

North Yorkshire Joint Strategic Needs Assessment 2019 Vale of York CCG Profile

Introduction

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

Summary

- **Life expectancy is higher than England.** For 2011-2015, female life expectancy in VoY CCG is 83.6 years (England: 83.1), and male life expectancy is more than three years lower than for females at 80 years (England: 79.4) [1].
- **There is a high proportion of older people.** In 2017, 19.6% of the population was aged 65 and over (68,900), higher than national average (17.3%). Furthermore over 9,100 (2.6%) were age 85+, compared with 2.3% in England. [2]
- **Some children grow up in relative poverty.** In 2015, there were 11.2% 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, 7 Lower Super Output Areas (LSOAs) out of a total of 206 are amongst the 20% most deprived in England, and one these LSOAs is amongst the 10% most deprived in England. This is in Selby West ward in Selby District. [3]
- **Many people have longstanding health problems.** The census in 2011 showed 54,300 people living with long-term health problem or disability (15.8% compared to 17.6% in England) [1].
- **The highest reported rates of ill health are** from: hypertension (13.4%); obesity (9.8%); depression (9%); asthma (6.1%); and diabetes (5.6%) [4].
- **Hospital admissions vary according to admissions route.** Non-elective admissions are most frequently due to respiratory problems (12.8%); injury, poisoning and certain other consequences of external causes (12.8%); and circulatory diseases (11.5%). Elective admissions are most common for neoplasms (19.5%); digestive disorders (12.8%) and musculoskeletal problems (11.3%) [5].

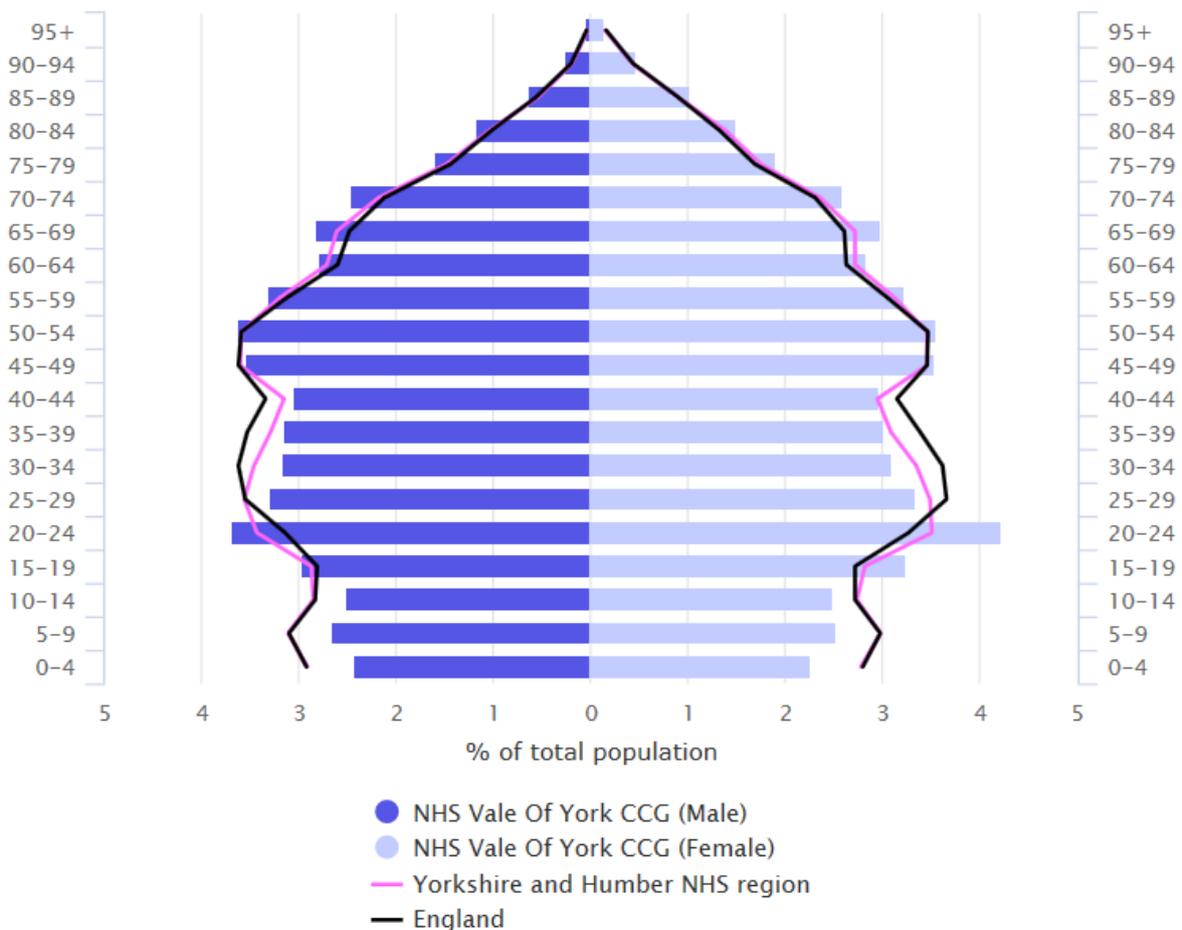
Population

There are 26 general practices in VoY CCG area with 357,000 [registered patients](#) (December 2018) [6]. In contrast, the ONS mid-year resident population estimate for 2017 gave a CCG-wide population of 359,600 [7]. The GP registered population in VoY CCG is 0.7% lower than the resident population, whereas in England, the registered population is 7% higher than the resident population.

The resident population is forecast to rise to 372,400 by 2025 (3.1% increase since 2018) and 388,500 by 2040 (7.6% 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.

There is a high proportion of people aged over 65 (19.6%) in VoY 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 0-14 years and 25-39 years; and a higher proportion in age groups 15-24 years and 50-95+, compared with both England and the Yorkshire & Humber region.

