Appendix 2

Darlington Borough Council

Public Health

July - September (Quarter 2) Performance Highlight Report

2019-20

Appendix 2

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 increasingly scheduled to meet deadlines to inform the performance clinic reports.

Appendix 2

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

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)

Indicator Num	Indicator description
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

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

Appendix 2

Indicator Num	INDEX		
	Indicator description	Indicator type	Pages
PBH044	(PHOF 2.18) Admission episodes for alcohol-related conditions - Persons (narrow definition)	Key	6
PBH 045	Number of adults in alcohol treatment	Contract	8
PBH046	(PHOF 2.22 iv) Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Key	9
PBH 047	Total numbers of NHS Health Checks completed	Contract	11
PBH 057	Number of NHS Health Checks Offered	Contract	12
PBH052	(PHOF 3.08) Adjusted antibiotic prescribing in primary care by the NHS	Key	13

Quarter 2 Performance Summary

Key Indicators

The key indicators reported this quarter concern alcohol related admissions, take-up of NHS Health Checks by those eligible and efforts to reduce prescribing in primary care settings to reduce antimicrobial resistance.

Performance among these three indicators at first glance looks mixed, however it is important to recognise that these indicators are overarching measures of key changes needed and are affected not only by local action, but by wider culture change and legislation.

PBH044 Admissions episodes for alcohol related conditions have remained statistically similar to last year and are now following the national trend. Darlington remains statistically worse than the England benchmark and when compared to neighbours Darlington is mid-rank compared to our CIPFA statistical neighbours but better than the NE Regional average for our geographical neighbours.

PBH046 Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check are assessed cumulatively over a five year period. The aim is that within those five years 75% of the eligible population should be seen. Darlington is statistically better when compared to England, CIPFA nearest neighbours and the North East Regional averages.

PBH052 Adjusted antibiotic prescribing in primary care by the NHS is a key public health issue globally. To tackle this, national targets to reduce antibiotic prescribing in primary care settings are set for each Clinical Commissioning Group (CCG). Locally it is difficult for the public health team to have an effect on this indicator. However, awareness campaigns around medicine use are promoted, and the re-fresh of the Pharmaceutical Needs Assessment (PNA) for the borough makes note of the role that pharmacies can play in advising correct medicine use and providing guidance on self-medication.

Contract Indicators

PBH 045 Number of adults in alcohol treatment

This indicator has improved and there has been a consistent increase in the number of adults in alcohol treatment since Q4 last year. This shows that the Service has responded to the needs of those with problematic alcohol consumption and is more accessible resulting in more people coming forward for treatment and support. This will help reduce the numbers of hazardous drinkers in the population and reduce some of the worst alcohol harm.

PBH 047 Total numbers of NHS Health Checks completed

This indicator has improved and there are cumulatively more Health Checks being completed when compared to the same period last year. This shows the impact of the changes of how the Health Check programme is delivered with the introduction of the new contract from 1st April 2019. This means that more people are aware of their heart disease risk and have information and support of how to reduce their risk.

PBH 057 Number of NHS Health Checks Offered

This indicator has improved and there are cumulatively more Health Checks being offered to those who are eligible in Darlington when compared to the same period last year. This shows the impact of the changes introduced with the new contract which was in place from 1st April 2019. This means that more people are being made aware of the risks from heart disease to them. It also means that more people are being offered an opportunity to make a positive choice to understand and reduce these risks.

Appendix 2

PBH 044 - (PHOF 2.18) Admission episodes for alcohol-related conditions-Persons (narrow definition)

