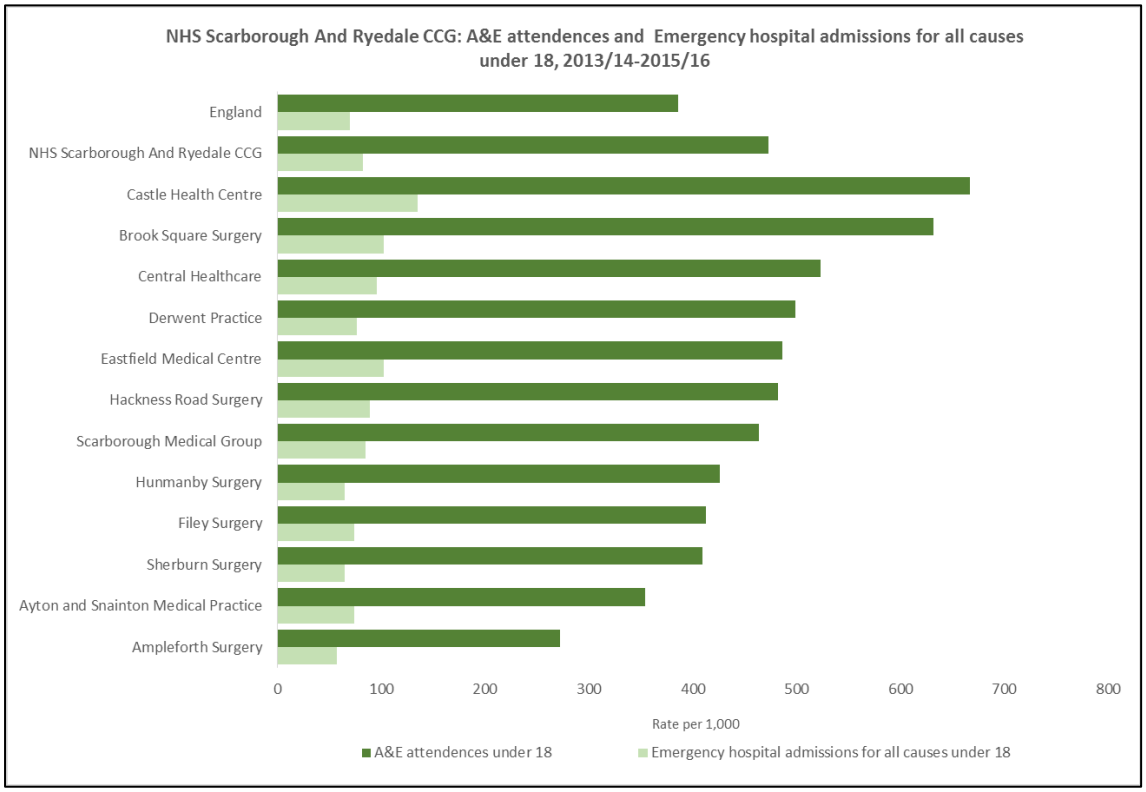
Under 18 hospital admissions

S&R CCG has the lowest rate of admissions due to injury for those aged under 18 when compared to other CCGs in North Yorkshire. The rate is also lower than the England average. Around half of practices in S&R CCG have higher rates than the England and CCG average.



Source: National General Practice Profiles, PHE

S&R CCG has a higher rate of emergency hospital admissions for all causes under 18 than the England average. However, S&R CCG has the highest rate of A&E attendance under 18 compared to other CCGs in North Yorkshire and the rate is higher than the England average.



