



Darlington Borough Council
Public Health
April – September (Quarter 1&2)
Performance Highlight Report
2020 - 21

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 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.

Contract Indicators feed into the Key indicators, are collected by our providers and monitored as part of the contract monitoring and performance meetings held regularly. The Contract indicators within the Public Health performance framework form a selection from the vast number of indicators we have across all of our Public Health contracts. The contract monitoring meetings are scheduled to meet deadlines and inform the performance reports.

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

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 C04) Low birth weight of term babies |
| PBH 016 | (PHOF C02a) Under 18's conception rate/1,000 |
| PBH 033 | (PHOF C18) Smoking prevalence in adults (18+) - current smokers (APS) |
| PBH 048 | (PHOF D02a) Chlamydia detection rate/ 100,000 aged 15 to 24 |
| PBH 058 | (PHOF E05a) Under 75 mortality rate from cancer |

Q3 Indicators

| Indicator Num | Indicator description |
|---------------|--|
| PBH 013c | (PHOF C05b) % of all infants due a 6-8 week check that are totally or partially breastfed |
| PBH 014 | (PHOF C06) Smoking status at time of delivery |
| PBH 018 | (PHOF 2.05ii) 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 C19a) Successful completion of drug treatment-opiate users |
| PBH 035ii | (PHOF C19b) Successful completion of drug treatment-non opiate users |
| PBH 035iii | (PHOF C19c) Successful completion of alcohol treatment |
| PBH 050* | (PHOF D07) HIV late diagnosis (%) |
| PBH 056 | (PHOF E04b) Under 75 mortality rate from cardiovascular disease considered preventable |
| PBH 060 | (PHOF E07a) Under 75 mortality rate from respiratory disease |

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

Q2 Indicators

| Indicator Num | Indicator description |
|---------------|--|
| PBH 044 | (PHOF C21) Admission episodes for alcohol -related conditions (narrow) |
| PBH 046 | (PHOF C26b) Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS health Check |
| PBH 052 | (PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS) |

Q4 Indicators

| Indicator Num | Indicator description |
|---------------|---|
| 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) |

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 C14b) Emergency Hospital admissions for intentional Self-Harm) |
| PBH 054 | (PHOF E02) % of 5 year old's with experience of visible obvious dental decay |

| INDEX | | | |
|-------------------------|--|-----------------------|--------------|
| Indicator Number | Indicator description | Indicator type | Pages |
| PBH 009 | (PHOF C04) Low birth weight of term babies | Key | 6 |
| PBH 016 | (PHOF C02a) Under 18s conception rate /1,000 | Key | 8 |
| PBH 033 | (PHOF C18) Smoking Prevalence in adults (18+) – current smokers (APS) | Key | 11 |
| PBH 044 | (PHOF C21) Admission episodes for alcohol-related conditions (Narrow) | Key | 13 |
| PBH 046 | (PHOF C26b) Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check | Key | 16 |
| PBH 048 | (PHOF D02a) Chlamydia detection rate /100,000 aged 15 to 24 | Key | 20 |
| PBH 052 | (PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS | Key | 23 |
| PBH 058 | (PHOF E05a) Under 75 mortality rate from cancer | Key | 25 |
| <i>PBH 037a</i> | Number of young people (<19yrs) seen by contraception and sexual health (CASH) service | Contract | 10 |
| <i>PBH 045</i> | Number of adults in alcohol treatment | Contract | 15 |
| <i>PBH 047</i> | Total number of NHS Health Checks | Contract | 18 |
| <i>PBH 057</i> | Number of NHS Health Checks offered | Contract | 19 |
| <i>PBH 037b</i> | Number of young people (<19yrs) seen by genitourinary medicine (GUM) service | Contract | 22 |

Quarter 1&2 Performance Summary

Key Indicators

The Key indicators reported in Q1 & Q2 are:

- PBH 009 (PHOF C04) Low birth weight of term babies – this is showing a slight increase compared to the last data and remains similar to both England and the North East.
- PBH 016 (PHOF C02a) Rate of under 18 conceptions – this continues to decrease and is similar to England.
- PBH 033 (PHOF C18) Prevalence of smoking among persons aged 18 years and over – this is showing a decrease compared to the last data and is 6th lowest compared to statistical neighbours.
- PBH 044 (PHOF C21) Admission episodes for alcohol-related conditions - Persons (narrow definition) In previous year Darlington has had a greater rate of admissions compared to England, however in 2018/19 this is similar to England's average ranked 4th.
- PBH 046 PHOF C26b) Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check. Darlington ranks 7th out of 16 CIPFA neighbour authorities.
- PBH 048 (PHOF D02a) Rate of chlamydia detection per 100,000 young people aged 15 to 24 – this rate has slightly increased but is lower than the England average. The rate of reduction is similar to other neighbouring authorities.
- PBH 052 (PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS. Darlington is ranked 2nd highest compared to CIPFA neighbour authorities.
- PBH 058 (PHOF E05a) Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population – this continues to reduce and is similar to the England average

Contract Indicators

The contract indicators highlighted in this report in Q1 & Q2 are:

- PBH 037a: Number of young people (<19yrs) seen by contraception and sexual health (CASH) service
- PBH 045: Number of adults in alcohol treatment
- PBH 047: Total number of NHS Health Checks completed
- PBH 057: Number of NHS Health Checks offered
- PBH 037b: Number of young people (<19yrs) seen by genitourinary medicine (GUM) service

KEY INDICATORS

KEY PBH 009- (PHOF C04) Low birth weight of term babies

Definition: Live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks as a percentage of all live births with recorded birth weight and a gestational age of at least 37 complete weeks.

