North Yorkshire Joint Strategic Needs Assessment 2019 Hambleton, Richmondshire and Whitby CCG Profile

Introduction

This profile provides an overview of population health needs in Hambleton, Richmondshire and Whitby CCG (HRW 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 HRW 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 HRW CCG is 84.2 years (England: 83.1), and male life expectancy is more than three years lower than for females at 80.9 years (England: 79.4) [1].
- **There is a high proportion of older people**. In 2017, 25.1% of the population was aged 65 and over (36,100), higher than national average (17.3%). Furthermore over 4,300 (3.0%) were age 85+, compared with 2.3% in England. [2]
- **Some children grow up in relative poverty**. In 2015, there were 10.8% of children aged 0-15 years living in low income families, compared with 19.9% in England [1].
- **There are pockets of deprivation**. Within the CCG area, 3 Lower Super Output Areas (LSOAs) out of a total of 95 are amongst the 20% most deprived in England. One of them is amongst the 10% most deprived in England, in the Whitby West Cliff ward [3].
- **Many people have longstanding health problems**. The census in 2011 showed 26,200 people living with long-term health problem or disability (17.3% compared to 17.6% in England) [1].
- **The highest reported rates of ill health are** from: hypertension (17.2%); obesity (10.1%); depression (9.1%); diabetes (6.6%); and asthma (6.3%) [4].
- **Hospital admissions vary according to admissions route**. Non-elective admissions are most frequently due to respiratory problems (15.2%); injury, poisoning and certain other consequences of external causes (13.4%); and circulatory diseases (11.6%). Elective admissions are most common for neoplasms (22.4%); digestive disorders (16.7%) and musculoskeletal problems (12.2%) [5].

Population

There are 22 general practices in HRW CCG with 143,900 registered patients (December 2018) [6]. In contrast, the ONS mid-year resident population estimate for 2017 gave a CCG-wide population of 153,200 [7]. The GP registered population in HRW CCG is 6.1% lower than the resident population, whereas in England, the registered population is 7% higher than the resident population. 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 be 152,900 by 2025 (0.1% decrease since 2018) and 151,500 by 2040 (1.1% decrease since 2018) [8]. In England, the corresponding changes are increases of 4% by 2025 and 10.3% by 2040. Local population is forecast to fall while there will be an increase 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 (25.1%) in the HRW 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 0-44 years and a higher proportion in age groups 50-95+, compared with both England and the Yorkshire & Humber region.

Age Profile – GP registered population by sex and five-year age band 2017
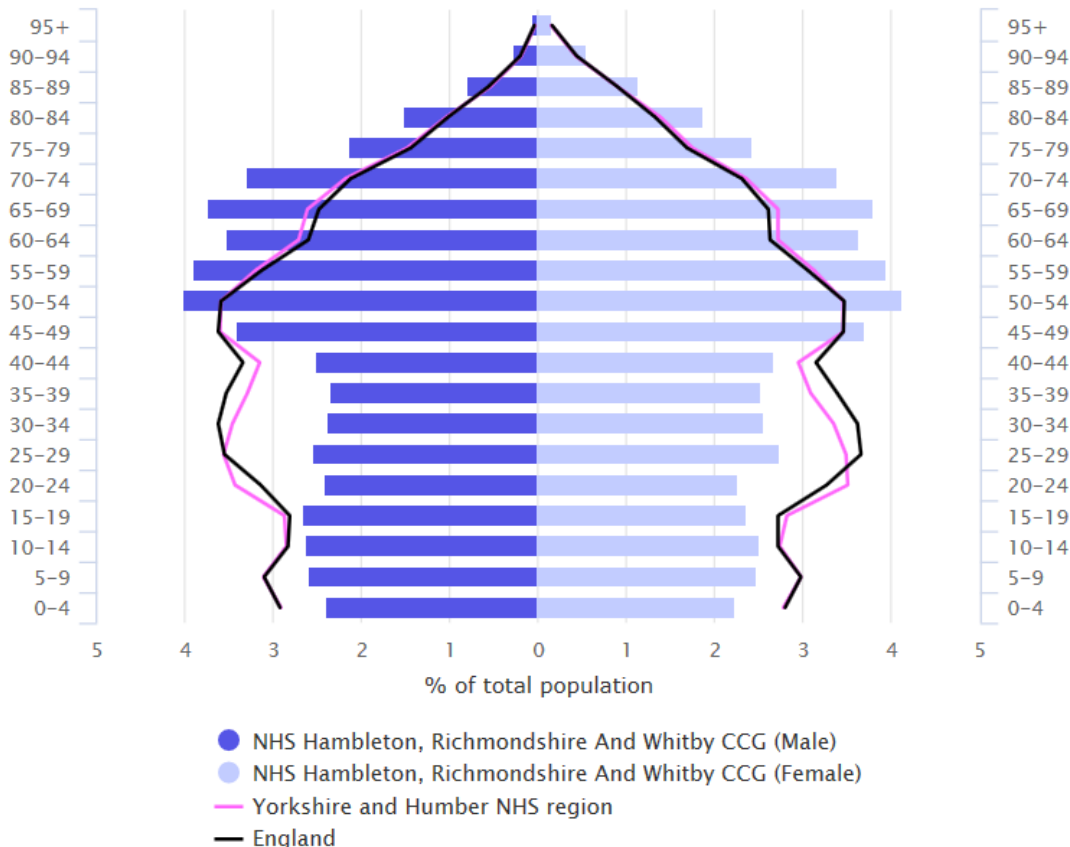
Source: National General Practice Profiles, PHE

Deprivation

In 2015, there were 10.8% 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 3 Lower Super Output Areas (LSOAs) out of a total of 95 across the CCG which are amongst the 20% most deprived in England. One of them is amongst the 10% most deprived in England and it is in the Whitby West Cliff ward of Scarborough Borough [3]. A list of these 3 LSOAs can be found in Appendix 1.

Deprivation scores, using IMD-2015, have been estimated for general practices. They show two practices in HRW CCG have populations experiencing higher levels of deprivation than England.
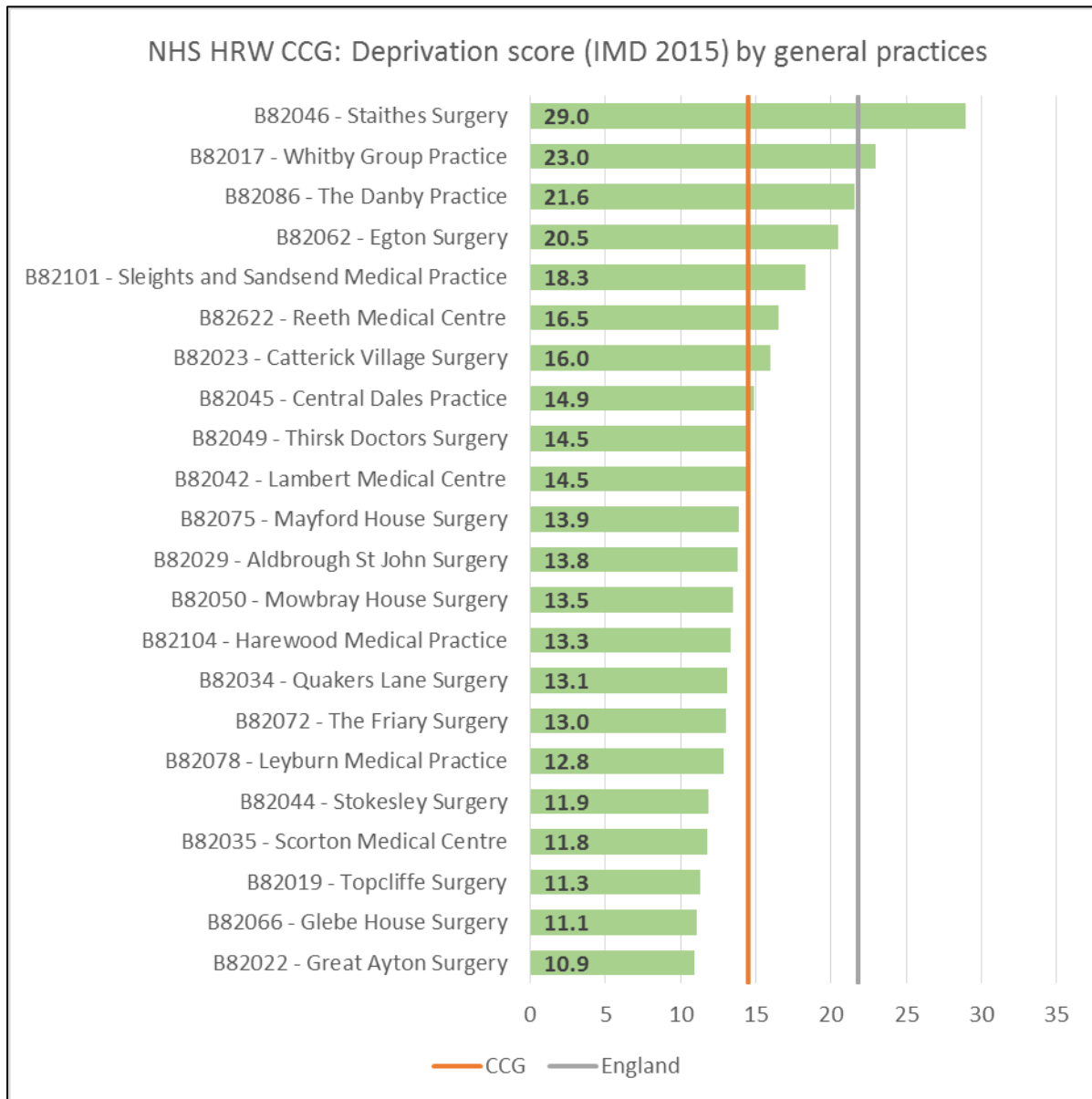
Source: National General Practice Profiles, PHE

