Darlington Borough Council

Public Health

January to March 2019

(Quarter 4)

Performance Highlight Report

2018-2019

Public Health Performance Introduction

The attached report describes the performance of a number of Contract Indicators and a number of Key or Wider Indicators.

Key Indicators are reported in different timeframes. Many are only reported annually and the period they are reporting can be more than a year in arrears or related to aggregated periods. The data for these indicators are produced and reported by external agencies such as ONS or PHE. The lag of reporting is due to the complexities of collecting, analysing and reporting of such large data sets. The schedule on page 3 sets out when the data will be available for the Key indicators and when they will be reported.

Those higher level population indicators, which are influenced largely by external factors, continue to demonstrate the widening of inequalities, with some key measures of population health showing a continuing trend of a widening gap between Darlington and England. For many of these indicators the Darlington position is mirrored in the widening gap between the North East Region and England.

Contract Indicators help monitor and contribute to changes in the Key Indicators. They are collected by our providers and monitored by the Public Health team, on a quarterly basis, as part of the contract monitoring and performance meetings with the providers throughout the lifetime of the contract. They enable providers to be accountable for the services that they are contracted to provide to Darlington residents on behalf of the Authority. The contract indicators are also used to assure Public Health England of the delivery of the Mandated Services that are commissioned using the Public Health Grant. The Contract indicators presented within the Public Health performance framework are selected from the greater number of indicators that are contained with the individual Performance Management Frameworks for each of the Public Health contracts and are used to highlight where performance has improved or deteriorated and what actions are being taken.

Timetable of reporting of Key Public Health Indicators

This is the schedule of the reporting of the agreed Key Public Health indicators. This schedule ensures that the most up to date information is used in these indicators

Timetable for "Key" Public Health Indicators

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

Q1 Indicators

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

Q2 Indicators

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

Q3 Indicators

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

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

Q4 Indicators

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

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

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

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Indicator Num	**Indicator description**	**Indicator type**	**Pages**
PBH020	(PHOF 2.06i) Excess weight among primary school age children in Reception year	Key	8
PBH021	(PHOF 2.06ii) Excess weight among primary school age children in Year 6	Key	8
PBH024	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years)	Key	11
PBH026	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years)	Key	11
PBH027	(PHOF 2.07ii) Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years)	Key	11
PBH015	Number of adults identified as smoking in antenatal period.	Contract	14
PBH037a	Number of young people (<19yrs) seen by contraception and Sexual Health (CASH) Services.	Contract	15
PBH037b	Number of young people (<19yrs) seen by genitourinary medicine (GUM).	Contract	16
PBH041	Waiting times - number of adult alcohol only clients waiting over 3 weeks to start first intervention.	Contract	17
PBH 049	Percentage of those tested for chlamydia are notified within 10 days.	Contract	18

Quarter 4 Performance Summary

Key Indicators

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

- **PBH020 (PHOF 2.06i) Excess weight in primary age children in Reception year.**
- **PBH021 (PHOF 2.06ii) Excess weight in primary age children in Year 6.**
- **PBH024 (PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years).**
- **PBH026 (PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years).**
- **PBH027 (PHOF 2.07ii) Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years).**

It is important to note that these Key indicators describe population level outcomes and are influenced by a broad range of different factors including national policy, legislation and cultural change which affect largely the wider determinants of health or through the actions of other agencies. Due to the long time frame for any changes to be seen in these indicators the effect of local actions and interventions do not appear to have any effect on the Key indicators on a quarterly or even annual basis. Work continues to maintain and improve this performance by working in partnership to identify and tackle the health inequalities within and between communities in Darlington.

Contract Indicators

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

- **PBH015 Number of adults identified as smoking in antenatal period.**
- **PBH037a Number of young people (<19yrs) seen by contraception and Sexual Health (CASH) Services.**
- **PBH037b Number of young people (<19yrs) seen by genitourinary medicine (GUM).**
- **PBH041 Waiting times - number of adult alcohol only clients waiting over 3 weeks to start first intervention.**
- **PBH049 Percentage of those tested for chlamydia are notified within 10 days.**

Comparison to Quarter 3 2018/19 Highlight Report

Those contract indicators that were highlighted in the Quarter 3 report are updated with the current position below:

1. **PBH013 % of all infants for whom feeding status is recorded at 6-8 week check:** Due to capacity issues the Health Visitor Service had been reporting a decrease in recorded feeding status of 6-8 week check infants. In Q4 this has now returned to expected levels, with 100% of all infants seen at 6-8 week check having their feeding status recorded
2. **PBH013a % of all infants for whom feeding status is recorded at 6-8 week check totally breastfed at 6-8 weeks:** After a small percentage decrease in percentage of infants at 6-8 weeks who were totally breastfed, this percentage has returned to expected levels in Q4, with 25% of infants seen at 6-8 week check totally breastfed.
3. **PBH013b % of all infants for whom feeding status is recorded at 6-8 week checks partially breastfed at 6-8 weeks:** After a low of 7.7% in Q3, this indicator has now returned to expected levels, with 11% of infants seen at 6-8 weeks recorded as partially breastfed.
4. **PBH015 Number of adults identified as smoking in the antenatal period:** In Q4 there has been a further decrease of pregnant smokers identified. This is explored further in the Q4 highlight report.
5. **PBH015a Number of smoking quit dates set:** 51 clients have set a quit date in Q4, three fewer than Q3.
6. **PBH015b % of successful smoking quitters at 4 weeks:** After a decrease in the rate of successful quits in Q3, the Q4 rate has increased marginally from 52% to 53%, not meeting the peak of 62% in Q2.
7. **PBH002 % of children who received a 2-2.5 year health review:** 97% of children seen by the 0-19 service in Q4 received a 2-2.5 year health review. The Service continues to exceed the 95% target.
8. **PBH045 Number of adults in alcohol treatment:** There has been a steady decrease of adults seeking alcohol treatment (a trend also seen nationally) despite estimated alcoholism prevalence in the population remaining similar. The Recovery and Wellbeing Service is now reporting a small increase in alcohol clients in Q4. This will be monitored closely in 2019/20.
9. **PBH051 % uptake of HIV testing:** Uptake of HIV testing continues to decline in Q4, after a peak of 81% in Q2.
10. **PBH049 % of those tested for chlamydia are notified within 10 days:** Testing remains above 90%, this indicator is explored further in the Q4 highlight report.
11. **PBH047 Total number of NHS Health Checks completed:** 1068 NHS Health Checks were completed in Q4, an increase of 252 appointments in comparison to Q3.
12. **PBH 057 Total number of NHS Health Checks offered:** 2476 appointments were offered in Q4, an increase of 941 appointments.

Summary of highlights and achievements in 2018/19

The identified Key and Contract indicators reported over 2018/19 performed well over the year with most remaining stable or improving compared to previous years. Our Providers have performed well against contractual targets maintaining performance consistently on or above target across the majority of indicators monitored and even in those where targets have not been met have demonstrated key improvements. This has ensured that the activity from our contracted services continues to make a positive contribution to the health improvement and health protection of people in Darlington.

Key highlights of where performance has improved include:-

- **PBH035i (PHOF 2.15i) Successful completion of drug treatment - opiate users**. This is a Key indicator and is included in the Public Health Outcome Framework. This indicator has improved for the first time in several years increasing from 2.8% in 2016/17 to 3.7% in 2017/18. This is now statistically similar to the North East average and reflects some concerted action with the provider to improve performance.

- **PBH033 (PHOF 2.14) Prevalence of smoking among persons aged 18 years and over**. This is a Key indicator and is included in the Public Health Outcome Framework. This has shown a steady reduction over time and reduced from 17% in 2016/17 to 14% in 2017/18. This has been the largest percentage reduction in smoking prevalence in Darlington in one year since 2011/12. This continued reduction reflects the impact of the ongoing legislative and fiscal measures implemented by national government in Darlington and local enforcement. It also reflects the impact of local messages provided by a range of professionals and agencies and the offer of a range of different and more accessible support options for smokers to quit. It also reflects the declining numbers of young people who are smokers.

- **PBH018 (PHOF 2.05ii) Child development - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review.** This is a Key indicator and is included in the Public Health Outcome Framework. This has shown significant improvement over recent years, increasing from 88% to 98% between 2016/17 and 2018/19. This is now statistically better than both the England and North East average. This improvement has been supported by the actions of the 0-19 Healthy Child Service. They worked closely with parents and professionals in early years settings to provide a more accessible offer to ensure that the majority of children received this important developmental check in a timely period.

- **PBH045 Number of adults in alcohol treatment.** This is a Contract indicator and has shown significant improvement compared to the same period last year. This has shown a consistent quarterly increase from 125 in treatment in the last quarter of 2016/17 to 150 in treatment in the last quarter of 2017/18. This increase follows a programme of focussed work with NECA, the provider of Recovery and Treatment services for Darlington over the past year. This has included a ‘deep dive’ review of processes and practice by Public Health England and a programme of engagement and investigation by the Public Health team. The provider has changed processes to

make the services more accessible and has promoted the service across other agencies and engaged with key professionals to ensure that they refer individuals to support.

- **PBH046 (PHOF 2.22iv) Cumulative percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period.** This is a Key indicator and is included in the Public Health Outcome Framework. This shows that 48 percent of all those who were eligible for an NHS Health Check received one, with Darlington being statistically similar to England and statistically better than the other authorities in North East region. This reflects the activity across all 11 GP Practices in providing access to NHS Health Checks to sufficient numbers of eligible population.

