



Public Health
England

Starting well

Local authority: Northumberland UA

CCG: NHS Northumberland CCG

Northumberland UA has a one to one relationship with NHS Northumberland CCG



Executive summary:

Northumberland UA

The key issues that arise from this analysis for the local authority:

- High percentage of deliveries by caesarean section
- Low population vaccination coverage for one or more vaccinations in the childhood vaccination programme.
- High A&E attendances for 0 to 4 years
- High elective admissions for children
- Low percentage of GCSE's achieved (5A*-C inc. English and maths)
- High numbers of teenage mothers



The key issues that arise from this analysis for the CCG:

- Low numbers of mothers who initiate breastfeeding
- Low breastfeeding prevalence at 6-8 weeks
- High numbers of A&E attendances for children
- High elective admissions for children
- High emergency admissions for children
- High hospital admissions due to injury
- High rate of tonsillectomy procedures
- High rates of obese school children
- High rate of myringotomy procedures (with / without grommets)



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Background and purpose

- This pack is intended to support improvement in the value of commissioned services for the local population. It considers the life course from pregnancy and birth through pre-school and school-age to young adults.
- Local Authorities are compared in this pack with a cluster of 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 CCG(s) that are within the local authority using a comparator of the 10 most similar CCGs.
- This pack is produced by PHE Northern and Yorkshire Knowledge and Intelligence Team and provided as part of the KIT local contribution work programme. Its development has been guided by a steering group of local authority children's commissioners*.
- 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

*The steering group included Shirley Brierley (Bradford) , Jill Farrington (Calderdale), Penny Greenwood (Barnsley), Sue Greig (Sheffield), Joanna Saunders (Rotherham) and Jacqui Wiltschinsky (Doncaster)



Methodology

Analysed a wide range of indicators for starting well life cycle

- Identified 'cluster groups' of 10 LAs with similar characteristics to the LA (see slide 33)
- Analysed wide range of national data to identify indicators where the LA is below a benchmark value for that indicator and thus has an opportunity to improve (see slide 7)
- Identified indicators where the LA is in the worst quintile within its cluster for that indicator

Identified key opportunities for value improvement and quantified potential impact

- Quantified opportunity for the LA if indicators below the benchmark were moved to the benchmark
- Quantification does not mean that the 'saving' or improvement can actually be made but may answer the question 'Is it going to be worth focussing on this area?'

Reviewed national evidence base to identify potential interventions linked to opportunities

- Pulled together examples of 'what works' against 'opportunity' areas
- Identified best performing LAs from the cluster to support potential service review

This approach was repeated for the CCG(s) that are within the local authority.



- For each indicator, the benchmark is calculated as the average of the best performing 5 LA's in the cluster group, i.e. approximately the 75th percentile (figure 1).
- The benchmark has been agreed in consultation with the steering group and has deliberately been chosen to be challenging to encourage overall improvement in outcomes.
- The worst quintile is defined as the lowest ranked 2 performing LA's in the cluster group (figure 2).
- The best quintile is defined as the highest ranked 2 performing LA's in the cluster group (figure 2).

Benchmark

Figure 1

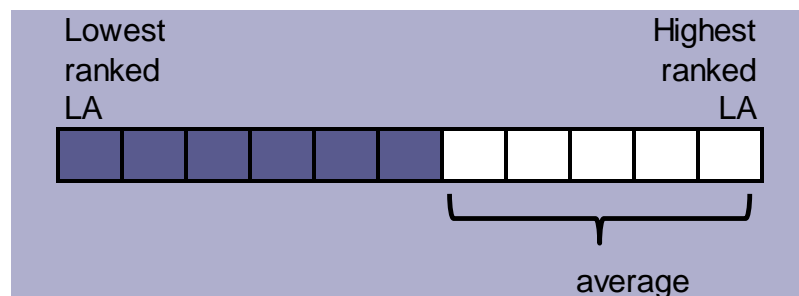
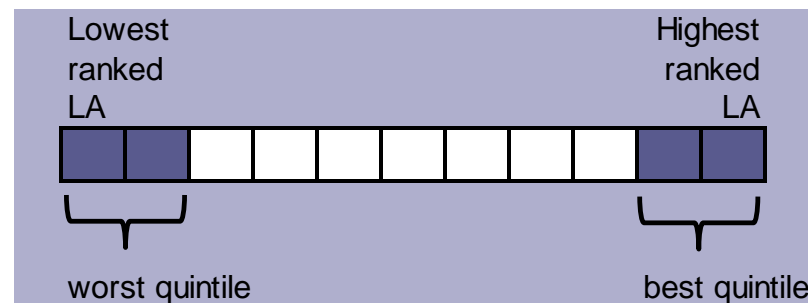


Figure 2





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Key findings by life course



Key findings: Pregnancy and Birth

Local Authority indicators

10 out of 14 pregnancy and birth indicators are worse than the benchmark.

The following 2 indicators are in the worst quintile, the potential benefits based on achieving the benchmark shown in brackets:

- % deliveries by caesarean section (102 fewer deliveries)

- Teenage mothers (78 fewer teenage mothers)

CCG indicators

8 out of 9 pregnancy and birth indicators are worse than the benchmark.

The following 2 indicators are in the worst quintile, the potential benefits based on achieving the benchmark shown in brackets:

- Breastfeeding initiation (476 more women)

- Breastfeeding prevalence at 6-8 weeks after birth (420 more women)

Note, for indicators marked with an * see slide 36 for information on how to interpret the opportunity



Key findings: Pre-school

Local Authority indicators

11 out of 11 population vaccination indicators are worse than the benchmark.

1 indicator is in the worst quintile.

7 out of 7 hospital admission indicators are worse than the benchmark.

The following 2 indicators are in the worst quintile, the potential benefits based on achieving the benchmark shown in brackets:

A&E attendances (0 to 4 years) (2,194 fewer attendances)

Elective admissions (0 to 4 years) (567 fewer admissions)

CCG indicators

6 out of 10 population vaccination indicators are worse than the benchmark.

There are no indicators in the worst quintile.

6 out of 6 hospital admission indicators are worse than the benchmark.

4 indicators are in the worst quintile. The 3 with the biggest potential benefits to children based on achieving the benchmark are shown in brackets:

A&E attendances (0 to 4 years) (3,394 fewer attendances)

Elective admissions (0 to 4 years) (648 fewer admissions)

Myringotomy procedures (0 to 4 years) (54 fewer procedures)



Key findings: School-aged

Local Authority indicators

17 out of 19 school-age indicators are worse than the benchmark.