Numerator- Number of live births at term (≥ 37 gestation weeks) with low birth weight (<2500g)

Denominator- Number of live births at term (≥ 37 weeks) with recorded birth weight

Latest data available: 2.85% (2018)

CIPFA Nearest neighbours comparison

| Area ▲▼ | Recent Trend | Neighbour Rank ▲▼ | Count ▲▼ | Value ▲▼ | | 95% Lower CI | 95% Upper CI |
|-------------------------|-----------------|-------------------------|-------------|-------------|---|-----------------|-----------------|
| England | → | - | 16,224 | 2.86 | H | 2.82 | 2.91 |
| Neighbours average | → | - | 1,209 | 3.25* | H | 3.08 | 3.44 |
| Bolton | → | 6 | 139 | 4.30 | H | 3.66 | 5.06 |
| Stockton-on-Tees | → | 1 | 74 | 3.87 | H | 3.09 | 4.83 |
| Dudley | → | 3 | 124 | 3.78 | H | 3.18 | 4.49 |
| Tameside | → | 11 | 89 | 3.71 | H | 3.02 | 4.54 |
| Bury | → | 10 | 65 | 3.30 | H | 2.60 | 4.19 |
| Doncaster | → | 13 | 97 | 3.30 | H | 2.71 | 4.01 |
| Derby | → | 4 | 94 | 3.26 | H | 2.67 | 3.97 |
| Calderdale | → | 7 | 66 | 3.14 | H | 2.47 | 3.97 |
| Telford and Wrekin | → | 8 | 59 | 3.13 | H | 2.43 | 4.01 |
| Plymouth | → | 9 | 76 | 3.00 | H | 2.41 | 3.74 |
| Rotherham | → | 12 | 79 | 2.98 | H | 2.40 | 3.70 |
| Darlington | → | - | 29 | 2.85 | H | 1.99 | 4.06 |
| St. Helens | → | 5 | 50 | 2.78 | H | 2.12 | 3.65 |
| Wigan | → | 15 | 83 | 2.69 | H | 2.17 | 3.32 |
| Warrington | → | 14 | 50 | 2.48 | H | 1.89 | 3.26 |
| North East Lincolnshire | → | 2 | 35 | 2.41 | H | 1.74 | 3.33 |

Source: Office for National Statistics

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

What is the data telling us?

There has been an increase in the proportion of low birthweight babies in 2018 compared to 2017 (2.03% to 2.85%). Darlington remains similar to both England and the North East. The table above ranks Darlington's position in comparison to CIPFA nearest neighbours. Darlington has the 5th lowest percentage of low birth weight babies compared to CIPFA nearest neighbours.

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 outcomes throughout life. At a population level there are inequalities in the distribution of low birth weight babies with a correlation with deprivation. A high proportion of low birth weight births is indicative of external factors that

affect the development of the child. This can include maternal smoking, excessive alcohol consumption, substance misuse or poor diet.

What are we doing about it?

The 0-19 year's contract includes a specific action for Health Visitors to visit an expectant mother by 24 weeks of their pregnancy. This visit provides an opportunity to provide the mother with information, advice and support to maximise the mother's health and provide the optimum conditions for a healthy pregnancy. This includes screening for alcohol consumption and smoking as well as access to Healthy Start vitamins including folic acid. Other services in Darlington that are commissioned by the Authority, including stop smoking support and substance misuse, prioritise support for pregnant women. Partner agencies such as local GPs and maternity services also support healthy pregnancies through providing access to high quality maternity care and support for pregnant women. Health professionals also provide pre-conception advice and support for women who are trying for a baby. This includes access to lifestyle advice and support including alcohol consumption, smoking and diet.

KEY PBH 016 – PHOF C02a) Under 18s conception rate /1,000

Definition: Conceptions in women aged under 18 per 1,000 females aged 15-17

Numerator: Number of pregnancies that occur in women aged under 18 and 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

Latest data available: 19.5 per 1,000 (2018)

CIPFA Nearest neighbours comparison

| Area ▲▼ | Recent Trend | Neighbour Rank ▲▼ | Count ▲▼ | Value ▲▼ | 95% Lower CI | 95% Upper CI |
|-------------------------|-----------------|-------------------------|-------------|-------------|-----------------|-----------------|
| England | ↓ | - | 14,736 | 16.7 | 16.4 | 17.0 |
| Neighbours average | - | - | - | - | - | - |
| St. Helens | → | 5 | 101 | 37.3 | 30.3 | 45.3 |
| Tameside | → | 11 | 102 | 28.0 | 22.8 | 34.0 |
| Stockton-on-Tees | → | 1 | 84 | 26.8 | 21.3 | 33.1 |
| North East Lincolnshire | → | 2 | 70 | 26.7 | 20.8 | 33.7 |
| Plymouth | → | 9 | 89 | 24.0 | 19.3 | 29.6 |
| Bury | → | 10 | 72 | 22.7 | 17.7 | 28.6 |
| Doncaster | ↓ | 13 | 110 | 22.6 | 18.6 | 27.3 |
| Rotherham | → | 12 | 90 | 20.8 | 16.7 | 25.5 |
| Derby | → | 4 | 82 | 19.5 | 15.5 | 24.2 |
| Darlington | → | - | 33 | 19.5 | 13.4 | 27.3 |
| Warrington | → | 14 | 66 | 19.5 | 15.0 | 24.7 |
| Bolton | → | 6 | 93 | 19.4 | 15.7 | 23.8 |
| Dudley | ↓ | 3 | 103 | 19.3 | 15.8 | 23.4 |
| Wigan | ↓ | 15 | 97 | 18.7 | 15.2 | 22.8 |
| Telford and Wrekin | ↓ | 8 | 53 | 17.2 | 12.9 | 22.5 |
| Calderdale | → | 7 | 58 | 16.7 | 12.7 | 21.6 |

Source: Office for National Statistics (ONS)

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

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 and is now 7th lowest compared to the CIPFA nearest neighbours

Why is this important to inequalities?

Having a child when young can represent a positive turning point in the lives of some young women. However, bringing up a child is extremely difficult and can result in poor outcomes for both the teenage parent and the child. 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.

