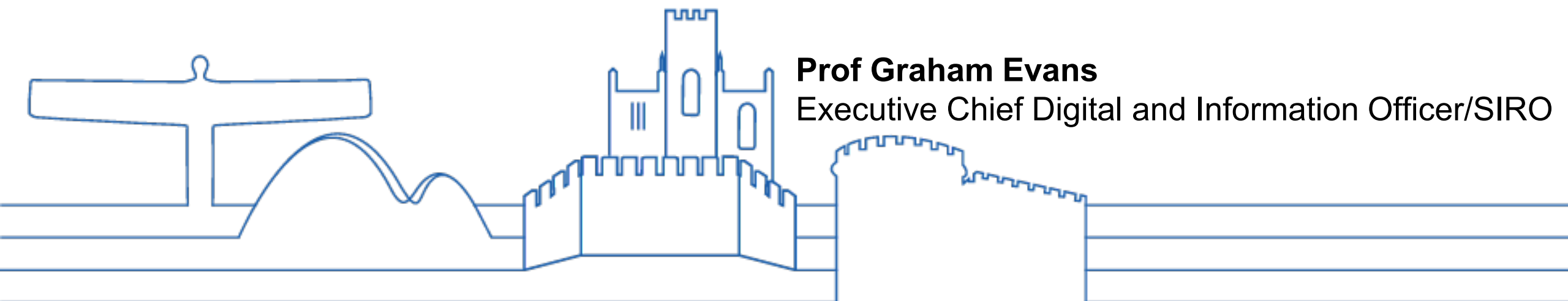




**North East and
North Cumbria**

Integrated Care Board : ICB Chair data challenge questions (NENC 10)

Summary at 21/03/23




Prof Graham Evans
Executive Chief Digital and Information Officer/SIRO

The use and development of information systems for the work of the Integrated Care Board (ICB) - recap.



North East and
North Cumbria






| | | | |
|---|---|--------------------------|---|
| Item: | | | |
| Enclosure: | | | |
|  North East and North Cumbria | | | |
| REPORT CLASSIFICATION | ✓ | CATEGORY OF PAPER | ✓ |
| Official | X | Proposes specific action | |
| Official: Sensitive Commercial | | Provides assurance | |
| Official: Sensitive Personal | | For information only | X |
| Integrated Care Board 31 January 2023 | | | |
| Report Title: | The use and development of information systems for the work of the Integrated Care Board (ICB). | | |
| Purpose of report | | | |
| The purpose of this paper is to contribute to a board level exploration of the capability of existing sources information to underpin the delivery of these responsibilities and to generate a common understanding across the Integrated Care System (ICS) of where progress is being made, where improved performance is needed, and whether required goals and standards are being met. | | | |
| Key points | | | |
| <ul style="list-style-type: none">• The paper presents a series of questions that will be used to determine the current data provision capabilities.• The paper compliments a supporting presentation that sets out the ICB's data, analytics and insights ambitions, resulting in an assessment of the questions and the ability to respond with current and/or future data service provisions. | | | |
| Risks and issues | | | |
| <ul style="list-style-type: none">• There is an increasing dependency on data and analytics services to support the ICB's strategic and operational needs, as well as broader insight to inform and transform population health and associated care services.• The ICB's data, analytics and insight strategic approach, requires all parts of the integrated care system to provide, high quality timely and accurate data.• Subject matter/domain experts will need to work in partnership with data and analytics experts to contextualize data and develop appropriate actionable insights. | | | |
| Assurances | | | |
| <ul style="list-style-type: none">• The ICB's data and analytics service development has the full commitment and support of the ICB board and Executive team and is recognised as a critical service. | | | |

Ten questions about the health and wellbeing of the North East & North Cumbria population

The NENC 10 – ICB data availability overview








North East and
North Cumbria

| Question | Status | Summary | |
|--|----------|--|---|
| 1. Are people with diabetes receiving a standard of care that gives the lowest possible level of avoidable complications of their disease? | Complete | Feedback from Prevention and PHM team to be reviewed and actioned. |  |
| 2. How early is bowel cancer being detected and treated? | Partial | “What are the rates of five and 10 year survival for different stages of cancer at diagnosis according to which hospital the patients were treated at?” - Still investigating |  |
| 3. What is the health and health care experience of the most deprived areas? | Partial | Data not available at small population areas for 3 of the 5 markers. Expectation of life at 65 years – would need to initiate project to calculate Infant mortality & Suicide rate - unavailable |  |
| 4. How good is population uptake and coverage for preventive health interventions? | Partial | Data is provided for four preventive services, there still remains a gap in terms of the ICS5 best and 5 worst performers. |  |
| 5. What is known about levels of incapacity and frailty of older people living at home? | Complete | |  |

The NENC 10 – ICB data availability overview



North East and
North Cumbria

| Question | Status | Summary | |
|---|----------|---|---|
| 6. What is the level and causal nature of avoidable harm generated by care providers and in care settings? | Complete | |  |
| 7. What are the risks to patients of acquiring an infection during their care? | Partial | Some gaps still exist in the data set. |  |
| 8. What do patients think of the care that they receive and what information about services is available to them? | Complete | |  |
| 9. Children and young people's mental health? | Complete | |  |
| 10. What progress is being made in controlling tobacco-related disease? | Partial | <p>Which are the small areas that collectively contain 80% of the ICS's current smokers? Which are the ten small areas with the highest smoking prevalence?</p> <p>A small area data set is not currently reliable enough to use in order to undertake this analysis. This is the current focus of the treating Tobacco Dependence Taskforce.</p> |  |

The NENC 10 – Q1 to Q5



North East and
North Cumbria

 Are people with **diabetes** receiving a **standard of care** that gives the lowest possible level of **avoidable complications** of their disease?

 How early is **bowel cancer** being **detected and treated**?

 What is the **health** and health care **experience** of the most **deprived areas**?

 How good is **population uptake** and coverage for **preventive health interventions**?

 What is known about levels of **incapacity and frailty** of older people **living at home**?

The NENC 10 – Q6 to Q10



North East and
North Cumbria



What is the level and causal nature of **avoidable harm** generated by care providers and **in care settings**?



What are the **risks** to patients of acquiring an **infection during their care**?



What do **patients think of the care** that they receive and what **information** about services is available to them?



Children and young people's **mental health**?



What **progress** is being made in controlling **tobacco-related disease**?



Q1.

Are people with **diabetes** receiving a **standard of care** that gives the lowest possible level of **avoidable complications** of their disease?

- What information is routinely available to describe **where people with diabetes are** living within the ICS area?
- How well is diabetes being **controlled** amongst residents **in different ICS Places**?
- What level of **known complications** is occurring amongst residents **in different ICS Places**?

Are people with diabetes receiving a standard of care that gives the lowest possible level of avoidable complications of their disease?



North East and North Cumbria



213,000

diabetics (Jan '23)

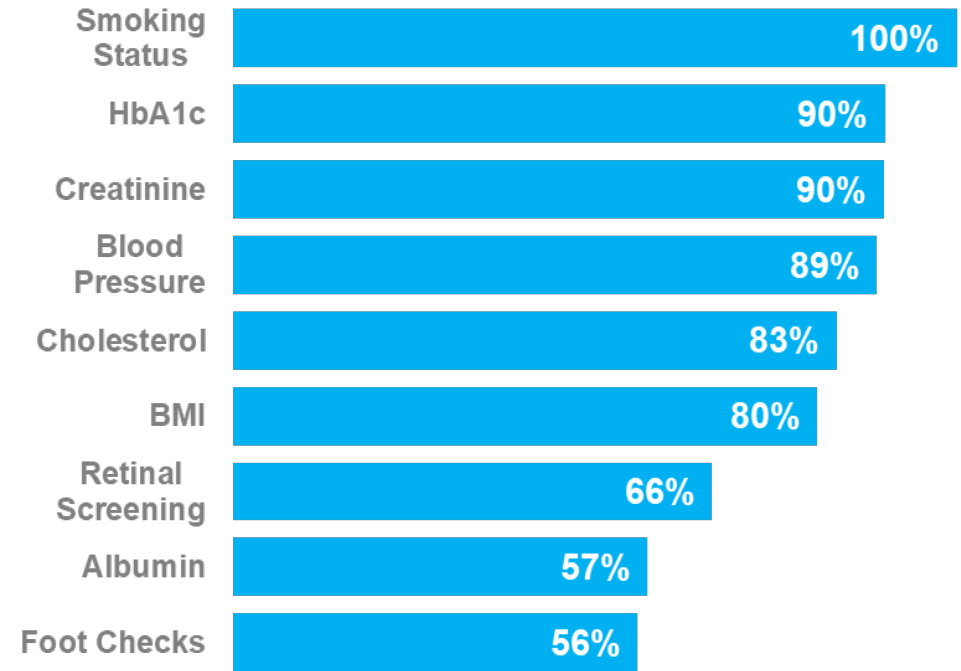
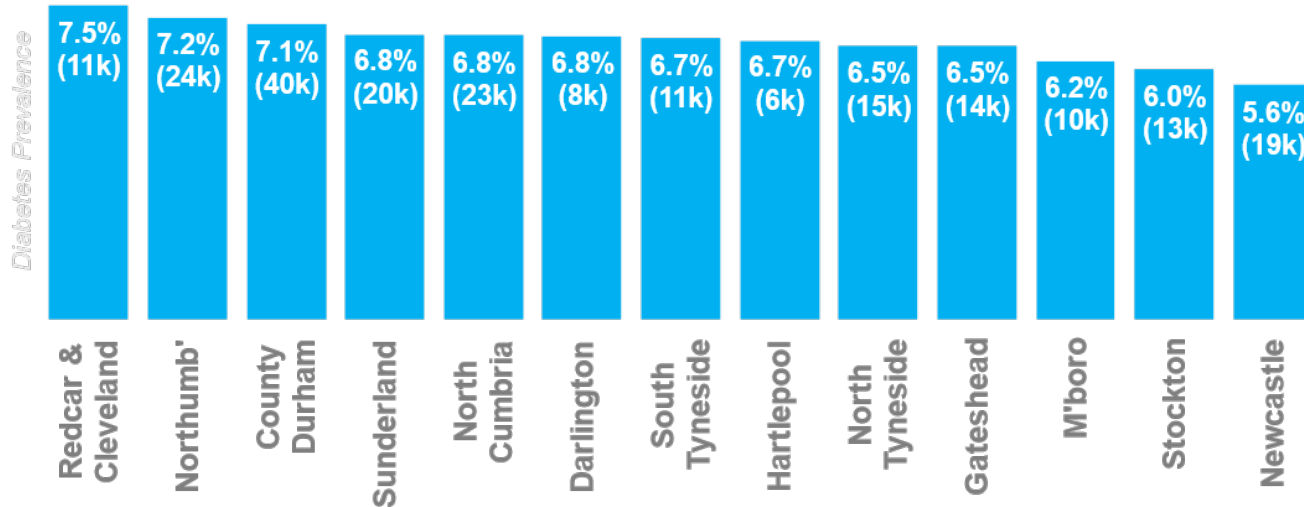
~7% of all people

Prevalence strongly linked to:

- Age
- Sex
- Deprivation

There are **9 Key Care Processes** for diabetics

28% of adult diabetics had **all 9** in the past year (57% at had least 8)



Diabetics with Completed Care Process

most deprived 20% of LSOAs **7.3%** vs **5.7%** least deprived 20% of LSOAs
Diabetic prevalence

Are people with diabetes receiving a standard of care that gives the lowest possible level of avoidable complications of their disease?

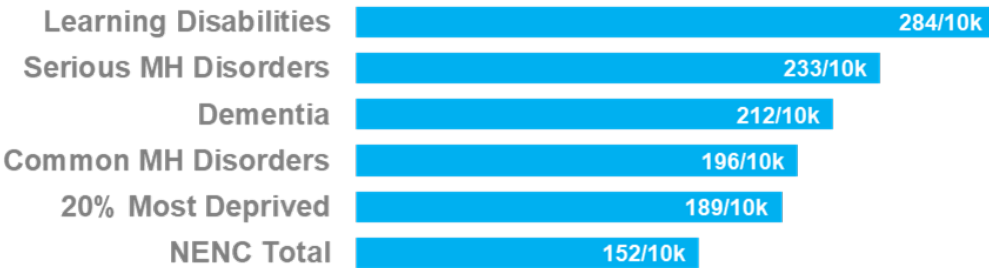


3,200+
Admissions

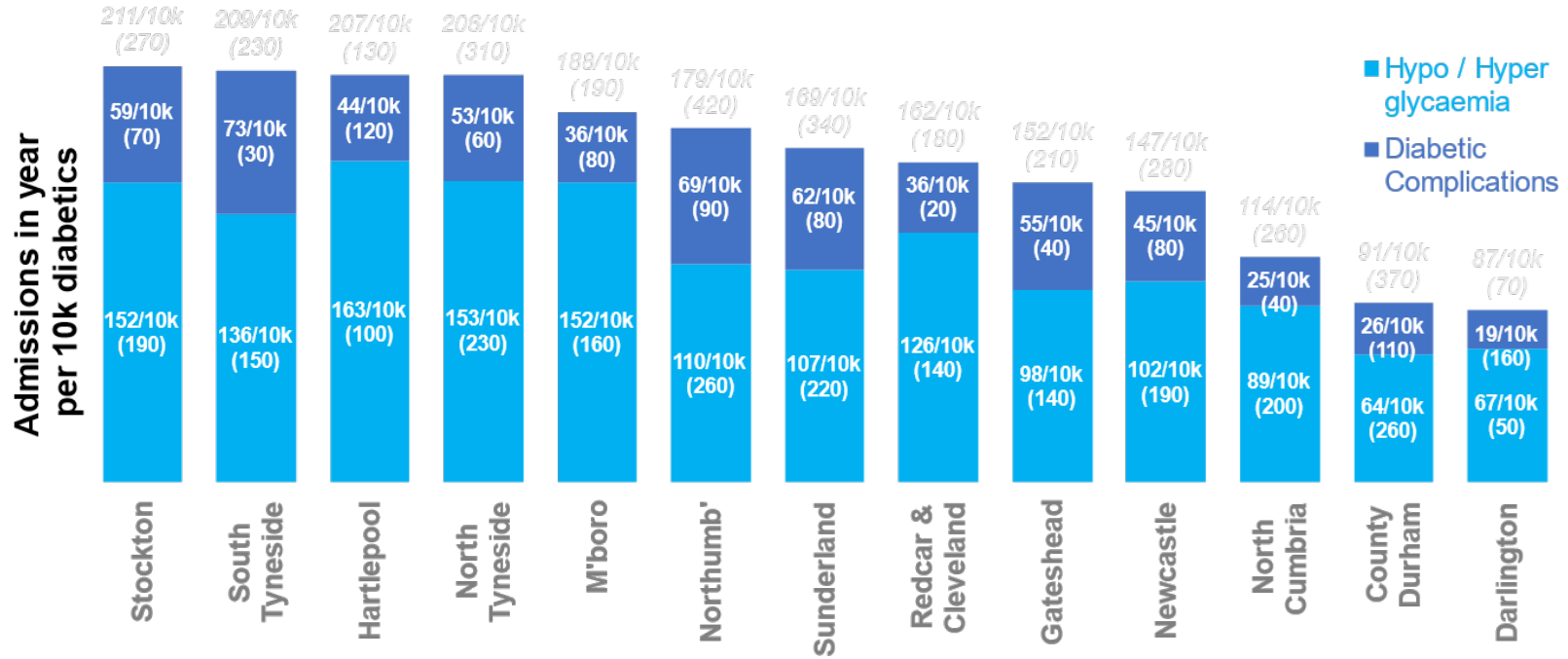
with a primary diagnosis of diabetes (Oct '21 – Sep '22) including

950 diabetic complications

- Admission strongly linked to
- Deprivation
 - Co-morbidities
 - Learning Disabilities
 - Mental Health



Admissions in year per 10k diabetics



In NENC that is an admission rate of

152 per 10k diabetics

107 per 10k diabetics

for hypo / hyper glycaemia

45 per 10k diabetics

for diabetic complications



Q1.
Are people with **diabetes**
receiving a **standard of
care** that gives the lowest
possible level of **avoidable
complications** of their
disease?

- 213,000 patients registered as diabetic in NENC as at Jan 2023 (6.7% of all patients)
 - Prevalence strongly linked to age and sex
 - Prevalence linked to deprivation
- More than 3,200 admissions for diabetes (primary diagnosis) Oct 21 – Sep 22 including 950 for diabetic complications.
 - Strong links to deprivation and co-morbidities (particularly learning disabilities and mental health disorders)
- 28% of adult diabetic patients have had all 9 care processes recorded in past year (57% at least 8). This is lower in more deprived areas.
- 17% of adult diabetic patients have 5 or fewer of the key care processes recorded – higher in more deprived areas.
- Most commonly ‘missed’ care processes are recording foot checks, retinal screening and albumin levels. Recorded albumin levels very low in Tees and Sunderland, and recorded foot checks very low in Tees, Sunderland and South Tyneside - but this may be due to recording.
- Glycaemic control worse, on average, in more deprived areas.
- Patients with learning disabilities and mental health disorders, compared with NENC’s general diabetic population consistently have:
 - Lower uptake of Key Care Processes
 - Poorer glycaemic control
 - Higher rates of hospital admission for diabetes and its complications



Q2.
How early is **bowel cancer**
being **detected and**
treated?

- What is the **incidence** of colorectal cancer amongst residents **in each ICS place?**
- What is its **incidence** in the **under-50** age groups?
- What is the **distribution of stages** of cancer at diagnosis amongst residents **in each ICS Place?**
- What are the rates of **five and 10 year survival for different stages** of cancer at diagnosis amongst residents of **different ICS Places?**
- What are the rates of **five and 10 year survival for different stages** of cancer at diagnosis according to which **hospital the patients were treated at?**

How early is bowel cancer being detected and treated?