Definition: Hospital admissions for alcohol-related conditions (narrow definition), all ages, directly age standardised rate per 100,000 population European standard population.
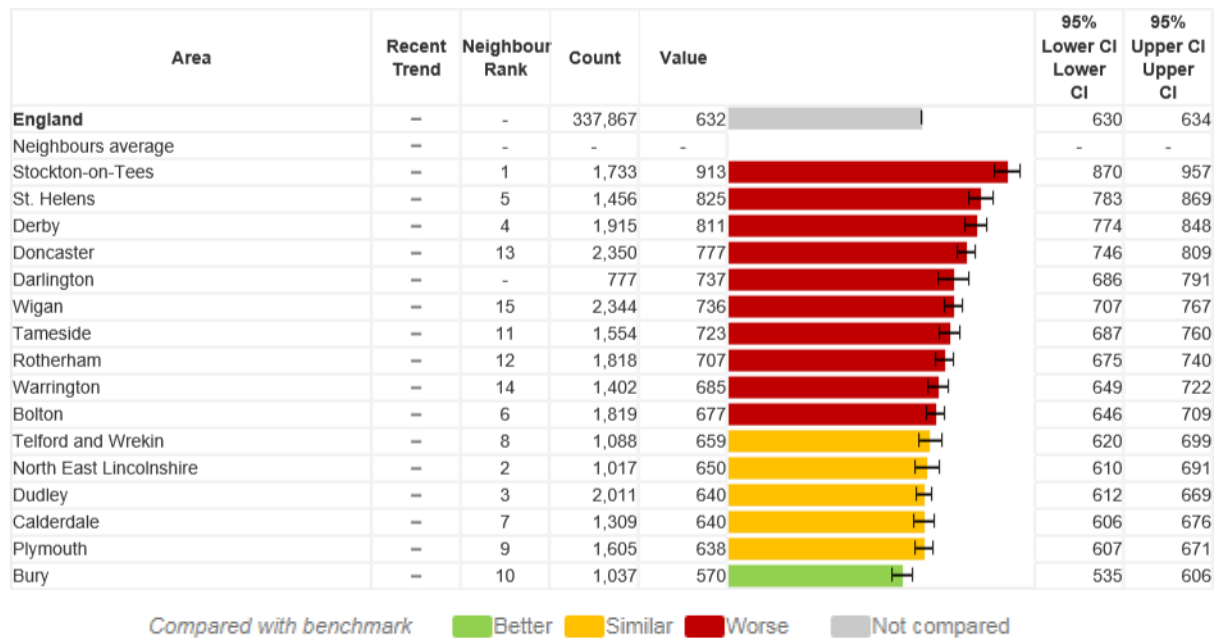
Numerator- Admissions to hospital where the primary diagnosis is an alcohol-related condition or a secondary diagnosis is an alcohol-related external cause.

Denominator- ONS mid-year population estimates.

Latest data available: 737 per 100,000 (2017/18)

Target: No national target

Figure 1 - CIPFA Nearest neighbours comparison

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI Lower CI	95% Upper CI Upper CI
England	–	-	337,867	632		630	634
Neighbours average	–	-	-	-		-	-
Stockton-on-Tees	–	1	1,733	913		870	957
St. Helens	–	5	1,456	825		783	869
Derby	–	4	1,915	811		774	848
Doncaster	–	13	2,350	777		746	809
Darlington	–	-	777	737		686	791
Wigan	–	15	2,344	736		707	767
Tameside	–	11	1,554	723		687	760
Rotherham	–	12	1,818	707		675	740
Warrington	–	14	1,402	685		649	722
Bolton	–	6	1,819	677		646	709
Telford and Wrekin	–	8	1,088	659		620	699
North East Lincolnshire	–	2	1,017	650		610	691
Dudley	–	3	2,011	640		612	669
Calderdale	–	7	1,309	640		606	676
Plymouth	–	9	1,605	638		607	671
Bury	–	10	1,037	570		535	606

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

What is the data is telling us?

Since 2008, Darlington has had a greater rate of admissions to hospital due to diseases caused by alcohol consumption than England average. Compared to our geographical neighbours in the North East, Darlington has a lower rate of admissions to hospital due to diseases caused by alcohol consumption.

When compared to our CIPFA neighbours (Figure 1), a wider range of local authorities that are statistically most similar, Darlington's rate is ranked fifth for admissions.

Why is this important to inequalities?

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5billion per year and £2billion annually to wider society through lost working days, costs for social care, housing, police and the criminal justice services.

Alcohol-related admissions can be reduced through local interventions but requires action across partners. Reducing alcohol-related harm is one of Public Health England's seven priorities for the next five years (Reference: "Evidence into Action" report 2014).

What are we doing about it?

