



Darlington Borough Council

Public Health

April – September (Quarter 1&2)

Performance Highlight Report

2021 - 22

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 (1 year range)

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

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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	12
PBH 044	(PHOF C21) Admission episodes for alcohol-related conditions (Narrow) (new method)	Key	14
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	20
PBH 048	(PHOF D02a) Chlamydia detection rate /100,000 aged 15 to 24	Key	24
PBH 052	(PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS	Key	26
PBH 058	(PHOF E05a) Under 75 mortality rate from cancer (1 year range)	Key	28
<i>PBH 037b</i>	Number of young people (<19yrs) seen by genitourinary medicine (GUM) service (cumulative)	Contract	10
<i>PBH 037c</i>	Number of young people (<19yrs) seen by contraception and sexual health (CASH) service (cumulative)	Contract	11
<i>PBH 038, 039, 040, 041</i>	Waiting times: Number of adult's opiate, non-opiate, alcohol and non- opiate and alcohol only waiting over 3 weeks to start first intervention	Contract	16
<i>PBH 045</i>	Number of adults in alcohol treatment	Contract	19
<i>PBH 047</i>	Total number of NHS Health Checks	Contract	22
<i>PBH 057</i>	Number of NHS Health Checks offered	Contract	23

Quarter 1&2 Performance Summary

Key Indicators reported in Q1 & Q2 are:

- PBH 009 (PHOF C04) Low birth weight of term babies – this is showing a decrease compared to the last data and remains similar to both England and the North East.
- PBH 016 (PHOF C02a) Under 18s conception rate/1,000 – this continues to decrease and is similar to England and the North East.
- PBH 033 (PHOF C18) Smoking prevalence in adults (18+) current smokers (APS) – this is showing a decrease compared to the last data.
- PBH 044 (PHOF C21) Admission episodes for alcohol-related conditions (Narrow): new method (Persons) - In previous year Darlington has had a greater rate of admissions compared to England, however in 2019/20 this is similar to England's average and better than the region.
- 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 5th out of 16 authorities.
- PBH 048 (PHOF D02a) Chlamydia detection rate /100,000 aged 15 to 24 – latest reported data shows no significant change but is higher than the North East and England.
- PBH 052 (PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS - Darlington is ranked 2nd lowest compared to the region.
- PBH 058 (PHOF E05a) Under 75 mortality rate from cancer (1 year range) – this continued to reduce until 2018, increased slightly in 2019. Compared to the region ranked 4th lowest.

Contract Indicators highlighted in Q1 & Q2 are:

- PBH 037b: Number of young people (<19yrs) seen by genitourinary medicine (GUM) service (cumulative)
- PBH 037c: Number of young people (<19yrs) seen by contraception and sexual health (CASH) service (cumulative)
- PBH 038, 039, 040, 041: Waiting times: Number of adult's opiate, non-opiate, alcohol and non-opiate and alcohol only waiting over 3 weeks to start first intervention
- 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

KEY INDICATORS

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

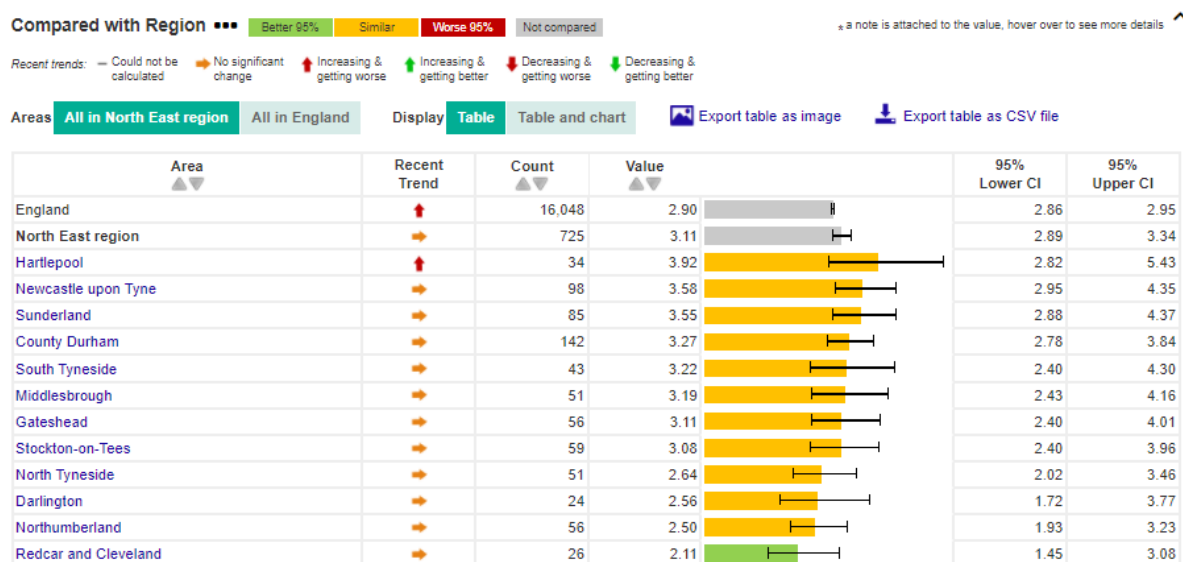
Definition: Live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks as a percentage of all live births with recorded birth weight and a gestational age of at least 37 complete weeks.

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: 2.56% (2019)

All North East region comparison



Source: Office for National Statistics

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

What is the data telling us?

There has been a decrease in the proportion of low birthweight babies in 2019 compared to 2018 (2.85% to 2.56%). Darlington remains statistically similar to both England and the North East. The table above ranks Darlington's position in comparison to region. Darlington has the 3rd lowest percentage of low birth weight babies compared to the region.

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

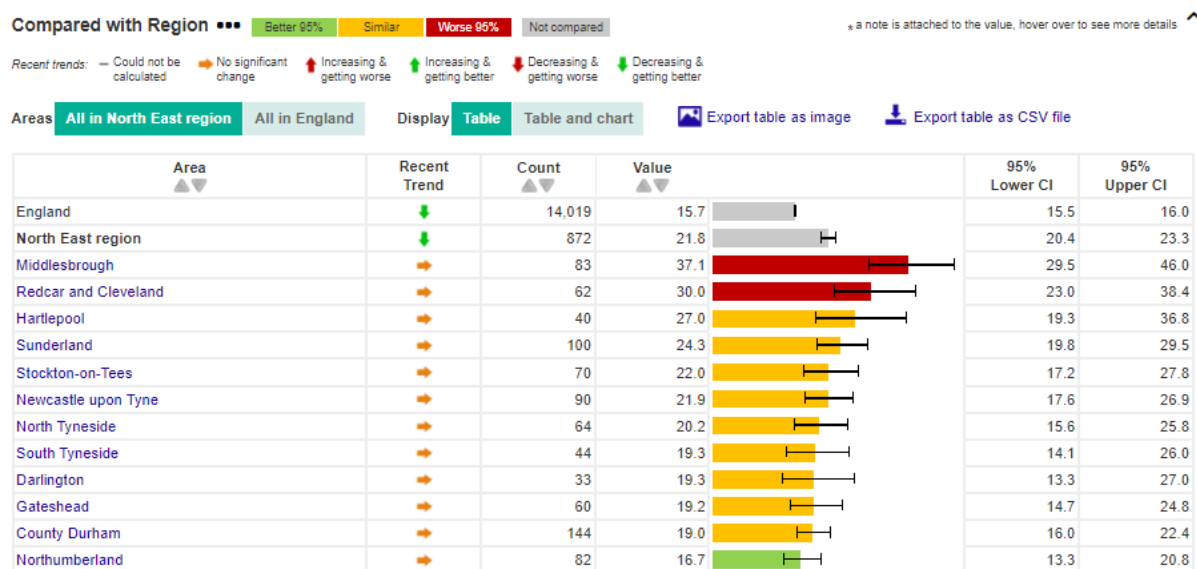
Definition: Conceptions in women aged under 18 per 1,000 females aged 15-17

