Darlington Borough Council

Public Health

October to December 2017 (Quarter 3) Performance Highlight Report

2017-18

Public Health Performance Introduction

The attached report describes the performance of a number of Contract Indicators and a number of Key or Wider Indicators.

Key Indicators 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 schedule on page 5 sets out 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.

Contract Indicators help monitor and contribute to changes in the Key Indicators. They are collected by our Providers and monitored by the Public Health team, on a quarterly basis, as part of the contract monitoring and performance meetings with the providers throughout the lifetime of the contract. They enable Providers to be accountable for the Services that they are contracted to provide to Darlington residents on behalf of the Authority.

The contract indicators are also used to assure Public Health England of the delivery of the Mandated Services that are commissioned using the Public Health Grant. The Contract indicators presented within the Public Health performance framework are selected from the greater number of indicators that are contained with the individual Performance Management Frameworks for each of the Public Health contracts and are used to highlight where performance has improved or deteriorated and what actions are being taken.

Timetable of reporting of Key Public Health Indicators

This is the schedule of the reporting of the agreed Key Public Health indicators. This schedule ensures that the most up to date information is used in these indicators

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

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

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)

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

Quarter 3 Performance Summary

Key Indicators

Nine key indicators are reported to scrutiny this quarter; the majority demonstrate stable or improving trends largely in keeping with local/national rates and statistically similar rates to regional and CIPFA nearest neighbours The indicators are:-

- **PBH 013c** (PHOF 2.02(ii)) *% of all infants due a 6 – 8 weeks check that are totally or partially breastfed* – 34% of babies in Darlington are totally or partially breastfed at 6 -8 weeks after birth. This has remained similar and was at 34% in 2010/11.

- **PBH 014** (PHOF 2.03) *% of women who smoke at the time of delivery* – 16% of mothers in Darlington are recorded as smoking at time of delivery. This has decreased from 22% in 2010/11.

- **PBH 018** (PHOF 2.05) *Child development – Proportion of children aged 2-2.5years offered ASQ as part of the Healthy Child Programme or integrated review*. In 2015/16 32% of eligible children in Darlington were offered ASQ3 as part of their health review. This was first measured in 2015/16.

- **PBH035i** (PHOF 2.15i) *Successful completion of drug treatment - opiate users*. In Darlington in 2016 3% of those taking opiates, who were receiving structured treatment for their drug use, were abstinent or free from drugs at the end of their treatment. This has reduced from 5% in 2015.

- **PBH035ii** (PHOF 2.15ii) *Successful completion of drug treatment - non-opiate users*. In Darlington in 2016 30% of those taking drugs other than opiates, who were receiving structured treatment for their drug use, were abstinent of free from drugs at the end of their treatment. This has reduced from 35% in 2015.

- **PBH035iii** (PHOF 2.15iii) *Successful completion of alcohol treatment*. In Darlington in 37% of those who received structured treatment for their alcohol consumption were abstinent at the end of their treatment. This has reduced from 40% in 2015.

- **PBH050** (PHOF 3.04) *People presenting with HIV at a late stage of infection*. In the period 2014 – 2016 45% of those who were diagnosed with HIV presented late. This compares to 45% in the period 2013-2015.

- **PBH056** (PHOF 4.04ii) *Age standardised rate of mortality considered preventable from all cardiovascular diseases (inc. heart disease and stroke) in those aged less than 75 years per 100,000 population*. In Darlington in the 3 year period 2014 – 16 the rate of those who had died prematurely of preventable cardiovascular disease in Darlington was 57 per 100,000. The rate in the 3 year period 2013 -15 was 51 per 100,000.

- **PBH 060** (PHOF 4.07i) *Age standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population*. In Darlington in the 3 year period 2014 – 16 the rate of those who had died prematurely from respiratory disease was 40 per 100,000. The rate in the 3 year period 2013 -15 was 36 per 100,000.

It is important to note that these key indicators describe population level outcomes and are influenced by a broad range of different factors including national policy, legislation and cultural change which affect largely the wider determinants of health or through the actions of other agencies. Due to the long time frame for any changes to be seen in these indicators the effect of local actions and interventions do not appear to have any effect on the key indicators on a quarterly or even annual basis. Work contributes to maintain and improve this performance by working in partnership to identify and tackle the health inequalities within and between communities in Darlington.

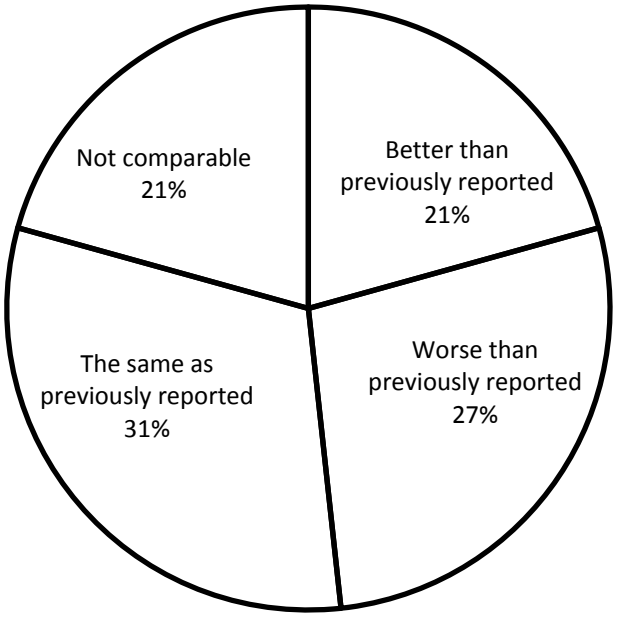
Contract Indicators

The six contract indicators included in this highlight report are selected from the twenty nine scorecard indicators where a narrative is useful to understand changes in performance. The indicators are as follows:-

- **PBH 002** *% of children who received a 2-2.5 year health review*. In Q3 in Darlington 99% of children received a health review by their Health Visitor between ages 2- 2 ½ years. In Q2 96% received a check.
- **PBH 012a** *% of infants whom feeding status is recorded at 10-14 days who are being totally breastfed*. In Darlington in Q3 34% of children were recorded as totally breastfed at 10-14 days by their Health Visitor. In Q2 there were 45%.
- **PBH 015b** *% of successful smoking quitters at 4 weeks*. In Darlington in Q3 53% of those smokers who set a quit date with the stop smoking service were abstinent at 4 weeks. In Q2 this was 32%
- **PBH 019** *% of 2-2.5 year checks that are integrated*. For Q3 in Darlington 4.1% of all health reviews undertaken between the ages of 2 – 2 ½ years by Health Visitors were integrated with Early Years Foundation Settings. In Q2 this was 6.4%
- **PBH045** *Number of adults in alcohol treatment*. In Darlington in Q3 there were 125 individuals receiving alcohol treatment in the Darlington service. In Q2 there were 130.
- **PBH049** *% of those tested for Chlamydia are notified within 10 days*. In Q3 86% of those tested for Chlamydia by the Darlington service were notified of their result within 10 days. In Q2 this was 94%.