The Authority commissions NHS Health Checks via a Management Company who subcontract to GP Practices. An "Audit C" alcohol screening tool is conducted as part of every NHS Health Check within Darlington which can help identify persons who are hazardous drinkers or have active alcohol related disorders. GP's can then provide individualised advice and guidance on risk.

The Council also supports national campaigns aimed at raising awareness and reducing alcohol consumption in the population. Examples include Dry January which was widely promoted by partners and via Council media channels. Wider partnership work with the CCG and other organisations support this wider awareness work.

For those with hazardous or harmful drinking that require support, the Council commissions a Recovery and Wellbeing Service which provides evidence based interventions to stabilise and support individuals to make the changes in their behaviours that may reduce their harmful drinking and the associated risks.

Appendix 2

Contract: PBH045 Number of adults in alcohol treatment
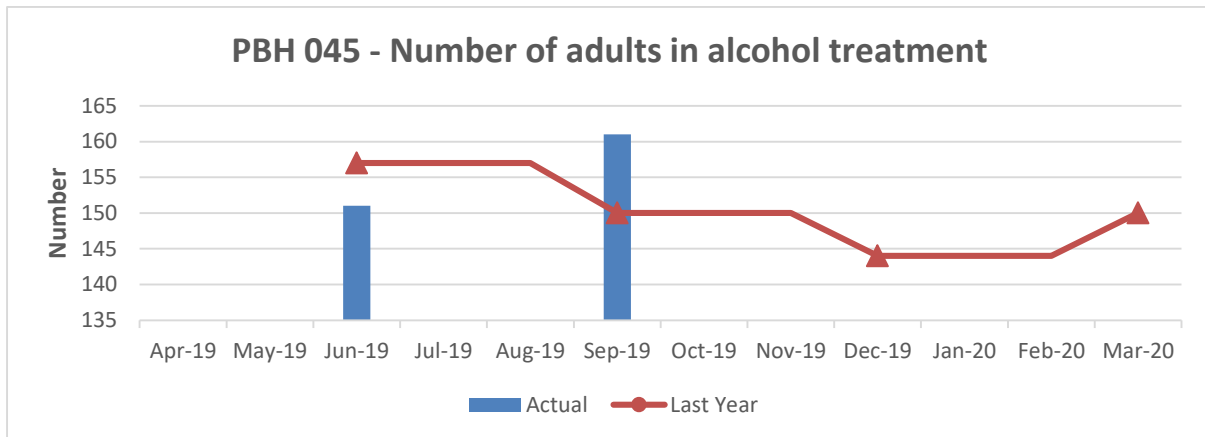
Service Provider: NECA

What is the data is telling us?

The data shows that in quarter 2 there are 161 adults in treatment for alcohol, this has shown a sustained increase from Q1 as well as showing an increase of 11 more individuals in treatment compared to the same time last year.

What more needs to happen?

The Provider is working to improve the profile and awareness of the alcohol treatment service. This includes developing more effective referral pathways with health and social care professionals. The Provider is working with voluntary sector partners in engaging with 'mutual aid' organisations such as Alcohol Anonymous and the 12 Steps programme, to provide a broad range of treatment and recovery options for those with alcohol dependence that are sustainable and more convenient for clients. This choice will help reduce the barriers to accessing the Service for those seeking help with their drinking including providing more access to support in different formats and help reduce barriers associated with the stigma of accessing services provided from a treatment centre.