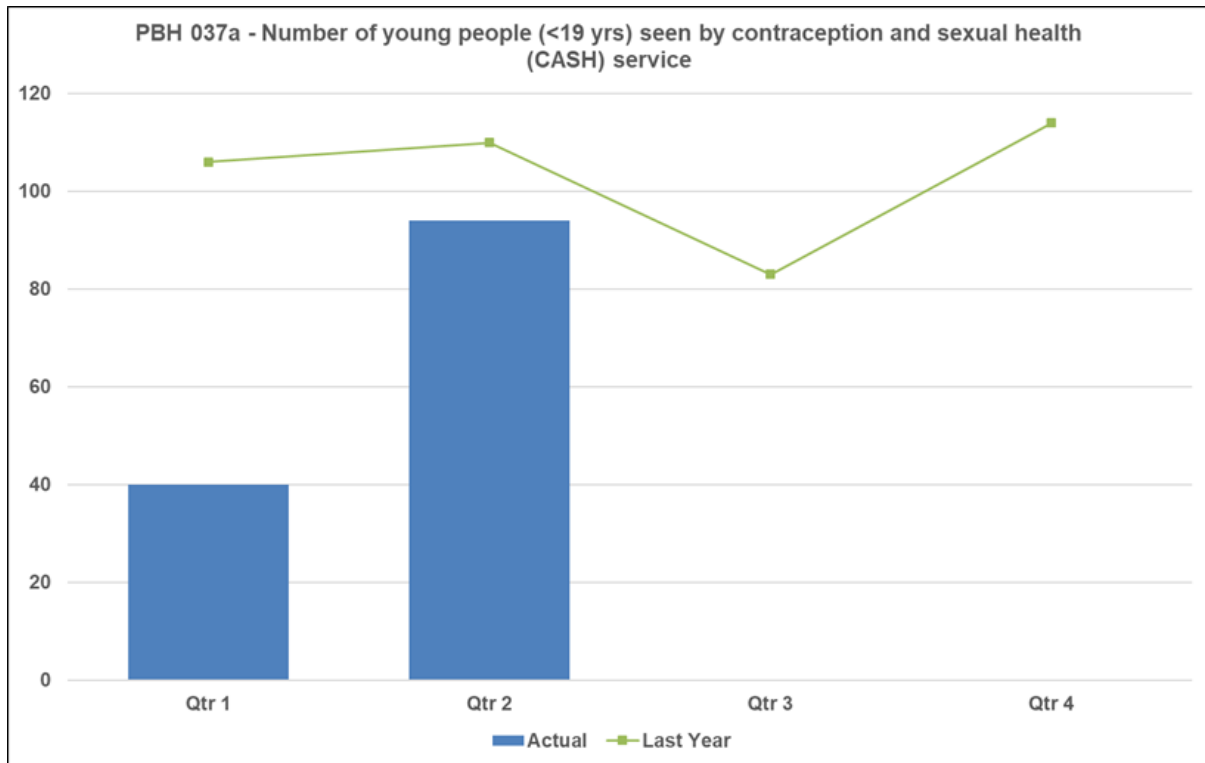
What are we doing about it?

The Authority commissions a range of different services which contribute to the continued decrease in teenage conceptions. These include increasing access to and improving uptake

of contraception, including Long Acting Reversible Contraception (LARCs), emergency contraception and the provision of condoms.

The Authority also works with schools and academies through the Relationships, Education and Sexual Health (RESH) Co-ordinator to coordinate and support the development and provision of high quality Sex and Relationships Education in Darlington and ensure that all schools are ready to meet the new national mandate in the provision of Relationships and Sex Education (RSE) curriculum in the new academic year. The RESH Coordinator has also reviewed and implemented a refreshed Teenage Pregnancy and Sexual Health Strategy and action plan.

Contract - PBH 037a: Number of young people (<19yrs) seen by contraception and sexual health (CASH) service



Service Provider: County Durham and Darlington NHS Foundation Trust (CDDFT)

What is the data is telling us?

The data shows that in Q2 there are 94 young people have accessed the service, this has shown an increase from Q1, and a slight decrease from last year.

What more needs to happen?

The Service are offering virtual appointments and young people only need to go into the service collect any medication. Advice and support can be provided over the telephone.

For young people over 16years condoms are available online after registering for C-card via Darlington Sexual Heath Service and condoms will be sent out in the post.

KEY PBH 033- (PHOF C18) Smoking Prevalence in adults (18+) – current smokers (APS)

Definition: Prevalence of smoking among persons 18 years and over

Numerator: The number of persons aged 18 + who are self-reported smokers in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.

Denominator: Total number of respondents (with valid recorded smoking status) aged 18+ from the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.

Latest data available: 13.7% (2019)

Comparison to CIPFA nearest neighbours

| Area ▲▼ | Recent Trend | Neighbour Rank ▲▼ | Count ▲▼ | Value ▲▼ | | 95% Lower CI | 95% Upper CI |
|-------------------------|--------------|----------------------|-------------|-------------|---|--------------|--------------|
| England | – | – | 6,111,270 | 13.9 | H | 13.6 | 14.1 |
| Neighbours average | – | – | – | – | | – | – |
| North East Lincolnshire | – | 2 | 27,823 | 22.2 | | 19.2 | 25.2 |
| Doncaster | – | 13 | 46,612 | 19.1 | | 16.1 | 22.1 |
| Plymouth | – | 9 | 38,987 | 18.5 | | 15.8 | 21.2 |
| Tameside | – | 11 | 31,758 | 18.2 | | 15.5 | 20.8 |
| Rotherham | – | 12 | 37,026 | 17.8 | | 14.9 | 20.8 |
| Wigan | – | 15 | 43,825 | 17.0 | | 14.2 | 19.8 |
| Derby | – | 4 | 33,020 | 16.7 | | 13.9 | 19.6 |
| Calderdale | – | 7 | 26,392 | 16.1 | | 13.6 | 18.6 |
| Bolton | – | 6 | 34,542 | 15.9 | | 13.4 | 18.3 |
| Telford and Wrekin | – | 8 | 21,104 | 15.4 | | 12.8 | 18.0 |
| Darlington | – | – | 11,529 | 13.7 | | 11.4 | 16.0 |
| Dudley | – | 3 | 33,945 | 13.5 | | 10.8 | 16.2 |
| Stockton-on-Tees | – | 1 | 20,319 | 13.2 | | 10.9 | 15.6 |
| St. Helens | – | 5 | 18,689 | 13.0 | | 10.5 | 15.6 |
| Bury | – | 10 | 18,765 | 12.8 | | 10.5 | 15.0 |
| Warrington | – | 14 | 18,571 | 11.3 | | 8.9 | 13.6 |

Source: Annual Population Survey (APS)

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

What is the data telling us?

Smoking prevalence in over 18s is showing a decrease which is positive. The proportion of adults smoking in Darlington in most recent data (2019) is 13.7%. Compared to the CIPFA nearest neighbours Darlington is ranked 6th lowest.

Why is this important to inequalities?

Smoking is a modifiable lifestyle risk factor and is the single greatest cause of preventable ill health and premature mortality in Darlington and 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.

Smoking prevalence is higher in the most deprived communities with males being more likely to smoke than females. The highest prevalence of smoking in all groups is found in those aged 25-39 years.

What are we doing about it?

The Authority commissions a specialist Stop Smoking Service that offers intensive, evidence based targeted support to those who have been identified as accruing the greatest benefit from quitting. This includes pregnant women, and individuals with high risk of developing diseases such as heart disease, due to their smoking. The Service is also targeting those deprived communities in Darlington with the highest smoking prevalence. The School Nursing service that the Authority commissions supports schools to provide effective preventative messages for young people, using the PHSE curriculum, to provide them with the knowledge and information about the harms and risks of smoking to prevent new smokers.

