Darlington Borough Council

Public Health

Quarter 1 Performance Highlight Report for Scrutiny

2017-18

Public Health Performance Introduction

The attached report describes the performance of a number of <u>Key</u> or <u>Wider Indicators</u>

<u>Key Indicators</u> are reported in different timeframes. Many are only reported annually and the period they are reporting can be more than a year in arrears or related to aggregated periods. The data for these indicators are produced and reported by external agencies such as ONS or PHE. The lag of reporting is due to the complexities of collecting, analysing and reporting of such large data sets. The following schedule (page 5) outlines when the data will be available for the Key indicators and when they will be reported.

Those higher level population indicators, which are influenced largely by external factors, continue to demonstrate the widening of inequalities, with some key measures of population health showing a continuing trend of a widening gap between Darlington and England. For many of these indicators the Darlington position is mirrored in the widening gap between the North East Region and England.

Timetable for "Key" Public Health Indicators

Please note the following is based on National reporting schedules and as such is a provisional schedule

Q1 Indicators

Indicator Num	Indicator description
PBH 009	(PHOF 2.01) Low birth weight of term babies
PBH 016	(PHOF 2.04) Rate of under 18 conceptions
PBH 033	(PHOF 2.14) Prevalence of smoking among persons aged 18 years and over
PBH 048	(PHOF 3.02) Rate of chlamydia detection per 100,000 young people aged 15 to 24
PBH 058	(PHOF 4.05i) Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population

Q2 Indicators

Indicator Num	Indicator description
PBH 044	(PHOF 2.18) Alcohol related admissions to hospital
PBH 046	(PHOF 2.22iv) Take up of the NHS Health Check programme-by those eligible
PBH 052	(PHOF 3.08) Antimicrobial resistance

Q3 Indicators

Indicator Num	Indicator description
PBH 013c	(PHOF 2.02ii) % of all infants due a 6-8 week check that are totally or partially breastfed
PBH 014	(PHOF 2.03) % of women who smoke at time of delivery
PBH 018	(PHOF 2.05) Child development-Proportion of children aged 2-2.5 years offered ASQ-3 as part of the Healthy Child Programme or integrated review
PBH035i	(PHOF 2.15i) Successful completion of drug treatment-opiate users
PBH 035ii	(PHOF 2.15ii) Successful completion of drug treatment-non opiate users
PBH 035iii	(PHOF 2.15iii) Successful completion of alcohol treatment
PBH 050 *	(PHOF 3.04) People presenting with HIV at a late stage of infection
PBH 056	(PHOF 4.04ii) Age-standardised rate of mortality considered preventable from all cardiovascular diseases (inc. heart disease and stroke) in those aged <75 per 100,000 population
PBH 060	(PHOF 4.07i) Age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population

Q4 Indicators

Indicator Num	Indicator description
PBH 020	(PHOF 2.06i) Excess weight among primary school age children in Reception year
PBH 021	(PHOF 2.06ii) Excess weight among primary school age children in Year 6
PBH 024	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuires to children (0-4 years)
PBH 026	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuires to children (0-14 years)
PBH 027	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuires to children (15-24 years)

For the indicators below update schedules are still pending (see detailed list tab for explanation)

Indicator Num	Indicator description
PBH 029	(PHOF 2.09) Smoking Prevalence-15 year old
PBH 031	(PHOF 2.10) Self-harm
PBH 054	(PHOF 4.02) Proportion of five year old children free from dental decay

* Please note the figures in this indicator may be supressed when reported

Quarter 1 Performance Summary

Key Indicators

The key indicators reported this quarter concern low birth weight of term babies, rate of under 18 conceptions, prevalence of smoking among persons aged 18 years and over, rate of chlamydia detection amongst people aged 15 to 24, and rate of mortality from all cancers in persons less than 75 years of age. The first four indicators demonstrate stable or improving trends largely in keeping with local/national rates and statistically similar rates to our CIPFA nearest neighbours. Work continues to maintain and improve upon this encouraging performance, addressing the inequalities in our locality that hinder good public health.