Source: National General Practice Profiles, PHE

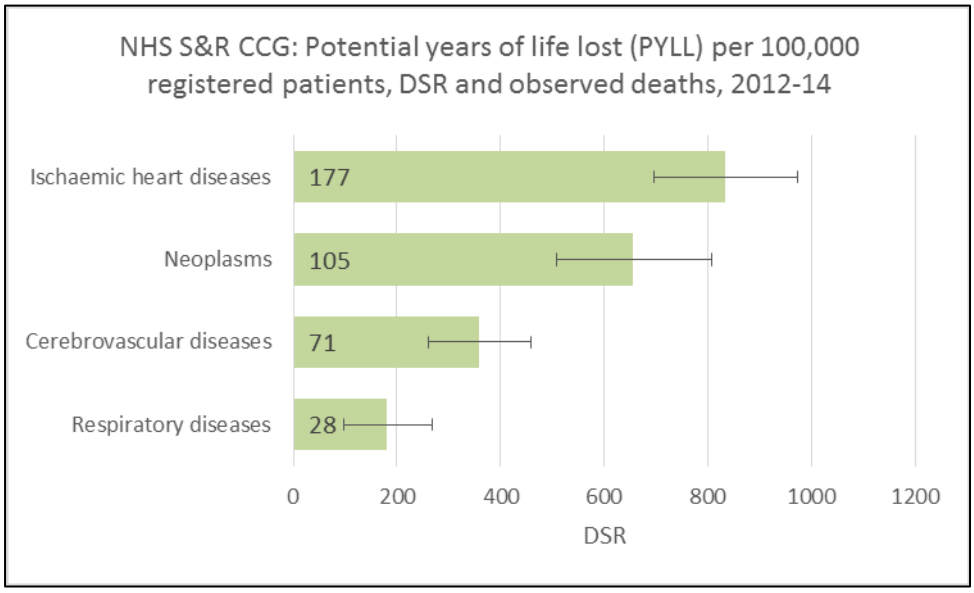
Public Health England produces a summary health profile for S&R CCG (Appendix 2). This compares more than 50 indicators with national data and highlights those which are significantly different from England. This can be used to help inform topics which might be considered for focused improvement work. In particular, it highlights the following as being significantly worse than England:

- Child Development at age 5 (%)
- GCSE Achievement (5A*-C inc. Eng & Maths) (%)
- General Health - bad or very bad (%)
- General Health - very bad (%)
- Limiting long term illness or disability (%)
- Provision of 1 hour or more unpaid care per week (%)
- Provision of 50 hours or more unpaid care per week (%)
- Deliveries to teenage mothers (%)
- Emergency admissions in under 5s (Crude rate per 1,000)
- A&E attendances in under 5s (Crude rate per 1,000)
- Binge drinking adults (%)
- Emergency hospital admissions for CHD (SAR)
- Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)
- Elective hospital admissions for hip replacement (SAR)
- Elective hospital admissions for knee replacement (SAR)
- Life expectancy at birth for males, 2011- 2015 (years)
- Deaths from all causes, all ages (SMR)

- Deaths from circulatory disease, all ages (SMR)
- Deaths from circulatory disease, under 75 years (SMR)
- Deaths from coronary heart disease, all ages (SMR)
- Deaths from stroke, all ages (SMR)
- Deaths from respiratory diseases, all ages (SMR)

Mortality

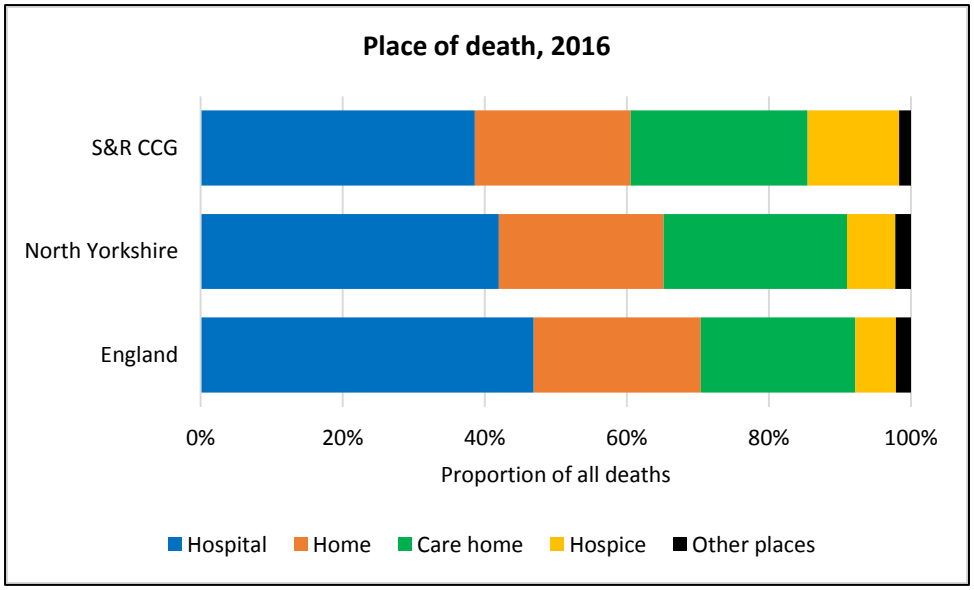
The chart below shows the directly standardised rate (DSR) of potential years of life lost (PYLL) per 100,000 registered patients and the number of observed deaths by conditions. The condition with the highest DSR (832.6) and observed deaths (177) is ischaemic heart diseases.