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: 19.3 per 1,000 (2019)

All North East region comparison



Source: Office for National Statistics (ONS)

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 4th lowest compared to the region.

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, the evidence shows that that bringing up a child is extremely difficult and can result in poor outcomes for both many teenage parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers.

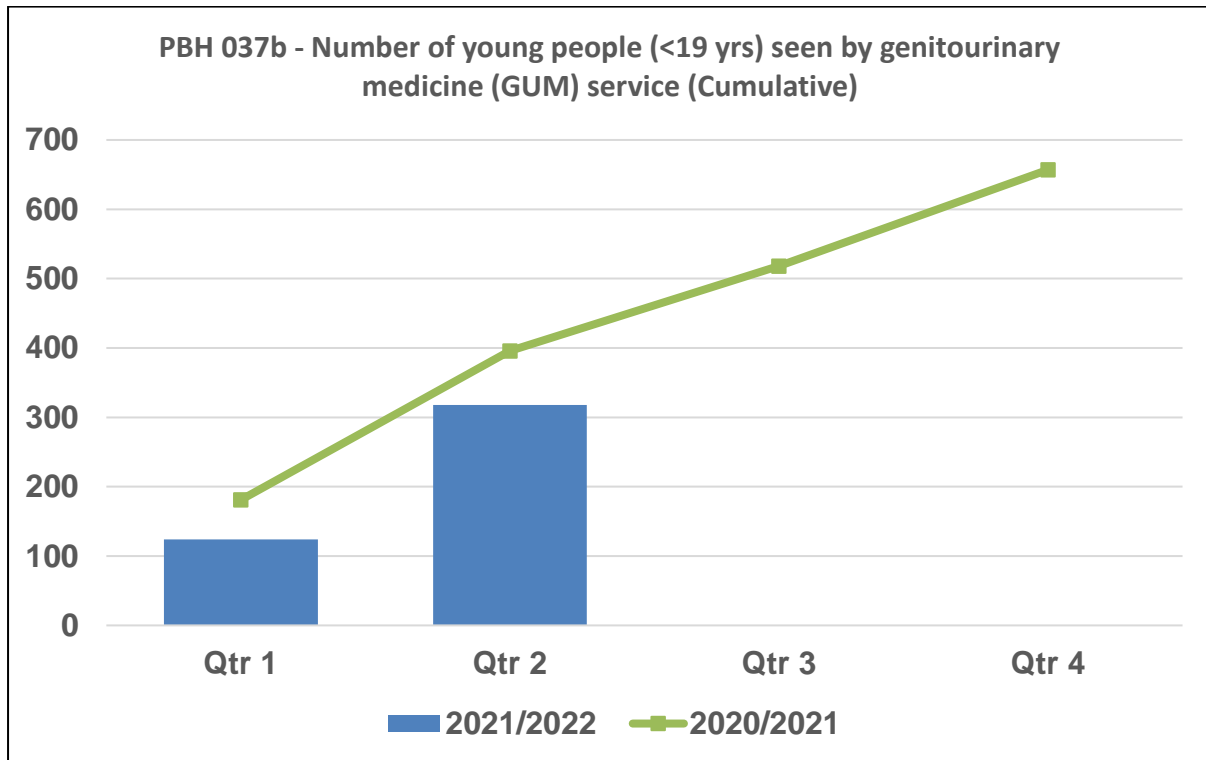
What are we doing about it?

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. Next year, the RESH Coordinator will be refreshing the Teenage Pregnancy and Sexual Health Strategy and action plan .

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



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

What is the data is telling us?

The data shows that in cumulatively since April 2021 there are 318 young people who have accessed the service, this has shown a decrease from last year.

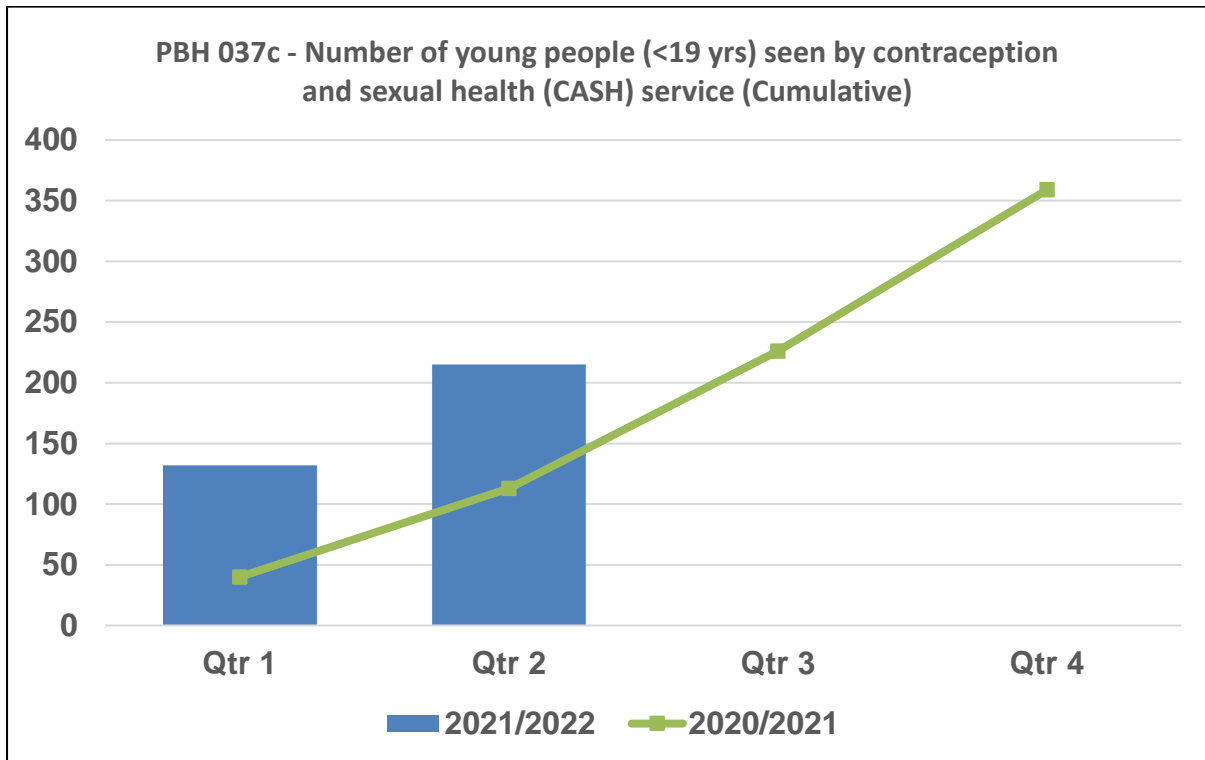
What more needs to happen?