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

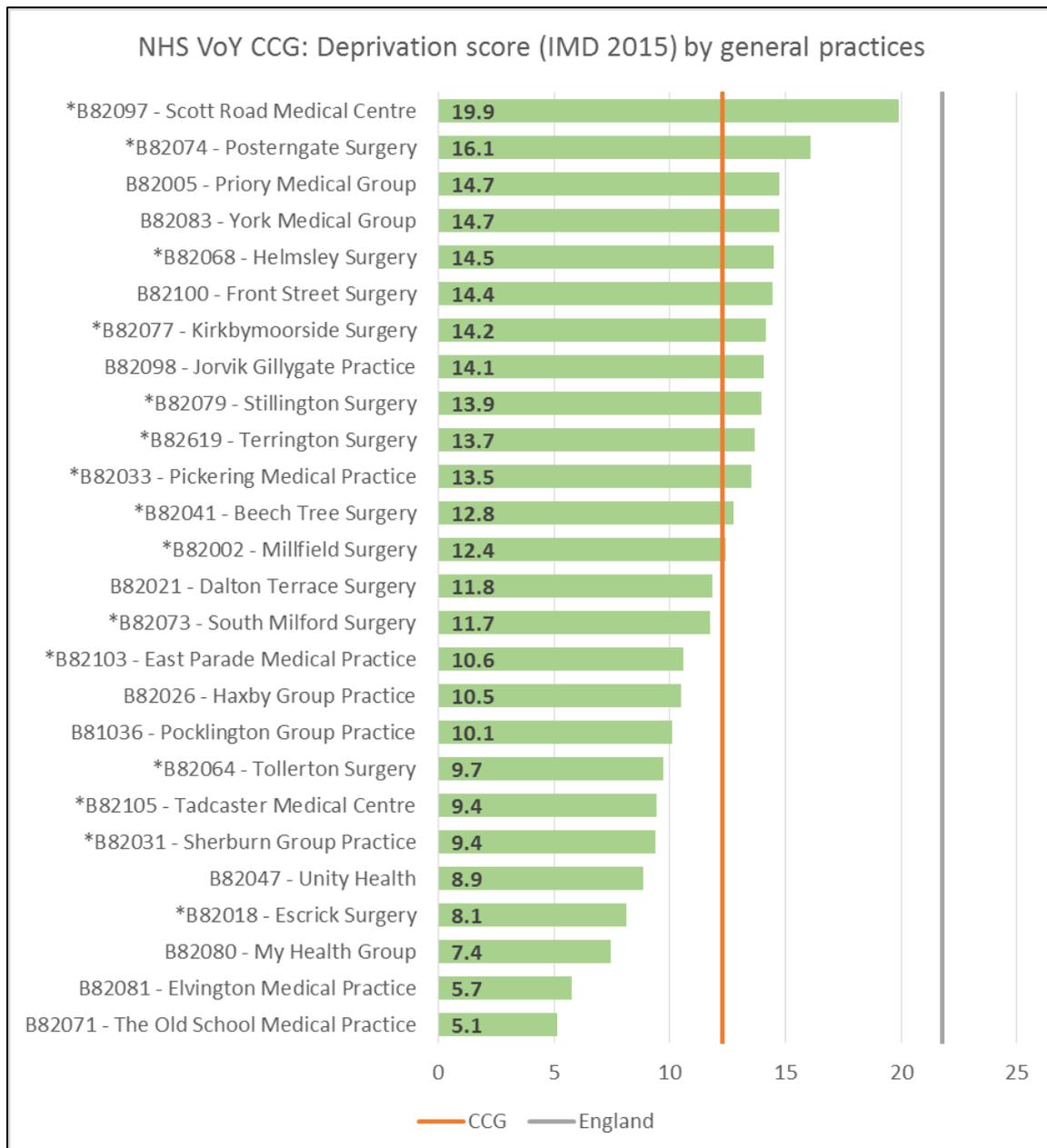


Source: National General Practice Profiles, PHE

Deprivation

In 2015, 11.2% 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 7 Lower Super Output Areas (LSOAs) out of a total of 206 across the CCG which are amongst the 20% most deprived in England, and one these LSOAs is amongst the 10% most deprived in England. This is in Selby West ward in Selby. 5 LSOAs in York (in Westfield, Clifton and Guildhall wards) and one LSOA in Selby (Selby East ward) are amongst the 7 LSOAs (20% most deprived in England) [3]. A list of these 15 LSOAs can be found in Appendix 1.

Deprivation scores, using IMD-2015, have been estimated for general practices. They show no practices in VoY CCG have populations experiencing higher levels of deprivation than England.



Source: National General Practice Profiles, PHE

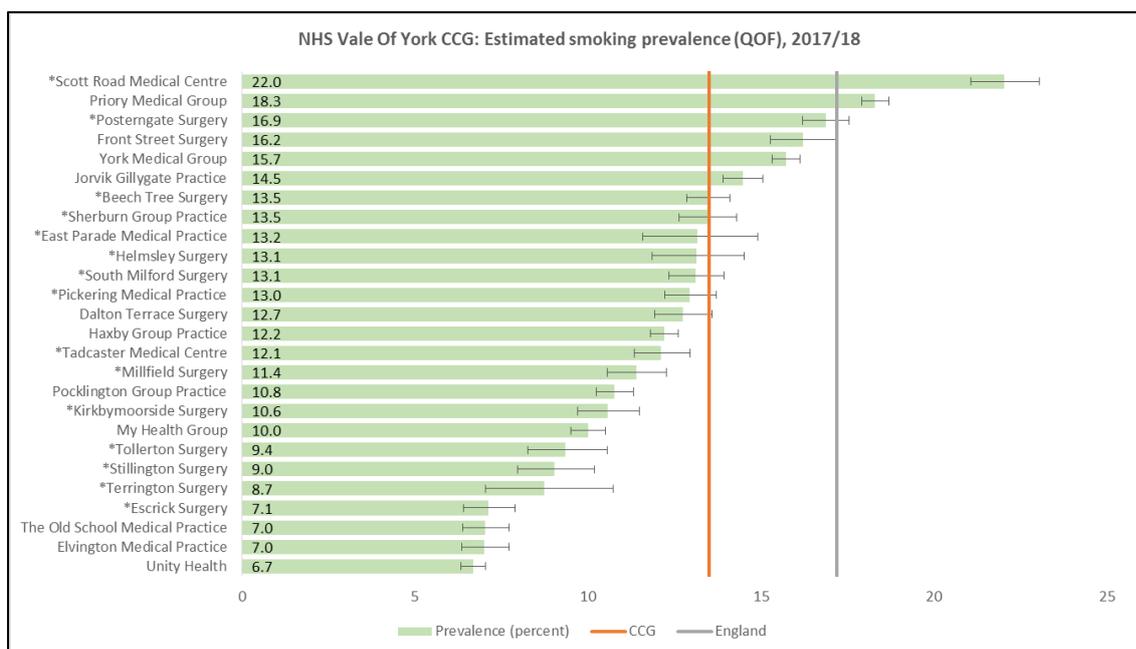
* Practices within North Yorkshire.

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. They are commonly caused by alcohol, drug abuse and smoking as well as lack of physical activity and unhealthy eating.

Smoking

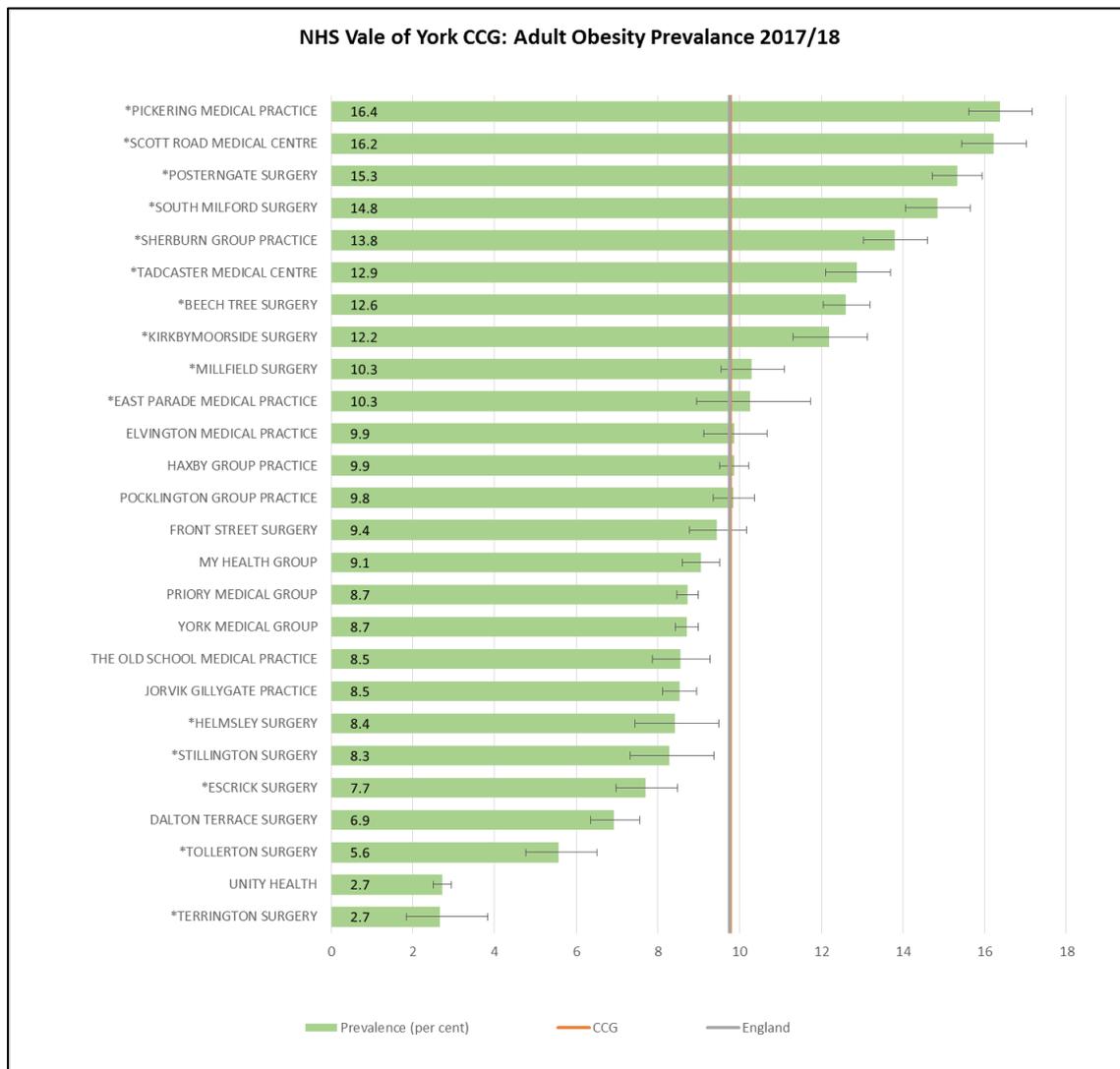
VoY CCG has a lower rate of smoking prevalence compared to England. Six practices have rates which are significantly higher than England and CCG average and over half of practices have significantly lower rates than CCG and England averages.