The Healthy Lifestyle Survey (HLS) also includes questions about the attitudes and behaviours of young people about smoking. The results of the HLS help schools target support and interventions and are used to de-normalise smoking behaviours in young people and understand the sources of exposure. Trading Standards work with other agencies including the police and customs to remove the supplies of illicit tobacco in local communities. Illicit tobacco sales and unregulated and remove significant barriers to accessing tobacco particularly for young people and children.

PBH 044 – (PHOF C21) Admission episodes for alcohol-related conditions **(Narrow)**

Definition: Admissions to hospital where the primary diagnosis is an alcohol-attributable code, or a secondary diagnosis is an alcohol-attributable external cause code. Directly age standardised rate per 100,000 population (standardised to the 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.

Latest data available: 639 per 100,000 (2018/19)

Comparison to CIPFA nearest neighbours

| Area ▲▼ | Recent Trend | Neighbour Rank ▲▼ | Count ▲▼ | Value ▲▼ | | 95% Lower CI | 95% Upper CI |
|-------------------------|-----------------|-------------------------|-------------|-------------|--|-----------------|-----------------|
| England | → | - | 357,659 | 664 | | 662 | 666 |
| Neighbours average | - | - | - | - | | - | - |
| Stockton-on-Tees | ↑ | 1 | 1,792 | 940 | | 897 | 985 |
| St. Helens | → | 5 | 1,566 | 883 | | 839 | 928 |
| Derby | → | 4 | 2,064 | 878 | | 840 | 917 |
| Doncaster | ↑ | 13 | 2,518 | 829 | | 797 | 862 |
| Telford and Wrekin | → | 8 | 1,315 | 789 | | 747 | 833 |
| Rotherham | → | 12 | 1,990 | 768 | | 735 | 803 |
| Wigan | → | 15 | 2,436 | 761 | | 731 | 792 |
| Warrington | → | 14 | 1,504 | 733 | | 696 | 771 |
| Tameside | ↓ | 11 | 1,543 | 713 | | 678 | 750 |
| Bolton | → | 6 | 1,895 | 703 | | 672 | 736 |
| Calderdale | ↑ | 7 | 1,402 | 682 | | 647 | 719 |
| North East Lincolnshire | → | 2 | 1,031 | 654 | | 614 | 695 |
| Darlington | → | - | 676 | 639 | | 592 | 690 |
| Plymouth | → | 9 | 1,598 | 636 | | 605 | 669 |
| Bury | → | 10 | 1,143 | 626 | | 590 | 663 |
| Dudley | ↓ | 3 | 1,965 | 622 | | 595 | 650 |

Source: Calculated by Public Health England: Population Health Analysis (PHA) 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 ■ Lower ■ Similar ■ Higher ■ Not compared

What is the data is telling us?

In previous years Darlington has had a greater rate of admissions to hospital due to diseases caused by alcohol consumption compared to England average, but in 2018/19 this is similar to the 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.

When compared to our CIPFA neighbours, a wider range of local authorities that are statistically most similar, Darlington's rate is ranked 4th for admissions.

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 £2 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).

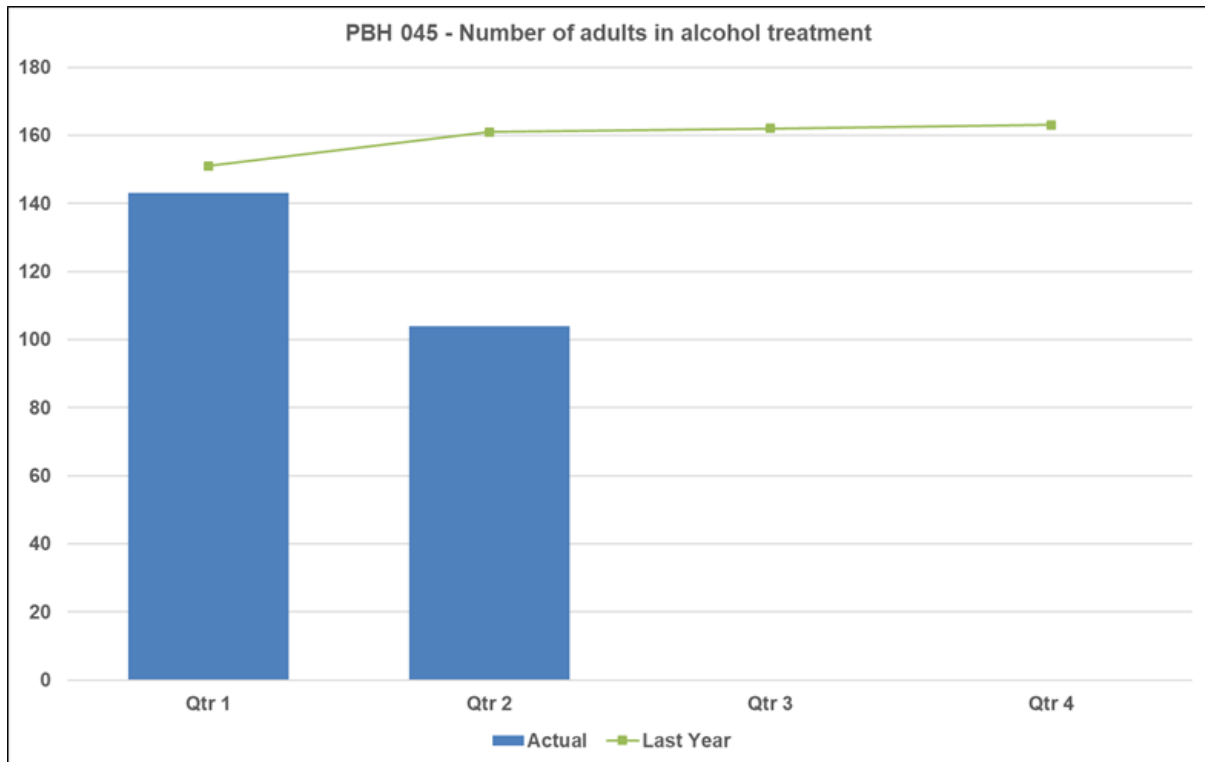
What are we doing about it?

The Authority commissions NHS Health Checks via a Management Company who subcontract to 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 alcohol 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 support 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.

Contract - PBH 045: Number of adults in alcohol treatment



Service Provider: NECA/ We Are With You

What is the data is telling us?

The data shows that in Q2 there are 104 adults in treatment for alcohol, this has shown a decrease from Q1 as well as showing a decrease for last year.

What more needs to happen?

The new provider We Are With You took over the Service from 17th August 2020 from the previous provider NECA.

