



# **Darlington Borough Council**

## **Public Health**

### **April – September (Quarter 1 & 2)**

#### **Performance Highlight Report**

**2022 - 23**

## 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.

### 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

<b>INDEX</b>			
<b>Indicator Number</b>	<b>Indicator description</b>	<b>Indicator type</b>	<b>Pages</b>
PBH 009	(PHOF C04) Low birth weight of term babies	Key	7-8
PBH 016	(PHOF C02a) Under 18s conception rate /1,000	Key	9-10
PBH 033	(PHOF C18) Smoking Prevalence in adults (18+) – current smokers (APS)	Key	11-12
PBH 037b	Number of young people (<19yrs) seen by genitourinary medicine (GUM) service (cumulative)	Contract	13
PBH 037c	Number of young people (<19yrs) seen by contraception and sexual health (CASH) service (cumulative)	Contract	14
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	Contract	15-17
PBH 044	(PHOF C21) Admission episodes for alcohol-related conditions (Narrow) (new method)	Key	18-19
PBH 045	Number of adults in alcohol treatment	Contract	20
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	21-22
PBH 047	Total number of NHS Health Checks	Contract	23
PBH 048	(PHOF D02a) Chlamydia detection rate /100,000 aged 15 to 24	Key	24-25
PBH 052	(PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS	Key	26-27
PBH 057	Number of NHS Health Checks offered	Contract	28
PBH 058	(PHOF E05a) Under 75 mortality rate from cancer (1 year range)	Key	29-30

## 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 5<sup>th</sup> 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 2<sup>nd</sup> 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 4<sup>th</sup> lowest.

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.

**Quarter 1&2 Performance Summary****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 AND CONTRACT INDICATORS

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

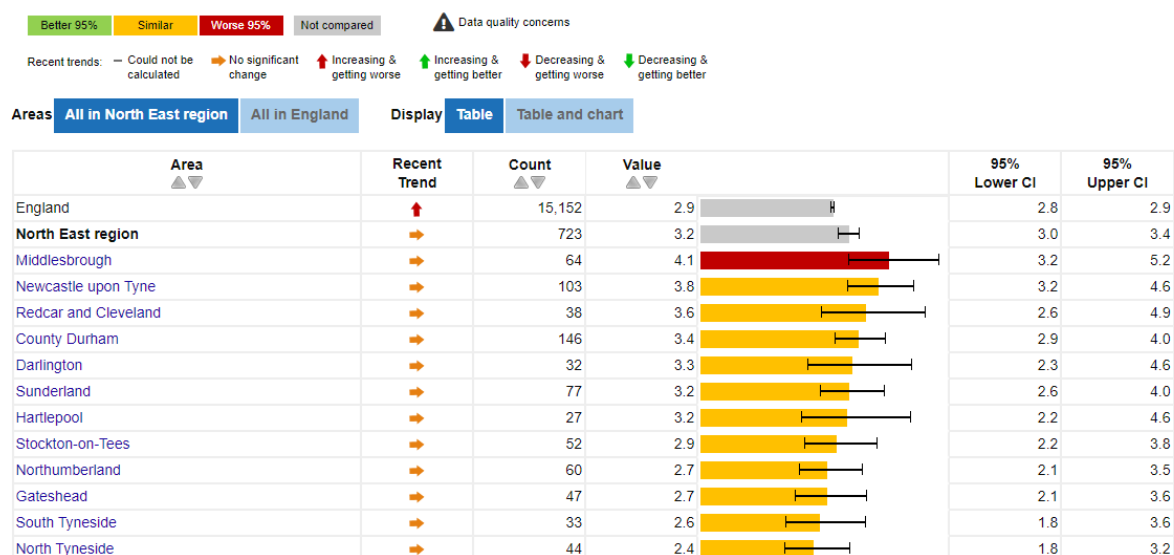
**Definition:** Live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks as a percentage of all live births with recorded birth weight and a gestational age of at least 37 complete weeks.

**Numerator:** Number of live births at term ( $\geq 37$  gestation weeks) with low birth weight ( $< 2500g$ ).

**Denominator:** Number of live births at term ( $\geq 37$  weeks) with recorded birth weight.

**Latest update: 2020**                      **Current performance: 3.3%**

Figure 1 - All North East region comparison



### What is the data telling us?

This data (from 2020) shows that there is no significant change to the trend for low birth rate of term babies. 3.3% of infants are recorded as low birth rate ( $< 2500g$ ). Compared to our North East neighbours Darlington is ranked 5<sup>th</sup>. Statistically similar to the North East and England.

### 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

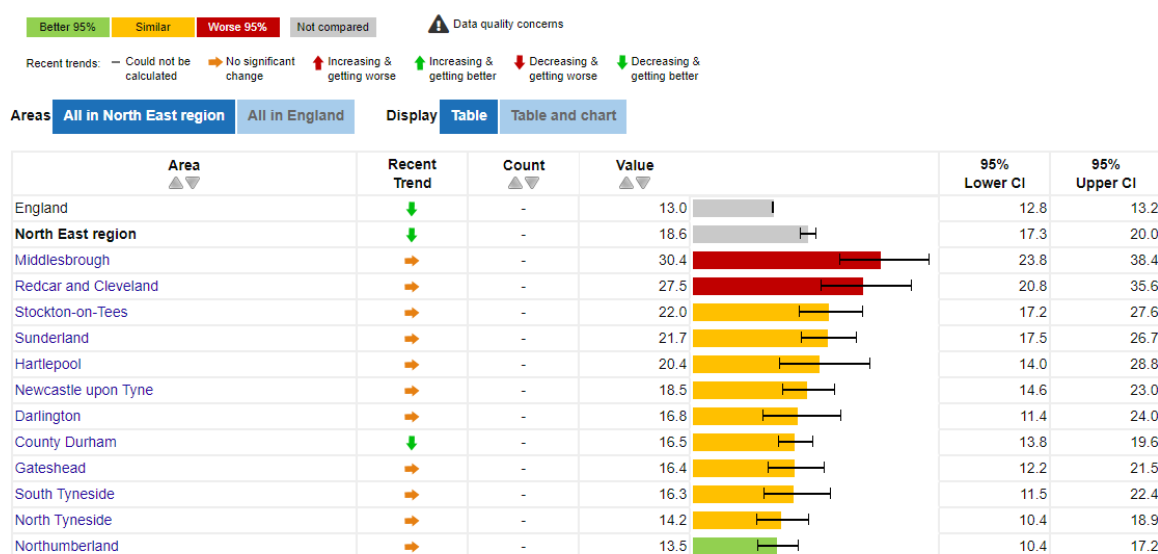
**Definition:** Conceptions in women aged under 18 per 1,000 females aged 15-17.

**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 update: 2020**                      **Current performance: 16.8%**

Figure 2 - All North East region comparison



#### What is the data telling us?

This data (from 2020) shows that there is no significant change to the trend for under 18s conception rate/1,000. 16.8 per 1,000 of pregnancies that occur in women are in those aged under 18. Compared to our North East neighbours Darlington is ranked 7<sup>th</sup>. Statistically similar to the North East and England.

