Darlington Borough Council

Public Health

January to March 2020

(Quarter 4)

Performance Highlight Report

2019-2020

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 3 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 (Management) 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

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

**** 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

	INDEX		
Indicator Num	**Indicator description**	**Indicator type**	**Pages**

Quarter 4 Performance Summary

Key Indicators

Five Key indicators are reported this quarter; the indicators are:-

- **PBH 020 (PHOF C09a) Reception: Prevalence of overweight (including obesity)**
- **PBH 021 (PHOF C09b) Year 6: Prevalence of overweight (including obesity)**
- **PBH 024 (PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years)**
- **PBH 026 (PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years)**
- **PBH 027 (PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years)**

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 continues to maintain and improve this performance by working in partnership to identify and tackle the health inequalities within and between communities in Darlington.

Contract (Management) Indicators

The contract indicators included in this highlight report are selected where a narrative is useful to understand performance described in the Key indicators to give an insight into the contribution that those directly commissioned services provided by the Public Health Grant have on the high level population Key indicators. There are a total of 5 indicators:

- **PBH 015 –Number of adults identified as smoking in antenatal period**
- **PBH 037a – Number of young people (under 19) seen by Contraception and Sexual Health (CASH) Service**
- **PBH 037b – Number of young people (under 19) seen by Genitourinary Medicine (GUM) Service**
- **PBH 38 – Waiting times – number of adult opiates clients waiting over 3 weeks to start first intervention**
- **PBH 041 – Waiting times – number of adult alcohol only clients waiting over 3 weeks to start first intervention**

Covid-19 impact on Q4 contract data

With the impact of COVID-19 and the implementation of government guidance some key performance indicators in all contracts have been affected. This resulted in changes to the ways of working by providers to enable services to be delivered safely.

KEY INDICATORS

KEY PBH 020 – (PHOF C09a) Reception: Prevalence of overweight (including obesity)

KEY PBH 021 – (PHOF C09b) Year 6: Prevalence of overweight (including obesity)

Definition: Proportion of children aged 4-5 years or 10-11 years classified as overweight or obese. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

Numerator: Number of children in Reception (aged 4-5 years) or number of children in Year 6 (10-11 years) classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

Denominator: Number of children in Reception (aged 4-5 years) or number of children in Year 6 (10-11 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.

Latest update: 2018/19 **Current performance: 25.3% (Reception)**

Figure 1-CIPFA nearest neighbours' comparison (Reception)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	↑	-	135,020	22.6	22.5	22.7
Neighbours average	–	-	10,454	24.6*	-	-
St. Helens	→	5	548	28.2	26.2	30.2
Wigan	↑	15	952	26.8	25.4	28.3
Plymouth	→	9	693	25.9	24.3	27.6
Telford and Wrekin	→	8	526	25.8	24.0	27.8
Doncaster	↑	13	887	25.6	24.2	27.1
Dudley	→	3	960	25.5	24.1	26.9
Darlington	→	-	281	25.3	22.8	27.9
North East Lincolnshire	→	2	464	25.0	23.1	27.0
Derby	→	4	781	24.7	23.2	26.2
Rotherham	↑	12	732	24.2	22.7	25.7
Bury	→	10	531	23.7	22.0	25.6
Tameside	→	11	649	23.2	21.7	24.8
Calderdale	↑	7	569	23.1	21.4	24.8
Warrington	↑	14	531	23.0	21.3	24.8
Bolton	→	6	843	22.0	20.7	23.3
Stockton-on-Tees	→	1	507	21.7	20.1	23.4

Compared with benchmark Better Similar Worse Not compared

Latest update: 2018/19 Current performance: 37.6% (Year 6)