Source: HSCIC

Place of death

Within S&R CCG, 38.6% of deaths occurred in hospital, 24.9% in care homes, 22.0% at home, 12.9% in hospices and 1.6% elsewhere. Compared with England, S&R CCG has fewer people dying in hospital but more people dying in care homes and hospices.



Source: Public Health England

Additional mortality data available in the JSNA 2018 District Profiles.

References

1. Public Health England. Local Health
2. Public Health England. National General Practice Profiles
3. Data.gov.uk
4. NHS Digital. QOF 2017/18
5. SHAPE (registration required)
6. NHS Digital. CCG outcomes tool
7. ONS. Clinical commissioning group population estimates
8. ONS. Population projections - clinical commissioning groups
9. Public Health England. End of Life Care Profiles

Contributors:

Judith Yung, Public Health Intelligence Analyst

Emel Perry, Public Health Intelligence Analyst

Wendy Rice, Public Health Intelligence Analyst

Sharon Draper, Data Officer

Katie Wilkinson, Data Officer

Leon Green, Senior Public Health Intelligence Specialist

Contact:
nypublichealth@northyorks.gov.uk

January 2019

Appendix 1

LSOA	Ward	District	Index of Multiple Deprivation (IMD) National Rank (where 1 is most deprived)	Index of Multiple Deprivation (IMD) Decile (where 1 is most deprived 10% of LSOAs)
Scarborough 007D	Woodlands	Scarborough	313	1
Scarborough 012B	Eastfield	Scarborough	318	1
Scarborough 006B	Castle	Scarborough	319	1
Scarborough 006D	North Bay	Scarborough	751	1
Scarborough 010A	Castle	Scarborough	1,005	1
Scarborough 012A	Eastfield	Scarborough	1,714	1
Scarborough 012C	Eastfield	Scarborough	2,515	1
Scarborough 006A	Castle	Scarborough	2,561	1
Scarborough 010B	Ramshill	Scarborough	3,907	2
Scarborough 008C	Central	Scarborough	5,140	2
Scarborough 007C	Woodlands	Scarborough	5,328	2
Scarborough 009B	Falsgrave Park	Scarborough	5,334	2
Scarborough 014A	Filey	Scarborough	5,533	2
Scarborough 007B	Northstead	Scarborough	5,732	2
Scarborough 010D	Ramshill	Scarborough	5,992	2

Appendix 2

S&R CCG health profile summary

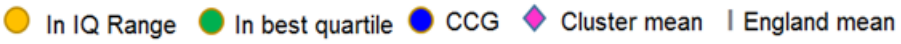
Selection: E38000145 - NHS Scarborough and Ryedale CCG