Contract Indicators Comparison to Quarter 2 2017/18 Highlight Report

The pie chart below summarises performance of all indicators across all the contracts in Quarter 3 and the changes from Quarter 2.



From those contract indicators that were highlighted in the Quarter 2 report the following updates the current position:

PBH012a Infants who are totally breastfed at 10-14 days check continues to decrease. The data shows that the proportion of those new-borns who have their first visit from their Health Visitor between 10 -14 days who are recorded as totally breastfed is 34.3% This is a smaller proportion when compared to the same period last year which was 38.2% (a reduction of 3.9%).

PBH013 Infants whose breastfeeding status is recorded at 6-8 weeks had decreased between Q1 to Q2. Following the implementation of a recovery plan the performance for Q3 has improved and the Service achieved the target of 100% recording of breastfeeding status at 6-8 weeks. This indicator will continue to be monitored closely.

PBH015b The percentage of successful smoking quitters at 4 weeks increased to 53% for Q3, exceeding the target of 50%. The new specialist Stop Smoking Service is fully mobilised and staffed.

PBH045 The number of adults in alcohol treatment continues to decline. This is consistent with national and regional trends in the numbers of adults who are in alcohol treatment. This reflects the impact of better screening, particularly in Primary

Care along with the increase in preventative and non-specialist treatment options that have become available in recent years with less complex alcohol consumption. The Service Provider (NECA) has reported an increase in the complexity of those who are presenting for specialist alcohol treatment.

PBH057 The number of NHS Health Checks offered in Q3 was lower than was offered in Q3 in 2016/17. Although the number of NHS Health Checks is lower compared to last year, the rate of invitations in Darlington has remained consistently better than England average. This will ensure that sufficient proportion of the population is being targeted to achieve the overall 5 year target ensuring the programme is effective.

Latest update: 2015/16 Current performance: 33.6%

KEY PBH 013c - (PHOF 2.02(ii)) % of all infants due a 6 – 8 weeks check that are totally or partially breastfed

Definition: Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food

Contributory contract indicators:

- **PBH13-** % of all infants whom feeding status is recorded at 6-8 week check
- **PBH 13a-** % of all infants for whom feeding status is recorded at 6-8 week check totally breastfed at 6-8 weeks
- **PBH13b**-% of all infants for whom feeding status is recorded at 6-8 week check partially breastfed at 6-8 weeks

Target: 35%

Figure 1 CIPFA Nearest neighbours comparison

2.02ii - Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - current method 2015/16 Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	262,809	43.2*	43.0	43.3
Calderdale	–	2	1,016	43.1	41.1	45.1
Derby	–	6	1,371	41.5	39.8	43.2
Bolton	–	10	1,528	40.9	39.4	42.5
North Tyneside	–	14	863	38.3	36.3	40.3
Telford and Wrekin	–	15	742	36.3	34.3	38.4
Bury	–	5	794	35.8	33.9	37.9
Wakefield	–	11	1,429	35.1	33.7	36.6
Darlington	–	-	407	33.6*	31.0	36.3
Tameside	–	12	912	32.2	30.5	33.9
Doncaster	–	9	1,254	30.4	29.0	31.8
Barnsley	–	8	861	29.0	27.4	30.7
St. Helens	–	1	430	22.2	20.4	24.1
Dudley	–	4	1,062	*	-	-
Rotherham	–	7	800	*	-	-
Medway	–	13	767	*	-	-
Stockton-on-Tees	–	3	460	*	-	-

Source: Public Health England National Child and Maternal Health Intelligence Network

What is the data telling us?

This data (from 2015/16), shows that 33.6% of babies are totally or partially breastfed at 6 -8 weeks after birth. When compared to England the proportion of mothers who breastfeed their babies in Darlington is statistically significantly lower. However the proportion of mothers who breastfeed their babies in Darlington is statistically similar to the NE regional average. Compared to our 16 statistical neighbours Darlington is ranked 8th. The methodology for measurement has recently changed and the historical data suggests a flat trajectory since 2010/11.

Why is this important to inequalities?

There is evidence of significant health benefits for the child and the mother in the short and longer term. For the child this includes reduced infections as a baby and lower probability of obesity later in life. For the mother breast feeding is associated with a more rapid return to a pre-pregnancy weight and in the longer term lower risks of breast and ovarian cancers.

What are we doing about it?

Breastfeeding is contained with a set of key performance indicators within the 0-19 contract provided by Harrogate Foundation Trust.

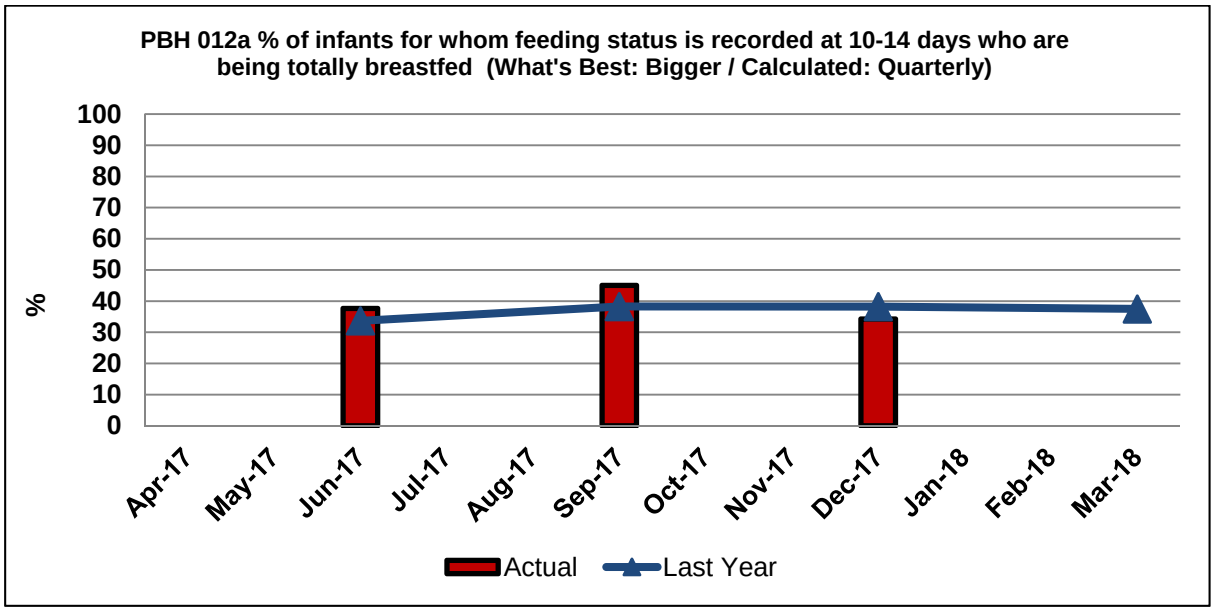
There is an active offer of structured breastfeeding help made to new mothers by the Health Visitors during the 10-14 day visit. The Health Visiting team also provide proactive breastfeeding calls to new mothers where they provide extra support to new mothers who are having problems.