Source: National General Practice Profiles, PHE

Adult obesity

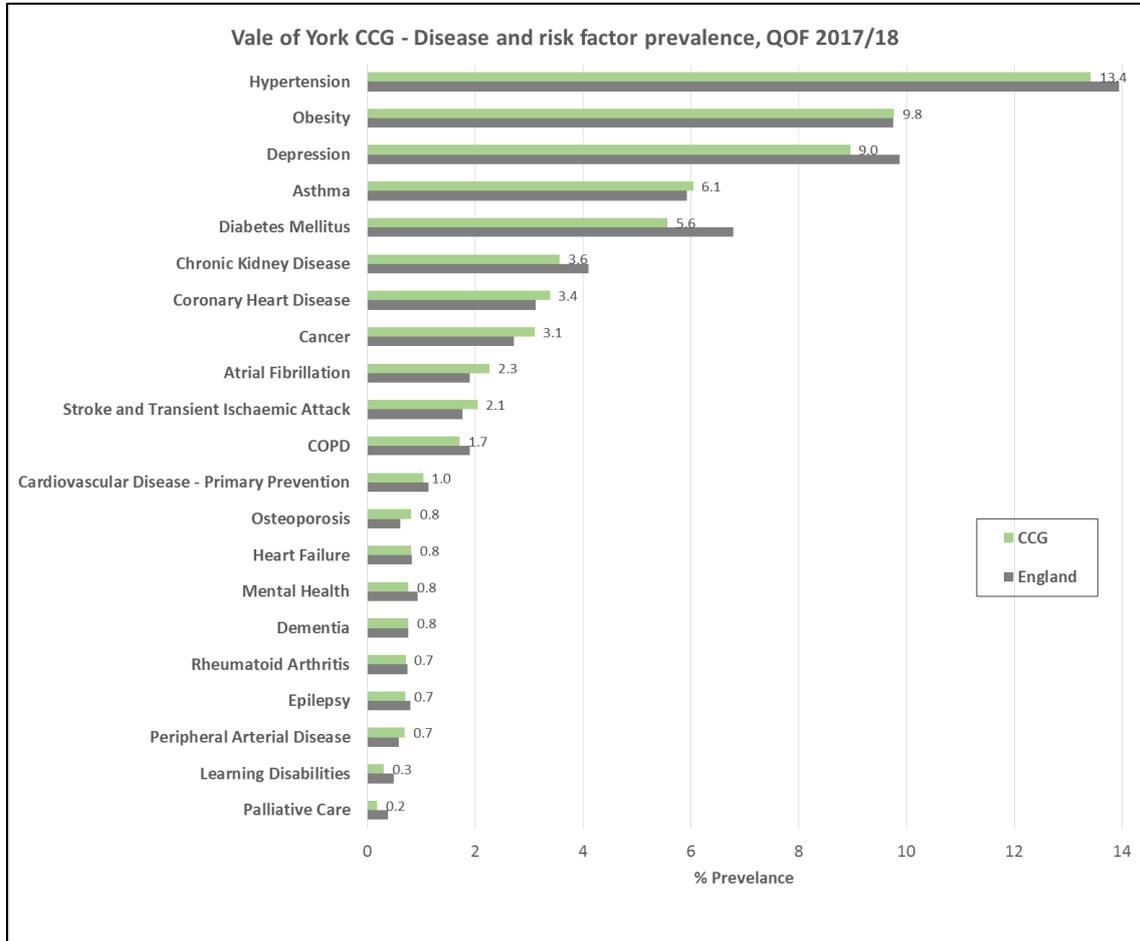
The adult obesity prevalence in VoY CCG is very similar compared to England (9.77% and 9.76% respectively). There are 28,700 adults with a recorded body mass index above 30 kg/m². Eight practices have rates which are significantly higher than VoY CCG as well as England, while 12 practices are significantly lower compared to VoY CCG and England.



Source: NHS Digital

Disease Prevalence

In VoY CCG, hypertension, obesity and depression are the most common health problems, followed by asthma and diabetes. The prevalence for about half of the diseases and risk factors is higher in VoY CCG than for England, but lower in about half.



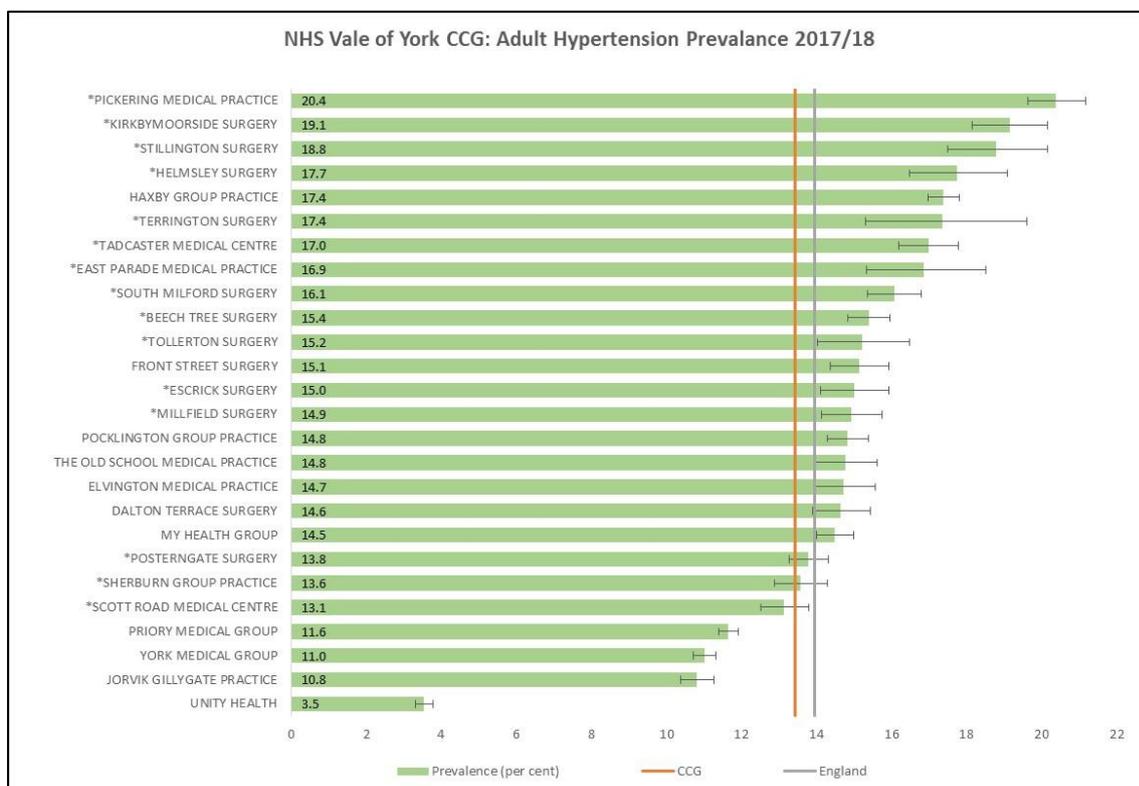
Source: NHS Digital

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. Practices within North Yorkshire are indicated by an asterisk (*).