The following indicator is in the worst quintile, the potential benefit of achieving the benchmark shown in brackets:

GCSE achieved (5A*-C inc. English and maths) (347 more children)

CCG indicators

11 out of 11 school-age indicators are worse than the benchmark.

The following 4 indicators are in the worst quintile, the potential benefit of achieving the benchmark shown in brackets:

Elective admissions (5 to 9 years) (255 fewer admissions)

Myringotomy procedures (5 to 9 years) (74 fewer procedures)

Obese children (reception) (55 fewer children)

Myringotomy procedures (10 to 19 years) (30 fewer procedures)



Key findings: Young adults

Local Authority indicators

11 out of 11 young adult indicators are worse than the benchmark.

The following indicator is in the worst quintile, the potential benefit of achieving the benchmark shown in brackets:

Elective admissions (15 to 19 years) (435 fewer admissions)

CCG indicators

2 out of 2 young adult indicators are worse than the benchmark.

The following 2 indicators are in the worst quintile, the potential benefits of achieving the benchmark shown in brackets:

Elective admissions (15 to 19 years) (460 fewer admissions)

Emergency admissions (15 to 19 years) (284 fewer admissions)



Key findings: All age

Local Authority indicators

14 out of 16 all age children indicators are worse than the benchmark.
There are no indicators in the worst quintile.

CCG indicators

10 out of 10 all age children indicators are worse than the benchmark.
The following 2 indicators are in the worst quintile, the potential benefits of achieving the benchmark shown in brackets:

Elective admissions (<18 years) (956 fewer admissions)

Admissions due to injury (<18 years) (186 fewer admissions)



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Analysis



Analysis by pathway stage (LA)

| Pathway | Number of indicators | | | Indicators in the worst quintile - difference between the LA and the benchmark in brackets | Opportunity - if the LA were to equal the benchmark |
|---------------------|----------------------|-----------------|----------------|--|--|
| | Total | Below benchmark | Worst quintile | | |
| Pregnancy and Birth | 14 | 10 | 2 | % deliveries by caesarean section (15.7 % higher) Teenage mothers (54.4 % higher) | 102 fewer deliveries 78 fewer teenage mothers |
| Pre-school | 18 | 18 | 3 | Elective admissions (0 to 4 years) (74.1 % higher) A&E attendances (0 to 4 years) (32.8 % higher) PCV booster (2 years) (-2 % lower) | 567 fewer admissions 2,194 fewer attendances more vaccinations |
| School aged | 19 | 17 | 1 | GCSE achieved (5A*-C inc. English and maths) (-14.9 % lower) | 347 more children |
| Young adults | 11 | 11 | 1 | Elective admissions (15 to 19 years) (51.9 % higher) | 435 fewer admissions |



Analysis by pathway stage (LA)

| Pathway | Number of indicators | | | Indicators in the worst quintile - difference between the LA and the benchmark in brackets | Opportunity - if the LA were to equal the benchmark |
|--|----------------------|-----------------|----------------|--|---|
| | Total | Below benchmark | Worst quintile | | |
| All age children and young person indicators | 16 | 14 | 0 | No indicators in the worst quintile | No indicators in the worst quintile |



Analysis: by pathway stage (CCG)

| Pathway | Number of indicators | | | Indicators in the worst quintile - difference between the CCG and the benchmark in brackets | Opportunity - if the CCG were to equal the benchmark |
|---------------------|----------------------|-----------------|----------------|---|---|
| | Total | Below benchmark | Worst quintile | | |
| Pregnancy and Birth | 9 | 8 | 2 | Breastfeeding initiation (-15.3 % lower) Breastfeeding prevalence at 6-8 weeks after birth (-13.6 % lower) | 476 more women 420 more women |
| Pre-school | 16 | 12 | 4 | A&E attendances (0 to 4 years) (70 % higher) Elective admissions (0 to 4 years) (89.5 % higher) Myringotomy procedures (0 to 4 years) (103.1 % higher) Tonsillectomy procedures (0 to 4 years) (62.1 % higher) | 3,394 fewer attendances 648 fewer admissions 54 fewer procedures 23 fewer procedures |
| School aged | 11 | 11 | 4 | Elective admissions (5 to 9 years) (36.6 % higher) Myringotomy procedures (5 to 9 years) (108.1 % higher) Myringotomy procedures (10 to 19 years) (256 % higher) Obese children (reception) (1.7 % higher) | 255 fewer admissions 74 fewer procedures 30 fewer procedures 55 fewer children |
| Young adults | 2 | 2 | 2 | Emergency admissions (15 to 19 years) (34.7 % higher) Elective admissions (15 to 19 years) (55.9 % higher) | 284 fewer admissions 460 fewer admissions |



Analysis: by pathway stage (CCG)

| Pathway | Number of indicators | | | Indicators in the worst quintile - difference between the CCG and the benchmark in brackets | Opportunity - if the CCG were to equal the benchmark |
|--|----------------------|-----------------|----------------|---|--|
| | Total | Below benchmark | Worst quintile | | |
| All age children and young person indicators | 10 | 10 | 2 | Elective admissions (<18 years) (39 % higher) Admissions due to injury (<18 years) (28.9 % higher) | 956 fewer admissions 186 fewer admissions |



Bringing it all together (LA)

| Where to focus | Who should we speak to?* | What could work |
|--|--------------------------|---|
| High percentage of deliveries by caesarean section | Nottinghamshire | NICE has a quality standard 32 on caesarean section http://publications.nice.org.uk/quality-standard-for-caesarean-section-qs32 |
| Low population vaccination coverage | durham | NICE public health guidance 21 reducing differences in the uptake of vaccinations http://publications.nice.org.uk/reducing-differences-in-the-uptake-of-immunisations-ph21 |
| High A&E attendances for 0 to 4 years | durham | A Child Health and Maternity Partnership (CHaMP) report (2011) on the fundamentals of commissioning health services for children (http://www.chimat.org.uk/resource/view.aspx?RID=106744) has examples of how improvements have been made. |
| High elective admissions for children | East Riding of Yorkshire | The NICE referral database summarises recommendations and timescales for referral http://www.nice.org.uk/usingguidance/referraladvice/search.jsp |
| Low percentage of GCSE's achieved (5A*-C inc. English and maths) | Warrington | NICE antisocial behaviour disorder and conduct pathway and quality standard http://guidance.nice.org.uk/QS59 is expected to contribute to improvements to this indicator |
| High numbers of teenage mothers | Darlington | NICE public health guidance 51 on contraceptive services http://publications.nice.org.uk/contraceptive-services-with-a-focus-on-young-people-up-to-the-age-of-25-ph51 |
| | | |
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| | | |
| | | |
| | | |
| | | |

*Based on the highest ranked LA in the cluster. It is not known whether the LA has taken specific actions in this area but there maybe something to learn from a conversation about their approach.



