

Measuring up

Benchmarking Stockton-on-Tees

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Introduction

Comparing indicators of health with those in other areas provides a context for whether local people's health is better, worse or similar to those in other areas. The choice of the 'other areas' is somewhat important, but it is of greater importance that some comparisons are made at all. For without the knowledge of whether things are relatively better or worse, decision-makers are hampered in the process of prioritising areas for health improvement and for identifying areas of best practice that can be shared or sought.

This report takes an approach whereby each local authority is compared with geographical neighbours, with regional and national averages and with other similar areas from outside the immediate vicinity. Two of the areas have been specifically chosen to be generally less deprived, including the individual authority with which the most detailed comparisons are made. This is intended to provide a guide for some realistic improvements that could be made in the near future. For the purposes of this report, a local authority is taken to be one of the 326 local authority districts in England for which a Health Profile is available.

The detailed comparisons of a local authority with its nearest neighbour enables decision-makers to 'know their numbers'. That is to say, where rates differ greatly, will a change in the rate affect thousands of people or just a few?

Benchmarking as presented only provides part of a more complete viewpoint. These data need to be combined with other information to develop a fuller picture. As a snapshot they tell us nothing of whether things are improving or not, so it is important to look at changes over time as well. There may be significant differences in population that are not apparent in this set of data, so knowing local characteristics in terms of age, gender and ethnicity are important, as is understanding where groups of people with similar characteristics live within each local area.

Making good use of this routine data is important for making better decisions in improving population health. Look at it alongside the Health Profile for your area (available at www.healthprofiles.info). It will be periodically updated, hopefully using different comparator areas as population health improves.

Benchmarking

What is benchmarking?

Benchmarking is one part of the process of making needs assessment more systematic. The term is used to describe the process of comparing one district with another.

Why is benchmarking necessary?

The method allows comparison of 'like with like' areas (in terms, say, of social composition) so that the reasons for any differences can be explored. An understanding of why differences occur in risk or health status between communities can help to illuminate ways to make things better. This could include new ways to reduce risks to health (such as having warmer homes) or by improving health and social care (such as better rates of survival after diagnosis of cancer).

How is benchmarking done?

To make appropriate and 'fair' comparisons, several comparator areas have been selected for each local authority (in Tees Valley) as follows:

- All local authorities in Tees Valley area - to reflect geographical proximity.
- A 'nearest neighbour' local authority - to reflect similar deprivation in a similar area.
- A 'second nearest neighbour' - to reflect slightly less deprivation in a similar area.
- Two additional areas from the ONS list of five 'most similar' authorities - to reflect similar deprivation in other areas.
- Two further 'areas' are the North East and England for regional & national comparison.

To identify the 'nearest neighbours', the Indices of Deprivation (ID) 2010 were used together with the Office for National Statistics (ONS) area classification. All five of the Tees Valley local authorities are within the ONS 'Mining and Manufacturing' area classification; Stockton-on-Tees being in the 'Manufacturing Towns' group and the four other authorities in the 'Industrial Hinterlands' group. Using ID 2010 for local authorities ranked by average deprivation score, the closest authority in a less deprived direction *and* that is also in the same classification group is identified as the nearest neighbour. The next least deprived local authority in the ID 2010 list in the same classification group is included as the second nearest neighbour comparator. Two additional authorities from the 'most similar' list of five authorities are also included, whether they are more or less deprived. Comparing with areas that are slightly less deprived enables development of potentially realistic challenges to reduce risk and improve health.

Data for the comparisons are sourced from the *Health Profiles 2013* produced by Public Health England (www.healthprofiles.info). The profiles contain 32 indicators within the health summary for each district.

What are the results of benchmarking and how can these be used?

Data grids and colour code

The first grid shows all the indicators for all the comparator districts described above. These have been colour coded, based on the application of the standard deviation (SD – definition below) of the indicator across all local authorities in England. If the local authority under consideration is worse than the comparator area by more than one SD, the cell is coloured red. If it is better than the comparator by more than one SD, the cell is coloured green. Values within one SD of the local authority under consideration are considered to be similar and coloured yellow. The second grid (containing all the same data as the first) is sorted so that the columns (comparator areas) with the most red cells (where the local authority is worse than the comparator) are to the left, and indicator rows with the most red cells are towards the top. This permits rapid identification of indicators where the local authority is worse than many comparator areas, revealing possible priority topics for improvement.

Standard deviation and statistical significance

Standard deviation is a measure of spread within a data set. If most values are close together then SD will be small. Greater differences in the data values within the set will lead to a greater SD. This technique ensures consistency of comparison and reduces the likelihood of interpretation 'bias'.

This analysis intentionally does not use statistical significance. Significant differences from England values are available within the health profiles, as are confidence intervals for all data sets.

Bar charts and data tables

The bar chart compares the difference between the local authority and its nearest neighbour district. This chart is sorted by the percentage difference in each indicator between the two areas. As a near neighbour in terms of deprivation and classification, the two areas should have much in common. This chart allows close comparison of relative differences between the two districts.

The table presents what absolute differences would occur if England and nearest neighbour rates are applied to the local population. The table is in the same order as the bar chart. This provides an estimate of the impact that any change in rate may have on the local population.

How will benchmarking be developed?

There is no single or 'best' way to benchmark. The important point is to make the process of comparing neighbours (whether geographical, statistical or any other) a matter of routine. Further development needs to embrace appropriate methods and data to ensure that reasons for differences can be explored for local benefit.

Future benchmarking needs to include international comparisons that are appropriate and relevant.

Stockton-on-Tees

Indicators ordered as they appear in Health Profiles

Stockton is worse than comparator
 Stockton is similar to comparator
 Stockton is better than comparator

