Darlington Borough Council

Public Health

Quarter 2 Performance Highlight Report for Scrutiny

2017-18

Public Health Performance Introduction

The attached report describes the performance of a number of <u>Contract Indicators</u> and 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 3) 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**

**survey currently underway, data expected 2018

Bolded and Grey= these indicators are also reported to H+P Scrutiny

INDEX			
Indicator Num	**Indicator description**	**Indicator type**	**Pages**
PBH044	(PHOF 2.18) Admission episodes for alcohol-related conditions-Persons (narrow definition)	Key	6
PBH046	(PHOF 2.22 iv) Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Key	8

Quarter 2 Performance Summary

Key Indicators

The key indicators reported this quarter concern alcohol related admissions, take-up of NHS Health Checks by those eligible and efforts to reduce prescribing in primary care settings to reduce antimicrobial resistance.

Performance among these three indicators at first glance looks mixed, however it is important to recognise that these indicators are overarching measures of key changes needed and are affected not only by local action, but by wider culture change and legislation.

PBH044 Admissions for alcohol related conditions are now following the national trend yet remain statistically worse than the England benchmark and a mid-rank compared to our CIPFA neighbours. Regionally, the picture is better with Darlington performing better than the North East region average.

PBH046 NHS Health Checks are assessed cumulatively over a five year period. The aim is that within those five years 75% of the eligible population should be seen. Comparison to our CIPFA nearest neighbours is poor, as it is to the England average with Darlington currently not seeing the numbers eligible needed to meet the target. Actions to address this are described in the narrative.

PBH 044 - (PHOF 2.18) Admission episodes for alcohol-related conditions-Persons (narrow definition)

Definition: Hospital admissions for alcohol-related conditions (narrow definition), all ages, directly age standardised rate per 100,000 population European standard population.

Numerator- Admissions to hospital where the primary diagnosis is an alcohol-related condition or a secondary diagnosis is an alcohol-related external cause.

Denominator- ONS mid-year population estimates.

Target: No national target

Latest update: 2015/16   **Current performance: 739 per 100,000**
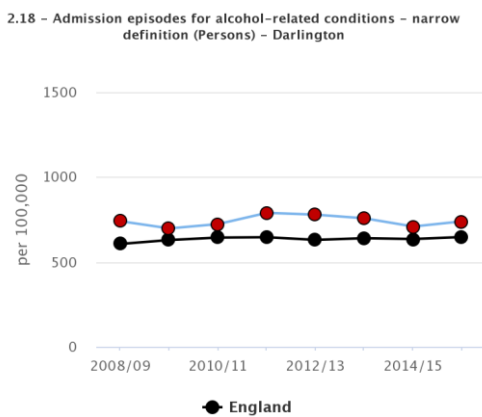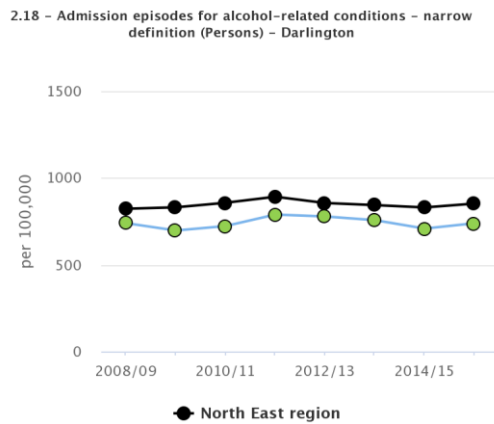
Figure 1-Trend comparison to England   Figure 2-Trend comparison to North East

2.18 – Admission episodes for alcohol–related conditions – narrow definition (Persons) – Darlington

2.18 – Admission episodes for alcohol–related conditions – narrow definition (Persons) – Darlington

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

Figure 3-CIPFA Nearest neighbours comparison

2.18 - Admission episodes for alcohol-related conditions - narrow definition (Persons) 2015/16

Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	–	-	339,282	647		644	649
North Tyneside	–	14	1,914	945		903	989
Wakefield	–	11	2,856	873		841	906
Dudley	–	4	2,677	864		831	897
Barnsley	–	8	2,019	858		821	897
Stockton-on-Tees	–	3	1,593	853		811	896
St. Helens	–	1	1,481	850		807	895
Derby	–	6	1,950	844		807	883
Tameside	–	12	1,754	821		782	860
Doncaster	–	9	2,390	803		771	836
Darlington	–	-	765	739		687	793
Rotherham	–	7	1,847	726		693	760
Telford and Wrekin	–	15	1,154	725		683	768
Bolton	–	10	1,884	709		677	742
Calderdale	–	2	1,270	624		590	660
Bury	–	5	1,055	587		552	624
Medway	–	13	1,396	546		517	575

Source: Calculated by Public Health England: Risk Factors Intelligence team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Compared with benchmark   Better   Similar   Worse   Not compared

What is the data is telling us?

