

AGENDA ITEM:

COMMITTEE: Health Scrutiny Committee

DATE: 13th July 2010

REPORT OF: Policy Manager, Health and Well Being

**REPORT TITLE: HEALTH AND WELL-BEING PARTNERSHIP PERFORMANCE
FRAMEWORK UPDATE**

1.0 Purpose

- 1.1 The report presents the Health and Well Being Partnership's Performance Management Framework for the year 2009/10 (1/04/09 – 31/03/10).
- 1.2 The report provides highlight and exception information against national and local indicators, as well as information about key achievements, future risks, and future priorities for each of the Partnership's ten key priorities.

2.0 Highlights and Exceptions

- 2.1 Of those indicators with year end data available, seventeen have red or amber status on the traffic lighting system, indicating that they have not met their target for this reporting year.
- 2.2 However, it should be noted that in some instances where we have not our locally-set targets, we have seen actual improvement against performance in prior years; and / or our performance compares favourably against other comparator authorities.
- 2.3 Performance since last quarter has also not remained static, with several indicators showing improvement since quarter three.

3.0 Performance at Risk

- 3.1 NI 50 (emotional health of children) performance has worsened for 2009/10, with a score of 57.7% against a target of 63.4%, and a 2008/9 value of 63.2%. However, our performance can be seen more favourably when we look at the national performance figure of 56% which declined from 62.6%. Our statistical neighbours' performance was 56.6% which declined from 62.6%.
- 3.2 NI 121 LAA (Mortality rate from all circulatory diseases at ages under 75 (per 100,000 population aged under 75). We have not met our target for year end, with an interim year end outturn rate of 78.33 against a target of 70.39. Performance has also worsened since our projection in Q3. However we have exceeded our target in deprived areas (see NI 121 local 1)
- 3.3 NI 122 (mortality rate from all cancers at aged under 75) continues to have red status, with interim year end outturn rate of 116.16

against a target of 112. Again, the rate has ended slightly higher than was forecast in Q3.

- 3.4 NI 122 local 1 (Mortality rate from all cancers at ages under 75 disaggregated to the lowest two quintiles of deprivation) has narrowly missed the target rate of 144, with a year end outturn rate of 145.2. The rate has also increased from 144 in 2008/9.
- 3.5 NI 119 (Self-reported measure of people's overall health and wellbeing) has reduced from 78.1% in 2008/9 to 76.6% in 2009/10. No target was set for this indicator, but the aim was to maximize the percentage.
- 3.6 NI 120b local 1 (Difference in life expectancy between the most deprived quintile and the average – Male). We have not met our target for year end, with a year end difference of 6.27 years against our local target of 5.88 years. However, we have exceeded our target for the same measure in females.
- 3.7 NI 123 local 3 (Proportion of mothers smoking in pregnancy) As forecasted, we have not met our target, with 17.6% of mothers smoking against a target of 13.8%.
- 3.8 NI 39 local 1 (Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (from areas ranking in 40% most deprived) From a positive start in the first half of the year, we have not achieved target by year end, with a rate of 3128.8 against a target of 2917.
- 3.9 NI 39 local 2 (Numbers of people referring to the Alcohol Health Advice Service) We have been unable to achieve our target of 1500 referrals to the service, with 450 referrals in the year.
- 3.10 NI 150 (Percentage of adults receiving secondary mental health services who are in paid employment) Following a long period of positive performance, performance has dipped slightly to 10% against a target of 10.8%. This rate reduction is comparable with the experiences of other specialist employment groups across the borough and is thought to be as a result of the credit crunch.
- 3.11 NI 112 (Percentage reduction in under 18 conception rate (from 1998 baseline) As forecast, we have not achieved our local target reduction of -26%, with a year end outturn of -16.5% rate reduction. However, despite not meeting local targets, this is still the second highest reduction of all the GM authorities, and our overall rate of teenage pregnancies is still lower than the Greater Manchester and national average.
- 3.12 NI 113a (Percentage of the resident population aged 15-24 accepting a test/ screen for Chlamydia) We have not achieved our national target, with 20.4% accepting screening against a year end target of 25%. However, the percentage rate has increased since Q3, and local performance reflects the national picture regarding this challenging national target.
- 3.13 NI 58 – (Emotional and behavioural health of looked after children) We have narrowly missed our target rate of 13.5 target, with a 13.9 outturn. However, it should be noted that we have still attained a reduced rate from 2008/9.
- 3.14 NI 48 – (Children killed or seriously injured in road traffic accidents- percentage change compared to the previous year based on a 3

year rolling average). We have not met our target reduction of 8.4%, with an outturn -7.4%.

- 3.15 NI 134 (The number of emergency bed days per head of weighted population) As forecast, we have not achieved our target to reduce the number of emergency bed days to 201960, with the actual number of beds days at 208547.
- 3.16 NI 52b (Take up of school lunches - secondary schools) red – missed target of 58.3, with outturn of 51.7 (performance reduced from 2008/9) However, it should be noted that we have exceeded the similar target for primary school lunches; and that NI 52b sits within a wider group of strongly performing indicators around healthy weight issues.
- 3.17 PAF C72 (The number of supported admissions of people aged over 65 to permanent residential or nursing care) We narrowly missed our target of 373 admissions, with an outturn figure of 393. However, it should be noted that we have still attained a reduction from 2008/09.

4.0 Positive and Improved Performance

- 4.1 NI 121 local 1 (Mortality rate from all circulatory diseases at ages under 75 disaggregated to the lowest quintile of deprivation) We have exceeded our target rate of 154.40, with reduced mortality rate of 136.50 for 2009/10.
- 4.2 NI 120a local 1 (Difference in life expectancy between the most deprived quintile and the average – Female) We have exceeded our target of 4.66 years difference, with a 4.37 year difference in life expectancy in 2009/10.
- 4.3 NI 123 LAA (Rate of self-reported 4-week smoking quitters per 100,000 population aged 16 or over). Despite the concerning forecast throughout the year, we have exceeded our target rate of 825, with a year end rate of 826.2. This is in some part due to improved processes for follow ups of attempted quits and improved recording of their successes.
- 4.4 NI 53 (Prevalence of breast-feeding at 6-8 wks from birth) We have exceeded our target of 45.8%, with 49.2% of mothers breastfeeding 6-8 weeks from birth.
- 4.5 LGB3.4 Percentage of children traveling to school - not by car (Consolidating detailed NI 198 data) We estimate that we have achieved our target 72.6% of children traveling to school by other means than car.
- 4.6 NI 57 (Children and young people's participation in high-quality PE and sport) We estimate that we have achieved our target of 79% of children and young people participating in high-quality PE and sport.
- 4.7 NI 52a (Take up of school lunches - Primary Schools) Despite not meeting our similar target for Secondary Schools, we estimate that we will exceed our target of 43.2, with a year end outturn of 43.5.
- 4.8 NI 55 (Percentage of children in reception with height and weight recorded who are obese) We estimate that we have achieved our target to have 7.9% of children in reception with height and weight recorded who are obese.