The fifth key indicator concerning cancer mortality demonstrates that, although premature mortality from cancer has decreased in Darlington since 2001 in line with national and local trends, rate of premature cancer mortality in Darlington is worse than in England and in our CIPFA nearest neighbours. The public health team in Darlington continues to support the CCG in its project to map and review cancer services with a focus on lung and colorectal cancers, both of which have high incidence rates and poor outcomes in this locality.

PBH 009- (PHOF 2.01) Low birth weight of term babies

Definition: Percentage of all live births at term with low birth weight

Numerator-Live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks

Denominator- All live births with recorded birth weight and a gestational age of at least 37 weeks

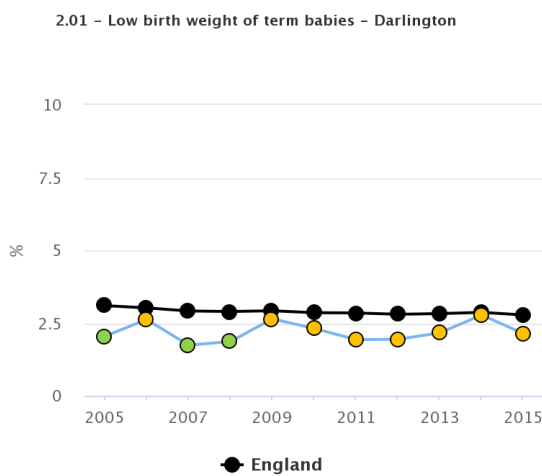**No national target**

Figure 1-Trend comparison to England

2.01 – Low birth weight of term babies – Darlington
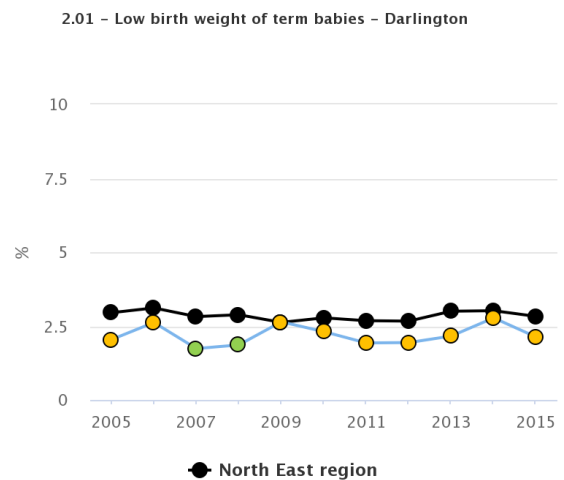

● England

Figure 2-Trend comparison to North East

2.01 – Low birth weight of term babies – Darlington

● North East region

Figure 3-CIPFA Nearest neighbours comparison

Area	Value		Lower CI	Upper CI
England	2.8		2.7	2.8
Tameside	4.1		3.4	4.9
Dudley	3.5		3.0	4.2
Calderdale	3.3		2.7	4.2
Barnsley	3.3		2.7	4.1
Bolton	3.2		2.7	3.9
Rotherham	3.2		2.6	3.9
Doncaster	3.1		2.6	3.8
Derby	3.0		2.5	3.7
Stockton-on-Tees	2.9		2.3	3.7
Bury	2.5		1.9	3.3
Telford and Wrekin	2.5		1.9	3.3
Wakefield	2.3		1.8	2.8
North Tyneside	2.3		1.7	3.0
Medway	2.2		1.7	2.7
Darlington	2.1		1.4	3.1
St. Helens	2.0		1.4	2.7

Source: Office for National Statistics

Compared with benchmark ▇Better ▇Similar ▇Worse ▇Not compared

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What is the data is telling us?