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

Smoking

HRW CCG has one of the lowest rates of smoking when compared to other CCGs in 2017/18 in North Yorkshire. HRW CCG has a lower rate of smoking prevalence compared to England. Three practices have rates which are significantly higher than England and CCG averages and ten practices have significantly lower rates than CCG and England averages.
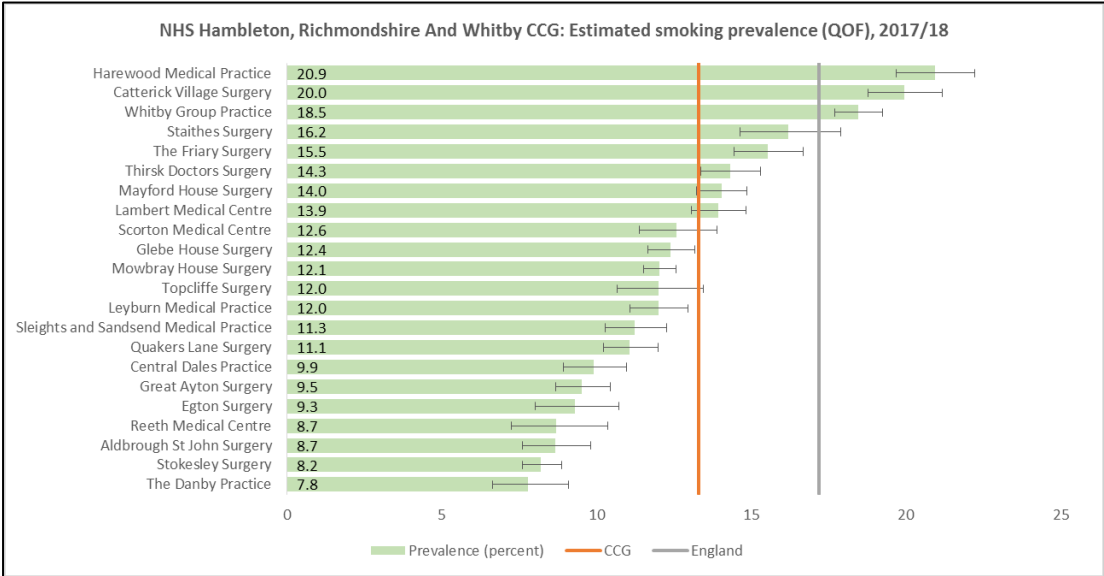
Source: National General Practice Profiles, PHE

Adult obesity

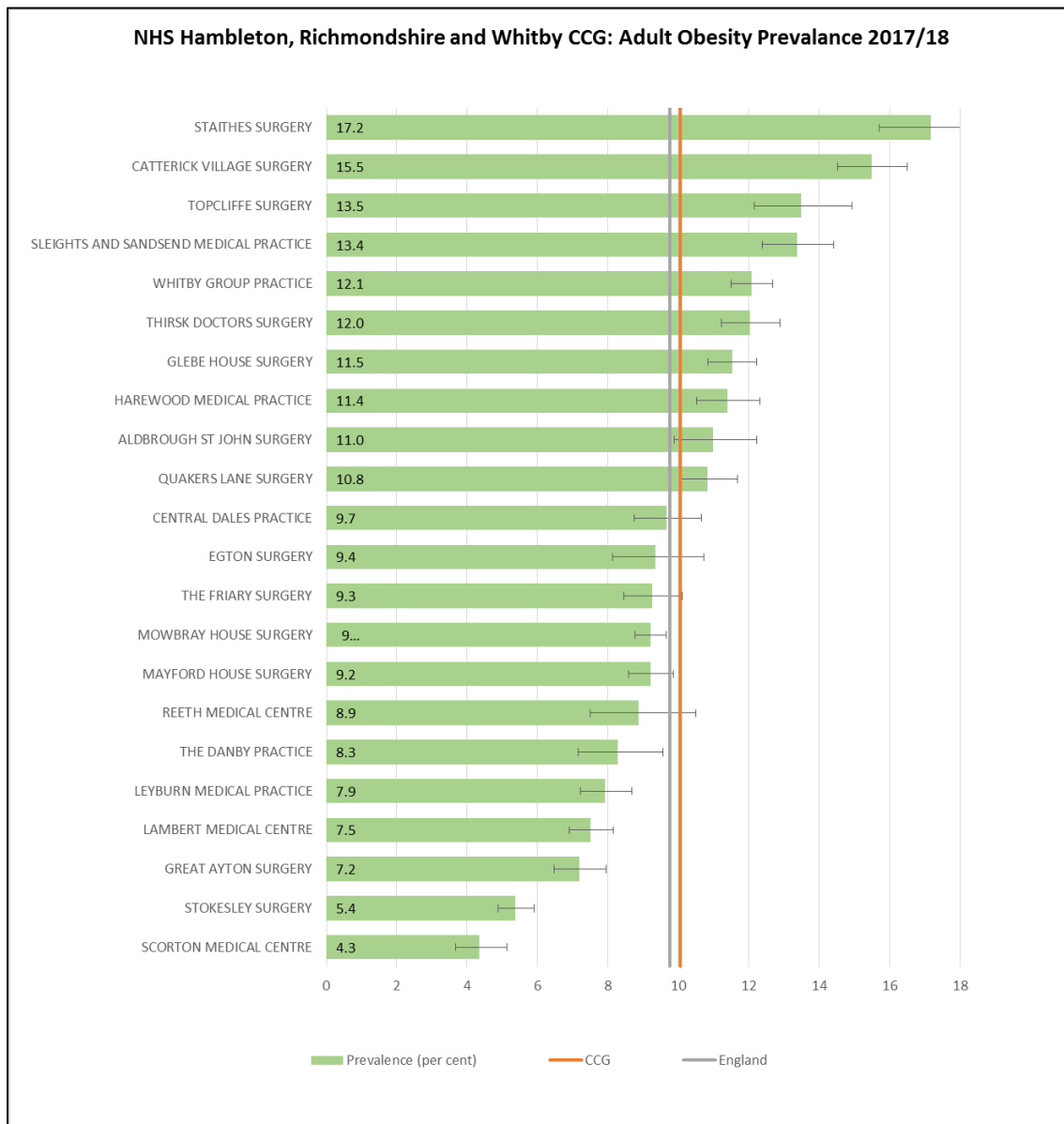There is a slightly higher rate of adult obesity in HRW CCG compared to England, with almost 11,900 adults with a recorded body mass index above 30 kg/m^2. Ten of the 22 practices have rates which are significantly higher than England and eight are higher than the CCG rate. There are six practices with rates significantly lower than both England and the CCG.