#### 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 as a teenage parent can be challenging and can result in poor outcomes for both mother and child. Teenage mothers are less likely to finish their education, more likely to live in poverty and care for their child alone. They also have a higher risk of poor mental health than older mothers.

**What are we doing about it?**

The Authority coordinates a broad range of evidence based interventions and programmes across a broad range of partners to continue to tackle and contribute to the continued reduction in teenage conceptions through the Teenage Pregnancy and Sexual Health Strategy.

This includes the Authority commissioning specific targeted services including high quality and accessible Sexual Health Services. These services are working to increase access to and improve uptake of a range of contraception, including Long Acting Reversible Contraception (LARCs), emergency contraception and the provision of condoms.

The Authority also works to support schools and academies in their delivery of high-quality Sex and Relationships Education as part of the national curriculum. Teenage Pregnancy and Sexual Health Strategy and action plan.

**KEY PBH 033- (PHOF C18) Smoking Prevalence in adults (18+) – current smokers (APS) (2020 definition)**

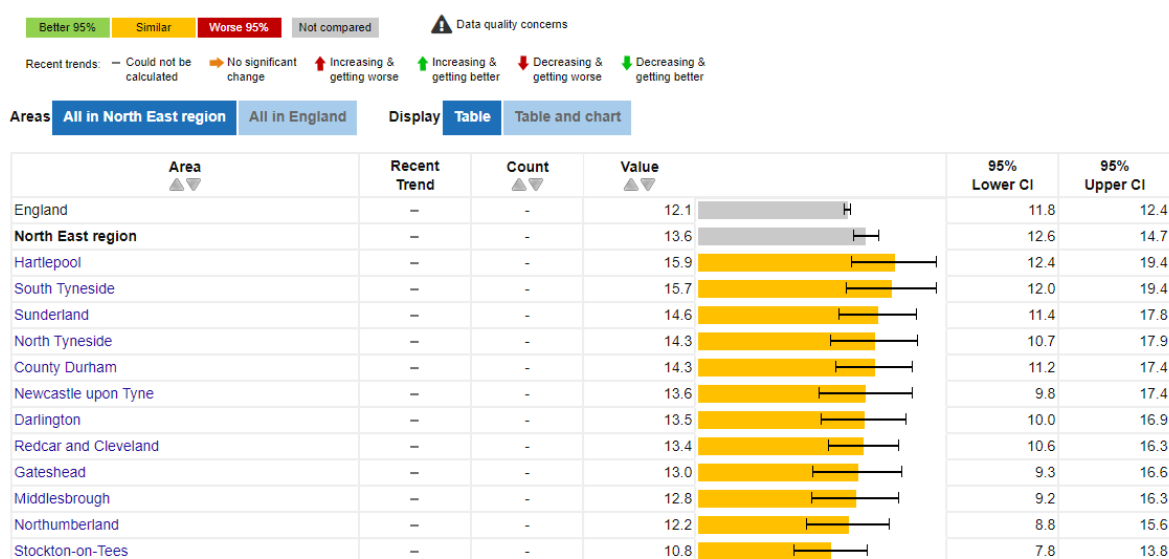
**Definition:** Prevalence of smoking among persons 18 years and over.

**Numerator:** The number of persons aged 18 + who are self-reported smokers in the Annual Population Survey (APS). 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 (APS). 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 update: 2020**                      **Current performance: 13.5%**

Figure 3 - All North East region comparison



Source: Office of National Statistics (ONS)

**What is the data telling us?**

13.5% of persons aged 18 + self-reported themselves as smokers in the Annual Population Survey (APS). Compared to our North East neighbours Darlington is ranked 7<sup>th</sup> and is statistically similar to the North East and England.

**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.

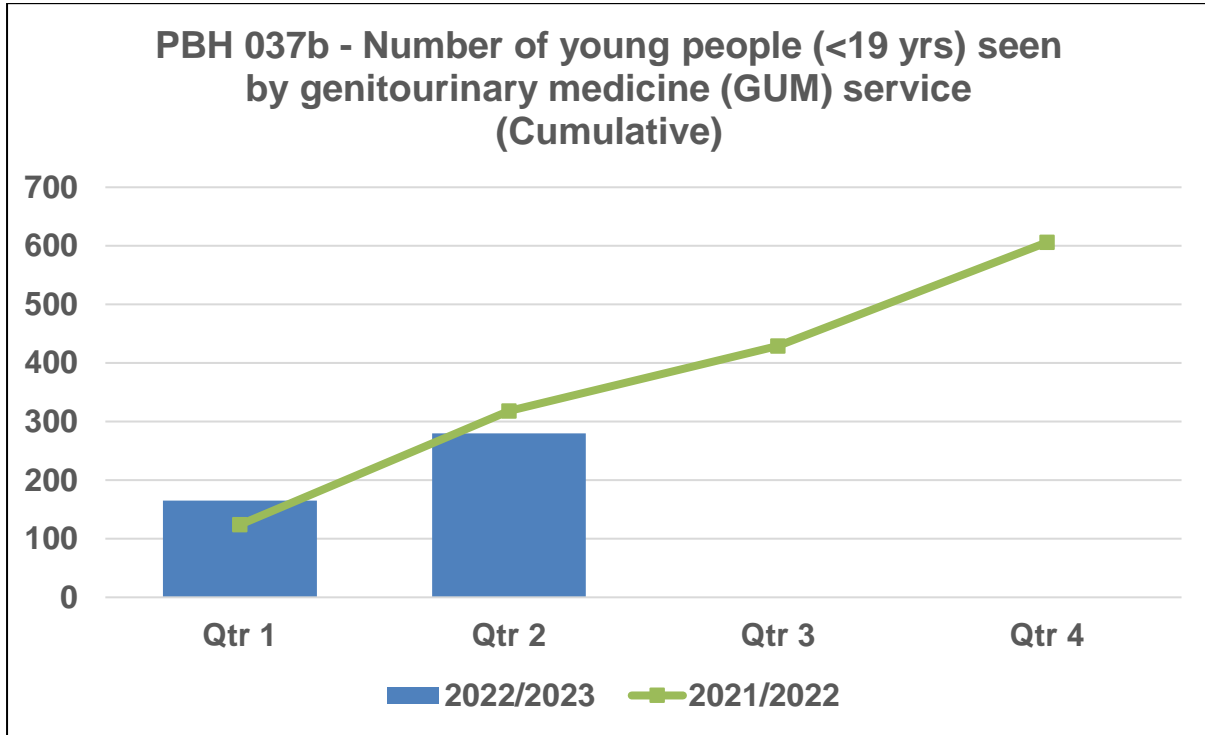
The NHS is now providing stop smoking support to every smoker hospital patient including pregnant women. This provides ongoing support in the community following discharge and compliments the specialist service provided by the Authority.

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.