Bringing it all together (CCG)

| Where to focus | Who should we speak to?* | What could work |
|---|------------------------------------|---|
| Low numbers of mothers who initiate breastfeeding | Solihull Care Trust | NICE quality standard postnatal care http://publications.nice.org.uk/postnatal-care-qs37/quality-statement-5-breastfeeding |
| Low breastfeeding prevalence at 6-8 weeks | Central and Eastern Cheshire PCT | NICE quality standard postnatal care http://publications.nice.org.uk/postnatal-care-qs37/quality-statement-5-breastfeeding |
| High numbers of A&E attendances for children | NHS Great Yarmouth and Waveney CCG | A Child Health and Maternity Partnership (CHaMP) report (2011) on the fundamentals of commissioning health services for children (http://www.chimat.org.uk/resource/view.aspx?RID=106744) has examples of how improvements have been made. |
| High elective admissions for children | NHS East Riding of Yorkshire CCG | The NICE referral database summarises recommendations and timescales for referral http://www.nice.org.uk/usingguidance/referraladvice/search.jsp |
| High emergency admissions for children | NHS East Riding of Yorkshire CCG | A Child Health and Maternity Partnership (CHaMP) report (2011) on the fundamentals of commissioning health services for children: http://www.chimat.org.uk/resource/view.aspx?RID=106744) has examples of how improvements have been made. |
| High hospital admissions due to injury | NHS South Kent Coast CCG | NICE (2010) has a quick reference guide: preventing unintentional injuries among under-15s. Available at: http://guidance.nice.org.uk/PH30/QuickRefGuide/pdf/English |
| High rate of tonsillectomy procedures | NHS North Derbyshire CCG | The NICE Clinical Knowledge Summaries for sore throat (2012) has advice about when to refer for tonsillectomy http://cks.nice.org.uk/sore-throat-acute#!scenarioirecommendation:3 |
| High rates of obese school children | West Cheshire PCT | NICE public health guidance 47 managing overweight and obesity among children http://publications.nice.org.uk/managing-overweight-and-obesity-among-children-and-young-people-lifestyle-weight-management-ph47 |
| High rate of myringotomy procedures | NHS North Lincolnshire CCG | The NICE guideline (CG60) surgical management of otitis media with effusion in children http://guidance.nice.org.uk/cg60 has advice about identifying children with OME who may benefit from surgery. |
| | | |
| | | |

*Based on the highest ranked CCG in the cluster. It is not known whether the CCG has taken specific actions in this area but there maybe something to learn from a conversation about their approach.



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 – e.g. smoking cessation programmes for pregnant women
- Data on inequalities
- Up to date intelligence from providers
- Contract monitoring 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

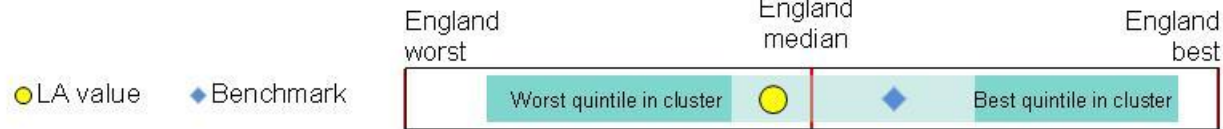


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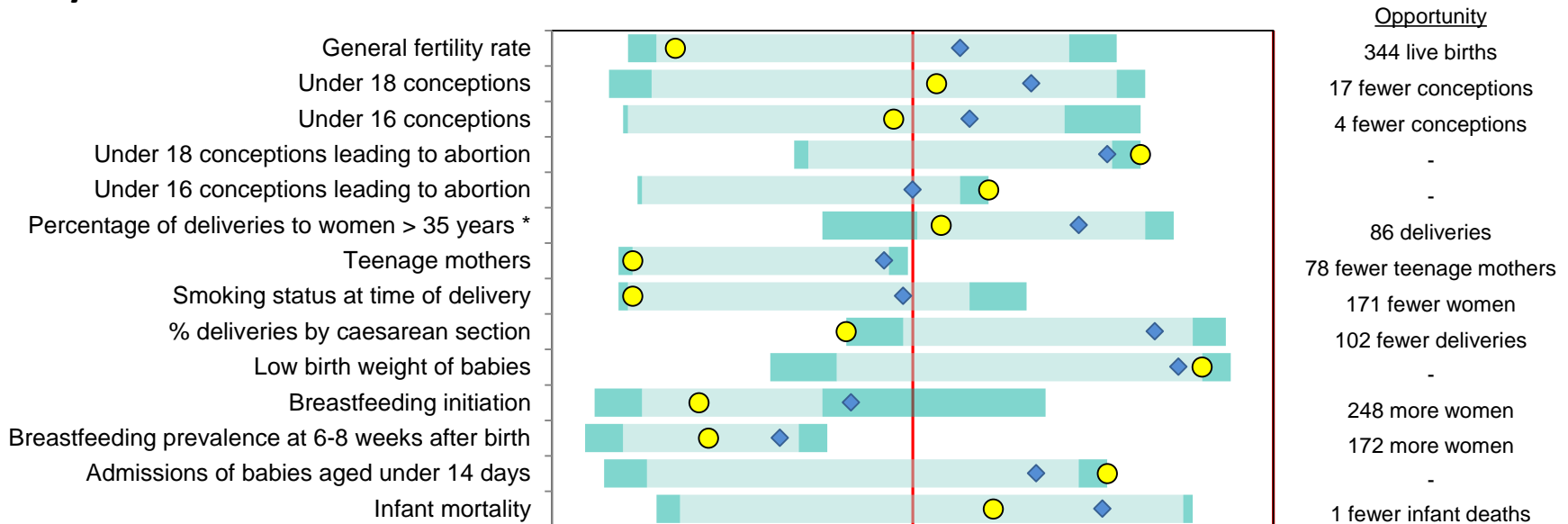
Annexes