Figure 2-CIPFA nearest neighbours' comparison (Year 6)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	↑	-	205,923	34.3	34.2	34.4
Neighbours average	–	-	15,547	35.8*	-	-
Dudley	→	3	1,439	39.4	37.8	41.0
Darlington	→	-	450	37.6	34.9	40.3
Wigan	→	15	1,355	37.2	35.6	38.8
Derby	→	4	1,219	37.2	35.5	38.8
Rotherham	→	12	1,178	37.1	35.4	38.8
St. Helens	→	5	741	36.6	34.6	38.8
Telford and Wrekin	→	8	776	35.9	33.9	38.0
Tameside	→	11	966	35.8	34.0	37.7
Doncaster	→	13	1,300	35.6	34.1	37.2
Stockton-on-Tees	→	1	847	35.1	33.2	37.0
Bolton	→	6	1,342	35.1	33.6	36.6
Calderdale	→	7	868	34.4	32.6	36.3
Bury	→	10	772	34.4	32.5	36.4
North East Lincolnshire	→	2	639	34.1	32.0	36.3
Warrington	→	14	826	33.4	31.6	35.3
Plymouth	→	9	829	31.9	30.2	33.8

What is the data telling us?

Excess weight in 4-5 year olds in Darlington is statistically similar to the national figure for 2018/19 as is excess weight in 10-11 year olds. Excess weight in 10-11 year olds largely follows the national trend of a slow increase since 2010/11.

In comparison to our 16 nearest statistical neighbours, Darlington has the 7th highest percentage of reception children with excess weight and the 2nd highest percentage of Year 6 children with excess weight.

Why is this important to inequalities?

The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older.

There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age.

The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

What are we doing about it?

The Childhood Healthy Weight Plan for Darlington aims to increase the proportion of children leaving primary school with a healthy weight. This plan works with partners including parents, schools and other agencies to take a whole systems approach to reducing childhood obesity.

There are key performance indicators (KPIs) within the 0-19 Public Health Services contract which will have an influence on this indicator. For Reception aged children the 0-5 Health Visiting team provides specific visits and focussed work in the first weeks and months of life to support new mothers making choices around breastfeeding, infant feeding and weaning to reduce the risks of infants becoming obese before they start in reception.

The 0-19 Public Health Services contract also contains specific KPIs in relation to the delivery of the National Child Measurement Programme (NCMP). This year the Service achieved 96% participating in reception and 98% in year 6, in the NCMP. This includes the proportion of children in each age group measured and the proportion of parents of those children who take part in the NCMP who receive a personalised letter informing them of the results and what this might mean for the health of their child. There is also a KPI in this contract that measures any intervention that the School Nurse may implement with the family as a result of their result. This is beyond the advice and signposting of the family to potential interventions that are designed to help children achieve a healthy weight.

KEY PBH 024 - (PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years)

KEY PBH 026 - (PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years)

KEY PBH 027 - (PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years)

Definition: Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years, under 15 years and 15-24 years per 10,000 resident population aged under 5 years, under 15 years and 15-24 years.

Numerator: The number of finished emergency admissions (episode number = 1, admission method starts with 2), with one or more codes for injuries and other adverse effects of external causes (ICD 10: S00-T79 and/or V01-Y36) in any diagnostic field position, in children (aged 0-4 years). Admissions are only included if they have a valid Local Authority code.

Denominator: Local authority figures: Mid-year population estimates: Single year of age and sex for local authorities in England and Wales; estimated resident population.

Latest Update: 2018/19

Current performance: 245.1 (0-4 years), 147.6 (0-14 years) and 175.9 (15-24 years)

Figure 3-CIPFA nearest neighbours' comparison (0-4 years)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	↓	-	41,210	123.1	121.9	124.3
Neighbours average	–	-	3,110	140.3*	-	-
Darlington	→	-	145	245.1	205.2	286.5
Bury	→	10	275	232.7	206.0	261.9
Telford and Wrekin	→	8	215	195.1	171.6	224.9
Tameside	→	11	275	189.7	166.6	212.0
Plymouth	→	9	265	177.0	155.7	199.0
North East Lincolnshire	→	2	155	162.9	138.2	190.6
Calderdale	→	7	200	160.7	140.7	186.3
Bolton	↓	6	295	152.9	135.0	170.3
Stockton-on-Tees	→	1	175	150.2	128.8	174.2
Warrington	→	14	160	134.1	115.7	158.3
Wigan	→	15	235	127.4	110.6	143.6
St. Helens	↓	5	130	126.4	103.9	148.0
Dudley	↓	3	185	96.9	83.4	111.9
Doncaster	↓	13	170	93.1	79.6	108.2
Rotherham	↓	12	140	88.4	73.2	103.0
Derby	→	4	90	54.0	43.9	67.0