The new service STRIDE (Support, Treatment and Recovery in Darlington through Empowerment) are in the process of reviewing every service user in structured treatment and as a result the numbers have reduced. This is mainly due to the impact of Covid, some are unable to attend appointments, have no means of accessing virtual offers or have disengaged from the Service.

Work has begun to develop and communicate effective referral pathways with all partners and with health and social care professionals. The Service had a difficult start and is beginning to engage with communities, ensuring that Covid guidelines are always adhered to.

The Provider does work with voluntary sector partners in engaging with 'mutual aid' organisations such as Alcohol Anonymous and the 12 Steps programme, to provide a broad range of treatment and recovery options for those with alcohol dependence.

PBH 046 - (PHOF C26b) 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.

Latest data available: 50.7% crude rate (2015/16 to 2019/20)

| Area ▲▼ | Recent Trend | Neighbour Rank ▲▼ | Count ▲▼ | Value ▲▼ | 95% Lower CI | 95% Upper CI |
|-------------------------|-----------------|-------------------------|-------------|-------------|-----------------|-----------------|
| England | - | - | 6,466,090 | 47.1 | 47.0 | 47.1 |
| Neighbours average | - | - | 497,052 | 44.4* | 44.3 | 44.5 |
| Bury | - | 10 | 42,741 | 74.1 | 73.4 | 74.8 |
| St. Helens | - | 5 | 19,409 | 60.6 | 59.8 | 61.5 |
| Stockton-on-Tees | - | 1 | 26,001 | 56.1 | 55.4 | 56.8 |
| Dudley | - | 3 | 60,607 | 53.1 | 52.7 | 53.5 |
| Calderdale | - | 7 | 32,693 | 52.1 | 51.5 | 52.7 |
| Tameside | - | 11 | 21,756 | 50.7 | 50.1 | 51.4 |
| Darlington | - | - | 16,626 | 50.7 | 49.9 | 51.4 |
| Telford and Wrekin | - | 8 | 11,638 | 48.8 | 47.9 | 49.7 |
| Rotherham | - | 12 | 26,830 | 47.9 | 47.4 | 48.5 |
| Derby | - | 4 | 28,297 | 46.4 | 45.8 | 46.9 |
| Doncaster | - | 13 | 47,402 | 44.2 | 43.8 | 44.6 |
| Plymouth | - | 9 | 26,428 | 39.5 | 39.0 | 39.9 |
| Warrington | - | 14 | 28,904 | 38.2 | 37.8 | 38.7 |
| Bolton | - | 6 | 60,439 | 32.2 | 32.0 | 32.5 |
| Wigan | - | 15 | 38,846 | 31.6 | 31.2 | 31.9 |
| North East Lincolnshire | - | 2 | 8,435 | 29.3 | 28.7 | 29.9 |

Source: Public Health England

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

What is the data telling us?

The data above shows that compared to our statistical CIPFA neighbours, Darlington ranks 7th out of 16 authorities.

For this indicator Darlington is performing statistically better to the England average, better than our CIPFA statistical neighbours and better than the NE Regional averages.

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 mandated service. It aims to help prevent heart disease, stroke, and 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.

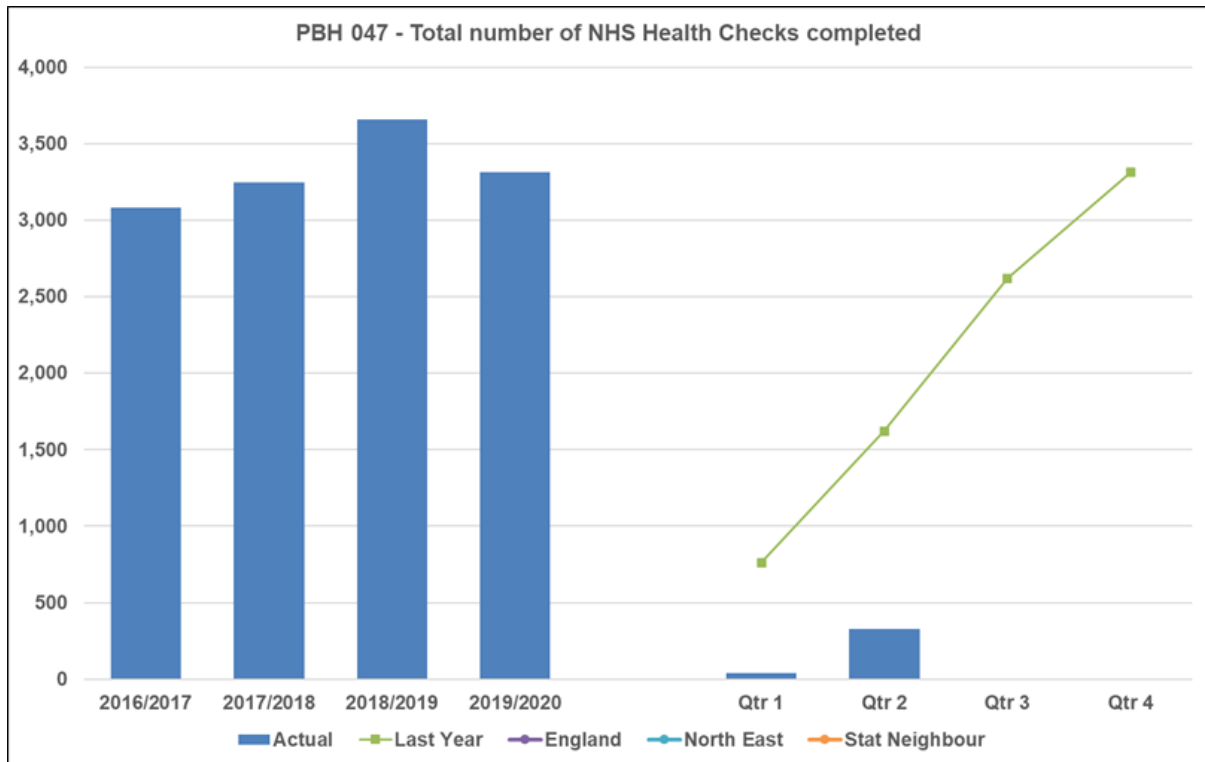
A regular NHS Health Check enables an individual risk assessment of cardiovascular disease to be undertaken and provides an opportunity for early intervention and prevention strategies with individuals. Improvements in those who receive an NHS Health Check will eventually contribute to reducing the worst 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 Health Check invite has been increasing faster compared to both England and regional neighbours, closing the gap between England and Darlington.