Contract indicator

PBH 012a % of infants whom feeding status is recorded at 10-14 days who are being totally breastfed.

Latest update: Q3 2017/18 Current performance: 34%

Target: 38%



What is the story the data is telling us?

The data shows that the proportion of those new-borns who have had their first visit from their Health Visitor between 10 -14 days recorded as being totally breastfed is 34%. In quarter 2 2017/18 this was 45% in Q1 38%. In comparison to last year's data, there has been a reduction.

What more needs to happen?

Provider: Harrogate and District NHS Foundation Trust

The Health Visitors visit 10 - 14 days after the birth to assess feeding status and provide a range of options including further visits to those who are breastfeeding but need more support. The aim of focussing on the 10-14 days visit is that the new mother, if supported and empowered, will choose to breastfeed for longer, thus improving breastfeeding rates at 6-8 weeks. The Health Visitors are working with the local Maternity Services (provided by County Durham and Darlington NHS Foundation Trust) to increase the number of pre-birth visits with the Health Visitor, to enable information about feeding to be provided to the

expectant mother. The aim of these visits is to enable expectant mothers to make an informed choice around breastfeeding and to discuss their plans with their midwife.

Latest update: 2016/17 Current performance: 16.2%

KEY PBH 014 - (PHOF 2.03) % of women who smoke at the time of delivery

Definition: The number of mothers known to be smokers at the time of delivery as a percentage of all maternities.

Contributory contract indicators:

- **PBH015-**Number of adults identified as smoking in the antenatal period
- **PBH015a-**Number of smoking quit dates set
- **PBH015b**-% of successful smoking quitters at 4 weeks

Target: less than 11%

Figure 2-CIPFA nearest neighbours comparison

2.03 - Smoking status at time of delivery - current method 2016/17 Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	65,023	10.7	10.6	10.8
Telford and Wrekin	↓	15	426	21.1	19.4	22.9
Wakefield	↓	11	760	19.5	18.3	20.8
Rotherham	↓	7	455	17.1	15.7	18.6
Medway	↓	13	638	17.1	15.9	18.3
Darlington	↓	-	172	16.2	14.1	18.5
Tameside	↓	12	393	15.4	14.1	16.9
Barnsley	↓	8	463	15.4	14.1	16.7
Stockton-on-Tees	→	3	328	15.3	13.8	16.8
Derby	→	6	439	14.5	13.2	15.7
St. Helens	↓	1	286	14.3	12.9	15.9
Dudley	↓	4	484	13.6	12.5	14.8
Bolton	↓	10	500	13.2	12.1	14.3
Doncaster	↓	9	413	13.0	11.8	14.2
North Tyneside	↓	14	271	12.2	10.9	13.7
Calderdale	→	2	277	12.2	10.9	13.6
Bury	↓	5	264	11.6	10.4	13.0

Source: Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD)

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

What is the data telling us?

The data shows that there continues to be an overall downward trend for women who smoke at time of delivery however there has been an increase from the lowest point 15% in 2015/16 by 1.5% to 16.2% in 2016/17. In comparison to our 16 statistically similar neighbours Darlington is ranked 5th.

Why is this important to inequalities?

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother both in the short term and longer term. Being smoke free in pregnancy is a significant contribution to the best start in life.

Increasing the proportion of mothers who do not smoke during pregnancy will provide communities with the benefits of reduced harm from smoking, improve outcomes and reduce health inequalities.

What are we doing about it?

The Stop Smoking Service has a quality outcome indicator outcome focussed on smoking at time of delivery. A service credit of 10% of the contract value has been set aimed at improving the percentage of pregnant quitters who access the specialist service from a 50% baseline target for year 1. The service is expected to increase the percentage of successful pregnant quitters from the most deprived wards by 5% year on year, for the lifetime of the contract.

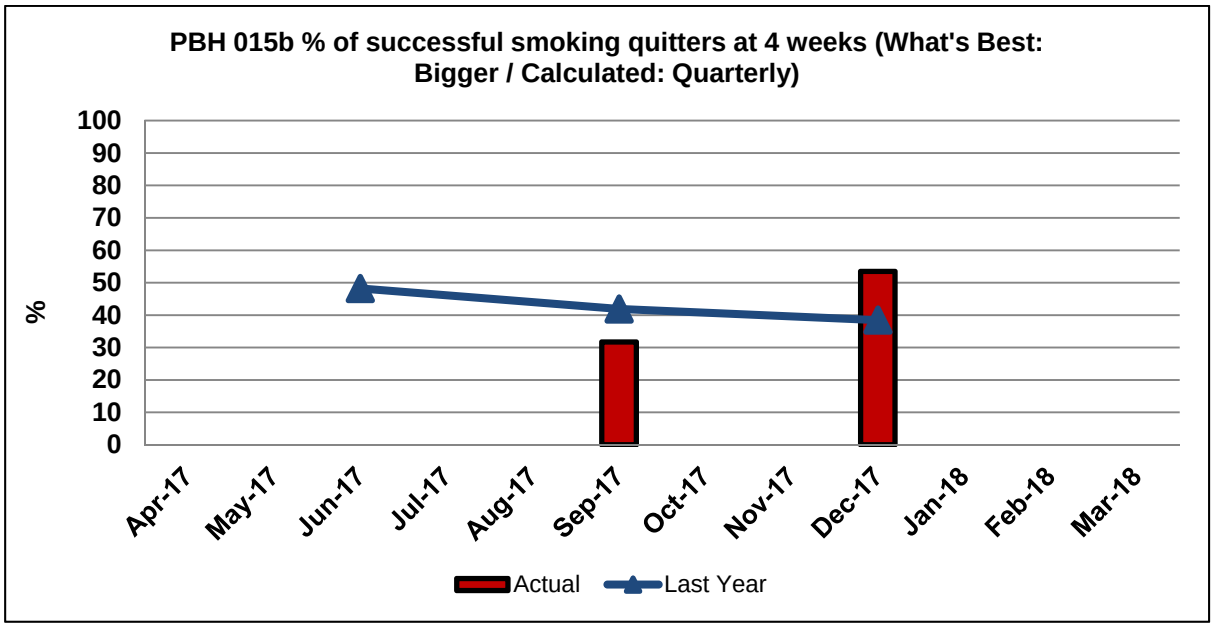
For Q3, the service provider has given a provisional figure of five pregnant women setting quit dates, and two pregnant women successfully quitting at four weeks.