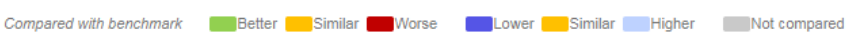


Figure 4-CIPFA nearest neighbours' comparison (0-14 years)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	↓	-	97,479	96.1	95.5	96.7
Neighbours average	–	-	-	-	-	-
Darlington	→	-	280	147.6	131.8	167.0
Bury	→	10	525	143.4	131.6	156.5
Telford and Wrekin	→	8	470	136.1	124.6	149.6
Tameside	↓	11	575	134.0	123.0	145.2
Plymouth	→	9	560	124.9	115.2	136.1
Calderdale	→	7	470	120.8	109.8	131.9
Wigan	↓	15	650	112.7	104.2	121.7
Warrington	→	14	420	112.3	101.3	123.1
North East Lincolnshire	→	2	325	110.8	99.4	123.8
Stockton-on-Tees	↓	1	405	109.5	99.1	120.7
Bolton	↓	6	630	109.3	101.1	118.4
St. Helens	↓	5	340	109.0	98.3	121.9
Doncaster	↓	13	495	87.6	80.2	95.9
Dudley	↓	3	500	85.5	78.2	93.4
Rotherham	↓	12	345	71.4	64.1	79.3
Derby	↓	4	230	45.1	39.6	51.5

Figure 5-CIPFA nearest neighbours' comparison (15-24 years)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	→	-	90,463	136.9	136.0	137.8
Neighbours average	–	-	6,165	147.8*	-	-
St. Helens	→	5	495	262.9	239.7	286.5
Warrington	→	14	490	222.5	202.4	242.2
Wigan	→	15	710	205.3	189.9	220.3
Darlington	→	-	195	175.9	152.9	203.4
Doncaster	→	13	550	167.9	154.4	182.8
Stockton-on-Tees	→	1	360	165.8	149.1	183.8
Bury	↑	10	320	156.5	138.9	173.6
Calderdale	→	7	315	142.2	126.5	158.4
Tameside	→	11	345	140.9	127.2	157.4
North East Lincolnshire	↓	2	215	128.2	111.0	145.9
Telford and Wrekin	→	8	275	127.6	112.6	143.1
Derby	→	4	420	123.0	112.0	135.9
Bolton	→	6	375	113.6	102.1	125.4
Rotherham	→	12	315	108.8	96.5	120.8
Dudley	↓	3	370	105.6	94.5	116.3
Plymouth	→	9	415	105.1	95.0	115.4

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

What is the data telling us?

Darlington has consistently since 2010/11, reported higher rates of 0-4 year olds, 0-14 year olds and 15-24 year olds admitted to hospital for unintentional and deliberate injuries, in comparison to the England rate. This is also true when benchmarking Darlington rates against regional data.

The latest data (2017/18) shows Darlington has the highest rate of hospital admissions for 0-4 years and 0-14 years among our nearest statistical neighbours. For 15-24 years hospital admissions, Darlington has the 4th highest rate among our statistical nearest neighbours.

Why is this important to inequalities?

Injuries are a leading cause of hospitalisation and represent a major cause of morbidity and premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s).

It is estimated that across England one in 12 deaths in children aged 0-4 years old can be attributed to injuries in and around the home.

Available data for this age group in England suggests that those living in more deprived areas (as defined by the IMD 2015) are more likely to have an unintentional injury than those living in least deprived areas.

Preventing unintentional injuries has been identified as part of Public Health England's Giving Every Child the Best Start in Life priority actions.