Colorectal Cancer
Incidence* **68.8** per 100k
Rate (2020) people

Compared to the national
incidence rate **63.3** per 100k
people

* *Incident cases of cancer are counted for each separate primary tumour.*

One person may be diagnosed with more than one tumour, and would then appear twice in the incidence statistics.

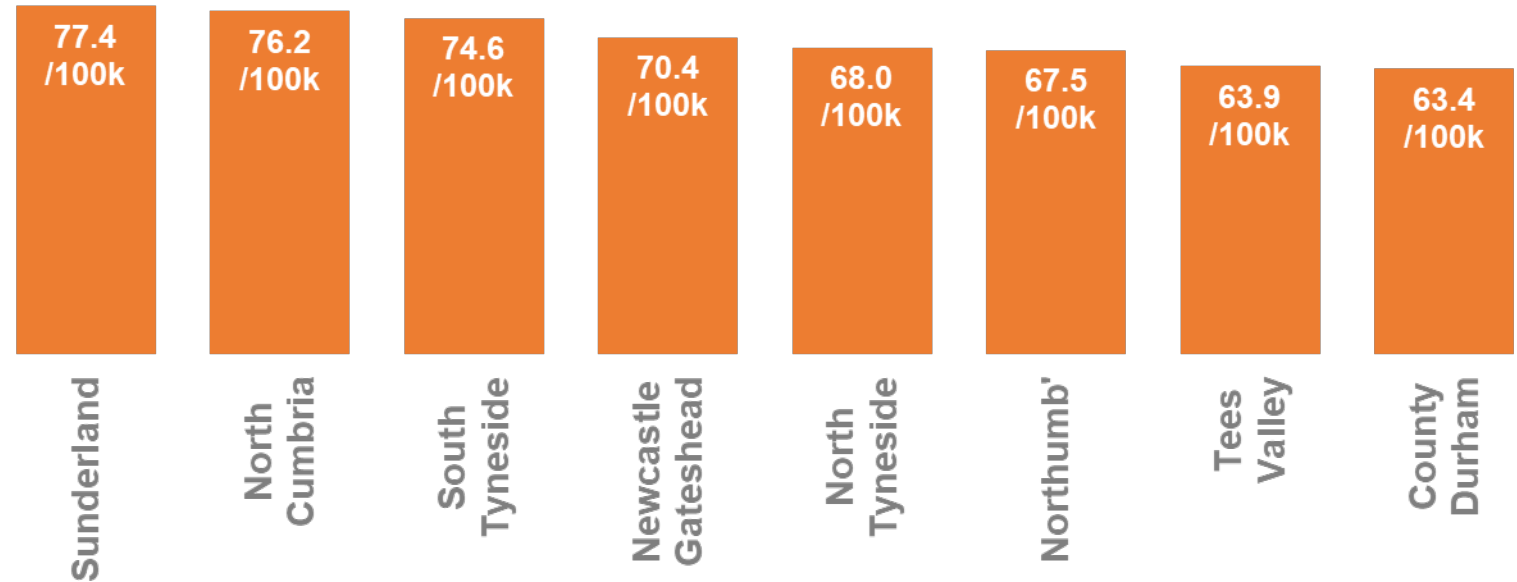
Recurrences of a previous cancer are not counted as new incident cases.

In people aged under 50
the incidence rate is **6.2** per 100k
people

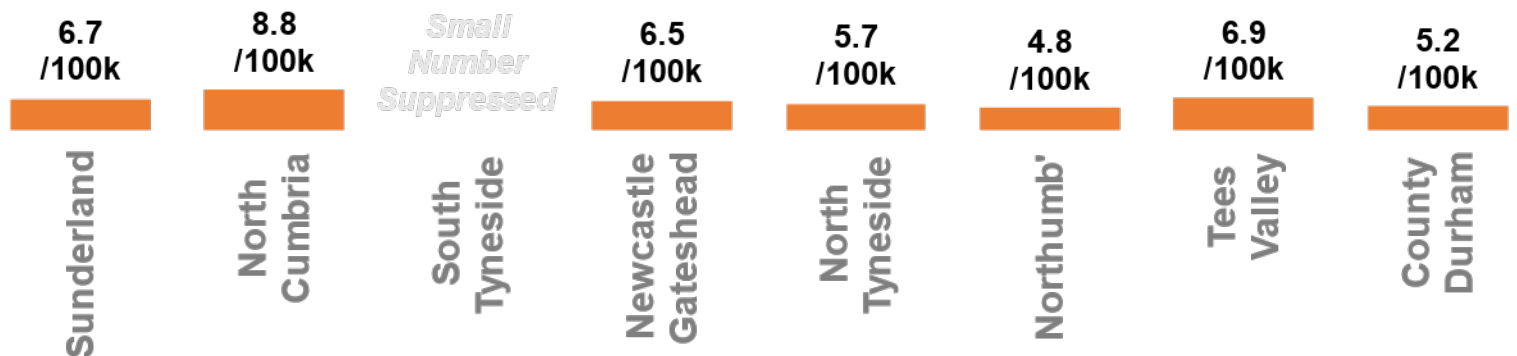
while the national rate is
5.9 per 100k
people

All Ages Colorectal Cancer Incidence

Age Standardised Rate per 100k Population



Aged Under 50 years Colorectal Cancer Incidence

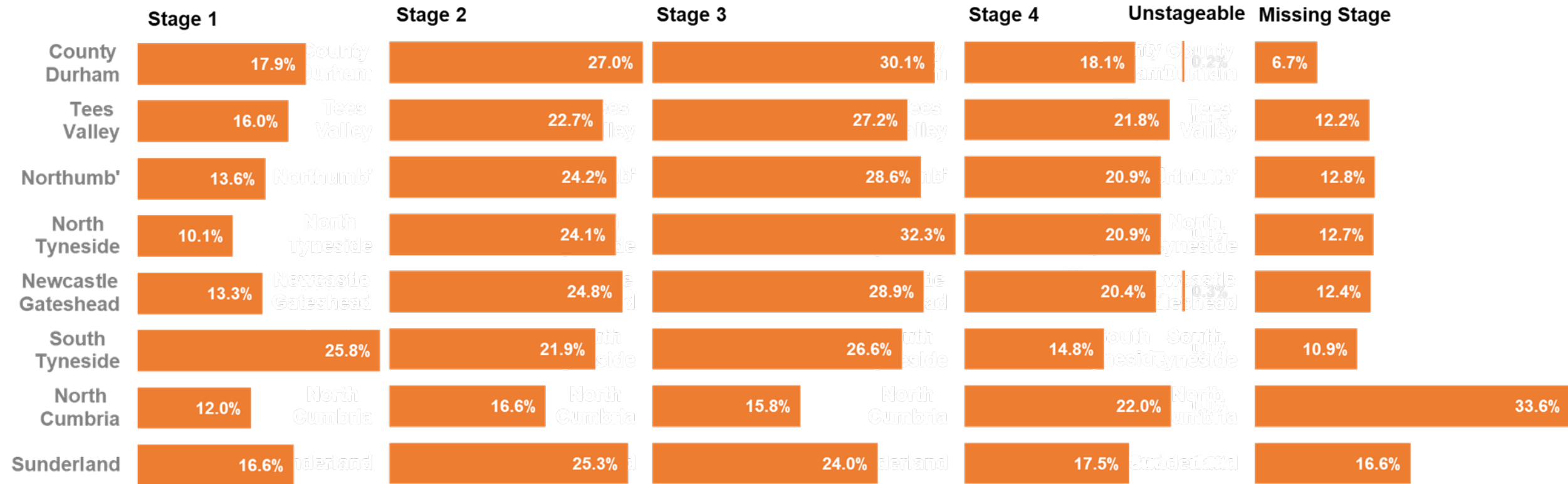


How early is bowel cancer being detected and treated?



Stage at Diagnosis (2019)

for Colon & Rectum and Rectosigmoid Junction Cancers



the cancer is small and hasn't spread elsewhere

the cancer has grown, but hasn't spread

the cancer is larger and may have spread to the surrounding tissues and/or the lymph nodes

the cancer has spread to at least one other organ (secondary or metastatic cancer)

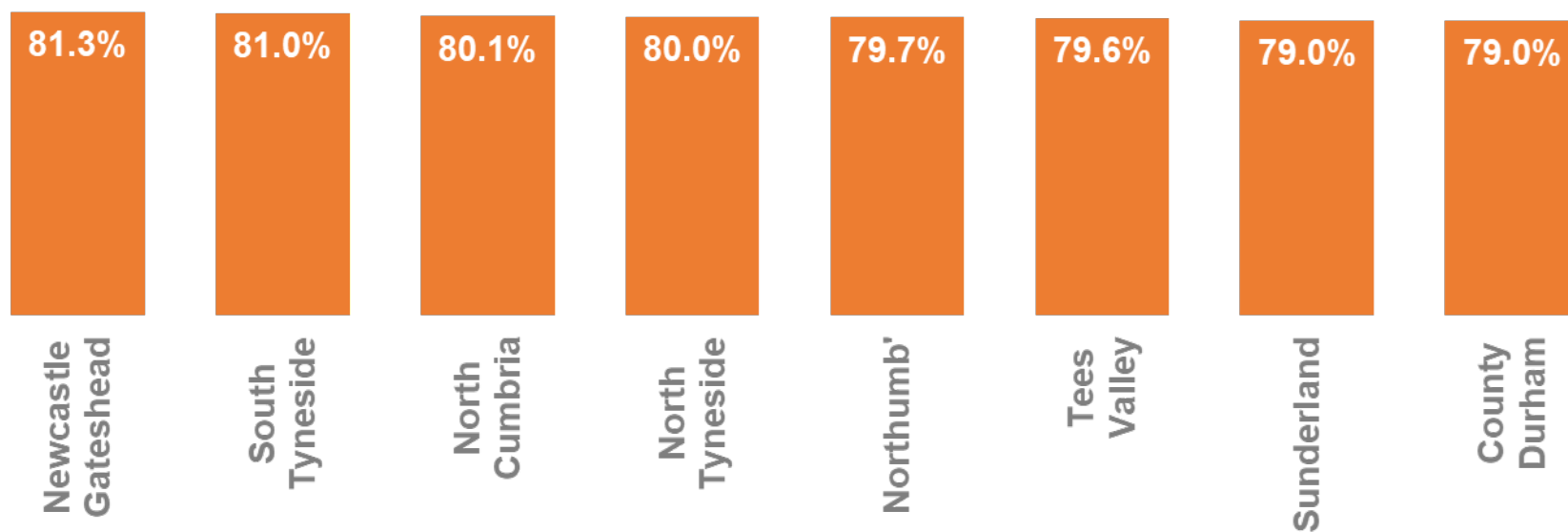
the data is incomplete

How early is bowel cancer being detected and treated?



| Colorectal Cancer Survival Rate | (from 2019 to 2020) | (from 2015 to 2020) | (from 2010 to 2020) |
|---------------------------------|---------------------|---------------------|---------------------|
| | 1 year | 5 year | 10 year |
| Northern Cancer Alliance | 80.1% | 60.7% | 54.0% |
| England | 80.9% | 61.7% | 54.7% |

1 Year Survival for Colorectal Cancer



5 & 10 year survival rates are unavailable at place (CCG) level



Q2.
How early is **bowel cancer**
being **detected and**
treated?

- In 2020, NENC has a **higher incidence** rate of colorectal cancer (68.8 per 100,000) **than the national rate** (63.3 per 100,000).
- **All areas within NENC are above the national** incidence rate for colorectal cancer. The rate varies from **Sunderland at the highest** with a rate of 77.4 and **County Durham at the lowest** of 63.4.
- When looking at incidence of colorectal cancer in **under 50s**, the NENC rate (6.2) per 100,000 population continued to be **higher than the national average** (5.9).
- **South Tyneside** had the **highest proportion** of colorectal cancers being **diagnosed at stage 1** within the NENC region.
- NENC is **below the national average survival rate** for colorectal cancer when comparing across 1, 5 and 10 years.
- In the NENC region, the 1-year survival rate ranges from **81.3% in Newcastle Gateshead** to **79.0% in County Durham**



Q3.
What is the **health** and
health care **experience** of
the most **deprived** areas?

- Taking the **smallest population areas** as the unit of analysis, which are the **50** such areas in the ICS that score **worst** on **deprivation indices**?
- Using **five markers** compare the **50** small areas collectively **with all other areas** combined.
 1. **expectation** of life at **birth**
 2. **expectation** of life at **65 years***
 3. **death** from **cardiovascular** disease
 4. **infant mortality***
 5. **suicide rate***

**metrics not available at small population areas*

What is the health and health care experience of the most deprived areas?

North East and North Cumbria



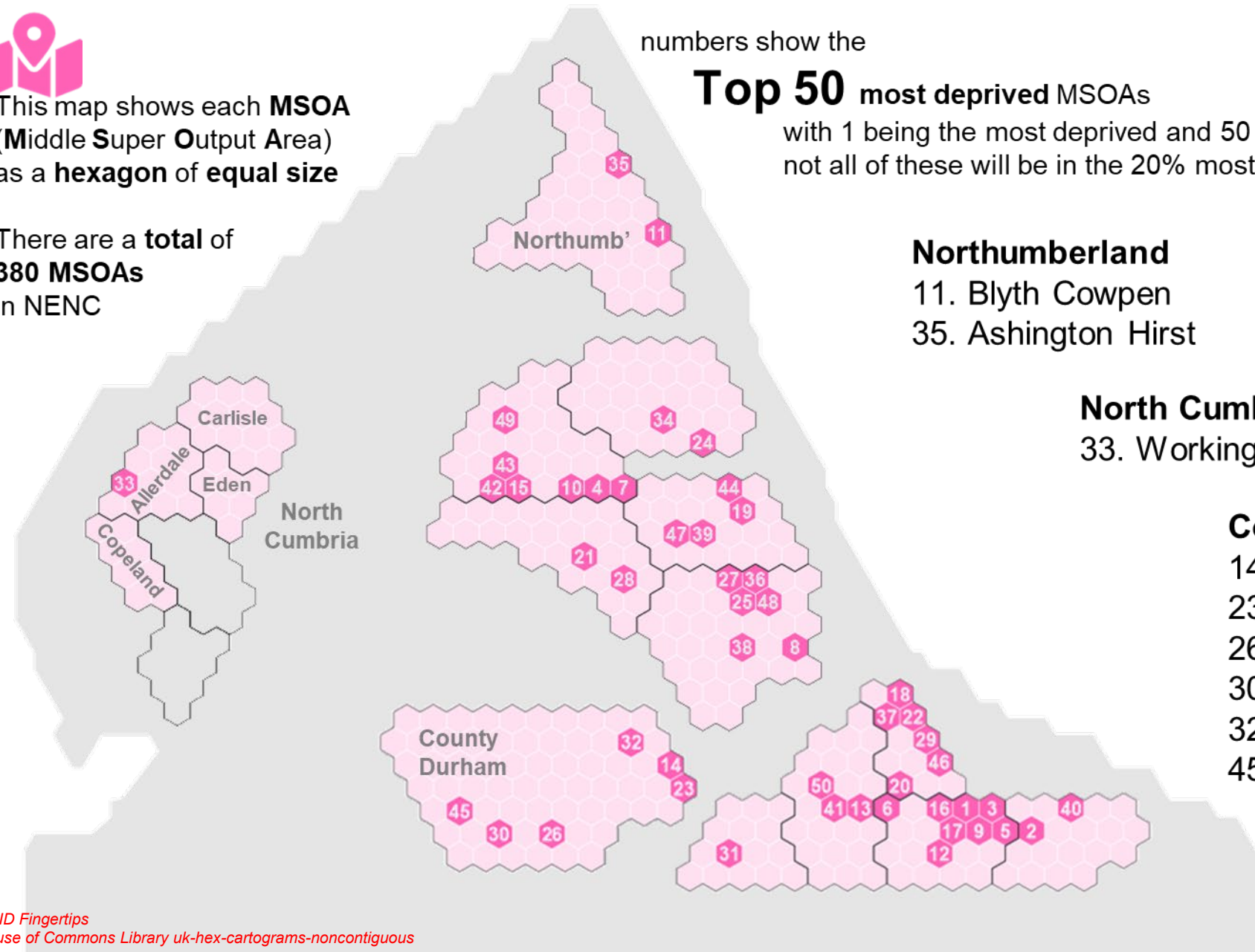
This map shows each **MSOA** (**M**iddle **S**uper **O**utput **A**rea) as a **hexagon** of **equal size**

There are a **total of 380 MSOAs** in NENC

numbers show the

Top 50 most deprived MSOAs

with 1 being the most deprived and 50 being the least
not all of these will be in the 20% most deprived areas nationally



Northumberland

- 11. Blyth Cowpen
- 35. Ashington Hirst

North Cumbria

- 33. Workington West

County Durham

- 14. Peterlee East
- 23. Horden
- 26. Newton Aycliffe West
- 30. Bishop Auckland South
- 32. Murton North & Parkside
- 45. Coundon North

What is the health and health care experience of the most deprived areas?