Contract indicator

PBH 015b % of successful smoking quitters at 4 weeks

Latest update: Q3 2017/18 Current performance: 53%

Target: 50%



What is the story the data is telling us?

The proportion of those who have set a quit date and are receiving support from the Stop Smoking Service has increased compared to last quarter and is better than the same period last year.

What more needs to happen?

Provider: NECA and County Durham and Darlington NHS Foundation Trust

The new Service is now fully mobilised and staff are recruited. The Provider increasing the numbers of those accessing the Service from the target groups and providing them with evidence based interventions to maximise the proportion of successful quitters and ensure that it exceeds 50%.

The provider continues to promote the service and actively recruit more smokers from the specific target groups into Q4.

Latest Update: 2015/16 **Current performance: 32.3%**

KEY PBH 018 – (PHOF 2.05) Child development – Proportion of children aged 2-2.5years offered ASQ as part of the Healthy Child Programme or integrated review

Definition: Percentage of children who received a 2-2.5 year review in the period for whom the ASQ3 is completed as part of their 2-2.5 year review

Contributory contract indicators:

- **PBH002**-% of children who received a 2-2.5 year health review (quarterly)
- **PBH019-**% of 2-2.5 checks that are integrated

Target: 95%

Figure 3-comparison to CIPFA nearest neighbours

2.05ii - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review 2015/16

Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	372,053	81.3*	81.2	81.4
Medway	–	13	1,283	100	99.7	100
Bury	–	5	1,458	100	99.7	100
Dudley	–	4	3,478	100	99.9	100
Telford and Wrekin	–	15	1,504	100	99.8	100
Doncaster	–	9	3,501	99.9	99.8	100
St. Helens	–	1	1,734	99.7	99.3	99.9
Derby	–	6	2,707	99.6	99.2	99.8
Barnsley	–	8	2,706	98.8	98.3	99.1
Bolton	–	10	3,533	91.8	90.9	92.6
North Tyneside	–	14	1,809	87.5*	86.0	88.9
Calderdale	–	2	2,241	86.3	84.9	87.5
Tameside	–	12	1,853	70.6*	68.9	72.3
Wakefield	–	11	1,507	40.1	38.6	41.7
Darlington	–	-	256	32.3*	29.1	35.6
Rotherham	–	7	533	19.0	17.6	20.5
Stockton-on-Tees	–	3	767	*	-	-

Source: National Child and Maternal Health Intelligence Network, Public Health England

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

What is the data telling us?

The responsibility for 0-5years services was transferred to the Authority in October 2015. The data 2015/16 shows that Darlington was statistically worse for this indicator when compared to England and the NE regional average and in comparison to our 16 statistical neighbours (Darlington ranks 14th).

Why is this important to inequalities?

Children from the most disadvantaged communities have a poorer experience in the first years of life and experience the most inequalities throughout childhood and adulthood.The Ages and Stages Questionnaire (ASQ 3) provides a comprehensive assessment of child development including motor, problem solving and personal development. This provides an indication of the effectiveness and impact of services for 0-2 year olds but can also provide information for the planning for the provision of services for children over 2 years.

What are we doing about it?

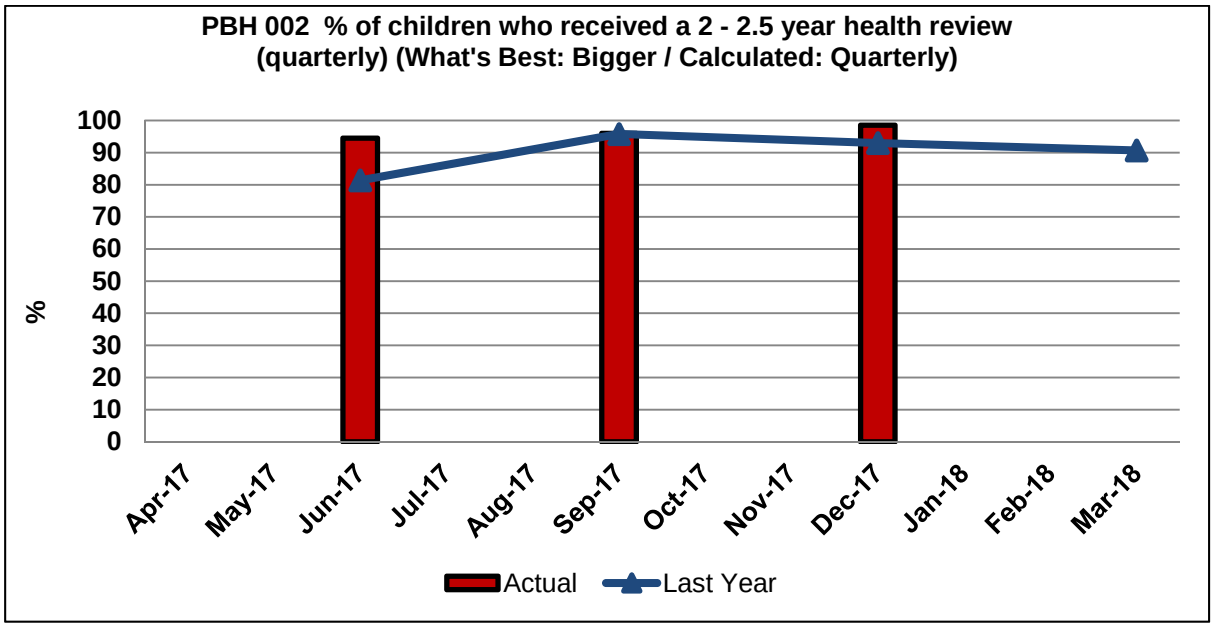
The current provider of 0-19 services (Harrogate and District NHS Foundation Trust) has worked to improve the timely completion of the 2-2.5 year check, its application and recording of the ASQ3 and its outcomes. This has shown consistent improvement from 87.9% of children receiving an ASQ3 for 2016/17 to 97.3% of children (year to date) 2017/18.

Contract Indicator

PBH 002 % of children who received a 2-2.5 year health review (quarterly)

Latest update: Q3 2017/18 Current performance: 99%

Target: 95%



What is the story the data is telling us?

The data shows that the performance for this indicator is improving with a greater proportion of those receiving a 2-2.5year check in the last quarter compared to the same quarter last year. For Quarter 3 2017/18, the Provider has reported that 99% of children received their 2-2.5year health review by the time the child had reached 2.5yrs old.

What more needs to happen?