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

Figure 4



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

**What is the data is telling us?**

The data shows that cumulatively there have been 280 young people who have accessed the service from April to September 2022. This is a lower number compared to the same period last year.

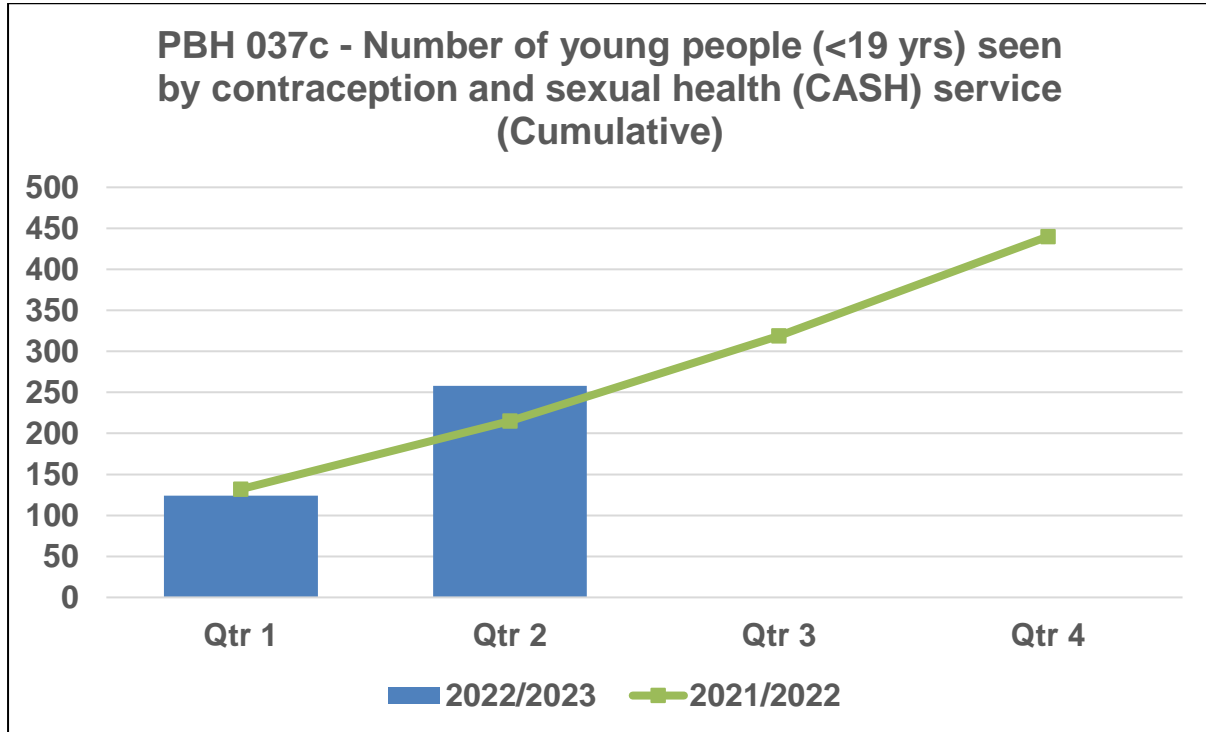
**What more needs to happen?**

The Service has continued to offer virtual appointments with advice and support provided over the telephone. 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.

Young people only need to go into the service collect any medication or if they chose to have a face to face consultation.

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

Figure 5



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

**What is the data is telling us?**

The data shows that in cumulatively between April and September 2022 258 young people have accessed the service. This is an increase compared to the same period last year.

**What more needs to happen?**

The Service has continued to offer virtual appointments with advice and support provided over the telephone.

For young people over 16years who require contraception, condoms are available online after registering for C-card. Once registered these can be sent out in the post.