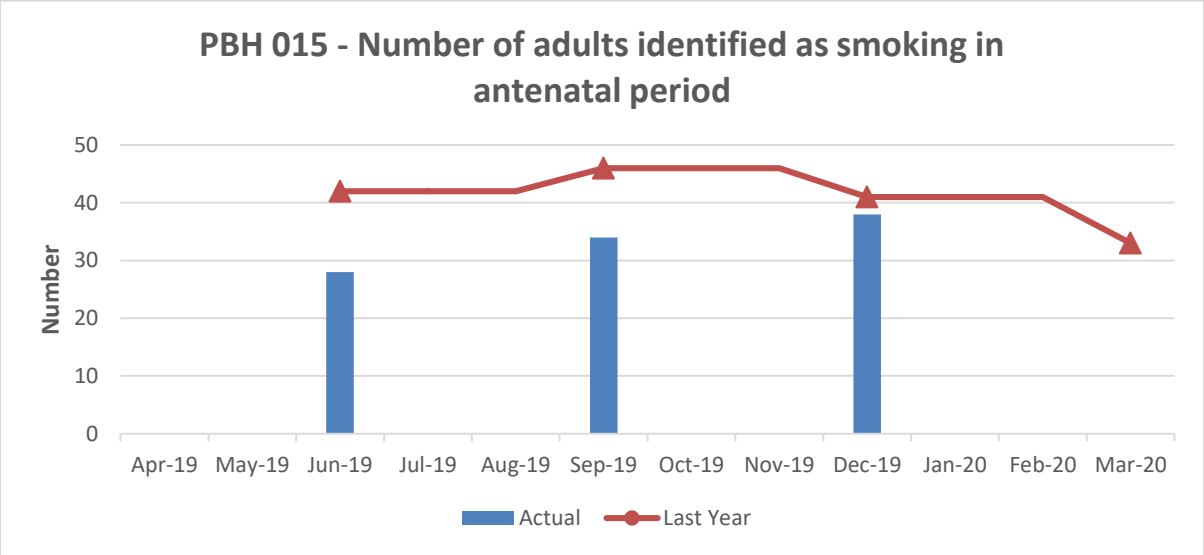
What are we doing about it?

This issue requires system wide action with input from a range of different partners. Public Health has commenced a piece of work in partnership with the CCG to undertake a detailed examination of the A+E and admission data, to identify any trends or commonalities to identify potential underlying reasons which may be driving this increased admission. This would inform further work with wider stakeholders including GPs, A+E, paediatricians, education and schools, social care and the Police to examine strategies and interventions which could contribute to reducing the rates of accidents in children and young people in Darlington.

As a commissioner the authority has commissioned the 0-19 Public Health Service to include some specific actions and evidence based interventions within the contract to contribute to the reduction of accidents in children. This includes working with parents at every visit and providing them with information, guidance and support in relation to home safety and accident prevention for their child. This will also include signposting or referral to other agencies or services for specific or targeted support for the family.

Contract Indicator:

PBH 015 Number of adults identified as smoking in the antennal period



Service Provider: NECA and County Durham and Darlington NHS Foundation Trust

What is the data is telling us?