Indicators	*Selection value*	*England value*	*England worst*	*Summary chart*	*England best*
Low Birth Weight of term babies (%)	2.8	2.8	5		1.7
Child Development at age 5 (%)	55.3	60.4	42.2		74.3
GCSE Achievement (5A*-C inc. Eng & Maths) (%)	49.5	56.6	40.2		75.4
Unemployment (%)	1.8	1.8	4.8		0.5
Long Term Unemployment (Rate/1,000 working age population)	3	3.7	14.4		0.5
General Health - bad or very bad (%)	6.3	5.5	9.5		2.8
General Health - very bad (%)	1.4	1.2	2.2		0.6
Limiting long term illness or disability (%)	21.3	17.6	25.6		11.2
Overcrowding (%)	5.5	8.7	34.9		2.7
Provision of 1 hour or more unpaid care per week (%)	11.3	10.2	13		6.5
Provision of 50 hours or more unpaid care per week (%)	2.8	2.4	4		1.3
Pensioners living alone (%)	31.8	31.5	45.2		25.7
Deliveries to teenage mothers (%)	1.5	1.1	2.3		0.2
Emergency admissions in under 5s (Crude rate per 1000)	185	149.2	269.8		65.3
A&E attendances in under 5s (Crude rate per 1000)	667.9	551.6	1719.5		221
Admissions for injuries in under 5s (Crude rate per 10,000)	134.9	138.8	280.3		77.7
Admissions for injuries in under 15s (Crude rate per 10,000)	103.5	110.1	183.9		65.2
Admissions for injuries in 15 - 24 year olds (Crude rate per 10,000)	114.9	137	238.6		53.9
Occasional smoker (modelled prevalence, age 15) (%)	4.4	4	5.3		1.2
Regular smoker (modelled prevalence, age 15) (%)	10.7	8.7	12.7		3.2
Obese adults (%)	25.4	24.1	30.9		14.5
Binge drinking adults (%)	24.2	20	34.5		7.5
Healthy eating adults (%)	25.8	28.7	19.4		46.5
Obese Children (Reception Year) (%)	8.9	9.3	13.8		5.3
Children with excess weight (Reception Year) (%)	22.1	22.2	27.2		14.6
Obese Children (Year 6) (%)	16	19.3	27.1		9.8
Children with excess weight (Year 6) (%)	30.7	33.6	42.9		21.7
Emergency hospital admissions for all causes (SAR)	90	100	152.5		68.2
Emergency hospital admissions for CHD (SAR)	130.1	100	270.9		59.4
Emergency hospital admissions for stroke (SAR)	99.5	100	160.1		76.8
Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	120.1	100	280.2		53.8
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	77.1	100	233.4		43.2
Incidence of all cancer (SIR)	95.3	100	118.7		84.5
Incidence of breast cancer (SIR)	95.9	100	119.3		76.4
Incidence of colorectal cancer (SIR)	101.1	100	120.3		76.6
Incidence of lung cancer (SIR)	97	100	191.6		57
Incidence of prostate cancer (SIR)	80.9	100	147.4		64.3
Hospital stays for self harm (SAR)	96.7	100	308.4		28.7
Hospital stays for alcohol related harm (SAR)	102.3	100	182.5		57.7
Emergency hospital admissions for hip fracture in 65+ (SAR)	97.3	100	123.3		72.6
Elective hospital admissions for hip replacement (SAR)	124.4	100	140.9		32.7
Elective hospital admissions for knee replacement (SAR)	108	100	149.4		36.4
Life expectancy at birth for males, 2011- 2015 (years)	78.4	79.4	73.9		82.4
Life expectancy at birth for females, 2011- 2015 (years)	82.8	83.1	78.8		86
Deaths from all causes, all ages (SMR)	105.6	100	147.9		75.5
Deaths from all causes, under 65 years (SMR)	104.7	100	179.1		69.3
Deaths from all causes, under 75 years (SMR)	100.5	100	177		72.7
Deaths from all cancer, all ages (SMR)	96.9	100	127.9		78.3
Deaths from all cancer, under 75 years (SMR)	90.4	100	136.5		76.4
Deaths from circulatory disease, all ages (SMR)	130.4	100	153.5		73.1
Deaths from circulatory disease, under 75 years (SMR)	112.1	100	230.1		61.5
Deaths from coronary heart disease, all ages (SMR)	121.1	100	176.8		66.3
Deaths from coronary heart disease, under 75 years (SMR)	111.1	100	245.4		50.8
Deaths from stroke, all ages (SMR)	174.5	100	174.5		67.3
Deaths from respiratory diseases, all ages (SMR)	108.1	100	177.9		70.5

● *significantly worse* ● *significantly better* ● *not significantly different from average*