**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**

Figure 6

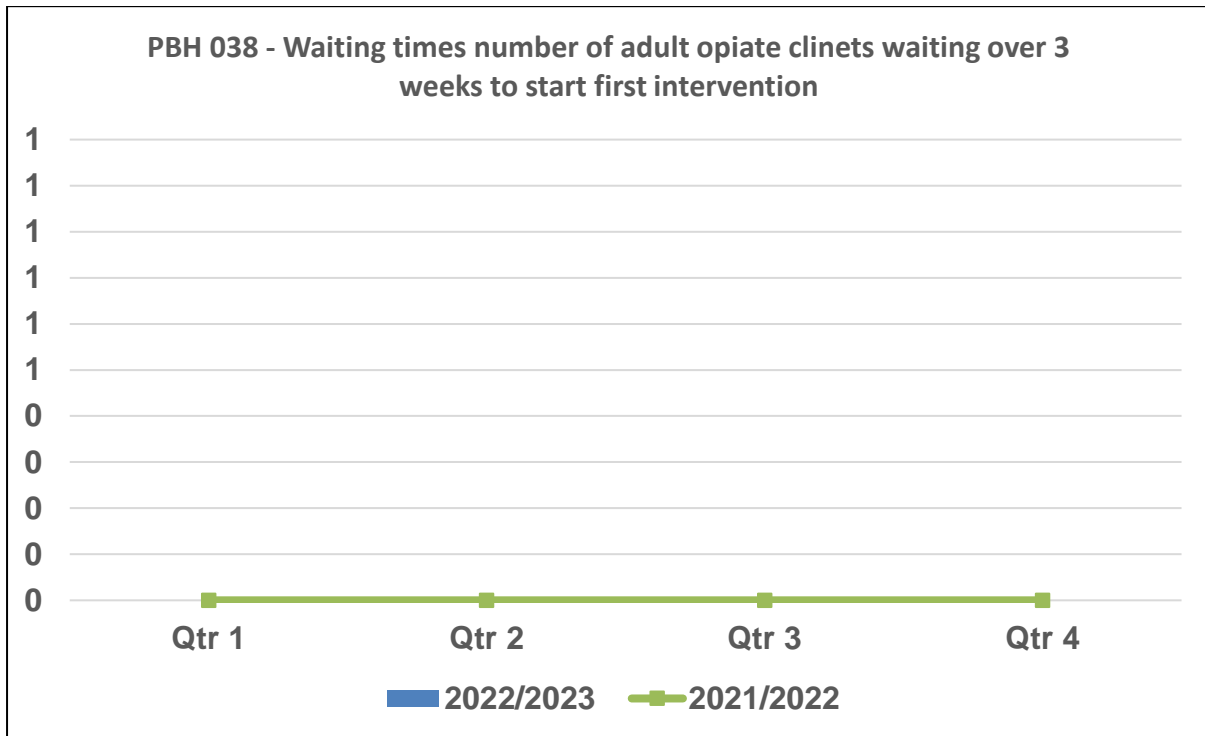


Figure 7

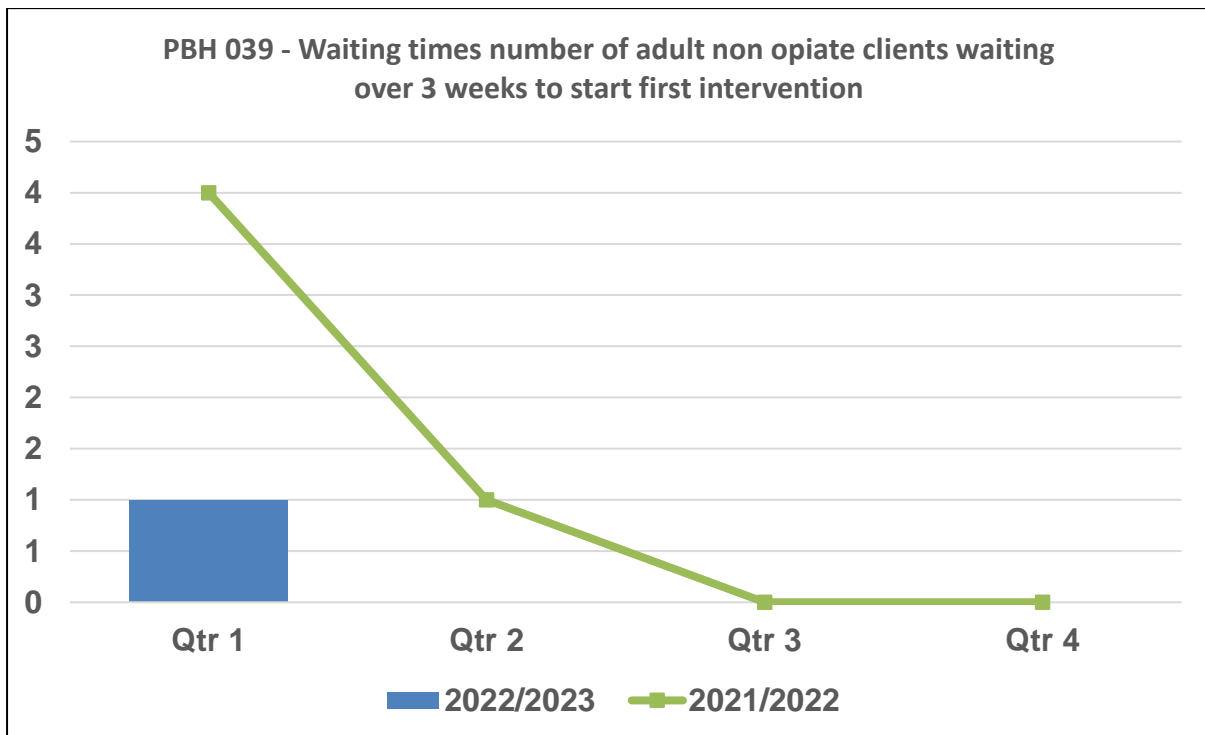


Figure 8

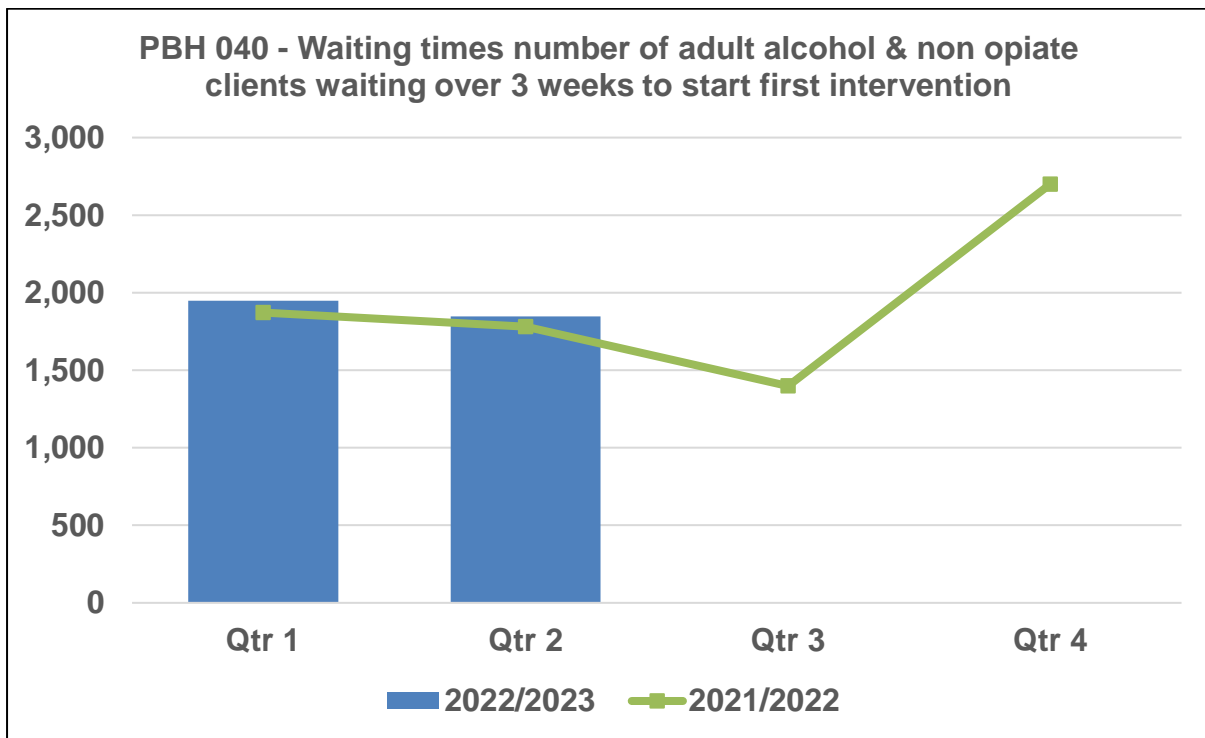
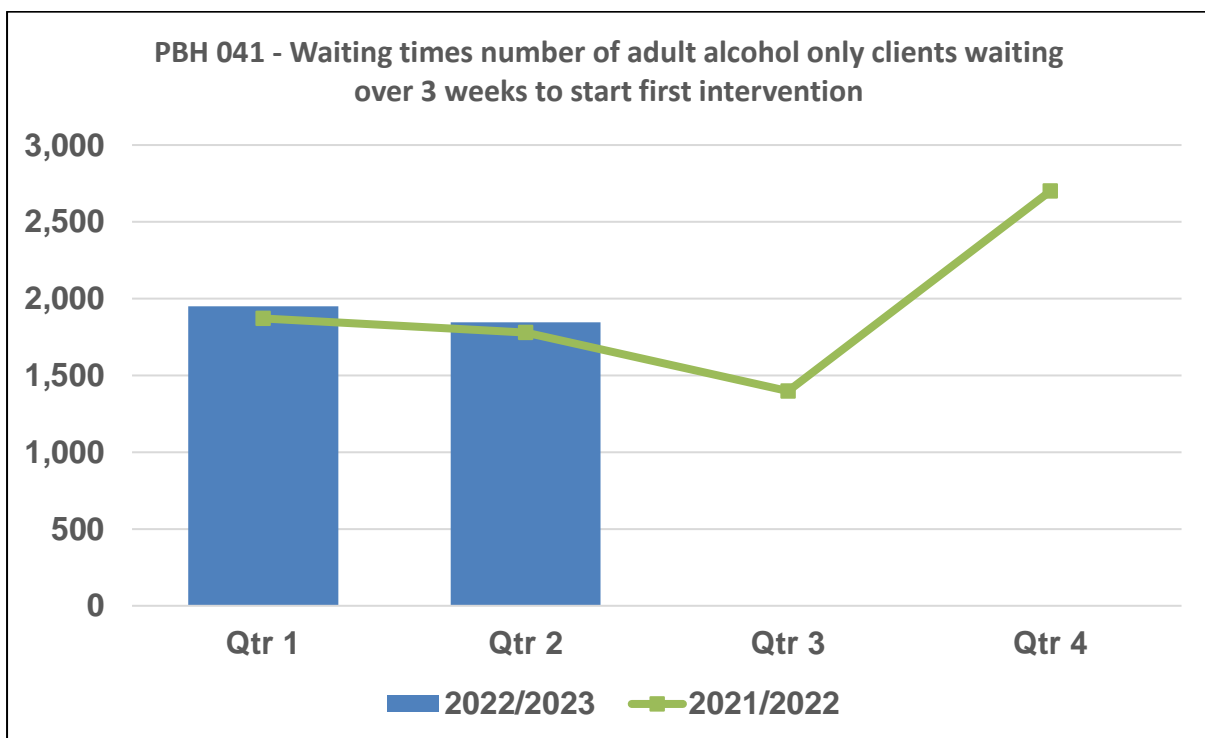