Appendix 2

> **PBH 046 - (PHOF 2.22iv) Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check, who received an NHS Health Check.**
>
> Definition: The 5 year cumulative percent of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check.
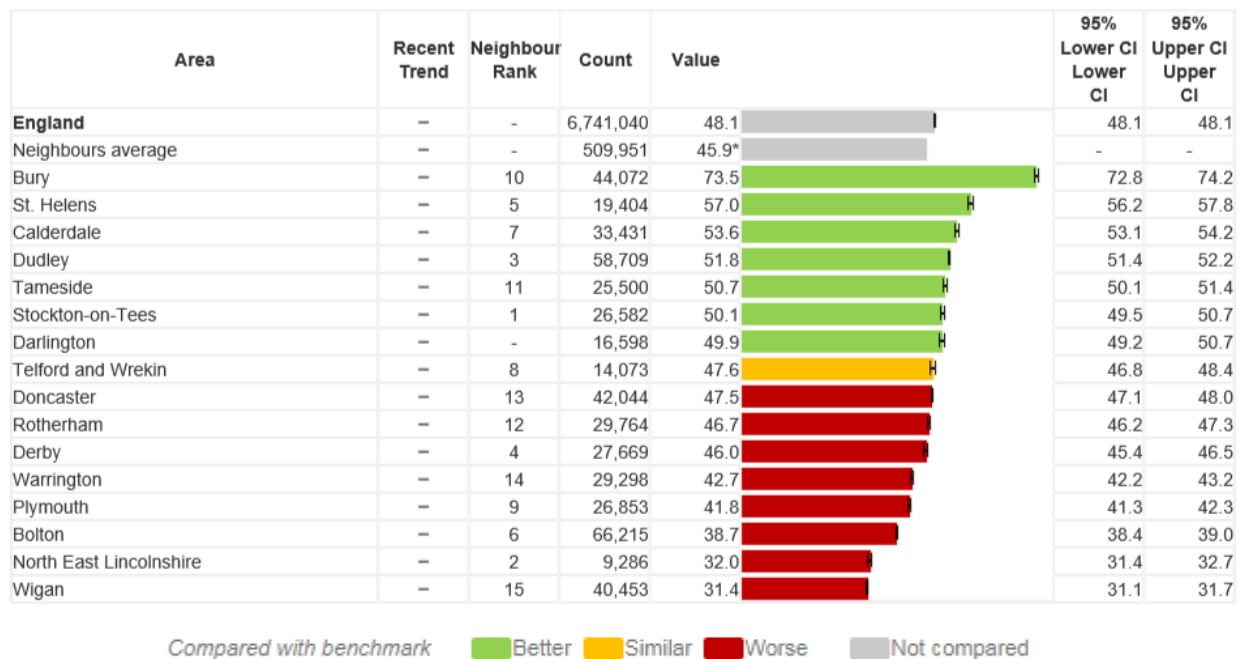>
> Numerator: Number of people aged 40-74 eligible for an NHS Health Check who have received an NHS Health Check in the five year period.
>
> Denominator: Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check in the five year period.
>
> **Latest data available: 49.9% crude rate (2013/14 to 2018/19)**
>
> **Target: Offer to 75% of eligible persons over 5 year period**

Figure 2 - CIPFA nearest neighbours' comparison

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI Lower CI	95% Upper CI Upper CI
England	–	-	6,741,040	48.1		48.1	48.1
Neighbours average	–	-	509,951	45.9*		-	-
Bury	–	10	44,072	73.5		72.8	74.2
St. Helens	–	5	19,404	57.0		56.2	57.8
Calderdale	–	7	33,431	53.6		53.1	54.2
Dudley	–	3	58,709	51.8		51.4	52.2
Tameside	–	11	25,500	50.7		50.1	51.4
Stockton-on-Tees	–	1	26,582	50.1		49.5	50.7
Darlington	–	-	16,598	49.9		49.2	50.7
Telford and Wrekin	–	8	14,073	47.6		46.8	48.4
Doncaster	–	13	42,044	47.5		47.1	48.0
Rotherham	–	12	29,764	46.7		46.2	47.3
Derby	–	4	27,669	46.0		45.4	46.5
Warrington	–	14	29,298	42.7		42.2	43.2
Plymouth	–	9	26,853	41.8		41.3	42.3
Bolton	–	6	66,215	38.7		38.4	39.0
North East Lincolnshire	–	2	9,286	32.0		31.4	32.7
Wigan	–	15	40,453	31.4		31.1	31.7

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

> **What is the data telling us?**
>
> Figure 2 shows that compared to our statistical CIPFA neighbours, Darlington ranks 9th out of 16 authorities.
>
> For this indicator Darlington is performing statistically better to the England average, better than our CIPFA statistical neighbours and better than the NE Regional averages.

Appendix 2

Why is this important to inequalities?

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

The NHS Health Check programme is a mandated service. It aims to help prevent heart disease, stroke, and diabetes and kidney disease. All those aged between 40 and 74, who have not been diagnosed with one of these conditions are invited to have an NHS Health Check every five years.