| Our Communities | Year and measure* | Tees Valley | | | | | | | | | | National | IMD nearest neighbour in ONS Group | IMD 2nd nearest neighbour in ONS Group | Similar authority in ONS Area classification |
|-----------------------------------|---|-------------|---------|---------|------------|------------|---------|---------|---------|-----------|-----------|----------|------------------------------------|--|--|
| | | 1 | 2 | 3 | 4 | 5 | Region | | 6 | 7 | 8 | | | | |
| Children & Young Peoples Health | Stockton | Hartlepool | M'bro | R&C | Darlington | North East | England | Havant | Dudley | Rotherham | Bassetlaw | | | | |
| Children & Young Peoples Health | 1 People in most deprived quintile | 29.39 | 48.26 | 53.99 | 35.76 | 27.36 | 32.43 | 20.32 | 24.33 | 33.27 | 28.02 | | | | |
| | 2 Children in poverty | 22.82 | 30.20 | 34.51 | 26.25 | 21.35 | 24.79 | 21.09 | 23.15 | 23.14 | 18.82 | | | | |
| | 3 Statutory homelessness | 1.08 | 0.49 | 1.50 | 0.21 | 0.34 | 1.62 | 2.31 | 1.06 | 1.24 | 1.10 | | | | |
| | 4 5 A*-C GCSE, inc maths & English | 54.25 | 48.84 | 47.63 | 54.97 | 62.20 | 58.48 | 59.04 | 50.97 | 56.05 | 59.95 | | | | |
| | 5 Violent crime | 10.77 | 16.92 | 21.29 | 12.00 | 13.35 | 10.49 | 13.60 | 18.27 | 8.10 | 8.95 | | | | |
| | 6 Long-term unemployment | 16.27 | 26.00 | 28.49 | 21.72 | 13.65 | 15.08 | 9.48 | 8.11 | 17.15 | 14.27 | | | | |
| | 7 Smoking in pregnancy | 17.83 | 22.70 | 26.27 | 27.63 | 19.62 | 20.25 | 13.31 | 12.51 | 15.99 | n/a | | | | |
| | 8 Breastfeeding initiation | 57.45 | 45.01 | 45.77 | 52.14 | 63.66 | 59.14 | 74.76 | 79.41 | 58.42 | 61.76 | | | | |
| | 9 Obese 11-year-olds | 22.11 | 24.27 | 19.31 | 21.34 | 18.00 | 22.10 | 19.20 | 17.39 | 23.15 | 20.51 | | | | |
| | 10 Alcohol-specific hospital stays (under 18) | 74.28 | 91.28 | 106.57 | 117.71 | 154.85 | 107.72 | 61.81 | 37.29 | 70.55 | 56.84 | | | | |
| Adults Health & Lifestyle | 11 Under-18 pregnancy | 38.75 | 48.08 | 57.96 | 47.40 | 39.44 | 42.61 | 34.02 | 38.16 | 43.59 | 31.48 | | | | |
| | 12 Smoking in adults | 17.80 | 23.53 | 24.71 | 21.65 | 23.31 | 21.23 | 19.96 | 21.72 | 19.08 | 23.31 | | | | |
| | 13 Increasing and higher risk drinking | 22.60 | 21.94 | 21.45 | 21.93 | 22.63 | 22.45 | 22.32 | 22.03 | 21.42 | 21.55 | | | | |
| | 14 Healthy eating adults | 21.90 | 19.30 | 19.50 | 20.90 | 23.50 | 21.50 | 28.70 | 25.60 | 24.80 | 21.30 | | | | |
| | 15 Physically active adults | 54.03 | 49.73 | 52.20 | 54.03 | 53.28 | 53.88 | 56.03 | 50.64 | 48.38 | 52.38 | | | | |
| | 16 Obese adults | 27.70 | 27.50 | 27.90 | 29.60 | 27.60 | 27.80 | 24.20 | 25.70 | 27.70 | 27.60 | | | | |
| | 17 New cases of skin cancer | 14.62 | 13.65 | 11.58 | 13.41 | 16.61 | 13.45 | 14.50 | 16.78 | 12.81 | 13.88 | | | | |
| | 18 Hospital stays for self-harm | 348.32 | 390.78 | 542.38 | 467.47 | 360.83 | 353.72 | 207.89 | 347.97 | 234.25 | 211.90 | | | | |
| | 19 Hospital stays for alcohol-related harm | 2522.99 | 2982.31 | 3214.19 | 2606.22 | 2417.00 | 2596.53 | 1895.18 | 1755.32 | 2243.39 | 2209.46 | | | | |
| | 20 Drug misuse | 15.54 | 18.44 | 26.34 | 12.14 | 11.44 | 10.69 | 8.60 | 7.32 | 9.60 | 10.14 | | | | |
| Disease & Poor Health | 21 People with diabetes | 5.42 | 5.72 | 5.66 | 6.26 | 6.43 | 6.14 | 5.76 | 6.37 | 6.19 | 6.21 | | | | |
| | 22 New cases of tuberculosis | 4.90 | 6.90 | 14.50 | 3.90 | 2.30 | 5.50 | 15.40 | 1.10 | 10.80 | 8.50 | | | | |
| | 23 Acute sexually transmitted infections | 783.53 | 867.65 | 1006.74 | 692.49 | 698.97 | 828.33 | 803.70 | 690.49 | 448.51 | 949.49 | | | | |
| | 24 Hip fracture in over 65s | 520.00 | 519.89 | 562.06 | 532.39 | 434.02 | 499.61 | 457.16 | 471.42 | 466.23 | 465.86 | | | | |
| | 25 Excess winter deaths | 17.18 | 17.12 | 21.53 | 12.60 | 16.37 | 16.74 | 19.05 | 22.73 | 25.78 | 17.51 | | | | |
| | 26 Male life expectancy | 78.05 | 76.62 | 75.80 | 78.43 | 77.97 | 77.50 | 78.91 | 79.48 | 78.72 | 77.78 | | | | |
| | 27 Female life expectancy | 81.86 | 81.19 | 80.11 | 81.98 | 82.37 | 81.51 | 82.89 | 83.08 | 82.81 | 81.65 | | | | |
| | 28 Infant deaths | 3.67 | 3.71 | 5.06 | 2.51 | 3.75 | 3.67 | 4.29 | 4.28 | 4.05 | 4.48 | | | | |
| | 29 Deaths from smoking | 226.24 | 272.35 | 304.63 | 246.60 | 237.23 | 257.99 | 200.66 | 201.53 | 200.43 | 247.39 | | | | |
| | 30 Early deaths: heart disease & stroke | 67.20 | 73.98 | 77.76 | 62.20 | 70.15 | 69.41 | 60.94 | 54.07 | 61.00 | 72.02 | | | | |
| Life expectancy & Causes of Death | 31 Early deaths: cancer | 126.20 | 138.77 | 150.11 | 130.34 | 123.13 | 125.45 | 108.14 | 114.43 | 111.38 | 124.09 | | | | |
| | 32 Road injuries & deaths | 32.13 | 31.24 | 23.00 | 29.79 | 35.55 | 35.20 | 41.90 | 37.19 | 31.50 | 30.75 | | | | |

* % - percent; EWDI - excess winter deaths index (expressed as a percentage); 1 - rate per 1,000; 1-HH - rate per 1,000 households; 2 - rate per 100,000.

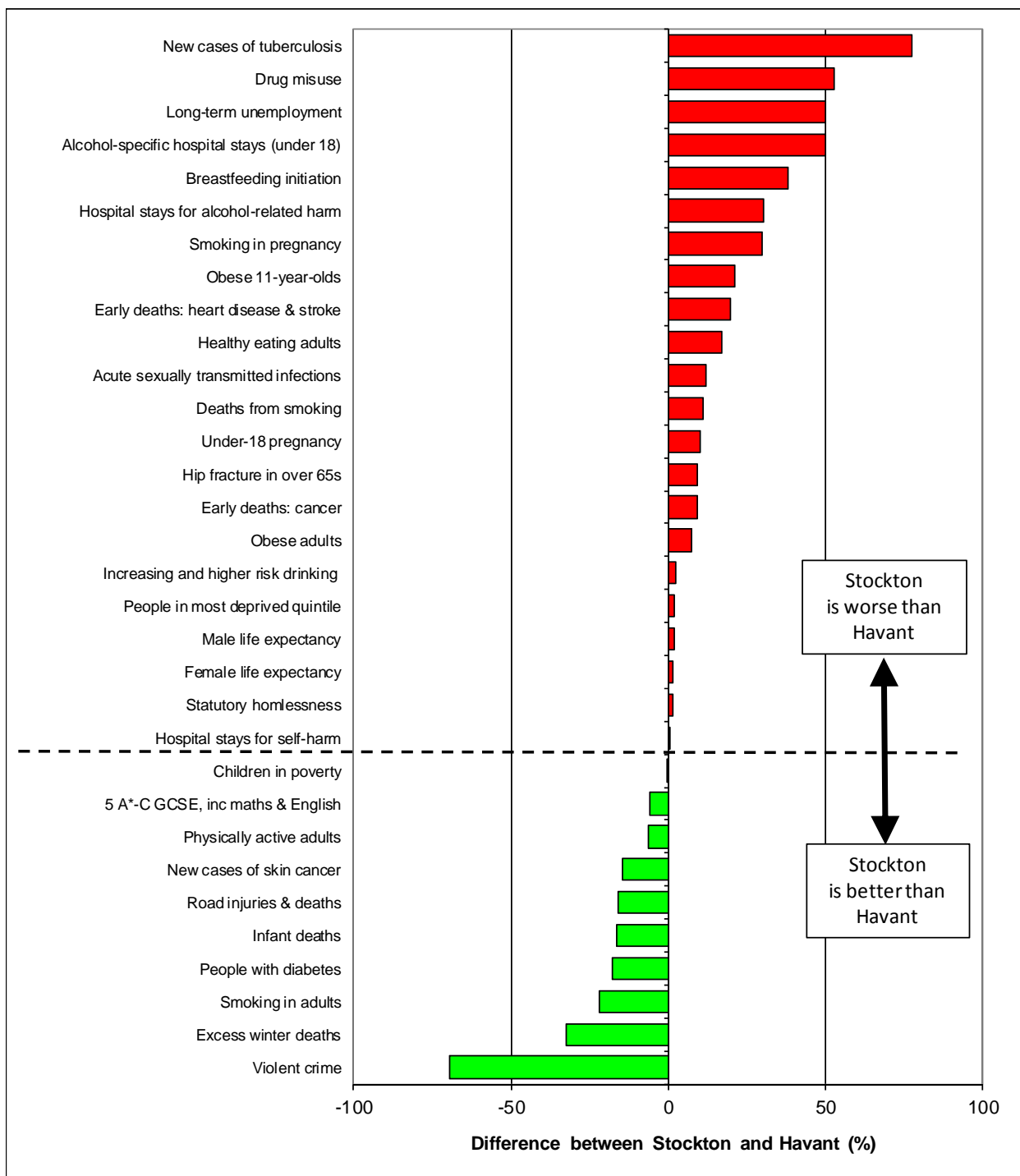
Indicators ordered by frequency of being worse locally than elsewhere