Provider: Harrogate and District NHS Foundation Trust

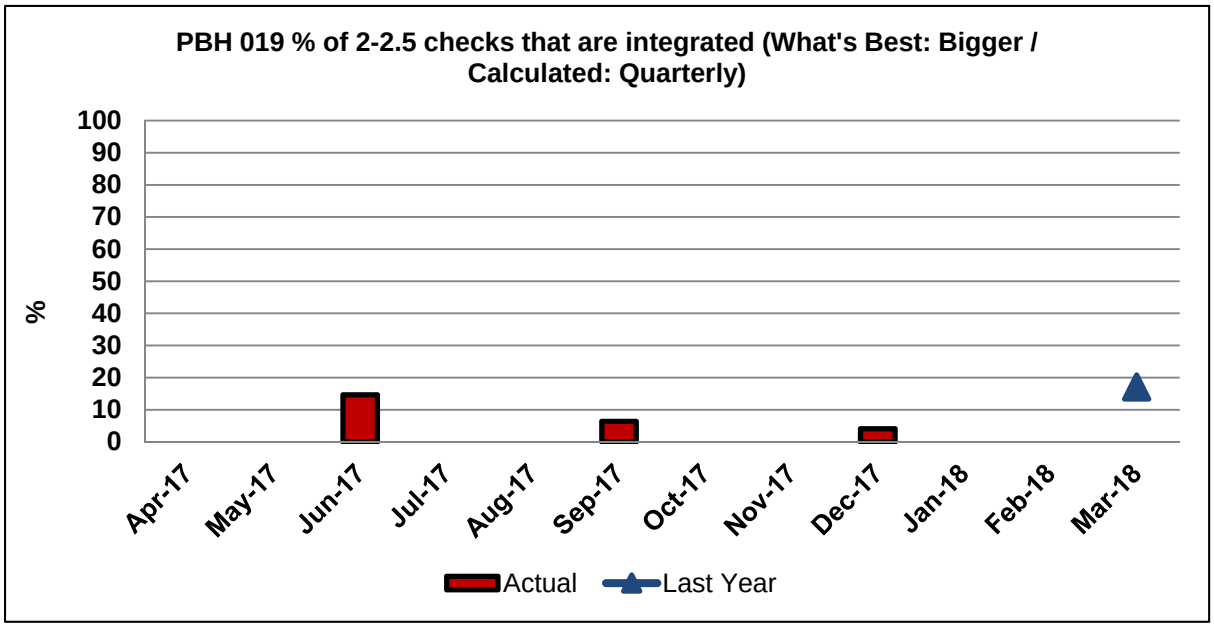
This indicator has improved since 2016/17 from 92% to 96.2% (year to date) 2017/18. Public health will continue to monitor this indicator as part of the quarterly contract monitoring meetings, and will expect the positive trajectory to continue into 2018/19.

Contract Indicator

PBH 019 % of 2-2.5 year checks that are integrated

Latest update: Q3 2017/18 Current performance: 4.1%

Target: 30%



What is the story the data is telling us?

The data shows that the proportion of the 2-2.5years reviews that were undertaken that were recorded as integrated has reduced. In Q1 2017/18 the service were reporting 15% 2-2.5 year checks integrated, Q2 this had decreased to 6.4% and in Q3 this has decreased to 4.1%.

It was identified at a contract meeting that Harrogate Foundation Trust has been using a different definition of an “integrated review” when recording this indicator. This accounts for the percentage reduction above.

What more needs to happen?

Provider: Harrogate and District NHS Foundation Trust (HDFT)

The Public Health team has been working with the 0-19 service, Early Years Services and the local Early Years settings in Darlington to agree the timely sharing of information about children’s developmental reviews. This will bring together the health and development review at 2-2.5years using the ASQ 3 questionnaire and the Early Years Foundation Stage (EYFS) Progress Check which is used to assess child development at 24 to 36 months old by Early Years practitioners. The timely sharing of information between Health Visitors and Early Years practitioners about the outcome of the separate developmental reviews for each child constitutes an integrated review.

Not all children will attend an Early Years setting at age 2-2.5years so it will not be possible to undertake an Integrated Review on all children in the Borough.

Latest Update: 2016 **Current performance: 2.8%**

KEY PBH035i (PHOF 2.15i) Successful completion of drug treatment –opiate users

Definition: Number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment.

Contributory contract indicators (not in scorecard)

- Successful completions for adults: Opiate users (Year to date)

Target: 5%

Figure 4- Comparison CIPFA nearest neighbours

2.15i - Successful completion of drug treatment - opiate users 2016 Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	9,908	6.7	6.6	6.8
Calderdale	→	2	56	7.8	6.1	10.0
St. Helens	→	1	51	7.7	5.9	9.9
Medway	↓	13	46	7.5	5.6	9.8
Barnsley	↑	8	73	7.2	5.7	8.9
North Tyneside	→	14	41	7.1	5.3	9.5
Dudley	→	4	67	7.1	5.6	8.9
Derby	→	6	78	7.0	5.7	8.7
Bury	→	5	28	6.0	4.2	8.6
Stockton-on-Tees	→	3	66	5.9	4.7	7.4
Bolton	→	10	66	5.2	4.1	6.6
Telford and Wrekin	→	15	28	5.2	3.6	7.4
Doncaster	↓	9	66	4.6	3.7	5.9
Wakefield	→	11	63	4.0	3.1	5.1
Tameside	↓	12	33	3.9	2.8	5.5
Rotherham	→	7	42	3.9	2.9	5.3
Darlington	→	-	12	2.8	1.6	4.9

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the National Drug Treatment Monitoring System

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

What is the data telling us?

The data shows a downward trend for Darlington in the number of successful completion of drug treatment for opiate users over a number of years. There has been a downward trend for both England the NE Regional average over the same period however the rate of reduction has been faster in Darlington since 2013. Compared to our 16 statistical neighbours Darlington is ranked 16th.

Why is this important to inequalities?

National data shows lower rates of successful completion for drug treatment for opiate users in the most deprived sections of the population. It also shows the greatest rate of reduction in the most deprived sections of the population.

What are we doing about this?

This indictor is monitored locally as part of the quarterly contract meetings with the provider. Data for current year (2017/18) shows that in Q2 14 service users have successfully completed treatment for opiate use in Darlington. This is an increase on the total for 2016 and indicates that this should show an increase compared to last year. This indicator will continue to be monitored closely in quarterly performance meetings.

The Public Health team is working with the provider and Public Health England to understand the underlying reasons that may be contributing to the faster decrease in completions in Darlington compared to other areas. This work will be completed by end of March 2018 to inform actions for the provider to undertake in 2018/19.

Latest Update: 2016 **Current performance: 30.2%**

KEY PBH035ii (PHOF 2.15ii) Successful completion of drug treatment - non-opiate users

Definition: Number of users of non-opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment.