Figure 9



Service Provider: We Are With You (WAWY)



**What is the data is telling us?**

The data for PBH 038 shows that no clients who were using opiates had to wait over 3 weeks to receive their first intervention between April and September 2022. PBH 039 shows that a total of 1 client who was using drugs other than opiates had to wait over 3 weeks to receive their first intervention between April and September 2022. PBH 040 shows no clients who were using alcohol and non-opiates had to wait more than 3 weeks for their first intervention between April and September 2022. PBH 041 shows 1 client using only alcohol had to wait more than 3 weeks for their first intervention between April and September 2022.

Where clients were required to wait longer than 3 weeks to start their structured treatment these delays included instances where the client first required referral to other professionals such as GPs or psychiatrist or the client cancelling their appointment due to their personal circumstances changing.

**What more needs to happen?**

WAWY provides the substance misuse service in Darlington and are implementing a new model of service delivery on behalf of the Authority called STRIDE (Support, Treatment Recovery in Darlington through Empowerment). The service they have made progress in increasing access to treatment and better meeting demand.

**KEY 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)**

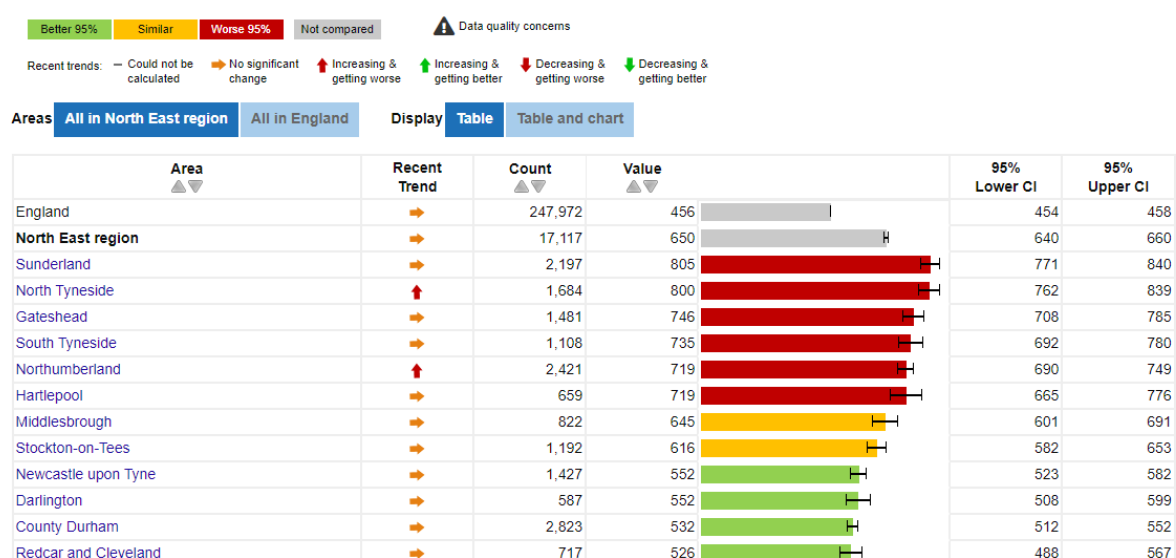
**Definition:** Admissions to hospital where the primary diagnosis is an alcohol-attributable code, or a secondary diagnosis is an alcohol-attributable external cause code. Directly age standardised rate per 100,000 population.

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

**Denominator:** All age ONS mid-year population estimates aggregated into quinary age bands.

**Latest update: 2020/21      Current performance: 552 per 100,000**

Figure 10 - All North East region comparison



Source: Calculated by OHID: 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?**

This data shows that in Darlington there were 552 per 100,000 admissions to hospital where the primary diagnosis is an alcohol-related condition, or a secondary diagnosis is an alcohol-related external cause. There has been no significant change to the trend for admission episodes for alcohol related conditions. Compared to our North East neighbours Darlington is ranked 10<sup>th</sup> lowest which is statistically better than the North East but statistically worse than England.