- 4.9 NI 56 (Percentage of children in Year 6 with height and weight recorded who are obese) We estimate that we will meet our 2009/10 target of 15.8% of children in Year 6 with height and weight recorded who are obese.
- 4.10 NI 51 (Effectiveness of child and adolescent mental health (CAMHS) services) We have exceeded target self assessment of score of 13, with an outturn of 14 out of 16 points.
- 4.11 NI 70 (The number of finished in-year emergency admissions of children and young people to hospital as a result of unintentional and deliberate injury) We have reduced our rate of emergency admissions from 130.3 in 08/09 to 126.7 in 09/10.
- 4.12 NI 115 (Substance misuse by young people) We have successfully reduced our percentage of young people reporting substance misuse to 8.9%, therefore exceeding our target of 12%.
- 4.13 SSC3.8a (Total Cash Gains of clients aged 60+ for Attendance Allowance, Disability Allowance, Pension Credit, Council Tax Benefit and Housing Benefit - All Stockport) We have exceeded our target for cash gains, with £7,420,890.75 estimated cash gains this year.
- 4.14 SSC3.8b (Total Cash Gains of clients aged 60+ for Attendance Allowance, Disability Allowance, Pension Credit, Council Tax Benefit and Housing Benefit - Priority 1 Areas) We have achieved our target with £569,517.00 estimated cash gains.
- 4.15 NI 135 (Carers receiving needs assessment or review and a specific carers' service, or advice and Information) We have exceeded our target of 30% of carers receiving an assessment and service by 4.4%, with an outturn of 34.4%.
- 4.16 NI 130 (Social care clients receiving Self Directed Support (Direct Payments and Individual Budgets) per 100,000 population aged 18+) We have achieved our locally set target rate of 13.9%, and we have exceeded the nationally set target of 10%.
- 4.17 NI 40 LAA – (Change in number of drug users in effective treatment from 2007/08 baseline) Performance continues to be strong for this measure, and this year we have significantly exceeded our target change of 26, with an actual change of 60.
- 4.18 NI 136 LAA – (People supported to live independently through social services (all ages) - per 100,000 population aged 18+) Performance continues to be strong for this measure, and this year we have exceeded our target of 4017 people per 100 000 with an actual year end of 4275.8 people supported to live independently per 100 000.

5.0 Recommendations

The Scrutiny Committee is invited to:

- 5.1 Consider performance toward targets, and identify, for the next meeting, those indicators upon which they would like to see further information around the actions taken strategically or at “ground level” to improve or secure performance.

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01. To reduce deaths from circulatory diseases and cancer as the main contributors for the differences in life expectancy between the poor and affluent neighbourhoods in Stockport.

KEY ACHIEVEMENTS AND ACTIVITIES IN 2009/10 :

Cancer

It is hoped that the 2009/10 performance is just a one year pause as previous year's progress for NI 122 has been relatively good, and that we will return to previous patterns in 2010. Deaths will therefore be monitored closely in the coming months. NHS Stockport has identified preventing and reducing the impact of cancer, especially in areas of deprivation as one of four key priority areas for Stockport in its strategic plan.

We run a series of screening programmes to prevent and detect early signs of cancer, including bowel, breast and cervical screening. Lifestyle preventative services, such as smoking cessation, healthy eating, and reduced alcohol misuse all also contribute to reducing cancer rates in Stockport.





Circulatory Disease

Our ambition is to maintain our overall ranking within our peer group, while focusing on delivering a reduction in internal inequalities; however, there has been a recent increase in deaths in 2009 which has taken us off trajectory. Our current assumption is that this is a one year anomaly but it is worth noting that the change is unusual in its magnitude, in its focus on younger age groups (deaths rose for aged 55-79 whilst falling for aged 80+) and in its focus on the more affluent areas rather than in areas of deprivation. These unusual trends can also be seen in 2009 for deaths from cancer and digestive disease, which might suggest that we are seeing the start of a mortality trend driven by excessive alcohol consumption. Interim data suggests that we are performing well in our aim to minimise the mortality rate from circulatory diseases in the most deprived areas, as we are currently exceeding out target by 12%.



The Priority 1 Health Inequalities Operation Group consisting of colleagues from the Council, NHS Stockport, and voluntary sector colleagues will support and drive the delivery of the Neighbourhood Renewal action plan for health and mental well-being across the P1 areas. It will provide co-ordination and support for partners to address the inequalities issues in the P1 areas as well as supporting existing services in P1 areas. A new pilot project serving the Brinnington community called the Staying Healthy Lifestyle service (funded by PRG) has been outlined to local stakeholders and residents in Brinnington to enable comments and issues to be highlighted prior to the service being launched. This will add to existing services such as the popular Health Trainers and the exercise-on-prescription service known as PARiS.


RISKS, FUTURE PLANS AND PRIORITIES:


- We will aim to introduce clearer interim measures to who progress toward our longer term indicator measures
- We are aware that local targets for indicators NI 121, NI 122, NI 120 local for males will continue to challenge us in coming years. Performance toward these is a gradual process. However, the challenging local targets remain as an indication of our commitment to reducing health inequalities in Stockport.
- Alcohol as lifestyle issue is increasing in importance, as increased consumption could have a far reaching impact, for instance affecting CVD and cancer rates and hence life expectancy overall.
- In 20010/ 11 we intend to review our CVD screening programme
- This year we intend to introduce a bowel cancer screening programme
- In response to the marmot review, we will explore and address the role of Primary Care in our measurement of disease prevalence & in our delivery of prevention and early intervention.

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
NI 121	Mortality rate from all circulatory diseases at ages under 75 (per 100,000 population aged under 75)	Aim to Minimise	70.90	78.33	<p>Provisional data; year end will be available in September 2010. The final information for this indicator is available annually once Office of National Statistics population estimates for the year are released in the following August. Interim data allows us to make a high quality forecast based on previous population estimates from 2008, as the mortality registers for the year are complete. This is the data currently presented. Data is for the calendar year.</p> <p>Performance is off target at 78.33 per 100,000; it is 10% above the target of 70.39. The rate of 78.33 is based on a total number of 255 deaths for circulatory disease aged under 75 in 2009 compared to a years total of 233 in 2008. It is hoped that, as in previous years, progress for NI 121 has been good, that this is just a one year pause and that we will return to previously patterns in 2010. Deaths will therefore be monitored closely in the coming months.</p>	78.33	70.39			Roger Roberts
NI 122	Mortality rate from all cancers at ages under 75	Aim to Minimise	110.19	116.16	<p>Provisional data; year end will be available in September 2010. The final information for this indicator is available annually once Office of National Statistics population estimates for the year are released in the following August. Interim data allows us to make a</p>	116.16	112.00			Elaine Whittaker