Figure 1 and 2 indicate that despite some variances since 2015, Darlington's trend has been similar to the England and North East. When comparing Darlington to its CIPFA nearest neighbours, the latest available data shows that Darlington is statistically similar.

Why is this important to inequalities?

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services. Figure 4 shows low birth weight term of babies in England split by IMD 2015 deprivation deciles and demonstrates the suggested link between deprivation and low birth weight at full term with those living in the more deprived deciles statistically worse than England average.

Figure 4-Low birth weight of term babies in England by deprivation decile

2.01 – Low birth weight of term babies – England, 2015 – Data partitioned by County & UA deprivation deciles in England (IMD2015)

— England average
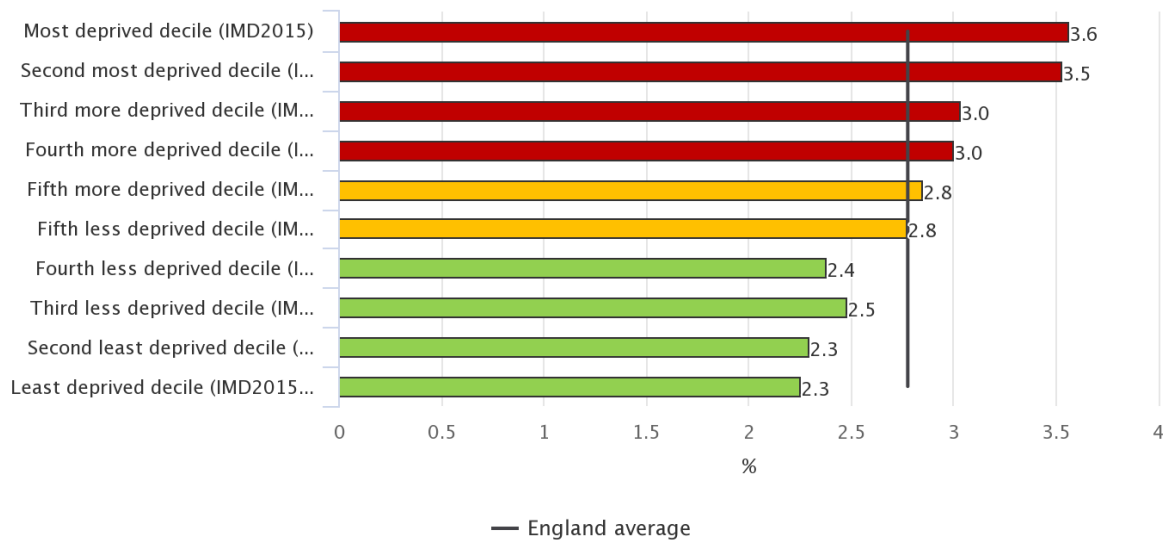
What are we doing about it?

As part of the 0-19 contract, focussed indicators on maternal health and brief interventions offered for adults are monitored. The Stop Smoking Service Hub offers pregnant women support via maternity care assistants.

PBH 016 - Rate of under 18 conceptions

Definition: Rate of conception per 1,000 in females aged 15-17

Numerator: Number of pregnancies that occur to women aged under 18, that result in either one or more live or still births or a legal abortion under the Abortion Act 1967.

Denominator: Number of women aged 15-17 living in the area.