**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?**

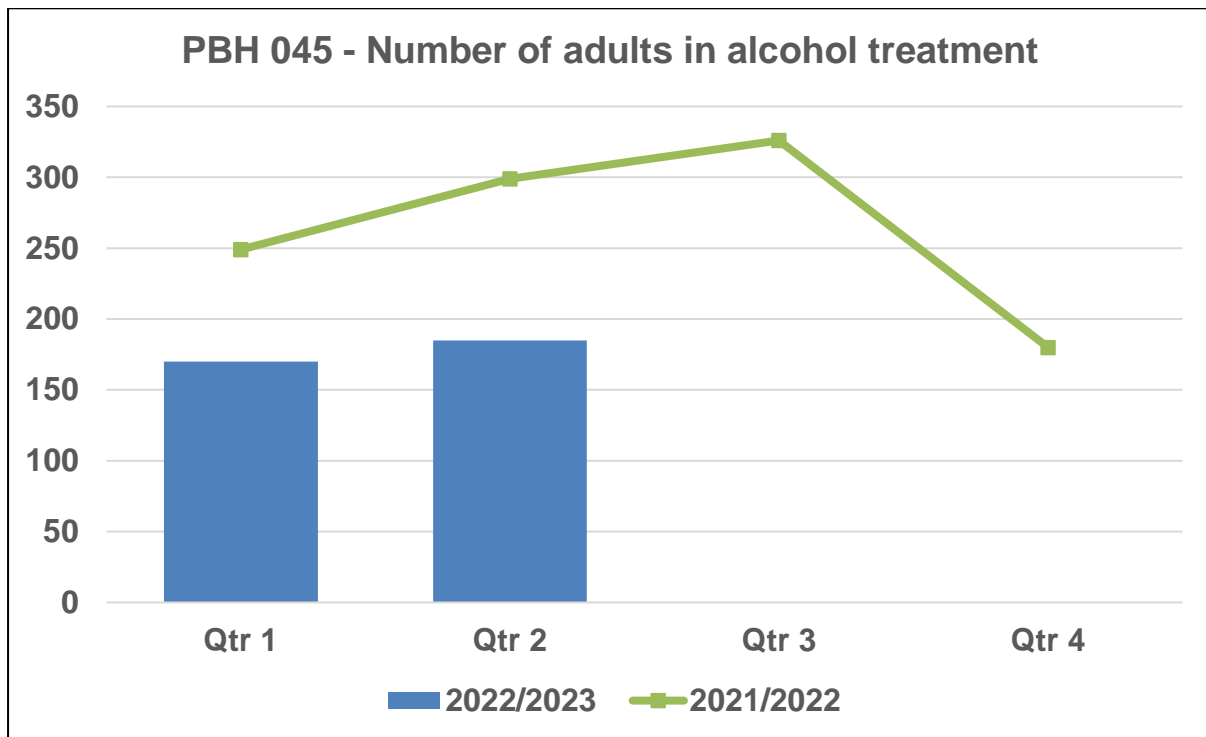
The Authority commissions NHS Health Checks where an "Audit C" alcohol screening tool is conducted as part of every NHS Health Check. This can help identify hazardous drinking or alcohol related disorders. GP's can then provide individualised advice and support to the patient or refer them on for specialist 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 a probable legacy of the recent COVID pandemic may be an increase in the numbers of people who are now engaging in hazardous drinking within our communities.

**Contract - PBH 045: Number of adults in alcohol treatment**

Figure 11



**Service Provider: We Are With You**

**What is the data is telling us?**

The data shows that between July and September there were 185 adults in treatment for alcohol. This was an increase from 170 individuals in treatment between April to June 2022.

**What more needs to happen?**

WAWY provides the substance misuse service in Darlington and are implementing a new model of service delivery on behalf of the Authority called STRIDE (Support, Treatment Recovery in Darlington through Empowerment). The service they have made progress in increasing access to treatment and better meeting demand.

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

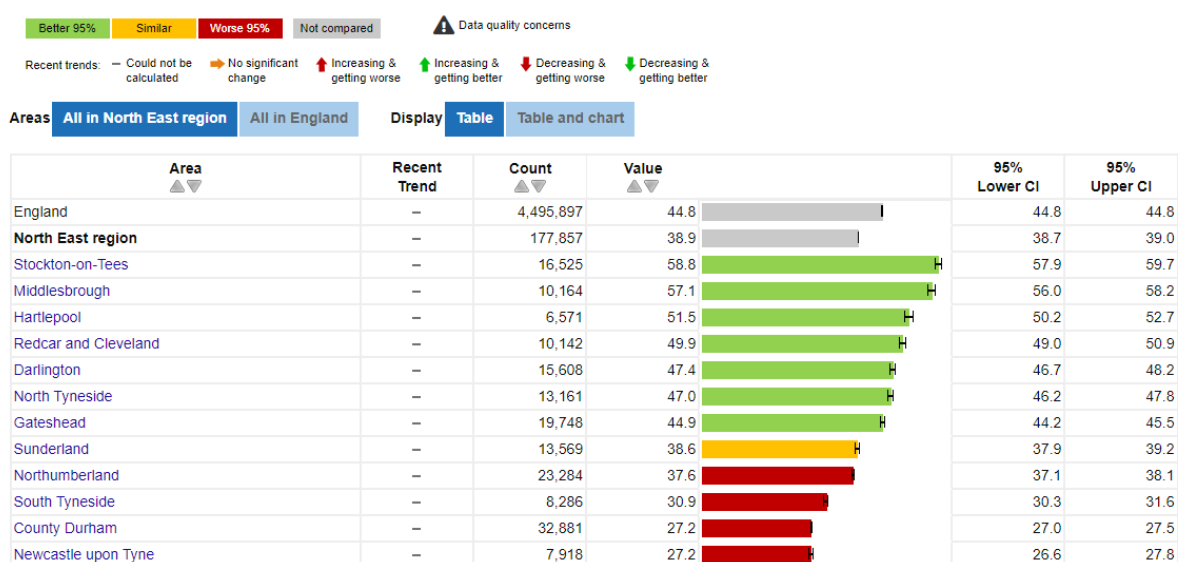
**Definition:** The rolling 5 year cumulative percent of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check.

**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 update: 2017/18 – 2021/22 Current performance: 47.4%**

Figure 12 - All North East region comparison



Source: Office for Health Improvement and Disparities (OHID)

**What is the data telling us?**

The data shows that 47.4% of those eligible aged 40-74 offered an NHS Health Check received a NHS Health Check. Compared to our North East neighbours Darlington is ranked 5<sup>th</sup> highest and is statistically better than the North East and England.

**Why is this important to inequalities?**

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

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.

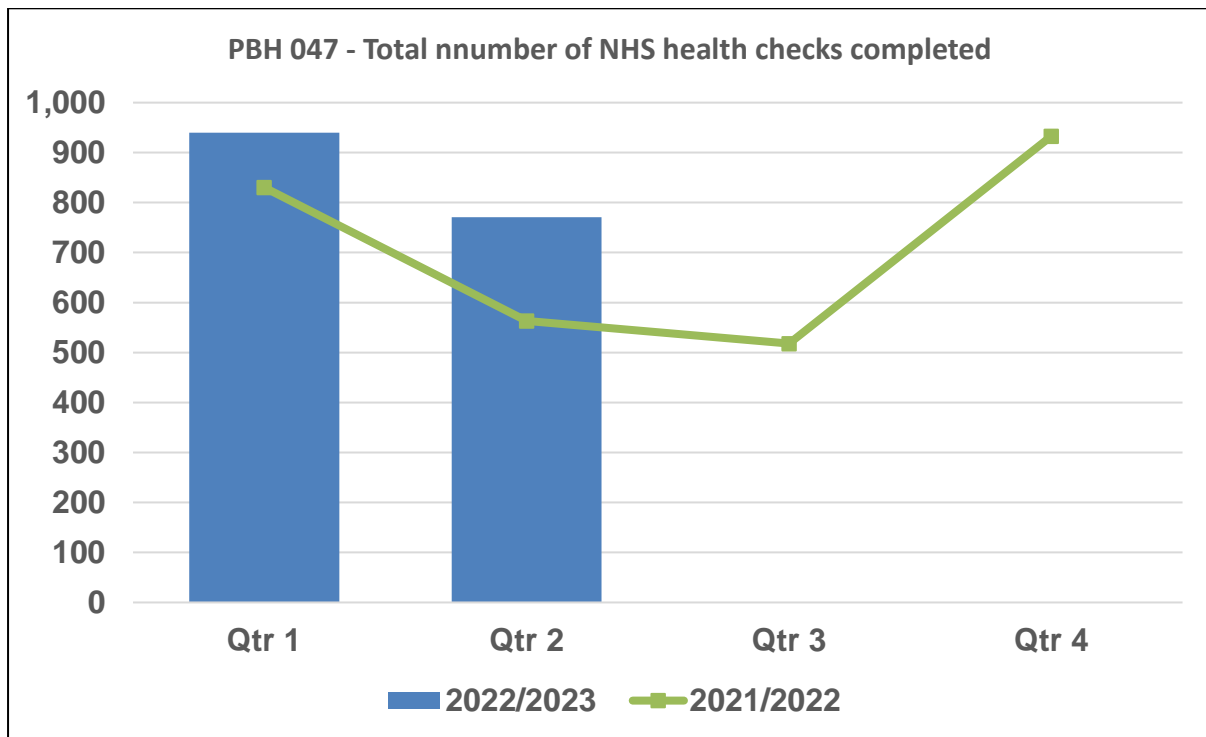
A regular NHS Health Check enables an individual risk assessment of cardiovascular disease to be undertaken and provides an opportunity for early intervention and prevention strategies with individuals. Improvements in those who receive an NHS Health Check will eventually contribute to reducing the worst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