			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>high quality forecast based on previous population estimates from 2008, as the mortality registers for the year are complete. This is the data currently presented. Data is for the calendar year.</p> <p>Performance is off target at 116.16 per 100,000; it is 4% above target of 112.0. The rate of 116.16 is based on a total number of 377 deaths for cancer aged under 75 in 2009 compared to a years total of 352 in 2008.</p> <p>It is hoped that, as in previous years, progress for NI 122 has been relatively good, that this is just a one year pause and that we will return to previous patterns in 2010. Deaths will therefore be monitored closely in the coming months.</p>					
NI 119	Self-reported measure of people's overall health and wellbeing	Aim to Maximise	78.1%	N/A	<p>Results of the latest Residents Survey (Stockport Booster Survey) are now in and analysed. The out-turn borough wide is lower than last year. Commentary taken from the Borough Report states: "In total, around three-quarters (77%) of respondents assess their health and well being as either very good or good, with one in twenty rating their health as bad (4%); relatively unchanged from the 2008 findings. Self assessment of good health is consistent across men</p>	76.6%	None set	n/a		Steve Watkins

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					and women in Stockport. Those with a disability rate their health and well being significantly lower (40% compared with 91% without a disability). There are no significant differences in self-assessed health ratings across the Area Committees."					
NI 121 Local 1	Mortality rate from all circulatory diseases at ages under 75 disaggregated to the lowest quintile of deprivation	Aim to Minimise	145.60		<p>Provisional data; year end will be available in September 2010. Interim data allows us to make a high quality forecast based on previous population estimates from 2008, as the mortality registers for the year are complete. This is the data currently presented.</p> <p>Data is for the three year period 2007-2009. Performance is on target at 136.5 per 100,000; it is 12% below than target of 154.4. The rate of 136.5 is based on a total number of 143 deaths for circulatory disease aged under 75 in the most deprived quintile in 2007-2009, compared to a total of 150 in 2006-2008.</p> <p>The absolute gap between the most deprived quintile and the Stockport average (NI 121) has fallen from 86.1 to 60.1.</p> <p>Promotion of CVD screening continues across all areas.</p> <p>The P1 Health Inequalities</p>	136.50	154.40			Steve Watkins

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>Operation Group in partnership with the PCT, NHS, and CVS will be responsible for the delivery of the NR action plan for health and mental well-being across the P1 areas and will provide a platform for partners to address the inequalities issues in the P1 areas and well as supporting and sustaining existing services in P1 areas.</p> <p>Young at Heart event in Adswood and Bridgehall delivered with health partners with over 80 local residents in attendance over the age of 50.</p> <p>The Staying Healthy Lifestyle PRG funded service was outlined to local stakeholders and residents in Brinnington to enable comments and issues to be highlighted prior to the service delivery.</p> <p>Stockport Council has offered to staff a series of health checks from the Public Health Team in March in a series of local venues.</p>					
NI 122 Local 1	Mortality rate from all cancers at ages under 75 disaggregated to the lowest two quintiles of deprivation	Aim to Minimise	144.0	N/A	<p>Provisional data; year end will be available in September 2010. Interim data allows us to make a high quality forecast based on previous population estimates from 2008, as the mortality registers for the year are complete. This is the data currently presented</p>	145.2	144.0			Elaine Whittaker

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>Data is for the three year period 2007-2009. Performance is slightly off target at 145.20 per 100,000; it is 1% below than target of 144.0. The rate of 145.2 is based on a total number of 354 deaths for cancer aged under 75 in the most deprived 2 quintiles in 2007-2009, compared to a total of 348 in 2006-2008.</p> <p>The absolute gap between the most deprived 2 quintiles and the Stockport average (NI 122) has risen from 27.7 to 29.6.</p>					
NI 120a Local 1	Difference in life expectancy between the most deprived quintile and the average - Female	Aim to Minimise	4.59		<p>Provisional data; year end will be available in September 2010. Interim data allows us to make a high quality forecast based on previous population estimates from 2008, as the mortality registers for the year are complete. This is the data currently presented. Data is for the calendar year.</p> <p>Performance is on target at 4.37; it is 7% below the target of 4.66. The value of 4.37 is based on an estimate of life expectancy of 78.0 years in the most deprived areas compared to a Stockport average of 82.4.</p> <p>Young at Heart event in Adswood and Bridgehall delivered with health partners with over 80 local residents in attendance over the</p>	4.37	4.66			Steve Watkins

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>age of 50.</p> <p>Multi-agency health event held in Brinnington for over 60's promoting the flu-jab programme. Flu and swine flu jabs delivered by PCT at Adswood & Lancashire Hill.</p> <p>Food Box scheme in Adswood and Bridgehall to increase take up of fruit and veg market held in Brinnington to improve access to fresh local produce.</p> <p>NR worker trained to deliver Interventions for Mental Health in Everyday Practise various courses delivered between Oct-March 2010 with partner agencies</p> <p>Promotion of breast screening programme and CVD screening across all areas.</p> <p>The P1 Health Inequalities Operation Group in partnership with the PCT, NHS and CVS will be responsible for the delivery of the NR action plan for health and mental well-being across the P1 areas and will provide a platform for partners to address the inequalities issues in the P1 areas and well as supporting and sustaining existing services in P1 areas.</p> <p>The Staying Healthy Lifestyle PRG</p>					

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>funded service was outlined to local stakeholders and residents in Brinnington to enable comments and issues to be highlighted and looked at prior to the service delivery.</p> <p>A new project team has been set up to support the peer breast feeding in P1 areas to increase take up and identify peer women in P1 areas to support new mothers. The team is actively using the CD approach to understand reasons for low take up and to find true peer mothers to act as models in order to increase take up.</p> <p>The Mental Well-being steering group is presenting the 5 ways to well-being to partnerships across the council to embed in the work across the borough.</p>					
NI 120b Local 1	Difference in life expectancy between the most deprived quintile and the average - Male	Aim to Minimise	6.52	N/A	<p>Provisional data; year end will be available in September 2010. Interim data allows us to make a high quality forecast based on previous population estimates from 2008, as the mortality registers for the year are complete. This is the data currently presented. Data is for the calendar year.</p> <p>Performance is off target at 6.27; it is 7% above the target of 5.88. The value of 6.27 is based on an</p>	6.27	5.88			Steve Watkins

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>estimate of life expectancy of 71.5 years in the most deprived areas compared to a Stockport average of 77.8.</p> <p>Young at Heart event in Adswood and Bridgehall delivered with health partners with over 80 local residents in attendance over the age of 50.</p> <p>Multi-agency health event held in Brinnington for over 60's promoting the flu-jab programme. Flu and swine flu jabs delivered by PCT at Adswood & Lancashire Hill.</p> <p>Food Box scheme in Adswood and Bridgehall to increase take up of fruit and veg. Market held in Brinnington to improve access to fresh local produce.</p> <p>NR worker trained to deliver Interventions for Mental Health in Everyday Practise various courses delivered between Oct-March 2010 with partner agencies</p> <p>Promotion of breast screening programme and CVD screening across all areas.</p> <p>The P1 Health Inequalities Operation Group in partnership with the PCT, NHS and CVS will be responsible for the delivery of the NR action plan for health and</p>					