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

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

Providing NHS Health Checks for those communities who would benefit the most would help reduce health inequalities in the most deprived areas.

What are we doing about it?

Performance is monitored quarterly, with an annual target for each GP Practice to offer a health check to 20% of the eligible population (40-74 year olds) annually. This is incentivised to encourage the GP Practices to offer a health check to the maximum number eligible. Other data shows that the underlying quarterly rate of those taking up the NHS Health Check invite has been increasing faster compared to both England and regional neighbours, closing the gap between England and Darlington.

Appendix 2

Contract: **PBH047 Total number of NHS Health Checks completed**
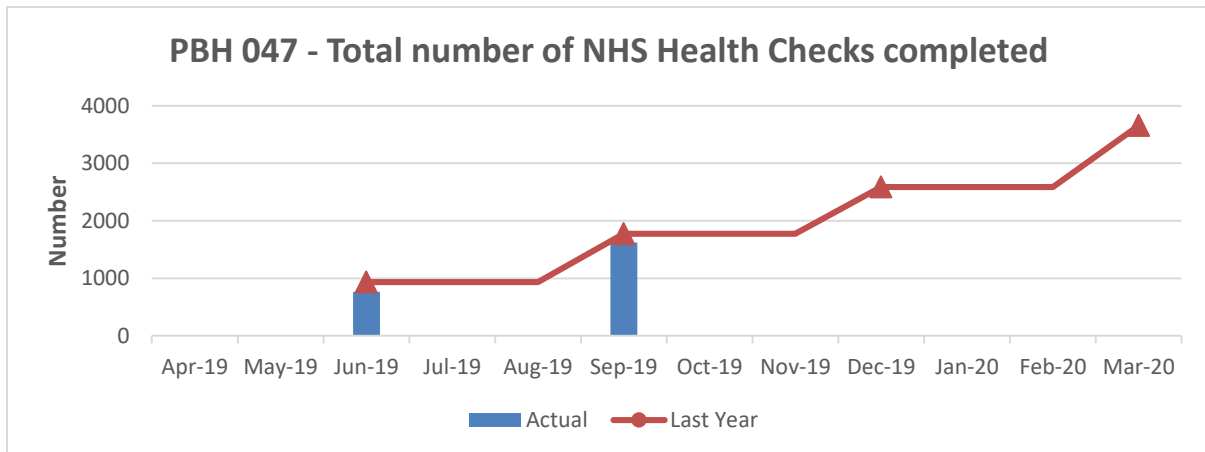
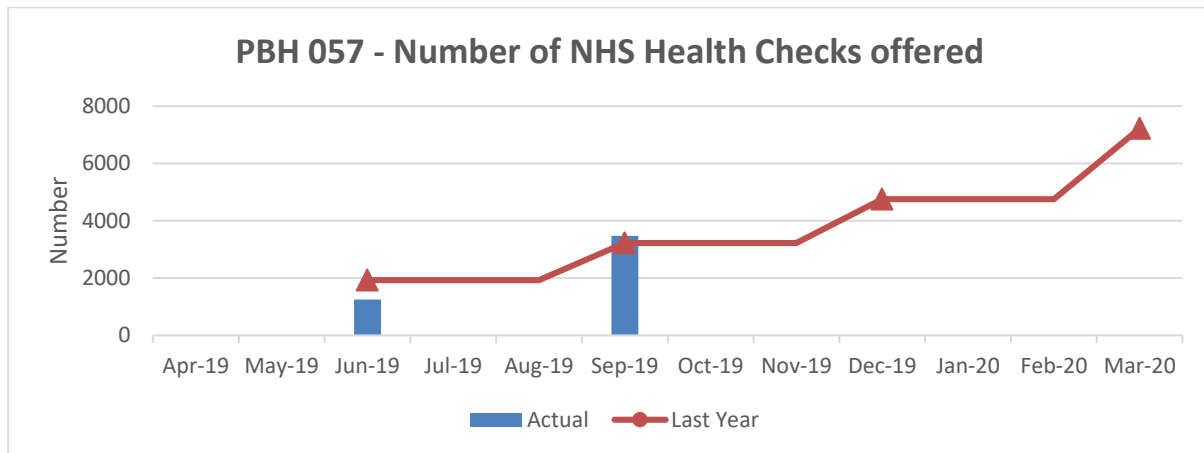**Service Provider: Primary Healthcare Darlington**

What is the story the data is telling us?