Target: Continue downward trend

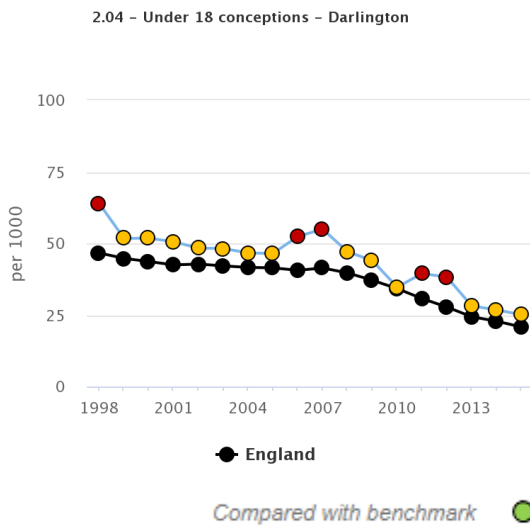Figure 5-Trend comparison to England

2.04 – Under 18 conceptions – Darlington
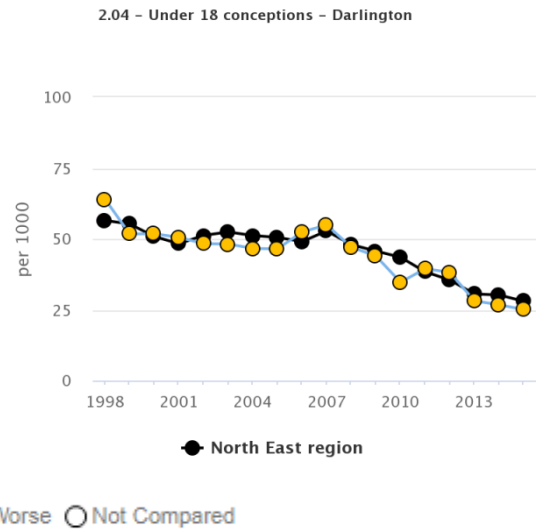

Figure 6-Trend comparison to NE

2.04 – Under 18 conceptions – Darlington

Figure 7-CIPFA nearest neighbours comparison

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	19,080	20.8	20.5	21.1
Barnsley	↓	8	135	33.7	28.3	39.9
Doncaster	↓	9	163	31.8	27.1	37.1
St. Helens	↓	1	87	29.6	23.7	36.5
Stockton-on-Tees	↓	3	94	28.9	23.4	35.4
Medway	↓	13	140	28.1	23.6	33.1
Derby	↓	6	115	26.9	22.2	32.3
Rotherham	↓	7	120	25.5	21.1	30.5
Tameside	↓	12	95	25.1	20.3	30.7
Darlington	↓	-	48	25.1	18.5	33.2
Telford and Wrekin	↓	15	79	25.0	19.8	31.2
North Tyneside	↓	14	80	24.9	19.8	31.0
Bolton	↓	10	126	24.7	20.6	29.4
Calderdale	↓	2	92	24.6	19.9	30.2
Dudley	↓	4	132	24.3	20.4	28.9
Bury	↓	5	78	23.8	18.8	29.7
Wakefield	↓	11	114	20.2	16.6	24.2

Source: Office for National Statistics (ONS)

2.04 – Under 18 conceptions – Darlington
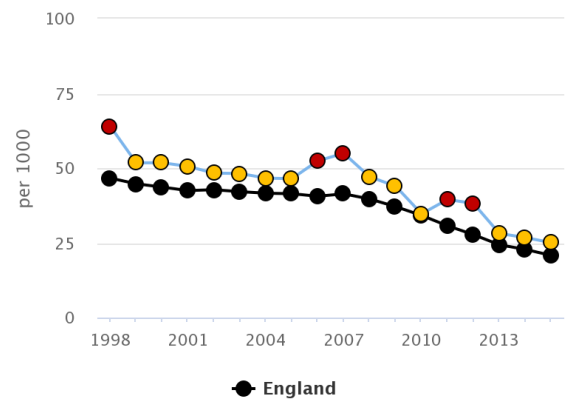
What is the data telling us?

Under 18 years teenage conception rates continue to decrease, following both the national and regional trend. Statistically, Darlington's rate has decreased in recent years to now have a similar rate to its CIPFA nearest neighbours.

Why is this important to inequalities?

While for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty. Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers.

What are we doing about it?