| | Year and measure* | | | National | | IMD nearest neighbour in ONS Group | | IMD 2nd nearest neighbour in ONS Group | | Similar authority in ONS Area classification | | Tees Valley | | Region | | Tees Valley | | Tees Valley | | | | | | | |
|----|--|-------------|-------|----------|---------|------------------------------------|---------|--|---------|--|---------|-------------|---------|------------|----|-------------|----|-------------|----|------------|----|-------|----|----|--|
| | | | | England | | Havant | | Dudley | | Bassetlaw | | Rotherham | | Darlington | | North East | | R&C | | Hartlepool | | M'bro | | | |
| | 1 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | |
| 20 | Drug misuse | 2010/11 | 1 | 15.54 | 8.60 | 7.32 | 9.60 | 14.40 | 10.14 | 11.44 | 10.69 | 12.14 | 18.44 | 26.34 | | | | | | | | | | | |
| 24 | Hip fracture in over 65s | 2011/12 | 2 | 520.00 | 457.16 | 471.42 | 466.23 | 496.50 | 465.86 | 434.02 | 499.61 | 532.39 | 519.89 | 562.06 | | | | | | | | | | | |
| 18 | Hospital stays for self-harm | 2011/12 | 2 | 348.32 | 207.89 | 347.97 | 234.25 | 268.93 | 211.90 | 360.83 | 353.72 | 467.47 | 390.78 | 542.38 | | | | | | | | | | | |
| 6 | Long-term unemployment | 2012 | 1 | 16.27 | 9.48 | 8.11 | 17.15 | 7.05 | 14.27 | 13.65 | 15.08 | 21.72 | 26.00 | 28.49 | | | | | | | | | | | |
| 4 | 5 A*-C GCSE; inc maths & English | 2011/12 | % | 54.25 | 59.04 | 50.97 | 56.05 | 61.61 | 59.95 | 62.20 | 58.48 | 54.97 | 48.84 | 47.63 | | | | | | | | | | | |
| 9 | Obese 11-year-olds | 2011/12 | % | 22.11 | 19.20 | 17.39 | 23.15 | 19.42 | 20.51 | 18.00 | 22.10 | 21.34 | 24.27 | 19.31 | | | | | | | | | | | |
| 16 | Obese adults | 2006-08 | % | 27.70 | 24.20 | 25.70 | 27.70 | 24.50 | 27.60 | 27.60 | 27.80 | 29.60 | 27.50 | 27.90 | | | | | | | | | | | |
| 19 | Hospital stays for alcohol-related harm | 2010/11 | 2 | 2522.99 | 1895.18 | 1755.32 | 2243.39 | 2070.80 | 2209.46 | 2417.00 | 2596.53 | 2606.22 | 2982.31 | 3214.19 | | | | | | | | | | | |
| 31 | Early deaths: cancer | 2009-11 | 2 | 126.20 | 108.14 | 114.43 | 111.38 | 120.02 | 124.09 | 123.13 | 125.45 | 130.34 | 138.77 | 150.11 | | | | | | | | | | | |
| 8 | Breastfeeding initiation | 2011/12 | % | 57.45 | 74.76 | 79.41 | 58.42 | 65.83 | 61.76 | 63.66 | 59.14 | 52.14 | 45.01 | 45.77 | | | | | | | | | | | |
| 14 | Healthy eating adults | 2006-08 | % | 21.90 | 28.70 | 25.60 | 24.80 | 26.20 | 21.30 | 23.50 | 21.50 | 20.90 | 19.30 | 19.50 | | | | | | | | | | | |
| 25 | Excess winter deaths | 08/09-10/11 | EWDI | 17.18 | 19.05 | 22.73 | 25.78 | 21.35 | 17.51 | 16.37 | 16.74 | 12.60 | 17.12 | 21.53 | | | | | | | | | | | |
| 7 | Smoking in pregnancy | 2011/12 | % | 17.83 | 13.31 | 12.51 | 15.99 | 20.60 | n/a | 19.82 | 20.25 | 27.63 | 22.70 | 26.27 | | | | | | | | | | | |
| 10 | Alcohol-specific hospital stays (under 18) | 07/08-09/10 | 2 | 74.28 | 61.81 | 37.29 | 70.55 | 77.98 | 56.84 | 154.85 | 107.72 | 117.71 | 91.28 | 106.57 | | | | | | | | | | | |
| 12 | Smoking in adults | 2011/12 | % | 17.80 | 19.96 | 21.72 | 19.08 | 13.81 | 23.31 | 23.31 | 21.23 | 21.65 | 23.53 | 24.71 | | | | | | | | | | | |
| 3 | Statutory homelessness | 2011/12 | 1-HH | 1.08 | 2.31 | 1.06 | 1.24 | 1.02 | 1.10 | 0.34 | 1.62 | 0.21 | 0.49 | 1.50 | | | | | | | | | | | |
| 13 | Increasing and higher risk drinking | 2008-09 | % | 22.60 | 22.32 | 22.03 | 21.42 | 23.09 | 21.55 | 22.63 | 22.45 | 21.93 | 21.94 | 21.45 | | | | | | | | | | | |
| 17 | New cases of skin cancer | 2008-10 | 2 | 14.62 | 14.50 | 16.78 | 12.81 | 16.37 | 13.88 | 16.61 | 13.45 | 13.41 | 13.65 | 11.58 | | | | | | | | | | | |
| 22 | New cases of tuberculosis | 2009-11 | 2 | 4.90 | 15.40 | 1.10 | 10.80 | 3.00 | 8.50 | 2.30 | 5.50 | 3.90 | 6.90 | 14.50 | | | | | | | | | | | |
| 23 | Acute sexually transmitted infections | 2012 | 2 | 783.53 | 803.70 | 690.49 | 448.51 | 853.96 | 949.49 | 698.97 | 828.33 | 692.49 | 867.65 | 1006.74 | | | | | | | | | | | |
| 30 | Early deaths: heart disease & stroke | 2009-11 | 2 | 67.20 | 60.94 | 54.07 | 61.00 | 56.34 | 72.02 | 70.15 | 69.41 | 62.20 | 73.98 | 77.76 | | | | | | | | | | | |
| 11 | Under-18 pregnancy | 2009-11 | 1 | 38.75 | 34.02 | 34.75 | 38.16 | 31.48 | 43.59 | 39.44 | 42.61 | 47.40 | 48.08 | 57.96 | | | | | | | | | | | |
| 15 | Physically active adults | 2012 | % | 54.03 | 56.03 | 50.64 | 48.38 | 56.89 | 52.38 | 53.28 | 53.88 | 54.03 | 49.73 | 52.20 | | | | | | | | | | | |
| 26 | Male life expectancy | 2009-11 | Years | 78.05 | 78.91 | 79.48 | 78.72 | 78.25 | 77.78 | 77.97 | 77.50 | 78.43 | 76.62 | 75.80 | | | | | | | | | | | |
| 27 | Female life expectancy | 2009-11 | Years | 81.86 | 82.89 | 83.08 | 82.81 | 81.89 | 81.65 | 82.37 | 81.51 | 81.98 | 81.19 | 80.11 | | | | | | | | | | | |
| 28 | Infant deaths | 2009-11 | 1 | 3.67 | 4.29 | 4.28 | 4.05 | 4.00 | 4.48 | 3.75 | 3.67 | 2.51 | 3.71 | 5.06 | | | | | | | | | | | |
| 32 | Road injuries & deaths | 2009-11 | 2 | 32.13 | 41.90 | 37.19 | 31.50 | 69.07 | 30.75 | 35.55 | 35.20 | 29.79 | 31.24 | 23.00 | | | | | | | | | | | |
| 1 | People in most deprived quintile | 2010 | % | 29.39 | 20.32 | 28.82 | 24.33 | 28.02 | 33.27 | 27.36 | 32.43 | 35.76 | 48.26 | 53.99 | | | | | | | | | | | |
| 2 | Children in poverty | 2010 | % | 22.82 | 21.09 | 22.90 | 23.15 | 18.82 | 23.14 | 21.35 | 24.79 | 26.25 | 30.20 | 34.51 | | | | | | | | | | | |
| 29 | Deaths from smoking | 2009-11 | 2 | 226.24 | 200.66 | 201.53 | 200.43 | 215.49 | 247.39 | 237.23 | 257.99 | 246.60 | 272.35 | 304.63 | | | | | | | | | | | |
| 5 | Violent crime | 2011/12 | 1 | 10.77 | 13.60 | 18.27 | 8.10 | 10.81 | 8.95 | 13.35 | 10.49 | 12.00 | 16.92 | 21.29 | | | | | | | | | | | |
| 21 | People with diabetes | 2011/12 | % | 5.42 | 5.76 | 6.37 | 6.19 | 6.44 | 6.21 | 6.43 | 6.14 | 6.26 | 5.72 | 5.66 | | | | | | | | | | | |