Hypertension

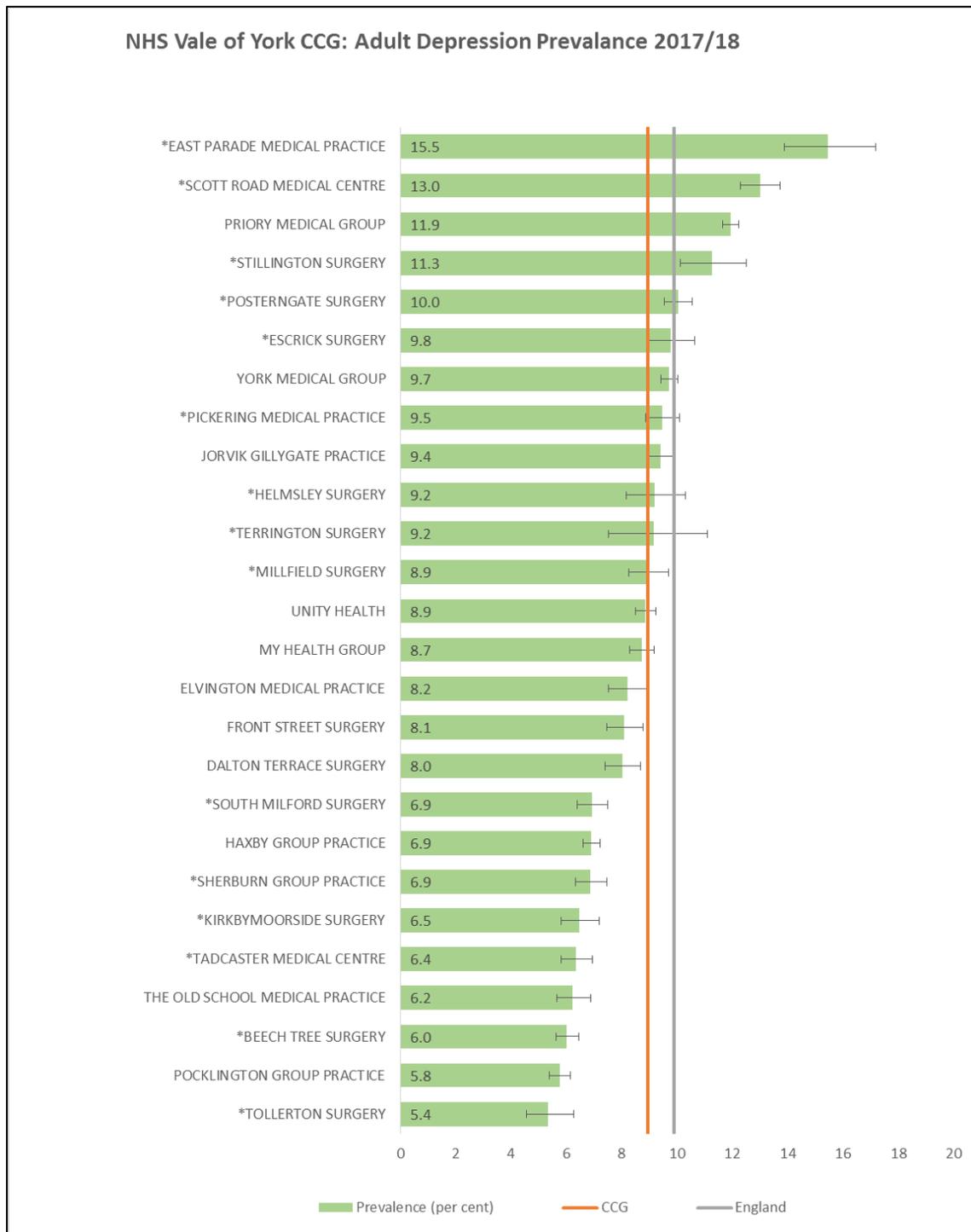
In VoY CCG, there are 47,900 people with known hypertension and prevalence is lower than England. Fourteen general practices have rates significantly higher than England, whilst five have significantly lower rates, seven practices have significantly similar prevalence to England.



Source: NHS Digital

Depression

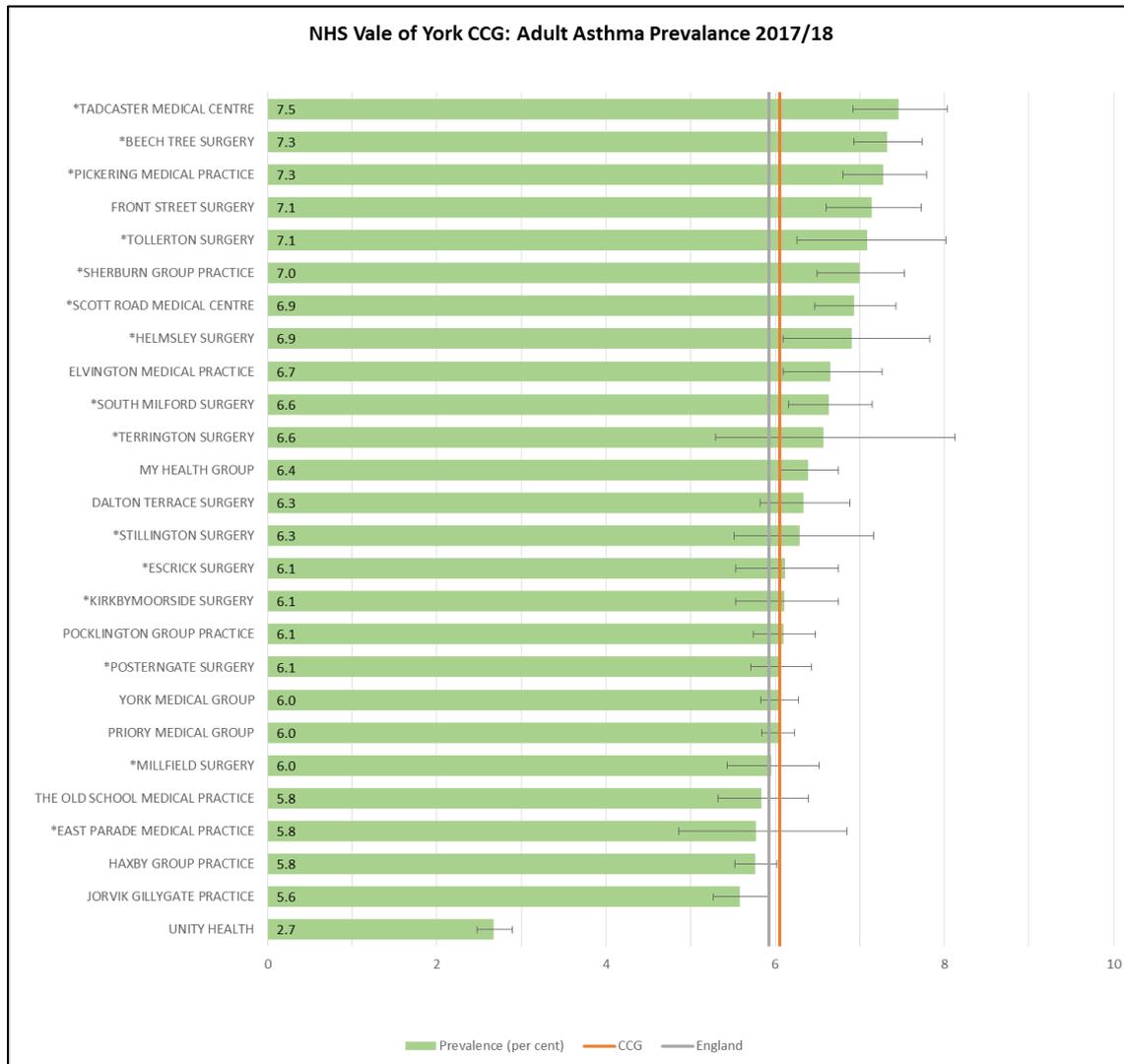
There are more than 26,300 people with a record of depression in VoY CCG, with a lower rate than seen in England. Four practices have prevalence rates which are significantly higher than England, while 15 practices have significantly lower rates.



