

Ageing Well

Local Authority - Northumberland

CCGs - NHS Northumberland



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Executive summary

The key issues that have arisen from this analysis (indicators that are in the worst quintile)

Local Authority - Northumberland

- Percentage of households in fuel poverty (All ages) (2012) (1.1 % more than the cluster average (absolute % diff))
- Percentage prevalence of hypertension (13/14) (1.8% more than the cluster average (absolute % diff))
- Percentage prevalence of cardiovascular disease (13/14) (0.6% more than the cluster average (absolute % diff))
- Percentage prevalence of heart failure (13/14) (0.1% more than the cluster average (absolute % diff))
- Percentage prevalence of stroke and Transient Ischaemic Attack (13/14) (0.3% more than the cluster average (absolute % diff))
- Percentage prevalence of diabetes (13/14) (0.7% more than the cluster average (absolute % diff))
- Percentage prevalence of chronic kidney disease (2013-14) (1.1% more than the cluster average (absolute % diff))
- Percentage of all deaths in an area occurring in hospital (2013) (5.2% more than the cluster average (absolute % diff))



Executive summary

The key issues that have arisen from this analysis (indicators that are in the worst quintile)

CCG - NHS Northumberland

- Life expectancy - Females (2011-13) (0.8 years less than the cluster average)
- Life expectancy at 65 - Females (2011-13) (0.7 years less than the cluster average)
- Healthy life expectancy at 65 - Males (2010-12) (0.8 years less than the cluster average)
- Healthy life expectancy at 65 - Females (2010-12) (0.8 years less than the cluster average)
- Percentage of life spent in 'good' health - Males (2010-12) (3.5% less than the cluster average (absolute % diff))
- Percentage prevalence of Stroke or Transient Ischaemic Attack (2012-13) (0.3% more than the cluster average (absolute % diff))
- Rate of emergency admissions to hospital for people aged 75+ with length of stay under 24 hours per 100,000 population (2012-13) (71.6% more than the cluster average (relative % diff))
- Percentage of emergency readmissions to hospital within 28 days for patients: hip replacements (2009-11) (3.1% more than the cluster average)
- Rate of people aged 75+ years admitted from nursing home or residential care home settings per 1,000 (2012/13) (0.2% higher than the cluster average (absolute % diff))
- Average length of stay (days) for emergency admissions for fractured neck of femur (2013-14) (7.7 days higher than the cluster average)
- Rate of alcohol related admissions per 100,000 (All ages) (2012/13) (18.9% higher than the cluster average (relative % diff))
- Percentage of all deaths in an area occurring in hospital, age 65 to 84 (2013) (5.3% more than the cluster average (absolute % diff))
- Percentage of deaths from all other causes (aged 65-84) (2011-2013) (0.9% more than the cluster average (absolute % diff))
- Percentage of deaths from all other causes (aged 85+) (2011-2013) (3.3% more than the cluster average (absolute % diff))
- Cancer: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (18.6% higher than the cluster average (relative % diff))
- Circulatory: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (13.2% higher than the cluster average (relative % diff))
- Gastro Intestinal: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (19.1% higher than the cluster average (relative % diff))
- Genito Urinary: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (29.7% higher than the cluster average (relative % diff))



Background and Purpose

Starting Well ⇌ Living Well ⇌ Ageing Well

- This pack is produced by PHE Local Knowledge and Intelligence Service (Yorkshire and Humber and the North East) and provided as part of the local contribution work programme. It is the second pack produced from this work programme using a life course approach. The Starting Well packs were published in 2014 and the Living Well packs are currently being developed. Its development has been guided by commissioning colleagues.
- This pack is intended to support improvement in the value of commissioned services for the local population. It considers the older population, mainly focussed on those aged 65 and over but there are some indicators that relate to younger age groups and all ages especially around long term conditions that may have an effect on people ageing well.
- Local Authorities are compared in this pack with a cluster of 15 LAs with similar population characteristics rather than the England average. The rationale for doing this is that these LAs will face similar challenges and levels of population need. The analysis has been repeated for the CCGs that are within the local authority using a comparator of the most similar 15 CCGs.
- This pack is intended to be shared by public health teams working in this area with their CCG colleagues and other key stakeholders to start a conversation about intelligence-led improvement.

Analysed wide range of indicators from across the pathway focussing on spend, quality and activity.

- Identified 15 LAs with similar characteristics for comparisons, called CIPFA nearest neighbours (see Annexe 1), CCG(s) within each LA were also identified and indicators were compared with similar CCGs using NHS England method (see Annexe 1).
- Provided useful background indicators about the profile of the LA with population and census indicators
- Analysed wide range of national benchmarked data to identify indicators where the LA and/or CCG(s) are below the average for their cluster group (the benchmark)
- Identified indicators where LA is in worst quintile within its cluster

Identified key opportunities for value improvement and quantified potential impact

- Quantified opportunity for indicators in the worst quintile from moving to the average for LAs in its cluster
- Quantification does not mean that the 'saving' or improvement can actually be made, but may however answer the question 'Is it going to be worth focussing on this area?'
- Identified indicators that were worse than the cluster average
- Identified 'high' performing LAs from the cluster to support potential service improvements

note: 'Absolute % diff' is the difference between cluster value and LA/ CCG value, when the value is measured as a percentage.

'Relative % diff' is the difference between the cluster value and LA/ CCG value, when the value is not percentage e.g a rate per 100,000 population

Analysis and how to use

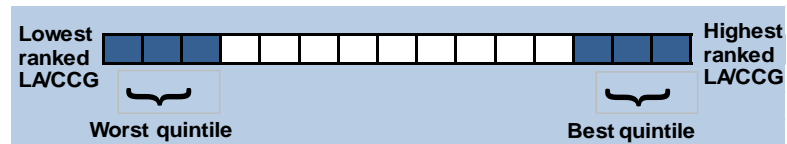
The indicators chosen for the pack have been split up into the following domains for ease of use:

Domain	Notes
1. Population 2. Healthy and Independent Living (1)	These indicators are mainly based on ONS population and Census 2011 data. Their purpose is to put things into context, they describe the demographic structure and some of the wider determinants that may have an impact on the health and wellbeing of older people living in an area. Although the charts do compare with similar areas, they are not benchmarked as they are supporting information to consider using when looking at the other indicators in the pack.
3. Healthy and Independent Living (2)	This domain has life expectancy, health life expectancy, disability-free life expectancy at 65 indicators as well as some indicators on income and health-related quality of life. It is not easy to quantify the opportunities in terms of numbers of lives that could be improved, but we have identified what the gaps are to give some interpretation.
4. Long Term Conditions 5. Health Care 6. Social Care 7. End of Life and Mortality 8. Inpatient Spend	These domains have a selection of indicators that are available across various sources such as the Public Health Outcomes Framework, Commissioning for Value packs etc. Where possible opportunities for improving health have been quantified.

Over the next few pages there are spine charts for each of the domains (apart from domain 1 and 2 which have bar charts, and domain 8 which only has analysis by CCG) for your local authority and relevant CCG(s). Each indicator compares your local authority/CCG(s) with a cluster of similar areas. The charts show where the top and bottom quintiles are within your cluster, where your local authority or CCG are and the average for your cluster. A separate page identifies the indicators in that particular domain where your area is in the worst quintile. This is then reproduced based in your local CCG(s) area(s). There is a summary of all domains with indicators in the worst quintile and quantifying opportunities at the end of the analysis section.



Benchmark



- For domains 3 to 8: the benchmark is the cluster average
- The worst quintile is defined as the lowest ranked 3 LAs/ CCGs in the cluster group
- The best quintile is defined as the highest ranked 3 LAs/ CCGs in the cluster group



Public Health
England

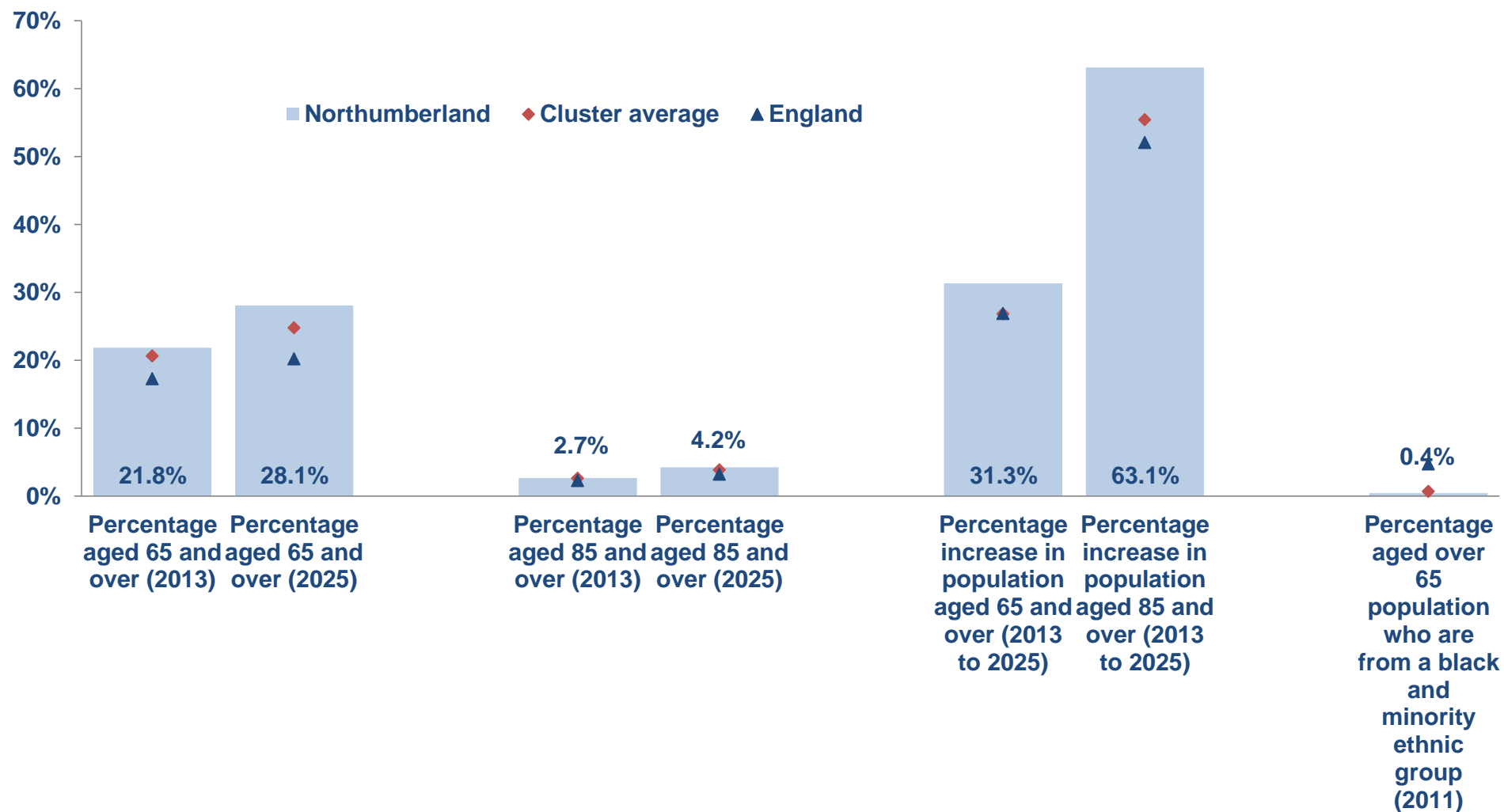
Protecting and improving the nation's health

