Darlington Borough Council

Public Health

April - June (Quarter 1) Performance Highlight Report

2018-19

Public Health Performance Introduction

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 4) 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.

CIPFA nearest neighbours update

The Chartered Institute of Public Finance and Accountancy have updated their CIPFA nearest neigbours methodology in 2018. Darlington's "nearest statistical neighbours" are now:

- Stockton on Tees
- North East Lincolnshire
- Dudley
- Derby
- St Helens
- Bolton
- Calderdale
- Telford and Wrekin
- Plymouth
- Bury
- Tameside
- Rotherham
- Doncaster
- Warrington
- Wigan

Timetable for "Key" Public Health Indicators

Please note the following is based on National reporting schedules and as such is a provisional schedule

Q1 Indicators

Indicator Num	Indicator description
PBH 009	(PHOF 2.01) Low birth weight of term babies
PBH 016	(PHOF 2.04) Rate of under 18 conceptions
PBH 033	(PHOF 2.14) Prevalence of smoking among persons aged 18 years and over
PBH 048	(PHOF 3.02) Rate of chlamydia detection per 100,000 young people aged 15 to 24
PBH 058	(PHOF 4.05i) Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population

Q2 Indicators

Indicator Num	Indicator description
PBH 044	(PHOF 2.18) Alcohol related admissions to hospital
PBH 046	(PHOF 2.22iv) Take up of the NHS Health Check programme-by those eligible
PBH 052	(PHOF 3.08) Antimicrobial resistance

Q3 Indicators

Indicator Num	Indicator description
PBH 013c	(PHOF 2.02ii) % of all infants due a 6-8 week check that are totally or partially breastfed
PBH 014	(PHOF 2.03) % of women who smoke at time of delivery
PBH 018	(PHOF 2.05) Child development-Proportion of children aged 2-2.5 years offered ASQ-3 as part of the Healthy Child Programme or integrated review
PBH035i	(PHOF 2.15i) Successful completion of drug treatment-opiate users
PBH 035ii	(PHOF 2.15ii) Successful completion of drug treatment-non opiate users
PBH 035iii	(PHOF 2.15iii) Successful completion of alcohol treatment
PBH 050 *	(PHOF 3.04) People presenting with HIV at a late stage of infection
PBH 056	(PHOF 4.04ii) Age-standardised rate of mortality considered preventable from all cardiovascular diseases (inc. heart disease and stroke) in those aged <75 per 100,000 population
PBH 060	(PHOF 4.07i) Age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population

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

Q4 Indicators

Indicator Num	Indicator description
PBH 020	(PHOF 2.06i) Excess weight among primary school age children in Reception year
PBH 021	(PHOF 2.06ii) Excess weight among primary school age children in Year 6
PBH 024	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuires to children (0-4 years)
PBH 026	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuires to children (0-14 years)
PBH 027	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuires to children (15-24 years)

For the indicators below update schedules are still pending (see detailed list tab for explanation)

PBH 029	(PHOF 2.09) Smoking Prevalence-15 year old
PBH 031	(PHOF 2.10) Self-harm
PBH 054	(PHOF 4.02) Proportion of five year old children free from dental decay

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

Quarter 1 Performance Summary

Key Indicators

The key indicators reported this quarter concern low birth weight of term babies, rate of under 18 conceptions, prevalence of smoking among persons aged 18 years and over, rate of chlamydia detection amongst people aged 15 to 24, and rate of mortality from all cancers in persons less than 75 years of age. The first four indicators demonstrate stable or improving trends largely in keeping with local/national rates and statistically similar rates to our CIPFA nearest neighbours. Work continues to maintain and improve upon this performance, addressing the inequalities in our locality.

The fifth key indicator concerning cancer mortality demonstrates that, although premature mortality from cancer has decreased in Darlington since 2001 in line with national and local trends, the rate of premature cancer mortality in Darlington is worse than in England and in our CIPFA nearest neighbours. The public health team in Darlington continues to support the CCG with a focus on lung and colorectal cancers, both of which have high incidence rates and poor outcomes in this locality.

The sixth key indicator is informed by the Oral Health Survey, a national survey that takes place every two years. The survey indicates the proportion of five year old children free from dental decay.