Source: NHS Digital

Asthma

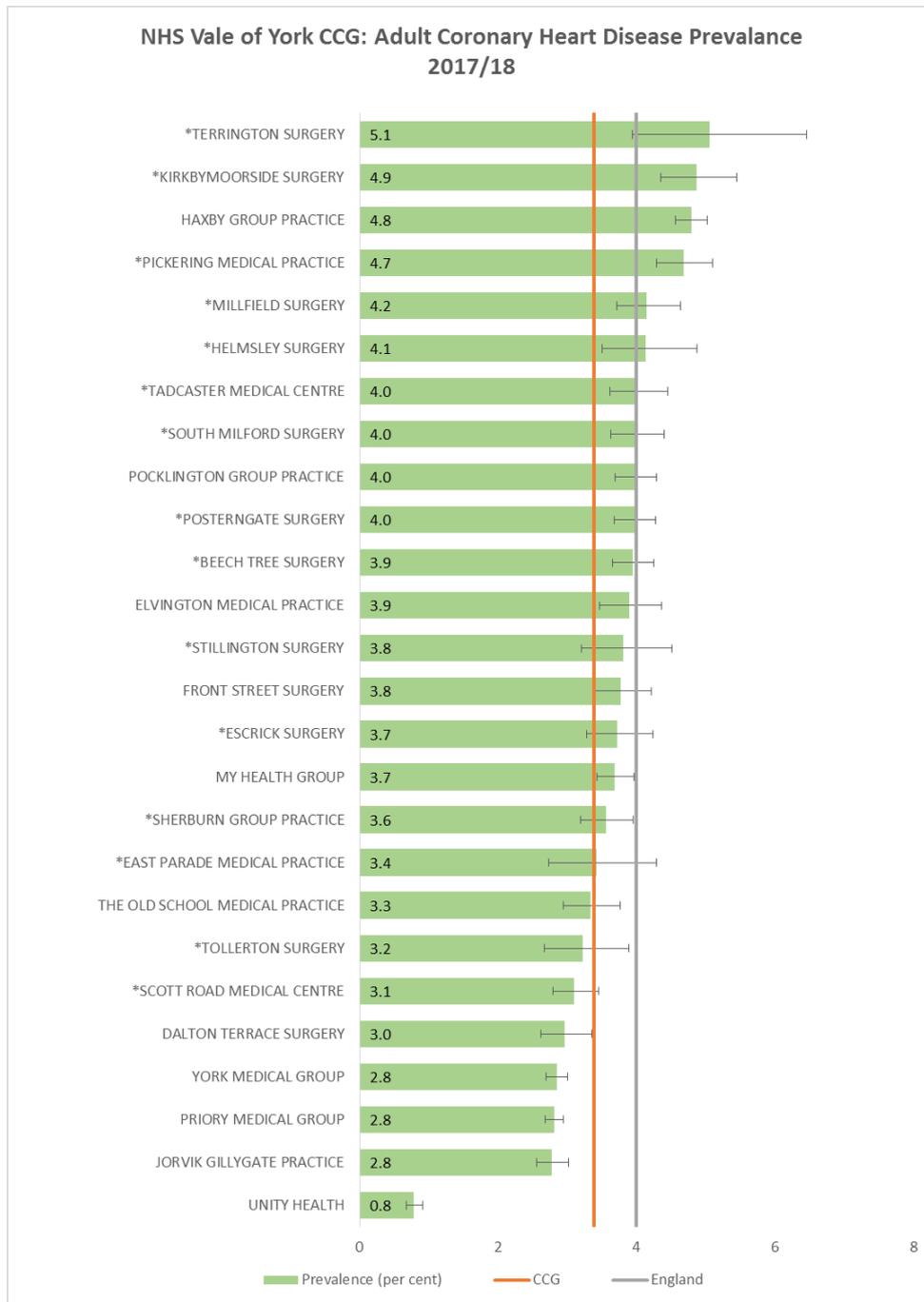
In VoY CCG, asthma prevalence is higher than England. There are over 21,600 people on asthma registers in VoY CCG. There are ten practices that have asthma prevalence rates which are significantly higher than England, 15 practices are similar and one practice is significantly lower compare to England.



Source: NHS Digital

Coronary heart disease

Coronary heart disease (CHD) prevalence is lower in VoY CCG compared with England and there are nearly 12,100 people with diagnosed CHD. Three of the 26 general practices have prevalence rates significantly higher 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](#).

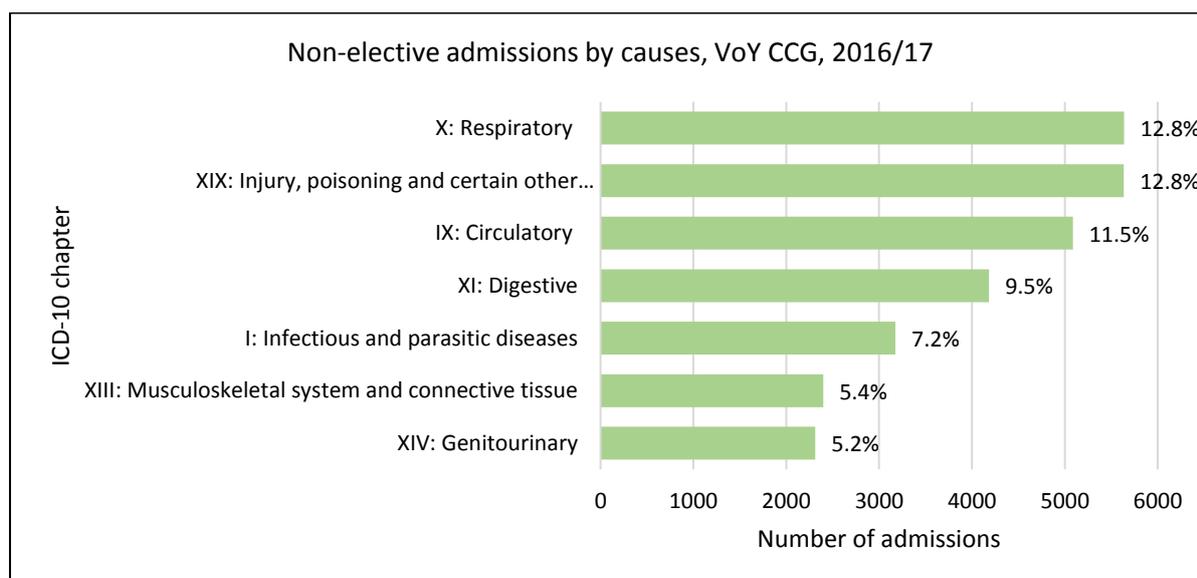
Hospital admissions

In 2016/17, there were just over 40,000 hospital admissions of which 72,675 (62.2%) were elective admissions and 44,163 (37.8%) were non-elective admissions. In total, there were 158 providers, with York Teaching Hospitals NHS Foundation Trust being the main provider.

| Hospital admissions by provider, VoY CCG, 2016/17 | | | |
|---|-----------------------------------|---------------------------------------|------------------------------|
| Provider | Proportion of elective admissions | Proportion of non-elective admissions | Proportion of all admissions |
| York Teaching Hospitals NHS Foundation Trust | 81.4% | 89.9% | 84.6% |
| Leeds Teaching Hospitals NHS Trust | 4.8% | 2.3% | 3.9% |
| Mid Yorkshire Hospitals NHS Trust | 2.6% | 2.7% | 2.6% |
| Ramsay Healthcare UK Operations Ltd | 2.6% | | 1.6% |
| Hull and East Yorkshire Hospitals NHS trust | 2.0% | 1.0% | 1.7% |
| Harrogate & District NHS Foundation Trust | 1.6% | | 1.2% |
| Remaining providers | 5.0% | 4.1% | 4.4% |

Source: Public Health England SHAPE atlas

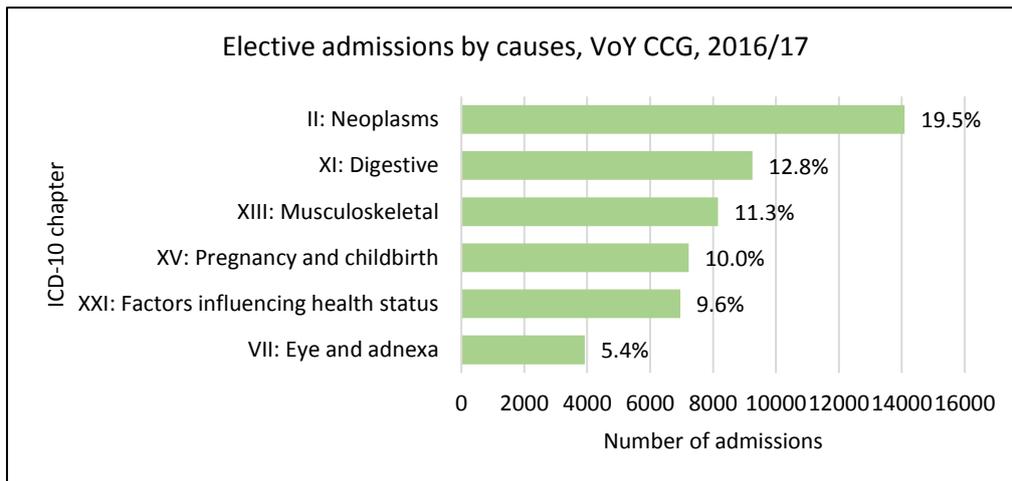
The main reasons for non-elective admissions are shown below for causes which contributed towards more than 5% of non-elective admissions. Respiratory diseases and injuries & poisoning are the most common reasons for non-elective admission followed by circulatory and digestive diseases.