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.

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.

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



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

What is the data is telling us?

The data shows that in cumulatively since April 2021 215 young people have accessed the service, this has shown an increase 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.

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

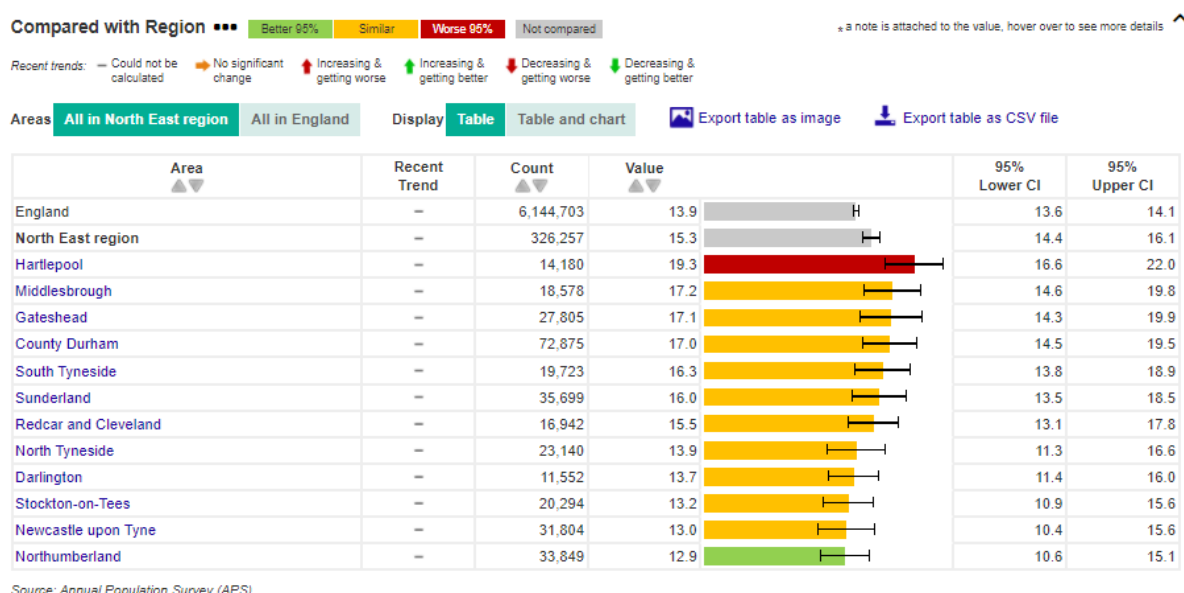
Definition: Prevalence of smoking among persons 18 years and over

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)

All North East region comparison



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% and is 4th lowest compared to the region.

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 has been offering virtual appointments and attendance as increased throughout the pandemic.

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): new method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)

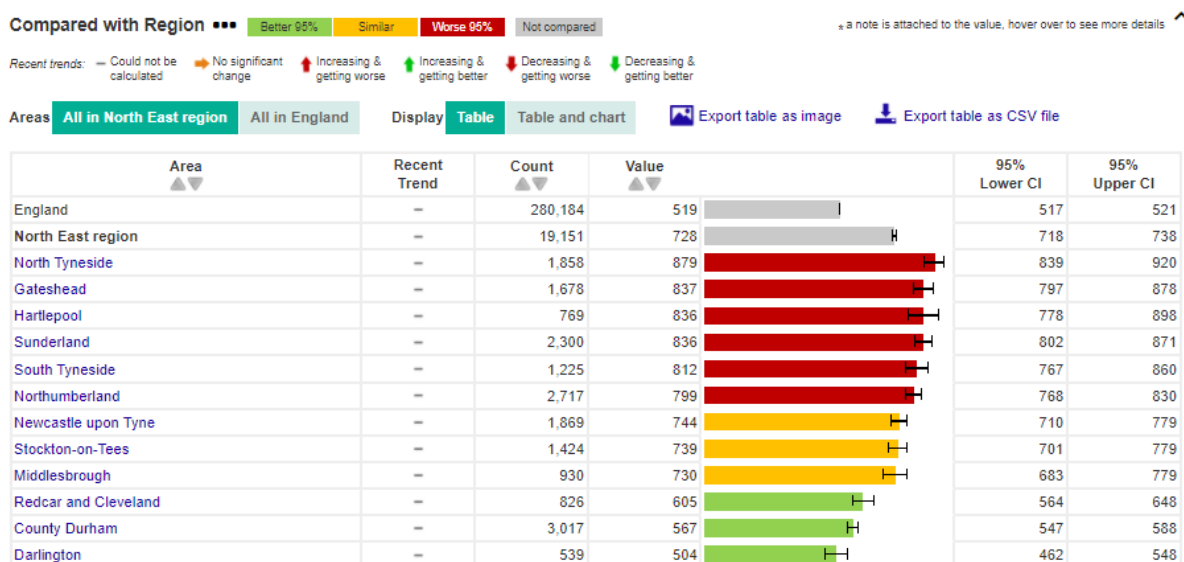
Definition: Admissions to hospital where the primary diagnosis is an alcohol-attributable code, or a secondary diagnosis is an alcohol-attributable external cause code. Directly age standardised rate per 100,000 population (standardised to the European standard population).

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: 504 per 100,000 (2019/20)

All North East region comparison



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.

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 2019/20 this has improved and is now statistically similar to the England average and statistically better than the region. 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.

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).