Annex 1: Spine charts: Local Authority

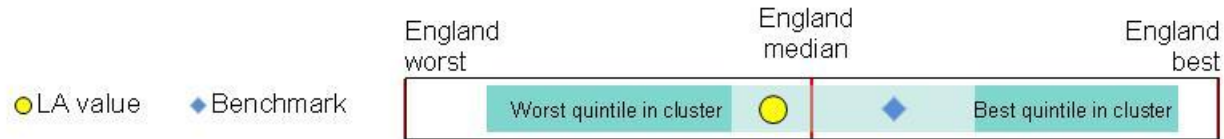


Pregnancy and Birth

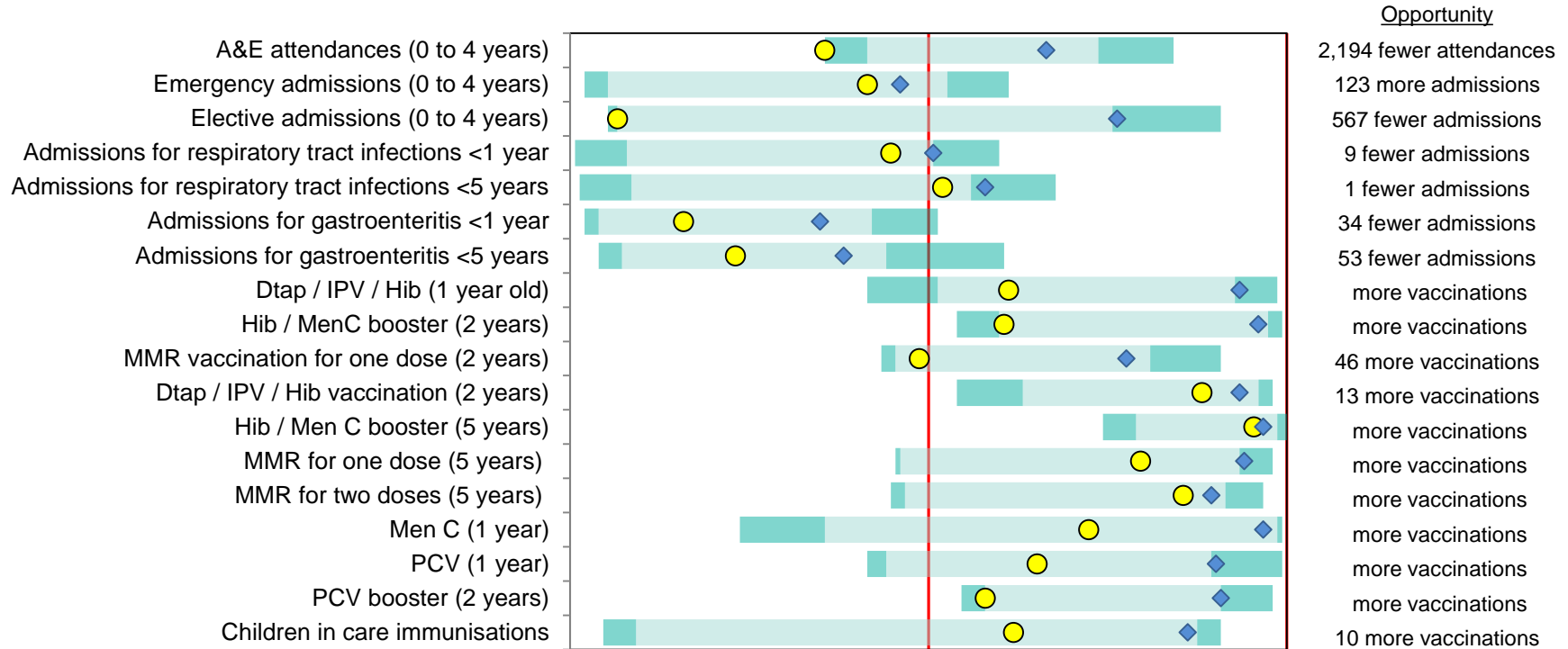




Annex 1: Spine charts: Local Authority

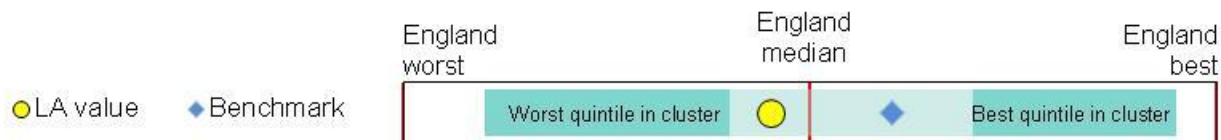


Pre-school

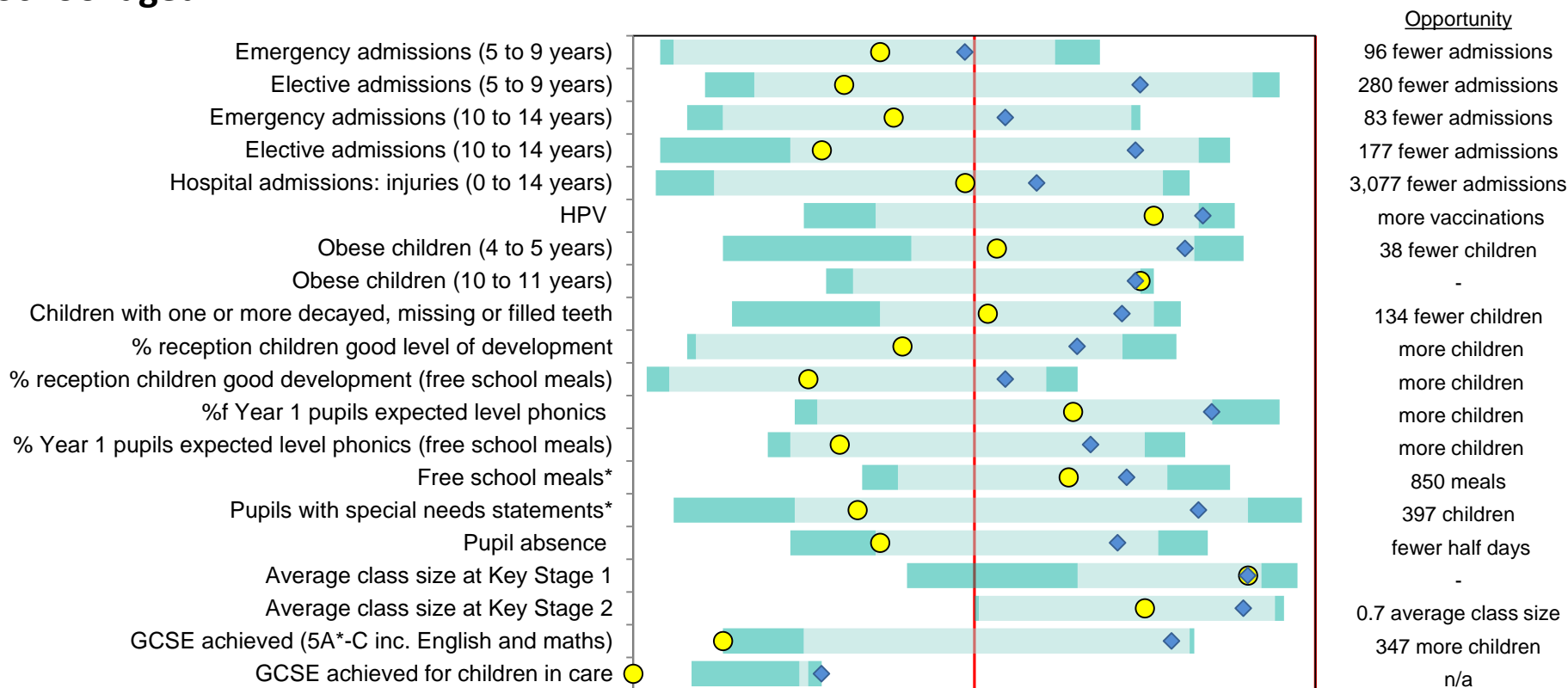




Annex 1: Spine charts: Local Authority

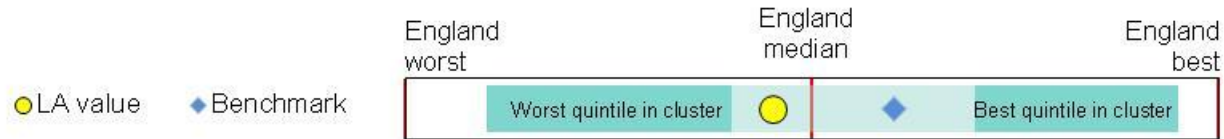


School aged



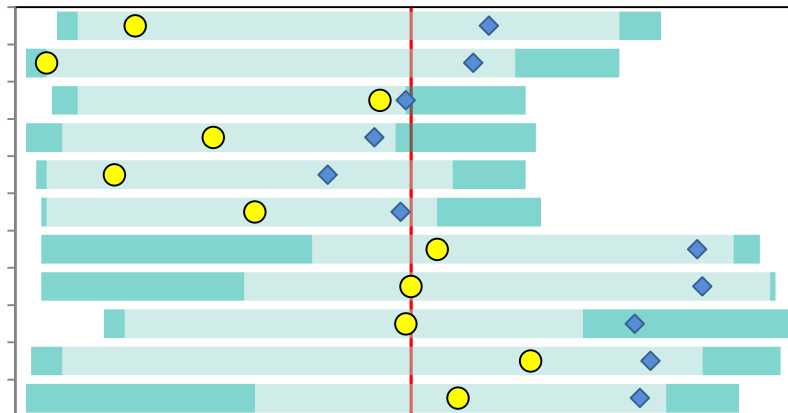


Annex 1: Spine charts: Local Authority



Young adults

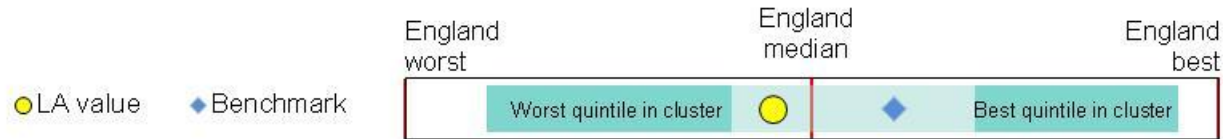
- Emergency admissions (15 to 19 years)
- Elective admissions (15 to 19 years)
- Hospital admissions: alcohol specific conditions
- Hospital admissions: to substance misuse (15 to 24 years)