Appendix 3

S&R CCG Outcomes Framework



Indicator Name	Value		Spine chart
CCG Outcomes Indicator Set- domain 1			
1.1 Potential years of life lost (PYLL) from causes considered amenable to healthcare - Female (2014)	1,757	↓	1055 — 3204
1.1 Potential years of life lost (PYLL) from causes considered amenable to healthcare - Male (2014)	2,342	↓	1325 — 3902
1.2 Under 75 mortality rates from cardiovascular disease (2016)	71.6	↑	39.7 — 151.2
1.3 Completion of cardiac rehabilitation following an admission for coronary heart disease (2013/14)	25.1	↓	0 — 75.4
1.4 Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes (2015/16)	113.4	↑	52.3 — 280.2
1.5 Mortality within 30 days of hospital admission for stroke (2016/17)	0.90	↓	0.29 — 1.62
1.6 Under 75 mortality rates from respiratory disease (2016)	27.3	↓	15.1 — 88.6
1.7 Under 75 mortality rates from liver disease (2016)	20.0	↑	7.1 — 41.4
1.8 Emergency admissions for alcohol related liver disease (2017 - 2017 (Jan - Dec))	38.9	↓	7.2 — 79.3
1.9 Under 75 mortality rates from cancer (2016)	136	↑	77 — 307
1.10 One-year survival from all cancers (Diagnosed 2015)	70.6	↑	67 — 77.4
1.11 One-year survival from breast, lung and colorectal cancers (Diagnosed 2011)	68.3	↑	62.1 — 76.2
1.12 People with Serious Mental Illness (SMI) who have received the complete list of physical checks (2014/15)	39.5	↑	17.5 — 52.4
1.14 Maternal smoking at delivery (2017/18 Q3)	19.05	↑	1.62 — 27.85
1.15 Breast feeding prevalence at 6 - 8 weeks (2015/16 Q1)	No Data		0 — 82.5
1.17 Record of stage of cancer at diagnosis (2016)	81.8	↑	66.1 — 86.8
1.18 Percentage of cancers detected at stage 1 and 2 (2016)	48.6	↓	39.4 — 60.4
1.19 Record of lung cancer stage at decision to treat (2016)	95.3	↓	74.5 — 99.2
1.20 Mortality from breast cancer in females (2014 - 2016)	26.0	↑	22.1 — 48
1.21 All-cause mortality – 12 months following a first emergency admission to hospital for heart failure in people aged 16 and over (April 2013 to March 2016)	101.0	↓	75.6 — 119.7
1.22 Hip fracture: incidence (2017 - 2017 (Jan - Dec))	425	↓	64 — 626
1.23 Smoking rates in people with serious mental illness (SMI) (2014/15)	39.3		27.2 — 55
1.24 Referrals to cardiac rehabilitation within 5 days of an admission for coronary heart disease (2014/15)	8.80	↓	0 — 41.9
1.25 Neonatal mortality and stillbirths (2016)	6.20	↑	2 — 13.3
1.26 Low birth weight full-term babies (2016)	2.20	↑	1.3 — 5.2

CCG Outcomes Indicator Set- domain 2			
2.1 Health-related quality of life for people with long-term conditions (2016/17)	0.72	↓	0.64 — 0.82
2.2 Proportion of people who are feeling supported to manage their condition (2016/17)	69.1	↓	52.1 — 74.2
2.3 The percentage of people with Chronic Obstructive Pulmonary Disease (COPD) and Medical Research Council (MRC) Dyspnoea Scale >=3, identified on GP systems, referred to a pulmonary rehabilitation (2014/15)	36.1	↓	3.8 — 68.5
2.4 Percentage of people with diabetes who have received nine care processes (2016/17)	38.6	↓	17.7 — 86.9
2.5 People with diabetes diagnosed less than a year referred to structured education (2014/15)	66.3	↑	41.7 — 93.2
2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions (2017 - 2017 (Jan - Dec))	906	↑	177 — 1390
2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (2017 - 2017 (Jan - Dec))	442	↑	40 — 647
2.8 Complications associated with diabetes (2015/16)	120.7	↑	62.3 — 278.8
2.9 Access to community mental health services by people from Black and Minority Ethnic (BME) groups (2014/15)	1,448	↑	658 — 5283
2.10 Access to psychological therapies services by people from Black and Minority Ethnic (BME) groups (2015/16)	362	↑	295 — 13013
2.11a Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicated a reliable recovery following completion of treatment (2015 - 2015 (Jan - Dec))	35.2	↑	18.7 — 60.5
2.11b Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicated a reliable improvement following completion of treatment (2015 - 2015 (Jan - Dec))	57.3	↑	33.6 — 79.8
2.11c Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicator a reliable deterioration following completion of treatment (2015 - 2015 (Jan - Dec))	8.70	↑	3.4 — 11.3
2.15 Health-related quality of life for carers, aged 18 and above (2016/17)	0.77	↓	0.73 — 0.85
2.16 Health-related quality of life for people with a long-term mental health condition (2016/17)	0.57	↑	0.34 — 0.68