PBH 009- (PHOF 2.01) Low birth weight of term babies

Definition: Percentage of all live births at term with low birth weight

Numerator- Live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks

Denominator- All live births with recorded birth weight and a gestational age of at least 37 weeks

Latest data available: 3.43 (2016)

Target 2018/19: Maintain recent trend (statistically similar to England)

Figure 1-CIPFA Nearest neighbours comparison

2.01 - Low birth weight of term babies 2016 — Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	16,788	2.79	2.74	2.83
Dudley	→	3	126	3.58	3.02	4.25
Calderdale	→	7	79	3.53	2.84	4.37
Plymouth	→	9	94	3.51	2.88	4.28
Darlington	→	-	35	3.43	2.48	4.73
Telford and Wrekin	→	8	61	3.17	2.48	4.05
Tameside	→	11	81	3.16	2.55	3.92
North East Lincolnshire	→	2	49	3.00	2.27	3.94
Wigan	→	15	95	2.94	2.41	3.58
Bolton	→	6	101	2.94	2.42	3.55
Derby	–	4	86	2.90	2.35	3.56
Doncaster	→	13	87	2.84	2.31	3.50
Rotherham	→	12	78	2.74	2.20	3.40
Warrington	→	14	58	2.72	2.11	3.50
Stockton-on-Tees	→	1	55	2.64	2.04	3.43
Bury	→	10	51	2.44	1.86	3.20
St. Helens	→	5	43	2.35	1.75	3.15

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 2016 compared to 2015 (2.13% to 3.43%). The trend for Darlington is similar to both England and the North East. Figure 1 ranks Darlington's position in comparison to CIPFA nearest neighbours. Darlington has the 4th greatest 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 years contract includes focussed actions for Health Visitors i.e. to ensure information is provided and support offered early in the antenatal period to reduce the likelihood of a low birthweight baby. Local services commissioned by the Council including stop smoking support and substance misuse, prioritising pregnant women. Other interventions including benefits maximisation and early access to maternity care contribute to helping mothers have a healthy pregnancy.

PBH 016 - (PHOF 2.04) Rate of under 18 conceptions

Definition: Rate of conception per 1,000 in females aged 15-17

Numerator: Number of pregnancies that occur to women aged under 18 that 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: 24.1 crude rate per 1000 (2016)

Target 2018/19: Continue downward trend

Figure 2-CIPFA Nearest neighbours comparison

2.04 - Under 18 conceptions 2016 — Crude rate - per 1000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	17,014	18.8	18.5	19.1
North East Lincolnshire	↓	2	86	33.1	26.5	40.9
Stockton-on-Tees	↓	1	90	27.7	22.3	34.0
Doncaster	↓	13	137	27.6	23.1	32.6
Tameside	↓	11	98	26.0	21.1	31.7
Derby	↓	4	111	26.0	21.4	31.3
Darlington	↓	-	44	24.1	17.5	32.3
Rotherham	↓	12	110	24.0	19.7	28.9
Wigan	↓	15	121	23.1	19.1	27.6
St. Helens	↓	5	65	22.6	17.5	28.8
Dudley	↓	3	107	20.2	16.6	24.4
Calderdale	↓	7	72	19.6	15.4	24.7
Plymouth	↓	9	77	19.6	15.4	24.5
Bolton	↓	6	98	19.6	15.9	23.9
Telford and Wrekin	↓	8	60	19.5	14.9	25.1
Bury	↓	10	60	18.6	14.2	23.9
Warrington	↓	14	60	16.9	12.9	21.7

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 6th 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. These services also support other NHS services including access to routine contraception via local GPs and timely access to pregnancy testing and robust pathways for TOP at the earliest opportunities.

The Council works with partners to provide access to high quality maternity care tailored for the needs of teenage parents, to ensure a safe and successful pregnancy for those teenagers who proceed with their pregnancy, but also to avoid any subsequent teenage conceptions.

The Authority supports local schools and academies through the RESH Co-ordinator in the development and provision of high quality Sex and Relationships Education in Darlington.

PBH 033 - (PHOF 2.14) Prevalence of smoking among persons aged 18 years and over

Definition: Smoking Prevalence in adults - current smokers (APS)

Numerator: The number of persons aged 18 + who are self-reported smokers in the Annual Population Survey.

Denominator: Total number of respondents (with valid recorded smoking status) aged 18+ from the Annual Population Survey.