North East and North Cumbria



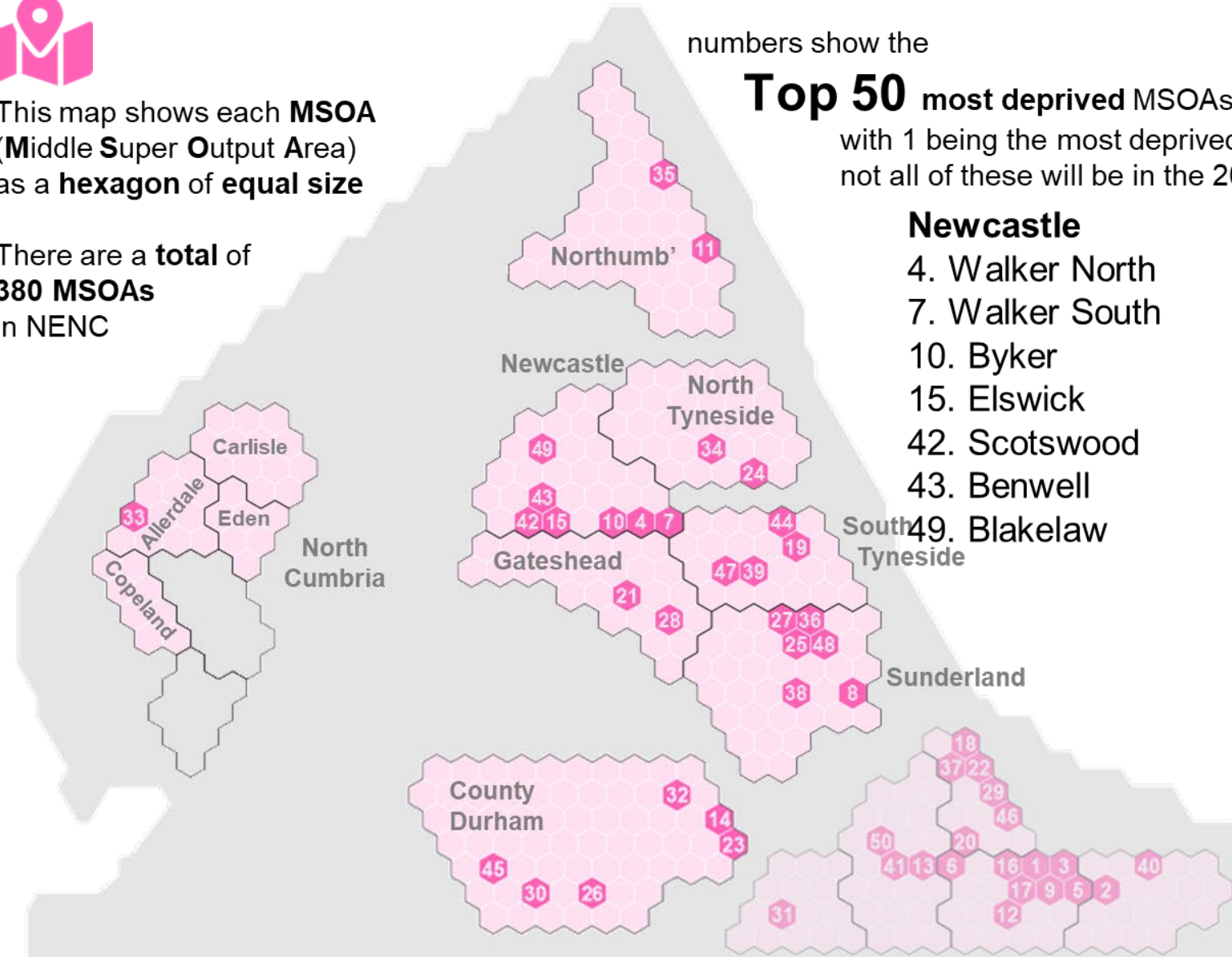
This map shows each **MSOA** (Middle Super Output Area) as a **hexagon of equal size**

There are a **total of 380 MSOAs** in NENC

numbers show the

Top 50 most deprived MSOAs

with 1 being the most deprived and 50 being the least
not all of these will be in the 20% most deprived areas nationally



Newcastle

- 4. Walker North
- 7. Walker South
- 10. Byker
- 15. Elswick
- 42. Scotswood
- 43. Benwell

Gateshead

- 21. Mount Pleasant & Deckham East
- 28. Beacon Lough & Wrekenton

North Tyneside

- 24. Percy Main
- 34. Chirton

South Tyneside

- 19. South Shields West
- 39. Biddick Hill
- 44. Simonside
- 47. Brockley Whins

Sunderland

- 8. Hendon & Docks
- 25. Pallion North
- 27. Town End Farm
- 36. Hylton Red House & Marley Pots
- 38. Thorney Close & Plains Farm
- 48. Southwick

What is the health and health care experience of the most deprived areas?

North East and North Cumbria



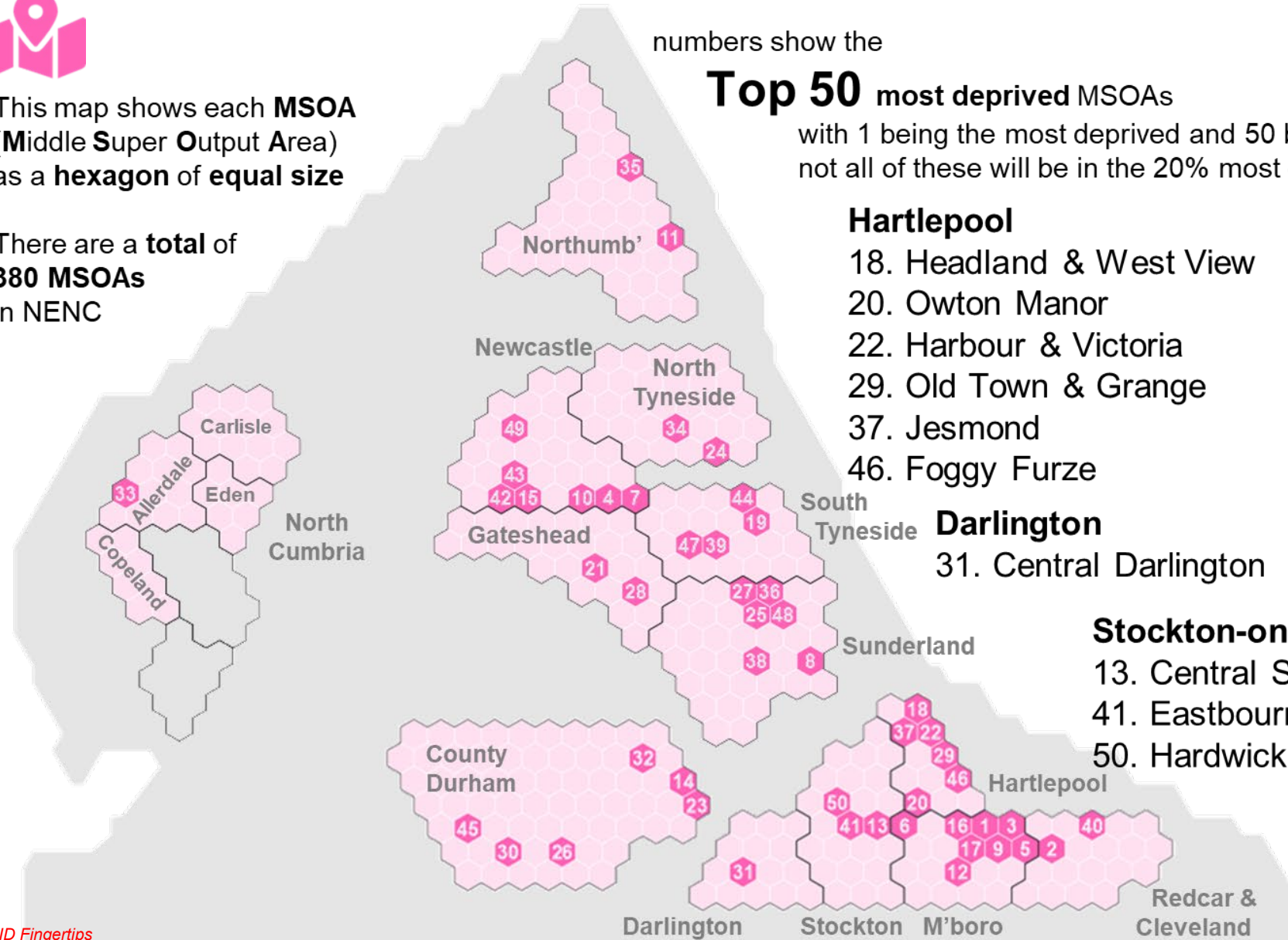
This map shows each **MSOA** (Middle Super Output Area) as a **hexagon of equal size**

There are a **total of 380 MSOAs** in NENC

numbers show the

Top 50 most deprived MSOAs

with 1 being the most deprived and 50 being the least
not all of these will be in the 20% most deprived areas nationally



Hartlepool

18. Headland & West View
20. Owton Manor
22. Harbour & Victoria
29. Old Town & Grange
37. Jesmond
46. Foggy Furze

Darlington

31. Central Darlington

Stockton-on-Tees

13. Central Stockton, Portrack & Low Hartburn
41. Eastbourne & Newham Grange
50. Hardwick & Salters Lane

Middlesbrough

1. North Ormesby & Brambles
3. Thorntree
5. Park End
6. Ayresome
9. Berwick Hills
12. Beechwood & James Cook
16. Middlesbrough Central
17. Park Vale

Redcar and Cleveland

2. Grangetown
40. Redcar Town & Coatham

What is the health and health care experience of the most deprived areas?

North East and North Cumbria



Period Life Expectancy at birth *



| | Women | Men |
|--|-------------|-------------|
| Top 50 most deprived MSOAs average life expectancy at birth (2016-2020) | 78.4 | 73.4 |
| other MSOAs average | 82.4 | 78.6 |
| England overall | 83.2 | 79.5 |

* Estimate of the **average number of years** a new-born baby would survive if they experienced the **contemporary age-specific mortality rates** for that area and time period throughout their life


Reflects mortality among **those living in an area**, rather than mortality among those born in the area

The figures are **NOT** the number of years a baby born in the area could actually expect to live, both because the mortality rates of the area are likely to **change in the future** and because many of those born in the area will live elsewhere for at least some part of their lives.

What is the health and health care experience of the most deprived areas?

North East and North Cumbria



Top 50 most deprived MSOA average **Circulatory Disease Standardised Mortality Ratio** (2016-2020) **147.2**  **per 100**

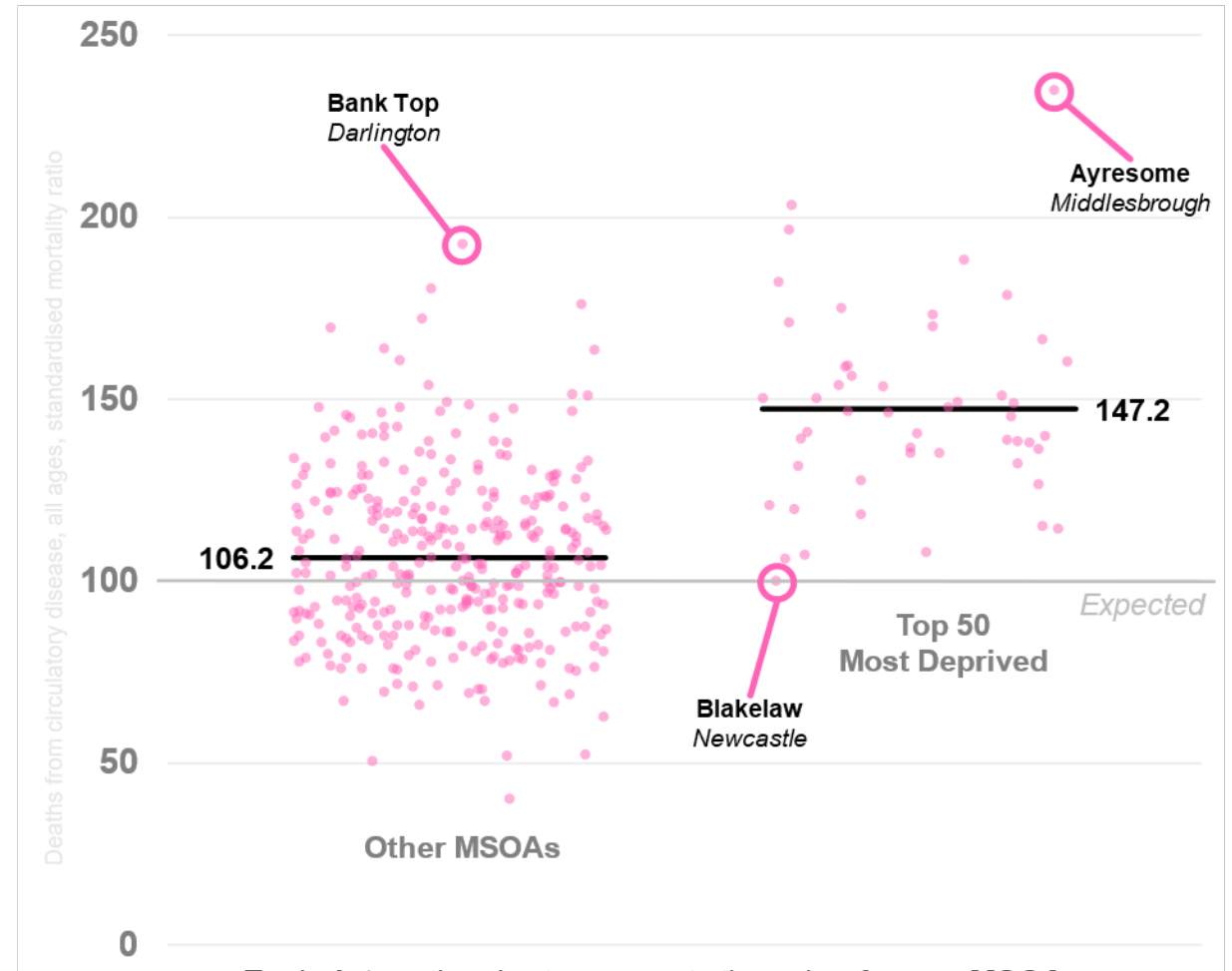
compared to the other MSOAs average **106.2** **per 100**

Numerator is the total number of deaths from circulatory disease among persons of all ages in the area *

Denominator is the expected number of deaths from circulatory disease, if the area experienced the same age-specific (aggregated into five year age bands 0-4, 5-9 through to 90+) mortality rates as for England

The value for **England** overall is **100.0** **per 100** as this is the **expected** value

Circulatory Disease Standardised Mortality Ratio



Each **dot** on the chart represents the value for **one MSOA**



Q3.
What is the **health** and
health care **experience** of
the most **deprived** areas?

- MSOAs are used as the area for small populations. There are **380 MSOAs in NENC** meaning that the **top 50** most deprived are the **top 13%** deprived of areas
- **Middlesbrough** has the **highest number** of the top 50 deprived MSOAs (8), including the **most deprived: North Ormesby & Brambles**
- **Hartlepool** has the **highest proportion** of it's MSOAs in the top 50 with 6 out of 12 (50%) ranked
- Deprived areas have a **lower life expectancy** at birth (F 78.4 / M 73.4) than other MSOAs (F 82.4 / M 78.6). The **other 330 MSOAs** still have a **lower life expectancy than England** overall (F 83.2 / M 79.5)
- **Death from cardiovascular disease** is shown in a standardised mortality rate with **England being 100.0**, the **top 50 most deprived** areas have an average of **147.2**, while other areas still have a higher value than national (106.2)
- Data on expectation of **life at 65 years**, **infant mortality**, and **suicide rate** are **not available at small population areas**.



Q4.
How good is **population uptake** and coverage for **preventive health interventions**?

- For the following four **preventive services** what is the **percentage coverage** of the eligible population in each of the **ICS areas**?
 1. **Bowel cancer** screening
 2. **Breast cancer** screening
 3. **Childhood immunisation**
 4. Proportion of **over-65s** with **high blood pressure** being **successfully controlled**
- Across the whole ICS, what are the **five best** and **five worst** performers?
 1. **Bowel cancer** screening*
 2. **Breast cancer** screening*
 3. **Childhood immunisation***
 4. Proportion of over-65s with **high blood pressure** being **successfully controlled**

**metrics not available at small population areas*

How good is population uptake and coverage for preventive health interventions?



~30,000

Children (2021-22)

aged 2 years



in the North East and Cumbria

96.0% had the vaccines
DTaP-IPV-Hib-HepB

- Diphtheria, Tetanus and Pertussis
- Polio (IPV)
- Haemophilus influenzae type b
- Hepatitis B

the national uptake is only **93.0%**

1

Children (2021-22)

aged 5 years

~35,000

in the North East and Cumbria



96.4% had a first dose measles, mumps, & rubella (MMR) jab



92.1% had both **MMR** doses

These are better than the **national uptake** of **93.5%** first dose and **85.7%** second dose

| | DTaP-IPV-Hib-HepB Aged 2 years | MMR 2 nd Dose Aged 5 years |
|---|--------------------------------|---------------------------------------|
| South Tyneside | 99.1% | 94.3% |
| Sunderland | 98.3% | 94.8% |
| County Durham | 98.2% | 95.6% |
| North Tyneside | 97.7% | 94.0% |
| Gateshead | 96.7% | 89.8% |
| Hartlepool | 96.5% | 86.8% |
| Cumbria* <small>*including South Cumbria</small> | 96.1% | 94.0% |
| Stockton | 96.0% | 92.5% |
| Redcar & Cleveland | 95.5% | 92.8% |
| Darlington | 95.1% | 90.3% |
| Northumberland | 94.5% | 91.5% |
| Newcastle | 92.3% | 86.9% |
| Middlesbrough | 90.7% | 84.0% |

How good is population uptake and coverage for preventive health interventions?