NHS Hambleton, Richmondshire and Whitby CCG: Adult Obesity Prevalance 2017/18

Practice	Prevalence (per cent)
STAITHES SURGERY	17.2
CATTERICK VILLAGE SURGERY	15.5
TOPCLIFFE SURGERY	13.5
SLEIGHTS AND SANDSEND MEDICAL PRACTICE	13.4
WHITBY GROUP PRACTICE	12.1
THIRSK DOCTORS SURGERY	12.0
GLEBE HOUSE SURGERY	11.5
HAREWOOD MEDICAL PRACTICE	11.4
ALDBROUGH ST JOHN SURGERY	11.0
QUAKERS LANE SURGERY	10.8
CENTRAL DALES PRACTICE	9.7
EGTON SURGERY	9.4
THE FRIARY SURGERY	9.3
MOWBRAY HOUSE SURGERY	9…
MAYFORD HOUSE SURGERY	9.2
REETH MEDICAL CENTRE	8.9
THE DANBY PRACTICE	8.3
LEYBURN MEDICAL PRACTICE	7.9
LAMBERT MEDICAL CENTRE	7.5
GREAT AYTON SURGERY	7.2
STOKESLEY SURGERY	5.4
SCORTON MEDICAL CENTRE	4.3

Legend: Prevalence (per cent) — CCG — England

Source: NHS Digital

Disease Prevalence

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

Hambleton, Richmondshire & Whitby CCG - Disease and risk factor prevalence, QOF 2017/18

Disease / Risk Factor	CCG
Hypertension	17.2
Obesity	10.1
Depression	9.1
Diabetes Mellitus	6.6
Asthma	6.3
Chronic Kidney Disease	5.6
Coronary Heart Disease	4.2
Cancer	3.8
Atrial Fibrillation	2.8
Stroke and Transient Ischaemic Attack	2.7
COPD	2.1
Cardiovascular Disease - Primary Prevention	1.3
Heart Failure	1.2
Osteoporosis	1.1
Dementia	1.0
Rheumatoid Arthritis	1.0
Epilepsy	0.9
Peripheral Arterial Disease	0.8
Mental Health	0.7
Learning Disabilities	0.6
Palliative Care	0.5

Legend: CCG, England

X-axis: % Prevalence

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.
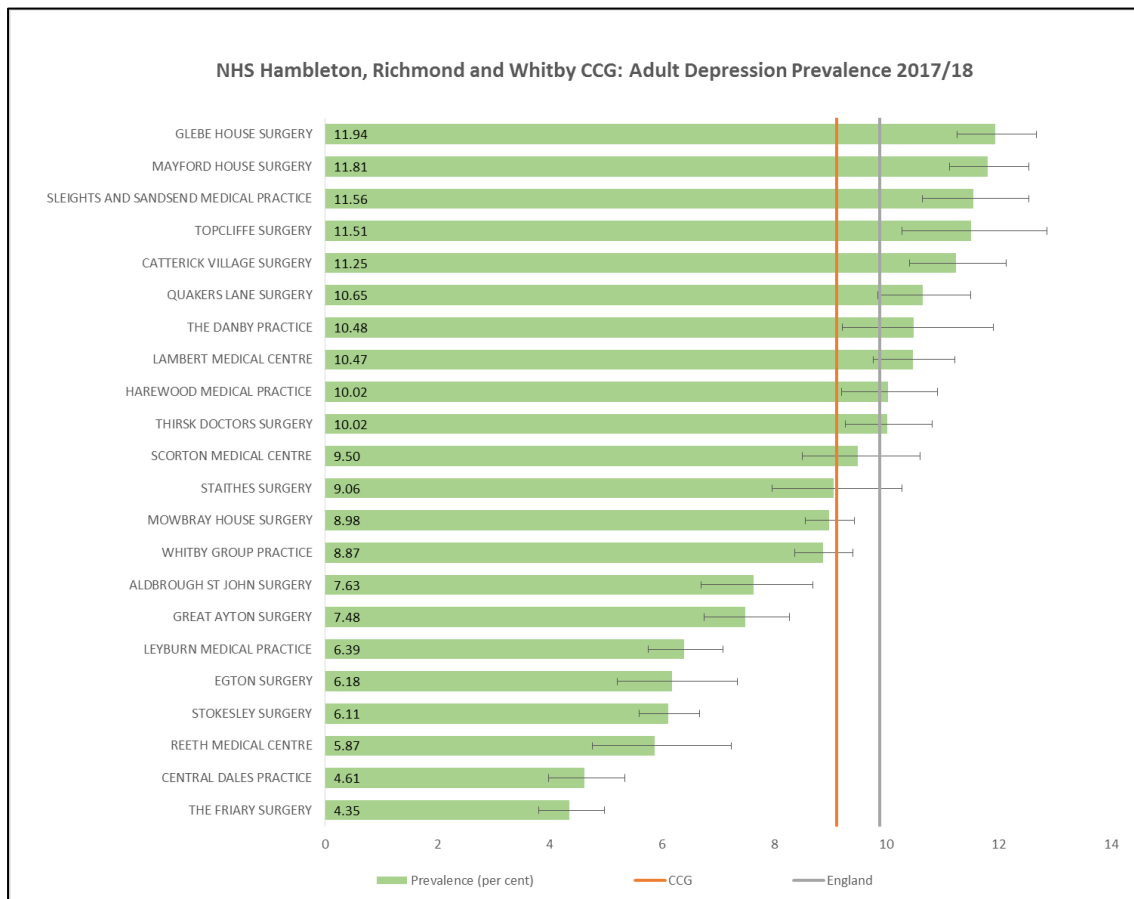
Hypertension

In HRW CCG, there are nearly 24,800 people with known hypertension and prevalence is higher than England. Most general practices (20 out of 22) have rates significantly higher than England, just one has significantly lower rates than England. Harewood Medical Practice has a much lower prevalence than all other practices within the CCG and England.
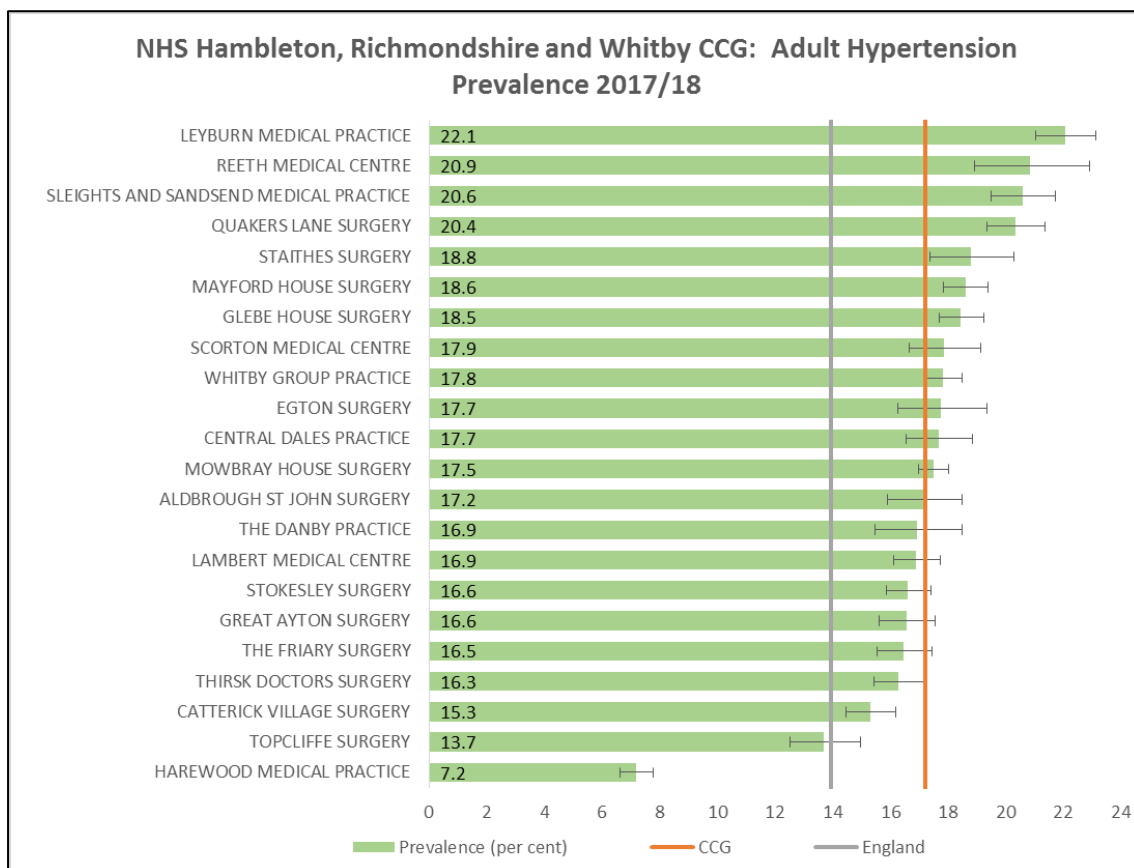
Source: NHS Digital