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>metal well-being across the P1 areas and will provide a platform for partners to address the inequalities issues in the P1 areas and well as supporting and sustaining existing services in P1 areas.</p> <p>The Staying Healthy Lifestyle PRG funded service was outlined to local stakeholders and residents in Brinnington to enable comments and issues to be highlighted and looked at prior to the service delivery.</p> <p>A new project team has been set up to support the peer breast feeding in P1 areas to increase take up and identify peer women in P1 areas to support new mothers. The team is actively using the CD approach to understand reasons for low take up and to find true peer mothers to act as models in order to increase take up.</p> <p>The Mental Well-being steering group is presenting the 5 ways to well-being to partnerships across the council to embed in the work across the borough.</p>					

02. To reduce levels of smoking in priority neighbourhoods in Stockport and prevalence across the Borough.

KEY ACHIEVEMENTS AND ACTIVITIES IN 2009/10:

Despite forecasts of under performance throughout the year, we have met our smoking cessation target for this year.

Achieving the target has been very challenging this year as we have not seen the usual new year 'surge' in quit attempts, as a result of the unforeseen weather conditions in January this year. We have also seen fewer people wishing to quit throughout this year than in previous years. We were able to meet our targets through improvements in procedures for follow up of attempted quitters and subsequent recording of positive outcomes.

We offer a universal smoking cessation service, but in 2009/10, we have also begun to improve how we target more deprived neighbourhoods. We have targeted mother and toddler groups in deprived neighbourhoods offering support to quite; additional drop-in smoking cessation services have been provided in Brinnington, Lancashire Hill and Reddish. We have also established the "Lose the Fags" initiative in Brinnington, which uses social marketing techniques to promote the smoking cessation message, and led us to use new ways of attracting potential quitters, such as text messaging.

Our target to reduce the proportion of mothers smoking in pregnancy for this year has also been challenging, with 17.6% of mother smoking at the time of delivery, against a target of 13.8%. To address the smoking in pregnancy rates, the Stop Smoking in Pregnancy Service had recently been reconfigured. The service provides training to practitioners on smoking cessation to standardise the provision available; provides links with other public health midwives; and provides direct support to mothers with direct referrals to the clinic which has improved response times. We are also participating in the Smoke Free Northwest Incentive Scheme which encourages long term smoking cessation by incentivising non-smoking, through use of carbon monoxide monitoring.





Furthermore, it is anticipated that the development of the new Lifestyles Service pilot in Brinnington, the delivery of Public Health Essentials training for frontline staff across agencies; and through the support of the local FLAG (For Local Advice and Guidance Service); we may be able to identify and support additional people wishing to quit smoking in 2010/11.

RISKS, PLANS & FUTURE PRIORITIES:

We anticipate continuing to find our targets for indicators NI 123 and NN 123 local 3 (smoking in pregnancy) challenging, as services are finding that less people wanting to quit are coming forward. To address this we

- Plan to extend our use of social marketing in priority one areas to 'segment' the population into different types and identify the best way to promote the quit message; and also utilise social marketing techniques to tackle smoking in pregnancy.
- Will target and develop an emphasis on manual workers
- Aim to introduce better tracking of people who use the quitting service, so that we understand better how many people are being supported to quit – this is being supported at a regional level.
- Will continue to implement our plans to reduce smoking in pregnancy as initiated in 2009/10.
- Aim to improve outcomes in GP practices & encourage improved record keeping relating to smoking cessation
- Explore how we can focus resources on preventing young people taking up smoking - 'preventing future quitters'
- Introduce an information campaign to try to tackle smoking in pregnancy
- Will ensure in-patients are offered a stop smoking in pregnancy service
- Will offer targeted support for pregnancy loss, being clearer to mothers who suffer loss about the impact of smoking in future pregnancies

			2008/09	Quarter 4	2009/10	
Code	Short Name	Aim	2008/09	Q4 2009/10	2009/10	Managed By

			Value	Value	Note	Value	Target	Status	Long Trend	
NI 123 LAA	Rate of self-reported 4-week smoking quitters per 100,000 population aged 16 or over.	Aim to Maximise	793	588	<p>Target achieved. Achieving the target has been very challenging this year as we have not seen the usual new year 'surge' in quit attempts, as a result of the unforeseen weather conditions in January this year. We have also seen fewer people wishing to quit throughout this year than in previous years.</p> <p>We were able to meet our targets due to provision of additional services and campaigns, and also through improvements in procedures for follow up of attempted quitters and subsequent recording of positive outcomes</p>	826.2	825			Sarah Clarke
NI 123 Local 3	Proportion of mothers smoking in pregnancy	Aim to Minimise	16.4%	N/A	<p>Data not yet available; will be released in June 2010.</p> <p>The Stop Smoking in Pregnancy Service had recently been reconfigured. The service provided training to practitioners on smoking cessation to standardise the provision available; provided links with other public health midwives; provided direct support to mothers with direct referrals to the clinic which has improved response times. Other help was available through Smoke free Northwest Incentive Scheme which would encourage long term cessation by incentivising non-smoking, through use of carbon monoxide monitoring. Recommendations for future activity for the service were:</p>	17.6%	13.8%			Debbie Garrod

					<ul style="list-style-type: none"> • Target communities/ social marketing • Information campaign • Continue joint working • Service for in-patients • Targeted support for pregnancy loss - need to be clearer to mothers who suffer loss about the impact of smoking 					
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03. To halt the year on year rise of health incidents and to tackle adverse social impacts on peoples' wellbeing attributable to alcohol across the Stockport conurbation

KEY ACHIEVEMENTS AND ACTIVITIES IN 2009/10:

Following a year of good performance in 2008/09, 2009/10 has seen a significant increase in the numbers of alcohol-related admissions across the borough, and the increase was greatest in deprived areas. This leads to suspicion of a link between alcohol misuse and increasing unemployment. Consequently, there is a risk that continuing and longer term effects of unemployment may lead to continued increase in the rate of alcohol related hospital admissions, leading to an increased pressure on the hospital and widening health inequalities.

We are currently analysing in detail the causes and patterns of admissions, and action plans have been developed for reviewing and improving referral pathways in the hospital, to improve engagement into services of people who misuse alcohol.

Processes for alcohol misuse identification, brief advice and referral in the emergency department have already been revised and the process is being re-launched in April 10. The Alcohol Health Advice team is also working to improve IBA and referral rates in primary care, targeting practices with high rates of admissions and those in deprived areas.