Figure 13



**Service Provider: Primary Healthcare Darlington**

**What is the story the data is telling us?**

The data shows that to date a total of 1,711 of eligible individuals have received a NHS Health Check in Darlington between April and September 2022. This is a higher number compared to the same period last year (1,393).

**What more needs to happen?**

The Provider continues to work with all 11 GP Practices in Darlington to increase the number completed. 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 reduces the burden on busy GP practices but also allows more of those who are eligible for an NHS Health Check to more easily access a check in a more convenient way.

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

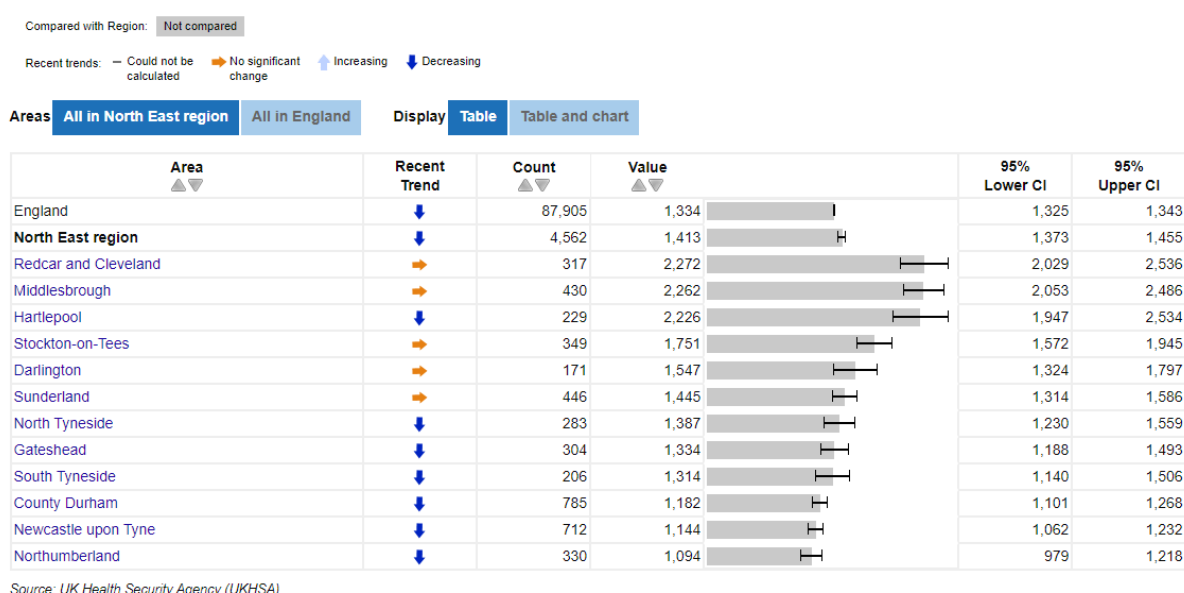
**Definition:** All chlamydia diagnoses in 15 to 24 year olds attending sexual health services (SHSs) and community-based settings, who are residents in England, expressed as a rate per 100,000 population.

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

**Denominator:** ONS 2011 Census based mid-year population estimates, aged 15 to 24.

**Latest update: 2021**                      **Current performance: 1,547 per 100,000**

Figure 14 - Benchmarked against goal/All North East region comparison



#### **What is the data telling us?**

The latest reported data for 2021 (1,547) shows there is no significant change but Darlington has a higher rate than the North East (1,413) and higher than England (1,334).

#### **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. Females have 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 provides 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 called in 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.

### **KEY 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.

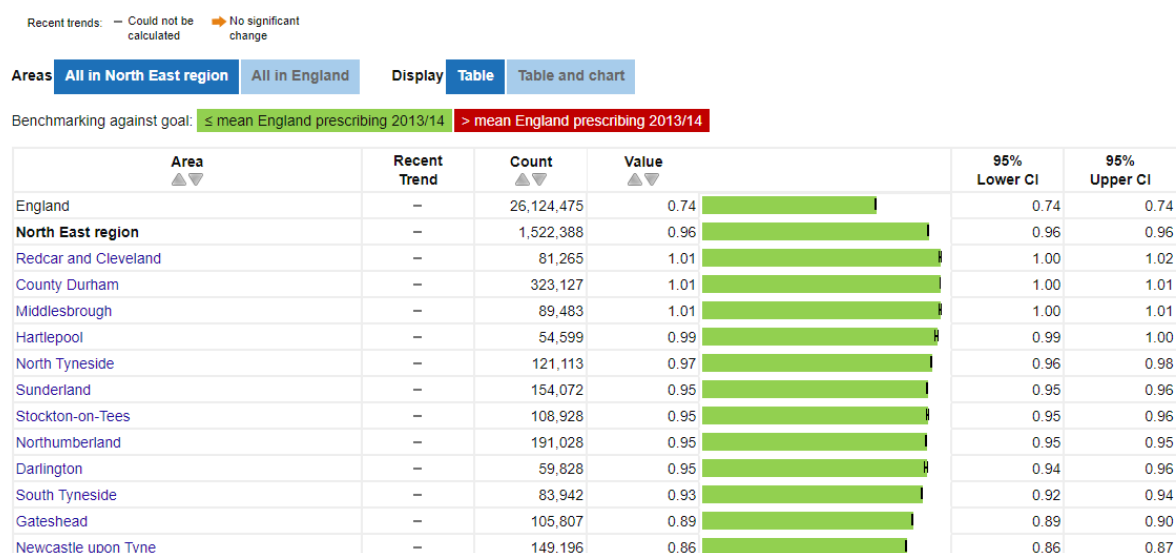
**Denominator:** Total of STAR-PU\* units for practices located within the area.