- Hospital admissions: injuries in young people (15 to 24 years)
- Hospital admissions as a result of self-harm (10 to 24 years)
- Chlamydia diagnoses (15 to 24 years) Female*
- Chlamydia diagnoses (15 to 24 years) Male*
- Acute sexually transmitted infections
- 16-18 year olds not in education, employment or training
- First time entrants to the youth justice system



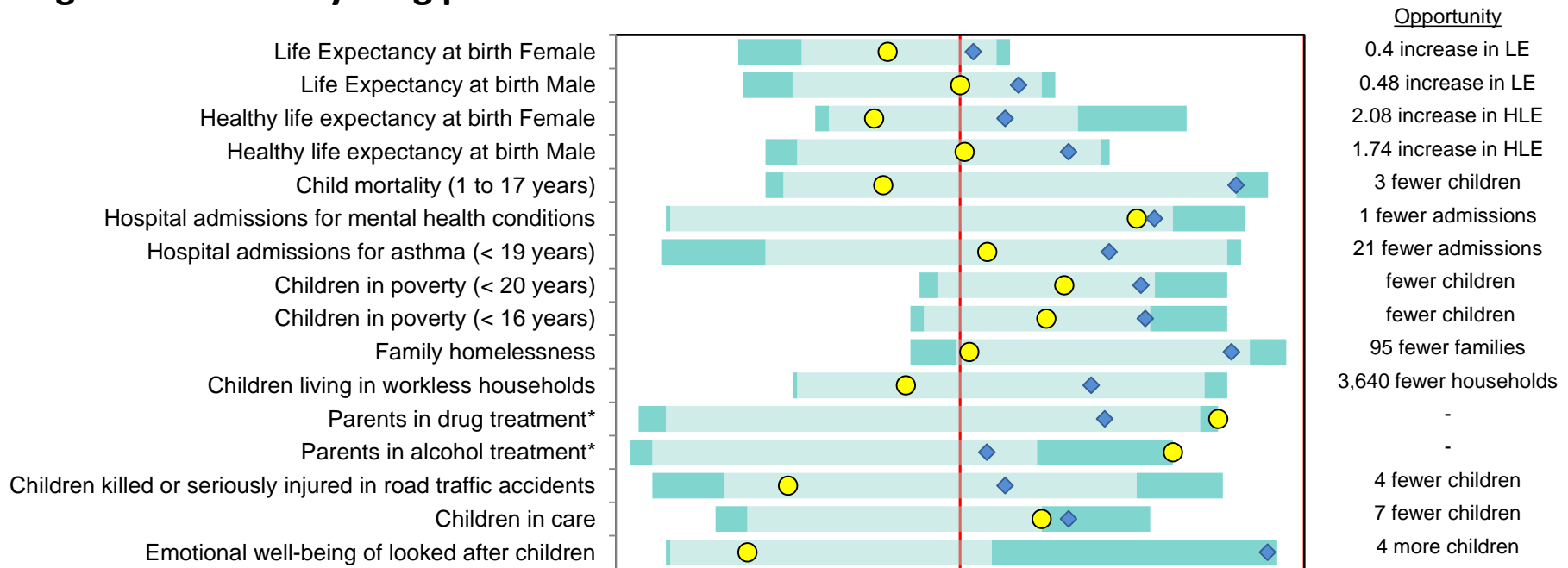
- Opportunity
- 312 fewer admissions
 - 435 fewer admissions
 - 0 fewer admissions
 - 7 fewer admissions
 - 171 fewer admissions
 - 35 fewer admissions
 - more diagnoses
 - more diagnoses
 - 218 fewer infections
 - fewer people
 - fewer people