* % - percent; EWDI - excess winter deaths index (expressed as a percentage); 1 - rate per 1,000; 1-HH - rate per 1,000 households; 2 - rate per 100,000.

Comparing Stockton with Havant (rates)

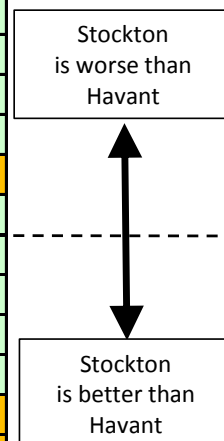
The chart below compares the difference in rates between Stockton and Havant. The red bars show where rates in Stockton are worse than in Havant, the green bars where they are better.



Comparing Stockton with Havant and England (numbers)

The table below provides an indication of the number of people who would be affected if Havant or England rates are applied to Stockton. As a near neighbour, with a similar level of deprivation and in the same 'Manufacturing Towns' group, achieving similar rates to those seen in Havant would only move Stockton minimally towards the England average.

| Indicator | Stockton Current number | If Stockton experienced the same rates as Havant, there would be: | | If Stockton experienced the same rates as England, there would be: | |
|--|----------------------------|---|--------------|--|--------------|
| | | Quantity | More / Fewer | Quantity | More / Fewer |
| New cases of tuberculosis | 9 | 7 | fewer | 21 | more |
| Drug misuse | 1,971 | 1,042 | fewer | 881 | fewer |
| Long-term unemployment | 2,025 | 1,016 | fewer | 845 | fewer |
| Alcohol-specific hospital stays (under 18) | 32 | 16 | fewer | 6 | fewer |
| Breastfeeding initiation | 1,368 | 523 | more | 412 | more |
| Hospital stays for alcohol-related harm | 5,571 | 2,194 | fewer | 1,925 | fewer |
| Smoking in pregnancy | 426 | 127 | fewer | 108 | fewer |
| Obese 11-year-olds | 422 | 90 | fewer | 55 | fewer |
| Early deaths: heart disease & stroke | 141 | 28 | fewer | 13 | fewer |
| Healthy eating adults | 32,912 | 5,560 | more | 10,219 | more |
| Acute sexually transmitted infections | 1,503 | 178 | fewer | 39 | more |
| Deaths from smoking | 306 | 33 | fewer | 35 | fewer |
| Under-18 pregnancy | 145 | 15 | fewer | 17 | fewer |
| Hip fracture in over 65s | 201 | 59 | fewer | 63 | fewer |
| Early deaths: cancer | 266 | 25 | fewer | 38 | fewer |
| Obese adults | 41,628 | 3,005 | fewer | 5,260 | fewer |
| Increasing and higher risk drinking | 33,962 | 847 | fewer | 412 | fewer |
| People in most deprived quintile | 56,383 | 1,107 | fewer | 17,395 | fewer |
| Male life expectancy | 78.0 | 1.4 | more | 0.9 | more |
| Female life expectancy | 81.9 | 1.2 | more | 1.0 | more |
| Statutory homelessness | 85 | 1 | fewer | 98 | more |
| Hospital stays for self-harm | 643 | 24 | fewer | 5,260 | fewer |
| Children in poverty | 8,270 | 30 | more | 628 | fewer |
| 5 A*-C GCSE, inc maths & English | 1,212 | 73 | fewer | 107 | more |
| Physically active adults | 81,194 | 5,084 | fewer | 3,007 | more |
| New cases of skin cancer | 28 | 2 | more | 2 | fewer |
| Road injuries & deaths | 61 | 10 | more | 19 | more |
| Infant deaths | 9 | 1 | more | 2 | more |
| People with diabetes | 8,376 | 1,480 | more | 531 | more |
| Smoking in adults | 27,602 | 6,089 | more | 3,360 | more |
| Excess winter deaths | 89 | 29 | more | 10 | more |
| Violent crime | 2,072 | 1,443 | more | 544 | more |



Key
 Stockton would be improved by having the comparison rate
 Stockton would become worse by having the comparison rate

Stockton summary

How bad is it in Stockton?

The Indices of Deprivation (ID) 2010 show Stockton as the 100th most deprived local authority districts out of 326 in England. Havant is 101st.

Out of 319 benchmark comparator cells, Stockton has 32 (10.0%) in the red zone and 43 (13.5%) in the green zone.