There has been a reduction in alcohol-related admissions to hospital in young people. Stockport's Young People's drug and alcohol service, MOSAIC, delivers a range of prevention, early intervention, targeted and specialist interventions via three dedicated teams. Developments over the past year include; pathway in place with the Foundation Trust 'Lifestyle Service' to refer ward admissions to MOSAIC; the provision of 'alcohol treatment requirements' for 18-25 year olds in partnership with Probation; improved partnership working with GP's to ensure young people with alcohol problems have their health needs are appropriately met in the community and preventing further harm; partnership work with AHA Service (Alcohol Health Advisory Service), who provide screening & brief interventions for non-dependent alcohol users ; continued workforce development provided to other services to ensure the wider YP workforce are skilled to screen assess and intervene or refer on around substance misuse issues; increased work with colleges around substance misuse and a revised policy between colleges, police and MOSAIC.



In Secondary schools, there is an innovative school based service which enables early identification and intervention through observation and tools for staff, with a worker in each secondary school for 1 day per week working with children using and vulnerable to substance use. Substance use awareness is positively embraced by the schools for pupils and staff. This work is particularly prioritised for Brinnington, where we have a Drug and Alcohol Awareness Project; a new project worker recruited based in MOSAIC employed to facilitate drugs and alcohol awareness week in high schools; additional school nurse practitioner time/ school college outreach sessions; and a Targeted self esteem project for Year 9 girls. In addition, we are starting to see the impact of some of the work with children affected by parental substance misuse, improvement in systems around screening and assessment, especially with looked after children and young people. The MOSAIC service itself has seen a significant increase in referrals in the last year; and in Primary education, 60 Primary Schools have also signed up for the MOSAIC Primary Project. We also have over 450 staff trained to identify early signs of parental substance misuse in over 5's and deliver low threshold interventions.

RISKS, FUTURE PLANS & PRIORITIES:



We anticipate that our local target or NI 39 will continue to be challenging, and we are aware that the difference between the most & least deprived quintiles in terms of alcohol related

admissions is increasing. To address these we intend to undertake the following:

- Increased use of social marketing in alcohol in general.
- Use findings of Brinnington & Lancashire Hill social marketing exercise which aimed to understand young people's motivations for alcohol usage and how they would be encouraged to reduce drinking.
- Improve our tracking and follow up of people following their use of the use Alcohol Advice Service, to understand better the impact and successes
- Continue support of Health Commission proposals regarding minimum alcohol unit pricing & consider our local response to this.
- Explore usage of the alcohol screening tool in custody suites

Code	Short Name	Aim	2008/09	Quarter 4		2009/10				Managed By
			2008/09	Q4 2009/10		2009/10				
			Value	Value	Note	Value	Target	Status	Long Trend	
NI 39 Local 1	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (from areas ranking in 40% most deprived)	Aim to Minimise	2687.2	N/A	<p>Provisional data; year end will be available in September 2010</p> <p>Data is for financial year, this performance report represents the position at mid March 2009. It is not possible to give an accurate figure for the actual value at end of March as the final numerator data is not available until July and the denominator until August.</p> <p>So far there have been 2,586 alcohol related admissions in 2009/10 in the most deprived areas; these have been standardised against a population of 83,073.</p> <p>Following a year of good performance in 2008/09 the first three quarters of 2009/10 have seen a significant increase in the numbers of admissions, all were substantially higher than any previous quarter, and the increase was greatest in deprived areas. This leads to suspicion of a link to increasing unemployment and</p>	3128.8	2917.0			Simon Armour

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>there is a risk that continuing and longer term effects of unemployment may lead to continued increase in this figure, and increase pressure on the hospital further and widening health inequalities.</p> <p>Analysis of causes and patterns of admissions is underway and a multi-agency meeting in January, at the hospital, to review management of alcohol-dependent patients and identification of hazardous and harmful alcohol use in the ED.</p> <p>New coordinator has been appointed to Alcohol Health Advice team, to drive forward implementation of alcohol misuse identification, brief advice and referral. Current partnership alcohol strategy review in progress - recommendations: increase capacity of services; alcohol liaison nurses at hospital; performance requirements in hospital contract; consider LES for alcohol; support for voluntary sector; support for social marketing project to address underlying issues in deprived areas; link with the Spotlight integrated offender management unit to improve engagement of offenders in support and treatment.</p>					

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					MOSAIC runs an innovative school based service which enables early identification and intervention through observation and tools for staff, with a worker in each secondary school for 1 day per week working with children using and vulnerable to substance use. Substance use awareness is positively embraced by the schools for pupils and staff. This work is particularly prioritised for Brinnington, where we have a Drug and Alcohol Awareness Project.					
NI 39 Local 2	Numbers of people referring to the Alcohol Health Advice Service	Aim to Maximise	271.0	103.0	The brief intervention service has received 103 referrals in the final quarter of 2009/10, bringing the total to date to 450. The numbers of referrals has levelled off during the year, meaning that target has not been met. New coordinator has been appointed to Alcohol Health Advice team, to drive forward implementation of alcohol misuse identification, brief advice and referral. Current partnership alcohol strategy review in progress - recommendations: increase capacity of services; alcohol liaison nurses at hospital; performance requirements in hospital contract; consider LES for alcohol; support for voluntary sector; support for social marketing project to address underlying issues in deprived	450.0	1500.0			Simon Armour

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					areas; link with the Spotlight integrated offender management unit to improve engagement of offenders in support and treatment.					

04. To halt the increasing rate of obesity and overweight in children at age 11 and to reduce the prevalence of overweight and obesity in the adult population

KEY ACHIEVEMENTS AND ACTIVITIES IN 2009/10:

We expect to achieve our both our 15.8% target to reduce the percentage of children in year 6, and our 7.9% target who are obese; and our 7.9% target to reduce the percentage of children in reception class who are obese. We also anticipate that we will exceed our 79% target to increase young people's participation in high-quality PE and sport.

Particular achievements and activity this year include:



- £100k to be spent this year on providing new allotments. Fallen leaves collected by Stockport Council's Street Cleansing team are offered free to allotment holders to use as compost on their plots
- All schools have signed up to the Healthy School programme
- £1.1m to be spent over next two years developing 22 play sites
- The Stay Active Stay Healthy (SASH) teaching resource has been disseminated to all schools
- New outdoor gym built (Shaw Heath Park) to promote outdoor exercise
- Working in conjunction with Stockport Libraries Arts and Cultural Events e.g. Love Food Hate Waste projects and the Eat your Art out competition.
- EatWell BeWell aimed at the over 60s - a fun learning experience covering food standards/safety issues
- Young People's Physical activity strategy, with a focus is on giving every child the best start in life by encouraging breastfeeding and also through endorsing healthy schools, healthy colleges and healthy nurseries.
- The Active Stockport campaign, which supports the national Change4Life movement, aiming to prevent people from becoming overweight by encouraging and supporting them to eat well, move more and live longer."
- Stockport Sports Trust has developed a Community Partnership Plan - The Olympic Games Legacy Action Plan. Mass participation events are being planned. For adults, the 'Keep-it-off-for-good' weight management programme and an adult care pathway is being developed, including surgery for those who are morbidly obese.