Headlines from the Public Health Work Programme 2018/19

The work programme supports the delivery of the statutory Public Health duties and responsibilities of the authority including the commissioning and procurement of mandated services. Key highlights from the work programme include:-

- NHS Health Checks – this was reviewed with a successful procurement process which has changed the way that this service is now commissioned. A management company is responsible for the overall running of the different aspects of the delivery of the service. This includes ensuring a standard offer across the borough and improving the quality of the delivery of the Health Check for individual patients.
- Healthy New Towns – this multi-agency partnership project funded by NHS England was successfully completed this year including being shortlisted for a national award from the Local Government Association.
- The Director of Public Health Annual Report was successfully published and distributed to key stakeholders including elected members and the local NHS. The report examined the links between health and the wider determinants such as housing, income, education, employment and environment. This report described inequalities across the life course including the best start in life, living and working well and healthy ageing. The report made some specific recommendations for action at a local level to tackle health inequality through asset based community development approaches, and showcased some positive examples of this approach across partners in Darlington.
- Another Healthy Lifestyle Survey was successfully undertaken with over 30 schools and 6,560 pupils taking part. The survey consists of an anonymous online survey which asks about experiences, attitudes and behaviours across a range of topics related to health and wellbeing. The results indicate that young people of this age in Darlington largely understand the health information and messages they receive and report that they act on this information and messages through exhibiting positive attitudes and health seeking behaviours. They report negative attitudes to behaviours that have a detrimental effect on their health or the health of others.
- The Childhood Healthy Weight Plan for Darlington has been completed. This identifies key contributory factors that drive unhealthy weight in children and young people in Darlington and identifies key actions and interventions that are required to help reduce weight This has resulted in the successful secondment of an

Environmental Health Officer to support the delivery of the plan over the next two years.

- The first year of the Tooth Brushing pilot scheme for nursery and reception pupils in Darlington has been successfully complete. This is being delivered by the Oral Health Promotion team in partnership with parents local early years staff, schools, school nurses and RESH coordinator, as a key intervention to address the poor dental health status of preschool children in Darlington. This aims to work with Early Year's settings to provide training and support to staff to work with children in undertaking effective tooth brushing and making brushing teeth a social norm in the peer group. This has been well received by parents and stakeholders and is now proceeding into the second year.

The challenges to effective delivery over the past year include the impact of increasing demand on providers with increasing complexity of cases which can have a negative effect on achieving performance targets. The ongoing reduction in capacity in key partner agencies has also been a challenge over the past year. This reduces stakeholder's ability to engage in partnership work which is essential to deliver public health outcomes and tackle inequalities in the borough.

KEY INDICATORS

KEY PBH020 – (PHOF 2.06i) Excess weight among primary school age children in Reception year

KEY PBH021 – (PHOF 2.06ii) Excess weight among primary school age children in Year 6

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

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

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

Latest update: 2017/18 Current performance: 23.8% (Reception), 33.6% (Year 6)

Figure 1-CIPFA nearest neighbours' comparison (Reception)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	136,586	22.4	22.3	22.5
Bury	↑	10	503	21.2	19.6	22.9
Bolton	→	6	851	22.2	20.9	23.5
Derby	→	4	744	22.4	21.0	23.8
Telford and Wrekin	–	8	465	22.7	20.9	24.5
Stockton-on-Tees	↓	1	550	23.0	21.4	24.7
Tameside	→	11	680	23.4	21.9	25.0
Darlington	→	-	279	23.8	21.5	26.3
Plymouth	→	9	667	24.4	22.8	26.0
Doncaster	→	13	881	24.5	23.1	25.9
Dudley	↑	3	931	24.6	23.2	26.0
Calderdale	↑	7	628	25.3	23.7	27.1
North East Lincolnshire	→	2	494	25.5	23.6	27.4
Rotherham	↑	12	814	25.5	24.0	27.1
Warrington	↑	14	627	25.8	24.1	27.6
Wigan	↑	15	952	26.3	24.9	27.8
St. Helens	↑	5	588	28.6	26.6	30.5

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

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	197,888	34.3	34.2	34.4
Warrington	→	14	779	32.9	31.0	34.8
Plymouth	→	9	830	33.2	31.4	35.1
Darlington	→	-	383	33.6	30.9	36.4
Bury	↑	10	764	34.2	32.3	36.2
Doncaster	→	13	1,156	34.6	33.0	36.2
North East Lincolnshire	→	2	647	35.1	33.0	37.3
Calderdale	↑	7	857	35.4	33.5	37.3
Rotherham	→	12	1,114	36.1	34.5	37.8
Bolton	↑	6	1,360	36.2	34.6	37.7
Wigan	↑	15	1,248	36.2	34.6	37.8
Derby	↑	4	1,163	36.8	35.1	38.5
Tameside	→	11	931	37.0	35.1	38.9
Stockton-on-Tees	→	1	867	37.6	35.6	39.6
Telford and Wrekin	–	8	783	38.0	36.0	40.2
St. Helens	→	5	711	38.1	35.9	40.3
Dudley	↑	3	1,349	39.8	38.1	41.4

What is the data telling us?