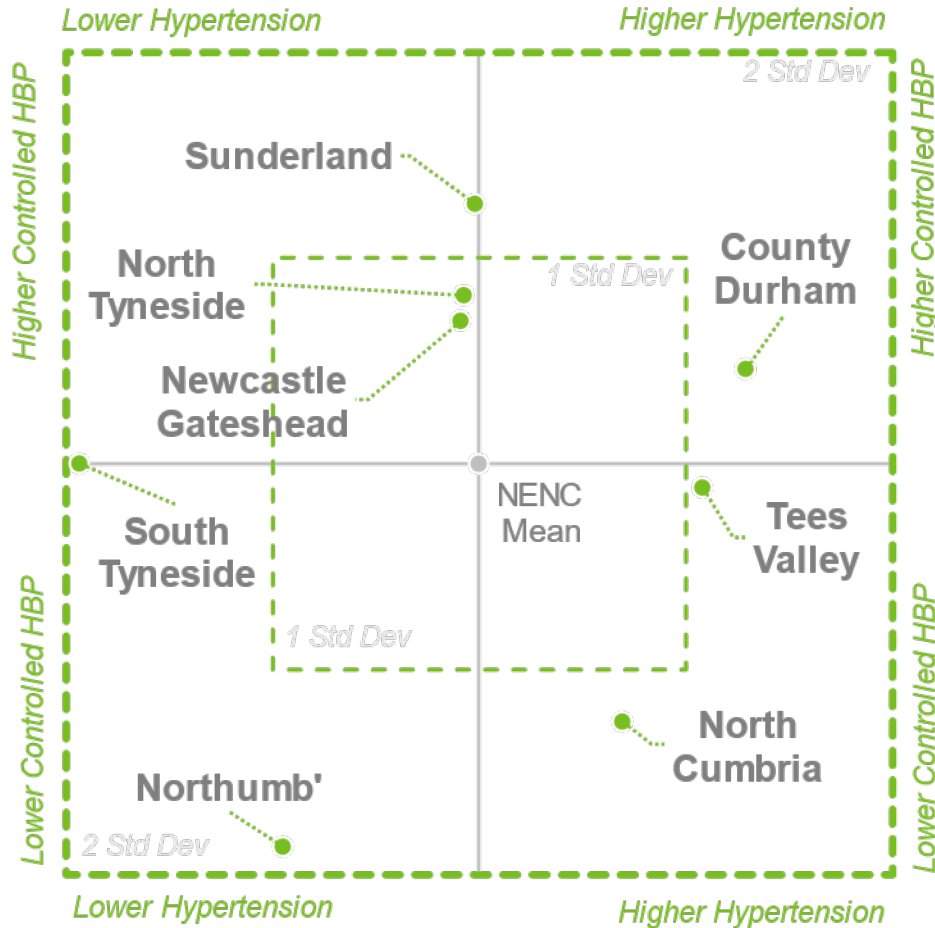


It is expected that a place with a **larger hypertension population** would have **more people** who need to **control high blood pressure**

Differences in population mean that different places have **different rates of hypertension**

North Cumbria and **Tees Valley** both have a **higher than average hypertension incidence** and a **lower than average rate of controlled high blood pressure**

2



The **above** chart shows:

- on the **horizontal** the difference in rates of **hypertension** in people aged 65+ from the NENC mean place value
- on the **vertical** the difference in rates of **Controlled HBP** (High Blood Pressure) in people aged 65+ from the NENC mean place value



~203,000

People aged 65+ (Oct '22)

with **Controlled High Blood Pressure (HBP)**

| | Controlled HBP | Hypertension Diagnosis |
|---------------------|----------------|------------------------|
| County Durham | 35.3% | 56.0% |
| Tees Valley | 34.8% | 54.3% |
| North Cumbria | 33.9% | 51.0% |
| Sunderland | 32.2% | 58.4% |
| North Tyneside | 32.1% | 57.1% |
| Newcastle Gateshead | 32.0% | 56.7% |
| Northumberland | 30.0% | 49.2% |
| South Tyneside | 27.6% | 54.7% |

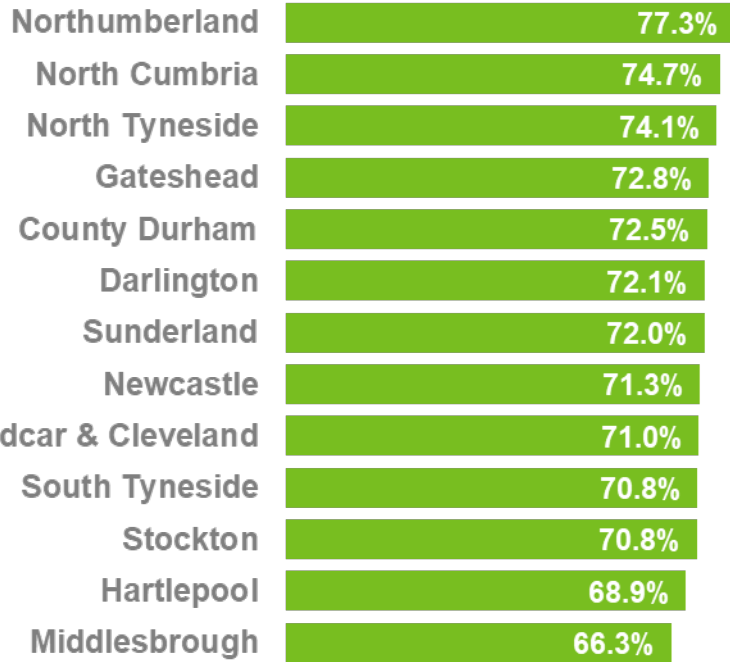
Definition of controlled HBP:

- **Systolic** blood pressure **below 140** mmHg
- **Diastolic** blood pressure **below 90** mmHg
- Currently taking **medication** for blood pressure
- Blood pressure **reading** within the **last 12 months**

How good is population uptake and coverage for preventive health interventions?



Bowel Cancer Screening Uptake



- Eligible people
- Aged **60-74**
- **Resident** in the area
- **guaiac Fecal Occult Blood Test (gFOBT)** screening result in the **past 30 months**
- **Excluding opt outs** and those whose **recall has ceased** for clinical reasons (e.g. no functioning colon)

72.7%

Bowel Cancer

people aged 60-74
Screening Uptake (Oct '22)

England uptake **70.3%**

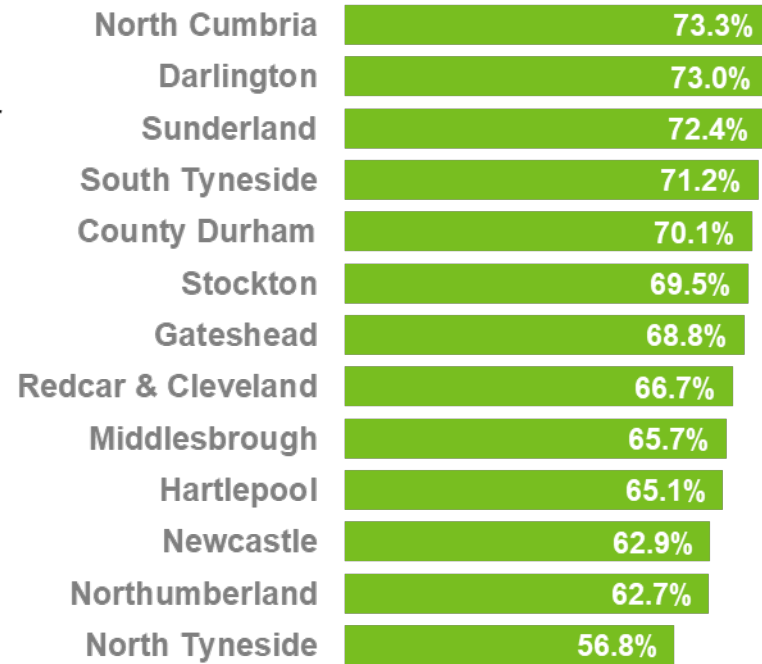
3

4

67.8%

Breast Cancer

women aged 53-70
Screening Uptake (Oct '22)
England uptake **64.9%**



- Eligible women
- Aged **53-70**
- **Resident** in the area
- **Registered** with a GP
- Screening test result in the **past 36 months**
- **Excluding** those whose **recall has ceased** for clinical reasons (e.g. due to bilateral mastectomy)

Breast Cancer Screening Uptake



Q4.
How good is **population uptake** and coverage for **preventive health interventions**?

Part A

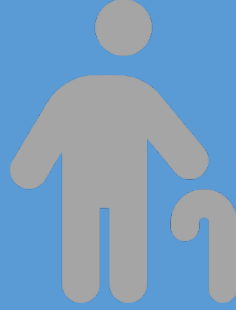
- In 2021-22, the North East and Cumbria local authorities perform better than the national average for vaccine uptake in children in most cases, with the below exceptions:
 - Middlesbrough LA is below national average for uptake on every vaccination statistic, for 1,2 and 5 year olds.
 - Newcastle upon Tyne LA are lower than national average for DTaP-IPV-Hib-HepB (2yo), MenB (1&2yo) and Hib/MenC (5yo).
- The North East region is the highest performing region in England across all vaccine uptake metrics, with South Tyneside, Sunderland and County Durham LAs being the highest of all local authorities in the country for vaccine uptake in 1 and 2 year olds.
- The prevalence of controlled hypertension in NENC is significantly higher than the latest published national figure for those aged 65-74 (North East 27.5%, England 24.5%) and 75+ (North East 39.1%, England 29.8%).
- The highest prevalence within NENC is in County Durham and Newcastle upon Tyne LAs, which are 12% and 9% higher than the national figure for those aged 75+.



Q4.
How good is **population uptake** and coverage for **preventive health interventions**?

Part - B

- Prevalence is higher in males generally, however in those aged 75+, the difference in prevalence in the North East compared to England is higher in females (+9.8%)
- The bowel cancer screening up take was higher in NENC (72.7%) than the national average (70.3%). The uptake rate in NENC ranged from 77.3% in Northumberland to 66.3% in Middlesbrough. All but two areas within NENC had a rate higher than the national uptake.
- The breast cancer screening up take was higher in NENC (67.8%) than the national average (64.9%). The uptake rate in NENC ranged from 73.3% in North Cumbria to 56.8% in North Tyneside. All but three areas within NENC had a rate higher than the national uptake.



Q5.

What is known about levels of **incapacity and frailty** of older people **living at home**?

- What are the **numbers** of men and women aged **over 65** years with **moderate** and **severe** levels of frailty living within the ICS area, **by area**?
- What **age groups** are they in?
- How many **live alone**?

What is known about levels of incapacity and frailty of older people living at home?



North East and North Cumbria



9% of men aged 65+



25,700

41,400



12% of women aged 65+

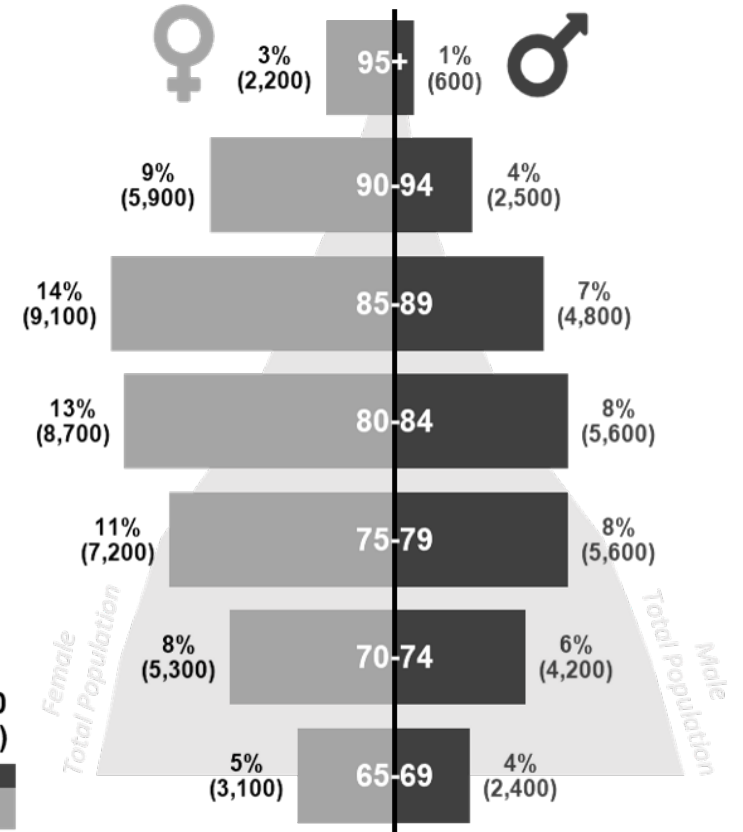
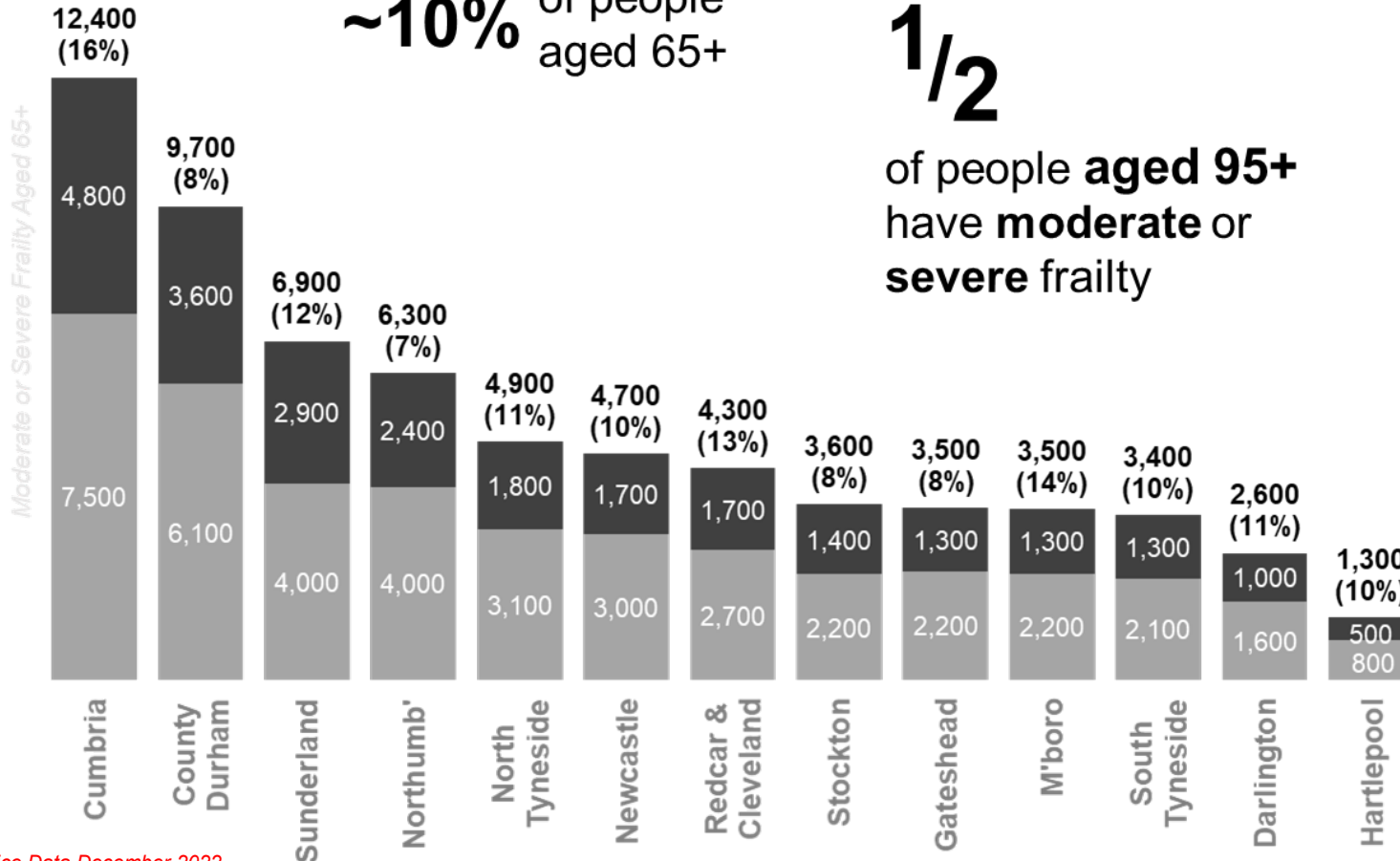
67,000

People aged 65+ are moderately or severely frail (Dec '22)

~10% of people aged 65+

1/2

of people aged 95+ have moderate or severe frailty



Proportion of Age & Gender in 65+ Mod/Severe Frail Population

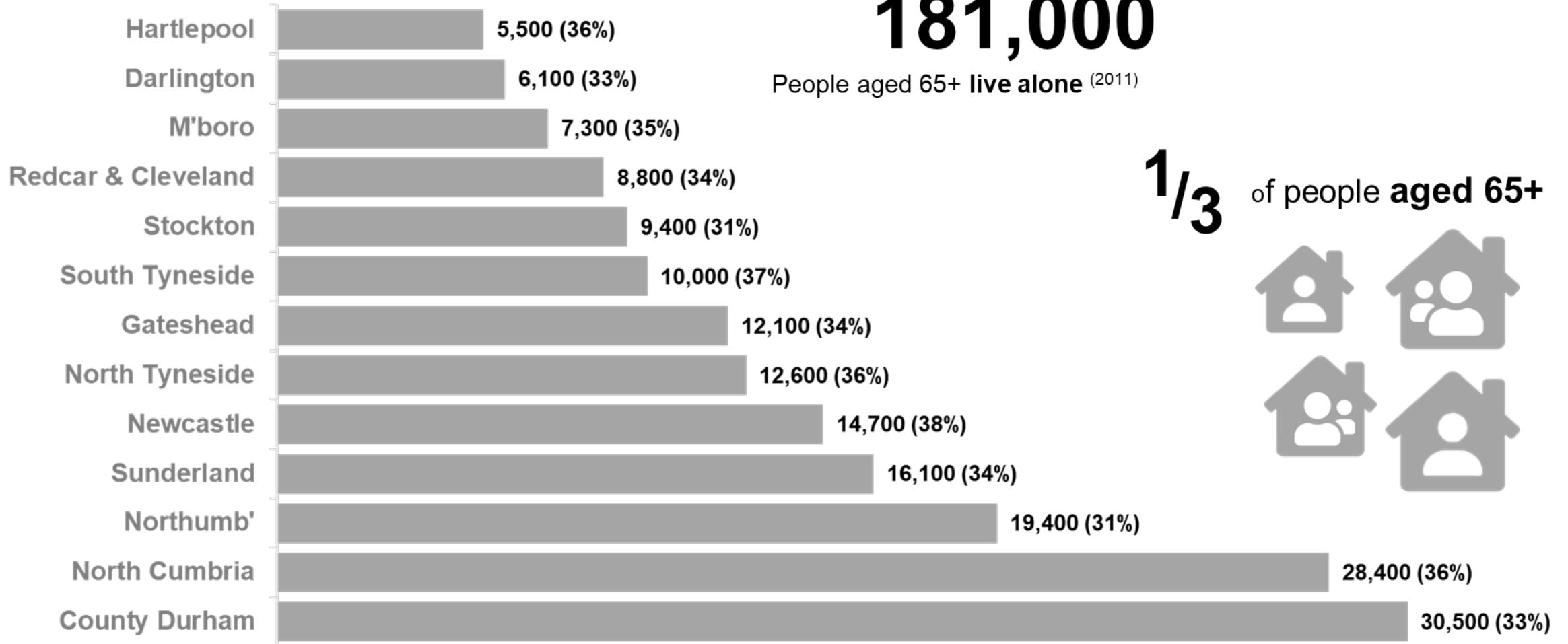
Population Data: GP Practice Data December 2022
RAIDR primary care data based on coverage of 93% across NENC GP practices

What is known about levels of incapacity and frailty of older people living at home?