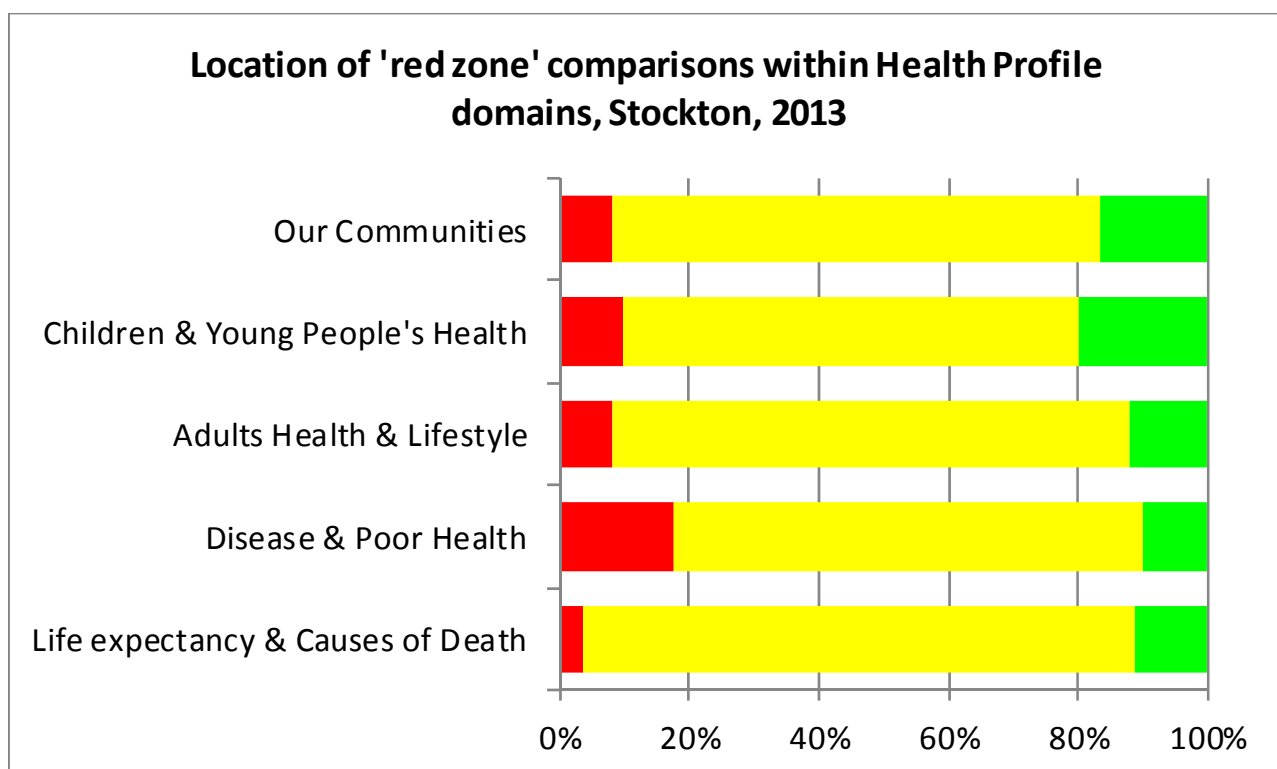
What might be priority topics for health improvement?

The indicators where Stockton is worse than many or all benchmark areas are:

- Drug misuse - estimated rate of users of opiates and/or crack cocaine.
- Hip fracture in over 65s - rate of emergency admissions.
- Hospital stays for self-harm.
- Long-term unemployment - the rate of working age people who have been out of work for more than one year.

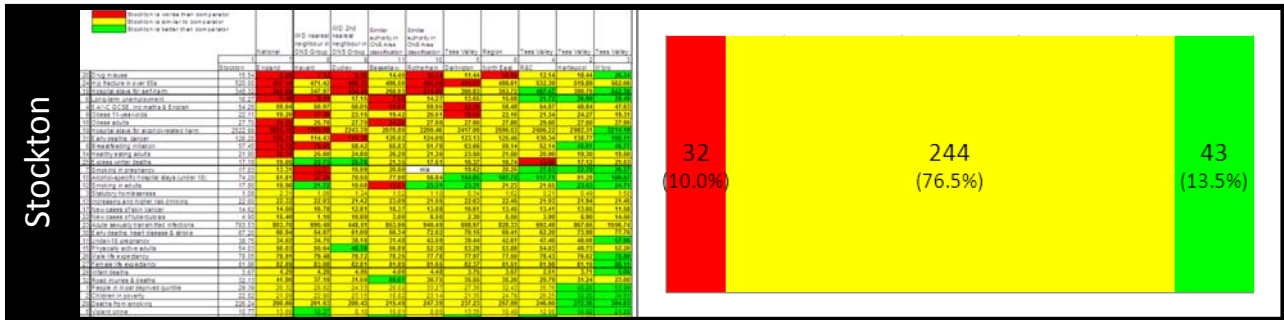
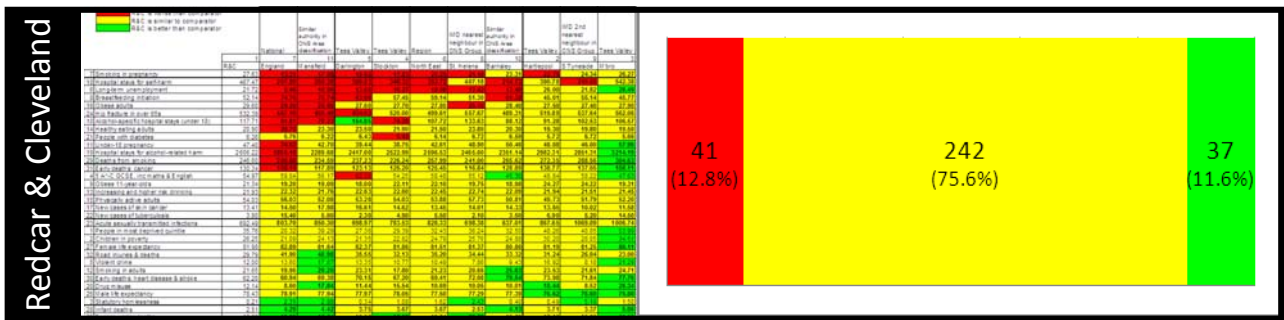
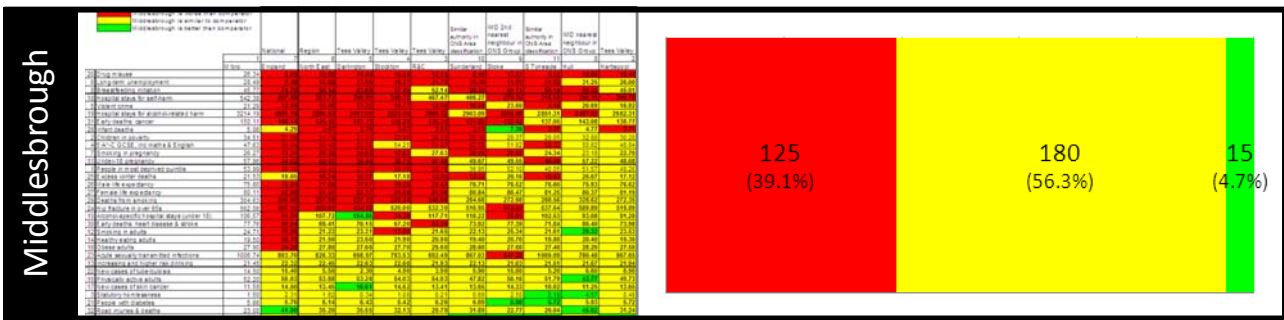
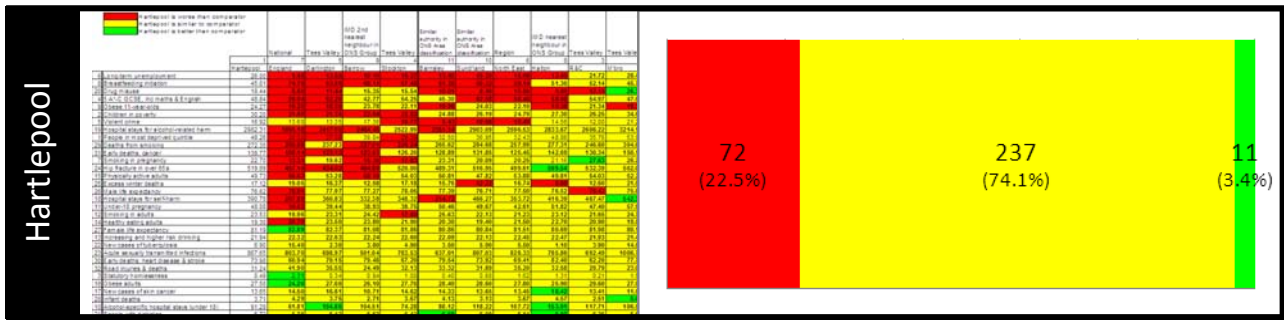
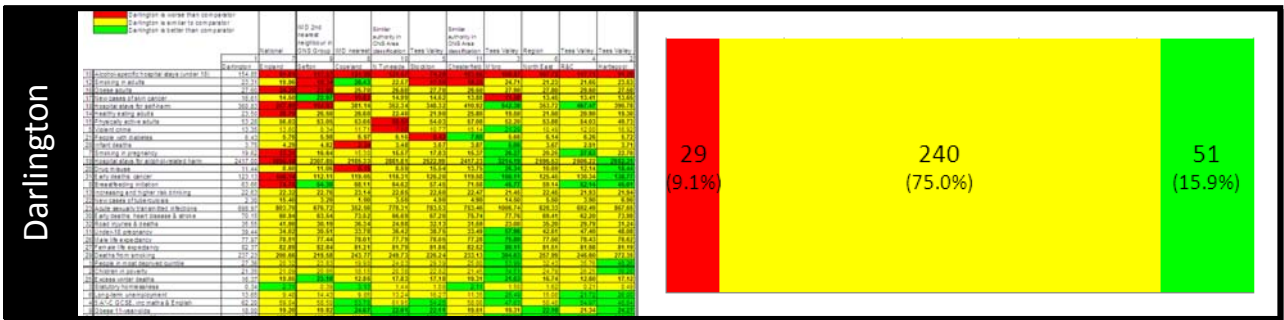
What domains might be a priority for health improvement?