Excess weight in 4-5 year olds in Darlington is statistically similar to the national figure for 2017/18 as is excess weight in 10-11 year olds. Excess weight in 10-11 year olds largely follows the national trend of a slow increase since 2010/11.

In comparison to our 16 nearest statistical neighbours, Darlington has the 7th lowest percentage of reception children with excess weight and the 3rd lowest percentage of Year 6 children with excess weight.

Why is this important to inequalities?

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

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

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

What are we doing about it?

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

For Reception aged children the 0-5 Health Visiting team provides specific visits and focussed work on supporting new mothers making choices around breastfeeding, infant

feeding and weaning to reduce the risks of infants becoming obese before they start in reception.

The parents of those children who take part in the NCMP receive a personalised letter informing them of the results and what this might mean for the health of their child. Those identified as overweight and/or obese are provided with advice and signposted to potential interventions that are designed to help children achieve a healthy weight.

KEY PBH024 – (PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years)

KEY PBH026 (PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years).

KEY PBH027 (PHOF 2.07ii) Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years)

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

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

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

Latest Update: 2017/18

Current performance: 232.6 (0-4 years), 155.8 (0-14 years) and 189.8 (15-24 years)

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

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	41,025	121.2	120.0	122.4
Derby	↓	4	102	59.7	48.7	72.5
Dudley	↓	3	183	94.3	81.1	109.0
North East Lincolnshire	→	2	101	104.6	85.2	127.1
Doncaster	↓	13	197	106.7	92.3	122.7
Rotherham	↓	12	174	108.9	93.4	126.4
Wigan	↓	15	225	121.6	106.2	138.5
Warrington	↓	14	168	137.6	117.6	160.1
Bolton	↓	6	277	142.3	126.0	160.1
Stockton-on-Tees	↓	1	172	144.4	123.6	167.6
Calderdale	→	7	193	150.7	130.2	173.6
St. Helens	↓	5	166	161.4	137.7	187.9
Telford and Wrekin	→	8	180	162.1	139.3	187.6
Plymouth	↓	9	279	182.3	161.5	204.9
Tameside	→	11	285	194.4	172.4	218.3
Bury	→	10	240	198.2	173.9	224.9
Darlington	→	-	142	232.6	195.9	274.2

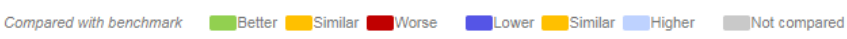


Figure 4-CIPFA nearest neighbours' comparison (0-14 years)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	96,910	96.4	95.8	97.1
Derby	↓	4	271	53.3	47.2	60.1
Rotherham	↓	12	395	82.3	74.4	90.8
Dudley	↓	3	478	82.5	75.3	90.3
North East Lincolnshire	↓	2	263	90.1	79.5	101.7
Stockton-on-Tees	↓	1	356	96.9	87.1	107.5
Doncaster	↓	13	558	99.8	91.6	108.4
Bolton	↓	6	573	100.2	92.2	108.7
Wigan	↓	15	578	100.8	92.8	109.4
Calderdale	↓	7	459	118.2	107.6	129.5
Telford and Wrekin	→	8	415	122.4	110.9	134.8
Bury	↓	10	448	122.5	111.4	134.4
Warrington	↓	14	466	124.6	113.6	136.5
St. Helens	→	5	395	127.9	115.6	141.2
Plymouth	↓	9	582	130.5	120.1	141.6
Tameside	→	11	590	139.6	128.6	151.3
Darlington	→	-	296	155.8	138.6	174.6

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

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	88,181	132.7	131.8	133.5
Derby	↓	4	401	115.6	104.6	127.5
Telford and Wrekin	↓	8	260	120.0	105.9	135.5
North East Lincolnshire	↓	2	207	120.8	104.9	138.5
Dudley	→	3	429	121.0	109.8	133.0
Plymouth	↓	9	492	123.0	112.4	134.3
Rotherham	↓	12	365	125.6	113.1	139.2
Bolton	→	6	446	132.7	120.7	145.6
Tameside	↓	11	335	135.1	121.0	150.4
Bury	→	10	300	146.3	130.2	163.9
Calderdale	↓	7	332	148.1	132.6	165.0
Stockton-on-Tees	↓	1	360	158.3	142.3	175.5
Doncaster	↑	13	563	169.1	155.4	183.6
Wigan	↓	15	612	175.1	161.5	189.5
Darlington	→	-	209	189.8	165.0	217.4
Warrington	→	14	508	225.4	206.2	245.9
St. Helens	→	5	459	237.8	216.6	260.6

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

What is the data telling us?