CCG Outcomes Indicator Set- domain 3				
3.1 Emergency admissions for acute conditions that should not usually require hospital admission (2017 - 2017 (Jan - Dec))	1,487	↑	225	2115
3.2 Emergency readmissions within 30 days of discharge from hospital (2011/12)	10.9	↓	8.9	14.5
3.3 Elective Hip replacement (Primary) procedures - patient reported outcomes measures (PROMS) (2015/16)	0.47	↑	0.35	0.52
3.3 Elective knee replacement (Primary) procedures - patient reported outcomes measures (PROMS) (2015/16)	0.33	↑	0.19	0.39
3.3 Elective groin hernia procedures - patient reported outcomes measures (PROMS) (2015/16)	0.10	↑	0.04	0.15
3.3 Elective varicose veins procedures - patient reported outcomes measures (PROMS) (2015/16)	No Data		0	0.15
3.4 Emergency admissions for children with lower respiratory tract infections (2017 - 2017 (Jan - Dec))	646	↑	39	838
3.5 People who have had a stroke who are admitted to an acute stroke unit within 4 hours of arrival to hospital (2016/17)	34.2	↑	17.6	85.1
3.6 People who have had an acute stroke who receive thrombolysis (2016/17)	10.50	↑	0	27.6
3.7 People with stroke who are discharged from hospital with a joint health and social care plan (2016/17)	91.5	↓	34.3	100
3.8 People who have a follow-up assessment between 4 and 8 months after initial admission for stroke (2016/17)	41.20	⇑	0	96.1
3.9 People who have had an acute stroke who spend 90% or more of their stay on a stroke unit (2016/17)	86.4	↑	57.7	97.9
3.10.i Hip fracture: proportion of patients recovering to their previous levels of mobility/walking ability at 30 days (2015)	No Data		0	88.9
3.10.ii Hip fracture: proportion of patients recovering to their previous levels of mobility/walking ability at 120 days (2016)	62.5		41.1	92.9
3.11 Hip fracture: collaborative orthogeriatric care (2016)	100.0	↑	55.1	100
3.12 Hip fracture: timely surgery (2016)	70.6	↓	40.1	90.6
3.13 Hip fracture: multifactorial falls risk assessment (2016)	100.0	✖	73.9	100
3.14 Alcohol-specific hospital admissions (2017 - 2017 (Jan - Dec))	131.0	↑	33.9	322.6
3.15 Emergency alcohol-specific readmission to any hospital within 30 days of discharge following an alcohol-specific admission (2015 - 2017(Jan - Dec))	71.4	↓	41.9	198.2
3.16 Unplanned readmissions to mental health services within 30 days of a mental health inpatient discharge in people aged 17 and over (2014/15)	51.3	↓	20.9	317.5
3.17 Percentage of adults in contact with secondary mental health services in employment (2016 - 2017 (Dec - Dec))	15.00	↑	0	24
3.18 Hip fracture: care process composite indicator (2016)	72.3	↓	25.5	87.9

CCG Outcomes Indicator Set- domain 4				
4.1 Patient experience of GP out-of-hours services (2014/15)	57.5	↓	49	85.3
4.2 Patient experience of hospital care (2015/16)	78.0	↓	68.3	83.5
4.5 Responsiveness to Inpatients personal needs (2015/16)	70.5	↓	60.1	78
CCG Outcomes Indicator Set- domain 5				
5.3 Incidence of Healthcare Associated Infection (HCAI) – Methicillin-resistant Staphylococcus aureus (MRSA) (April 2013 - April 2018)	12.58		2.23	19.83
5.4 Incidence of Healthcare Associated Infection (HCAI) – C. difficile (April 2013 - April 2018)	150.2		46	234