Source: Public Health England SHAPE atlas

Within *chapter XIX: Injury, poisoning and certain other consequences of external causes*, the main reasons for admission are: poisoning by non-opioid drugs; fracture of femur; open wound of head; complications of procedures not elsewhere classified; and fracture of lower leg. This suggests drug overdose (accidental or otherwise) and falls 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 musculoskeletal problems.

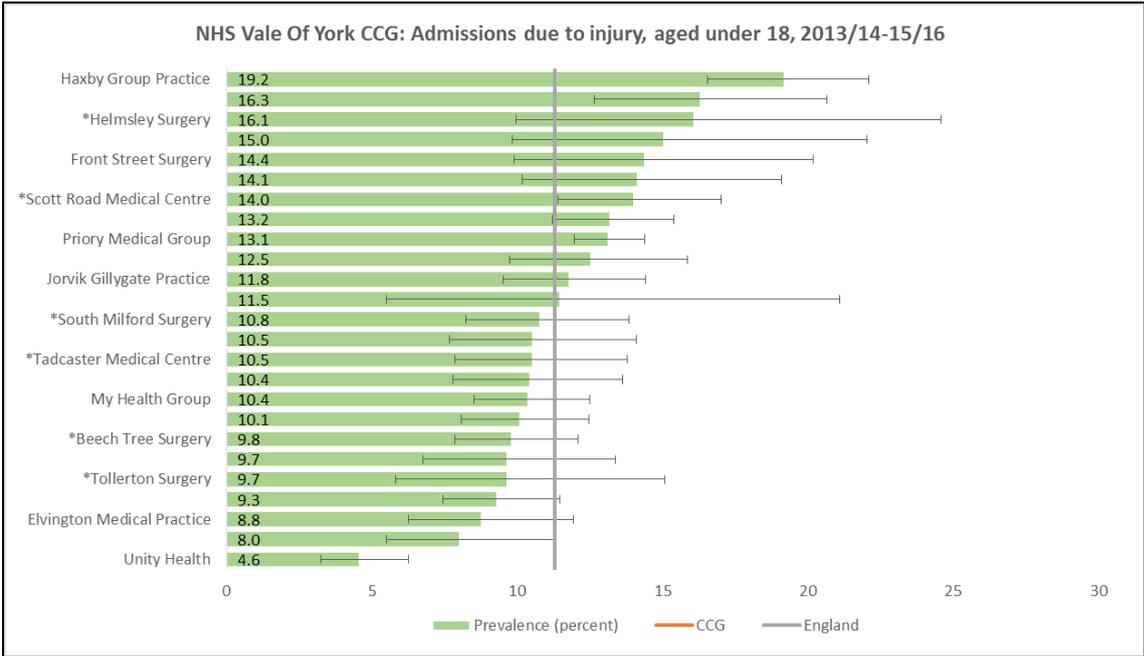


Source: Public Health England SHAPE atlas

For *chapter XXI: Factors influencing health status*, the leading reasons for admission are: liveborn infants according to place of birth (35% of admissions in this chapter); supervision of normal pregnancy (14%); follow-up examination after treatment for malignant neoplasm; follow-up examination after treatment for conditions other than cancer; and need for other prophylactic measures.

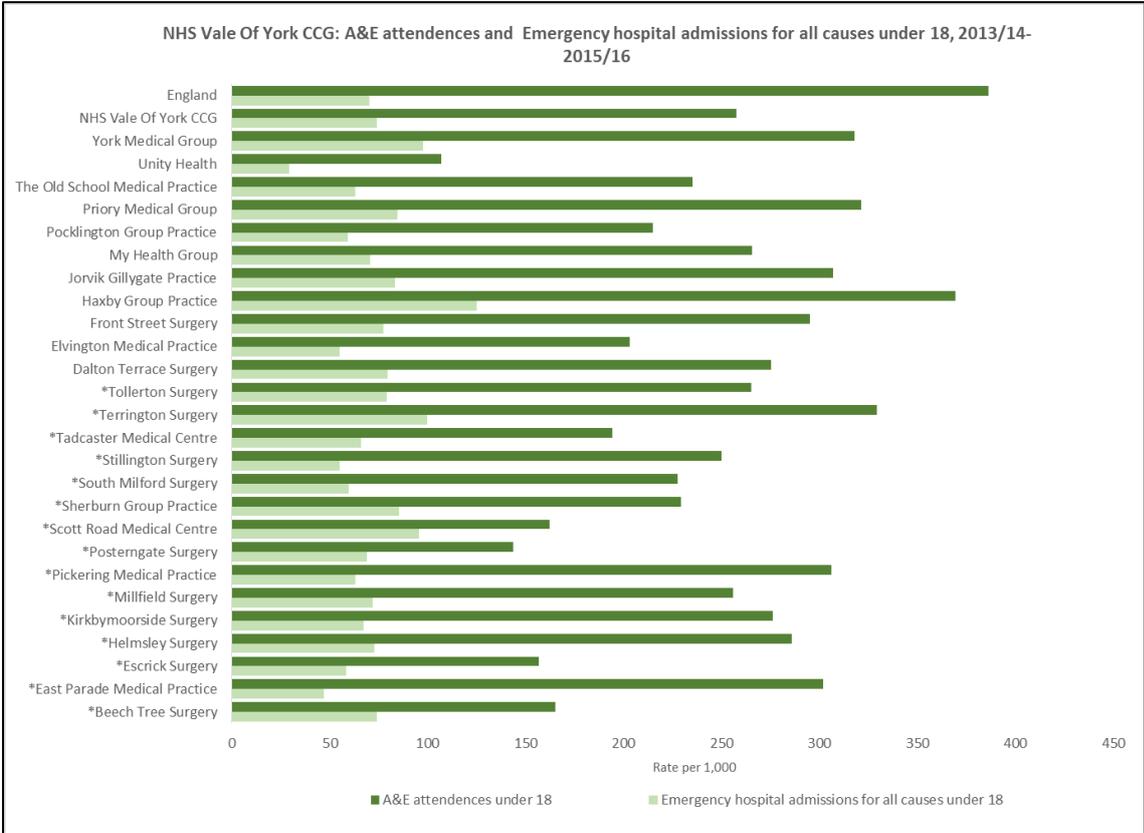
Under 18 hospital admissions

VoY CCG has the second highest rate of admissions due to injury for those under 18 compared to other CCGs in North Yorkshire. The rate is similar to the England average. Over half of practices in AWC CCG have higher rates than the England and CCG average.



Source: National General Practice Profiles, PHE

VoY CCG has the lowest rate of emergency hospital admissions for all causes under 18 when compared to other CCGs in North Yorkshire; however the rate is higher than the England average. Similarly VoY CCG has the lowest of A&E attendance under 18 and this is lower than the England average.



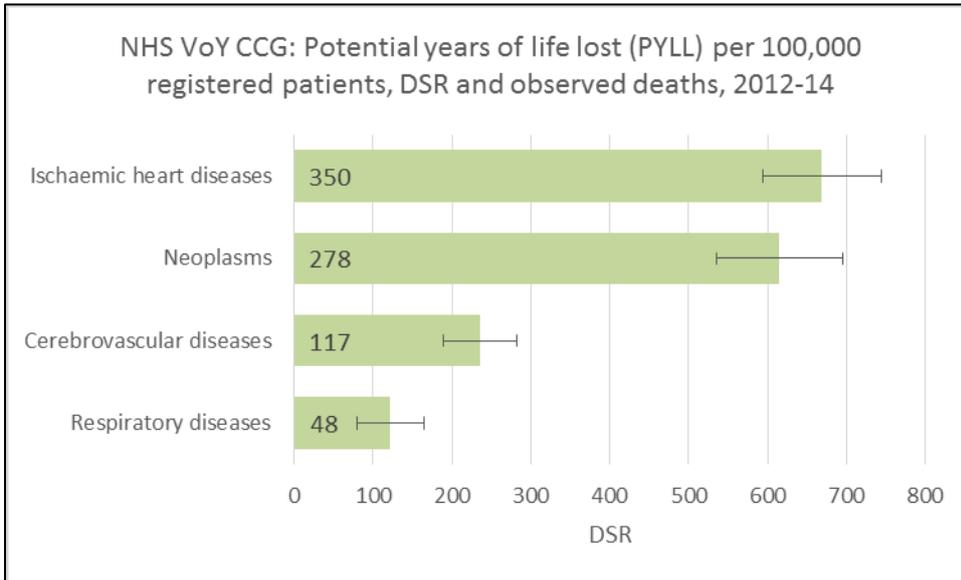
Source: National General Practice Profiles, PHE