In terms of prevention work, the Relationship Education and Sexual Health (RESH) Co-ordinator has this indicator in their SLA as part of their contribution to public health. The RESH co-ordinator takes lead responsibility for the development and delivery of sex and relationships education in Darlington, promoting common standards and work programme across the borough.

PBH 033- (PHOF 2.14) Prevalence of smoking among persons aged 18 years and over

Definition: Smoking Prevalence in adults - current smokers (APS)

Numerator: The number of persons aged 18 + who are self-reported smokers in the Annual Population Survey.

Denominator: Total number of respondents (with valid recorded smoking status) aged 18+ from the Annual Population Survey.

Target: to meet the North East target of 5% by 2025
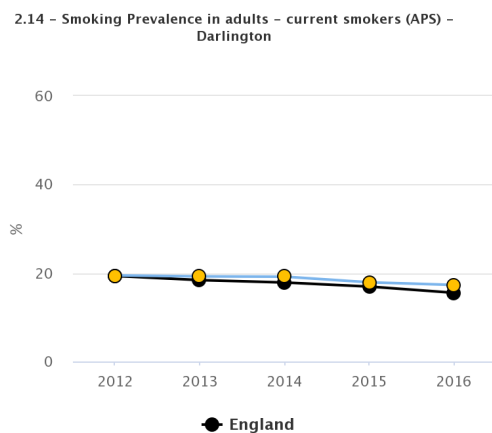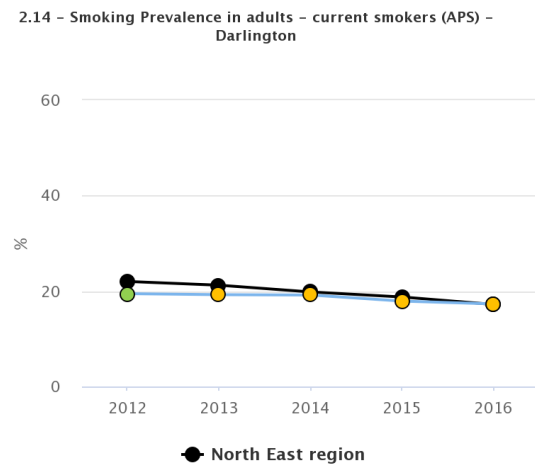
Figure 8-Trend comparison to England   Figure 9-Trend comparison to NE

2.14 – Smoking Prevalence in adults – current smokers (APS) – Darlington

2.14 – Smoking Prevalence in adults – current smokers (APS) – Darlington

Compared with benchmark   ● Better ● Similar ● Worse ○ Not Compared

Figure 10-comparison to CIPFA nearest neighbours

2.14 – Smoking Prevalence in adults – current smokers (APS) – Darlington

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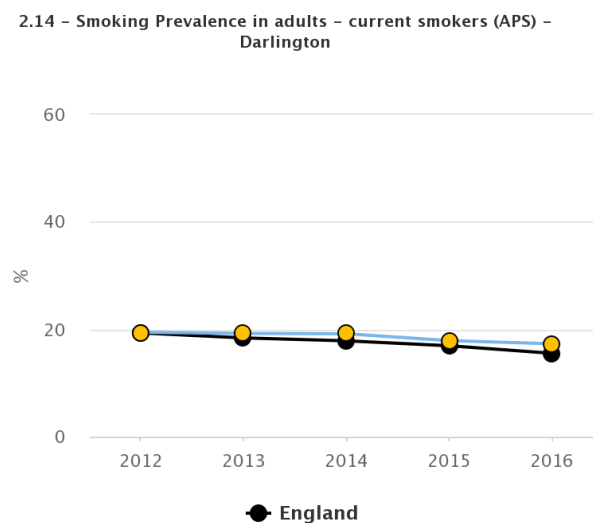
What is the data telling us?