Contract - PBH 047: Total number of NHS Health Checks completed



Service Provider: Primary Healthcare Darlington

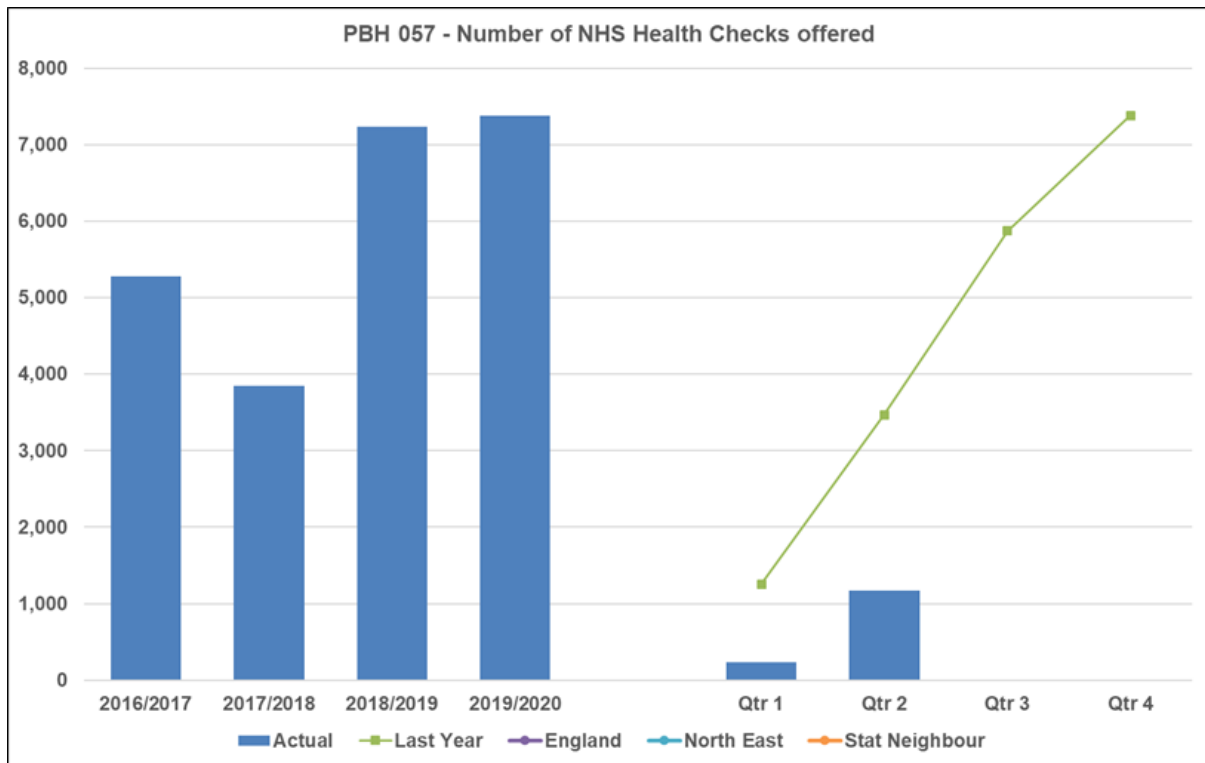
What is the story the data is telling us?

The data shows that to date a total of 369 (combined total) of eligible individuals have received a NHS Health Check in Darlington since April 2020. This is a lower number compared to the same period last year. This is due to the impact of Covid 19 as the NHS Health Checks programmes was suspended during Q1.

What more needs to happen?

The Provider are working with all 11 GP Practices who offer NHS Health Checks to improve the number completed. Some GP practices are offered virtual appointments, which only require the service user to attend a GP Practice for blood to be taken all of the other information gathered can be done virtually. This should increase uptake for those who have access to technology and are eligible for an NHS Health Check.

Contract - PBH 057: Number of NHS Health Checks offered



Service Provider: Primary Healthcare Darlington

What is the data is telling us?

The data shows that to date a total of 1,406 (combined total) of eligible individuals have been offered an NHS Health Check in Darlington since April 2020. This is a lower number compared to the same period last year. This is due to the impact of Covid 19 as the NHS Health Checks programmes was suspended during Q1.

What more needs to happen?

The Provider are working with all 11 GP Practices who offer NHS Health Checks to improve the number offered. Some GP practices are offered virtual appointments, which only require the service user to attend a GP Practice for blood to be taken and all of the other information gathered can be done virtually. This should increase update for those who have access to technology and are eligible for an NHS Health Check.

KEY PBH 048 – (PHOF D02a) Chlamydia detection rate /100,000 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.

Latest data available: 2,108 per 100,000 crude rate (2019)

| Area ▲▼ | Recent Trend | Neighbour Rank ▲▼ | Count ▲▼ | Value ▲▼ | 95% Lower CI | 95% Upper CI |
|-------------------------|-----------------|-------------------------|-------------|-------------|-----------------|-----------------|
| England | ↑ | - | 134,418 | 2,043 | 2,033 | 2,054 |
| Neighbours average | ↓ | - | 8,061 | 1,953* | 1,910 | 1,996 |
| North East Lincolnshire | → | 2 | 506 | 3,112 | 2,847 | 3,396 |
| Calderdale | → | 7 | 532 | 2,364 | 2,167 | 2,574 |
| Derby | ↑ | 4 | 807 | 2,350 | 2,191 | 2,518 |
| Plymouth | → | 9 | 867 | 2,294 | 2,144 | 2,452 |
| Telford and Wrekin | → | 8 | 460 | 2,166 | 1,972 | 2,373 |
| Darlington | → | - | 232 | 2,108 | 1,845 | 2,397 |
| St. Helens | → | 5 | 392 | 2,095 | 1,893 | 2,313 |
| Wigan | → | 15 | 711 | 2,056 | 1,908 | 2,213 |
| Rotherham | → | 12 | 561 | 1,967 | 1,807 | 2,137 |
| Bury | → | 10 | 403 | 1,965 | 1,778 | 2,167 |
| Tameside | ↓ | 11 | 457 | 1,878 | 1,710 | 2,058 |
| Doncaster | ↓ | 13 | 572 | 1,758 | 1,617 | 1,908 |
| Warrington | → | 14 | 381 | 1,736 | 1,566 | 1,919 |
| Stockton-on-Tees | ↑ | 1 | 350 | 1,711 | 1,537 | 1,901 |
| Bolton | ↓ | 6 | 434 | 1,308 | 1,188 | 1,437 |
| Dudley | ↓ | 3 | 396 | 1,136 | 1,027 | 1,253 |

Source: Public Health England

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

What is the data telling us?

The latest reported data for 2019 shows that the detection rate is similar than England and our nearest neighbours.