181,000

People aged 65+ live alone (2011)



1/3 of people aged 65+



People Aged 65+ Living Alone



Q5.
What is known about levels
of **incapacity and frailty** of
older people living at
home?

- The **identification of frailty is key** to support people pro-actively and reduce the risk of avoidable healthcare events; such as unplanned hospital admissions
- **Ageing Well workstreams** are working with clinical leads and NECS analysts to develop **new tools** that reflect the **wide range of risks** that can cause frailty
- This new approach is being rolled out across the **NENC Primary Care Community** through engagement and shared learning



Q6.

What is the level and causal nature of **avoidable harm** generated by care providers and in **care settings**?

- What numbers of **serious patient safety incidents** have occurred in the **past five years** (2018-2022) in each of the **providers of care** within the ICB's jurisdiction?
- **Types** of incidents?
- Acknowledging that there will be overlap between serious incident and Never Events, what numbers and types of **Never Events** have occurred in each of the **providers of care** within the **last five years**?

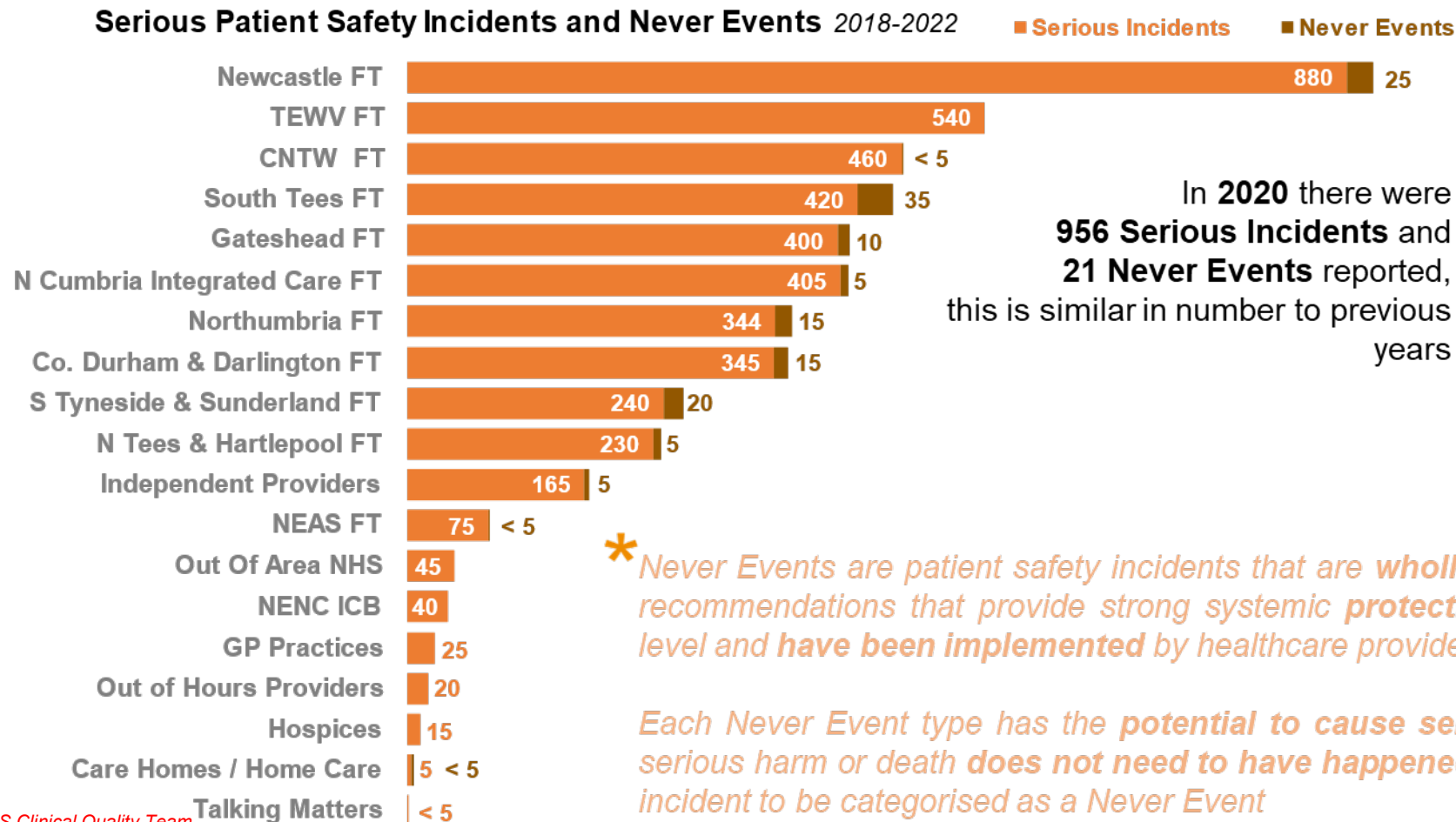
What is the level and causal nature of avoidable harm generated by care providers and in care settings?



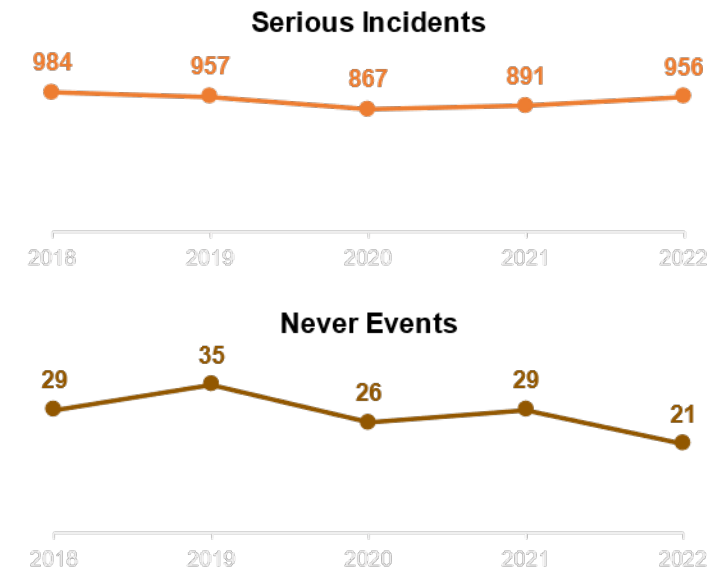
Serious Patient Safety Incidents recorded in the last 5 years (2018-22)

4,655 + 140  **Never Events***

Serious Patient Safety Incidents and Never Events 2018-2022



In 2020 there were **956 Serious Incidents** and **21 Never Events** reported, this is similar in number to previous years



* *Never Events are patient safety incidents that are wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers.*

Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death does not need to have happened as a result of a specific incident for that incident to be categorised as a Never Event

What is the level and causal nature of avoidable harm generated by care providers and in care settings?

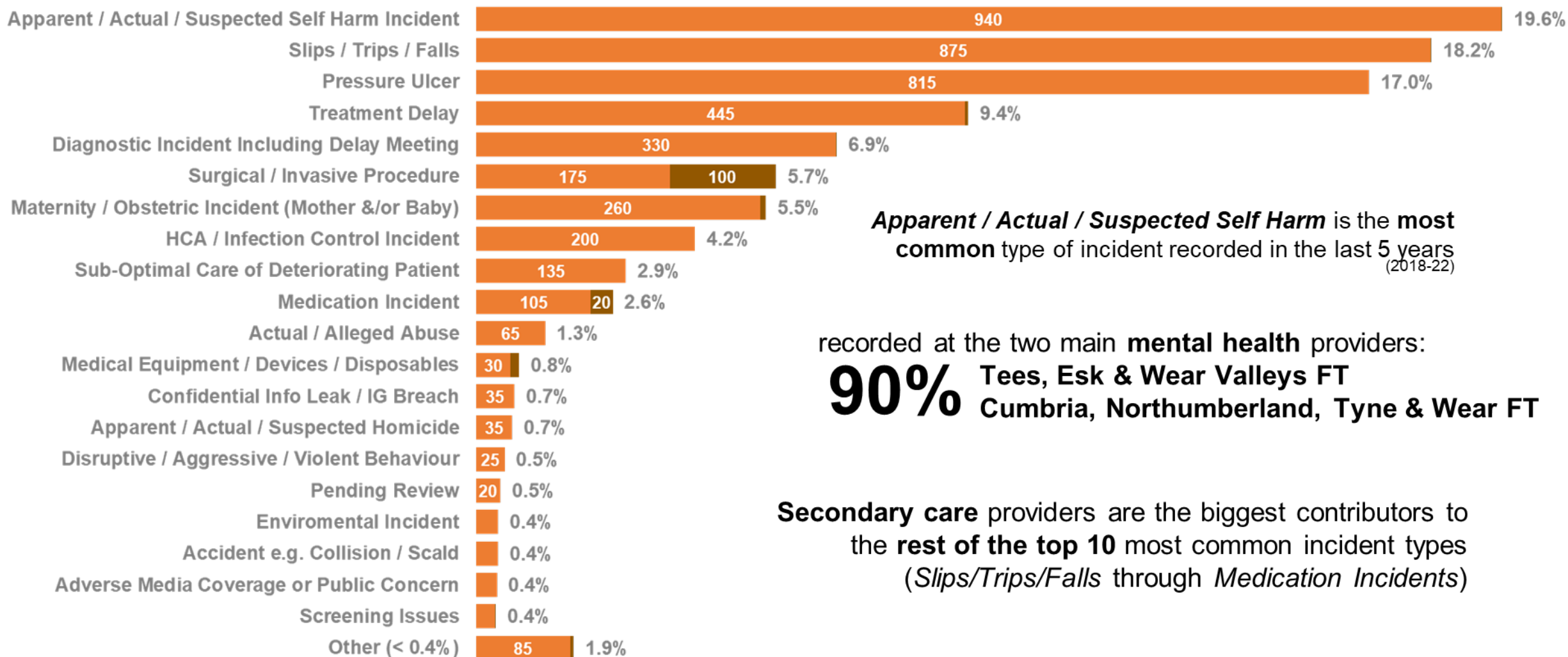


North East and North Cumbria



Serious Patient Safety Incidents and Never Events 2018-2022

■ Serious Incidents ■ Never Events



Apparent / Actual / Suspected Self Harm is the most common type of incident recorded in the last 5 years (2018-22)

recorded at the two main mental health providers:

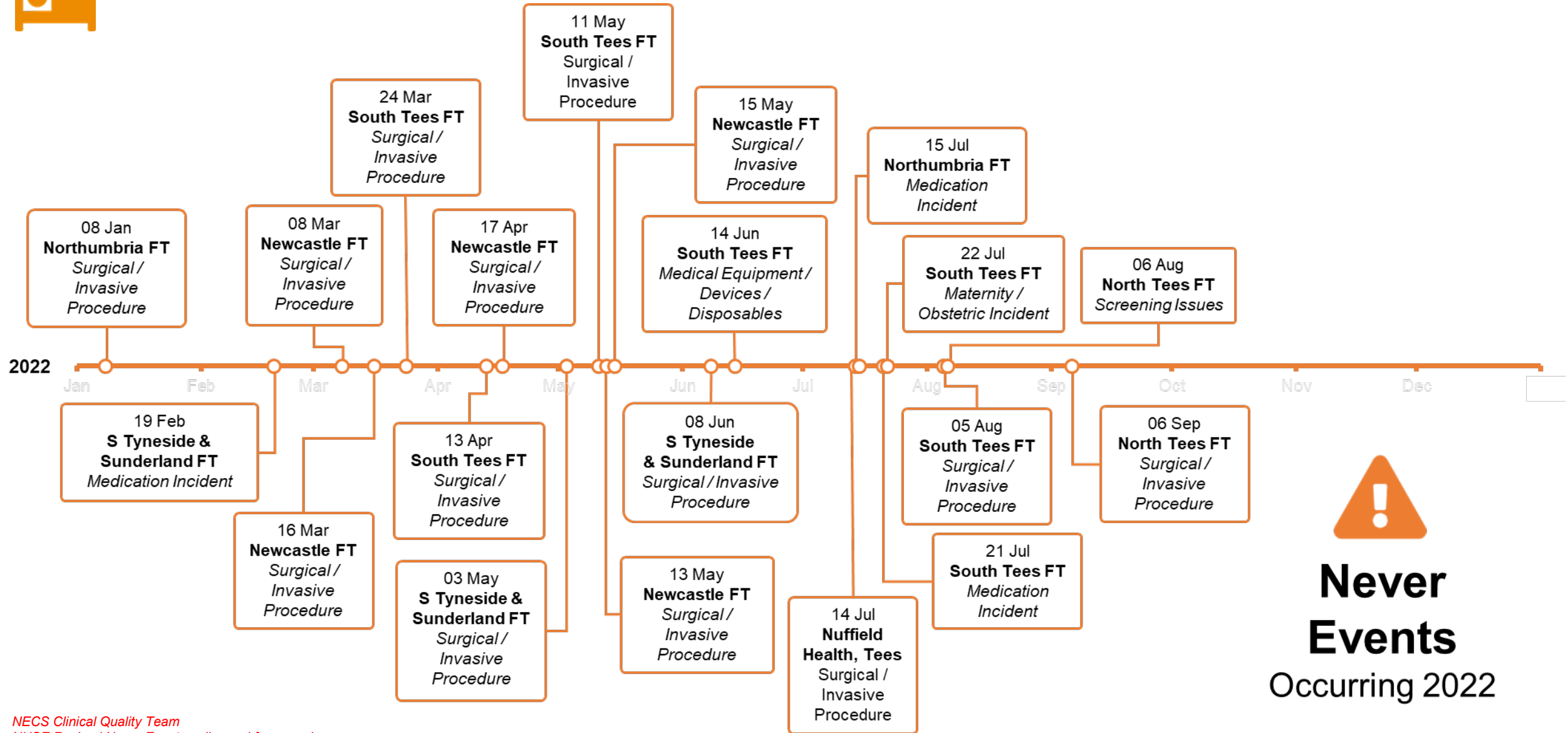
90% Tees, Esk & Wear Valleys FT
Cumbria, Northumberland, Tyne & Wear FT

Secondary care providers are the biggest contributors to the rest of the top 10 most common incident types (Slips/Trips/Falls through Medication Incidents)

What is the level and causal nature of avoidable harm generated by care providers and in care settings?



North East and North Cumbria



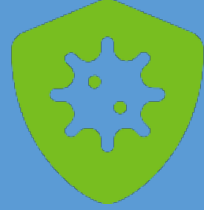
Never Events
Occurring 2022



Q6.

What is the level and causal nature of **avoidable harm** generated by care providers and in **care settings**?

- In the past 5 years (2018 to 2022), there have been some 4,655 serious incidents together with 140 never events recorded and reported regionally.
- Never Events are patient safety incidents that are wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers.
- Main causes of recorded incidents for Mental Health related services include; Apparent / Actual / Suspected Self Harm being the most common recorded in the last 5 years (2018-2022).
- Acute secondary care providers are the biggest contributors to the rest of the top 10 most common incident types (Slips/Trips/Falls through Medication Incidents)
- Never events are predominantly related to Surgical invasive procedures, followed by medication incidents, other reported problems relate mainly to screening and medical equipment events.



Q7.
What are the risks to
patients of acquiring an
infection during their care?