The table shows that to date that a total of 1622 eligible individuals in Darlington have received a Health Check this year. This is a lower number compared to the same period last year. (1774)

What more needs to happen?

A new provider took over management of this contract in April 2019. They have developed a quality assured and standardised approach to delivery of NHS Health Checks across all 11 GP practices. This includes standardising the training for staff, a standard clinical template and a standardised letter of results for patients. This will improve the efficiency of the NHS Health Checks processes as well as providing an improvement in the quality of the check and the experience of those who are having checks. The improvements in efficiency will enable the number of completed NHS Health Checks to increase throughout the contract term.

In Year 1 the Provider has created a standardised SystemOne template to ensure that all Health Checks are completed in the same way, with the same data recorded. The results letter is now standardised across the borough and contains information about the results and information to signpost to healthy interventions as required.

Appendix 2

Contract:	PBH057 Number of NHS Health Checks offered

PBH 057 - Number of NHS Health Checks offered

Service Provider: Primary Healthcare Darlington

What is the data is telling us?

The data shows that to date a total of 3470 eligible individuals have been offered a Health Check in Darlington since the beginning of the year. This is a greater number than at the same period last year. (3221)

What more needs to happen?

A new provider took over management of this contract in April 2019. They have developed a quality assured and standardised approach to delivery of NHS Health Checks across all 11 practices. This includes implementing a consistent approach to identifying the eligible population with standard definitions and searches now being used by every GP practice. This standard approach is also being extended to invitations and scheduling of NHS Health Checks to ensure a more even distribution of appointments across the year which will ensure that invitations are more timely and there is more choice with appointments. These measures will improve the efficiency of the NHS Health Checks processes as well as providing an improvement in the quality of the check and the experience of those who are having checks.

The new Provider is now working on developing and agreeing a standardised invitation template to be used by all GP practices to ensure that individuals have the information that they require about the NHS Health Check including the benefits of attending an NHS Health Check. This will be aimed at reducing barriers to participation and improving the 'conversion rate' of invitations to checks which will improve coverage in Darlington.

Appendix 2

PBH 052 – (PHOF 3.08) Adjusted antibiotic prescribing in primary care by the NHS

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

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

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

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

Latest data available: 1.24 per STAR-PU (2018)

Target: Darlington CCG 10% reduction target 2017/18

Figure 3 - CIPFA nearest neighbours' comparison

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI Lower CI	95% Upper CI Upper CI
England	–	-	32,361,055	0.99		0.99	0.99
Neighbours average	–	-	2,376,568	1.10*		-	-
St. Helens	–	5	144,729	1.28		1.28	1.29
Tameside	–	11	157,342	1.25		1.24	1.26
Darlington	–	-	76,514	1.24		1.23	1.25
Wigan	–	15	212,559	1.18		1.17	1.18
Bury	–	10	131,133	1.15		1.14	1.16
Bolton	–	6	191,086	1.13		1.12	1.13
Calderdale	–	7	135,804	1.11		1.10	1.11
Doncaster	–	13	200,742	1.10		1.10	1.11
North East Lincolnshire	–	2	104,426	1.08		1.07	1.09
Rotherham	–	12	158,431	1.06		1.06	1.07
Warrington	–	14	129,304	1.06		1.06	1.07
Dudley	–	3	201,235	1.06		1.06	1.06
Stockton-on-Tees	–	1	116,851	1.04		1.04	1.05
Plymouth	–	9	164,987	1.01		1.01	1.02
Derby	–	4	158,518	1.01		1.00	1.01
Telford and Wrekin	–	8	92,907	0.90		0.90	0.91

What is the data telling us?

The rate of reduction of antibiotic prescribing within the local NHS is worse than both England and the North East average and the rate of reduction is slower. In terms of performance against nearest neighbours, Darlington is 3rd highest in the ranking.

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

Why is this important to inequalities?

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

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

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

What are we doing about it?

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

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

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

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