RISKS, FUTURE PLANS AND PRIORITIES:


The Healthy Weight Strategy, launched in January 2010, outlines a long-term vision for tackling Obesity and has taken a partnership, whole-system approach across the statutory, community and voluntary sector. We have identified three key target areas to address over the coming year namely:


- Making healthier food choices;
- Increasing physical activity; and
- Tackling the environment and changing behaviour.


We also aim to address our reduced performance against indicator NI 52b - Take up of school lunches in Secondary Schools.


Code	Short Name	Aim	2008/09	Quarter 4		2009/10				Managed By
			2008/09	Q4 2009/10		2009/10				
			Value	Value	Note	Value	Target	Status	Long Trend	
NI 53	Prevalence of breast-feeding at 6-8 wks from birth	Aim to Maximise	45.6%	45.4%	<p>Although performance has fallen in Q4, the overall annual figure remains on track. It is thought that the dip in Q4 maybe due to both the team restructuring which is underway (moving from Practice to geographical working) and improved data quality (following work on the data anomalies noted in Q1).</p> <p>The percentage of infants recorded as being breastfed at their 6-8 week check has improved this year with current performance significantly exceeding target. This is a consequence of targeted intervention as part of the LAA Performance Reward funding stream.</p> <p>Stockport Foundation trust continues to employ a breastfeeding specialist midwife. This role, through support of Health Innovation Fund monies, continues to provide leadership across the borough. There is also a strong multi-agency approach which includes active involvement of a range of partners including, Health Visiting, Children's Centres, Public Health and Neighbourhood Renewal. It is felt</p>	49.2%	45.8%			Sue Kardaji; Duncan Weldrake


			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>that the continued strong performance is due to continued determined leadership from the Foundation Trust and strong engagement from a range of partners.</p> <p>73.6% of women living in Stockport who gave birth initiated breastfeeding in 2009 / 2010. Underlying the overall positive performance there are significant variations in rates across the borough. This can be mapped clearly with patterns of deprivation. Some of the more affluent areas have rates above 65% with some of the more deprived areas having rates below 25%. Over the last 3 years rates have remained static in the more deprived areas whilst rising in the more affluent areas. These variations demonstrate the need more focused work to promote attitudinal change within areas with low rates and support those women who choose to breastfeed in those areas. Stockport has a well developed peer support network. Further training of peer supporters will take place shortly. A group is currently developing an action plan for developing peer support in priority 1 areas. Part of the work of this group will be to consider how peer supporters can be used as positive role models in the community in order to</p>					

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					influence attitudes towards breastfeeding. It is acknowledged that much further work needs to be done to improve breastfeeding initiation and maintenance rates in Stockport's more deprived areas and that the strategy will need to refocus and develop a clear multi-agency action plan in this area.					
LGB3.4 (NI 198)	Percentage of children travelling to school - not by car (Consolidating detailed NI 198 data)	Aim to Maximise	72.2%		<p>School travel advisors within the road safety team continue to work with partners to encourage parents and children to walk or cycle to school. Our Bike It Officer (jointly funded by Sustrans and the council) has recently supported Brookside School in Sustrans' Virtual Bike Race, where the cycle mileage completed by all pupils during March was totalled and compared to other schools. Brookside came third nationally with a total of over 9,000 km. WE also have a record number of entries for this year's Bike and Scoot week event, which is very encouraging.</p> <p>The team continues to support the remaining few schools that haven't yet completed a travel plan. Cycle storage projects with modest match-funding from the capital programme have provided a useful impetus for some independent schools as well as being an excellent educational project in its own right as young</p>	72.6%	72.6%			Ian Thompson


			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>people are fully involved in the process. The team also organises innovative ways to help support the action plans to reduce car use for the school journey. This includes 'Bike and Scoot' week, support for Sustrans' Bike It Officer and presentations and special projects in schools</p> <p>The small incremental change in targets is a reflection of the gradual, but slow change in school travel habits across GM. The Government's emphasis has been on the production of school travel plans. Although these appear to have precipitated a slight change in travel habits - there will be a greater emphasis beyond 2010 on supporting the outcomes from all the completed plans.</p>					
NI 57	Children and young people's participation in high-quality PE and sport	Aim to Maximise	79%	N/A	<p>2009/10 figure is a forecast value and we anticipate exceeding this target.</p> <p>Targeted advocacy work continues to be focused on those schools that do not currently offer at least 2 hours of physical education each week to all pupils within curriculum time. This includes targeted work with secondary headteachers, as the majority of KS4 pupils (14 - 16 year olds) currently receive provision less than 2 hours per week. The impact of this work will</p>	79%	79%			Russ Boaler

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					not be evident until schools' timetabling provision for the next academic year 10/11 is known. In addition to advocating an increase the quantity of provision, all schools continue to receive specific support to progress the quality of the provision to further improve learner outcomes.					
NI 55	Percentage of children in reception with height and weight recorded who are obese	Aim to Minimise	6.1%		<p>We anticipate achieving the 2009/10 target as shown by the 2009/10 forecast figure. Current performance is strong compared with National and Statistical Neighbour averages.</p> <p>The Early Years sub group has now been established and links are being made with the recently published Healthy Child programme. This work stream is also incorporating the physical activity programme for early years. A range of new initiatives have been developed including the launch of the Stockport Healthy Early Years setting audit in Stockport nursery schools, and the multi agency initiative in Marple & Werneth Local Partnership with the Primary Care Trust (PCT) delivering additional 'Happy Healthy Toddlers Club' courses (Nov 09 to March 10). Initial evaluation from parents and professionals is very positive. Resources have also been provided to improve access to 'Dietary Advice Direct'</p>	7.9%	7.9%			Jane Jefferson

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					programme, which PCT will lead on through Health Visitor as part of the core team around Children's Centres. In Cheadle and Marple cluster there is active promotion of the Change 4 Life national initiative with colleagues in Children's Centres to ensure that 100% of children and families accessing the service are registered with Change4Life as part of their structured induction process.					
NI 56	Percentage of children in Year 6 with height and weight recorded who are obese	Aim to Minimise	16.1%		<p>We anticipate achieving the 2009/10 target as shown by the 2009/10 forecast figure. Current performance is strong compared with National and Statistical Neighbour averages.</p> <p>Obesity sub-group in Cheadle and Stockport Central Local Partnership are supporting the Borough's Healthy Weight Management Strategy by developing local early intervention and prevention initiatives.</p> <p>Scoping for the coordination of a healthy weight pilot event for parents and children in yrs 5 & 6 has been underway; any potential transition will be discussed in the Cheadle and Stockport Local Partnerships Meeting following the decision at the Childrens Trust Board in relation to the Local Partnership review.</p>	15.8%	15.8%			Jane Jefferson