Depression

There are more than 10,700 people with a record of depression in HRW CCG, with a slightly lower rate than seen in England. Five practices have rates which are significantly higher than England, while ten practices have significantly lower rates. There is a near 3-fold difference between the practices with the lowest (4.4%) and the highest (11.9%) rates.

NHS Hambleton, Richmond and Whitby CCG: Adult Depression Prevalence 2017/18

Practice	Prevalence (per cent)
GLEBE HOUSE SURGERY	11.94
MAYFORD HOUSE SURGERY	11.81
SLEIGHTS AND SANDSEND MEDICAL PRACTICE	11.56
TOPCLIFFE SURGERY	11.51
CATTERICK VILLAGE SURGERY	11.25
QUAKERS LANE SURGERY	10.65
THE DANBY PRACTICE	10.48
LAMBERT MEDICAL CENTRE	10.47
HAREWOOD MEDICAL PRACTICE	10.02
THIRSK DOCTORS SURGERY	10.02
SCORTON MEDICAL CENTRE	9.50
STAITHES SURGERY	9.06
MOWBRAY HOUSE SURGERY	8.98
WHITBY GROUP PRACTICE	8.87
ALDBROUGH ST JOHN SURGERY	7.63
GREAT AYTON SURGERY	7.48
LEYBURN MEDICAL PRACTICE	6.39
EGTON SURGERY	6.18
STOKESLEY SURGERY	6.11
REETH MEDICAL CENTRE	5.87
CENTRAL DALES PRACTICE	4.61
THE FRIARY SURGERY	4.35

Legend: Prevalence (per cent) — CCG — England
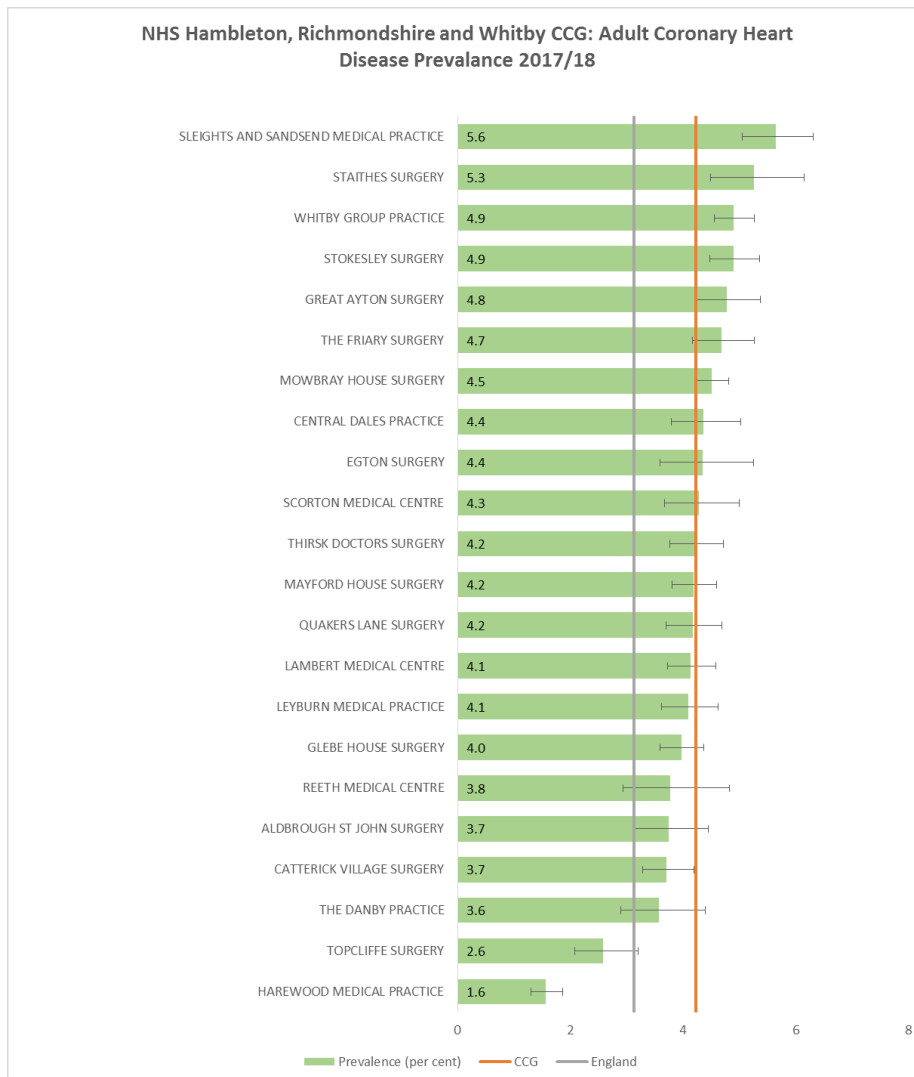
Source: NHS Digital