Public Health England produces a summary health profile for VoY 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:

- Emergency admissions in under 5s (Crude rate per 1,000)
- Binge drinking adults (%)
- Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)
- Elective hospital admissions for hip replacement (SAR)
- Elective hospital admissions for knee replacement (SAR)
- Deaths from coronary heart disease, all ages (SMR)
- Deaths from stroke, all ages (SMR)

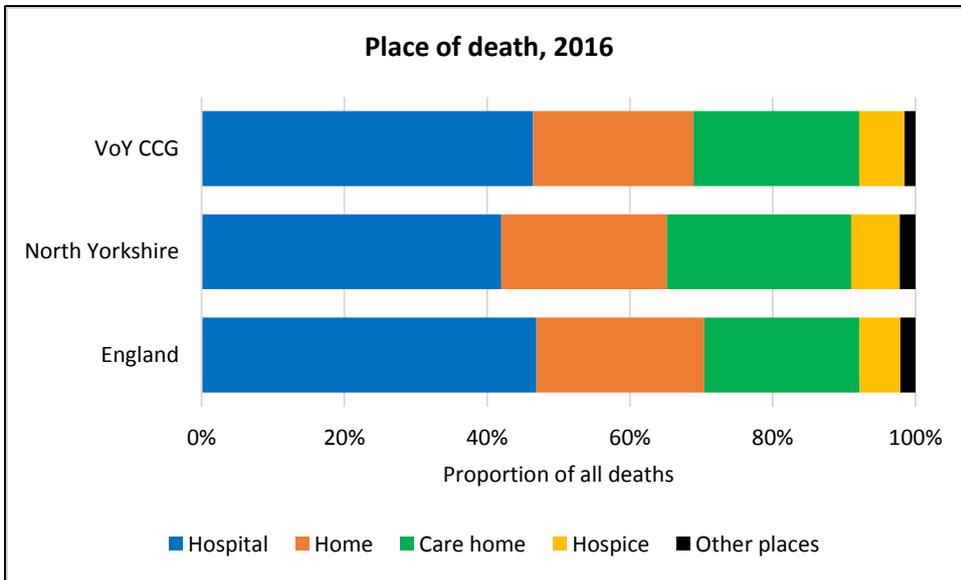
Mortality

The chart below shows the directly standardised 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 (668.7) and observed deaths (350) is Ischaemic heart diseases.



Source: HSCIC

Within VoY CCG, 46.5% of deaths occurred in hospital, 23.2% in care homes, 22.5% at home, 6.4% in hospices and 1.5% elsewhere. Compared with England, VoY CCG has a similar profile to 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

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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) |
|------------|------------|----------|--|--|
| Selby 005C | Selby West | Selby | 2,057 | 1 |
| York 018B | Westfield | York | 3,490 | 2 |
| York 009D | Clifton | York | 3,735 | 2 |
| York 009C | Clifton | York | 4,591 | 2 |
| York 018F | Westfield | York | 5,303 | 2 |
| York 013F | Guildhall | York | 6,357 | 2 |
| Selby 005E | Selby East | Selby | 6,430 | 2 |

Appendix 2 - VoY CCG health profile summary

Selection: E38000188 - NHS Vale of York CCG

| Indicators | Selection value | England value | England worst | Summary chart | England best |
|--|-----------------|---------------|---------------|---------------|--------------|
| Low Birth Weight of term babies (%) | 2.3 | 2.8 | 5 | | 1.7 |
| Child Development at age 5 (%) | 64.4 | 60.4 | 42.2 | | 74.3 |
| GCSE Achievement (5A*-C inc. Eng & Maths) (%) | 60.5 | 56.6 | 40.2 | | 75.4 |
| Unemployment (%) | 0.8 | 1.8 | 4.8 | | 0.5 |
| Long Term Unemployment (Rate/1,000 working age population) | 1.3 | 3.7 | 14.4 | | 0.5 |
| General Health - bad or very bad (%) | 4.2 | 5.5 | 9.5 | | 2.8 |
| General Health - very bad (%) | 0.9 | 1.2 | 2.2 | | 0.6 |
| Limiting long term illness or disability (%) | 15.8 | 17.6 | 25.6 | | 11.2 |
| Overcrowding (%) | 5.4 | 8.7 | 34.9 | | 2.7 |
| Provision of 1 hour or more unpaid care per week (%) | 9.8 | 10.2 | 13 | | 6.5 |
| Provision of 50 hours or more unpaid care per week (%) | 1.9 | 2.4 | 4 | | 1.3 |
| Pensioners living alone (%) | 30.4 | 31.5 | 45.2 | | 25.7 |
| Deliveries to teenage mothers (%) | 1 | 1.1 | 2.3 | | 0.2 |
| Emergency admissions in under 5s (Crude rate per 1000) | 178.9 | 149.2 | 269.8 | | 65.3 |
| A&E attendances in under 5s (Crude rate per 1000) | 372.9 | 551.6 | 1719.5 | | 221 |
| Admissions for injuries in under 5s (Crude rate per 10,000) | 140.3 | 138.8 | 280.3 | | 77.7 |
| Admissions for injuries in under 15s (Crude rate per 10,000) | 102.9 | 110.1 | 183.9 | | 65.2 |
| Admissions for injuries in 15 - 24 year olds (Crude rate per 10,000) | 108.2 | 137 | 238.6 | | 53.9 |
| Occasional smoker (modelled prevalence, age 15) (%) | 4.9 | 4 | 5.3 | | 1.2 |
| Regular smoker (modelled prevalence, age 15) (%) | 9.5 | 8.7 | 12.7 | | 3.2 |
| Obese adults (%) | 24.6 | 24.1 | 30.9 | | 14.5 |
| Binge drinking adults (%) | 28.8 | 20 | 34.5 | | 7.5 |
| Healthy eating adults (%) | 28.2 | 28.7 | 19.4 | | 46.5 |
| Obese Children (Reception Year) (%) | 8.1 | 9.3 | 13.8 | | 5.3 |
| Children with excess weight (Reception Year) (%) | 21 | 22.2 | 27.2 | | 14.6 |
| Obese Children (Year 6) (%) | 15.6 | 19.3 | 27.1 | | 9.8 |
| Children with excess weight (Year 6) (%) | 29.6 | 33.6 | 42.9 | | 21.7 |
| Emergency hospital admissions for all causes (SAR) | 92.8 | 100 | 152.5 | | 68.2 |
| Emergency hospital admissions for CHD (SAR) | 96.5 | 100 | 270.9 | | 59.4 |
| Emergency hospital admissions for stroke (SAR) | 93.1 | 100 | 160.1 | | 76.8 |
| Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR) | 112 | 100 | 280.2 | | 53.8 |
| Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR) | 78 | 100 | 233.4 | | 43.2 |
| Incidence of all cancer (SIR) | 97.2 | 100 | 118.7 | | 84.5 |
| Incidence of breast cancer (SIR) | 95.5 | 100 | 119.3 | | 76.4 |
| Incidence of colorectal cancer (SIR) | 103.8 | 100 | 120.3 | | 76.6 |
| Incidence of lung cancer (SIR) | 83.6 | 100 | 191.6 | | 57 |
| Incidence of prostate cancer (SIR) | 100.5 | 100 | 147.4 | | 64.3 |
| Hospital stays for self harm (SAR) | 96.3 | 100 | 308.4 | | 28.7 |
| Hospital stays for alcohol related harm (SAR) | 87.5 | 100 | 182.5 | | 57.7 |
| Emergency hospital admissions for hip fracture in 65+ (SAR) | 95.9 | 100 | 123.3 | | 72.6 |
| Elective hospital admissions for hip replacement (SAR) | 123.5 | 100 | 140.9 | | 32.7 |
| Elective hospital admissions for knee replacement (SAR) | 106.5 | 100 | 149.4 | | 36.4 |
| Life expectancy at birth for males, 2011- 2015 (years) | 80 | 79.4 | 73.9 | | 82.4 |
| Life expectancy at birth for females, 2011- 2015 (years) | 83.6 | 83.1 | 78.8 | | 86 |
| Deaths from all causes, all ages (SMR) | 96.2 | 100 | 147.9 | | 75.5 |
| Deaths from all causes, under 65 years (SMR) | 91.7 | 100 | 179.1 | | 69.3 |
| Deaths from all causes, under 75 years (SMR) | 91.6 | 100 | 177 | | 72.7 |
| Deaths from all cancer, all ages (SMR) | 95.9 | 100 | 127.9 | | 78.3 |
| Deaths from all cancer, under 75 years (SMR) | 96.5 | 100 | 136.5 | | 76.4 |
| Deaths from circulatory disease, all ages (SMR) | 102.8 | 100 | 153.5 | | 73.1 |
| Deaths from circulatory disease, under 75 years (SMR) | 91.3 | 100 | 230.1 | | 61.5 |
| Deaths from coronary heart disease, all ages (SMR) | 105 | 100 | 176.8 | | 66.3 |
| Deaths from coronary heart disease, under 75 years (SMR) | 91.2 | 100 | 245.4 | | 50.8 |
| Deaths from stroke, all ages (SMR) | 109.4 | 100 | 174.5 | | 67.3 |
| Deaths from respiratory diseases, all ages (SMR) | 95.2 | 100 | 177.9 | | 70.5 |