Contributory contract indicator (not in scorecard):

- Successful completions for adults: Non opiate users (Year to date)

Target: 30%

Figure 5- Comparison CIPFA nearest neighbours

2.15ii - Successful completion of drug treatment - non-opiate users 2016 Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England					36.7	37.5
Barnsley	↑	8	86	54.8	47.0	62.4
Doncaster	↑	9	72	50.7	42.6	58.8
St. Helens	↑	1	117	50.6	44.2	57.0
Dudley	↑	4	129	44.3	38.7	50.1
Medway	→	13	66	42.3	34.8	50.2
Derby	↑	6	99	41.3	35.2	47.6
Bury	→	5	73	38.4	31.8	45.5
Rotherham	→	7	55	36.9	29.6	44.9
Telford and Wrekin	↑	15	75	35.7	29.5	42.4
Bolton	→	10	114	34.9	29.9	40.2
Stockton-on-Tees	→	3	77	34.7	28.7	41.2
Calderdale	→	2	53	32.9	26.1	40.5
Wakefield	→	11	83	32.4	27.0	38.4
Darlington	→	-	26	30.2	21.5	40.6
North Tyneside	→	14	94	28.7	24.1	33.9
Tameside	↓	12	59	20.8	16.5	26.0

Compared with benchmark: Better, Similar, Worse | Lower, Similar, Higher, Not compared

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the National Drug Treatment Monitoring System

What is the data telling us?

The data shows a declining trend in successful completion of drug treatment for non-opiate users in Darlington. Compared to our 16 statistical neighbours Darlington is ranked 14th.

Why is this important to inequalities?

National data shows lower rates of successful completion for drug treatment for non-opiate users in some of the most deprived sections of the population.

What are we doing about this?

This indictor is monitored locally as part of the quarterly contract meetings with the provider. Data for current year (2017/18) shows that in Q2 a total 4 service users have successfully completed treatment for opiate use in Darlington. This is less than half of the 26 recorded for 2016 which indicates that this will likely decrease compared to last year. This indicator will continue to be monitored closely in quarterly performance meetings.

The Public Health team is working with the provider and Public Health England to understand the underlying reasons that may be contributing to the faster decrease in completions in Darlington compared to other areas. This work will be completed by end of March 2018 to inform actions for the provider to undertake in 2018/19.

Latest Update: 2016 **Current performance: 36.7%**

KEY PBH035iii (PHOF 2.15iii) Successful completion of alcohol treatment

Definition: Number of alcohol users that left structured treatment successfully (free of alcohol dependence) who do not then re-present to treatment within 6 months as a percentage of the total number of alcohol users in structured treatment.

Contributory contract indicator:

- **PBH045-** Number of adults in alcohol treatment

Target: 38%

Figure 6- Comparison CIPFA nearest neighbours

2.15iii - Successful completion of alcohol treatment 2016 Proportion - %

Area	Recent Compared with benchmark	Neighbour				95% Lower CI	95% Upper CI
	Better / Similar / Worse				Lower / Similar / Higher / Not compared		
England	↑	-	31,562	38.7		38.4	39.0
Doncaster	↑	9	182	54.8		49.4	60.1
Barnsley	↑	8	235	53.7		49.0	58.3
Dudley	↑	4	237	51.5		47.0	56.1
Telford and Wrekin	↑	15	210	49.0		44.3	53.7
Rotherham	↑	7	212	47.0		42.4	51.6
St. Helens	↑	1	209	46.1		41.6	50.7
Medway	↑	13	134	42.7		37.3	48.2
Calderdale	↑	2	141	41.7		36.6	47.0
Derby	↑	6	197	39.6		35.4	43.9
Darlington	↑	-	58	36.7		29.6	44.5
North Tyneside	↑	14	213	34.6		31.0	38.5
Bolton	→	10	175	34.3		30.3	38.5
Wakefield	↑	11	188	34.2		30.4	38.3
Bury	↓	5	98	31.4		26.5	36.8
Stockton-on-Tees	↑	3	142	28.6		24.8	32.7
Tameside	→	12	125	28.5		24.5	32.9

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the National Drug Treatment Monitoring System

What is the data telling us?

The data shows that in Darlington there has been an increasing trend in the proportion of those successfully completing alcohol treatment since 2010. Compared to 16 statistical neighbours Darlington is ranked 10th.

Why is this important to inequalities?

National data suggests that those living in the most deprived communities are less likely to complete treatment for alcohol than those living in the least deprived communities. The national data also shows that there has been a greater rate of improvement in completed alcohol treatment in the less deprived communities.

What are we doing about this?

The local provider (NECA) submits quarterly a contract monitoring dataset which has been validated by the National Drug Treatment Monitoring System (NDTMS). Year to date for Q2 (2017/18) shows that 20 service users have successfully completed treatment for alcohol use in Darlington. Based on the 2016 data where the count was 58 clients for the year, this indicates that it is less likely that the service will improve on this indicator for 2017/18.

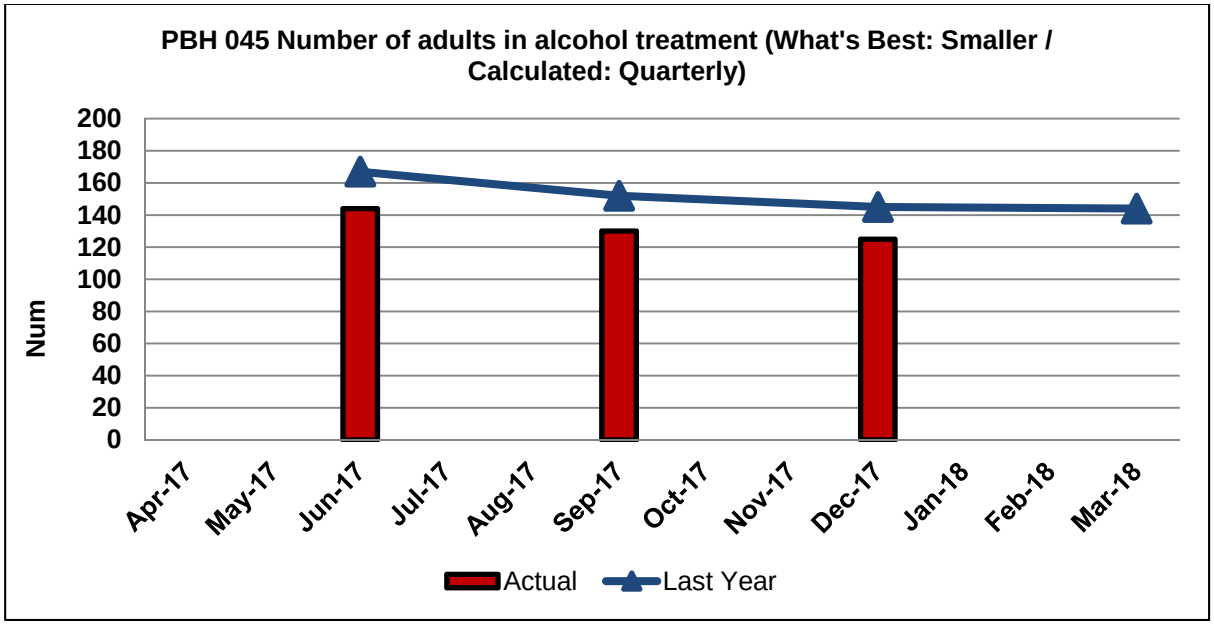
The Public Health team is working with the provider to identify any underlying reasons that may be contributing to the recent reductions in those completing alcohol treatment. Feedback from provider indicates that the complexity of cases is increasing with individuals presenting with a range of co-morbidities related to their alcohol consumption including end stage liver failure.