LA analysis

Northumberland



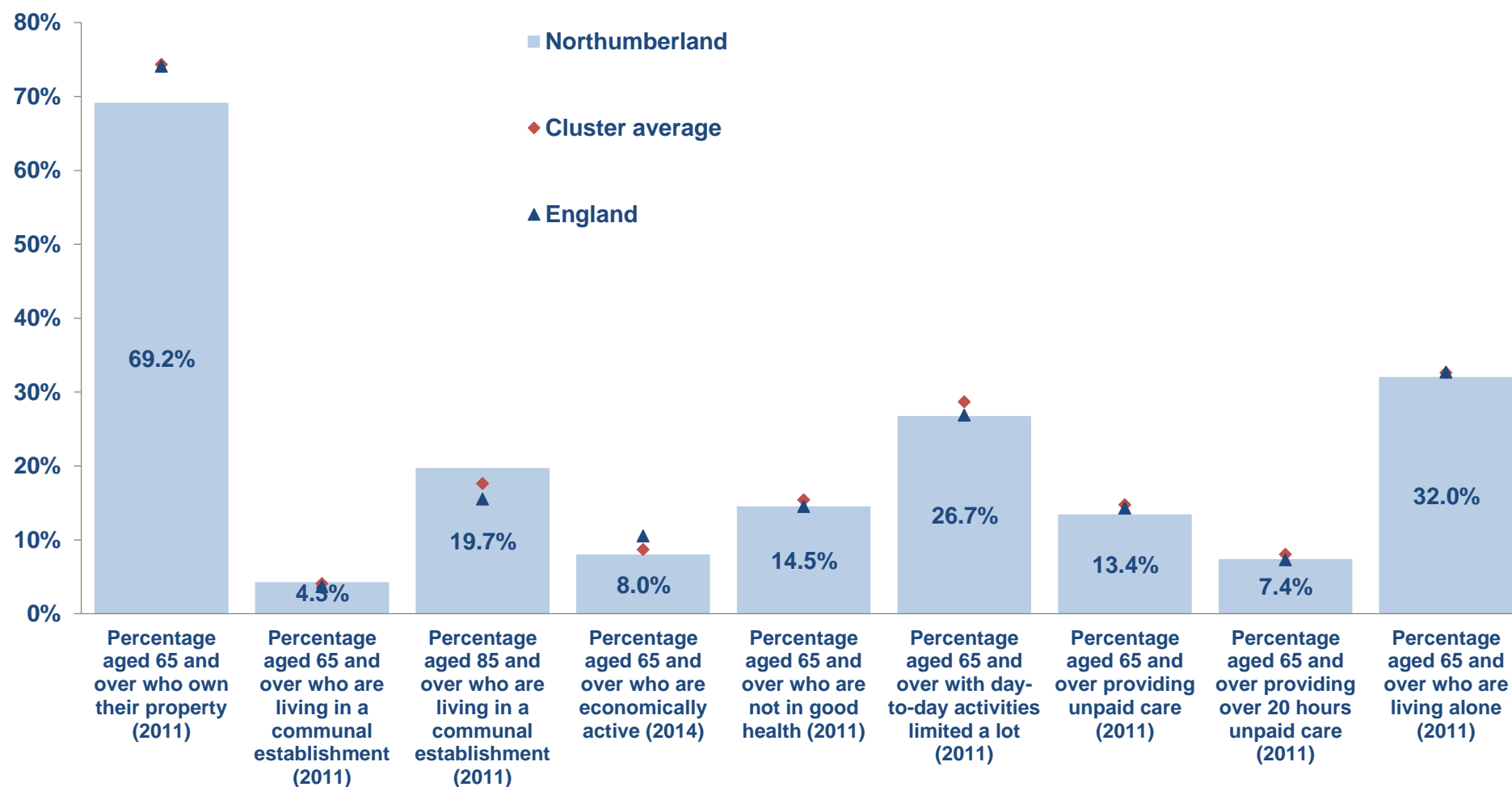
Domain 1: Population Structure





Domain 2: Healthy and Independent Living (1)

Northumberland local authority



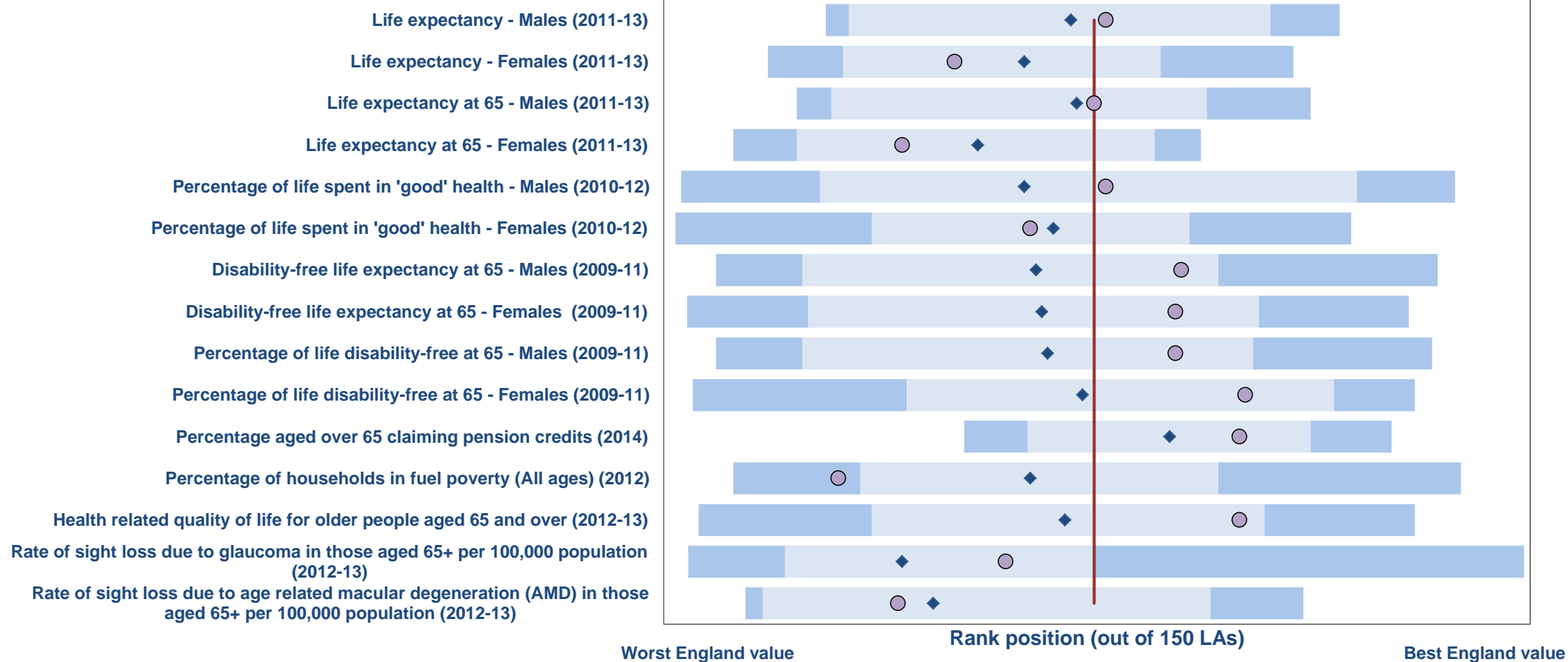


Domain 3: Healthy and Independent Living (2)

Northumberland local authority



Rank position in benchmark group of 15 local authorities





Domain 3: Healthy and Independent Living (2)

Northumberland local authority

15 indicators were analysed; the LA value was worse than the benchmark average for 5 indicator(s), and was in the worst quintile for 1 indicator(s)

Indicators where LA is in the worst quintile are:

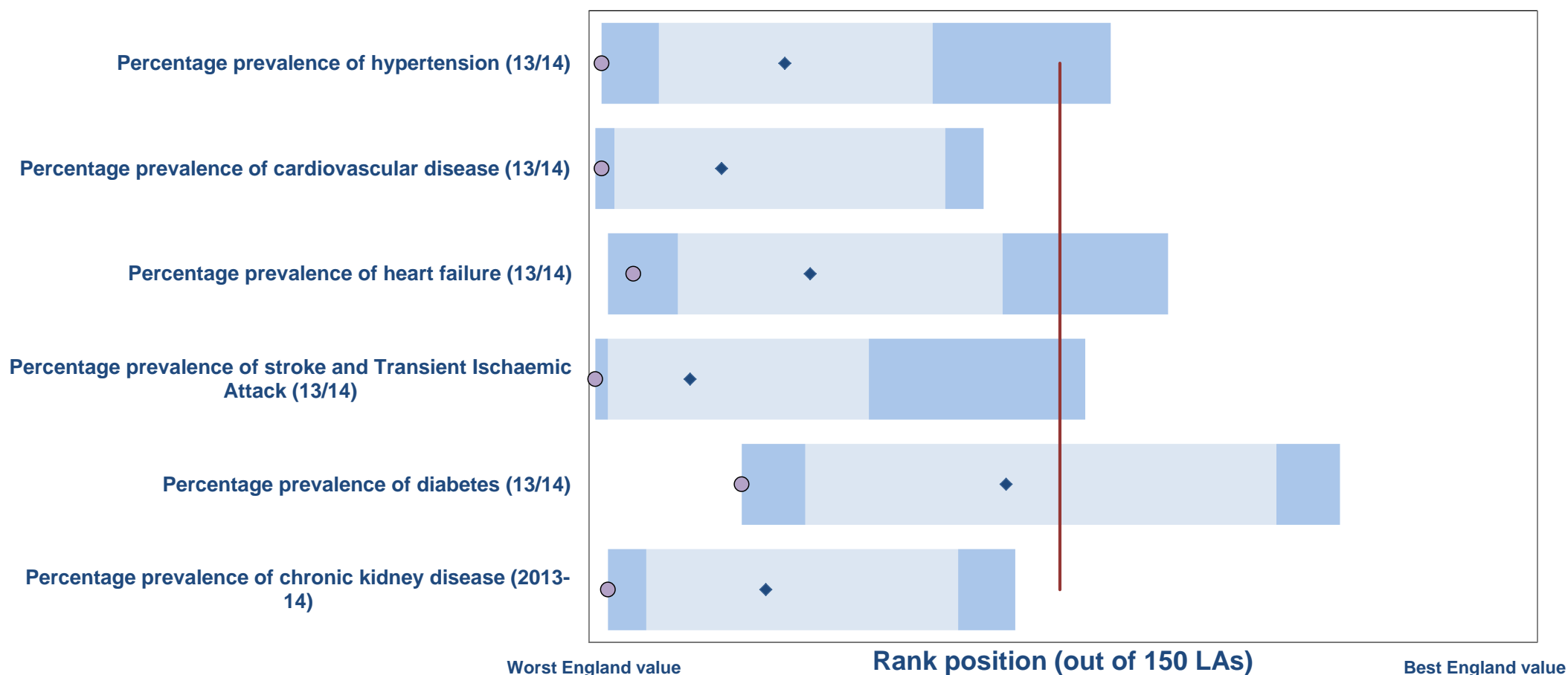
- Percentage of households in fuel poverty (All ages) (2012) (1.1 % more than the cluster average (absolute % diff))

Domain 4: Long Term Conditions

Northumberland local authority



Rank position in benchmark group of 15 local authorities





Domain 4: Long Term Conditions

Northumberland local authority

6 indicators were analysed; the LA value was worse than the benchmark average for 6 indicator(s) and was in the worst quintile for 6 indicator(s)

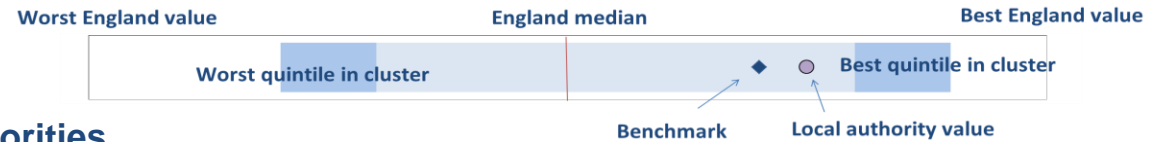
Indicators where LA is in the worst quintile are:

- Percentage prevalence of hypertension (13/14) (1.8% more than the cluster average (absolute % diff))
- Percentage prevalence of cardiovascular disease (13/14) (0.6% more than the cluster average (absolute % diff))
- Percentage prevalence of heart failure (13/14) (0.1% more than the cluster average (absolute % diff))
- Percentage prevalence of stroke and Transient Ischaemic Attack (13/14) (0.3% more than the cluster average (absolute % diff))
- Percentage prevalence of diabetes (13/14) (0.7% more than the cluster average (absolute % diff))
- Percentage prevalence of chronic kidney disease (2013-14) (1.1% more than the cluster average (absolute % diff))



Domain 5: Health Care

Northumberland local authority



Rank position in benchmark group of 15 local authorities

Rate of injuries due to falls in people aged 65+ per 100,000(2013-14)

Rate of injuries due to falls in people aged 65-79 per 100,000(2013-14)

Rate of injuries due to falls in people aged 80+ per 100,000(2013-14)

Rate of hip fractures in people aged 65+ per 100,000(2013-14)

Rate of hip fractures in people aged 65-79 per 100,000(2013-14)

Rate of hip fractures in people aged 80+ per 100,000(2013-14)

Worst England value

Rank position (out of 150 LAs)

Best England value



Domain 5: Health Care

Northumberland local authority

6 indicators were analysed; the LA value was worse than the benchmark average for 1 indicator(s), and was in the worst quintile for 0 indicator(s)

Indicators where LA is in the worst quintile are:

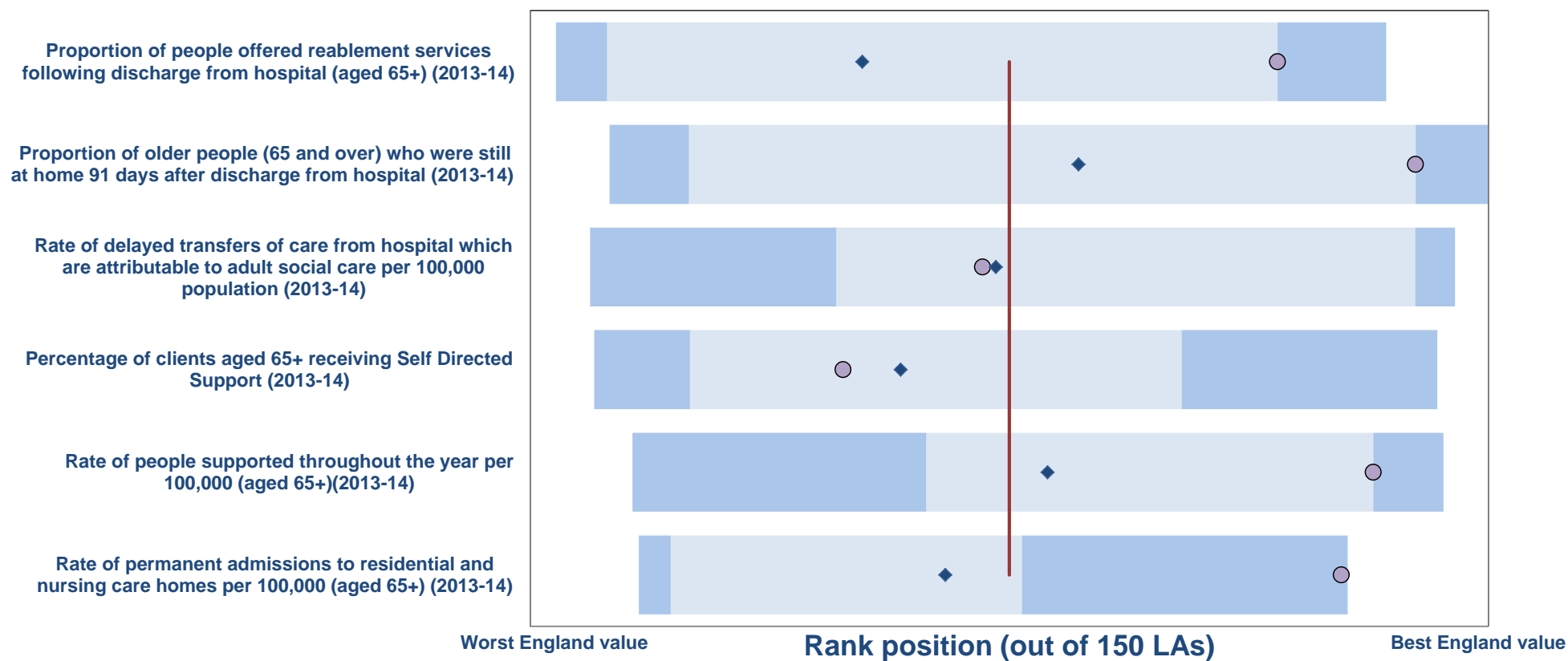


Domain 6: Social Care

Northumberland local authority



Rank position in benchmark group of 15 local authorities





Northumberland local authority

6 indicators were analysed; the LA value was worse than the benchmark average for 2 indicator(s), and was in the worst quintile for 0 indicator(s)

Indicators where LA is in the worst quintile are;