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

The latest data (2017/18) shows Darlington has the highest rate of hospital admissions for 0-4 years and 0-14 years among our nearest statistical neighbours. For 15-24 years hospital admissions, Darlington has the 3rd highest rate among our statistical nearest neighbours.

Why is this important to inequalities?

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

It is estimated that one in 12 deaths in children aged 1-4 years old are due to injuries in and around the home.

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

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

What are we doing about it?

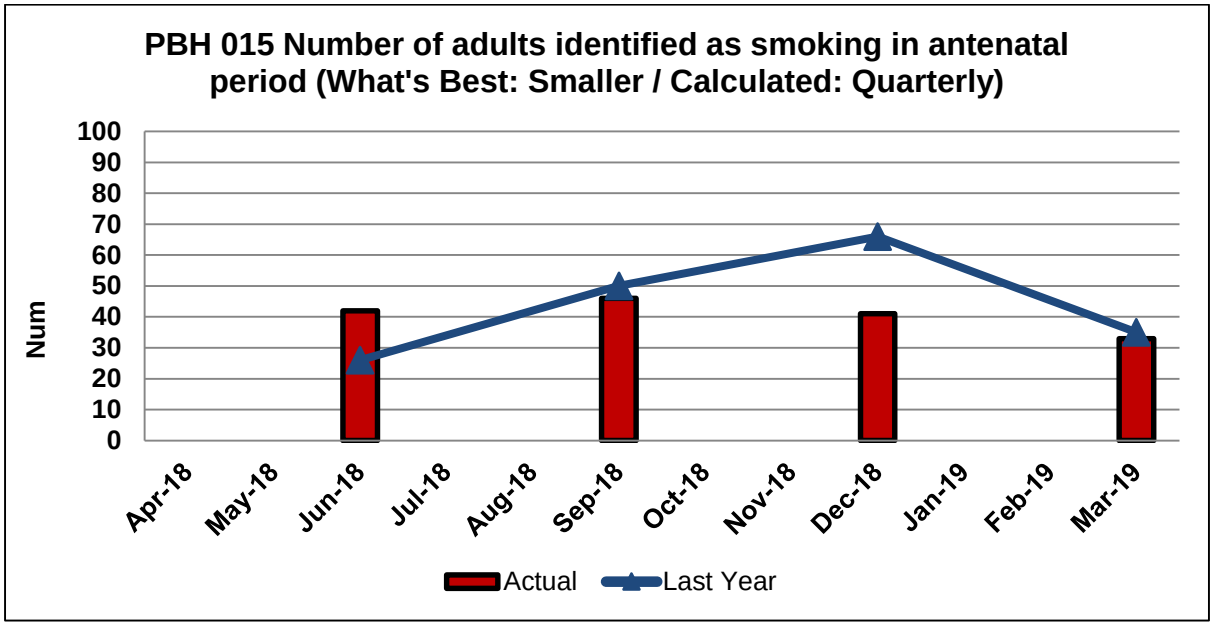
The 0-19 Service is informed of those children and young people who have attended Accident and Emergency (A+E) where the A+E staff have had concerns relating to the frequency or reasons for attendance, for example repeat admissions due to falls from avoidable accidents in the home.

For younger children under five years old their Health Visitor and for school aged children the School Nurse will review this information alongside information that they have about the child and the family and assess the risk and likelihood of further injury and attendance at A+E. Based on this assessment the Health Visitor/School Nurse may make a specific appointment to follow up with the child and their family. Depending on the nature of the A+E attendance the intervention will include the provision of information, advice and support to the parent to avoid a similar incident. This may also include referral or signposting to other agencies or services including Early Help Services. If a multiagency response is indicated the Health Visitor/School Nurse may initiate a CAF or TAF to avoid a repeat admission or further injury to the child.

The Public Health team is supporting colleagues in Darlington Clinical Commissioning Group to identify underlying trends and contributory factors across the system for the high level of childhood admissions as part of the local Right Care implementation group. The Public Health team are also working with other colleagues to help develop actions and strategies which aim to help reduce these admissions in Darlington.