Figure 1 shows that since 2008, Darlington has had a greater rate of admissions to hospital due to diseases caused by alcohol consumption than England average. Compared to our geographical neighbours in the North East, Darlington has a lower rate of admissions to hospital due to diseases caused by alcohol consumption (Figure 2).

When compared to our CIPFA neighbours (Figure 3), a wider range of local authorities that are statistically most similar, Darlington's rate is in the middle rank from the most recent data 2015/16.

Why is this important to inequalities?

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and £21 billion annually to wider society through lost working days, costs for social care, housing, police and the criminal justice services.

Alcohol-related admissions can be reduced through local interventions but requires action across partners. Reducing alcohol-related harm is one of Public Health England's seven priorities for the next five years (Reference: "Evidence into Action" report 2014).

What are we doing about it?

The authority commissions NHS Health Checks via GP Practices. An "Audit C" alcohol screening tool is conducted as part of every NHS Health Check within Darlington which can help identify persons who are hazardous drinkers or have active alcohol related disorders. GP's can then provide individualised advice and guidance on risk.

The Council also supports national campaigns aimed at raising awareness and reducing consumption in the population. Examples include Dry January which was widely promoted by partners and via Council media channels. Wider partnership work with the CCG and other organisations supports this wider awareness work.

For those with hazardous or harmful drinking that require support the Council commissions a Recovery and Wellbeing Service which provides evidence based interventions to stabilise and support individuals to make the changes in their behaviours that may reduce their harmful drinking and the associated risks.

PBH 046 - (PHOF 2.22iv) Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check, who received an NHS Health Check.

Definition: The 5 year cumulative percent of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check.

Numerator: Number of people aged 40-74 eligible for an NHS Health Check who have received an NHS Health Check in the five year period

Denominator: Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check in the five year period

Target: Offer to 75% of eligible persons over 5 year period

Latest update: 2013/14 – 2016/17   Current performance: 45.7% (crude rate)
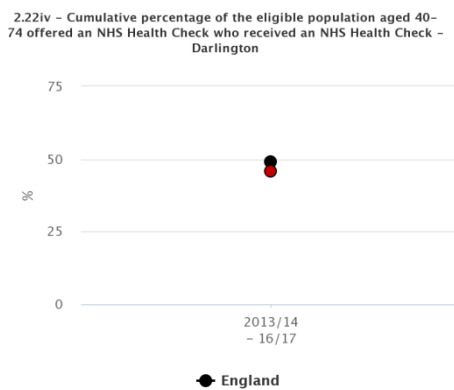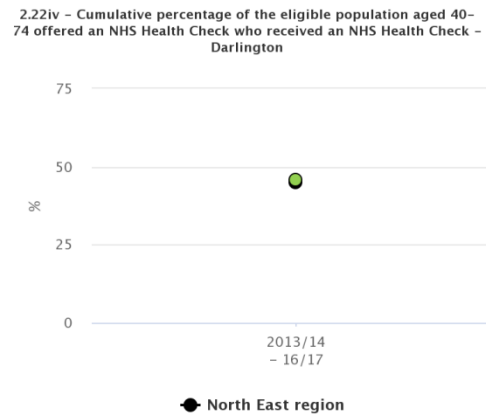
Figure 4-Trend comparison to England

2.22iv – Cumulative percentage of the eligible population aged 40–74 offered an NHS Health Check who received an NHS Health Check – Darlington

Figure 5-Trend comparison to NE

2.22iv – Cumulative percentage of the eligible population aged 40–74 offered an NHS Health Check who received an NHS Health Check – Darlington

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

Figure 6-CIPFA nearest neighbours comparison

2.22iv - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check 2013/14 - 16/17