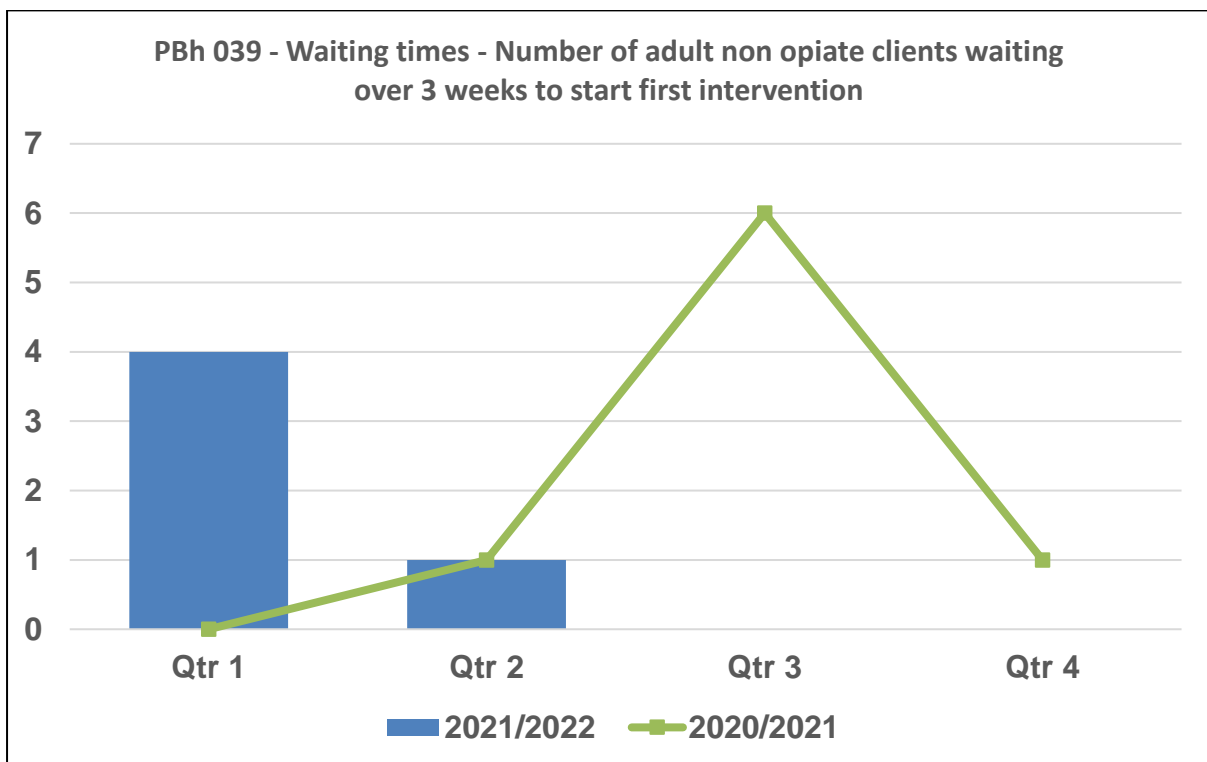
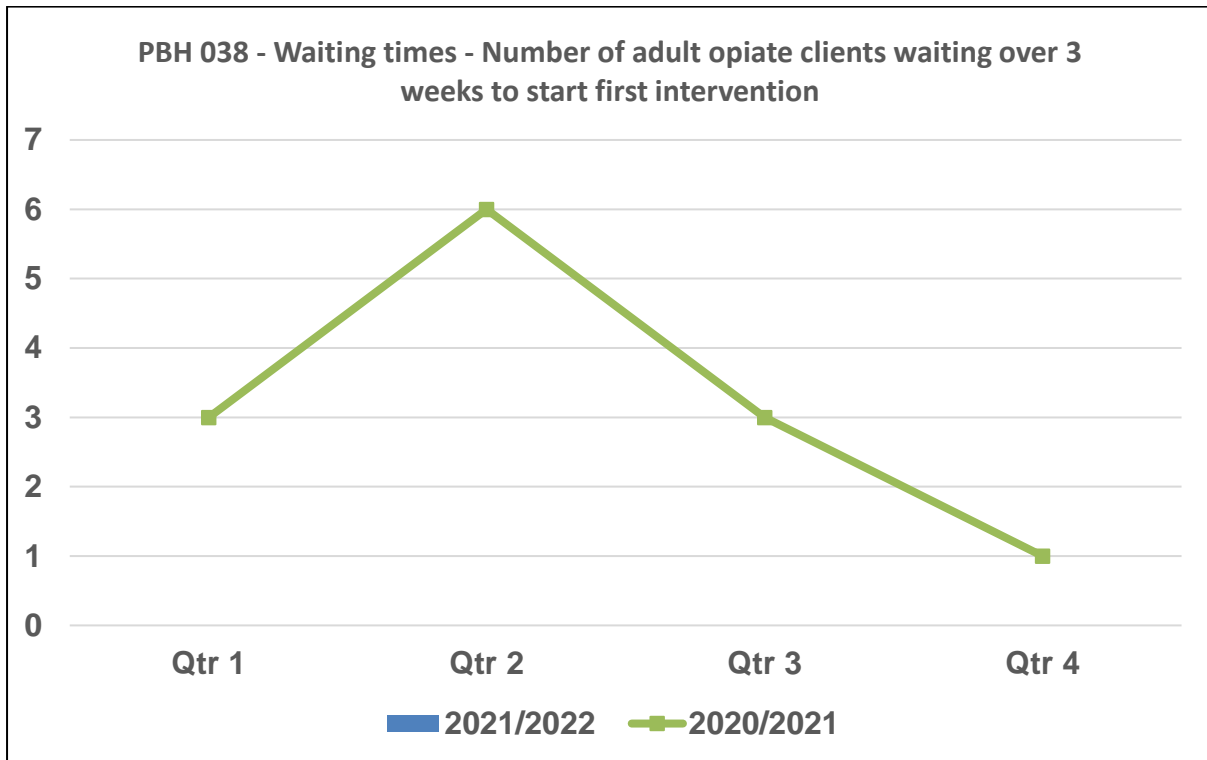
What are we doing about it?