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					The Borough's Healthy Weight Management Strategy is now being disseminated to all agencies including Local Partnerships to implement the action plans. The Change4life website and resources are being actively promoted to schools and other children and young people settings. Parents are reporting that the information is very helpful in introducing and supporting changes to family lifestyles. Further publicity for the A2A weight management service has been produced to support ongoing recruitment. The Mind, Exercise, Nutrition, Do It! (MEND) 8 week programme is running at Peel Moat. The Stay Active Stay Healthy (SASH) teaching resource has been disseminated to all schools.					
NI 52a	Take up of school lunches - Primary Schools	Aim to Maximise	42.9%	N/A	Performance data taken from the School Food Trust Survey. The percentage of children taking up school lunches has increased in 2009/10. Primary schools are performing just above the National and Statistical Neighbour averages. Food Partnership training was held in March with 11 Primary schools sending someone along who will cascade the information in their school. There will be a follow-up meeting in June to	43.5%	43.2%			Lorraine Gleave

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>discuss progress. An additional training day has been organised for June so another 15 Primary schools can take part.</p> <p>In January 2010 the SASH (Stay active/stay Healthy) resource was launched during the launch of the Healthy Weight strategy. This resource is available for Primary schools to download and use with years 4/5/6 to supplement the work they already do around Healthy eating. Two schools (Great Moor Junior/ St. Mary's RC(Marple) who piloted this resource did presentations on the day and were awarded certificates.</p> <p>15 schools in priority areas via Sports Trust will be offered the opportunity for work to be done with Year 3 around the resource- this will be done on a rolling-programme over this financial year so 5 schools will be offered this in the Summer Term 2010/the next 5 Autumn 2010 etc.</p> <p>In March 2010 the Stockport Healthy eating audit was launched with the state nursery schools- the 2 pilot nurseries (Belmont/Freshfields) were awarded certificates for Healthy Eating and Physical Activity the other schools can complete the audit and one of the food workers</p>					

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					will visit and the award will follow.					
NI 52b	Take up of school lunches - Secondary Schools	Aim to Maximise	58.3%	N/A	<p>Performance data taken from the School Food Trust Survey.</p> <p>The calculation of NI52 has changed this year which is why performance has declined. Last year all income from the mid morning break and lunch time was accounted for in the NI52 figure. However this year only the proportion of income from the mid morning break that relates to school lunch provision has been included. Secondary schools are performing significantly higher than National and Statistical Neighbour averages.</p> <p>All schools are signed up to 'Million Meals' and can access material to support school meals. Support and advice is available on all food-related issues.</p> <p>Schools can also request support/advice & training around this agenda via the Personal, Social & Health Education (PSHE) service- this will be multi-agency and can range from advice on setting up a breakfast club to staff meetings on the whole-school approach.</p> <p>8 HTLAs have been trained in secondary schools to deliver Cookery clubs.</p>	51.7%	58.3%			Lorraine Gleave

05. To understand and reduce differences in the current mental and emotional health experienced between residents, with a focus on inequalities.

KEY ACHIEVEMENTS AND ACTIVITIES IN 2009/10:

Local providers of specialist employment support have found that the recession and unemployment are beginning to have an impact on the availability of jobs for people with significant mental health problems and / or disabilities. Although there are some placements imminent, the placement officers have suffered their worst performance in a number of years. It can be challenging to place people with the most complex need in suitable employment. Consequently performance is now 10%, with 69 people in work out of 688 individuals. To be performing our original target level, we would only have needed a further 5 people to have been in work.

Although we have narrowly missed our target for NI 150 itself, social enterprise and co-production with service users have been strong themes in 2009/10, with the development of employment and volunteering opportunities at the Oasis Café (24 people), at the Coach House Café and food production enterprise (20 people) and the service user led enterprise All Together Positive. Self directed support has also taken off in mental health services in 2009-10 with 148 clients on the pilot, some receiving personal budgets having been through the self directed support process and others having a support plan and purchasing one off items through the recovery budget. Stockport's Mental Health Self Directed Support Pilot has gained national recognition as being forward thinking, innovative and a source of learning for others.

Work with black and minority ethnic service providers has also progressed, with strong links established with, for example, the Heatons Muslim Community Trust, addressing health and wellbeing priorities. We have also developed a new Improving Access to Psychological Therapies Service in partnership between the Pennine Care MH Trust and three voluntary sector providers; which has addressed what was a gap in psychological therapies resulting in lengthy waiting lists.

Waiting times have reduced significantly; and a range of cognitive approaches, including Computerised Cognitive Behavioural Therapies, are available now to address the needs of the wider Stockport population beyond those in secondary care. Of particular importance are those people at risk of losing employment during the recession.



Stockport Wellbeing Centre offers a town centre location for 41 different organisations to provide services to people with mental health needs; and the centre continues to be extremely well used, seeing around 900 people a month. They also provide the Big Boat, a well being barge moored on the Peak Forest Canal, which supports a wide range of people, but which in particular offers an attractive offer of support to males with mental health problems.



Mental health services have also led the way locally in developing peer to peer support in both adults of working age and older people's services. The afore-mentioned All Together Positive user-led enterprise offers peer support to people wishing to explore with their peers how to innovatively meet their needs through a personal budget. Dementia Services have also been selected as a national Trailblazer Site by the Department of Health, developing peer support networks; peer trainers; and trialling the development of virtual online peer support networks using innovative technology.

RISKS, FUTURE PLANS AND PRIORITIES:


- We anticipate that performance against indicator NI 150 will continue to challenge us, as competition for jobs becomes greater. However, Stockport has been chosen to be a pilot site for 'Individual Placement Support' by the Mental Health Improvement Programme. This is due to start in April 2010, and we anticipate that it will support us to explore how to successfully and quickly place people in employment after an episode of mental ill health.
- We intend to review the Wellbeing Centre to explore appropriate resourcing and to develop stronger partnerships with public health, as a key provider of mental well being services in the community.
- The Mental Health and Well-being Steering Group is presenting the New Economic Foundation's "5 Ways to Well-being" to a range of partnerships across Stockport, in order to highlight the message, and embed in the work across the borough.


- We intend to continue explore outcomes measurement, which is of interest regionally.
- Incentive payments for achievement of outcomes are being built into Foundation Trust contracts.
- We will participate in a national pilot to map and build local assets for mental well being.