The Health Profiles indicators are presented in five domains. The chart below illustrates where Stockton is worse and better than benchmark areas for each domain. It shows that many red zone comparisons are within the *Disease and poor health* domain. Stockton has a more even distribution of green zone comparisons than other areas in Tees Valley.



Tees Valley Summary

Comparison of number and proportion of indicators in the 'red zone'



Direct comparison between districts in Tees Valley should be treated with a degree of caution because of differences in the benchmark areas selected. The order of indicators in rows is differs between the Tees Valley authorities.

Within Tees Valley, 299 indicators from a total of 1,600 (18.7%) are in the 'red zone' and 157 (9.8%) are in the 'green zone'.

By taking the number of red zone indicators for each local authority, a ranked order for Tees Valley of the indicators compared to peers can be presented. This can provide an indication of common problems throughout Tees Valley and indicate topics where collaborative working might be beneficial to tackling those problems.

The table below shows that the topics with the highest number of 'red zone' comparisons in Tees Valley are:

- Long-term unemployment
- Drug misuse
- Breastfeeding initiation
- Hospital stays for self-harm
- Smoking in pregnancy
- Alcohol-specific hospital stays (under 18)
- Hospital stays for alcohol-related harm

In contrast, road injuries and deaths, tuberculosis, increasing and higher risk drinking and homelessness have no indicators in the 'red zone' in Tees Valley. This is not necessarily an indication that all is well, but simply shows that rates are no worse than comparison areas.

Total number of 'red zone' indicators in Tees Valley

| Indicator number | Indicator | Hartlepool | Middlesbrough | Redcar & Cleveland | Stockton | Darlington | Tees Valley |
|------------------|--|------------|---------------|--------------------|----------|------------|-------------|
| 6 | Long-term unemployment | 8 | 8 | 7 | 3 | 0 | 26 |
| 20 | Drug misuse | 7 | 10 | 0 | 5 | 1 | 23 |
| 8 | Breastfeeding initiation | 7 | 8 | 4 | 2 | 1 | 22 |
| 18 | Hospital stays for self-harm | 2 | 8 | 7 | 3 | 2 | 22 |
| 7 | Smoking in pregnancy | 3 | 6 | 7 | 1 | 1 | 18 |
| 10 | Alcohol-specific hospital stays (under 18) | 0 | 3 | 3 | 1 | 10 | 17 |
| 19 | Hospital stays for alcohol-related harm | 4 | 7 | 1 | 2 | 1 | 15 |
| 4 | 5 A*-C GCSE, inc maths & English | 5 | 6 | 1 | 2 | 0 | 14 |
| 24 | Hip fracture in over 65s | 3 | 4 | 3 | 4 | 0 | 14 |
| 31 | Early deaths: cancer | 3 | 7 | 1 | 2 | 1 | 14 |
| 5 | Violent crime | 4 | 7 | 0 | 0 | 1 | 12 |
| 2 | Children in poverty | 4 | 6 | 0 | 0 | 0 | 10 |
| 29 | Deaths from smoking | 3 | 5 | 1 | 0 | 0 | 9 |
| 1 | People in most deprived quintile | 3 | 5 | 0 | 0 | 0 | 8 |
| 11 | Under-18 pregnancy | 1 | 6 | 1 | 0 | 0 | 8 |
| 16 | Obese adults | 0 | 1 | 3 | 2 | 2 | 8 |
| 25 | Excess winter deaths | 2 | 5 | 0 | 1 | 0 | 8 |
| 28 | Infant deaths | 0 | 7 | 0 | 0 | 1 | 8 |
| 9 | Obese 11-year-olds | 5 | 0 | 0 | 2 | 0 | 7 |
| 12 | Smoking in adults | 1 | 2 | 0 | 1 | 3 | 7 |
| 26 | Male life expectancy | 2 | 5 | 0 | 0 | 0 | 7 |
| 27 | Female life expectancy | 1 | 5 | 0 | 0 | 0 | 6 |
| 14 | Healthy eating adults | 1 | 1 | 1 | 1 | 1 | 5 |
| 15 | Physically active adults | 2 | 0 | 0 | 0 | 1 | 3 |
| 17 | New cases of skin cancer | 0 | 0 | 0 | 0 | 2 | 2 |
| 21 | People with diabetes | 0 | 0 | 1 | 0 | 1 | 2 |
| 30 | Early deaths: heart disease & stroke | 0 | 2 | 0 | 0 | 0 | 2 |
| 23 | Acute sexually transmitted infections | 0 | 1 | 0 | 0 | 0 | 1 |
| 3 | Statutory homelessness | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Increasing and higher risk drinking | 0 | 0 | 0 | 0 | 0 | 0 |
| 22 | New cases of tuberculosis | 0 | 0 | 0 | 0 | 0 | 0 |
| 32 | Road injuries & deaths | 0 | 0 | 0 | 0 | 0 | 0 |

Comparison of the rank of ranks

By using the indicators ordered by frequency of being worse than elsewhere for each local authority, a ranked order of each indicator for each local authority can be obtained. By summing these ranks for all five Tees Valley authorities, a ranked list for Tees Valley can be obtained. This method produces a slightly different order to that obtained by summing the number of 'red zone' comparisons.

The possible priorities for collaborative working identified by this method are:

- **Hospital stays for self-harm**
- **Breastfeeding initiation**
- **Long-term unemployment**
- **Hospital stays for alcohol-related harm**
- **Drug misuse**
- **Smoking in pregnancy**
- Early deaths from cancer
- 5 A*-C GCSEs including English and maths

The first six of these (in bold) are also identified as having the highest numbers of 'red zone' comparisons.