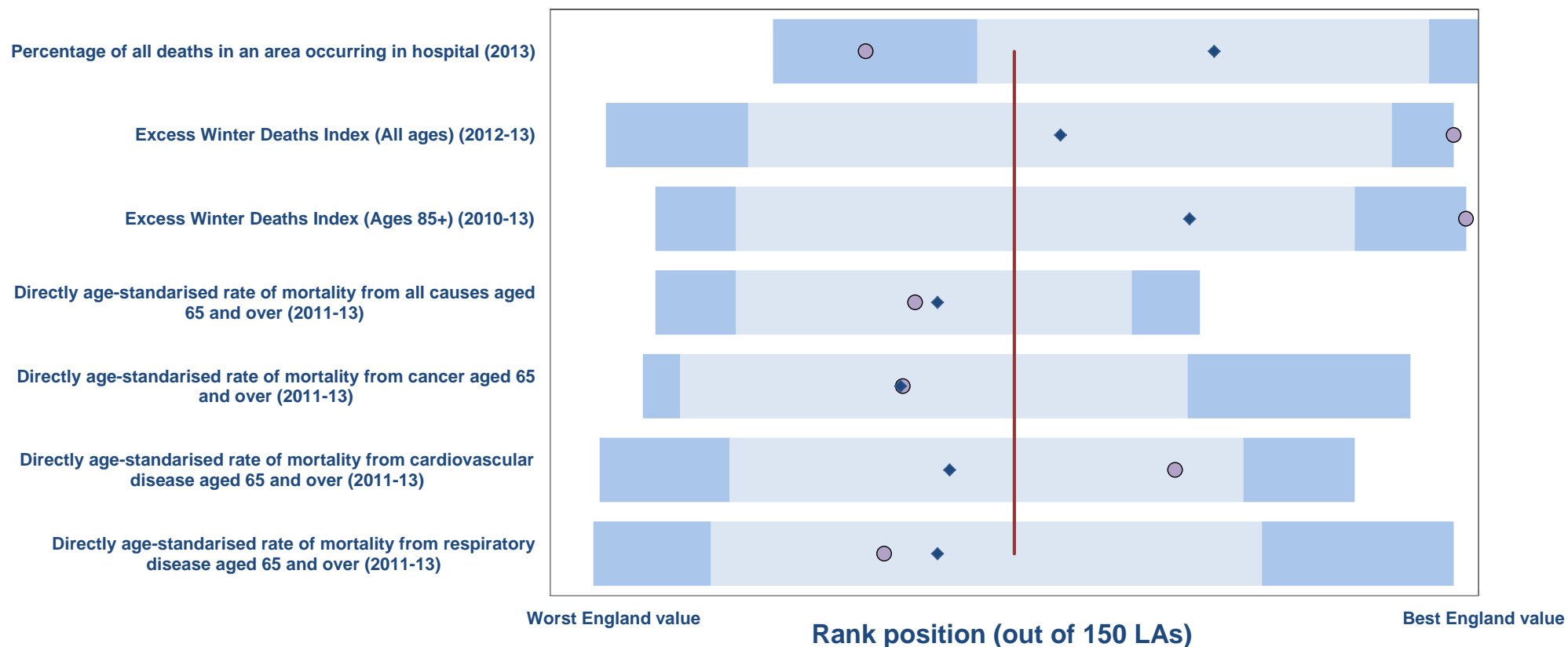


Domain 7: End of Life and mortality

Northumberland local authority



Rank position in benchmark group of 15 local authorities





Northumberland local authority

7 indicators were analysed; the LA value was worse than the benchmark average for 3 indicator(s), and was in the worst quintile for 1 indicator(s)

Indicators where LA is in the worst quintile are:

- Percentage of all deaths in an area occurring in hospital (2013) (5.2% more than the cluster average (absolute % diff))



Summary by domain - Northumberland Local Authority

Domain	Number of indicators			Indicators in the worst quintile	Difference/ opportunity between LA and Benchmark	Local authority (ies) who are best in your cluster
	Total	Below benchmark	Worst quintile			
Population	NO OPPORTUNITES CALCULATED FOR THESE DOMAINS					
Healthy and Independent Living (1)						
Healthy and Independent Living (2)	15	5	1	<ul style="list-style-type: none">Percentage of households in fuel poverty (All ages) (2012) (1.1 % more than the cluster average (absolute % diff))	<ul style="list-style-type: none">1501 more households in fuel poverty	<ul style="list-style-type: none">North Somerset
Long Term Conditions	6	6	6	<ul style="list-style-type: none">Percentage prevalence of hypertension (13/14) (1.8% more than the cluster average (absolute % diff))Percentage prevalence of cardiovascular disease (13/14) (0.6% more than the cluster average (absolute % diff))Percentage prevalence of heart failure (13/14) (0.1% more than the cluster average (absolute % diff))Percentage prevalence of stroke and Transient Ischaemic Attack (13/14) (0.3% more than the cluster average (absolute % diff))Percentage prevalence of diabetes (13/14) (0.7% more than the cluster average (absolute % diff))Percentage prevalence of chronic kidney disease (2013-14) (1.1% more than the cluster average (absolute % diff))	<ul style="list-style-type: none">5711 more patients than cluster average2039 more patients than cluster average415 more patients than cluster average844 more patients than cluster average1948 more patients than cluster average2986 more patients than cluster average	<ul style="list-style-type: none">CalderdalePlymouthCalderdalePlymouthPlymouthWakefield



Summary by domain - Northumberland Local Authority

Domain	Number of indicators			Indicators in the worst quintile	Difference/ opportunity between LA and Benchmark	Local authority (ies) who are best in your cluster
	Total	Below benchmark	Worst quintile			
Heath Care	6	1	0			
Social Care	6	2	0			
End of life and mortality	7	3	1	<ul style="list-style-type: none"> Percentage of all deaths in an area occurring in hospital (2013) (5.2% more than the cluster average (absolute % diff)) 	<ul style="list-style-type: none"> 180 more deaths than the cluster average 	<ul style="list-style-type: none"> Plymouth
Inpatient costs	NO DATA FOR LAs IN THIS DOMAIN					



Indicators worse than cluster average

Healthy and Independent Living (2)

- Life expectancy - Females (2011-13)
- Life expectancy at 65 - Females (2011-13)
- Percentage of life spent in 'good' health - Females (2010-12)
- Percentage of households in fuel poverty (All ages) (2012)
- Rate of sight loss due to age related macular degeneration (AMD) in those aged 65+ per 100,000 population (2012-13)

Long Term Conditions

- Percentage prevalence of hypertension (13/14)
- Percentage prevalence of cardiovascular disease (13/14)
- Percentage prevalence of heart failure (13/14)
- Percentage prevalence of stroke and Transient Ischaemic Attack (13/14)
- Percentage prevalence of diabetes (13/14)
- Percentage prevalence of chronic kidney disease (2013-14)

Indicators worse than cluster average

Health Care

- Rate of hip fractures in people aged 80+ per 100,000(2013-14)

Social Care

- Rate of delayed transfers of care from hospital which are attributable to adult social care per 100,000 population (2013-14)
- Percentage of clients aged 65+ receiving Self Directed Support (2013-14)

Indicators worse than cluster average

End of Life and Mortality

- Percentage of all deaths in an area occurring in hospital (2013)
- Directly age-standardised rate of mortality from all causes aged 65 and over (2011-13)
- Directly age-standardised rate of mortality from respiratory disease aged 65 and over (2011-13)