Smoking prevalence in over 18s is showing a decrease which is positive. The way the data is collected means that the data has not been age-standardised and, therefore, variations between area values may be a result of differences in population structure. Looking at Darlington's CIPFA nearest neighbours comparison, the trend is statistically similar. It should be noted that this indicator relies on self-reported from the Annual Population Survey and therefore may be prone to respondent bias.

Why is this important to inequalities?

Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Results from the Annual Population Survey show that smoking prevalence in England is higher in those from more deprived deciles and those who socio-economic are classed as in "routine and manual occupations" or "never worked and long term unemployed". Males are more likely to smoke than females, and those aged 25-39 years old showed higher prevalence of smoking.

What are we doing about it?

A review of the Stop Smoking service in 2016 led to a new service being commissioned which targets specialist support to those who are deemed to be "high risk" smokers; for example those who have been identified through a health check as at risk of developing COPD or heart disease. A focus continues to support pregnant woman who smoke. Incentives for the service to reach those in more deprived communities in the town have also been factored into the contract in an attempt to reduce inequalities within the town.

PBH 048 - (PHOF 3.02) Rate of chlamydia detection per 100,000 young people aged 15 to 24

Definition: Chlamydia detection rate in 15-24 year olds

Numerator: The number of diagnoses of chlamydia among 15-24 year olds in England.

Denominator: Resident population aged 15-24.

Target: A detection rate of at least 2,300 per 100,000 population aged 15-24.

Figure 11-Trend comparison to England

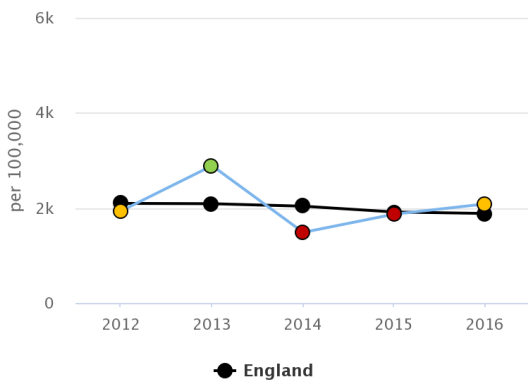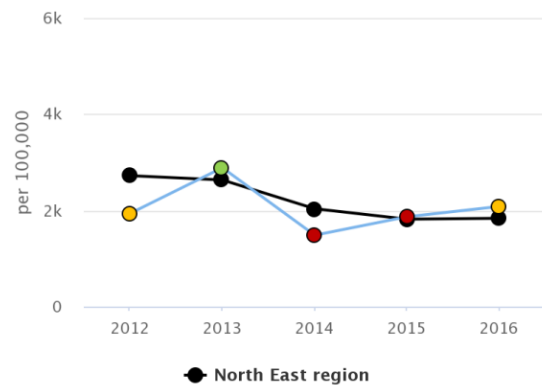3.02 – Chlamydia detection rate (15–24 year olds) – Darlington

England

Figure 12-Trend comparison to NE

3.02 – Chlamydia detection rate (15–24 year olds) – Darlington

North East region

Compared with benchmark ○ Better ○ Similar ○ Worse ○ Not Compared

3.02 - Chlamydia detection rate (15-24 year olds) 2016   Crude rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	↓	-	128,098	1,882		1,872	1,893
Tameside	➡	12	668	2,593		2,400	2,798
North Tyneside	➡	14	539	2,562		2,350	2,788
Barnsley	➡	8	625	2,261		2,088	2,446
Doncaster	➡	9	780	2,229		2,075	2,391
St. Helens	➡	1	437	2,144		1,948	2,355
Darlington	➡	-	242	2,083		1,829	2,362
Wakefield	➡	11	772	2,061		1,918	2,212
Rotherham	↓	7	617	2,033		1,875	2,199
Bolton	↓	10	701	1,998		1,853	2,152
Telford and Wrekin	↑	15	441	1,990		1,808	2,184
Bury	↓	5	393	1,862		1,683	2,056
Calderdale	➡	2	425	1,810		1,642	1,991
Medway	↑	13	656	1,754		1,622	1,893
Derby	↓	6	614	1,746		1,611	1,890
Dudley	↑	4	556	1,530		1,406	1,663
Stockton-on-Tees	↓	3	315	1,317		1,176	1,471