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. The rates of diagnosis are also different between males and females with females having a much greater detection rate, indicating that they are accessing testing services to a greater degree than males. This means that males are less likely to be tested and diagnosed and much more likely to experience poor sexual health.

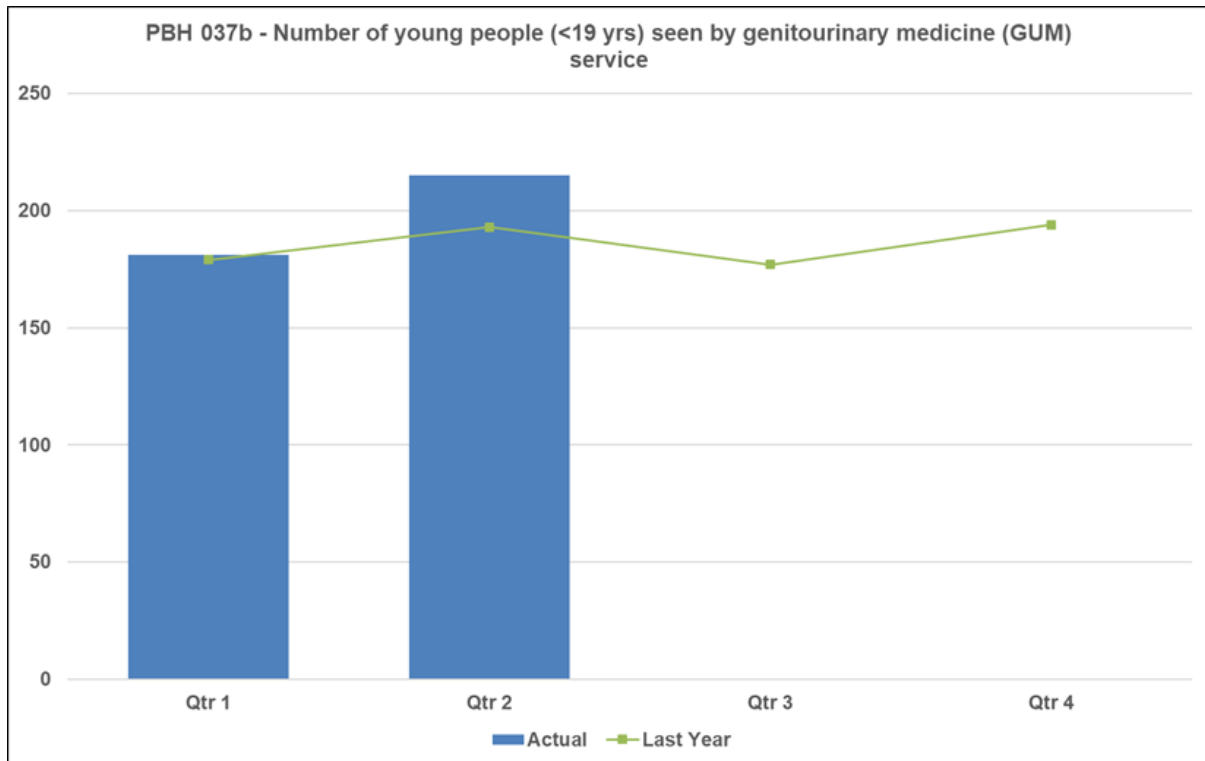
What are we doing about it?

Darlington does not provide a high volume community Chlamydia screening and diagnoses service but rather a specialist Sexual Health Service is commissioned. The Service has been working to improve access and screening by targeting younger people under 25 yrs. The

most recent performance data from the Sexual Health Service has shown an increase in the numbers of young people under the age of 19 accessing the Service.

The School Nursing Service works with schools and PHSE leads to ensure that Chlamydia screening is promoted within the PHSE curriculum to young people in schools and colleges in Darlington. The RESH coordinator works with the schools, colleges, voluntary agencies and young people themselves to improve their knowledge and awareness of sexual health and how to access testing and treatment.

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



Service Provider: County Durham and Darlington NHS Foundation Trust (CDDFT)

What is the data is telling us?

The data shows that in Q2 there are 215 young people have accessed the service, this has shown an increase from Q1 and from last year.

What more needs to happen?

The Service are offering virtual appointments and young people only need to go into the service collect any medication. Advice and support can be provided over the telephone.

For young people over 16years condoms are available online after registering for C-card via Darlington Sexual Health Service and condoms will be sent out in the post.

The Service also offer online testing and young people are able to register and request testing kits and results can be sent via post or text.

PBH 052 – (PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS

Definition: Annual total number of prescribed antibiotic items per STAR-PU (Specific Therapeutic group Age-sex weightings Related Prescribing Unit)

Numerator: Total number of antibiotic items prescribed in practices located within the area. An item is an antibiotic (from British National Formulary Section 5.1) that is prescribed in a primary care setting.

Denominator: Total of STAR-PU* units for practices located within the area.

*STAR-PU are weighted units to allow comparisons adjusting for the age and sex of patient's distribution of each practice. These variables vary significantly and it is important to make necessary adjustments.

Latest data available: 1.21 per STAR-PU (2019)

| Area ▲▼ | Recent Trend | Neighbour Rank ▲▼ | Count ▲▼ | Value ▲▼ | 95% Lower CI | 95% Upper CI |
|-------------------------|--------------|----------------------|-------------|-------------|--------------|--------------|
| England | – | – | 31,703,994 | 0.95 | 0.95 | 0.95 |
| Neighbours average | – | – | 2,323,938 | 1.06* | 1.06 | 1.06 |
| St. Helens | – | 5 | 139,494 | 1.23 | 1.22 | 1.23 |
| Darlington | – | – | 75,355 | 1.21 | 1.20 | 1.22 |
| Wigan | – | 15 | 213,032 | 1.16 | 1.16 | 1.17 |
| Tameside | – | 11 | 141,803 | 1.11 | 1.11 | 1.12 |
| Bury | – | 10 | 127,471 | 1.11 | 1.10 | 1.12 |
| Calderdale | – | 7 | 134,520 | 1.08 | 1.08 | 1.09 |
| Dudley | – | 3 | 202,476 | 1.06 | 1.05 | 1.06 |
| Doncaster | – | 13 | 195,396 | 1.06 | 1.05 | 1.06 |
| Bolton | – | 6 | 180,724 | 1.05 | 1.04 | 1.05 |
| Rotherham | – | 12 | 156,376 | 1.04 | 1.04 | 1.05 |
| North East Lincolnshire | – | 2 | 100,900 | 1.04 | 1.03 | 1.04 |
| Warrington | – | 14 | 127,559 | 1.04 | 1.03 | 1.04 |
| Derby | – | 4 | 161,370 | 1.01 | 1.00 | 1.01 |
| Stockton-on-Tees | – | 1 | 113,743 | 1.00 | 1.00 | 1.01 |
| Plymouth | – | 9 | 162,285 | 0.98 | 0.98 | 0.99 |
| Telford and Wrekin | – | 8 | 91,434 | 0.87 | 0.86 | 0.87 |

Source: Data is sourced from ePACT2 from NHS Digital

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

What is the data telling us?