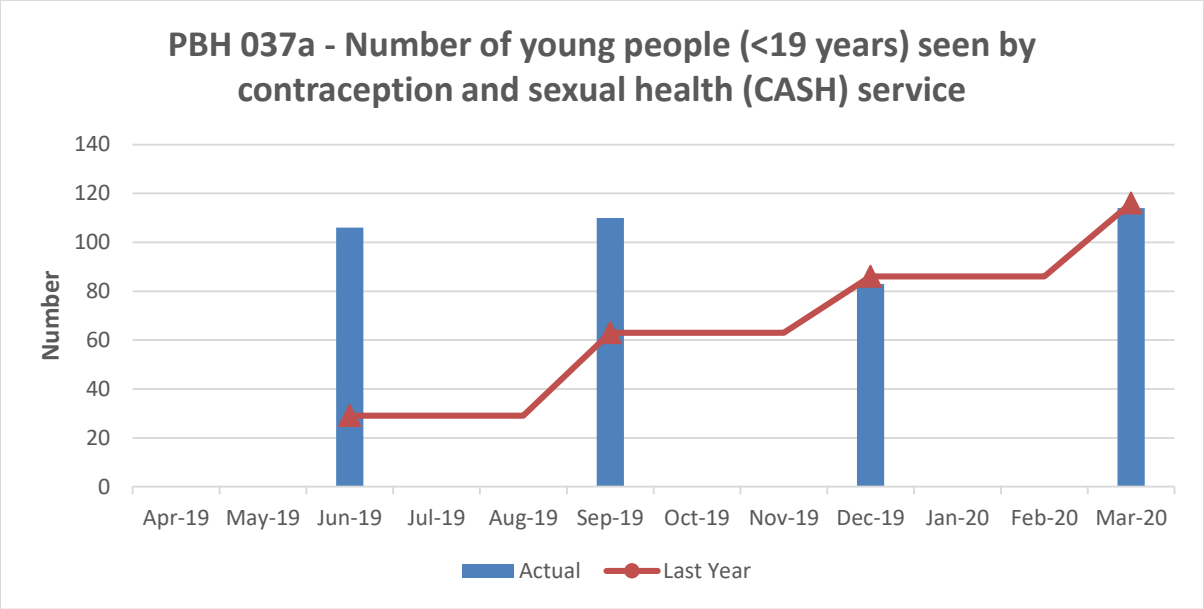
The data shows us a reduction in the numbers of women who are recorded as smokers while pregnant, with no recorded smokers at the end of this quarter compared to 33 for the same period last year. This means that less unborn babies are exposed to the harm from tobacco before they are born. This data needs to be considered with caution due to the impact of COVID-19 on the ante-natal visits in Q4.

What more needs to happen?

The regional and local Maternity Services Public Health Prevention Plan has a focus on reducing the harm to children from tobacco during and after pregnancy. County Durham and Darlington Foundation Trust (CDDFT) are implementing some key actions including more focussed training and support for midwives in brief interventions, better screening and automatic referral to specialist services, better access to pharmacotherapies and more consistent support for mothers throughout pregnancy.

More actions are recommended including seamless referral to Stop Smoking Services and more advanced smoking cessation training by midwives. These actions will be undertaken by CDDFT Maternity Services across the Trust and supported by partners including the Clinical Commissioning Group and the Public Health team.

PBH 037a Number of young people (<19yrs) seen by Contraception and Sexual Health (CASH) Services



Service Provider: County Durham and Darlington NHS Foundation Trust

What is the data is telling us?

The data has been recorded differently since last year and this shows an increase in the quarter 1 and 2 of the year. During quarter 3 and 4 the numbers have remained similar to last year.

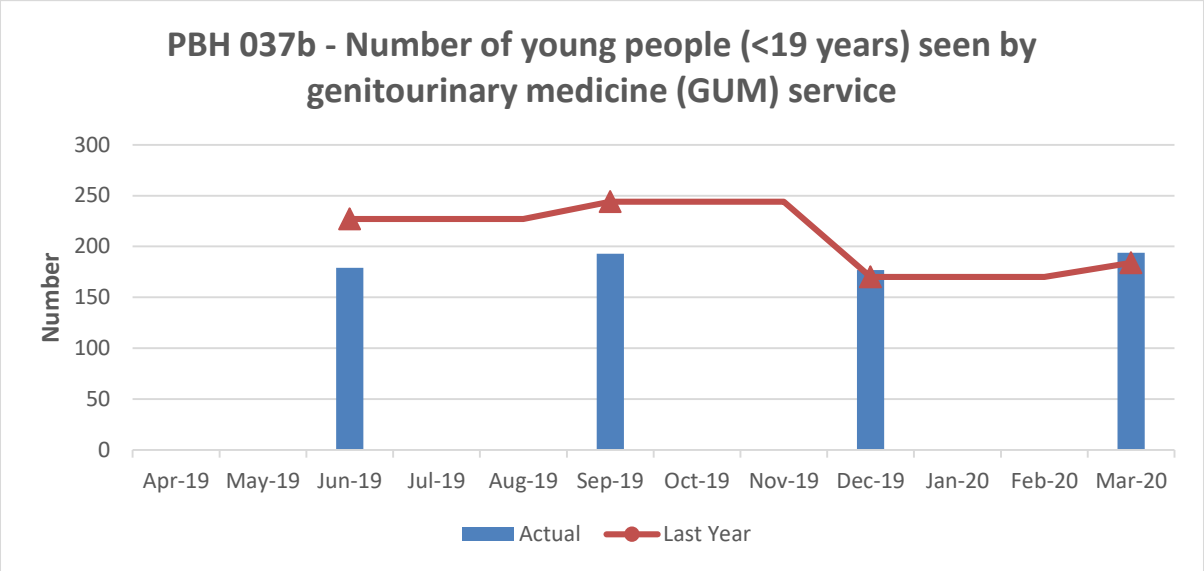
This means that the numbers of young people aged under 19 years who have been seen by the Contraceptive and Sexual Health (CASH) Service has remained static. This shows that young people are more confident in and better able to better access this service and are making active choices about contraception.