\*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 update: 2021**

**Current performance: 0.95 per STAR-PU (2021)**

Figure 15 - Benchmarked against goal/All North East region comparison



Source: Data is sourced from ePACT2 from NHS Digital

#### **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 4<sup>th</sup> 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.

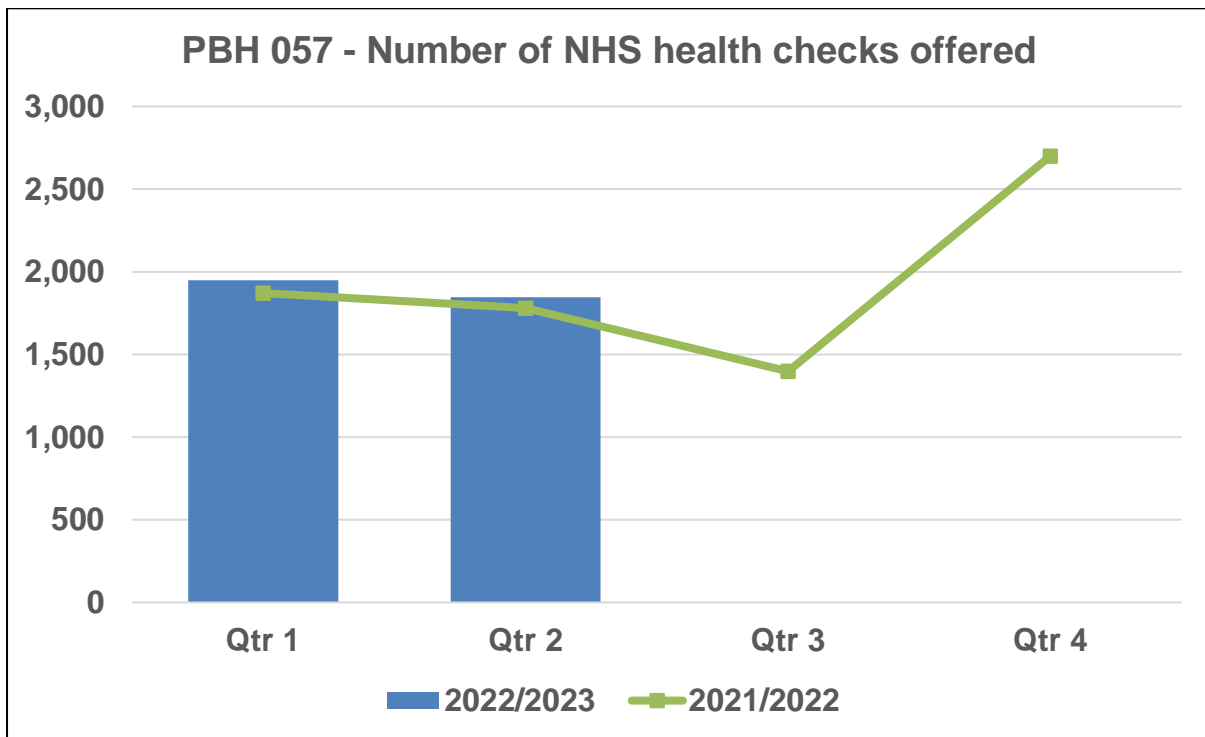
The public health team in Darlington continues to support the local CCG, NHS England and the UK Health Security Agency in promoting awareness campaigns such as World Antibiotic Awareness Week and the seasonal influenza vaccination campaigns over the winter period. The Authority's role in providing animal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

The recently refreshed 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 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.

**Contract - PBH 057: Number of NHS Health Checks offered**

Figure 16



**Service Provider: Primary Healthcare Darlington**

**What is the data is telling us?**

The data shows that to date a total of 3,795 of eligible individuals have been offered an NHS Health Check in Darlington between April and September 2022. This is a slightly higher number compared to the same period last year (3,651).

**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 automated text reminders and online appointment bookings. This reduces the burden on busy GP practices and ensure more of those who are eligible for an NHS Health Check are called in at the most appropriate time.

**KEY PBH 058 - (PHOF E05a) Under 75 mortality rate from cancer (1 year range)**

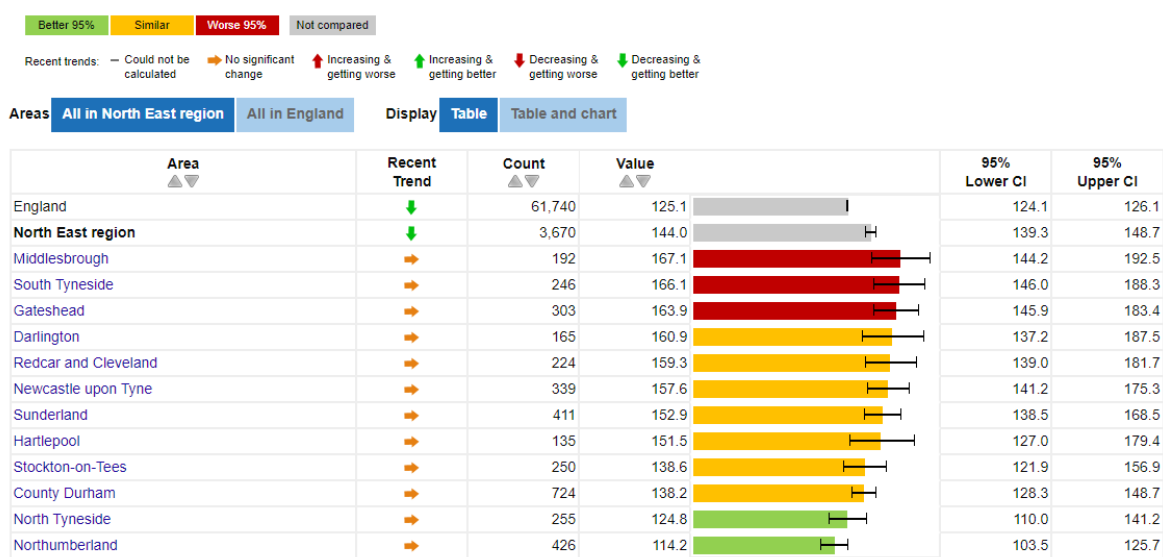
**Definition:** Age-standardised rate of mortality from all cancers in persons less than 75 years per 100,000 population.

**Numerator:** Number of deaths from all cancers (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 update: 2020**      **Current performance: 160.9 per 100,000**

Figure 17 - All North East region comparison



**What is the data telling us?**

The data (shows that there is no significant change to the trend for under 75 mortality rate from cancer. The rate in Darlington was 160.9 per 100,000 of deaths from all cancers. Compared to our North East neighbours Darlington is ranked 4<sup>th</sup>. Statistically similar to the North East and England.

**Why is this important to inequalities?**

Cancer is the greatest cause of premature death in England.. There are 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 NHS 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.