Latest data available: 14.4% (2017)

Target 2018/19: To meet the North East target of 5% by 2025

Figure 3-comparison to CIPFA nearest neighbours

2.14 - Smoking Prevalence in adults - current smokers (APS) New data 2017 Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	6,456,947	14.9	14.6	15.1
North East Lincolnshire	–	2	25,100	20.0	17.4	22.6
Doncaster	–	13	47,700	19.7	17.1	22.4
Derby	–	4	37,234	18.9	15.6	22.2
Plymouth	–	9	38,736	18.4	15.4	21.5
Tameside	–	11	30,652	17.6	15.1	20.2
Calderdale	–	7	27,798	17.1	14.5	19.6
Telford and Wrekin	–	8	22,094	16.5	14.0	18.9
Bury	–	10	23,674	16.3	13.7	18.8
Rotherham	–	12	33,397	16.2	13.8	18.7
Bolton	–	6	34,993	16.1	13.5	18.8
St. Helens	–	5	22,896	16.1	13.5	18.7
Wigan	–	15	39,988	15.6	13.0	18.3
Stockton-on-Tees	–	1	22,945	15.0	12.4	17.6
Darlington	–	-	12,098	14.4	12.3	16.6
Dudley	–	3	34,158	13.7	10.9	16.5
Warrington	–	14	20,584	12.5	10.2	14.8

Source: Annual Population Survey (APS)

Compared with benchmark: Better, Similar, Worse, 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 (2017) is 14.4% in comparison to 17.3% in 2016. Compared to the CIPFA nearest neighbours Darlington is ranked third lowest in 2017.

Why is this important to inequalities?

Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

Smoking is the most important cause of preventable ill health and premature mortality in 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.

Results from the Annual Population Survey show that smoking prevalence in England is higher in those from more deprived deciles and those who socio-economic are classed as in “routine and manual occupations” or “never worked and long term unemployed”. Males are more likely to smoke than females, and those aged 25-39 years old showed higher prevalence of smoking.

What are we doing about it?

The Council commissions specialist support to those who would have the greatest benefit from quitting. This includes pregnant women from the most deprived wards to contribute to reducing inequalities.

PBH 048 - (PHOF 3.02) Rate of chlamydia detection per 100,000 young people 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: 1,992 per 100,000 crude rate (2017)

Target 2018/19: A detection rate of at least 2,300 per 100,000 population aged 15-24.

Figure 4- CIPFA Nearest neighbours comparison

3.02 - Chlamydia detection rate (15-24 year olds) 2017

Crude rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	126,828	1,882	1,872	1,892
Dudley	↓	3	479	1,338	1,221	1,463
Bolton	↓	6	575	1,673	1,539	1,815
Bury	↓	10	359	1,734	1,559	1,923
Tameside	↓	11	452	1,794	1,632	1,967
Derby	↓	4	657	1,882	1,741	2,032
Darlington	→	-	227	1,992	1,741	2,269
Rotherham	↓	12	596	2,010	1,852	2,178
Warrington	↓	14	464	2,024	1,844	2,217
Wigan	↓	15	740	2,067	1,920	2,221
Stockton-on-Tees	↓	1	493	2,091	1,910	2,284
Telford and Wrekin	↑	8	483	2,188	1,997	2,392
Calderdale	↓	7	509	2,210	2,022	2,410
Doncaster	→	13	824	2,416	2,254	2,587
St. Helens	↑	5	511	2,571	2,353	2,804
Plymouth	→	9	1,158	2,831	2,670	2,999
North East Lincolnshire	→	2	573	3,219	2,961	3,494

Source: Public Health England

What is the data telling us?

The latest reported data for 2017 indicates that the detection rate has steadily increased since 2014 and is now statistically similar to England. This is a similar pattern to other Tees Valley Authorities. The increase in detection rate indicates that the local GUM services are better targeting testing to those who are more at risk and have improved access to testing for young people under 25 in Darlington.

Darlington currently has a rate of 1,992 per 100,000 and is performing close to the recommended PHE target of 2,300 per 100,000.

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.

It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility.

The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent).

What are we doing about it?

The local Specialist Sexual Health Services continue to work to improve their strategies to improve access and screening targeting the under 25s. They work closely with a range of local partners including education and voluntary agencies who work with young people to continue to promote testing for chlamydia in young people who are sexually active.

The RESH Co-ordinator, Community Contraceptive Service and 0-19years Service also contribute to educating young people.