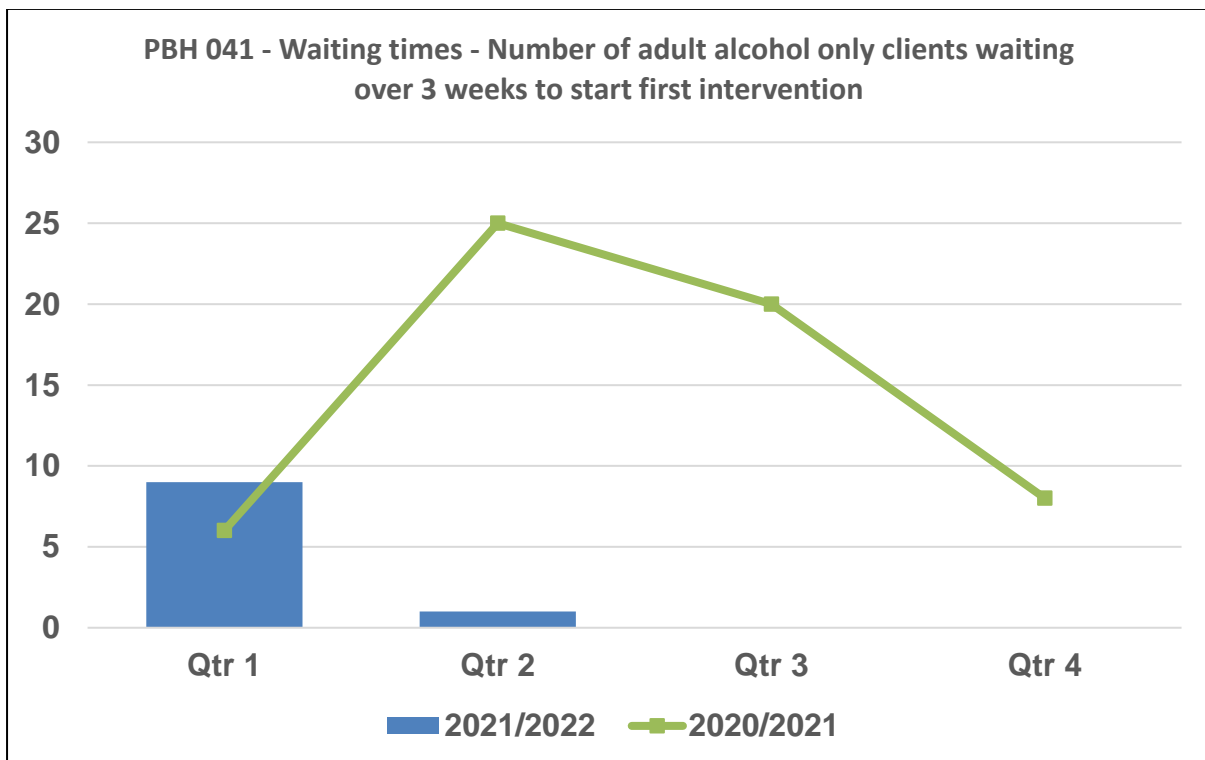
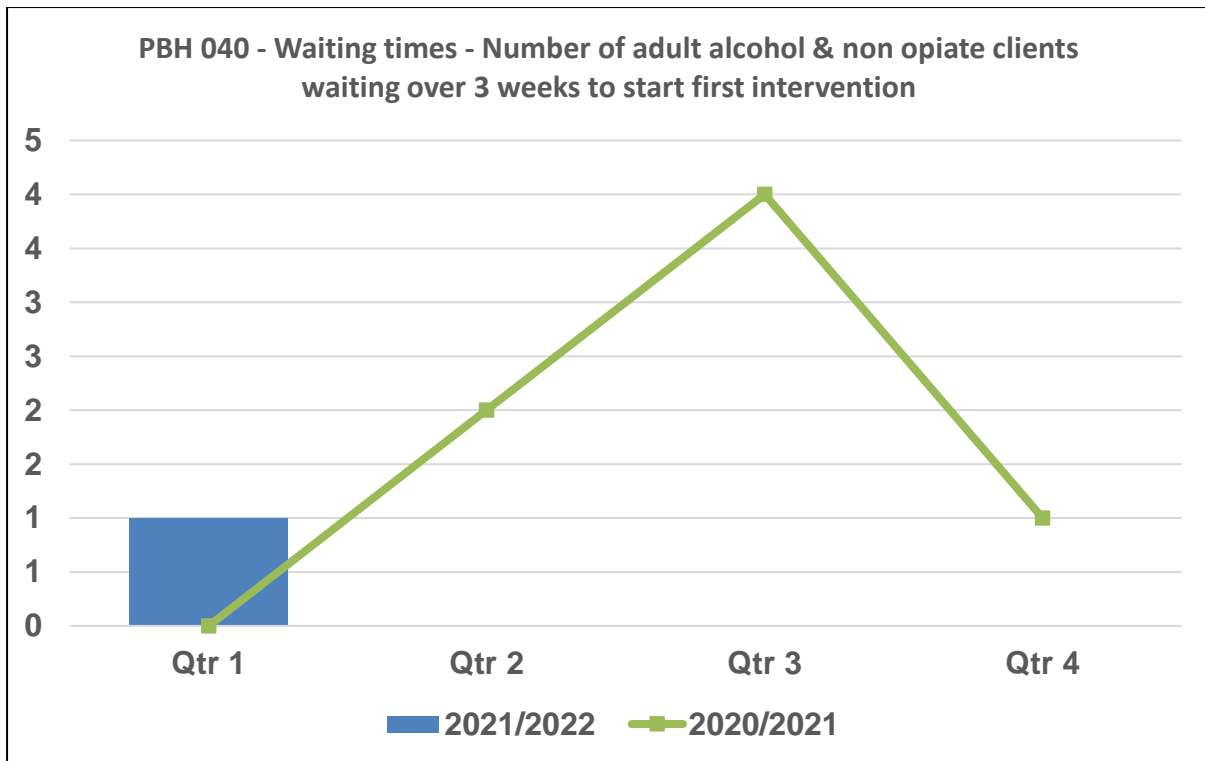
The Authority commissions NHS Health Checks where an "Audit C" alcohol screening tool is conducted as part of every NHS Health Check. This can help identify hazardous drinking or alcohol related disorders. GP's can then provide individualised advice and support to the patient or refer them on for specialist treatment.

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 other organisations support this wider awareness work.

For those with hazardous or harmful drinking that require support, the Council commissions STRIDE (Support, Treatment Recovery in Darlington through Empowerment) 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. There is evidence that one of the wider effects of the COVID pandemic may be an increase in hazardous drinking within our communities .

Contract - PBH 038, 039, 040, 041: Waiting times: Number of adult's opiate, non-opiate, alcohol and non-opiate and alcohol only waiting over 3 weeks to start first intervention





Service Provider: We Are With You (WAWY)

What is the data is telling us?

The data for PBH 038 shows no clients waiting over 3 weeks for Q1 and Q2. PBH 039 shows a total of 5 clients waiting over 3 weeks for Q1 and Q2. PBH 040 shows 1 client waiting over

3 weeks for Q1 and no clients waiting over 3 weeks in Q2. PBH 041 shows a total of 10 clients waiting over 3 weeks for Q1 and Q2.

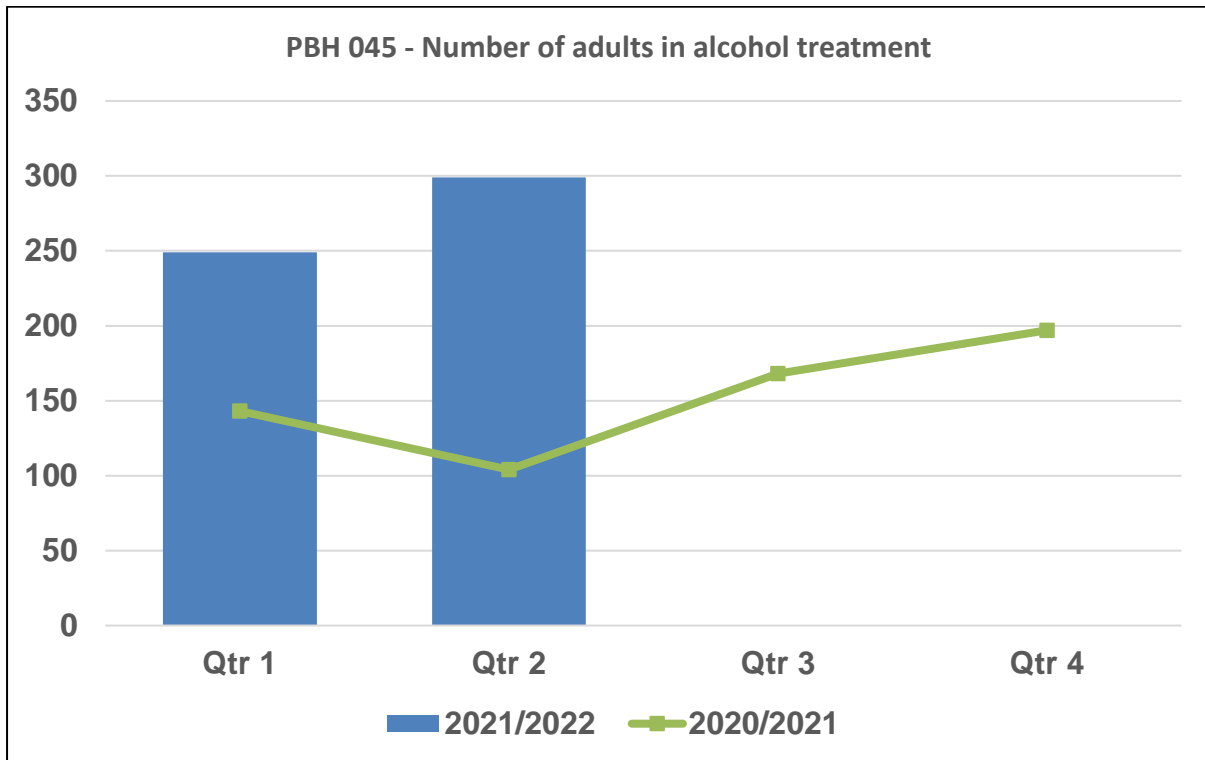
Delays in starting structured treatment include the client cancelling their appointment or the client requiring referral for other clinical or non clinical interventions first which can mean that they start this phase later than anticipated.