Contract Indicator:

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



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

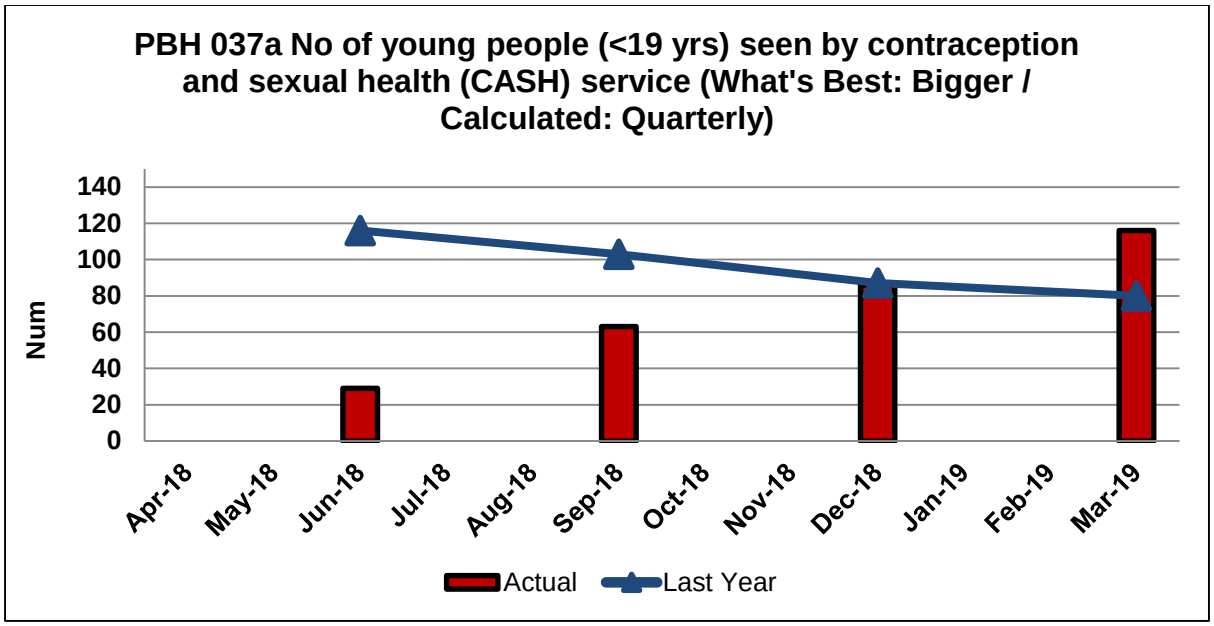
What is the story the data is telling us?

The data shows us a reduction in the numbers of women who are recorded as smokers while pregnant, compared to previous quarters and the same period last year. This means that less unborn babies are exposed to the harm from tobacco before they are born.

What more needs to happen?

The regional and local Maternity Services Public Health Prevention Plan has a focus on reducing the harm to children from tobacco during and after pregnancy. County Durham and Darlington Foundation Trust (CDDFT) are implementing some key actions including more focussed training and support for midwives in brief interventions, better screening and automatic referral to specialist services, better access to pharmacotherapies and more consistent support for mothers throughout pregnancy. More actions are recommended including seamless referral to Stop Smoking Services and more advanced smoking cessation training by midwives. These actions will be undertaken by CDDFT Maternity Services across the Trust and supported by partners including the Clinical Commissioning Group and the Public Health team. The communication between Maternity, Primary Care and Health Visiting teams to ensure timely notification of pregnancy to ensure prompt identification and offer of stop smoking support in the antenatal period continues.

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



Service Provider: County Durham and Darlington NHS Foundation Trust

What is the story the data is telling us?

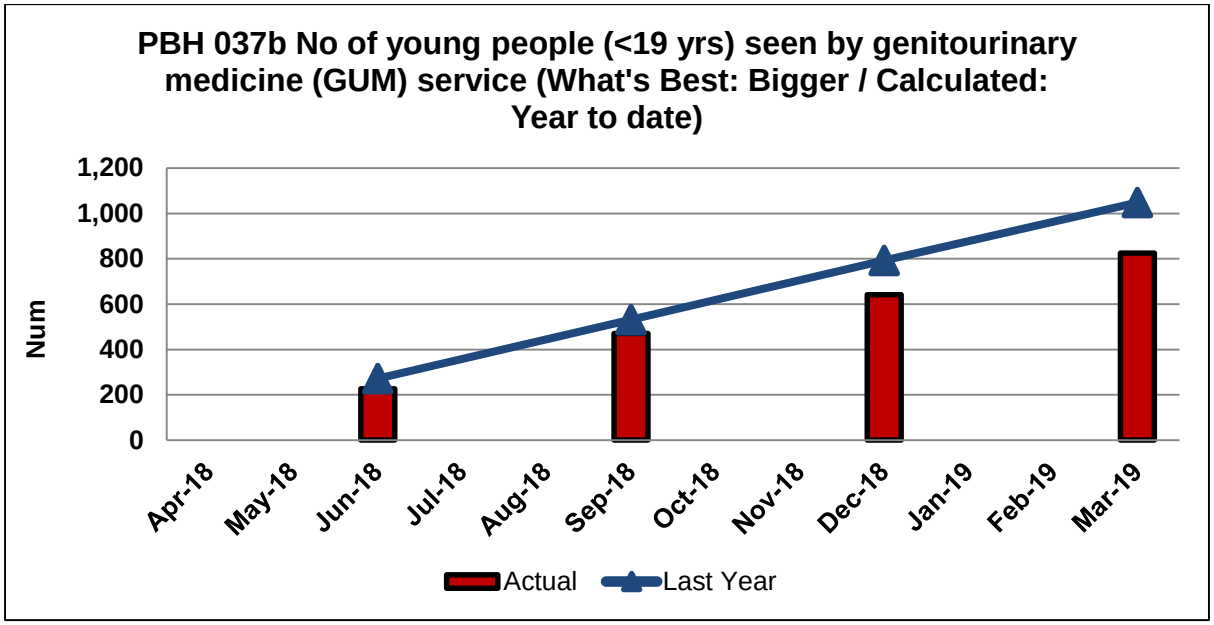
The data is showing an increase in the numbers of young people aged under 19 years who have been seen by the Contraceptive and Sexual Health (CASH) Service compared to the same period last year.