Asthma

In HRW CCG, asthma prevalence is higher than England. There are over 10,700 people on asthma registers in the area. Six practices have asthma prevalence rates which are lower than England. There are eight practices with significantly higher recorded prevalence than England.
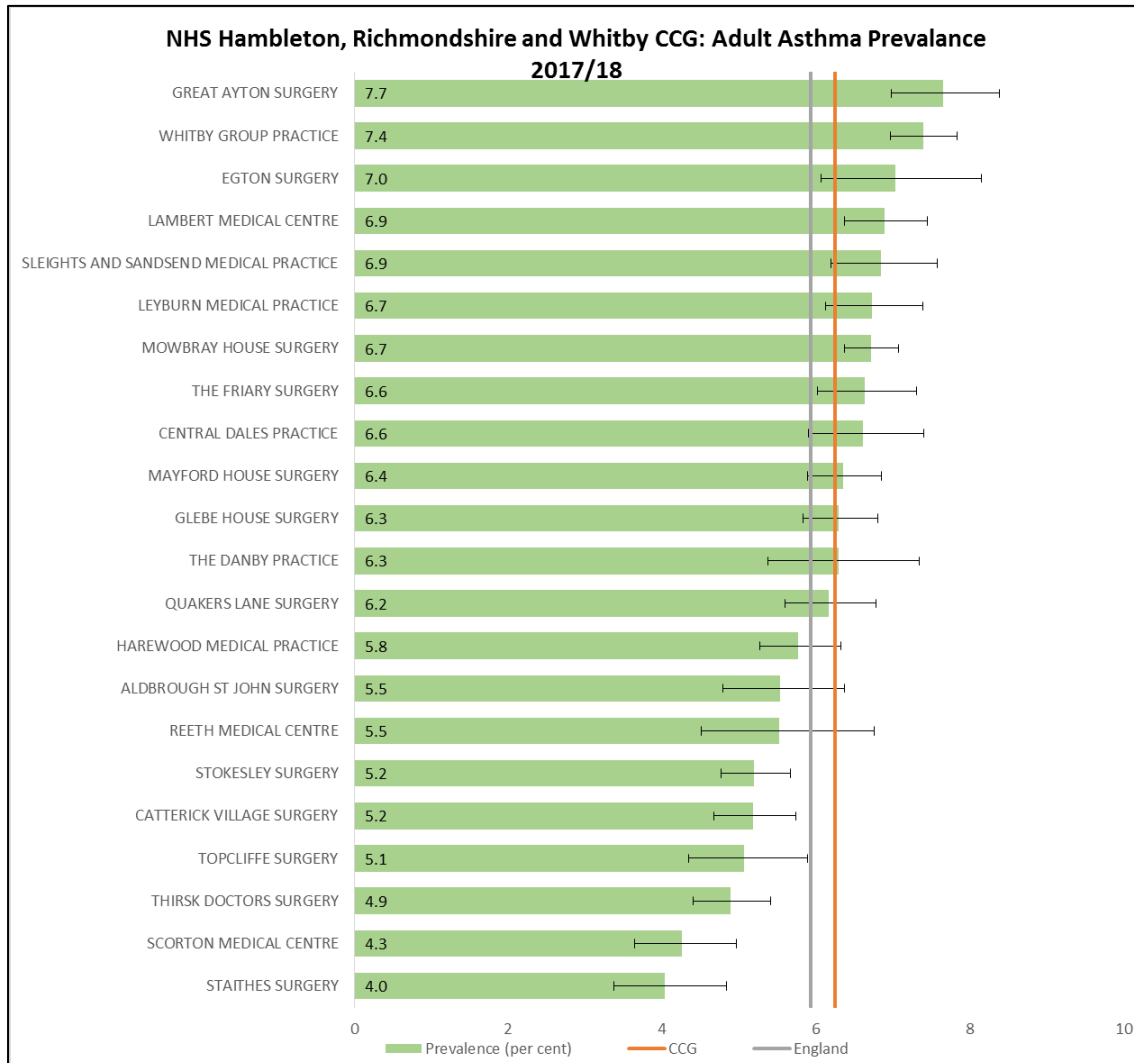
Source: NHS Digital

Coronary heart disease

Coronary heart disease (CHD) prevalence is higher in HRW CCG compared with England and there are almost 6,100 people with diagnosed CHD. Most general practices (17 of the 22) have prevalence rates significantly higher than England and just one general practice has a rate significantly lower than England.

NHS Hambleton, Richmondshire and Whitby CCG: Adult Coronary Heart Disease Prevalance 2017/18

Practice	Prevalence (per cent)
SLEIGHTS AND SANDSEND MEDICAL PRACTICE	5.6
STAITHES SURGERY	5.3
WHITBY GROUP PRACTICE	4.9
STOKESLEY SURGERY	4.9
GREAT AYTON SURGERY	4.8
THE FRIARY SURGERY	4.7
MOWBRAY HOUSE SURGERY	4.5
CENTRAL DALES PRACTICE	4.4
EGTON SURGERY	4.4
SCORTON MEDICAL CENTRE	4.3
THIRSK DOCTORS SURGERY	4.2
MAYFORD HOUSE SURGERY	4.2
QUAKERS LANE SURGERY	4.2
LAMBERT MEDICAL CENTRE	4.1
LEYBURN MEDICAL PRACTICE	4.1
GLEBE HOUSE SURGERY	4.0
REETH MEDICAL CENTRE	3.8
ALDBROUGH ST JOHN SURGERY	3.7
CATTERICK VILLAGE SURGERY	3.7
THE DANBY PRACTICE	3.6
TOPCLIFFE SURGERY	2.6
HAREWOOD MEDICAL PRACTICE	1.6

Prevalence (per cent) — CCG — 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 47,000 hospital admissions of which 31,014 (65.2%) were elective admissions and 16,589 (34.8%) were non-elective admissions. In total, there were 138 providers, with South Tees Hospitals NHS Foundation Trust being the main provider.

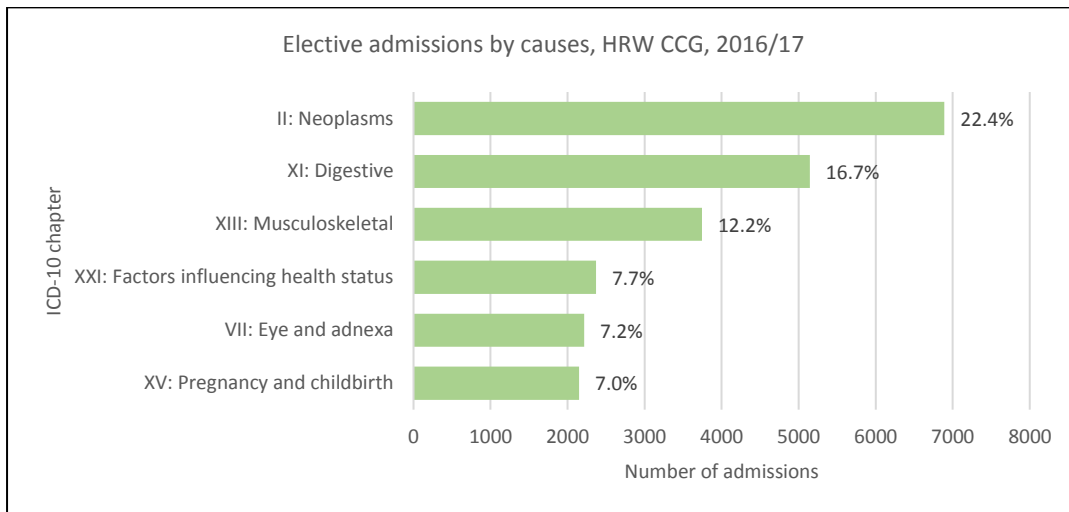| Hospital admissions by provider, HRW CCG, 2016/17			
Provider	Proportion of elective admissions	Proportion of non-elective admissions	Proportion of all admissions
South Tees Hospitals NHS Foundation Trust	75.0%	72.6%	74.2%
York Teaching Hospitals NHS Foundation Trust	7.3%	8.7%	7.8%
County Durham and Darlington NHS Foundation Trust	5.9%	10.1%	7.4%
Harrogate & District NHS Foundation Trust	2.2%		1.7%
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	2.1%		1.6%
BMI Healthcare	1.6%		1.1%
Ramsay Healthcare UK Operations Ltd	1.6%		1.1%
Leeds Teaching Hospitals NHS Trust	1.2%		
Humber Teaching NHS Foundation Trust		3.3%	1.3%
Tees, Esk and Wear Valleys NHS Foundation Trust		1.1%	
Remaining providers	3%	4.2%	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 are the most common reason for non-elective admission followed by injuries & poisoning and circulatory diseases.
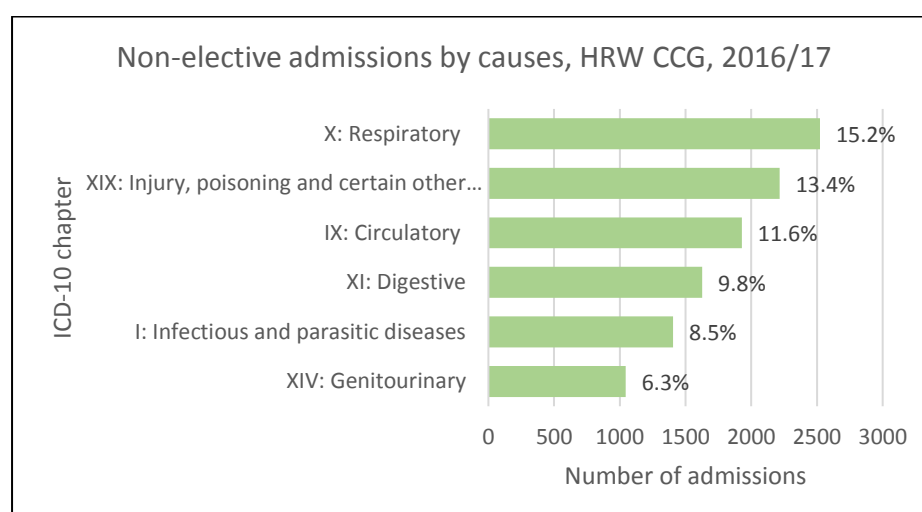
Source: Public Health England SHAPE atlas