What more needs to happen?

The integrated Sexual Health Service contract has a single point of contact which streams and triages service users into the most appropriate Service, based on the presenting condition, along with a more flexible appointment system.

The Service offers an accessible service for young people and with the introduction of online services work continues to integrate this Service to ensure that all service users including young people get a consistent high quality Service.

PBH 037b Number of young people (<19yrs) seen by genitourinary medicine (GUM)



Service Provider: County Durham and Darlington NHS Foundation Trust

What is the data is telling us?

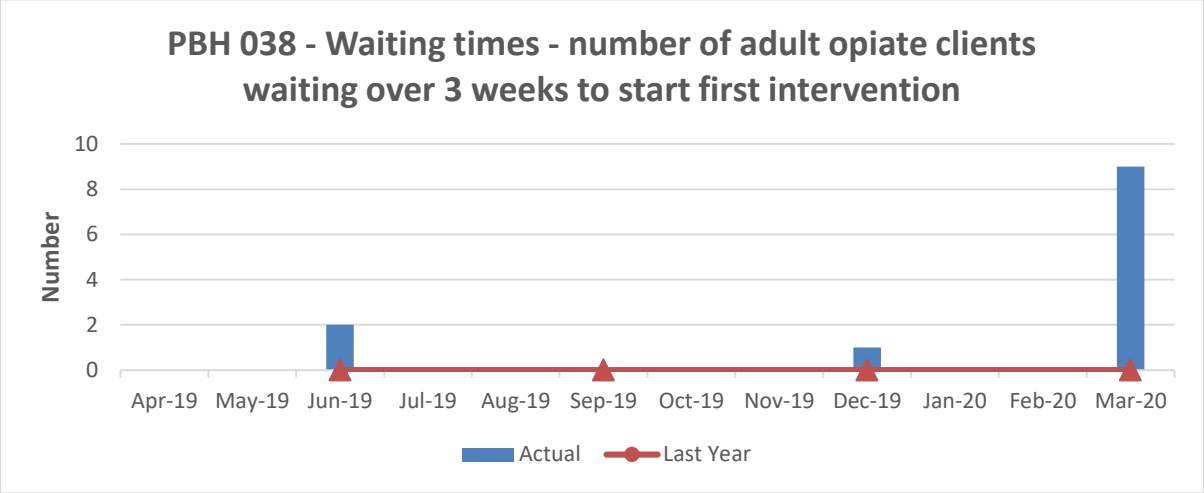
The data shows us a decrease in the numbers of young people under the age of 19 years that were seen by the Sexual Health Services in Darlington compared to the same period last year. There has been a corresponding increase in contraception attendance in this age group as a result of the single point of contact established with the new contract resulting in more efficient streaming of individuals into the right service.

What more needs to happen?

The integrated Sexual Health Service contract has a single point of contact which streams and triages service users into the most appropriate Service, based on the presenting condition, along with a more flexible appointment system.

The Provider continues to work to ensure that GUM services remain accessible to young people. This includes implementing options such as postal testing for common diseases such as Chlamydia and offering condoms online. The Provider also offers other options for result notifications including text services. This reduces the requirement for young people to have make time or have to travel to visit the clinic for low risk or routine processes.