PBH 054 (PHOF 4.02) Proportion of five year old children free from dental decay

Definition: Percentage of five year olds who are free from obvious dental decay

Numerator: Total number of five year olds who are free from obvious dental decay in an area

Denominator: Total number of examined five year old children in an area

Latest available data: 73.6% (2016-17)

Target 2018/19: Implement first year actions from Darlington Oral Health Plan

Figure 5-CIPFA Nearest neighbours comparison

(not updated with latest data on Fingertips yet)

4.02 - Proportion of five year old children free from dental decay 2014/15 Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	84,100	75.2	75.0	75.5
Plymouth	–	9	328	84.7	80.9	88.4
Dudley	–	3	1,362	81.5	79.6	83.3
Telford and Wrekin	–	8	131	77.0	70.5	83.6
Warrington	–	14	104	75.5	67.5	83.5
Stockton-on-Tees	–	1	184	74.7	69.6	79.8
Bury	–	10	187	73.3	67.6	79.0
Derby	–	4	198	72.4	67.2	77.6
Rotherham	–	12	1,284	71.1	69.1	73.2
Calderdale	–	7	221	70.7	65.6	75.8
St. Helens	–	5	112	70.3	63.2	77.4
North East Lincolnshire	–	2	712	70.1	67.3	73.0
Doncaster	–	13	156	69.0	63.2	74.9
Tameside	–	11	305	68.6	63.7	73.6
Wigan	–	15	178	67.5	61.9	73.1
Darlington	–	-	149	64.6	58.6	70.6
Bolton	–	6	163	59.5	53.4	65.5

Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2015

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

What is the data telling us?

For this indicator data is collected every two years via an oral health survey. The proportion of children in Darlington under 5 years free from dental decay is statistically worse than the England and regional averages. There has been an improvement in 2016/17 compared to 2014/15 survey results from 64.6% to 73.6%.

Why is this important to inequalities?

Tooth decay is a predominantly preventable disease. Significant levels remain, resulting in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic.

There is significant association between tooth decay and socioeconomic deprivation.

What are we doing about it?

Darlington's Oral Health Plan for 2017- 2022 includes an action plan across settings to deliver evidence based interventions.

The 0-19years Service School Health workers currently offer all schools in Darlington a session on healthy tooth brushing as part of their core offer.

PBH 058 - (PHOF 4.05i) Age standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population

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: 157.8 directly standardised rate per 100,000 (2014-16)

Target 2018/19: England average (138.8)

Figure 6-comparison to CIPFA nearest neighbours

4.05i - Under 75 mortality rate from cancer 2014 - 16

Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	187,356	136.8	136.2	137.4
Doncaster	–	13	1,388	172.5	163.5	181.8
North East Lincolnshire	–	2	702	165.6	153.6	178.4
St. Helens	–	5	826	165.5	154.4	177.2
Stockton-on-Tees	–	1	783	157.9	146.9	169.4
Darlington	–	-	446	157.8	143.5	173.3
Tameside	–	11	894	156.5	146.4	167.2
Bolton	–	6	1,061	151.5	142.5	160.9
Dudley	–	3	1,293	150.8	142.7	159.3
Plymouth	–	9	963	150.1	140.7	159.9
Telford and Wrekin	–	8	641	149.4	138.0	161.4
Rotherham	–	12	1,052	148.0	139.2	157.3
Wigan	–	15	1,292	145.7	137.8	153.9
Bury	–	10	702	145.1	134.5	156.3
Warrington	–	14	781	143.9	134.0	154.4
Calderdale	–	7	790	143.6	133.7	154.0
Derby	–	4	799	142.4	132.6	152.7

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

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

What is the data telling us?

The rate of premature mortality from cancer has been reducing in Darlington steadily since 2001. Darlington is ranked 5th greatest compared to CIPFA nearest neighbours for this indicator.

Why is this important to inequalities?

Cancer is the highest cause of death in England in under 75s. To ensure that there continues to be a reduction in the rate of premature mortality from cancer, there needs to be concerted action in both prevention and treatment. The mortality rate in males is higher than females, and those in more deprived deciles.

What are we doing about it?

There is a range of partnership work underway to contribute to reducing early deaths from cancer. Key activities include:

- Specialist Stop Smoking Service
- Workplace policy support
- Regulatory Services including enclosed spaces, removal of advertising and tackling illegal sales.

The Council has published a *Darlington Childhood Healthy Weight Plan 2017- 2022* which aims to reduce the prevalence of obesity and improve physical activity in children and young people in Darlington.

The Public Health team is supporting Darlington NHS Clinical Commissioning Group through providing Public Health advice and input into the implementation of the local Cancer Plan for Darlington.

The Council supports national campaigns to raise awareness of signs and symptoms of cancer and has access to the range of cancer screening programmes.