What more needs to happen?

WAWY took over the Service on 17th August 2020 from the previous provider and implemented a completely new service STRIDE (Support, Treatment Recovery in Darlington through Empowerment). Despite the impact of the pandemic on the service they have been successful in increasing access to treatment and better meeting demand.

The Service continues to work hard to build on this success and further increase access to treatment and reduce waiting times now most of the restrictions from the pandemic have been lifted.

Contract - PBH 045: Number of adults in alcohol treatment



Service Provider: We Are With You

What is the data is telling us?

The data shows that in Q2 there are 299 adults in treatment for alcohol, this has shown an increase from Q1 (249) as well as showing an increase for last year.

What more needs to happen?

WAWY took over the Service on 17th August 2020 from the previous provider and implemented a completely new service STRIDE (Support, Treatment Recovery in Darlington through Empowerment). Despite the impact of the pandemic on the service they have been successful in increasing access to treatment for alcohol and better meeting demand.

The Service continues to work hard to build on this success and further increase access to treatment now most of the restrictions from the pandemic have been lifted.

PBH 046 - (PHOF C26b) Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check

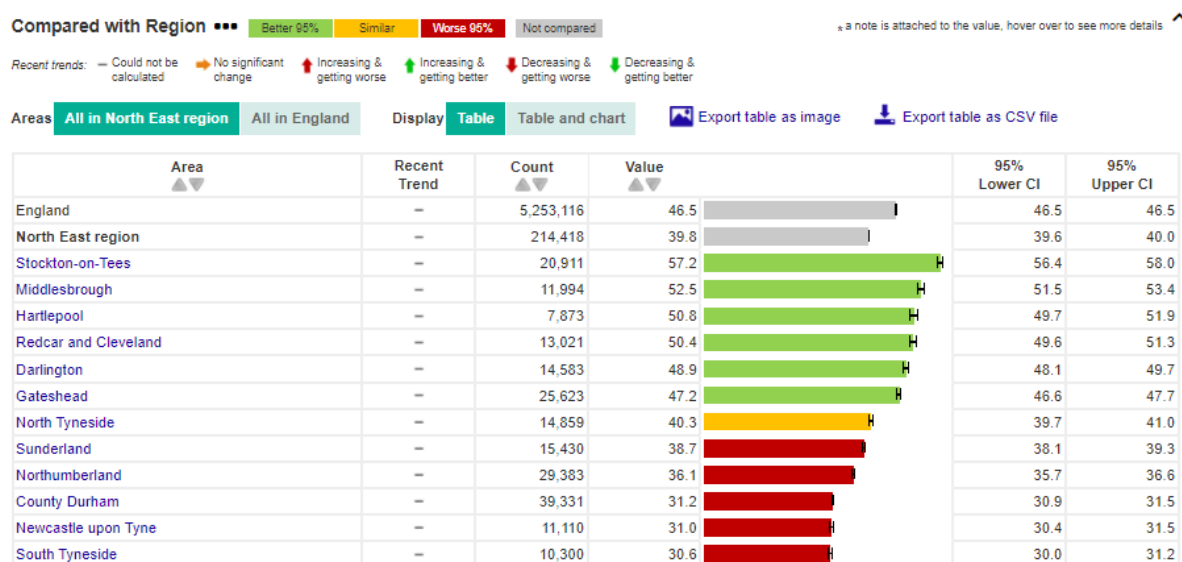
Definition: The rolling 5 year cumulative percent of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check.

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: 48.9% crude rate (2016/17 to 2020/21)

All North East region comparison



Source: Public Health England

What is the data telling us?

The data above shows that compared to our region Darlington ranks 5th out of 16 North East authorities.

For this indicator Darlington is performing statistically better to the England average, and better than the North East 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 once every five years.

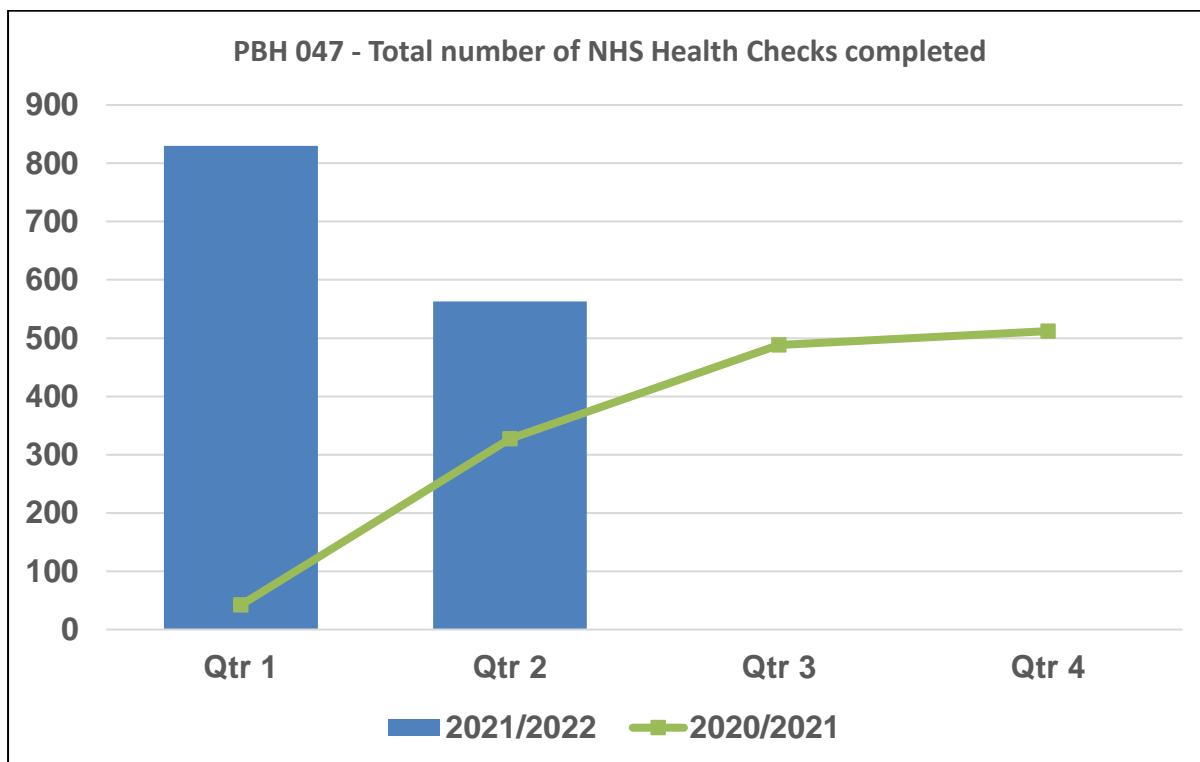
The burden of heart disease is not equally shared in the population with a greater morbidity and mortality from heart disease in the more deprived communities.