What more needs to happen?

The integrated Sexual Health Service contract was mobilised last year and work continues to ensure that the systems and process in place reduce any barriers to accessing the Service for young people. This has included a single point of contact which streams and triages service users into the most appropriate Service, based on the presenting condition, along with a more flexible appointment system.

The Service now offers weekend or evening appointments and work continues to integrate this Service to ensure that all service users including young people get a consistent high quality Service. This includes the development and implementation of a common quality standards and an integrated training programme across all disciplines within the Service.

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



Service Provider: County Durham and Darlington NHS Foundation Trust

What is the story the data is telling us?

The data shows us a decrease in the numbers of young people under the age of 19 years that were seen by the Sexual Health Services in Darlington compared to the same period last year.

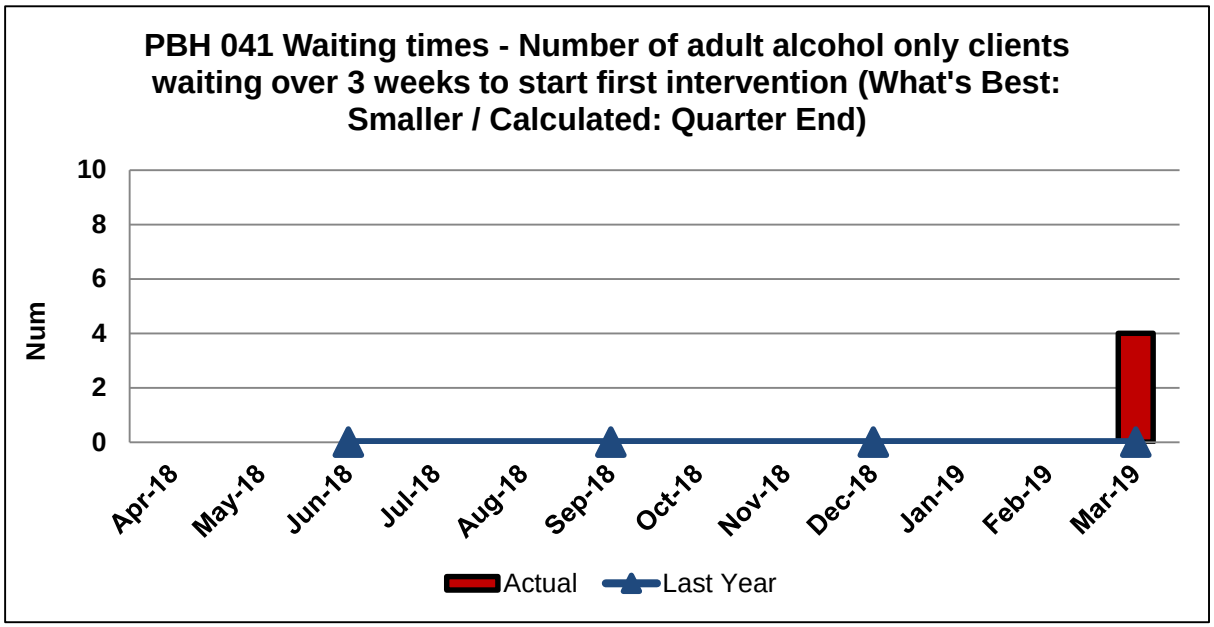
What more needs to happen?

The integrated Sexual Health Service contract was mobilised last year and work continues to ensure that the systems and process in place reduce any barriers to accessing the Service for young people. This has included a single point of contact which streams and triages service users into the most appropriate Service, based on the presenting condition, along with a more flexible appointment system.