Contract indicator

PBH045 Number of adults in alcohol treatment

Latest update: Q3 2017/18 Current performance: 125

Target: 130 baseline



What is the story the data is telling us?

Data shows a continued downward trend in those adults accessing alcohol treatment. There has been a reduction in each quarter this year which has mirrored the rate of reduction last year. The numbers in treatment are less when compared to the same period last year.

What more needs to happen?

Provider: NECA

The Provider is engaging with local referrers to ensure that they are referring problematic drinkers with increasing levels of dependence for specialist treatment as early as possible.

The service reports that those clients presenting are more complex and high risk in their drinking behaviours. They are also seeing more clients present with other advanced physical and mental health conditions. There will be a review of the levels of dependence, risk and comorbidities of those presenting for alcohol treatment at the next quarterly contract meeting.

Latest Update: 2014-16 **Current performance: 45.5%**

KEY PBH050 (PHOF 3.04) People presenting with HIV at a late stage of infection

Definition: Percentage of adults (aged 15 years or more) diagnosed with a CD4 cell count less than 350 cells per mm^3 among all newly diagnosed adults with CD4 cell count available within 91 days of diagnosis and with known residence-based information.

Contributory contract indicator:

- **PBH051-** % of uptake of HIV testing

Target: 50%

Figure 7- Comparison CIPFA nearest neighbours

3.04 - HIV late diagnosis 2014 - 16 Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	5,136	40.1	39.0	41.2
Doncaster	–	9	21	48.8	30.2	74.7
Bolton	–	10	20	47.6	29.1	73.5
North Tyneside	–	14	9	47.4	21.7	89.9
Rotherham	–	7	17	47.2	27.5	75.6
Tameside	–	12	19	46.3	27.9	72.4
Calderdale	–	2	12	46.2	23.9	80.6
Darlington	–	-	5	45.5	14.8	100
St. Helens	–	1	7	43.8	17.6	90.1
Medway	–	13	17	39.5	23.0	63.3
Telford and Wrekin	–	15	11	39.3	19.6	70.3
Barnsley	–	8	20	39.2	24.0	60.6
Bury	–	5	9	39.1	17.9	74.3
Derby	–	6	25	37.9	24.5	55.9
Stockton-on-Tees	–	3	6	35.3	13.0	76.8
Wakefield	–	11	11	33.3	16.6	59.6
Dudley	–	4	13	33.3	17.8	57.0

Source: Public Health England

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

What is the data telling us?

The data shows that in Darlington, between 2014 and 2016, 45.5% of HIV diagnoses were made at a late stage of infection (CD4 count =<350 cells/mm^3 within 3 months of diagnosis).The rate for Darlington is statistically similar to both England and the NE regional average. Compared to our 16 statistical neighbours Darlington is ranked 7th, similar, however, the numbers of those presenting an HIV diagnosis in Darlington are very small.

Why is this important to inequalities?

Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Those diagnosed late have a ten-fold risk of death compared to those diagnosed promptly and is essential to evaluate the success of expanded HIV testing. The evidence from local and national epidemiology and surveillance indicates that specific groups are at greater risk of an HIV infection and are over represented in those who present late for HIV diagnosis.

What are we doing about this?

The contract with County Durham and Darlington NHS Foundation Trust for Genito Urinary Medicine (GUM) Service has increased the proportion of patients receiving a comprehensive sexual health screen including an HIV risk assessment. This identifies those most risk are and information, advice and support is provided to reduce the risk of exposure to HIV and reduce the risk of future infection. The provider is also providing more routes to HIV testing.

Other groups that are at greater risk of HIV infection are targeted through the provision of a Blood Borne Virus (BBV) service including a successful and well used needle exchange to reduce the exposure HIV in those who inject through exposure to infected needles, by the Substance Misuse Service.

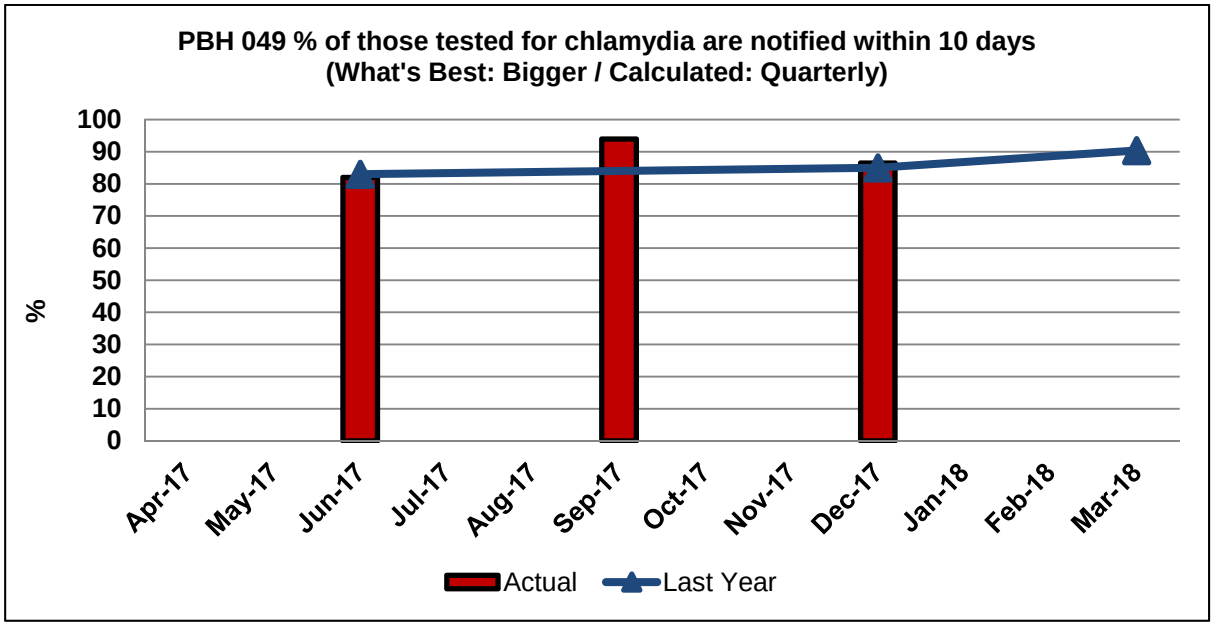
A condom distribution programme to those under 25 years to reduce the potential for exposure to HIV through unprotected intercourse.