- For each **provider of acute care** show the **number of healthcare-associated infection** for each year 2017-2022 in the following categories:
 1. **Surgical site** infections
 2. **Catheter** associated urinary tract infections
 3. **Central line** associated blood stream infections
 4. Methicillin-resistant *Staphylococcus aureus* (**MRSA**) bacteraemia
 5. *Clostridium difficile* (**C. diff**)
- For each **provider of acute care** show the number of cases of **COVID-19** acquired in hospital by **patients and staff** for the years 2020-2022.
- For each **provider of acute care** show the rate of **hand hygiene compliance** in clinical areas in the most recent available time period.

What are the risks to patients of acquiring an infection during their care?



North East and North Cumbria



Healthcare-associated infections across the 8 acute NHS providers in NENC



Surgical Site Infections

(2021-22)

41

30

10 (No orthopaedic data submitted)

No published data prior to 2019-20

2017-18 2018-19 2019-20 2020-21 2021-22

MRSA bacteraemia (2022) (Methicillin-resistant *Staphylococcus aureus*)



32

43

27

30

No published data prior to 2019

2017 2018 2019 2020 2021 2022



C. Diff infections (2022) (*Clostridium difficile*)

986

860

880

942

266

291

2017 2018 2019 2020 2021 2022

HSA Surgical site infections (SSI) surveillance: NHS hospitals in England

HSA MRSA bacteraemia: monthly data by location of onset

HSA C. difficile infection: monthly data by prior trust exposure

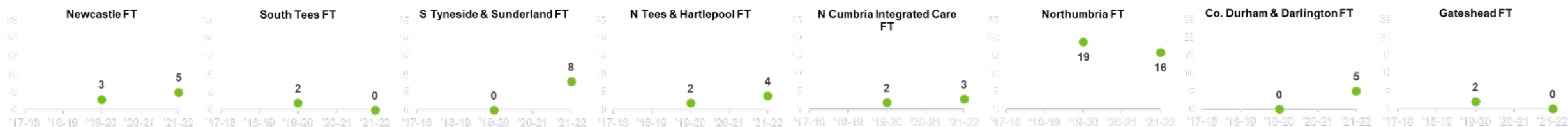
What are the risks to patients of acquiring an infection during their care?



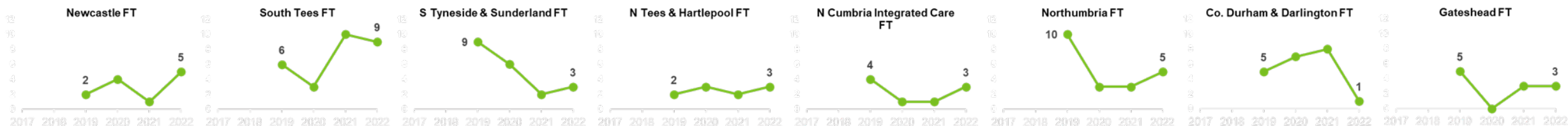
North East and North Cumbria



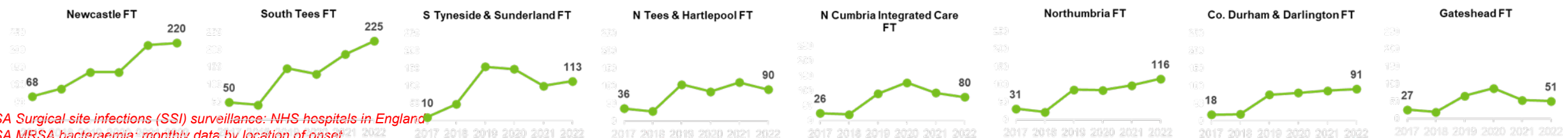
Surgical Site Infections *No published data prior to 2019-20 & no orthopaedic data submitted 2020-21*



MRSA bacteraemia *No published data prior to 2019*



C. Diff infections



HSA Surgical site infections (SSI) surveillance: NHS hospitals in England
 HSA MRSA bacteraemia: monthly data by location of onset
 HSA C. difficile infection: monthly data by prior trust exposure

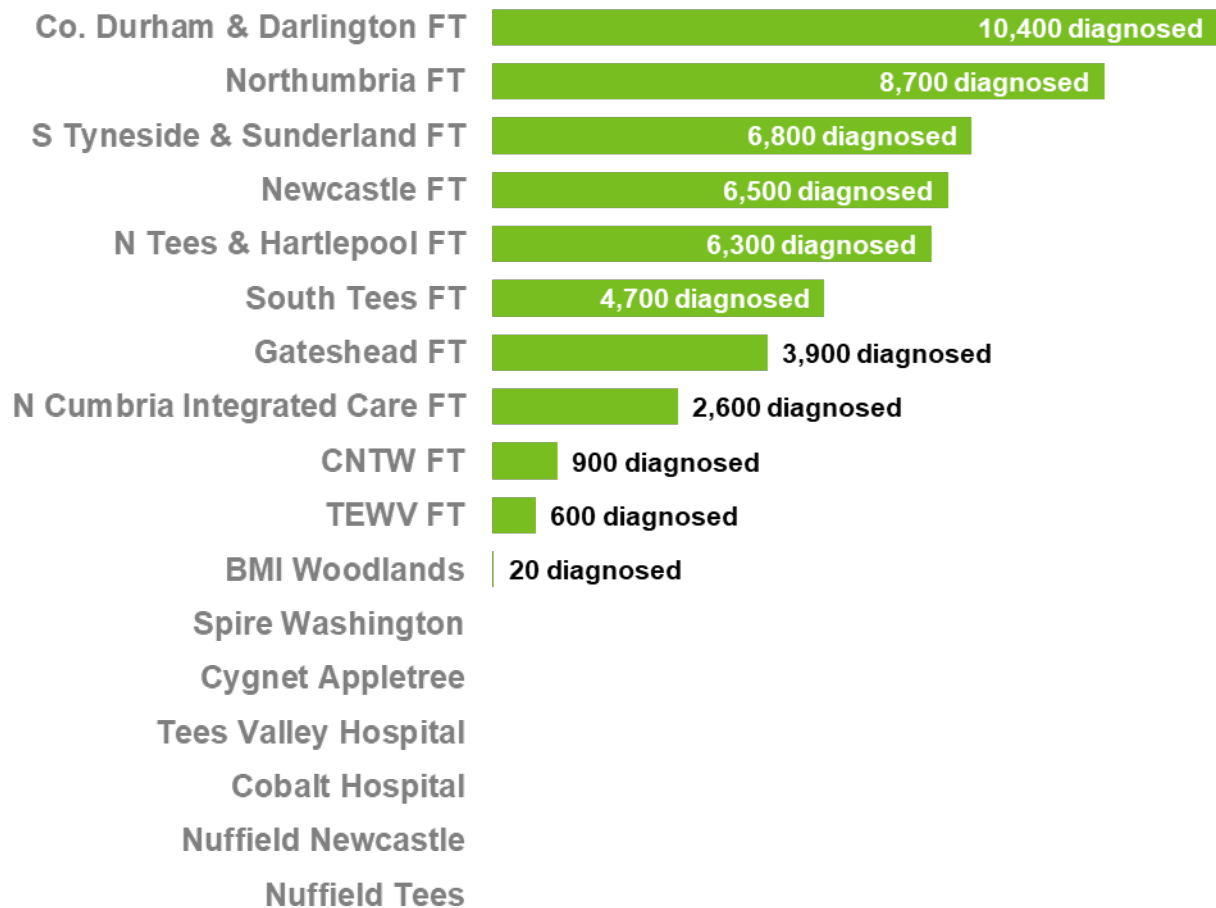
What are the risks to patients of acquiring an infection during their care?



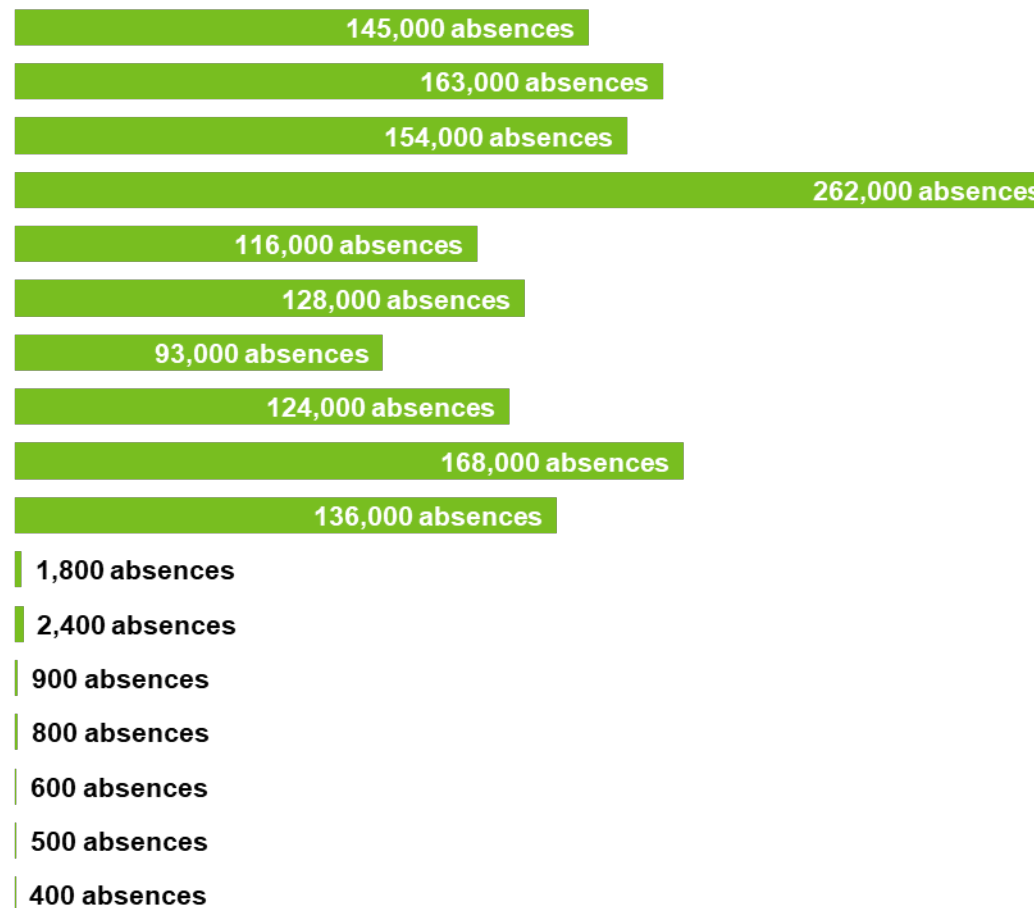
North East and North Cumbria



Inpatients diagnosed with COVID-19 (2020-22)



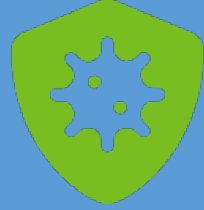
COVID-19 related Staff Absences (2020-22)



HSA Surgical site infections (SSI) surveillance: NHS hospitals in England

HSA MRSA bacteraemia: monthly data by location of onset

HSA C. difficile infection: monthly data by prior trust exposure



Q7.
What are the risks to
patients of acquiring an
infection during their care?

The key risks in relation to healthcare associated infections during a period of patient care across the NENC 8 acute providers comprise;

- **41** - surgical site infections (2021-22)
- **32** - MSRA Bacteraemia's (2022)
- **986** - C.Diff infections (2022)
- Between 2020 – 2022 some **52,000** in patients were diagnosed with COVID-19.



Q8.

What do patients think of the care that they receive and what information about services is available to them?

- What **information** is produced by each **provider of care** within the ICS about **patients' views and experience** of care?
- What **range of information** about **quality of services** (particularly comparative and benchmarking data) is **available for patients** and families?
- How **extensively** are Patient Reported Outcome Measures (**PROMS**) used by **providers of care** and what are the **main findings** of analysis of these data?

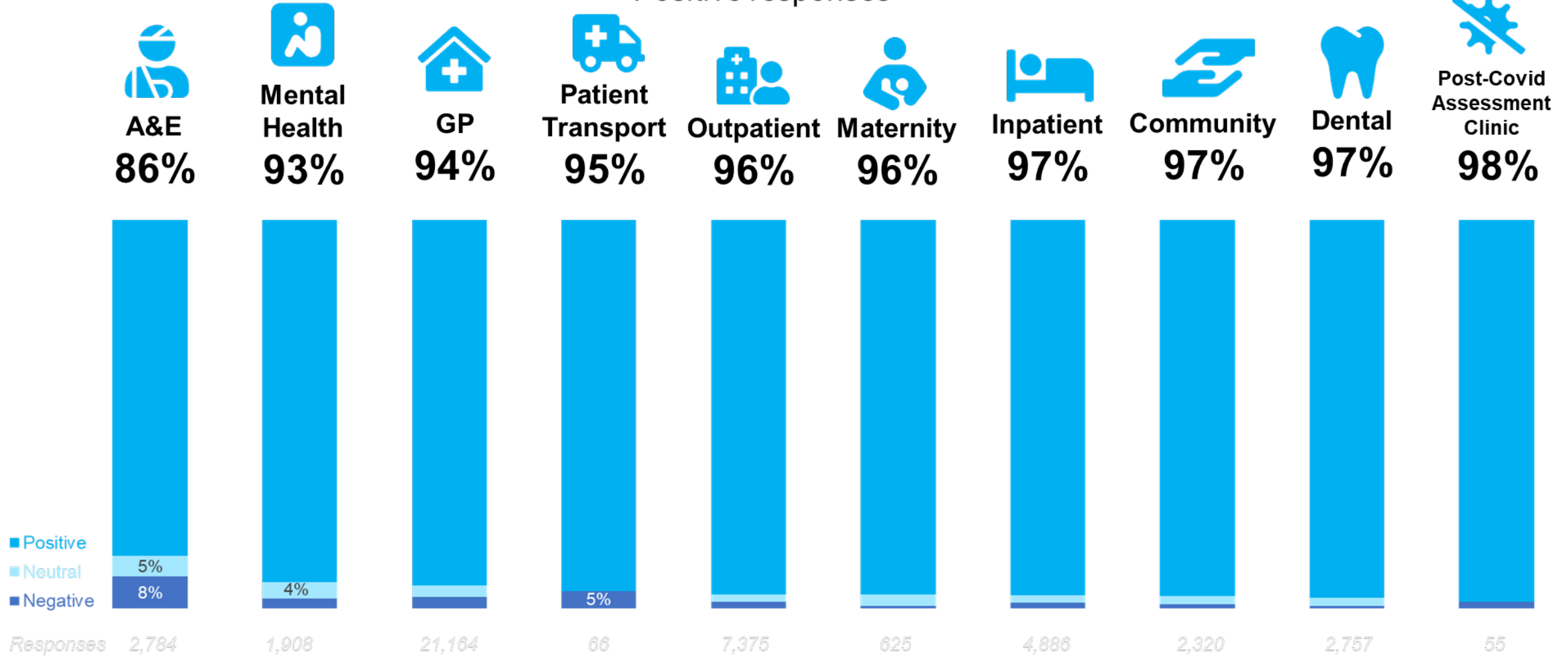
What do patients think of the care that they receive and what information about services is available to them?



North East and North Cumbria



“Overall, how was your experience of our service?”
Positive responses (Jan 2023)



What do patients think of the care that they receive and what information about services is available to them?



North East and North Cumbria



“Overall, how was your experience of our service?”

Positive responses (Jan 2023)



A&E



Mental Health



GP



Patient Transport



Outpatient



Maternity



Inpatient



Community



Dental



Post-Covid Assessment Clinic

| | A&E | Mental Health | GP | Patient Transport | Outpatient | Maternity | Inpatient | Community | Dental | Post-Covid Assessment Clinic |
|---------------------------------------|------------|---------------|------------|-------------------|------------|------------|------------|------------|------------|------------------------------|
| NENC | 86% | 93% | 94% | 95% | 96% | 96% | 97% | 97% | 97% | 98% |
| Co. Durham & Darlington FT | 95% | | | | 99% | 98% | 97% | 98% | | |
| Gateshead FT | 88% | 100% | | | 96% | 100% | 95% | 100% | | |
| N Cumbria Integrated Care FT | 86% | | | | 99% | 100% | 99% | 98% | | |
| N Tees & Hartlepool FT | 75% | | | | 96% | 88% | 88% | 96% | | 100% |
| Northumbria FT | 89% | 93% | | | 94% | 96% | 95% | 95% | | 100% |
| South Tees FT | 86% | | | | 96% | 94% | 98% | 98% | | |
| S Tyneside & Sunderland FT | 77% | 97% | | | 99% | 97% | 99% | 99% | | 100% |
| Newcastle FT | | | | | 97% | | 99% | 97% | | 94% |
| NE Ambulance Service | | | | 95% | | | | | | |
| CNTW FT | | 88% | | | | | | | | |
| TEWV FT | | 94% | | | | | | | | |
| Newcastle Newmedica | | | | | 100% | | | | | |

The FFT does not provide results that can be used to directly compare providers because of the flexibility of the data collection methods and the variation in local populations. This means it is not possible to compare like with like.

What do patients think of the care that they receive and what information about services is available to them?