Rank of ranks of Health Profiles indicators for Tees Valley

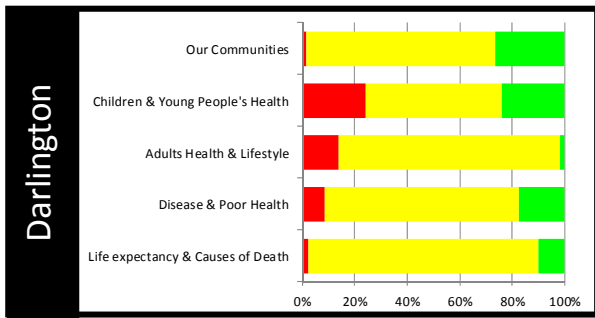
| Darlington | Hartlepool | Middlesbrough | Redcar & Cleveland | Stockton | Sum of LA ranks | Rank of Tees Valley ranks | Indicator | Red zone count |
|------------|------------|---------------|--------------------|----------|-----------------|---------------------------|--|----------------|
| 5 | 17 | 4 | 2 | 3 | 31 | 1 | Hospital stays for self-harm | 22 |
| 15 | 2 | 3 | 4 | 10 | 34 | 2 | Breastfeeding initiation | 22 |
| 29 | 1 | 2 | 3 | 4 | 39 | 3 | Long-term unemployment | 26 |
| 12 | 8 | 6 | 11 | 8 | 45 | 4 | Hospital stays for alcohol-related harm | 15 |
| 13 | 3 | 1 | 28 | 1 | 46 | 5 | Drug misuse | 23 |
| 11 | 12 | 11 | 1 | 13 | 48 | 6 | Smoking in pregnancy | 18 |
| 14 | 11 | 7 | 13 | 9 | 54 | 7 | Early deaths: cancer | 14 |
| 30 | 4 | 10 | 14 | 5 | 63 | 8 | 5 A*-C GCSE, inc maths & English | 14 |
| 3 | 28 | 23 | 5 | 7 | 66 | 9 | Obese adults | 8 |
| 6 | 20 | 22 | 8 | 11 | 67 | 10 | Healthy eating adults | 5 |
| 32 | 13 | 18 | 6 | 2 | 71 | 11 | Hip fracture in over 65s | 14 |
| 1 | 31 | 19 | 7 | 14 | 72 | 12 | Alcohol-specific hospital stays (under 18) | 17 |
| 8 | 7 | 5 | 25 | 31 | 76 | 13 | Violent crime | 12 |
| 21 | 18 | 12 | 10 | 22 | 83 | 14 | Under-18 pregnancy | 8 |
| 2 | 19 | 21 | 26 | 15 | 83 | 15 | Smoking in adults | 7 |
| 7 | 14 | 27 | 17 | 23 | 88 | 16 | Physically active adults | 3 |
| 31 | 5 | 32 | 15 | 6 | 89 | 17 | Obese 11-year-olds | 7 |
| 26 | 6 | 9 | 22 | 29 | 92 | 18 | Children in poverty | 10 |
| 24 | 10 | 17 | 12 | 30 | 93 | 19 | Deaths from smoking | 9 |
| 25 | 9 | 13 | 21 | 28 | 96 | 20 | People in most deprived quintile | 8 |
| 16 | 22 | 25 | 16 | 17 | 96 | 21 | Increasing and higher risk drinking | 0 |
| 4 | 29 | 28 | 18 | 18 | 97 | 22 | New cases of skin cancer | 2 |
| 27 | 15 | 14 | 32 | 12 | 100 | 23 | Excess winter deaths | 8 |
| 17 | 23 | 26 | 19 | 19 | 104 | 24 | New cases of tuberculosis | 0 |
| 10 | 30 | 8 | 31 | 26 | 105 | 25 | Infant deaths | 8 |
| 22 | 16 | 15 | 29 | 24 | 106 | 26 | Male life expectancy | 7 |
| 18 | 24 | 24 | 20 | 20 | 106 | 27 | Acute sexually transmitted infections | 1 |
| 23 | 21 | 16 | 23 | 25 | 108 | 28 | Female life expectancy | 6 |
| 19 | 25 | 20 | 27 | 21 | 112 | 29 | Early deaths: heart disease & stroke | 2 |
| 9 | 32 | 30 | 9 | 32 | 112 | 30 | People with diabetes | 2 |
| 20 | 26 | 31 | 24 | 27 | 128 | 31 | Road injuries & deaths | 0 |
| 28 | 27 | 29 | 30 | 16 | 130 | 32 | Statutory homelessness | 0 |

Key

7 Top ten ranked indicators in each local authority

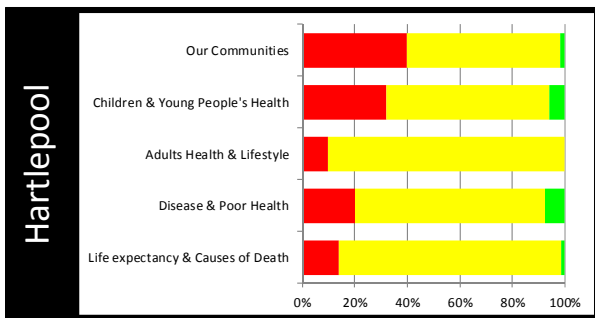
17 Other indicators in each local authority

Comparison of the distribution of 'red zone' and 'green zone' indicators within Health Profiles domains



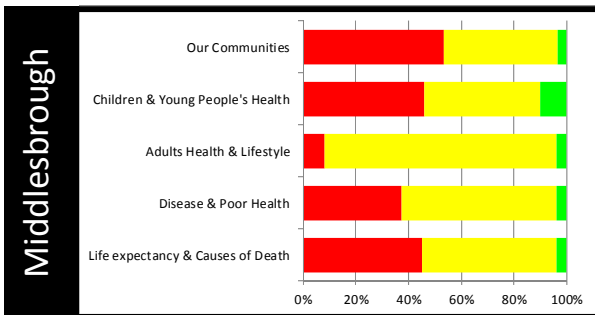
Our Communities

Middlesbrough has 53% red comparisons and Darlington has just 2% in this domain. Within Tees Valley, 23% of comparisons are in the 'red zone' and 13% are in the 'green zone'.



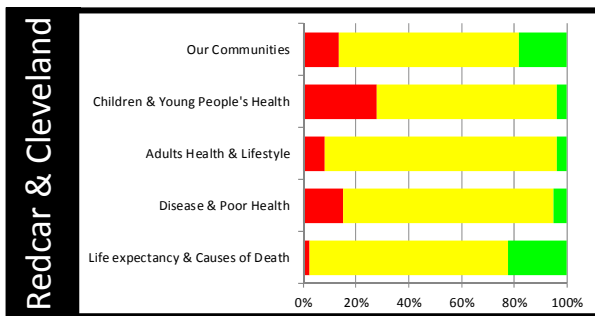
Children and young people's health

Middlesbrough has 46% red comparisons and Stockton has 10% in this domain. Within Tees Valley, 28% of comparisons are in the 'red zone' and 13% are in the 'green zone'.



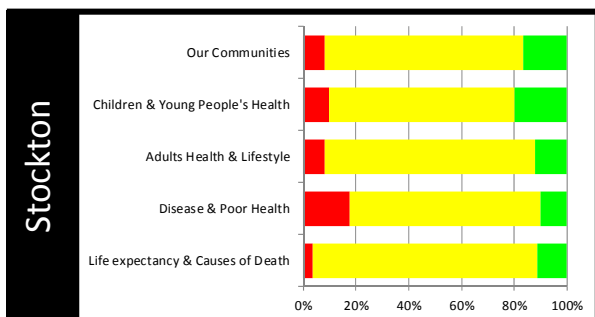
Adults health and lifestyle

Darlington has 14% red comparisons and Middlesbrough, Redcar & Cleveland and Stockton all have 8% in this domain. This domain is the most similar across all five local authority areas. Within Tees Valley, 10% of comparisons are in the 'red zone' and 4% are in the 'green zone'.