Source: Public Health England

3.02 – Chlamydia detection rate (15–24 year olds) – Darlington
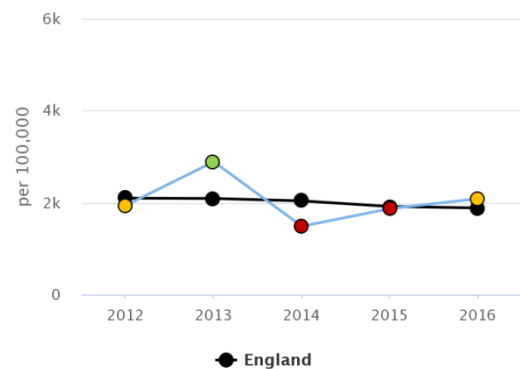
England

Compared with benchmark ▮ Better ▮ Similar ▮ Worse ▮ Lower ▮ Similar ▮ Higher ▮ Not compared

What is the data telling us?

The latest reported rate in 2016 indicate the rate has steadily increased since 2014 and is now statistically similar to England. This is a similar pattern to other Tees Valley Authorities. This shows the improvements in targeted testing in local sexual health services. This data could also indicate improvements in access to testing for young people under 25 in Darlington reflecting work with young people to improve knowledge and confidence in local services

Darlington currently has a rate of 2,083 per 100,000 and is performing close to the recommended PHE target of 2,300 per 100,000.

Why is this important to inequalities?

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent).

What are we doing about it?

Work continues with the local Specialist Sexual Health Services to improve access and screening targeting the under 25s. Continued work with partners who work with young people to continue to promote testing for chlamydia in young people who are sexually active.

PBH 058-(PHOF 4.05i) Age standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population

Definition: Under 75 mortality rate from cancer (persons)

Numerator: Number of deaths from all cancers (classified by underlying cause of death recorded as ICD codes C00-C97) registered in the respective calendar years, in people aged under 75, aggregated into quinary age bands (0-4, 5-9,…, 70-74).

Denominator: Population-years (aggregated populations for the three years) for people of all ages, aggregated into quinary age bands (0-4, 5-9, …, 70-74).

Target: England average (138.8)
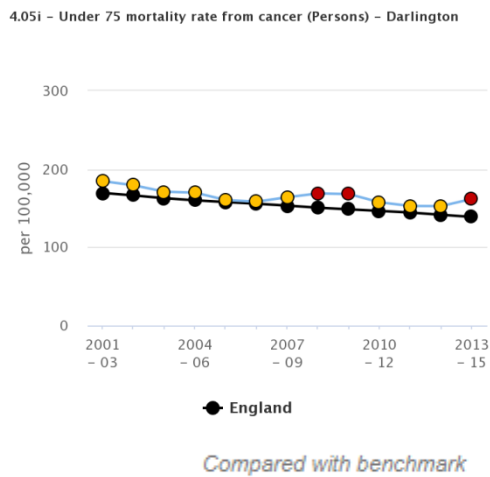
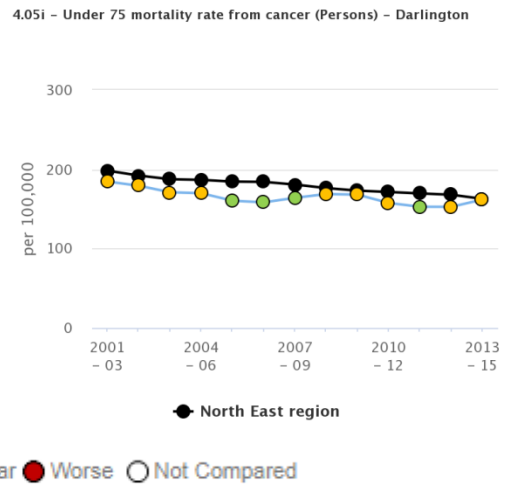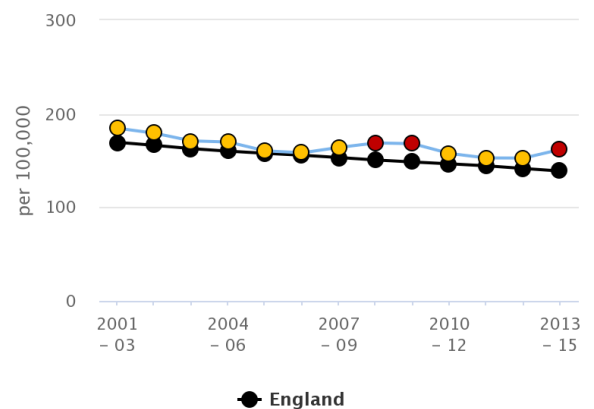Figure 14-Trend comparison to England