Annex 1: Spine charts: Local Authority



All age children and young persons indicators

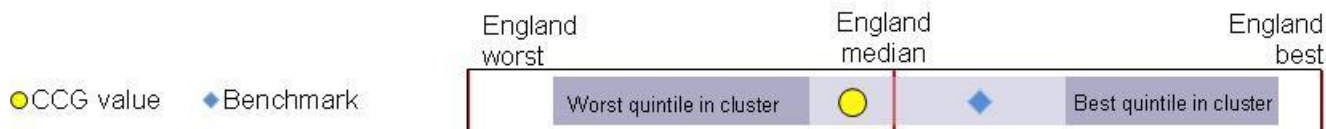


Note 1, where the opportunity equals "N/A" there is no data for this indicator

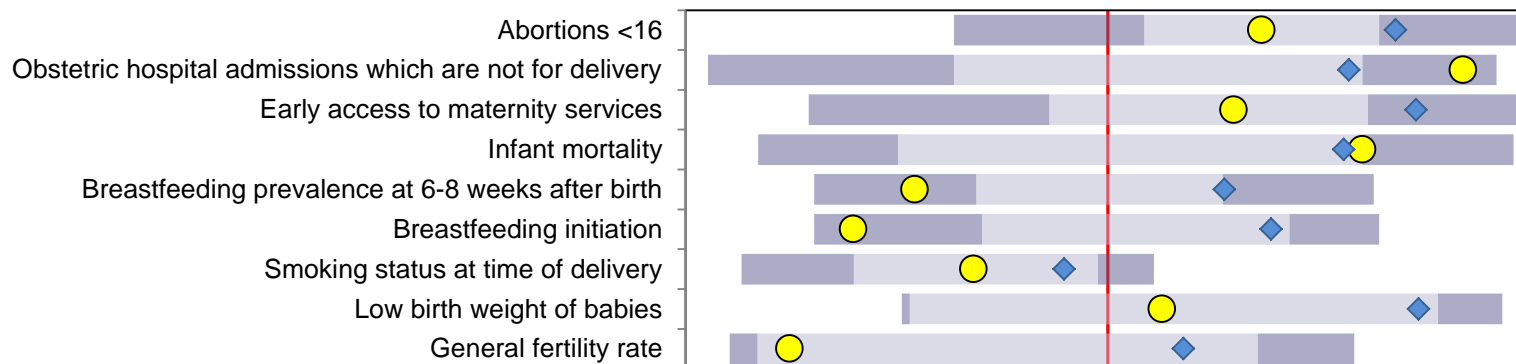
Note 2, for indicators marked with an * see slide 36 for information on how to interpret the opportunity