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

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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.
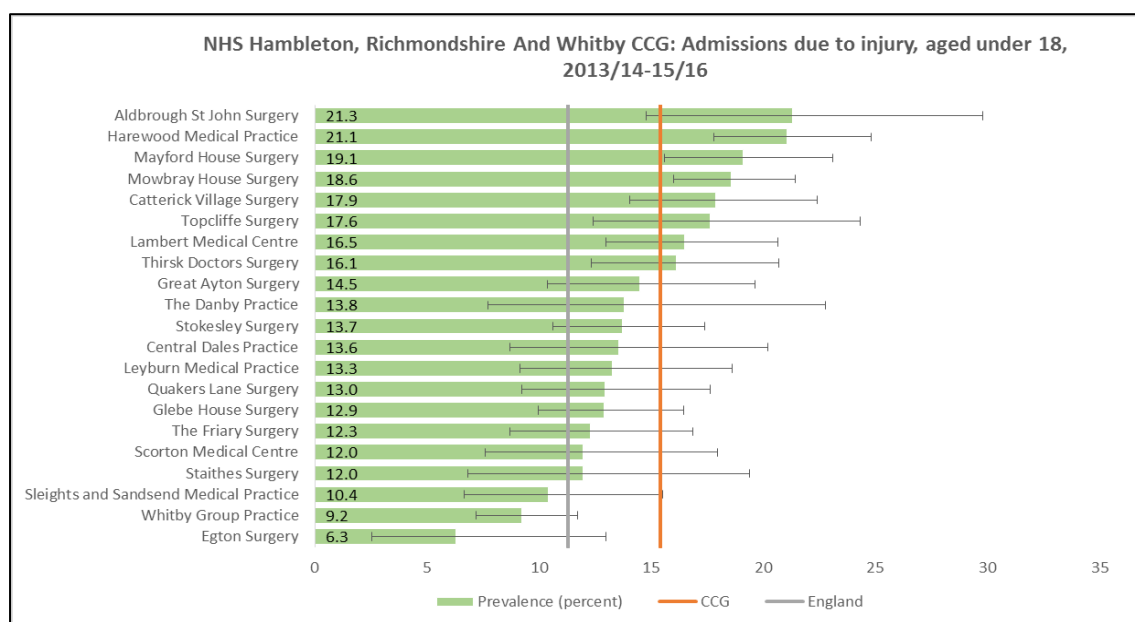
Elective admissions by causes, HRW CCG, 2016/17

ICD-10 chapter	Percentage
II: Neoplasms	22.4%
XI: Digestive	16.7%
XIII: Musculoskeletal	12.2%
XXI: Factors influencing health status	7.7%
VII: Eye and adnexa	7.2%
XV: Pregnancy and childbirth	7.0%

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 (44% of admissions for this chapter); follow-up examination after treatment for conditions other than cancer (12%); follow-up examination after treatment for cancer; and fitting and adjustment of devices.

Under 18 hospital admissions

HRW CCG has the highest rate of admissions due to injury for those aged under 18 when compared to other CCGs in North Yorkshire. The rate is also higher than the England average. Eight practices in HRW CCG have higher rates than the England and CCG average.

NHS Hambleton, Richmondshire And Whitby CCG: Admissions due to injury, aged under 18, 2013/14-15/16

Practice	Prevalence (percent)
Aldbrough St John Surgery	21.3
Harewood Medical Practice	21.1
Mayford House Surgery	19.1
Mowbray House Surgery	18.6
Catterick Village Surgery	17.9
Topcliffe Surgery	17.6
Lambert Medical Centre	16.5
Thirsk Doctors Surgery	16.1
Great Ayton Surgery	14.5
The Danby Practice	13.8
Stokesley Surgery	13.7
Central Dales Practice	13.6
Leyburn Medical Practice	13.3
Quakers Lane Surgery	13.0
Glebe House Surgery	12.9
The Friary Surgery	12.3
Scorton Medical Centre	12.0
Staithes Surgery	12.0
Sleights and Sandsend Medical Practice	10.4
Whitby Group Practice	9.2
Egton Surgery	6.3

Prevalence (percent) — CCG — England

Source: National General Practice Profiles, PHE

HRW CCG has the second highest rate of A&E attendances for under 18 when compared to other CCGs in North Yorkshire; however the rate is lower than the England average. Similarly HRW CCG has the second highest rate of emergency hospital admissions for all causes for those aged under 18 and the rate is higher than the England average.


NHS Hambleton, Richmondshire And Whitby CCG: A&E attendences and Emergency hospital admissions for all causes under 18, 2013/14-2015/16
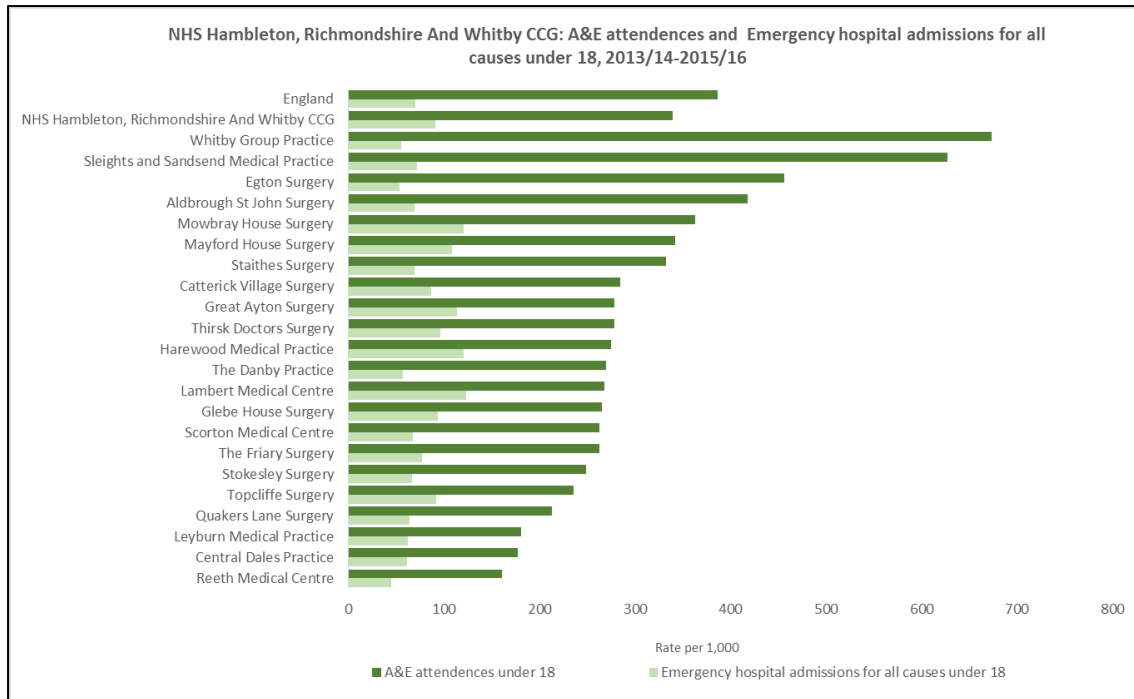
Source: National General Practice Profiles, PHE

Public Health England produces a summary health profile for HRW 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:

- Provision of 1 hour or more unpaid care per week (%)
- Emergency admissions in under 5s (Crude rate per 1,000)
- Admissions for injuries in under 5s (Crude rate per 10,000)
- Admissions for injuries in under 15s (Crude rate per 10,000)
- Admissions for injuries in 15 - 24 year olds (Crude rate per 10,000)
- Binge drinking adults (%)
- Elective hospital admissions for hip replacement (SAR)
- Elective hospital admissions for knee replacement (SAR)

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 is neoplasms (554.7), while the highest number of observed deaths is from ischaemic heart diseases (147).