North East and North Cumbria



(2022)

Community mental health



(2020)

Urgent & emergency care Type 1



(2021)

Children & young people Aged 0-7

(2020)
Children & young people Aged 8-15



(2021)

Adult inpatient



(2022)

Maternity



CQC Rating



| | CQC Rating | Maternity (2022) | Adult inpatient (2021) | Children & young people Aged 8-15 (2020) | Children & young people Aged 0-7 (2021) | Urgent & emergency care Type 1 (2020) | Urgent & emergency care Type 3 (2021) | Community mental health (2022) |
|------------------------------|------------------------|------------------------|------------------------|--|---|---------------------------------------|---------------------------------------|--------------------------------|
| Co. Durham & Darlington FT | ★ Good | Same | Same | Same | Same | Same | Same | |
| Gateshead FT | ★ Good | Same | Same | Same | n/a | Same | n/a | |
| N Cumbria Integrated Care FT | ☆ Requires Improvement | ↑ Better than expected | Same | Same | Same | Same | ↑ Better than expected | |
| N Tees & Hartlepool FT | ☆ Requires Improvement | Same | Same | ↑ Better than expected | ↑ Better than expected | Same | Same | |
| Northumbria FT | ★ Outstanding | ↑ Better than expected | ↑ Better than expected | ↓ Worse than expected | Same | Same | Same | |
| South Tees FT | ☆ Requires Improvement | Same | Same | Same | ↑ Better than expected | Same | Same | |
| S Tyneside & Sunderland FT | ☆ Requires Improvement | Same | Same | Same | Same | Same | Same | |
| Newcastle FT | ★ Outstanding | Same | Same | Same | Same | Same | Same | |
| CNTW FT | ★ Outstanding | | | | | | | Same |
| TEWV FT | ☆ Requires Improvement | | | | | | | Same |

CQC (Care Quality Commission) organise **comparable** surveys of **patient experience**

What do patients think of the care that they receive and what information about services is available to them?



North East and North Cumbria



PROMs

(Patient Reported Outcome Measures)

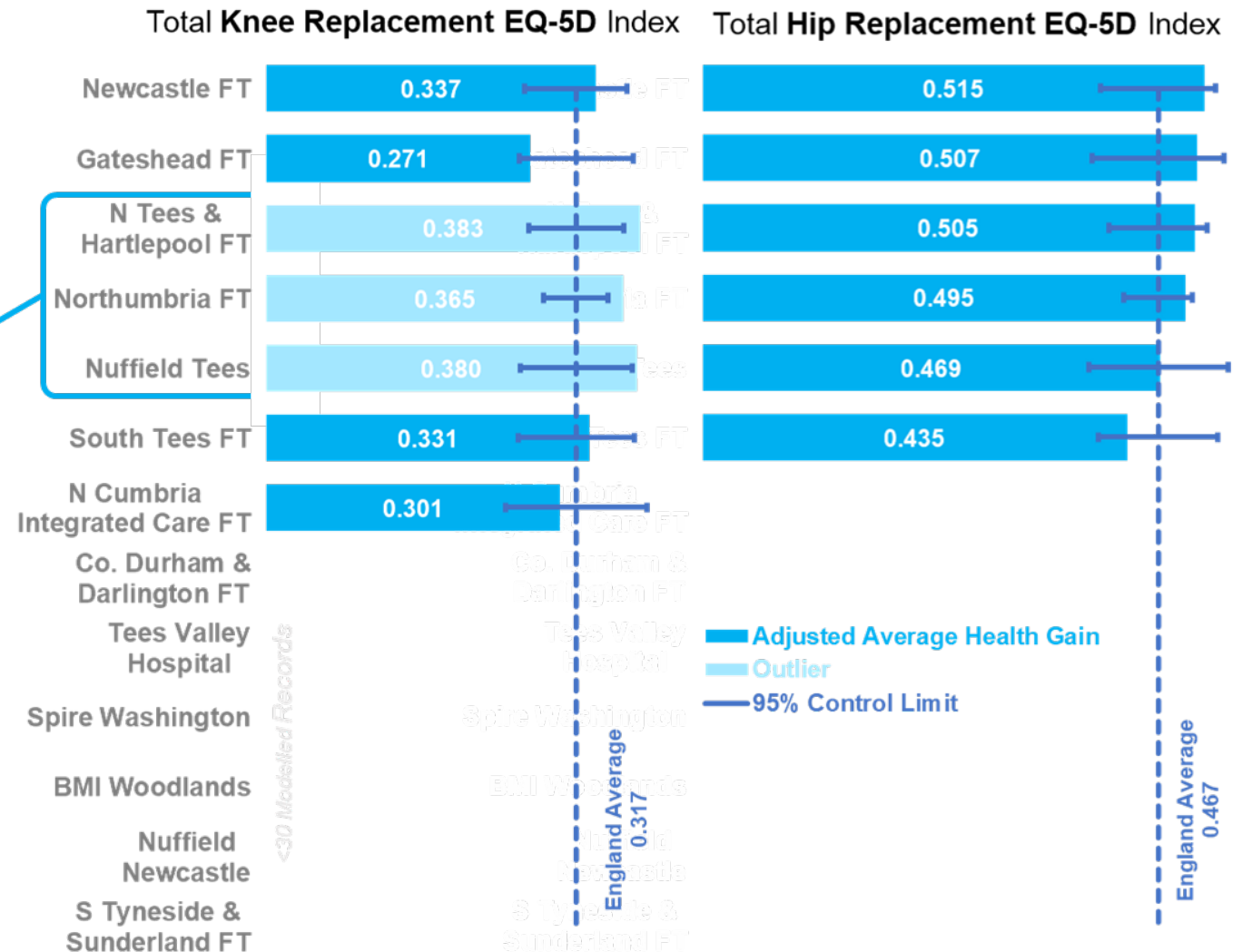
Use standardised **questionnaires** to measure **quality of life** before and after a **health intervention**. EQ-5D is an example of one of these measures.

Data is only **routinely published** * for two procedures, elective **knee** and **hip** replacements.

Significantly better than England average for knee replacements

* The latest published data is April 2020 to March 2021 with the following caveat:

- In order to respond to the challenges posed by the **coronavirus pandemic** NHS hospitals in England were instructed to **suspend all non-urgent elective surgery** for patients for parts of the **2020/21 reporting period**.
- This has **directly impacted** upon reported volumes of activity pertaining to Hip & Knee replacements reported in PROMs.
- In addition it is possible that behaviours around activities relating to the **completion, return and processing** of pre and post-operative **questionnaires** may have also been **impacted** when compared to earlier years data where behaviours and processes related to managing the current pandemic were not in place





Q8.
What do patients think of the care that they receive and what information about services is available to them?

Based on January 2023 data through Friends and Family Test (FFT) collection processes, there is a very positive feedback across all care settings regionally, with only A&E and Patient Transport services receiving a small percentage (5 - 8%) of negative feedback.

Currently the FFT data does not provide results that can be used to directly compare providers because of the flexibility of the data collection methods and the variation in local populations. - This means it is not possible to compare like with like.

Patient Reported Outcome Measures (PROMS) are used extensively across the region, using standardised questionnaires to measure quality of life before and after a health intervention.

Where data routinely published, i.e. for two procedures, elective knee and hip replacements, three NENC providers show significantly better outcomes than the England average for knee replacements.

.



Q9.
**Children and young
people's mental health?**

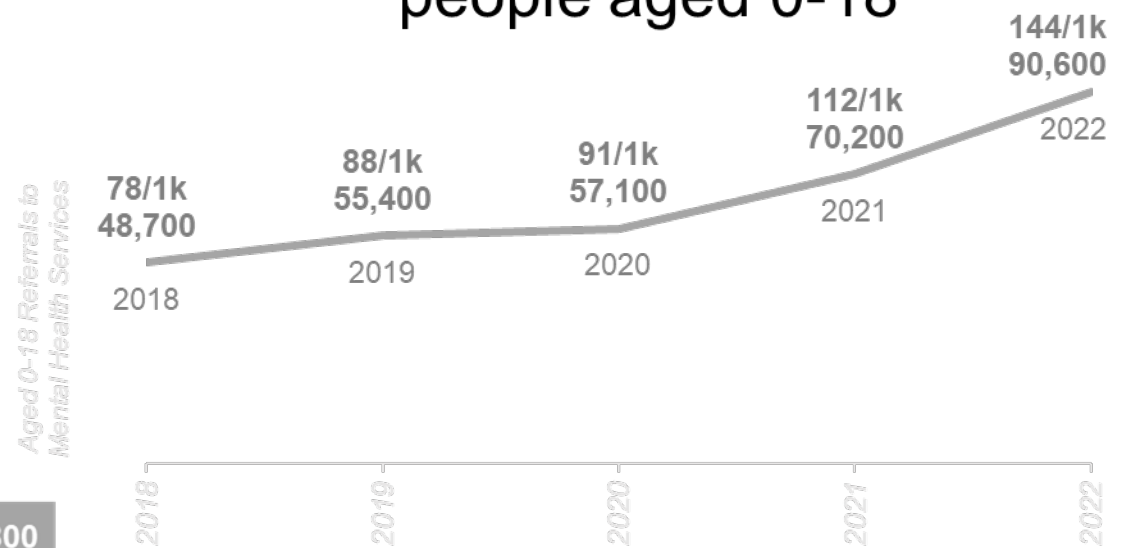
- How many **referrals to children and adolescent mental health services** were made from each of the **ICS's Places** each year from **2018 to 2022**?
- Which are the **small areas** with the **highest number** of such referrals?
- How many **suicides** were there amongst young people **aged 15 to 19** years for each of the years **2018 to 2022** and **where did they live**?

Children and young people's mental health?



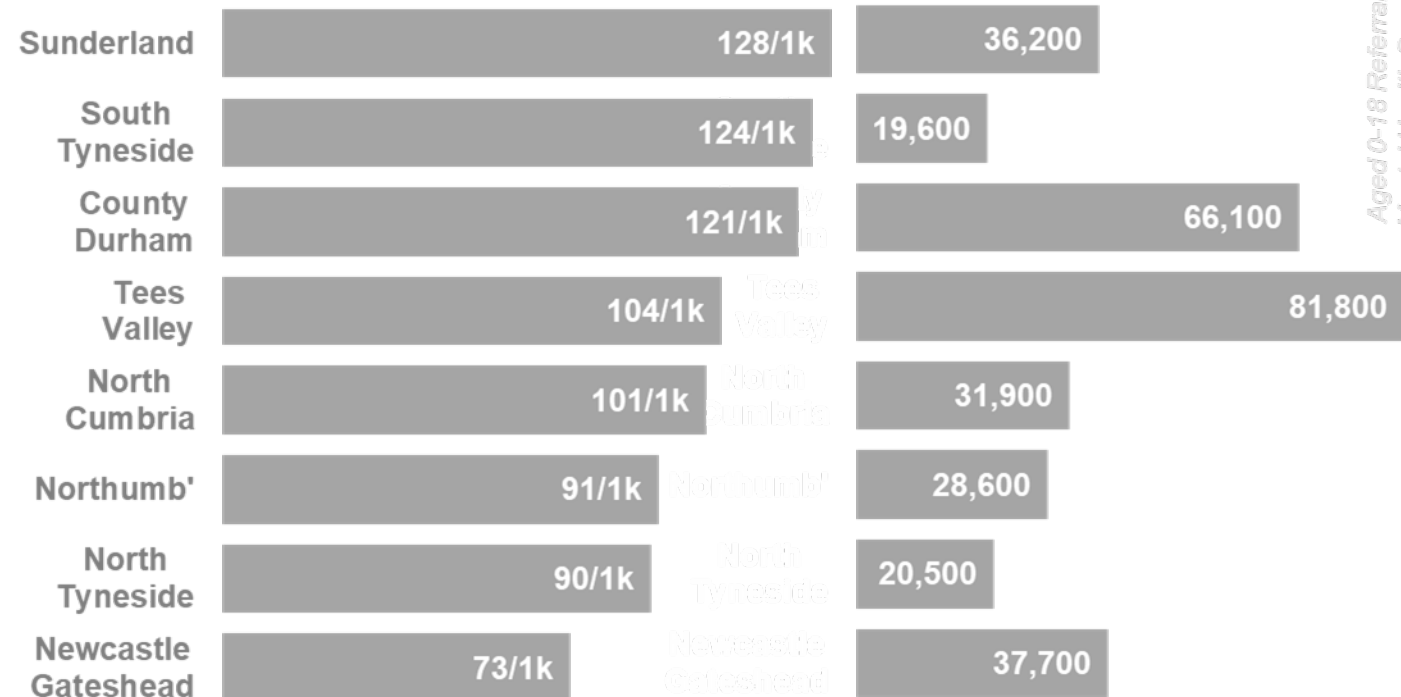
In the **past 5 years** (2018-2022) there were

322,000 referrals to **Mental Health Services** for people under aged 0-18 years
~1 referral* per 10 people aged 0-18
~117,000 distinct **patients**



Referrals per 1,000 People Aged 0-18

5 Year Total Referrals



* Number of referrals made to **NHS funded mental health services** for patients aged 0-18 made in the years **2018 to 2022**

Referrals include mental health, eating disorders, learning disability, and autism & other neurodevelopmental conditions.

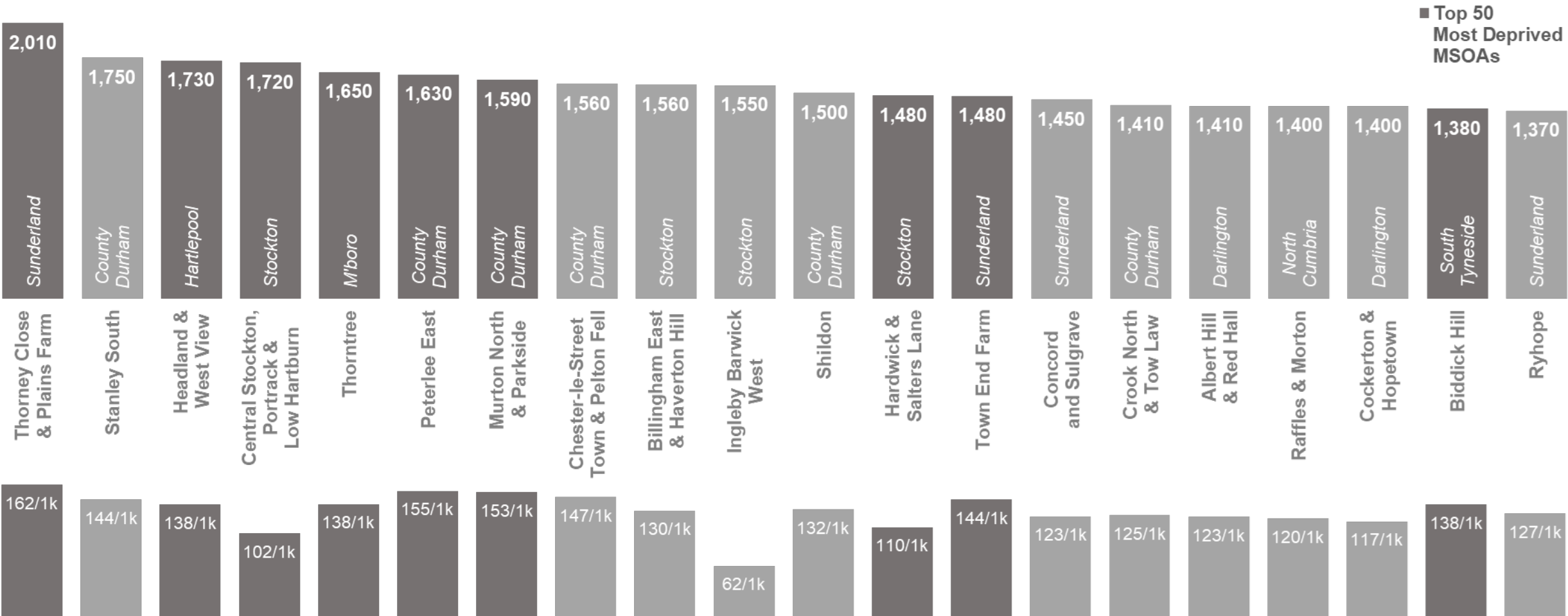
Children and young people's mental health?



North East and North Cumbria



Top 20 MSOAs: 5 Year Total Referrals People Aged 0-18



Referrals per 1,000 People Aged 0-18

Mental Health Services Dataset (MHSDS) Commissioning extract
 ONS mid-year population extracts (latest available year 2020 used for subsequent years)
 NHS England GP registration data (using each year's June file)

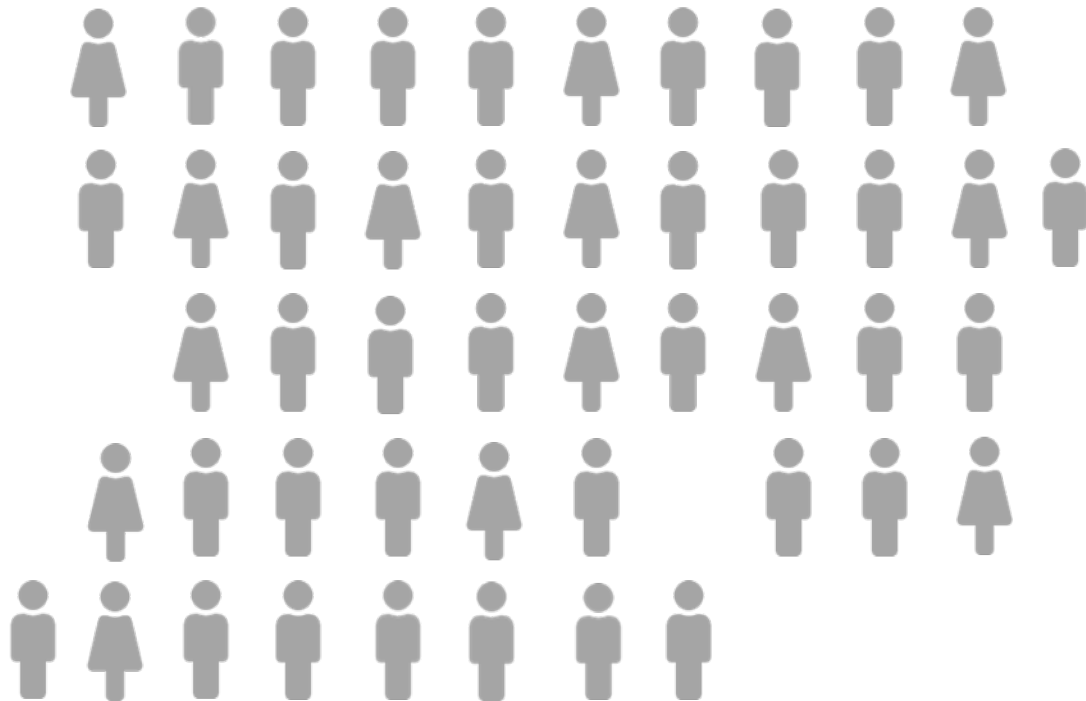
Children and young people's mental health?