PBH 038
Waiting times – number of adult opiate clients waiting over 3 weeks to start first intervention



Service Provider: NECA

What is the data is telling us?

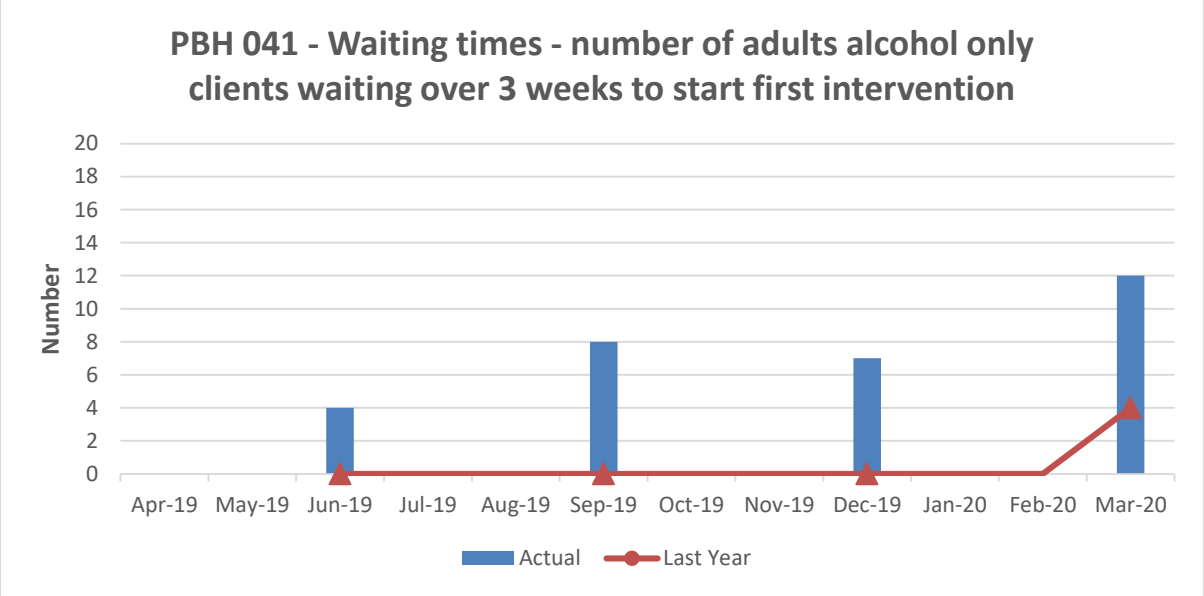
The data shows an increase in the numbers of service users who waited over 3 weeks to start their first intervention for opiates compared to the last quarter and the same period last year. A total of 9 service users waited more than 3 weeks to start their first treatment for opiates. This is in the context of 2914 appointments in that period with a total of 415 individuals in treatment in Q4.

What more needs to happen?

All service users had been assessed at first presentation and none required urgent intervention or referral. The Provider continues to work to ensure that capacity is sufficient to meet demand and continues to monitor Does Not Attend rates.

Due to Covid restricted contacts with services users, high risk clients continue to be prioritised, which in turn has seen an increase in exceeding waiting times where risk is deemed as low.

PBH 041
Waiting times – number of adult alcohol only clients waiting over 3 weeks to start first intervention



Service Provider: NECA

What is the data is telling us?

The data shows an increase in the numbers of service users who waited over 3 weeks to start their first intervention for alcohol compared to the last quarter and the same period last year. A total of 12 service users waited more than 3 weeks to start their first treatment for alcohol. This is in the context of 1736 appointments in that period with a total of 213 individuals in treatment in Q4.

What more needs to happen?

All service users had been assessed at first presentation and none required urgent intervention or referral. The Provider continues to work to ensure that capacity is sufficient to meet demand and continues to monitor Does Not Attend rates.

Due to Covid restricted contacts with services users, high risk clients continue to be prioritised, which in turn has seen an increase in exceeding waiting times where risk is deemed as low.