Contract indicator

PBH049 % of those tested for Chlamydia are notified within 10 days

Latest update: Q3 2017/18 Current performance: 86%

Target: 90%



What is the story the data is telling us?

The majority of those who have been tested for Chlamydia by the GUM Service are being notified within the target time of 10 days. Q3 shows a slight drop from Q2 but an improvement on the same period last year.

What more needs to happen?

Provider: County Durham and Darlington NHS Foundation Trust

Disruption to the laboratory services due to building work in UHND contributed to a drop in performance for Q3. This work has been completed and provisional data from the provider indicates that 100% of those tested for chlamydia were notified within 10 days in January 2018.

Latest Update: 2014-16 **Current performance: 57.3 per 100,000 population**

KEY PBH056 (PHOF 4.04ii) Age standardised rate of mortality considered preventable from all cardiovascular diseases (inc. heart disease and stroke) in those aged less than 75 years per 100,000 population

Definition: Age-standardised rate of mortality that is considered preventable from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years per 100,000 population

Contributory contract indicators:

- **PBH047-**Total number of NHS Health Checks completed
- **PBH057-**Total number of NHS Health Checks offered

Target: 54 per 100,000

Figure 8- Comparison CIPFA nearest neighbours

4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Persons) 2014 - 16

Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	63,811	46.7	46.4	47.1
Tameside	–	12	408	71.8	64.9	79.1
Bolton	–	10	426	61.0	55.4	67.1
Bury	–	5	294	60.6	53.9	68.0
Wakefield	–	11	545	60.2	55.2	65.5
Calderdale	–	2	329	60.1	53.7	66.9
St. Helens	–	1	293	58.8	52.2	65.9
Doncaster	–	9	468	58.6	53.4	64.2
Rotherham	–	7	410	57.8	52.3	63.7
Darlington	–	-	161	57.3	48.8	66.9
Barnsley	–	8	362	55.7	50.1	61.8
Stockton-on-Tees	–	3	265	54.2	47.8	61.2
North Tyneside	–	14	297	53.9	47.9	60.4
Medway	–	13	350	53.5	48.0	59.4
Derby	–	6	294	51.9	46.1	58.2
Telford and Wrekin	–	15	211	49.0	42.6	56.1
Dudley	–	4	406	47.4	42.9	52.3

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

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

What is the data telling us?

The data shows a long period of reduction in the under 75 years mortality rate from cardiovascular diseases considered preventable in Darlington, for NE region and England. The rate of reduction for Darlington has slowed, with Darlington now statistically worse than England with a rate of 57.3 per 100,000. Darlington is statistically similar to the NE regional average. Compared to our 16 statistical neighbours Darlington is ranked 9th.

Why is this important to inequalities?

The most deprived communities have the highest rates of modifiable or preventable CVD risk factors compared to the wider population. This results in the prevalence in these communities being greater, i.e. with worse outcomes. Inequalities also exist between men and women, with men experiencing significantly worse rates and outcomes in relation to

CVD than women. Therefore, men living in the most deprived communities have the worst outcomes.

What are we doing about this?

The Authority is working with partners to improve outcomes and reduce inequalities across all its areas of responsibility particularly to impact on the wider determinants such as economic, social and environmental factors as well as the early identification and treatment of CVD in the population.

Latest Update: 2014-16 **Current performance: 40.3 per 100,000 population**

KEY PBH 060 (PHOF 4.07i) Age standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population.

Definition: Age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population

Contributory contract indicators:

- **PBH015a-**Number of smoking quit dates set
- **PBH015b-** % of successful smoking quitters at 4 weeks
- **PBH047-** Total number of NHS Health Checks completed
- **PBH057-**Total number of NHS Health Checks offered

Target: 43 per 100,000

Figure 9- Comparison CIPFA nearest neighbours

4.07i - Under 75 mortality rate from respiratory disease (Persons) 2014 - 16 Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	45,766	33.8	33.5	34.1
St. Helens	–	1	291	58.4	51.8	65.5
Bolton	–	10	331	47.6	42.6	53.1
Doncaster	–	9	376	47.2	42.5	52.2
Derby	–	6	248	45.2	39.7	51.2
Wakefield	–	11	404	45.0	40.7	49.6
Tameside	–	12	248	43.7	38.4	49.5
Rotherham	–	7	302	42.5	37.8	47.6
Calderdale	–	2	227	42.0	36.7	47.9
Stockton-on-Tees	–	3	199	41.2	35.7	47.4
Bury	–	5	193	40.5	35.0	46.7
Barnsley	–	8	261	40.4	35.6	45.6
Darlington	–	-	111	40.3	33.2	48.6
Medway	–	13	251	39.1	34.4	44.3
North Tyneside	–	14	203	37.6	32.6	43.2
Telford and Wrekin	–	15	158	37.3	31.6	43.6
Dudley	–	4	300	35.1	31.2	39.3

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

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

What is the data telling us?

The data shows that under 75 years mortality rate from respiratory disease in Darlington has been reducing from a peak in 2003-05. However there is evidence of a recent increase in the rate from 2012-14 with Darlington now statistically similar to both England and the North East with a rate of 40.3 per 100,000. Compared to our 16 statistical neighbours Darlington is ranked 12th.

Why is this important to inequalities?

National data shows that that the under 75 years mortality rate for respiratory disease is not equally distributed across the population with those in the most deprived parts of the population having the worst rates or mortality while those in the most affluent parts of the

population have the lowest or best rates of mortality. There are also inequalities between males and females, with males having the worst rates of mortality. This means that men from our most deprived communities are likely to experience the greatest inequalities in premature (less than 75 years) mortality from respiratory disease.

What are we doing about it?

The Authority is proactive in a number of areas which contribute to the reduction of this rate of less than 75 years mortality from respiratory disease. Smoking tobacco is identified as the greatest single modifiable risk factor with respect to mortality from respiratory disease. The Authority takes action to enforce smoke free legislation to reduce exposure to second hand tobacco smoke as well as monitoring and enforcing point of sale regulations for the sale of tobacco products.

Air pollution is identified as a significant risk factor in the development of lung disease and the Authority is active in action to monitor and reduce air pollution form industry and transport. This includes considerations of the impact of pollution in local economic development plans.

The Public Health team commissions a range of primary prevention interventions support by the School Nurse team to the PHSE curriculum around the harms from tobacco. This is underpinned by the Healthy Lifestyles Survey which monitors the attitudes and health behaviours of young people in Darlington through an online self-reported questionnaire. This provides valuable intelligence across all age groups in relation to the attitudes and smoking behaviours of young people in Darlington.

The Public Health team also commission a Stop Smoking Services which identifies those with established respiratory disease as a priority group for specialist stop smoking support.