Disease and poor health

Middlesbrough has 38% red comparisons and Darlington has 9% in this domain. Within Tees Valley, 20% of comparisons are in the 'red zone' and 9% are in the 'green zone'.



Life expectancy and causes of death

Middlesbrough has 45% red comparisons and Darlington and Redcar & Cleveland both have 3% in this domain. Within Tees Valley, 14% of comparisons are in the 'red zone' and 10% are in the 'green zone'.

Direct comparison between districts in Tees Valley should be treated with a degree of caution because of differences in the benchmark areas selected.

Conclusion

This report has benchmarked each Tees Valley local authority using the 32 indicators available in the national Health Profiles available for each local authority in England. Each local authority area has an ordered list of where they differ most greatly from similar areas and a detailed comparison with a nearest neighbour authority showing the numbers of people affected and the changes that would be required to get to nearest neighbour and England rates.

Within Tees Valley, there is a degree of commonality in the indicators that vary the most from peers. These indicate topics where collaborative working could provide enhanced benefits, including:

- Self-harm
- Maternal health - breastfeeding initiation and smoking in pregnancy
- Long-term unemployment
- Alcohol-related harm for both children and adults
- Drug misuse
- Early deaths from cancer
- Educational attainment

There are also areas where Tees Valley is often better than comparators, including road injuries and deaths and homelessness, where good practice could be shared.

Within the domains of the Health Profiles, there is a mixed picture in Tees Valley. *Adults' Health and Lifestyle* tends to have fewest 'red zone' indicators and least variability between districts but nearly 30% of indicators are found in the 'red zone' for *Our Communities* and *Children and young people's health* domains.

Appendix 1 - Data definitions

The following brief definitions further describe the indicators used for benchmarking in this report. For full details of each indicator, please see the indicator metadata at www.healthprofiles.info.

| Indicator | Name | Description | Period | Population | Measure |
|-----------|--|---|-------------------|----------------------------------|---------------------------------|
| 1 | People in most deprived quintile | Percentage of population living in the most deprived national quintile | 2010 | All persons, all ages | % |
| 2 | Children in poverty | Proportion of children in poverty | 2010 | All children aged under 16 | % |
| 3 | Statutory homelessness | Statutory homeless households, crude rate per 1000 estimated households | 2011/12 | All persons, all ages | Crude rate per 1,000 |
| 4 | 5 A*-C GCSE, inc maths & English | Percentage of pupils achieving 5+ A*-C grades inc. English and mathematics GCSEs. | 2011/12 | Pupils at the end of Key Stage 4 | % |
| 5 | Violent crime | Recorded violence against the person offences, crude rate per 1,000 population | 2011/12 | All persons, all ages | Crude rate per 1,000 |
| 6 | Long-term unemployment | Claimant count for Jobseekers Allowance, working age claiming for more than 12 months, crude rate per 1000 resident population | 2012 | All persons, 16-64 year olds | Crude rate per 1,000 |
| 7 | Smoking in pregnancy | Number of women who currently smoke at time of delivery per 100 maternities where smoking status is recorded. | 2011/12 | Women giving birth in 2011/12 | % |
| 8 | Breastfeeding initiation | Percentage of mothers who put their baby to the breast in the first 48 hours after delivery per 100 maternities where breast feeding initiation status is | 2011/12 | Women giving birth in 2011/12 | % |
| 9 | Obese 11-year-olds | Percentage of children in Year 6 (aged 10-11 years) classified as obese | 2011/12 | Persons aged 10-11 years | % |
| 10 | Alcohol-specific hospital stays (under 18) | Persons admitted to hospital due to alcohol-specific conditions - under 18s crude rate per 100,000 | 2007/08 - 2009/10 | Persons 0-17 | Crude rate per 100,000 |
| 11 | Under-18 pregnancy | Under-18 conceptions, crude rate per 1,000 females aged 15-17 | 2009-2011 | Females aged under 18 | Crude rate per 1,000 |
| 12 | Smoking in adults | Percentage of adults smoking | 2011/12 | Persons aged 18+ | % |
| 13 | Increasing and higher risk drinking | Estimated percentage of increasing and higher risk drinkers | 2008-09 | Persons aged 16+ | % |
| 14 | Healthy eating adults | Adults estimated to eat at least five portions of fruit and vegetables a day | 2006-2008 | Persons aged 16+ | % |
| 15 | Physically active adults | Adults doing at least 150 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days | 2012 | Persons aged 16+ | % |
| 16 | Obese adults | Estimated prevalence of obesity, percentage of resident population, adults | 2006-2008 | Persons aged 16+ | % |
| 17 | New cases of skin cancer | Incidence of malignant melanoma | 2008-2010 | All persons aged under 75 | Standardised rate per 100,000 |
| 18 | Hospital stays for self-harm | Emergency hospital admissions for intentional self-harm | 2011/12 | All persons, all ages | Standardised rate per 100,000 |
| 19 | Hospital stays for alcohol-related harm | Rate of admission episodes for alcohol attributable conditions | 2010/11 | All persons, all ages | Standardised rate per 100,000 |
| 20 | Drug misuse | Estimated crude rate of opiate and/or crack cocaine users | 2010/11 | All persons aged 15-64 | Crude rate per 1,000 |
| 21 | People with diabetes | QOF-recorded diabetes in the population registered with GP practices | 2011/12 | All persons, 17+ | % |
| 22 | New cases of tuberculosis | New cases of tuberculosis | 2009-2011 | All Persons, all ages | Crude rate per 100,000 |
| 23 | Acute sexually transmitted infections | Acute sexually transmitted infections (STIs) diagnosed in GUM clinics and reported in both GUMCAD and CTAD datasets. | 2012 | All persons, all ages | Crude rate per 100,000 |
| 24 | Hip fracture in over 65s | Emergency hospital admission for fractured neck of femur | 2011/12 | Persons aged 65 and over | Standardised rate per 100,000 |
| 25 | Excess winter deaths | Excess winter deaths expressed as a ratio of the expected deaths based on the non-winter deaths | 2008/09 - 2010/11 | All persons, all ages | Ratio expressed as a percentage |
| 26 | Male life expectancy | Average male life expectancy at birth | 2009-2011 | Males, at birth | Years |
| 27 | Female life expectancy | Average female life expectancy at birth | 2009-2011 | Females, at birth | Years |
| 28 | Infant deaths | Infant deaths under 1 year of age per 1,000 live births | 2009-2011 | Persons under 1 year of age | Crude rate per 1,000 |
| 29 | Deaths from smoking | Estimated deaths attributable to smoking | 2009-2011 | Persons aged 35 and over | Standardised rate per 100,000 |
| 30 | Early deaths: heart disease & stroke | Mortality from all circulatory diseases (ICD10 I00-I99), directly age-standardised rate, persons under 75, 2009-2011, per 100,000 European Standard Population | 2009-2011 | Persons aged under 75 | Standardised rate per 100,000 |
| 31 | Early deaths: cancer | Mortality from all cancers (ICD10 C00-C97), directly age-standardised rate, persons under 75, 2009-2011, per 100,000 European Standard Population | 2009-2011 | Persons aged under 75 | Standardised rate per 100,000 |
| 32 | Road injuries & deaths | Occurring killed or seriously injured (KSI) casualties per resident population | 2009-2011 | All persons, all ages | Crude rate per 100,000 |



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