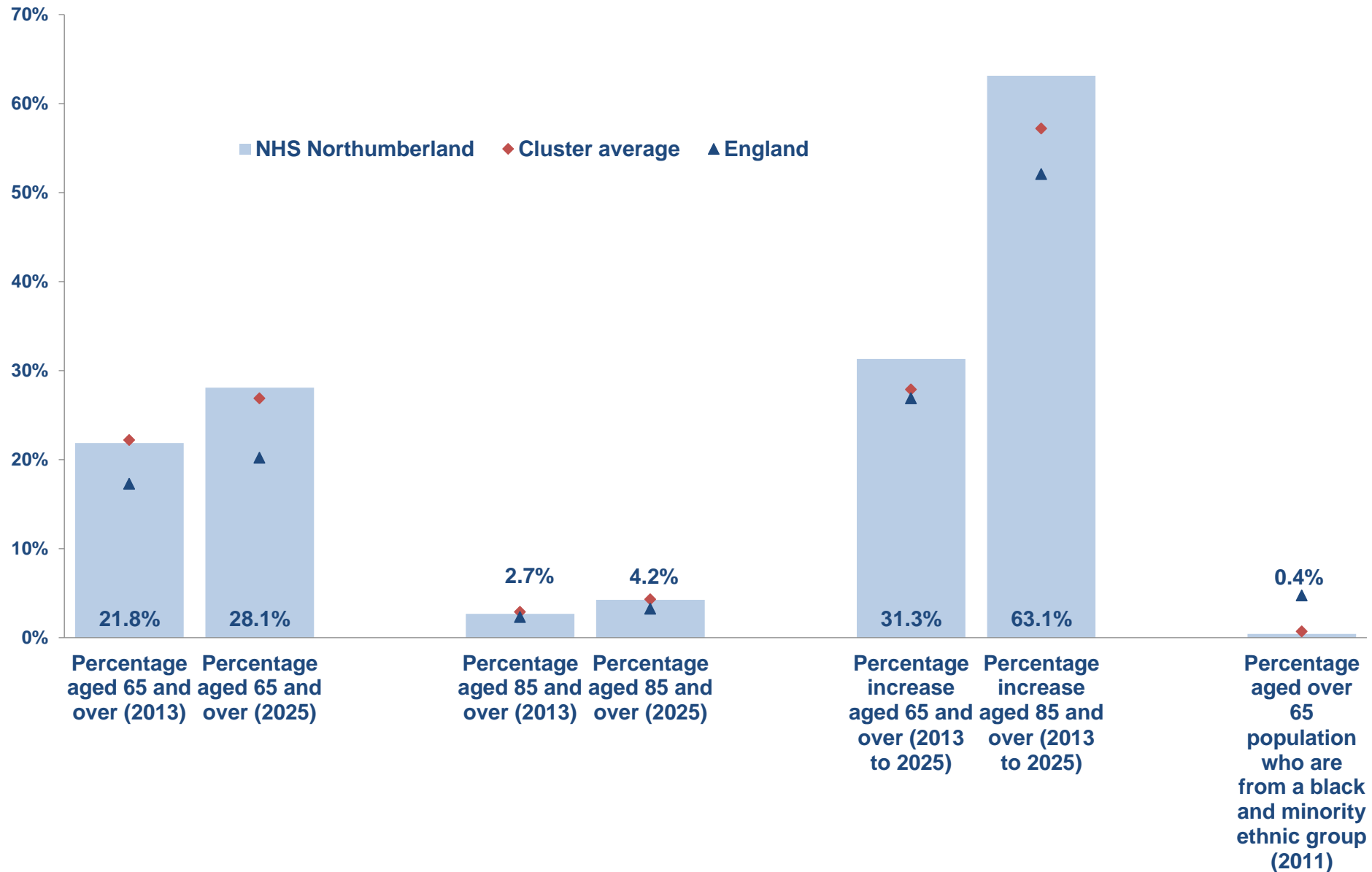
CCG analysis

NHS Northumberland



Domain 1: Population Structure

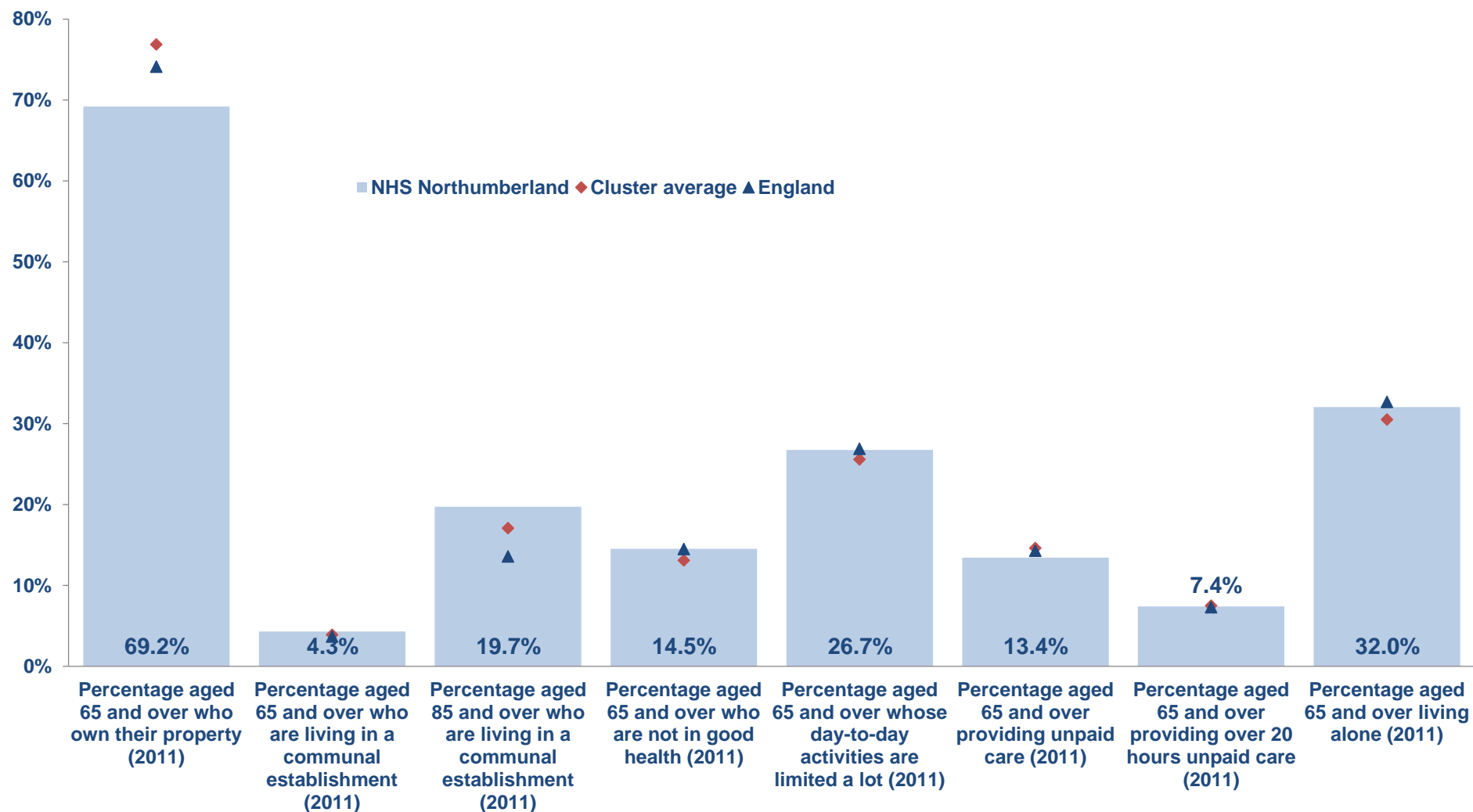
NHS Northumberland





Domain 2: Healthy and Independent Living (1)

NHS Northumberland

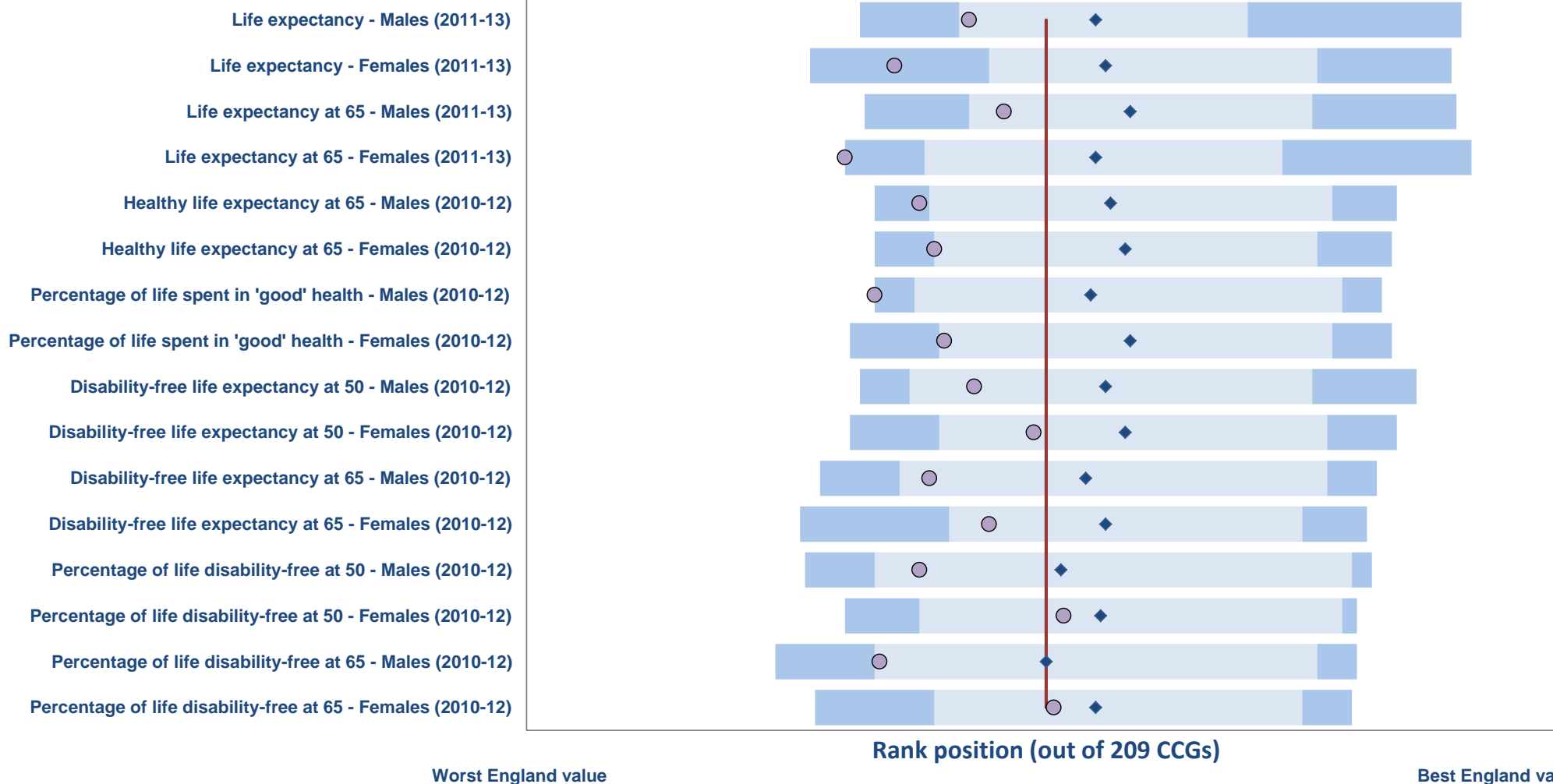




Domain 3: Healthy and Independent Living (2)

NHS Northumberland

Rank position in benchmark group of 15 CCGs





NHS Northumberland

16 indicators were analysed; the CCG value was worse than the benchmark average for 16 indicator(s), and was in the worst quintile for 5 indicator(s)

Indicators in the worst quintile are:

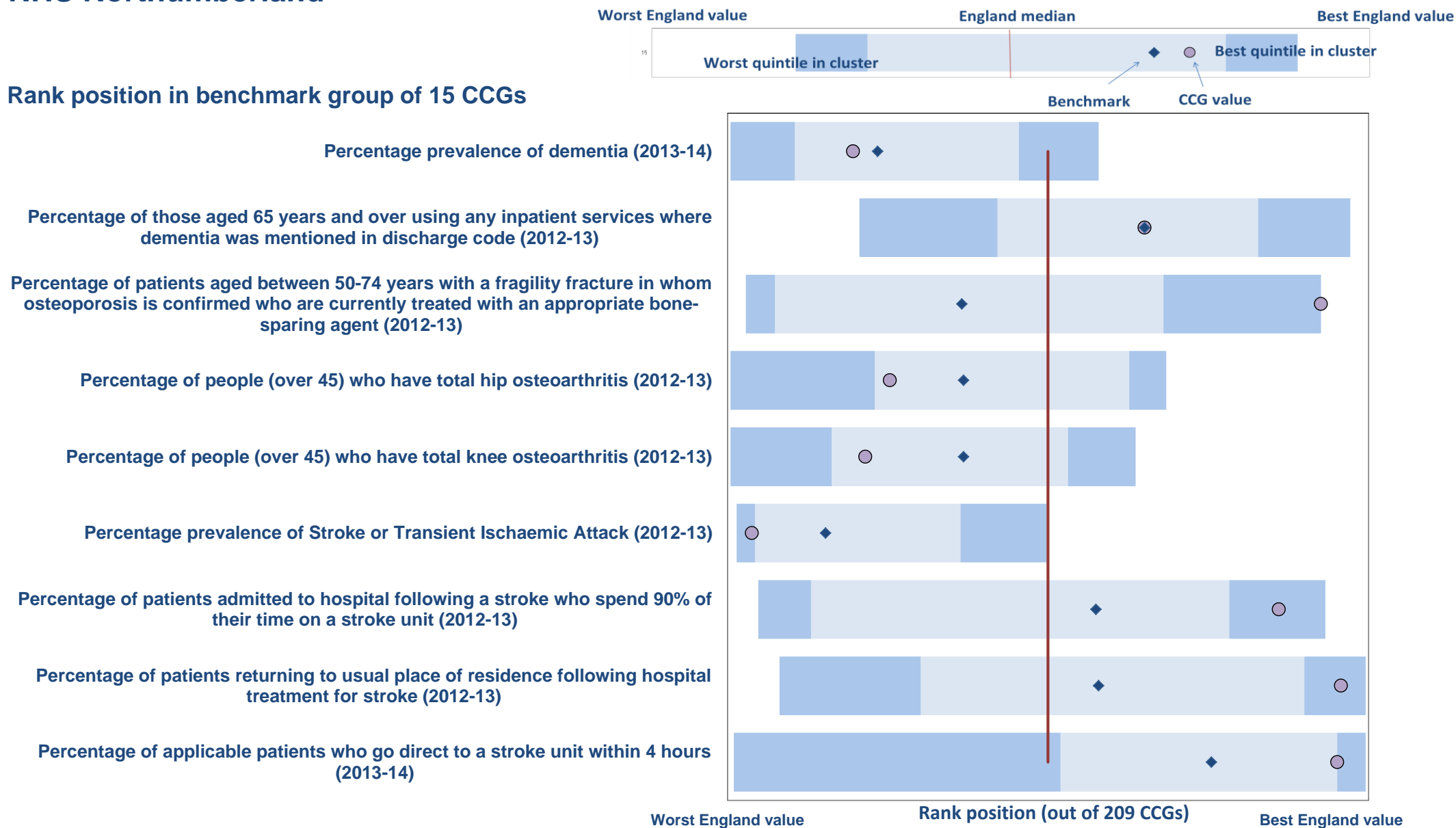
- Life expectancy - Females (2011-13) (0.8 years less than the cluster average)
- Life expectancy at 65 - Females (2011-13) (0.7 years less than the cluster average)
- Healthy life expectancy at 65 - Males (2010-12) (0.8 years less than the cluster average)
- Healthy life expectancy at 65 - Females (2010-12) (0.8 years less than the cluster average)
- Percentage of life spent in 'good' health - Males (2010-12) (3.5% less than the cluster average (absolute % diff))



Domain 4: Long Term Conditions

NHS Northumberland

Rank position in benchmark group of 15 CCGs





NHS Northumberland

9 indicators were analysed; the CCG value was worse than the benchmark average for 4 indicator(s), and was in the worst quintile for 1 indicator(s)

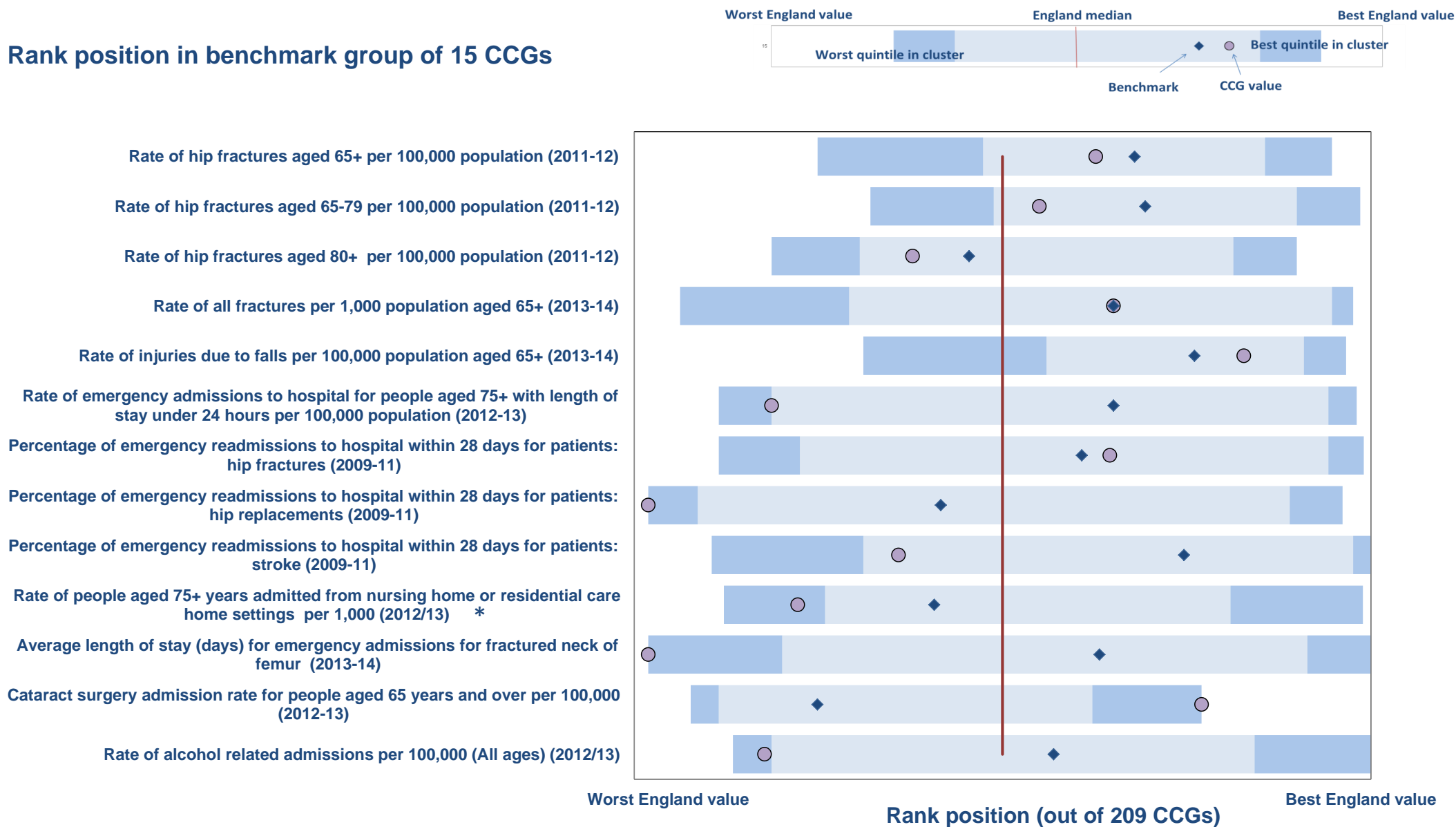
Indicators in the worst quintile are:

- Percentage prevalence of Stroke or Transient Ischaemic Attack (2012-13) (0.3% more than the cluster average (absolute % diff))



NHS Northumberland

Rank position in benchmark group of 15 CCGs





NHS Northumberland

13 indicators were analysed; the CCG value was worse than the benchmark average for 9 indicator(s), and was in the worst quintile for 5 indicator(s)

Indicators in the worst quintile are:

- Rate of emergency admissions to hospital for people aged 75+ with length of stay under 24 hours per 100,000 population (2012-13) (71.6% more than the cluster average (relative % diff))
- Percentage of emergency readmissions to hospital within 28 days for patients: hip replacements (2009-11) (3.1% more than the cluster average)
- Rate of people aged 75+ years admitted from nursing home or residential care home settings per 1,000 (2012/13) (0.2% higher than the cluster average (absolute % diff))
- Average length of stay (days) for emergency admissions for fractured neck of femur (2013-14) (7.7 days higher than the cluster average)
- Rate of alcohol related admissions per 100,000 (All ages) (2012/13) (18.9% higher than the cluster average (relative % diff))



NHS Northumberland



Rank position in benchmark group of 15 CCGs

Percentage of people (aged 65+) who received reablement/rehabilitation services after discharge from hospital (2013-14)

Percentage of people (aged 65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (2013-14)

* Proportion of stroke patients newly discharged to a care home (2013-14)

Percentage of patients returning to usual place of residence following hospital treatment for stroke (2012-13)

Percentage of patients returning to usual place of residence following hospital treatment for fractured femur (2013-14)

Worst England value

Rank position (out of 209 CCGs)

Best England value



NHS Northumberland

5 indicators were analysed; the CCG value was worse than the benchmark average for 1 indicator(s), and was in the worst quintile for 0 indicator(s)

Indicators in the worst quintile are:

Domain 7: End of Life and Mortality

NHS Northumberland

Rank position in benchmark group of 15 CCGs



Percentage of all deaths in an area occurring in hospital, age 65 to 84 (2013)

Percentage of all deaths in an area occurring at home (2013)

Percentage of all deaths in an area occurring in a care home (2013)

Percentage of all deaths in an area occurring in a hospice (2013)

Percentage of deaths from cancer (aged 65-84) (2011-2013)

Percentage of deaths from cancer (aged 85+) (2011-2013)

Percentage of deaths from cardiovascular disease (aged 65-84) (2011-2013)

Percentage of deaths from cardiovascular disease (aged 85+) (2011-2013)

Percentage of deaths from respiratory disease (aged 65-84) (2011-2013)

Percentage of deaths from respiratory disease (aged 85+) (2011-2013)

Percentage of deaths from all other causes (aged 65-84) (2011-2013)

Percentage of deaths from all other causes (aged 85+) (2011-2013)

Worst England value

Best England value

Rank position (out of 209 CCGs)



Domain 7: End of Life and Mortality

NHS Northumberland

12 indicators were analysed; the CCG value was worse than the benchmark average for 9 indicator(s), and was in the worst quintile for 3 indicator(s)

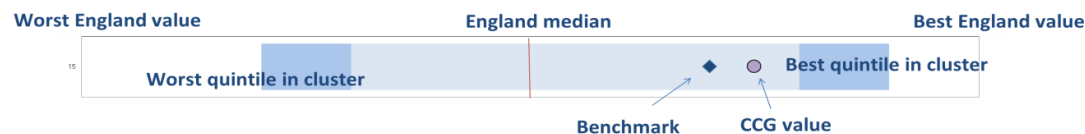
Indicators in the worst quintile are:

- Percentage of all deaths in an area occurring in hospital, age 65 to 84 (2013) (5.3% more than the cluster average (absolute % diff))
- Percentage of deaths from all other causes (aged 65-84) (2011-2013) (0.9% more than the cluster average (absolute % diff))
- Percentage of deaths from all other causes (aged 85+) (2011-2013) (3.3% more than the cluster average (absolute % diff))