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

Appendix 3

VoY CCG Outcomes Framework

● In IQ Range
 ● In best quartile
 ● CCG
 ◆ Cluster mean
 | England mean

| Indicator Name | Value | | Spine chart |
|--|--|------|-------------|
| 1.1 Potential years of life lost (PYLL) from causes considered amenable to healthcare - Male (2014) | 1,936 ● ↑ | 1325 | 3902 |
| 1.2 Under 75 mortality rates from cardiovascular disease (2016) | 58.8 ● ↑ | 39.7 | 151.2 |
| 1.3 Completion of cardiac rehabilitation following an admission for coronary heart disease (2013/14) | 47.7 ● ↑ | 0 | 75.4 |
| 1.4 Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes (2015/16) | 197.9 ● ↓ | 52.3 | 280.2 |
| 1.5 Mortality within 30 days of hospital admission for stroke (2016/17) | 0.95 ● ↑ | 0.29 | 1.62 |
| 1.6 Under 75 mortality rates from respiratory disease (2016) | 25.1 ● ↑ | 15.1 | 88.6 |
| 1.7 Under 75 mortality rates from liver disease (2016) | 13.9 ● ↑ | 7.1 | 41.4 |
| 1.8 Emergency admissions for alcohol related liver disease (2017 - 2017 (Jan - Dec)) | 12.3 ● ↓ | 7.2 | 79.3 |
| 1.9 Under 75 mortality rates from cancer (2016) | 119 ● ↑ | 77 | 307 |
| 1.10 One-year survival from all cancers (Diagnosed 2015) | 71.6 ● ↑ | 67 | 77.4 |
| 1.11 One-year survival from breast, lung and colorectal cancers (Diagnosed 2011) | 70.3 ● ↑ | 62.1 | 76.2 |
| 1.12 People with Serious Mental Illness (SMI) who have received the complete list of physical checks (2014/15) | 29.1 ● ↓ | 17.5 | 52.4 |
| 1.14 Maternal smoking at delivery (2017/18 Q3) | 7.43 ● ↓ | 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) | 84.6 ● ↑ | 66.1 | 86.8 |
| 1.18 Percentage of cancers detected at stage 1 and 2 (2016) | 53.4 ● ↑ | 39.4 | 60.4 |
| 1.19 Record of lung cancer stage at decision to treat (2016) | 95.5 ● ↑ | 74.5 | 99.2 |
| 1.20 Mortality from breast cancer in females (2014 - 2016) | 33.3 ● ↑ | 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) | 103.5 ● ↓ | 75.6 | 119.7 |
| 1.22 Hip fracture: incidence (2017 - 2017 (Jan - Dec)) | 445 ● ↑ | 64 | 626 |
| 1.23 Smoking rates in people with serious mental illness (SMI) (2014/15) | 36.7 ● | 27.2 | 55 |
| 1.24 Referrals to cardiac rehabilitation within 5 days of an admission for coronary heart disease (2014/15) | 2.80 ● ↑ | 0 | 41.9 |
| 1.25 Neonatal mortality and stillbirths (2016) | 3.80 ● ↓ | 2 | 13.3 |
| 1.26 Low birth weight full-term babies (2016) | 2.40 ● ↑ | 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) | 0.75 ● ↑ | 0.64 | 0.82 |
| 2.2 Proportion of people who are feeling supported to manage their condition (2016/17) | 69.3 ● ↑ | 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) | 11.7 ● ↑ | 3.8 | 68.5 |
| 2.4 Percentage of people with diabetes who have received nine care processes (2016/17) | 50.5 ● ↓ | 17.7 | 86.9 |
| 2.5 People with diabetes diagnosed less than a year referred to structured education (2014/15) | 82.0 ● ↑ | 41.7 | 93.2 |
| 2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions (2017 - 2017 (Jan - Dec)) | 790 ● ↑ | 177 | 1390 |
| 2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (2017 - 2017 (Jan - Dec)) | 253 ● ↑ | 40 | 647 |
| 2.8 Complications associated with diabetes (2015/16) | 117.1 ● ↑ | 62.3 | 278.8 |
| 2.9 Access to community mental health services by people from Black and Minority Ethnic (BME) groups (2014/15) | 1,134 ● ↑ | 658 | 5283 |
| 2.10 Access to psychological therapies services by people from Black and Minority Ethnic (BME) groups (2015/16) | 351 ● ↑ | 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)) | 43.9 ● ↑ | 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)) | 61.0 ● ↑ | 33.6 | 79.8 |
| 2.11c Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicated a reliable deterioration following completion of treatment (2015 - 2015 (Jan - Dec)) | 5.70 ● ↑ | 3.4 | 11.3 |
| 2.15 Health-related quality of life for carers, aged 18 and above (2016/17) | 0.82 ● ↑ | 0.73 | 0.85 |
| 2.16 Health-related quality of life for people with a long-term mental health condition (2016/17) | 0.56 ● ↑ | 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)) | 1,396 | ● | ↓ | 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) | 0.44 | ● | ↑ | 0.35 0.52 |
| 3.3 Elective knee replacement (Primary) procedures - patient reported outcomes measures (PROMS) (2015/16) | 0.32 | ● | ↑ | 0.19 0.39 |
| 3.3 Elective groin hernia procedures - patient reported outcomes measures (PROMS) (2015/16) | 0.09 | ● | ↑ | 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)) | 707 | ● | ↓ | 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) | 59.3 | ● | ↓ | 17.6 85.1 |
| 3.6 People who have had an acute stroke who receive thrombolysis (2016/17) | 11.40 | ● | ↑ | 0 27.6 |
| 3.7 People with stroke who are discharged from hospital with a joint health and social care plan (2016/17) | 91.9 | ● | ↑ | 34.3 100 |
| 3.8 People who have a follow-up assessment between 4 and 8 months after initial admission for stroke (2016/17) | 31.40 | ● | ↓ | 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) | 88.1 | ● | ↓ | 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) | 35.3 | ● | ↑ | 0 88.9 |
| 3.10.ii Hip fracture: proportion of patients recovering to their previous levels of mobility/walking ability at 120 days (2016) | 50.3 | ● | ↓ | 41.1 92.9 |
| 3.11 Hip fracture: collaborative orthogeriatric care (2016) | 99.4 | ● | ↑ | 55.1 100 |
| 3.12 Hip fracture: timely surgery (2016) | 75.1 | ● | ↓ | 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)) | 96.0 | ● | ↑ | 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)) | 96.8 | ● | ↓ | 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) | 108.4 | ● | ↓ | 20.9 317.5 |
| 3.17 Percentage of adults in contact with secondary mental health services in employment (2016 - 2017 (Dec - Dec)) | 16.00 | ● | ↑ | 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) | 63.4 | ● | ↓ | 49 85.3 |
| 4.2 Patient experience of hospital care (2015/16) | 80.0 | ● | ↑ | 68.3 83.5 |
| 4.5 Responsiveness to Inpatients personal needs (2015/16) | 73.0 | ● | ↑ | 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) | 10.61 | ● | | 2.23 19.83 |
| 5.4 Incidence of Healthcare Associated Infection (HCAI) - C. difficile (April 2013 - April 2018) | 129.9 | ● | | 46 234 |