The Provider continues to work to ensure that GUM services remain accessible to young people. This includes implementing options such as postal testing for common diseases such as Chlamydia. The Provider also offers other options for result notifications including text services. This reduces the requirement for young people to have make time or have to travel to visit the clinic for low risk or routine processes. The Provider is also developing and implementing standard operating procedures to be able to ensure that patients are identified and streamed into the most appropriate service. Work is continuing to provide integrated booking of appointments across the Service providing a seamless journey for the patient.

PBH 041

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



Service Provider: NECA

What is the story the data is telling us?

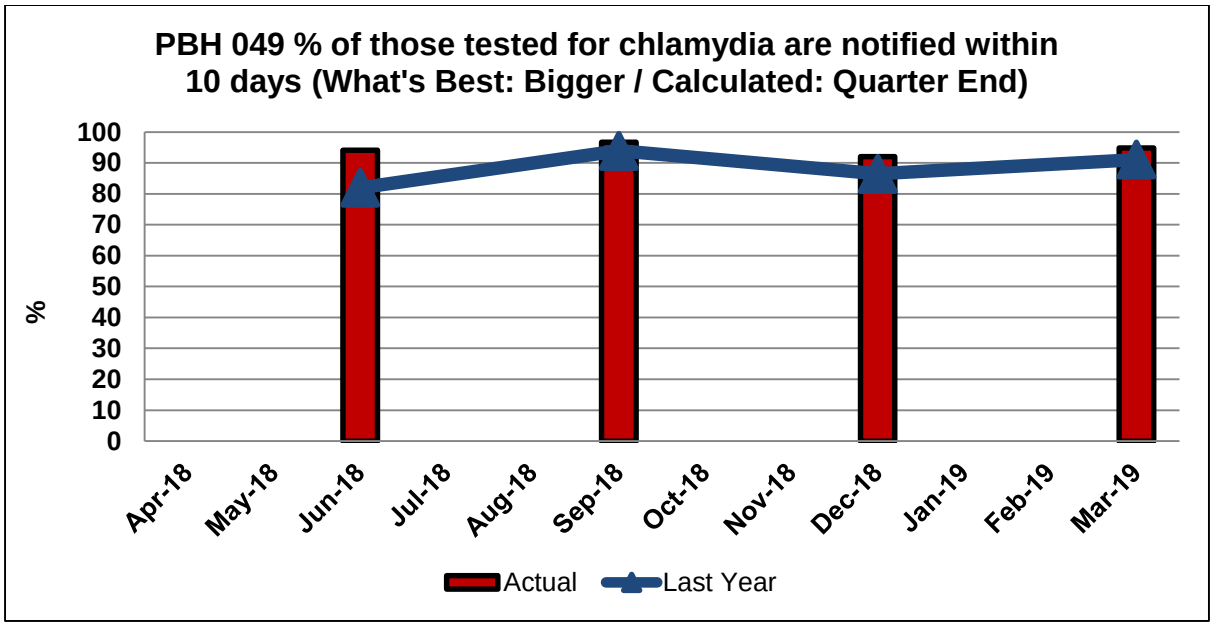
The data shows an increase in the numbers of service users who waited over 3 weeks to start their first intervention for alcohol compared to the last quarter and the same period last year. A total of 4 clients waited more than 3 weeks to start their first treatment for alcohol.

What more needs to happen?

The Provider investigated each ‘wait’ where a service user waited more than 3 weeks. 2 ‘waits’ were due to service users missing assessment appointments, and 2 ‘waits’ were the result of the closure of the treatment centre over the festive period along with a spike in demand over this period. All service users had been assessed at first presentation and none required urgent intervention or referral. The Provider continues to work to ensure that capacity is sufficient to meet demand and continues to monitor Does Not Attend rates.

PBH 049

Percentage of those tested for chlamydia are notified within 10 days



Service Provider: County Durham and Darlington NHS Foundation Trust

What is the story the data is telling us?

The data shows that the percentage of those tested for chlamydia are notified within the national clinical standard of 10 days has increased from the last quarter and the same period last year. It also shows an increase across the financial year. This ensures that the individuals who are tested are aware of their diagnosis or infection status. This enables individuals who are diagnosed with an infection to receive the most appropriate treatment promptly avoiding secondary infections in sexual partners. It also enables those who are free from infection to make choices about their sexual health and behaviours to avoid future infections.

What more needs to happen?

The Provider has implemented an electronic notification system from the lab to the clinician to reduce to a minimum the delay for clinical staff being notified of any results. The Provider also provides an option of text notification to patients at the point of testing. The previous dip in performance was due to problems in the hospital lab's capacity which was compounded by the impact of the relocation of the clinic in the Hospital site. This resulted in a period of closure while the clinic transferred to their new location. This indicator is monitored and reviewed as part of the quarterly contract review meetings with the provider. No specific actions are currently required for this indicator.