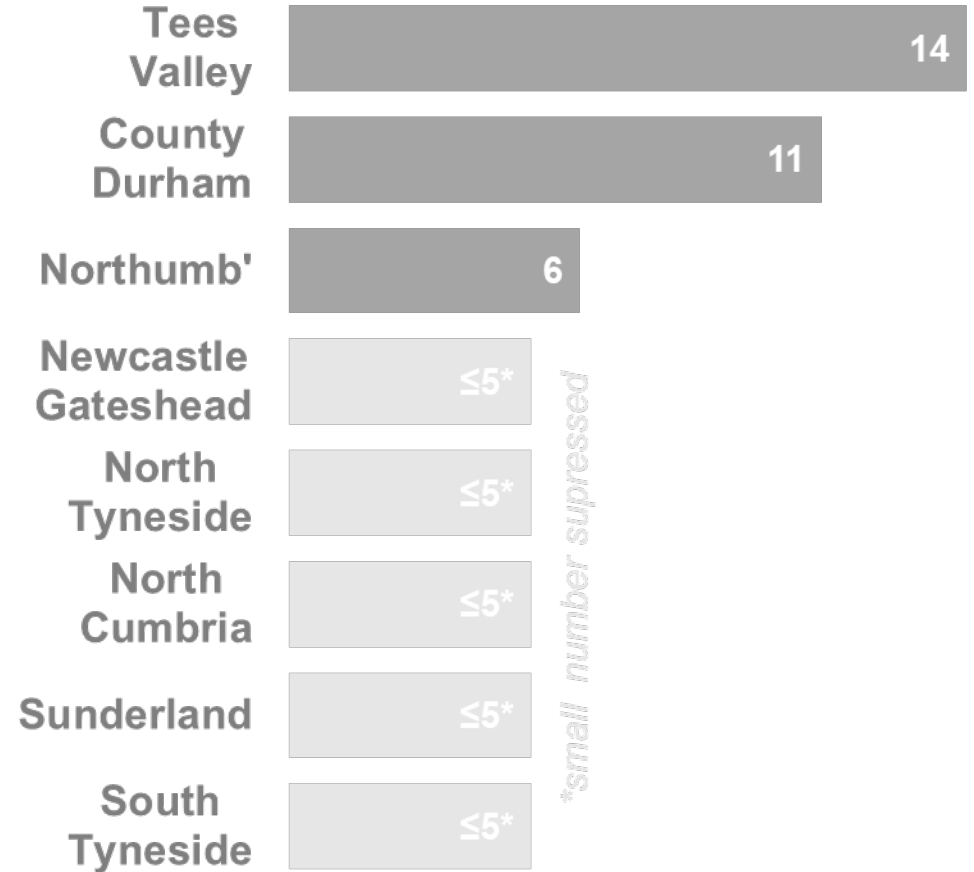
47

deaths by **suicide** were recorded for people aged **15 to 19 years** old in NENC 2018 and 2022

Data likely to be incomplete for 2022 for cases awaiting coroner's verdict



Suicides of People Aged 15-19



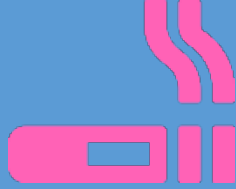
**small number suppressed*



Q9.

Children and young people's mental health?

- **Recovery Action Plan is in place** to deliver services by 2023/24 for increased number of children and young people receiving at least one mental health contact.
- **Waiting times** beginning to be **monitored**
- **Neurodevelopmental** conditions and **eating disorders** are challenging
- Difficult to **recruit and retain** staff



Q10.
What **progress** is being
made in controlling
tobacco-related disease?

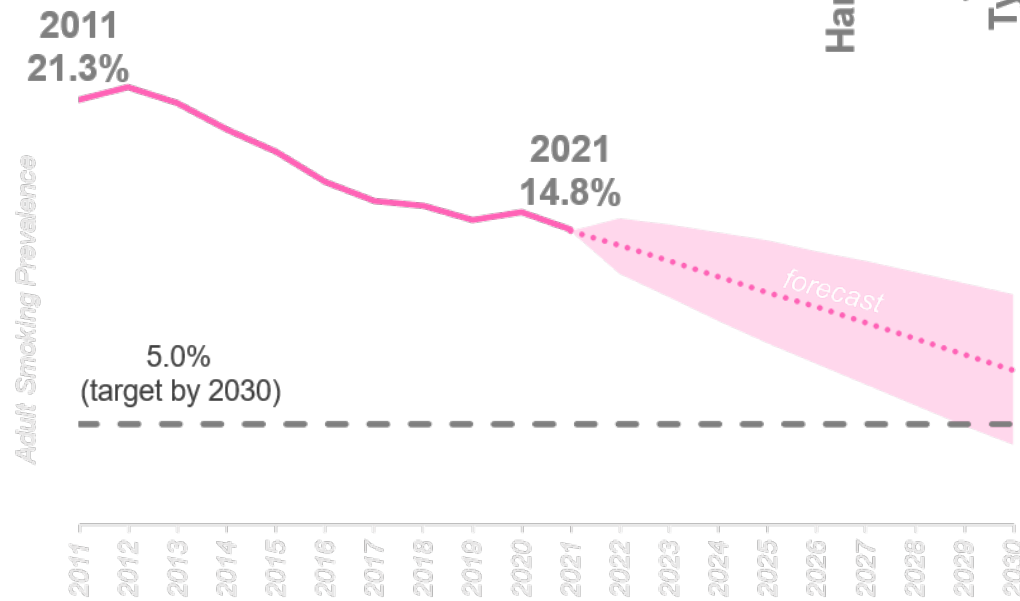
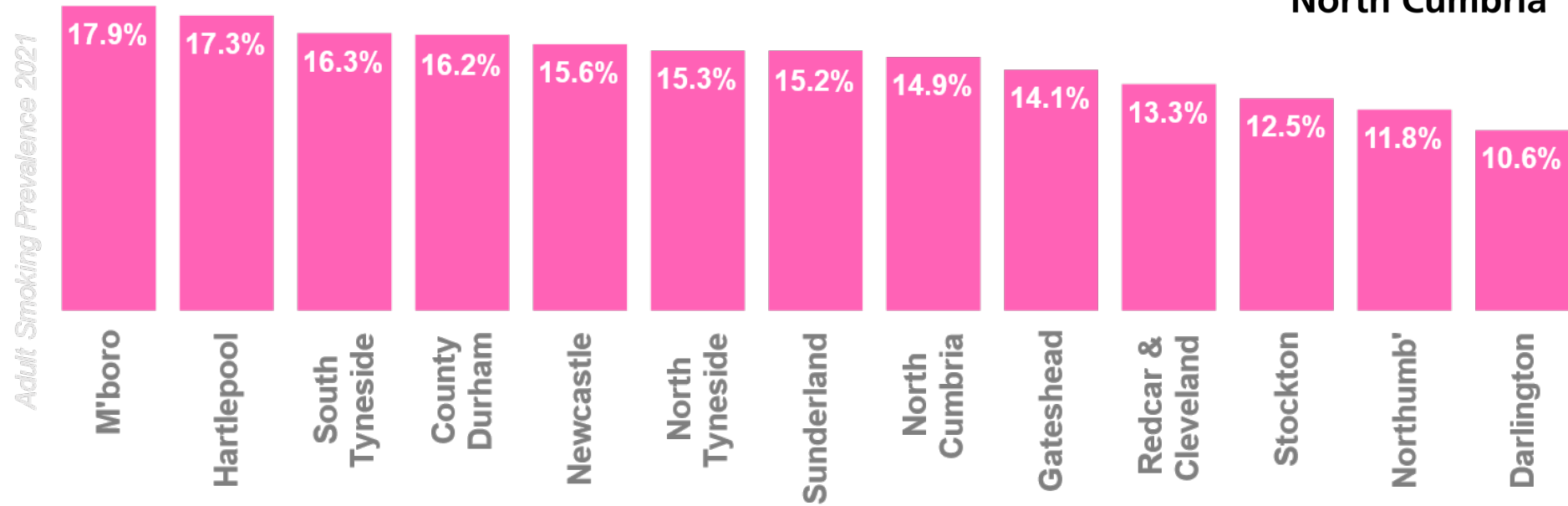
- What is the **prevalence of smoking** in each of the **ICS Places**?
- Which are the **small areas** that collectively contain **80% of the ICS's current smokers**?
- Which are the **ten small areas** with the **highest** smoking prevalence?
- How many people **attending smoking cessation** services in each of the **ICS Places** in the years **2018-2022**?
- What were the **quit rates** achieved by each of these services in the same time periods?

What progress is being made in controlling tobacco-related disease?



14.8%

of people aged 16+ are **smokers** (APS 2021)



These figures are from survey data, but current **primary care data** shows:

Smoking prevalence has a **target of 5.0% by 2030**

- **Little variability** over time, prevalence being ~18% to ~20% for 3 years
- **Covid-19 impact** on the recording of recent (prev. 12 to 15 months) smoking status
- **Variation in recording** in different places

Improving this data is a current focus for **Treating Tobacco Dependence Taskforce** and would enable small area focus

What progress is being made in controlling tobacco-related disease?



North East and North Cumbria

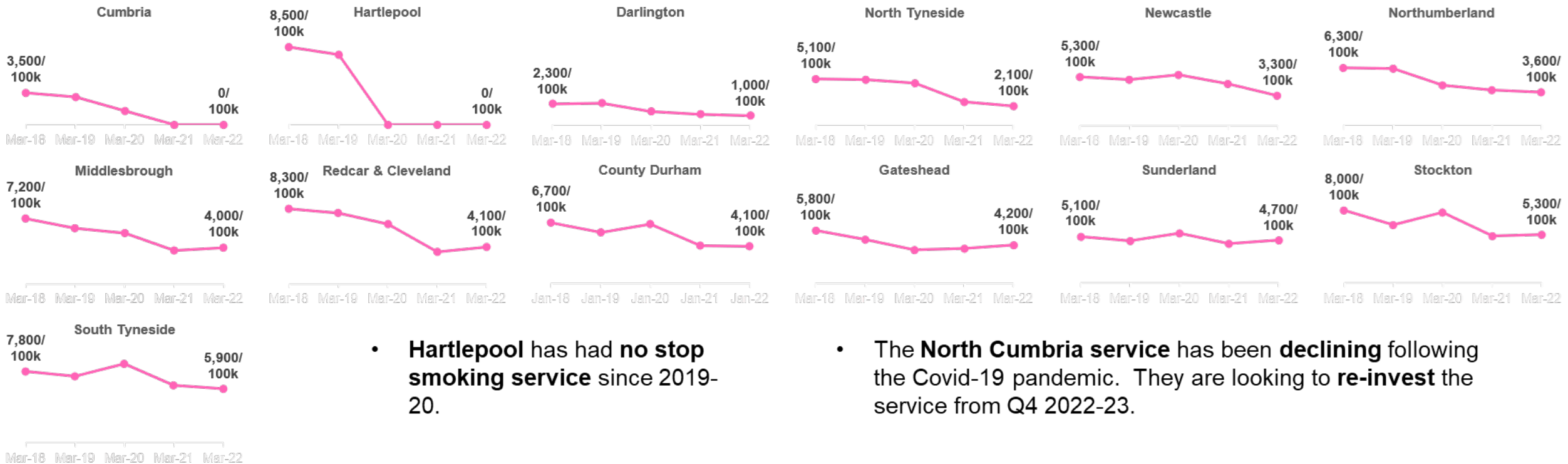


March 2022 rate of adults (16+) setting a Quit Date with a Stop Smoking Service

3,794 per 100k aged 16+

But in March 2018 the rate was higher at **6,256** per 100k aged 16+

Setting a Quit Date 2018-2022 rate per 100,000 people aged 16+



- **Hartlepool** has had **no stop smoking service** since 2019-20.

- The **North Cumbria service** has been **declining** following the Covid-19 pandemic. They are looking to **re-invest** the service from Q4 2022-23.

What progress is being made in controlling tobacco-related disease?



March 2022 rate of adults (16+) self reported as **Successful Quitters** then validated with a **Carbon Monoxide (CO)** monitor reading

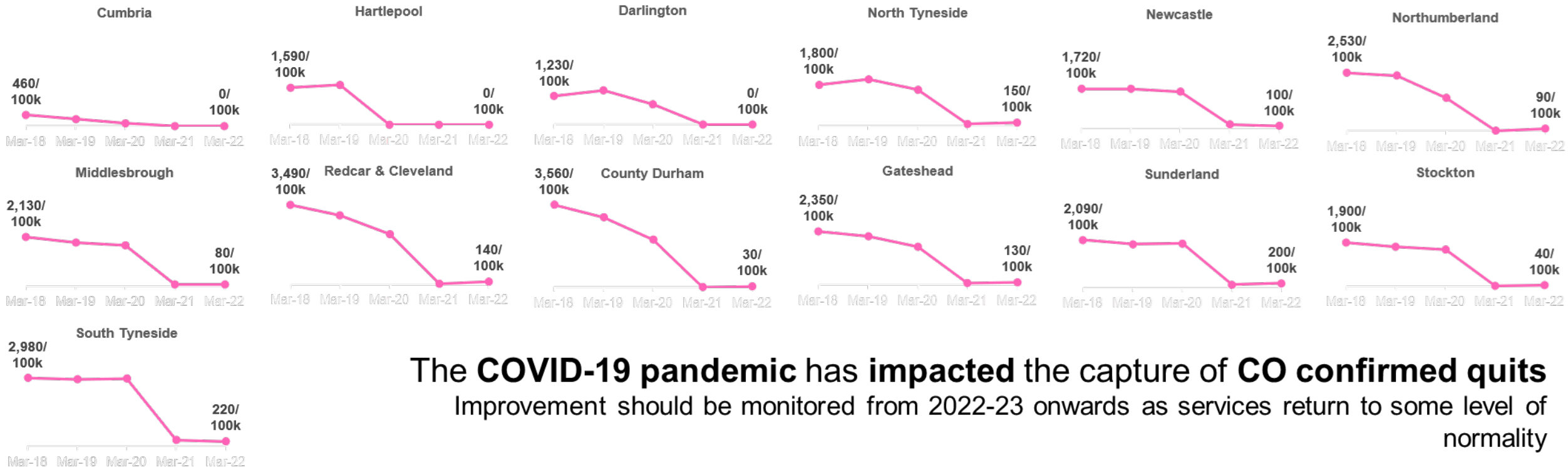


97 per 100k aged 16+

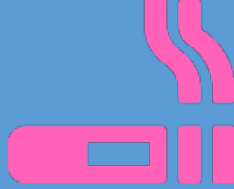
But in **March 2018** the rate was **higher** at

2,408 per 100k aged 16+

Successful quitters 2018-2022 self-reported with CO validation rate per 100,000 people aged 16+



The **COVID-19** pandemic has impacted the capture of **CO** confirmed quits
Improvement should be monitored from 2022-23 onwards as services return to some level of normality



Q10.
What progress is being
made in controlling
tobacco-related disease?

- In 2021, 14.8% of the 16+ population in the region were identified as smokers, this compares with 21.3% in 2011.
- Highest prevalence is Middlesbrough (17.9%) and the lowest is Darlington (10.6%).
- The region has a smoking reduction target of 5.0% by 2030.
- There are several smoking cessation initiatives regionally, as of March 2022, there were 3,794/100k adults (16+) setting a quit date, this compares to 6,256/100k in March 2018.
- Most “places have smoking cessation initiatives in operation, except Hartlepool, who have not had a service since 2018-19. North Cumbria, service users have been declining since the Covid-19 pandemic, a reinvestment plan is scheduled for Q4 2022-23.
- Self-reporting successful quitters are being validated/confirmed using Carbon Monoxide meter readings.

Data Sources (1/2)



Diabetes

- Population Data: GP Practice Data January 2022
- RAIDR primary care data based on coverage of 93% across NENC GP practices
- Admissions data via SUS Oct '21 to Sep '22



Bowel Cancer

- National Cancer Registration and Analysis Service (NCRAS) CancerData



Frailty

- Population Data: GP Practice Data December 2022
- RAIDR primary care data based on coverage of 93% across NENC GP practices
- OHID Fingertips



Deprivation

- OHID Fingertips
- House of Commons Library [uk-hex-cartograms-non-contiguous](#)



Avoidable Harm

- NECS Clinical Quality Team
- NHSE Revised Never Events policy and framework

Data Sources (2/2)



Prevention

- RAIDR primary care data based on coverage of 93% across NENC GP practices
- National Cancer Registration and Analysis Service (NCRAS) CancerData
- BSA Primary Prescribed Medicines to Oct '22



Children & Young People's Mental Health

- Mental Health Services Dataset (MHSDS) Commissioning extract
- Deaths registration dataset
- ONS mid-year population extracts (latest available year 2020 used for subsequent years)
- NHS England GP registration data (using each year's June file)



Smoking

- Annual Population Survey data via ONS 2011-2021
- NHS Stop Smoking Service reporting to Q4 `17-18 to Q4 `21-22



#DataSavesLives