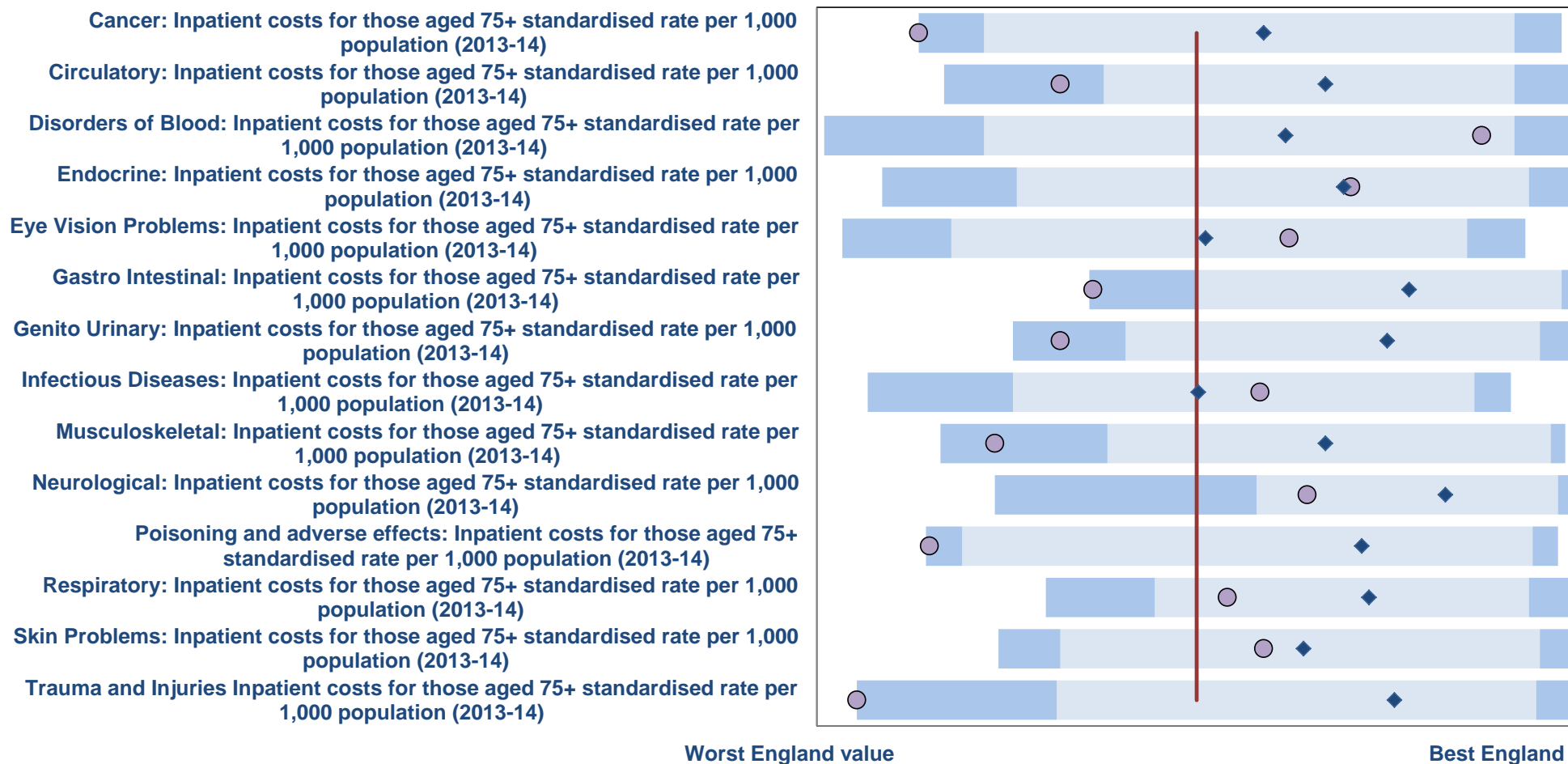


Domain 8: Inpatient costs (CCG only)

NHS Northumberland



Rank position in benchmark group of 15 CCGs





Domain 8: Inpatient costs (CCG only)

NHS Northumberland

14 indicators were analysed; the CCG value was worse than the benchmark average for 10 indicator(s), and was in the worst quintile for 7 indicator(s)

Indicators in the worst quintile are:

- Cancer: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (18.6% higher than the cluster average (relative % diff))
- Circulatory: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (13.2% higher than the cluster average (relative % diff))
- Gastro Intestinal: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (19.1% higher than the cluster average (relative % diff))
- Genito Urinary: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (29.7% higher than the cluster average (relative % diff))
- Musculoskeletal: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (17.7% higher than the cluster average (relative % diff))
- Poisoning and adverse effects: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (27.0% higher than the cluster average (relative % diff))
- Trauma and Injuries Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (39.0% higher than the cluster average (relative % diff))



Summary by domain - NHS Northumberland CCG

Domain	Number of indicators			Indicators in the worst quintile	Difference/ opportunity between CCG and Benchmark	CCG(s) who are best in your cluster
	Total	Below benchmark	Worst quintile			
Population						
Healthy and Independent Living (1)						
Healthy and Independent Living (2)	16	16	5	<ul style="list-style-type: none"> Life expectancy - Females (2011-13) (0.8 years less than the cluster average) Life expectancy at 65 - Females (2011-13) (0.7 years less than the cluster average) Healthy life expectancy at 65 - Males (2010-12) (0.8 years less than the cluster average) Healthy life expectancy at 65 - Females (2010-12) (0.8 years less than the cluster average) Percentage of life spent in 'good' health - Males (2010-12) (3.5% less than the cluster average (absolute % diff)) 	<ul style="list-style-type: none"> 0.8 years less than the cluster average 0.7 years less 0.8 years less than the cluster average 0.8 years less than the cluster average 3.5 % less than the cluster average 	<ul style="list-style-type: none"> NHS West Suffolk CCG NHS West Suffolk CCG NHS Ipswich and East Suffolk CCG NHS Ipswich and East Suffolk CCG NHS Ipswich and East Suffolk CCG
Long Term Conditions	9	4	1	<ul style="list-style-type: none"> Percentage prevalence of Stroke or Transient Ischaemic Attack (2012-13) (0.3% more than the cluster average (absolute % diff)) 	<ul style="list-style-type: none"> 888 more patients than the cluster average 	<ul style="list-style-type: none"> NHS West Suffolk CCG
Heath Care	13	9	5	<ul style="list-style-type: none"> Rate of emergency admissions to hospital for people aged 75+ with length of stay under 24 hours per 100,000 population (2012-13) (71.6% more than the cluster average (relative % diff)) Percentage of emergency readmissions to hospital within 28 days for patients: hip replacements (2009-11) (3.1% more than the cluster average) Rate of people aged 75+ years admitted from nursing home or residential care home settings per 1,000 (2012/13) (0.2% higher than the cluster average (absolute % diff)) Average length of stay (days) for emergency admissions for fractured neck of femur (2013-14) (7.7 days higher than the cluster average) Rate of alcohol related admissions per 100,000 (All ages) (2012/13) (18.9% higher than the cluster average (relative % diff)) 	<ul style="list-style-type: none"> 902 more admissions than the cluster average 50 more admissions than the cluster average 63 more admissions than the cluster average 43.9% higher average length of stay, 3151 more bed days than the cluster average 3348 more admissions than the cluster average 	<ul style="list-style-type: none"> NHS Isle of Wight CCG NHS Isle of Wight CCG NHS Ipswich and East Suffolk CCG NHS North Lincolnshire CCG NHS Isle of Wight CCG



Summary by domain - NHS Northumberland CCG

Domain	Number of indicators			Indicators in the worst quintile	Difference/ opportunity between CCG and Benchmark	CCG(s) who are best in your cluster
	Total	Below benchmark	Worst quintile			
Social Care	5	1	0			
End of life and mortality	12	9	3	<ul style="list-style-type: none"> • Percentage of all deaths in an area occurring in hospital, age 65 to 84 (2013) (5.3% more than the cluster average (absolute % diff)) • Percentage of deaths from all other causes (aged 65-84) (2011-2013) (0.9% more than the cluster average (absolute % diff)) • Percentage of deaths from all other causes (aged 85+) (2011-2013) (3.3% more than the cluster average (absolute % diff)) 	<ul style="list-style-type: none"> • 178 more deaths than the cluster average • 14 more deaths than the cluster average • 42 more deaths than the cluster average 	<ul style="list-style-type: none"> • NHS South Kent Coast CCG • NHS Lincolnshire East CCG • NHS East Riding of Yorkshire CCG
Inpatient costs	14	10	7	<ul style="list-style-type: none"> • Cancer: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (18.6% higher than the cluster average (relative % diff)) • Circulatory: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (13.2% higher than the cluster average (relative % diff)) • Gastro Intestinal: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (19.1% higher than the cluster average (relative % diff)) • Genito Urinary: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (29.7% higher than the cluster average (relative % diff)) • Musculoskeletal: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (17.7% higher than the cluster average (relative % diff)) • Poisoning and adverse effects: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (27.0% higher than the cluster average (relative % diff)) • Trauma and Injuries Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14) (39.0% higher than the cluster average (relative % diff)) 	<ul style="list-style-type: none"> • 18.6% (£22,955 per 1,000 population) more spend than the cluster average • 13.2% (£30,033 per 1,000 population) more spend than the cluster average • 19.1% (£24,601 per 1,000 population) more spend than the cluster average • 29.7% (£32,215 per 1,000 population) more spend than the cluster average • 17.7% (£19,677 per 1,000population) more spend than the cluster average • 27.0% (£9,398 per 1,000 population) more spend than the cluster average • 39.0% (£50,633 per 1,000 population) more spend than the cluster average 	<ul style="list-style-type: none"> • NHS Isle of Wight CCG • NHS South Worcestershire CCG • NHS Isle of Wight CCG • NHS Isle of Wight CCG • NHS South Worcestershire CCG • NHS South Worcestershire CCG • NHS Great Yarmouth & Waveney CCG