NHS HRW CCG: Potential years of life lost (PYLL) per 100,000 registered patients, DSR and observed deaths, 2012-14
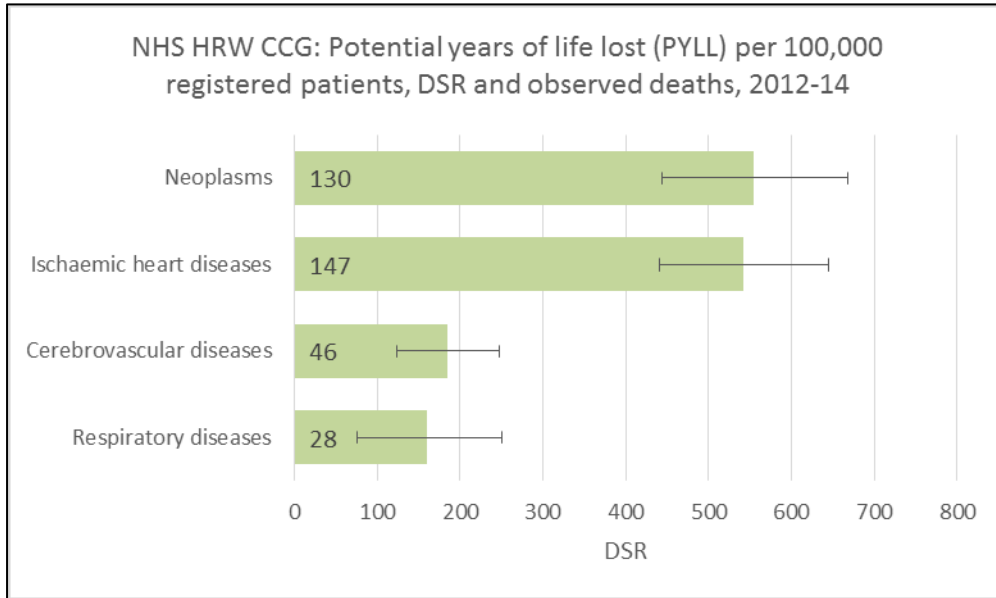
Source: HSCIC

Within HRW CCG, 44.4% of deaths occurred in hospital, 24.6% in care homes, 27.1% at home, 1.9% in hospices and 2.0% elsewhere. Compared with England, HRW CCG has fewer people dying in hospices but more people dying in care homes and at home.

Place of death, 2016
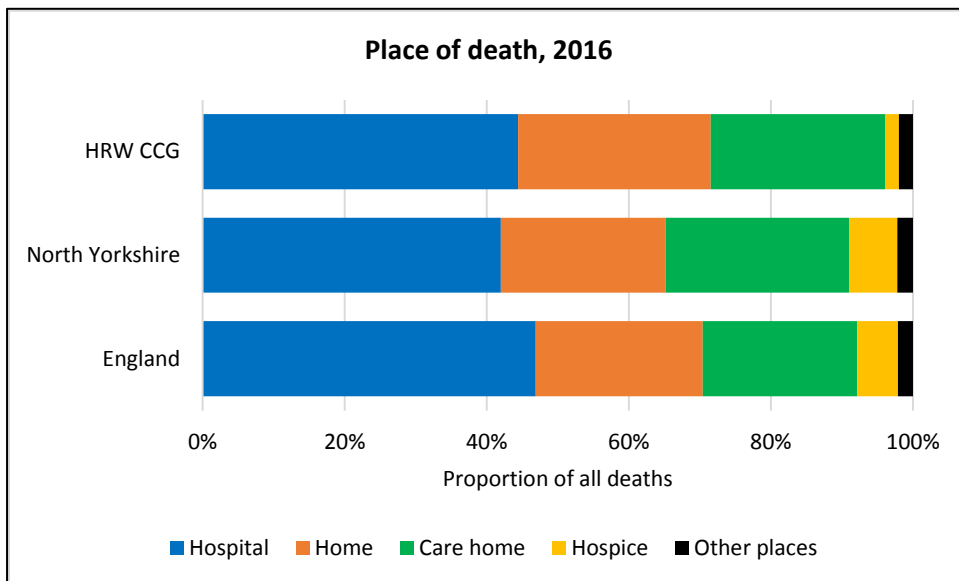
Additional mortality data available in the JSNA 2018 District Profiles.

References

1. Public Health England. Local Health
2. Public Health England. National General Practice Profiles
3. Data.gov.uk
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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

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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)
Scarborough 001C	Whitby West Cliff	Scarborough	2,792	1
Richmondshire 004A	Colburn	Richmondshire	5,380	2
Scarborough 003B	Streonshalh	Scarborough	5,885	2

Appendix 2 - HRW CCG health profile summary

Selection: E38000069 - NHS Hambleton, Richmondshire and Whitby CCG

Indicators	Selection value	England value	England worst	Summary chart	England best
Low Birth Weight of term babies (%)	2	2.8	5		1.7
Child Development at age 5 (%)	61.5	60.4	42.2		74.3
GCSE Achievement (5A*-C inc. Eng & Maths) (%)	60.9	56.6	40.2		75.4
Unemployment (%)	1	1.8	4.8		0.5
Long Term Unemployment (Rate/1,000 working age population)	1	3.7	14.4		0.5
General Health - bad or very bad (%)	4.5	5.5	9.5		2.8
General Health - very bad (%)	1	1.2	2.2		0.6
Limiting long term illness or disability (%)	17.3	17.6	25.6		11.2
Overcrowding (%)	3.6	8.7	34.9		2.7
Provision of 1 hour or more unpaid care per week (%)	10.7	10.2	13		6.5
Provision of 50 hours or more unpaid care per week (%)	2.1	2.4	4		1.3
Pensioners living alone (%)	29.1	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)	235	149.2	269.8		65.3
A&E attendances in under 5s (Crude rate per 1000)	442.1	551.6	1719.5		221
Admissions for injuries in under 5s (Crude rate per 10,000)	216	138.8	280.3		77.7
Admissions for injuries in under 15s (Crude rate per 10,000)	150.6	110.1	183.9		65.2
Admissions for injuries in 15 - 24 year olds (Crude rate per 10,000)	186.1	137	238.6		53.9
Occasional smoker (modelled prevalence, age 15) (%)	5.1	4	5.3		1.2
Regular smoker (modelled prevalence, age 15) (%)	10.1	8.7	12.7		3.2
Obese adults (%)	25.6	24.1	30.9		14.5
Binge drinking adults (%)	25.9	20	34.5		7.5
Healthy eating adults (%)	29.1	28.7	19.4		46.5
Obese Children (Reception Year) (%)	8.4	9.3	13.8		5.3
Children with excess weight (Reception Year) (%)	22.5	22.2	27.2		14.6
Obese Children (Year 6) (%)	16.8	19.3	27.1		9.8
Children with excess weight (Year 6) (%)	31.8	33.6	42.9		21.7
Emergency hospital admissions for all causes (SAR)	89.2	100	152.5		68.2
Emergency hospital admissions for CHD (SAR)	86.6	100	270.9		59.4
Emergency hospital admissions for stroke (SAR)	100.7	100	160.1		76.8
Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	94	100	280.2		53.8
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	69.9	100	233.4		43.2
Incidence of all cancer (SIR)	94.1	100	118.7		84.5
Incidence of breast cancer (SIR)	93	100	119.3		76.4
Incidence of colorectal cancer (SIR)	93.5	100	120.3		76.6
Incidence of lung cancer (SIR)	81.2	100	191.6		57
Incidence of prostate cancer (SIR)	105	100	147.4		64.3
Hospital stays for self harm (SAR)	75.9	100	308.4		28.7
Hospital stays for alcohol related harm (SAR)	89.4	100	182.5		57.7
Emergency hospital admissions for hip fracture in 65+ (SAR)	101	100	123.3		72.6
Elective hospital admissions for hip replacement (SAR)	131.6	100	140.9		32.7
Elective hospital admissions for knee replacement (SAR)	117.7	100	149.4		36.4
Life expectancy at birth for males, 2011- 2015 (years)	80.9	79.4	73.9		82.4
Life expectancy at birth for females, 2011- 2015 (years)	84.2	83.1	78.8		86
Deaths from all causes, all ages (SMR)	90.5	100	147.9		75.5
Deaths from all causes, under 65 years (SMR)	81.5	100	179.1		69.3
Deaths from all causes, under 75 years (SMR)	82.5	100	177		72.7
Deaths from all cancer, all ages (SMR)	90.7	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)	97.4	100	153.5		73.1
Deaths from circulatory disease, under 75 years (SMR)	80.3	100	230.1		61.5
Deaths from coronary heart disease, all ages (SMR)	103.6	100	176.8		66.3
Deaths from coronary heart disease, under 75 years (SMR)	90.2	100	245.4		50.8
Deaths from stroke, all ages (SMR)	99.3	100	174.5		67.3
Deaths from respiratory diseases, all ages (SMR)	79	100	177.9		70.5