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.

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.

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



Service Provider: Primary Healthcare Darlington

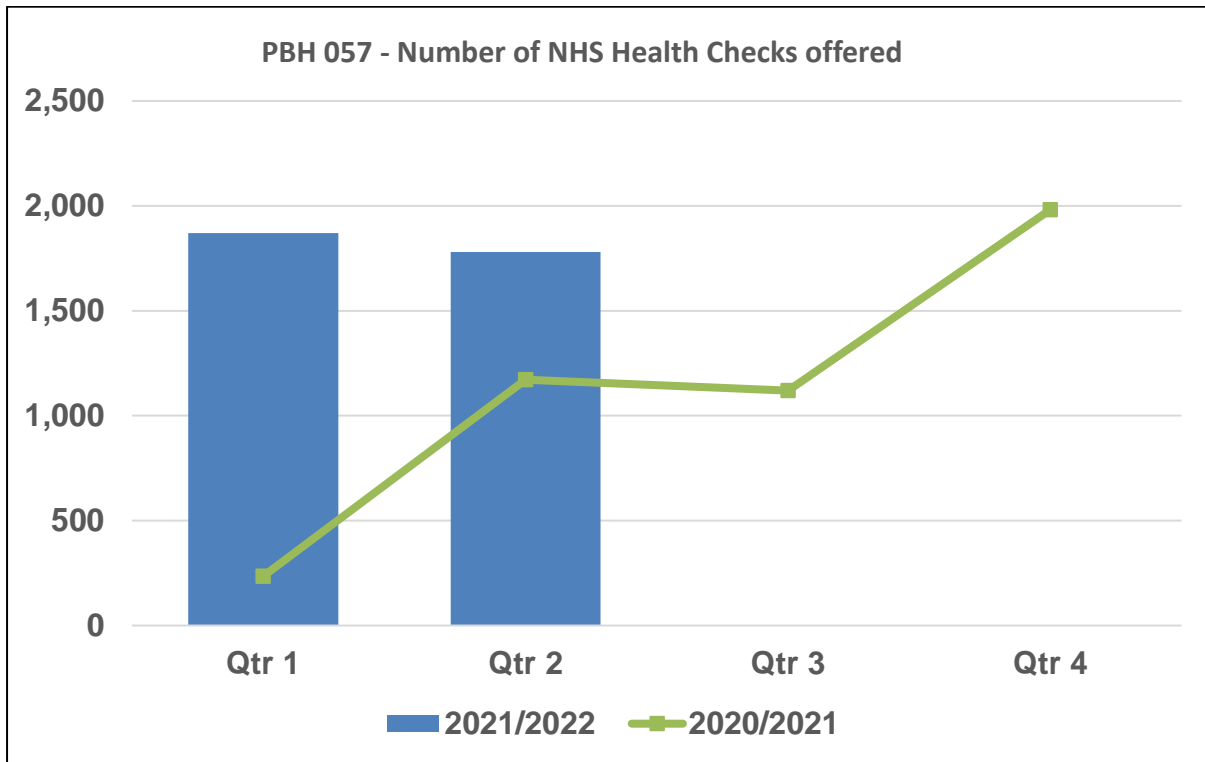
What is the story the data is telling us?

The data shows that to date a total of 1,393 (combined total), 830 in Q1 and 563 in Q2, of eligible individuals have received a NHS Health Check in Darlington since April 2021. This is a higher number compared to the same period last year (369). Last year this was due to the impact of Covid 19 as the NHS Health Checks programmes was suspended during Q1.

What more needs to happen?

The Provider is working with all 11 GP Practices in Darlington to increase the number offered. Recent initiatives have included 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 uptake and reduce the burden on busy GP practices and ensure more of those who are eligible for an NHS Health Check can safely access one.

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 3,651 (combined total) 1,871 in Q1 and 1,780 in Q2, of eligible individuals have been offered an NHS Health Check in Darlington since April 2021. This is a higher number compared to the same period last year (1,406). Due to the impact of Covid 19 on GP practices the NHS Health Checks programmes was suspended during Q1.

What more needs to happen?

The Provider is working with all 11 GP Practices in Darlington to increase the number offered. Recent initiatives have included 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 uptake and reduce the burden on busy GP practices and ensure more of those who are eligible for an NHS Health Check can safely access one.

KEY PBH 048 – (PHOF D02a) Chlamydia detection rate /100,000 aged 15 to 24

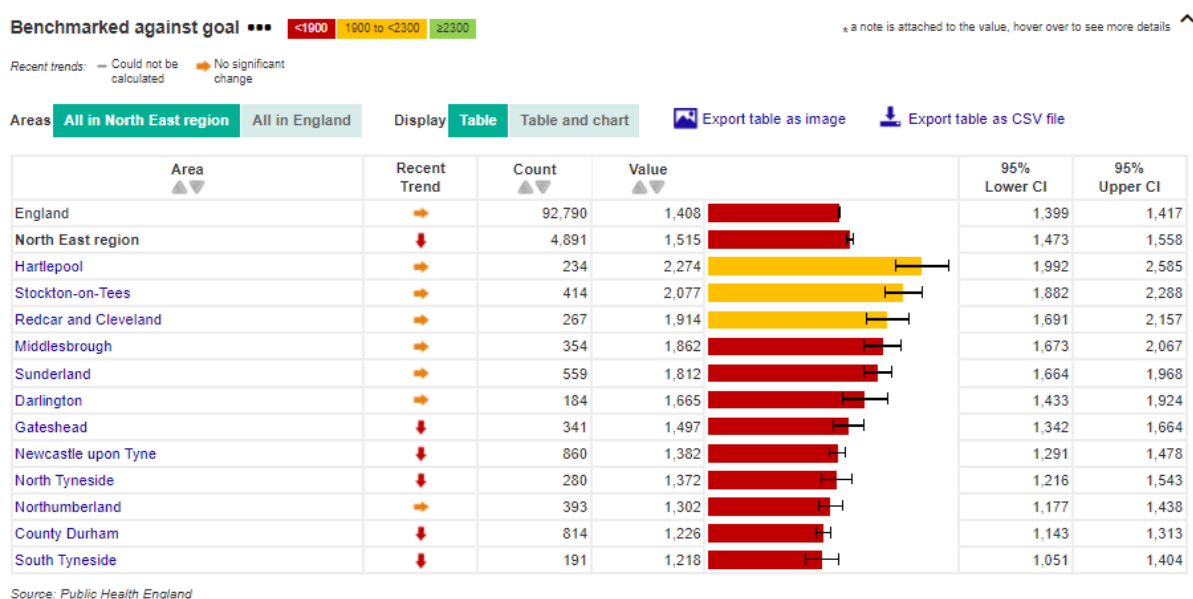
Definition: All chlamydia diagnoses in 15 to 24 year olds attending sexual health services (SHSs) and community-based settings*, who are residents in England, expressed as a rate per 100,000 population.