Indicators worse than cluster average

Healthy and Independent Living (2)

- Life expectancy - Males (2011-13)
- Life expectancy - Females (2011-13)
- Life expectancy at 65 - Males (2011-13)
- Life expectancy at 65 - Females (2011-13)
- Healthy life expectancy at 65 - Males (2010-12)
- Healthy life expectancy at 65 - Females (2010-12)
- Percentage of life spent in 'good' health - Males (2010-12)
- Percentage of life spent in 'good' health - Females (2010-12)
- Disability-free life expectancy at 50 - Males (2010-12)
- Disability-free life expectancy at 50 - Females (2010-12)
- Disability-free life expectancy at 65 - Males (2010-12)
- Disability-free life expectancy at 65 - Females (2010-12)
- Percentage of life disability-free at 50 - Males (2010-12)
- Percentage of life disability-free at 50 - Females (2010-12)
- Percentage of life disability-free at 65 - Males (2010-12)
- Percentage of life disability-free at 65 - Females (2010-12)

Long Term Conditions

- Percentage prevalence of dementia (2013-14)
- Percentage of people (over 45) who have total hip osteoarthritis (2012-13)
- Percentage of people (over 45) who have total knee osteoarthritis (2012-13)
- Percentage prevalence of Stroke or Transient Ischaemic Attack (2012-13)



Summary indicators worse than cluster average- NHS Northumberland CCG

Indicators worse than cluster average

Health Care

- Rate of hip fractures aged 65+ per 100,000 population (2011-12)
- Rate of hip fractures aged 65-79 per 100,000 population (2011-12)
- Rate of hip fractures aged 80+ per 100,000 population (2011-12)
- Rate of emergency admissions to hospital for people aged 75+ with length of stay under 24 hours per 100,000 population (2012-13)
- Percentage of emergency readmissions to hospital within 28 days for patients: hip replacements (2009-11)
- Percentage of emergency readmissions to hospital within 28 days for patients: stroke (2009-11)
- Rate of people aged 75+ years admitted from nursing home or residential care home settings per 1,000 (2012/13)
- Average length of stay (days) for emergency admissions for fractured neck of femur (2013-14)
- Rate of alcohol related admissions per 100,000 (All ages) (2012/13)

Social Care

- Percentage of patients returning to usual place of residence following hospital treatment for fractured femur (2013-14)

Indicators worse than cluster average

End of Life and Mortality

- Percentage of all deaths in an area occurring in hospital, age 65 to 84 (2013)
- Percentage of all deaths in an area occurring at home (2013)
- Percentage of all deaths in an area occurring in a care home (2013)
- Percentage of all deaths in an area occurring in a hospice (2013)
- Percentage of deaths from cancer (aged 65-84) (2011-2013)
- Percentage of deaths from respiratory disease (aged 65-84) (2011-2013)
- Percentage of deaths from respiratory disease (aged 85+) (2011-2013)
- Percentage of deaths from all other causes (aged 65-84) (2011-2013)
- Percentage of deaths from all other causes (aged 85+) (2011-2013)

Inpatient Costs

- Cancer: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14)
- Circulatory: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14)
- Gastro Intestinal: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14)
- Genito Urinary: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14)
- Musculoskeletal: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14)
- Neurological: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14)
- Poisoning and adverse effects: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14)
- Respiratory: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14)
- Skin Problems: Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14)
- Trauma and Injuries Inpatient costs for those aged 75+ standardised rate per 1,000 population (2013-14)



Next steps - Local Data

LAs working with CCGs may want to consider adding local intelligence to triangulate with the intelligence in this pack

This may include;

- Joint Strategic Needs Assessment (JSNA)
- Preventative activity commissioned by local authorities - falls?
- Data on inequalities
- Up to date intelligence from providers
- Contract Management data
- Local prescribing data

Local data can be particularly useful when;

- Testing the size of the opportunities identified from the national data in this pack
- Linking to identified needs of the population
- Testing whether plans introduced since these data were collected have worked
- Testing whether commissioned services are accessed by those greatest in need.

Annexe 1: Cluster groups - Northumberland

Local Authorities	(NHS Northumberland similar) CCGs
East Riding of Yorkshire	NHS North Derbyshire CCG
Sefton	NHS East Riding of Yorkshire CCG
Wirral	NHS Shropshire CCG
Cornwall	NHS South Worcestershire CCG
North Tyneside	NHS South Kent Coast CCG
Shropshire	NHS North Staffordshire CCG
Isle of Wight	NHS Great Yarmouth & Waveney CCG
North Somerset	NHS Lincolnshire East CCG
County Durham	NHS North Lincolnshire CCG
Calderdale	NHS Ipswich and East Suffolk CCG
Cheshire West and Chester	NHS Newark & Sherwood CCG
Wakefield	NHS West Suffolk CCG
Barnsley	NHS West Norfolk CCG
Plymouth	NHS Isle of Wight CCG

For more information go to: <http://www.cipfastats.net/resources/nearestneighbours/>
 And: <http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/>



Annexe 2: Statistical Methodology

Statistical methodology

The methodology used in this pack consisted of the following steps:

For each indicator:

- Data are ranked within the cluster
- A benchmark value is calculated from the average for that cluster
- The opportunity that could be gained if the CCG were to improve to the benchmark is calculated
- The worst quintile is identified as the worst 3 ranked values
- If the indicator lies in the worst quintile then it is highlighted as a potential area for investigation

This is a non-parametric statistical approach which is designed to be easy to understand and interpret. It is also insensitive to the presence of outlying or extreme values. While the comparison does not necessarily prove statistical significance it does provide a robust indication of the most promising areas for further investigation

Annexe 3: Notes on data

Indicator	Notes
Rate of sight loss due to age related macular degeneration (AMD) in those aged 65+ per 100,000 population (2012-13)	Opportunity calculation not available, data quality issues
Rate of sight loss due to glaucoma in those aged 65+ per 100,000 population (2012-13)	Opportunity calculation not available, data quality issues
Health related quality of life for older people aged 65 and over (2012-13)	Opportunity calculation not available
Percentage of applicable patients who go direct to a stroke unit within 4 hours (CCG OIS - C3.5) (ref. G7.18)	Some missing data. If your CCGs data is missing it will show as '0' on the spine chart indicator within domain 4
Percentage if people aged 75+ years admitted from nursing home or residential care home settings per 1000 2012/13	Some missing data. If your local authority's data is missing it will show as '0' on the spine chart indicator within domain 5.
Proportion of stroke patients newly discharged to a care home (2013-14)	Some missing data. If your local authority's data is missing it will show as '0' on the spine chart indicator within domain 6.
Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	Some missing data. If your local authority's data is missing it will show as '0' on the spine chart indicator within domain 6.
Directly age-standardised rates for mortality from all causes 2011-2013 aged 65 and over	This average cluster value has not been calculated in the same way as for local authorities and CCGs, it is a crude average of cluster rates. Therefore the opportunity is presented in percentage difference and as rate difference per 100,000
Directly age-standardised rates for mortality from cancer 2011-2013 aged 65 and over	This average cluster value has not been calculated in the same way as for local authorities and CCGs, it is a crude average of cluster rates. Therefore the opportunity is presented in percentage difference and as rate difference per 100,000
Directly age-standardised rates for mortality from cardiovascular disease 2011-2013 aged 65 and over	This average cluster value has not been calculated in the same way as for local authorities and CCGs, it is a crude average of cluster rates. Therefore the opportunity is presented in percentage difference and as rate difference per 100,000
Directly age-standardised rates for mortality from respiratory 2011-2013 aged 65 and over	This average cluster value has not been calculated in the same way as for local authorities and CCGs, it is a crude average of cluster rates. Therefore the opportunity is presented in percentage difference and as rate difference per 100,000

Annexe 4: Data sources used

Data sources used:

- Public Health Outcomes Framework (PHOF) <http://www.phoutcomes.info/>
- NHS Outcomes Framework (NHSOF) <http://www.hscic.gov.uk/nhsf>
- Adult and Social Care Outcomes Framework (ASCOF) <http://ascof.hscic.gov.uk/>
- Quality and Outcomes Framework (QOF) <http://www.hscic.gov.uk/qof>
- Commissioning for Value <http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/>
- Atlas of Variation <http://www.rightcare.nhs.uk/index.php/nhs-atlas/>
- HSCIC Indicator Portal <https://indicators.ic.nhs.uk/webview/>
- End of Life Care Profiles http://www.endoflifecare-intelligence.org.uk/end_of_life_care_profiles/
- Older peoples health and wellbeing atlas <http://www.wmpho.org.uk/olderpeopleatlas/>
- Excess Winter Deaths Atlas <http://www.wmpho.org.uk/excesswinterdeathsinEnglandatlas/>
- NOMIS - Census and Annual Population Survey Household datasets <https://www.nomisweb.co.uk/>
- Office for National Statistics - Population estimates and projections <http://ons.gov.uk/ons/taxonomy/index.html?nscl=Population>

Mental health and wellbeing pathway for older people - NICE Pathway <http://pathways.nice.org.uk/pathways/mental-wellbeing-and-older-people#path=view%3A/pathways/mental-wellbeing-and-older-people/mental-wellbeing-and-older-people-overview.xml&content=view-index>

Excess-winter-deaths-and-illnesses-associated-with-cold-home - NICE Pathway
<http://pathways.nice.org.uk/pathways/excess-winter-deaths-and-illnesses-associated-with-cold-homes#path=view%3A/pathways/excess-winter-deaths-and-illnesses-associated-with-cold-homes/excess-winter-deaths-and-illnesses-associated-with-cold-homes-overview.xml&content=view-index>

Home care for older people overview- NICE Pathway
<http://pathways.nice.org.uk/pathways/home-care-for-older-people/home-care-for-older-people-overview>

Falls in older people overview - NICE Pathway <http://pathways.nice.org.uk/pathways/falls-in-older-people>

What role can local and national supportive services play in supporting independent and healthy living in individuals 65 and over? Foresight, Government Office for Science (2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/460109/gs-15-24-future-ageing-supportive-services-role-er14.pdf

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