Figure 15-Trend comparison to NE

4.05i – Under 75 mortality rate from cancer (Persons) – Darlington

4.05i – Under 75 mortality rate from cancer (Persons) – Darlington

Compared with benchmark   ● Better ● Similar ● Worse ○ Not Compared

Figure 16-comparison to CIPFA nearest neighbours

4.05i - Under 75 mortality rate from cancer (Persons)   2013 - 15   Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value			95% Lower CI	95% Upper CI
England	--	-	186,273	138.8			138.2	139.4
Darlington	--	-	452	161.8			147.2	177.5
St. Helens	--	1	806	163.5			152.4	175.2
Calderdale	--	2	782	145.3			135.3	156.0
Stockton-on-Tees	--	3	767	157.6			146.6	169.2
Dudley	--	4	1,228	144.6			136.6	152.9
Bury	--	5	718	150.7			139.8	162.2
Derby	--	6	788	143.6			133.7	154.0
Rotherham	--	7	1,076	153.7			144.6	163.2
Barnsley	--	8	1,009	157.6			148.0	167.7
Doncaster	--	9	1,373	173.5			164.4	182.9
Bolton	--	10	1,018	147.5			138.5	156.9
Wakefield	--	11	1,384	156.1			147.9	164.6
Tameside	--	12	929	165.1			154.6	176.2
Medway	--	13	1,019	159.3			149.6	169.5
North Tyneside	--	14	913	170.4			159.5	181.9
Telford and Wrekin	--	15	645	152.6			141.0	164.9

Source: Public Health England (based on ONS source data)

Compared with benchmark   ● Better ● Similar ● Worse   ● Lower ● Similar ● Higher ● Not compared

4.05i – Under 75 mortality rate from cancer (Persons) – Darlington

What is the data telling us?

The rate of premature mortality from cancer has been reducing in Darlington steadily since 2001. The latest data from period 2013/15 shows an increase in this rate which is now statistically worse than England. The rate for Darlington also is statistically worse than its CIPFA nearest neighbours.

Why is this important to inequalities?

Cancer is the highest cause of death in England in under 75s. To ensure that there continues to be a reduction in the rate of premature mortality from cancer, there needs to be concerted action in both prevention and treatment. The mortality rate in males is higher than females, and those in more deprived deciles.

What are we doing about it?

Multi-agency work is required to reduce the impact of smoking. A new stop smoking services contract is now in place targeting those most at risk from harm from tobacco. The NHS locally, regionally and nationally has to improve outcomes for those diagnosed with cancer and those living with cancer. This includes improving diagnosis and treatment pathways in primary and secondary care.

Campaigns to raise awareness of signs and symptoms of cancer in the population need to continue, along with raising awareness and access to the range of cancer screening programmes.