Annex 2: Spine charts: CCG



Pregnancy and Birth

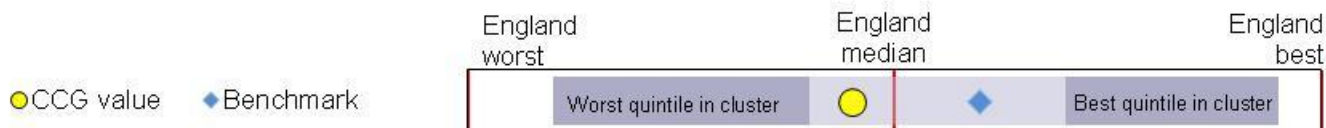


Opportunity

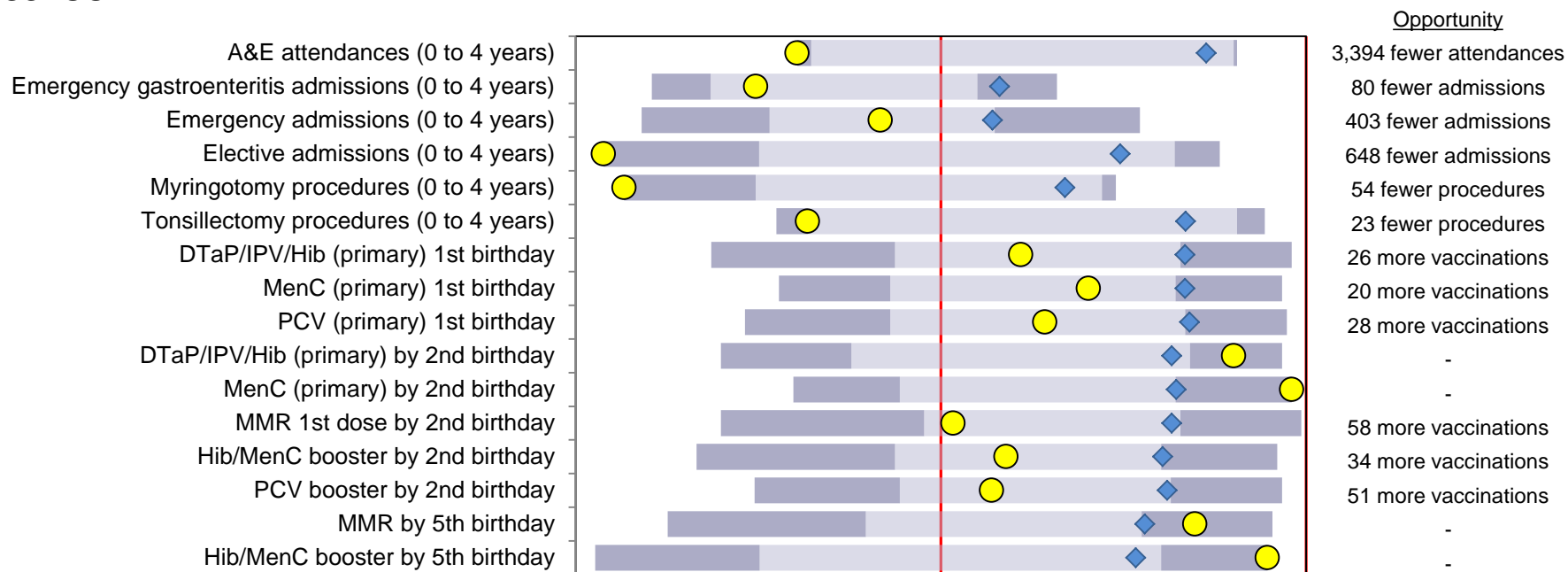
- 8 fewer abortions
-
- 83 more women
- 0 fewer infant deaths
- 420 more women
- 476 more women
- 54 fewer women
- 26 fewer births
- 499 live births