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

Denominator: Resident population aged 15-24.

Latest data available: 1,665 per 100,000 crude rate (2020)

Benchmarked against goal



What is the data telling us?

The latest reported data for 2020 shows there is no significant change (trend based on the most recent 5 points) but is higher than the North East (1,515) and higher than England (1,408).

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 more 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?

The authority commissions 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 Sexual Health Service has recently introduced an online testing service for those over 16years and this has increased the number of people getting tests. The majority of results are feedback within 24hours; positive and negative. If positive people are referred to the Specialist Service for treatment.

The School Nursing Service is also working 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.

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)

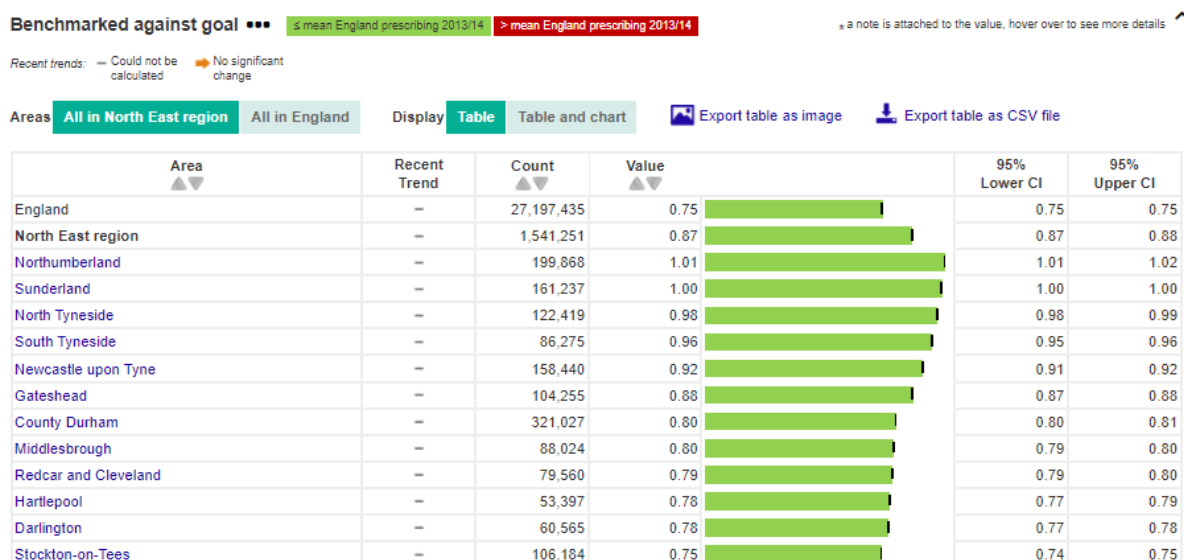
Numerator: Total number of antibiotic items prescribed in practices located within the area. An item is an antibiotic (from British National Formulary Section 5.1) that is prescribed in a primary care setting.

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: 0.78 per STAR-PU (2020)

Benchmarked against goal



What is the data telling us?

The rate of reduction of antibiotic prescribing within the local NHS is statistically similar to both England and the North East average. In terms of performance against the North East region, Darlington is 2nd lowest 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 Tess Clinical Commissioning Group 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 and the UK Health Security Agency in promoting 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 (PNA) 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 PNA is due to be refreshed during 2022.

The Director of Public Health sits on the County Durham and Darlington Healthcare Associated Infections Steering Group. This is a multiagency group that includes membership from UK Health Security Agency 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 (1 year range)

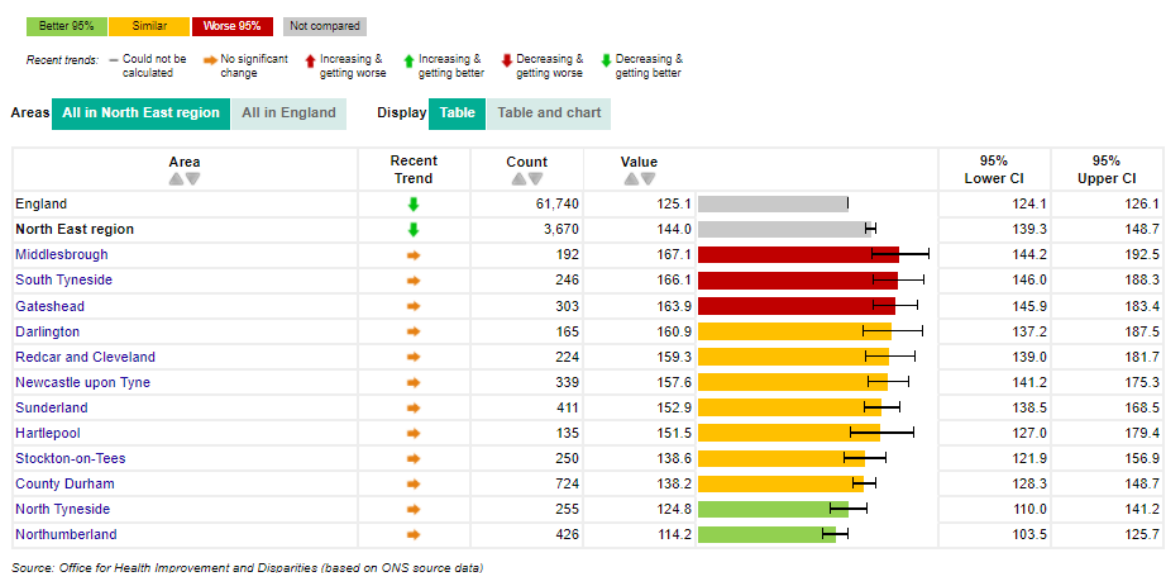
Definition: Age-standardised rate of mortality from all cancers in persons less than 75 years per 100,000 population.

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: 160.9 per 100,000 (2020)

All North East region comparison



What is the data telling us?

The rate of premature mortality from cancer has been reducing in Darlington steadily since 2001 to 2018, then increased in 2019 onwards. Darlington is statistically similar to the average for NE Region with a similar rate of reduction. Compare to region Darlington is ranked 4th lowest 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.