Crude rate - %

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	–	-	5,580,401	48.9		48.8	48.9
Barnsley	–	8	34,236	85.5		84.6	86.4
Rotherham	–	7	24,807	77.5		76.6	78.5
Bury	–	5	33,026	71.7		71.0	72.5
Calderdale	–	2	28,129	56.7		56.1	57.4
Doncaster	–	9	29,282	55.0		54.4	55.6
St. Helens	–	1	13,657	52.6		51.8	53.5
Bolton	–	10	57,214	51.4		51.0	51.8
North Tyneside	–	14	22,898	50.0		49.4	50.7
Tameside	–	12	21,205	49.2		48.5	49.8
Derby	–	6	23,220	47.0		46.4	47.6
Darlington	–	-	13,008	45.7		45.0	46.5
Dudley	–	4	36,074	44.9		44.4	45.4
Medway	–	13	27,814	43.7		43.2	44.3
Stockton-on-Tees	–	3	21,474	43.4		42.8	44.0
Telford and Wrekin	–	15	13,616	43.1		42.3	43.8
Wakefield	–	11	21,080	35.5		35.0	36.0

Source: Public Health England

*Compared with benchmark* ■ Better ■ Similar ■ Worse ■ Lower ■ Similar ■ Higher ■ Not compared

What is the data telling us?

Figure 4 shows that compared to England the cumulative percentage of the eligible population offered an NHS Health Check who then go on to receive an NHS Health Check (during the five year period 2013/14 - 2017/18) is statistically worse for Darlington. Figure 5 shows that in comparison to our geographical neighbours in the North East, Darlington is statistically better. Compared to our statistical CIPFA neighbours, Figure 6 shows that Darlington ranks 11th out of 15 authorities.

The graph below:

The reporting period for this is from Q1 in 2013 until Q4 2016/17. It is a cumulative number so at Q4 this represented around 13,008 health checks having been completed out of a total of 28,441 that had been offered over the same period. Darlington performs better than England in terms of those health checks offered. This means that there are more offers to convert to actual Health Checks. The rate of Health Checks being completed in Darlington has consistently been higher on a year on year basis which means that the cumulative number of those completed has been increasing faster than England and is closing the gap see graph below. Out of the 3 PHOF indicators related to NHS Health Checks Darlington is Green on 2 out of the 3.

People taking up an NHS Health Check invite   Darlington
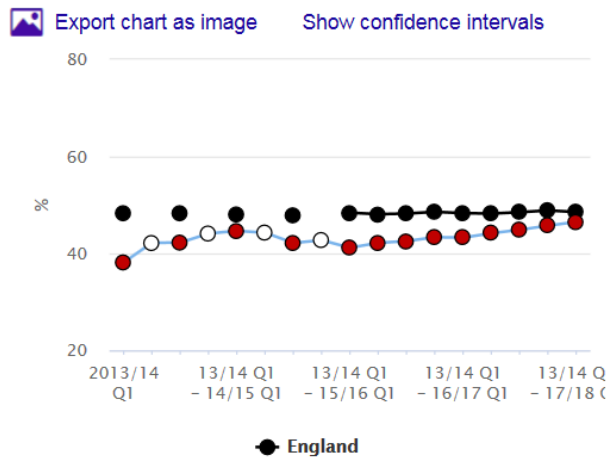
Why is this important to inequalities?

A high take up of NHS Health Checks is important to identify early signs of poor health leading to opportunities for early interventions.

The NHS Health Check programme is a statutory service. It aims to help prevent heart disease, stroke, diabetes and kidney disease. All those aged between 40 and 74, who have not been diagnosed with one of these conditions are invited to have an NHS Health Check every five years.

The burden of heart disease is not equally shared in the population with a greater morbidity and mortality from heart disease in the more deprived communities.

A regular NHS Health check enables an individual risk assessment of cardiovascular disease to be undertaken and provides an opportunity for early intervention and prevention strategies with individuals. Improvements in those who receive an NHS Health Check will eventually contribute to reducing the worst effects of cardiovascular disease in the population.

Providing NHS Health Checks for those communities who would benefit the most would help reduce health inequalities in the most deprived areas.

What are we doing about it?

Performance is monitored quarterly, with an annual target for each GP Practice to offer a health check to 20% of the eligible population (40-74 year olds) annually. This is incentivised to encourage the GP Practices to offer a health check to the maximum number eligible.

Other data shows that the underlying quarterly rate of those taking up the NHS Check invite has been increasing faster compared to both England and regional neighbours, closing the gap between England and Darlington.