Annex 2: Spine charts: CCG

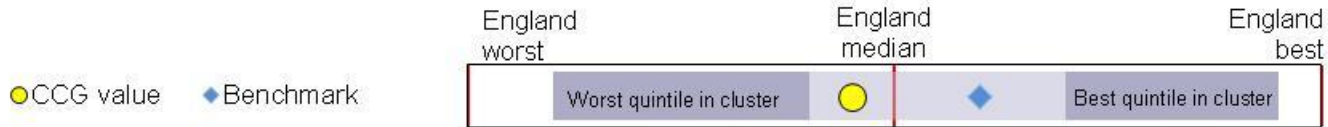


Pre-school

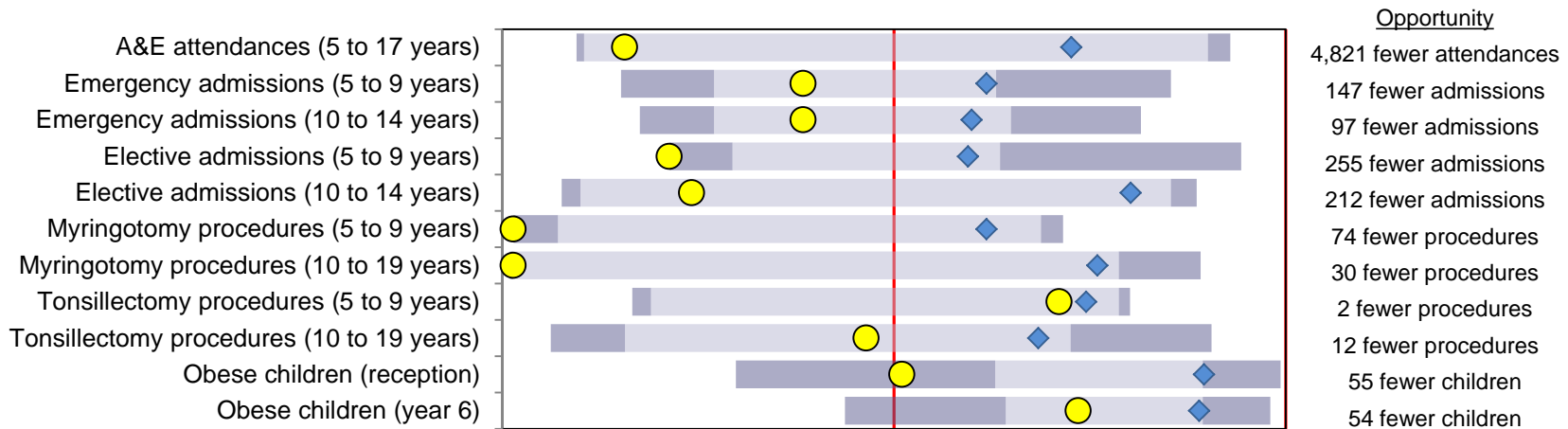




Annex 2: Spine charts: CCG

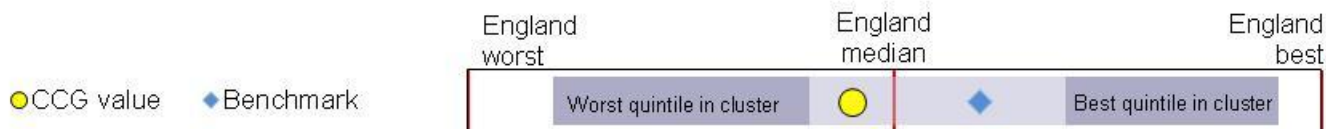


School aged

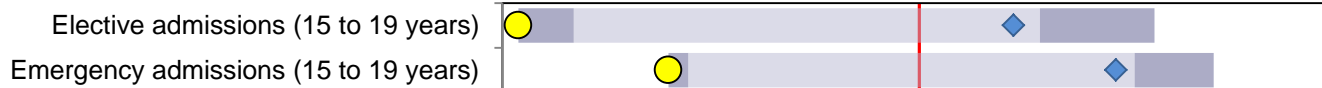




Annex 2: Spine charts: CCG



Young adults



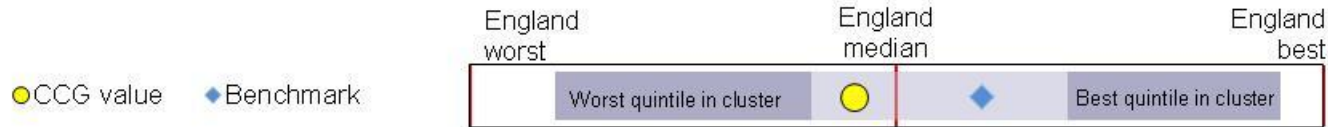
Opportunity

460 fewer admissions

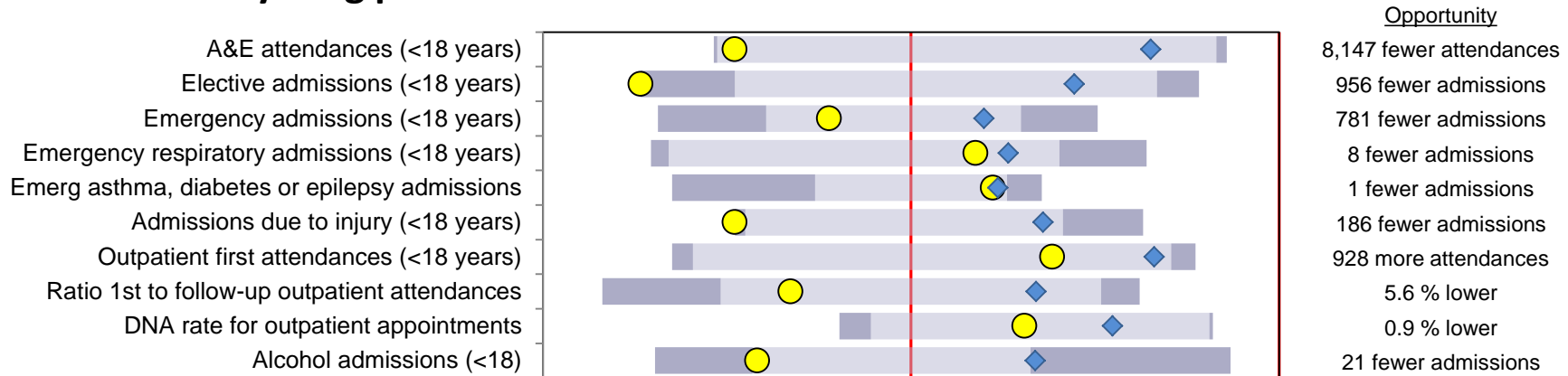
284 fewer admissions



Annex 2: Spine charts: CCG



All age children and young persons indicators



Note 1, where the opportunity equals “N/A” there is no data for this indicator

Note 2, for indicators marked with an * see slide 36 for information on how to interpret the opportunity



Annex 3: Local Authority cluster

The 10 most similar local authorities to Northumberland UA are:

North Tyneside

Stockton-on-Tees

Darlington

durham

East Riding of Yorkshire

Derbyshire

Nottinghamshire

Staffordshire

Calderdale

Warrington

For information on the methodology please go to:

http://media.education.gov.uk/assets/files/xls/c/childrens_services_statistical_neighbour_benchmarking_tool.xls



Annex 4: CCG cluster

The 10 most similar CCGs to NHS Northumberland CCG are:

- NHS North Derbyshire CCG
- NHS East Riding of Yorkshire CCG
- NHS Shropshire CCG
- NHS South Worcestershire CCG
- NHS South Kent Coast CCG
- NHS North Staffordshire CCG
- NHS Great Yarmouth and Waveney CCG
- NHS Lincolnshire East CCG
- NHS North Lincolnshire CCG
- NHS Ipswich and East Suffolk CCG

For information on the methodology please go to:

<http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/>



Annex 5: 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 best 5 ranked values
- The opportunity that could be gained if the CCG were to improve to the benchmark value is calculated
- The worst quintile is identified as the worst 2 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.



Annex 6: Notes on data

| Indicator | Notes |
|--|--|
| Percentage of deliveries aged over 35 | Any opportunity that is indicated refers to the increased risk of pregnancy-related complications and health problems and the extra resources that this involves, not a suggested reduction in deliveries. |
| Chlamydia diagnoses (15 to 24 years) Male / Female | This indicator represents the diagnosis rate amongst under 25 year olds and is a measure of chlamydia control activities. Increasing diagnostic rates indicates increased control activity: it is not a measure of morbidity. PHE recommends that LA's should be working towards achieving a diagnosis rate of at least 2,300 per 100,000. |
| Free school meals | Any opportunity that is indicated refers to an increased number of children from poorer backgrounds who are more at risk of poorer development and the extra resource that this involves, not a suggested reduction in free school meals. |
| Pupils with special needs statements | Any opportunity that is indicated refers to an increased number of pupils with special needs statements and the extra resource that this involves, not a suggested reduction in statements. |
| Parents in drug or alcohol treatment | Parents in treatment is not a measure of the number of substance misusing parents in an area. Any opportunity that is indicated refers to an increased number of children with parents in drug or alcohol treatment who are more at risk, not a suggested reduction in parents in treatment. |
| | |



Annex 7: Data sources

Data sources used:

LA

- Children and Young persons benchmarking tool, data downloaded June 2014, PHE
- Child Health profiles, March 2014, PHE
- Breastfeeding profiles, 2013, PHE
- Early years profiles, 2014, PHE
- Hospital Episode Statistics (HES), Copyright © 2014, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
- Department for Education, 2013
- Annual Population Survey Household datasets, 2012
- Office for National Statistics, 2012
- School census, 2013
- Health & Wellbeing – Alcohol & Drugs, 2012/13, Public Health England



Annex 7: Data sources

Data sources used:

CCG

- National general practice profiles, data downloaded May 2014, PHE
- Copyright © 2014, Health and Social Care Information Centre. All Rights Reserved.
- Department of Health, Integrated Performance Measure Return
- National Statistics, Copyright © 2014, Health and Social Care Information Centre. All Rights Reserved.
- Department of Health and National Statistics Copyright © 2014, Health and Social Care Information Centre. All Rights Reserved.
- COVER: Copyright © 2013, Health and Social Care Information Centre. All Rights Reserved.
- The Health and Social Care Information Centre, Lifestyle Statistics / Public Health England, Children, Young People and families NCMP Dataset Copyright © 2013. The Health and Social Care Information Centre, Lifestyle Statistics. All Rights Reserved.
- Local Alcohol Profiles for England (LAPE), 2008-10
- Integrated Performance Measures Monitoring/ Maternity, Department of Health.



Annex 8: Glossary

- Dtap/IPV/Hib A single vaccine which protects against diphtheria, pertussis, tetanus, Haemophilus influenzae type b and polio.
- Men C Meningococcal C
- PCV Pneumococcal
- HPV Two high-risk HPV types – 16 and 18
- MMR Measles, mumps and rubella vaccine