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

Appendix 3

HRW CCG Outcomes Framework

🟡 In IQ Range 🟢 In best quartile 🔵 CCG 🔷 Cluster mean | England mean

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)	1,371 🟢	↓	1055		3204
1.1 Potential years of life lost (PYLL) from causes considered amenable to healthcare - Male (2014)	1,740 🟢	↑	1325		3902
1.2 Under 75 mortality rates from cardiovascular disease (2016)	55.2 🟡	↑	39.7		151.2
1.3 Completion of cardiac rehabilitation following an admission for coronary heart disease (2013/14)	No Data		0		75.4
1.4 Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes (2015/16)	92.5 🟡	↑	52.3		280.2
1.5 Mortality within 30 days of hospital admission for stroke (2016/17)	1.03 🟡	↓	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)	10.3 🟢	↓	7.1		41.4
1.8 Emergency admissions for alcohol related liver disease (2017 - 2017 (Jan - Dec))	29.3 🟡	↓	7.2		79.3
1.9 Under 75 mortality rates from cancer (2016)	102 🟢	↓	77		307
1.10 One-year survival from all cancers (Diagnosed 2015)	72.8 🟡	↑	67		77.4
1.11 One-year survival from breast, lung and colorectal cancers (Diagnosed 2011)	69.7 🟡	↑	62.1		76.2
1.12 People with Serious Mental Illness (SMI) who have received the complete list of physical checks (2014/15)	39.8 🟢	⬇	17.5		52.4
1.14 Maternal smoking at delivery (2017/18 Q3)	8.00 🟡	↓	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)	82.8 🟡	⬇	66.1		86.8
1.18 Percentage of cancers detected at stage 1 and 2 (2016)	55.9 🟡	↑	39.4		60.4
1.19 Record of lung cancer stage at decision to treat (2016)	93.0 🟡	↑	74.5		99.2
1.20 Mortality from breast cancer in females (2014 - 2016)	29.1 🟢	↑	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)	109.1 🔴	↑	75.6		119.7
1.22 Hip fracture: incidence (2017 - 2017 (Jan - Dec))	449 🟡	↑	64		626
1.23 Smoking rates in people with serious mental illness (SMI) (2014/15)	29.9 🟢		27.2		55
1.24 Referrals to cardiac rehabilitation within 5 days of an admission for coronary heart disease (2014/15)	5.00 🔴	↓	0		41.9
1.25 Neonatal mortality and stillbirths (2016)	2.90 🟢	↓	2		13.3
1.26 Low birth weight full-term babies (2016)	1.90 🟢	↓	1.3		5.2

Indicator Name	Value			Spine chart	
CCG Outcomes Indicator Set- domain 2					
2.1 Health-related quality of life for people with long-term conditions (2016/17)	0.74 🟡	↓	0.64		0.82
2.2 Proportion of people who are feeling supported to manage their condition (2016/17)	70.0 🟢	↓	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)	8.9 🔴	↑	3.8		68.5
2.4 Percentage of people with diabetes who have received nine care processes (2016/17)	46.3 🟡	⬇	17.7		86.9
2.5 People with diabetes diagnosed less than a year referred to structured education (2014/15)	79.8 🟡	↑	41.7		93.2
2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions (2017 - 2017 (Jan - Dec))	706 🟡	↓	177		1390
2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (2017 - 2017 (Jan - Dec))	287 🟡	↓	40		647
2.8 Complications associated with diabetes (2015/16)	99.9 🟡	↓	62.3		278.8
2.9 Access to community mental health services by people from Black and Minority Ethnic (BME) groups (2014/15)	837 🔴	↑	658		5283
2.10 Access to psychological therapies services by people from Black and Minority Ethnic (BME) groups (2015/16)	295 🔴	↓	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))	45.8 🟡	↑	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))	62.4 🟡	↓	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))	5.30 🟡	↓	3.4		11.3
2.15 Health-related quality of life for carers, aged 18 and above (2016/17)	0.84 🟢	↑	0.73		0.85
2.16 Health-related quality of life for people with a long-term mental health condition (2016/17)	0.55 🟡	↓	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))	1,542 ●	↑	225		2115
3.2 Emergency readmissions within 30 days of discharge from hospital (2011/12)	11.4 ●	↓	8.9		14.5
3.3 Elective Hip replacement (Primary) procedures - patient reported outcomes measures (PROMS) (2015/16)	0.46 ●	↑	0.35		0.52
3.3 Elective knee replacement (Primary) procedures - patient reported outcomes measures (PROMS) (2015/16)	0.35 ●	↓	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))	667 ●	↑	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)	79.3 ●	↓	17.6		85.1
3.6 People who have had an acute stroke who receive thrombolysis (2016/17)	11.00 ●	↑	0		27.6
3.7 People with stroke who are discharged from hospital with a joint health and social care plan (2016/17)	94.2 ●	↑	34.3		100
3.8 People who have a follow-up assessment between 4 and 8 months after initial admission for stroke (2016/17)	58.40 ●	↓	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)	94.7 ●	↑	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)	61.1 ●		41.1		92.9
3.11 Hip fracture: collaborative orthogeriatric care (2016)	99.5 ●	↑	55.1		100
3.12 Hip fracture: timely surgery (2016)	61.0 ●	↓	40.1		90.6
3.13 Hip fracture: multifactorial falls risk assessment (2016)	99.5 ●	↑	73.9		100
3.14 Alcohol-specific hospital admissions (2017 - 2017 (Jan - Dec))	89.0 ●	↓	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))	113.3 ●	↓	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)	81.4 ●	↓	20.9		317.5
3.17 Percentage of adults in contact with secondary mental health services in employment (2016 - 2017 (Dec - Dec))	22.00 ●	✖	0		24
3.18 Hip fracture: care process composite indicator (2016)	59.5 ●	↓	25.5		87.9

CCG Outcomes Indicator Set- domain 4					
4.1 Patient experience of GP out-of-hours services (2014/15)	70.0 ●	↓	49		85.3
4.2 Patient experience of hospital care (2015/16)	80.3 ●	↓	68.3		83.5
4.5 Responsiveness to Inpatients personal needs (2015/16)	71.0 ●	↓	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)	7.66 ●		2.23		19.83
5.4 Incidence of Healthcare Associated Infection (HCAI) – C. difficile (April 2013 - April 2018)	178.9 ●		46		234