The rate of reduction of antibiotic prescribing within the local NHS is worse than both England and the North East average and the rate of reduction is slower. In terms of performance against nearest neighbours, Darlington is 2nd highest in the ranking.

This indicator is part of a larger group of indicators and measures for the NHS which is part of the Antimicrobial Resistance (AMR) five year strategy to slow the growth of antimicrobial resistance in the population. This is only one indicator from a larger group of indicators that cover a complex topic area.

Why is this important to inequalities?

Antimicrobial resistance (AMR) is the ability of bacteria to become immune to antibiotics. Without effective antibiotics the success of routine treatments such as surgery and cancer chemotherapy will be reduced significantly.

Those with already compromised immune systems are more susceptible to infections. Very young children, older adults, those living with HIV or other chronic diseases or living with cancer would be most affected by increasing AMR. It is an increasingly serious threat to global public health that requires action across all government sectors and society.

Focusing on preventing infections, an essential component of public health, reduces the need for antimicrobials and therefore lowers the opportunity for antimicrobial resistance to develop.

What are we doing about it?

The Clinical Commissioning Group in Darlington (DCCG) has an action plan to help reduce antibiotic prescribing and is working with individual GP Practices to support them to reduce their prescribing of antibiotics. The CCG is also working with NHS England and other CCGs and hospitals in supporting information campaigns to reduce the demand and expectations for antibiotics from patients for relatively minor and self-limiting illnesses. This includes the regular winter pressures campaigns and plans.

The public health team in Darlington continues to support the local CCG, NHS England, Public Health England in promoting the different awareness campaigns such as World Antibiotic Awareness Week and the seasonal influenza vaccination campaigns over the winter period. The Authority's role in providing animal health inspections also supports efforts to reduce AMR through ensuring animal welfare standards are applied locally.

The Pharmaceutical Needs Assessment for Darlington stresses that pharmacies have a key role in providing advice and guidance to the public on medicine use including antibiotics and can influence reduction in use.

The County Durham and Darlington Healthcare Associated Infections Steering Group is a multiagency group that includes membership from Public Health England, CCGs and NHS Trusts that reviews risks, actions and policy in relation to health protection across County Durham and Darlington, including AMR.

KEY PBH 058 - (PHOF E05a) Under 75 mortality rate from cancer

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

Denominator: Population-years (aggregated populations for the three years) for people of all ages, aggregated into quinary age bands

Latest data available: 134 per 100,000 (2016-18)

Figure 5-comparison to CIPFA nearest neighbours

| Area ▲▼ | Recent Trend | Neighbour Rank ▲▼ | Count ▲▼ | Value ▲▼ | | 95% Lower CI | 95% Upper CI |
|-------------------------|-----------------|-------------------------|-------------|-------------|--|-----------------|-----------------|
| England | - | - | 188,722 | 132.3 | | 131.7 | 132.9 |
| Neighbours average | - | - | - | - | | - | - |
| North East Lincolnshire | - | 2 | 717 | 162.6 | | 150.9 | 174.9 |
| Doncaster | - | 13 | 1,317 | 157.4 | | 149.0 | 166.1 |
| Stockton-on-Tees | - | 1 | 813 | 157.3 | | 146.7 | 168.6 |
| Telford and Wrekin | - | 8 | 693 | 154.5 | | 143.2 | 166.4 |
| Tameside | - | 11 | 905 | 153.5 | | 143.7 | 163.9 |
| Rotherham | - | 12 | 1,115 | 152.6 | | 143.7 | 161.8 |
| Dudley | - | 3 | 1,310 | 150.3 | | 142.2 | 158.7 |
| Wigan | - | 15 | 1,326 | 145.9 | | 138.1 | 153.9 |
| Plymouth | - | 9 | 958 | 144.3 | | 135.3 | 153.8 |
| St. Helens | - | 5 | 737 | 143.1 | | 133.0 | 153.9 |
| Derby | - | 4 | 835 | 143.1 | | 133.5 | 153.2 |
| Bolton | - | 6 | 1,021 | 142.6 | | 134.0 | 151.7 |
| Calderdale | - | 7 | 815 | 142.0 | | 132.4 | 152.1 |
| Bury | - | 10 | 683 | 137.0 | | 126.9 | 147.7 |
| Darlington | - | - | 396 | 134.0 | | 121.1 | 147.9 |
| Warrington | - | 14 | 733 | 130.7 | | 121.4 | 140.5 |

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

Compared with benchmark: Better (green), Similar (yellow), Worse (red), Lower (blue), Higher (light blue), Not compared (grey)

What is the data telling us?

The rate of premature mortality from cancer has been reducing in Darlington steadily since 2001 but at a slower rate than England meaning that Darlington, but in 2016-18 similar to England. Darlington is statistically similar to the average for NE Region with a similar rate of reduction. Compare to CIPFA neighbours Darlington is ranked 15th for this indicator.

Why is this important to inequalities?

Cancer is the greatest cause of premature death in England. The burden of this mortality is greatest in the most deprived communities with statistically worse premature mortality rates in the most deprived communities when compared to the least deprived communities. There are also significant inequalities between males and females with males having a statistically worse premature mortality rates due to cancer than females. This inequality in premature mortality also contributes to the inequalities in life expectancy between males and females more generally.

What are we doing about it?

The public health team supports a range of partners in their work to contribute to reducing early deaths from cancer in Darlington. Some specific activities include:

- The provision of Brief Advice and Very Brief Advice training to community partners to maximise the numbers of individuals who are encouraged to quit smoking.
- The development of an online behaviour change coaching app. This will provide even more people who are quitting smoking with the support and advice they need to maximise their chance of a successful quit.
- The provision of information advice and support to the Authority's workforce by HR and Occupational Health, including campaigns to promote cancer awareness, healthy lifestyles and smoking cessation.
- Regulatory Services are working with partners in providing campaigns and action to stop illegal sales of tobacco in local communities.
- The implementation of the Cancer Plan by the CCG in Darlington to provide better uptake of screening, early detection, quick access to diagnosis and treatment to maximise those who survive a diagnosis of cancer.