Code	Short Name	Aim	2008/09	Quarter 4		2009/10				Managed By
			2008/09	Q4 2009/10		2009/10				
			Value	Value	Note	Value	Target	Status	Long Trend	
NI 150	Percentage of adults receiving secondary mental health services who are in paid employment	Aim to Maximise	11.1%	10.0%	The NCRS NHS System continues to provide detailed information on the employment position of all people under the care of Pennine Care MH Trust at the point of their most recent review, and can be separated out for those with the highest level of need, those on the new CPA and those still on the old 'enhanced' CPA as the LAA definition requires. We currently monitor 2 local versions of NI 150, to reflect the whole client group, and the subset on enhanced CPA since the recent changes to the CPA approach. For the full client group, current data shows a drop in performance with 12.3% of all those recorded (934 individuals) in employment down from 12.5% previous quarter. For actual NI 150 definition, the most challenging to place and on enhanced CPA, performance is now 10%, 69 people in work out of 688 individuals. To be performing our stated target level, a further 5 people are needed to be in work using the current denominator. Work is underway to establish if the 60 people in work in Quarter 3 are still in work in quarter 4,	10.0%	10.8%			Nick Dixon; Gina Evans


			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>and part of the 69 numerator, or whether some have lost work while new people are gaining it. The efforts of Pure Innovations to find work for those referred to them continue but they report the recession and unemployment is impacting now- with over 600 people applying for an assistant librarian post for example they had earmarked a client for. Although there are some placements imminent, the placement officers have suffered their worst performance in a number of years.</p> <p>Stockport was chosen by the Mental Health Improvement Programme to start in April 2010 as a pilot site for 'Individual Placement Support', a research based employment approach to placing people speedily in employment after an episode of mental ill-health; this process should help to support performance in the next 18 months.</p>					
NI 136 MH	People supported to live independently through social services (all ages) disaggregated to mental health service users	Aim to Maximise	687.4		<p>A measure of clients aged 18-64 with a mental health problem, that are in direct or indirect receipt of a social care service which assists them to maintain life in the community. The figure is generated by counting clients with mental health problems that are in receipt of a service as a result of</p>	593.4				Gina Evans

			2008/09	Quarter 4	2009/10					
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>a community care assessment or equivalent (CPA), and those receiving a service from an indirectly Social Care funded organisation, such as MIND. There are currently no targets set for this indicator.</p> <p>The Mental Health Commissioning Strategy has prioritised the provision of more preventive, inclusive services offering choice and control, this with the goal of reducing demand on secondary care acute services and maintaining more people at home. Recently commissioned services include a partnership with public health and the third sector around the innovative Stockport Wellbeing centre, a crisis accommodation and home support service run by Stockport MIND and a Self Directed Support pilot which currently has almost 50 service users with personal budgets. Through such services the trend should be that more people are supported to live independently with a reducing need for residential or acute care. As personalisation embeds this will include independence from adult social care services as growing numbers replace a dependence on statutory support with their own circles of support. Setting a target is therefore challenging as the current high</p>					

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					levels of people supported to live independently in receipt of social care services will be subject to both an upward trend as fewer people require residential care as other options are generated, and a downward trend as more people are able to be discharged from secondary care mental health services.					
NI 51	Effectiveness of child and adolescent mental health (CAMHS) services	Aim to Maximise	13		<p>Our current self assessment score is 14 out of a possible 16. This has exceeded the target of 13. The 2010 -2014 Strategic Plan of the Child & Adolescent Mental Health Service (CAMHS) Partnership was presented to the Primary Care Trust (PCT) Board in March and the Health and CYP Scrutiny Committees in April. The strategic plan is underpinned by an improvement programme.</p> <p>The 2 areas requiring further development in order to achieve a self assessment of 16 require an increase in therapeutic capacity for 16 - 18 year olds to enable delivery of a range of CAMHS particularly around psychological therapies. Also CAMHS outpatient environment at Stepping Hill Hospital not appropriate for this age group.</p> <p>Greater integration between multiagency services is required whilst integrated pathways work is on going. There are some</p>	14	13			Alison Caven; Chris McLoughlin

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					capacity issues around this area of work.					
NI 58	Emotional and behavioural health of looked after children	Aim to Minimise	14.1		<p>Numerator = 2466 Denominator = 177. Given the denominator, this indicator was 0.4 of an SDQ point over target.</p> <p>Please note that these figures are provisional, and may change subject to the submission of the SSDA903 statutory return.</p> <p>This is the second year of the local government indicator which focuses on the psychological and emotional wellbeing of children in care. The process for dissemination, collating and reviewing of the SDQ has been strengthened and the initial returns remain high. The information is analysed via KITE team and those children needs identified as high (H) or very high (VH) are subject to two further SDQ completed by the young person and school.</p> <p>However it is imperative that the SDQ are understood in the context of the health needs of children in care and are used to identify children at risk and in need of intervention. The Integrated LAC steering group is an established multidisciplinary forum which</p>	13.9	13.5			Jeanette Warburton

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>provides for the integrated provision and approach.</p> <p>The Educational Psychologist's analysis of SDQ for 2009/10 identified number of issues which will assist in informing how information can inform health assessments or allow for early identification. Some of the findings highlight: gender, placement characteristics and status of children can be indicative of the social, emotional and behavioural difficulties experienced by children in care. Please refer to the document We Will 1.4 for details.</p> <p>The Steering Group has identified the need for the need to strengthen the role of QA of SDQ and Health Assessments via LAC Statutory Reviews. An IRO representative will attend future meetings.</p> <p>Overall the implementation of the SDQ has been successful the litmus test is in continuing to insure that the information in used by Health Professionals, Carers and Social workers in consultation with children and young people to inform effective interventions. One of the gaps is the low take up rate of health assessments post 16. The challenge remains to normalise</p>					

			2008/09	Quarter 4	2009/10					
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					experience of young people and using environments which young people are receptive to. The Care Plan and Pathway planning process are critical to determining this and in reflecting young person's wishes and feelings.					
NI 50	Emotional health of children	Aim to Maximise	63.2%		<p>Figures updated following release of TellUs4 results - http://www.dcsf.gov.uk/rsgateway/DB/STR/d000908/index.shtml</p> <p>Performance target for 2009/10 was missed largely due to the target being set in the absence of trend data as this was the first year of the Tellus survey in its' current format. Putting this downward trend into more context, our performance can be seen more favourably when we look at the national performance figure of 56% which declined from 62.6%. Our statistical neighbour's performance was 56.6% which declined from 62.6%.</p> <p>New energy is being put into improving emotional health of all children and young people and a range of interventions are planned for 2010/11. It is now widely recognised that half of all mental health problems start by the age of 14; childhood and early adulthood are key periods in the development of personal resilience, educational and social</p>	57.7%	63.4%			Alison Caven; Elysabeth Williams

			2008/09	Quarter 4	2009/10					
Code	Short Name	Aim	2008/09	Q4 2009/10	2009/10					Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>skills that will provide the foundations for good mental health across the whole life course.</p> <p>The iTASC Programme is developing an integrated 'health offer' to Secondary schools and Colleges in order address the challenge of reducing teenage conceptions and reduce the harm caused to children and families by drugs and alcohol. The programme development is a key part of the boroughs implementation of the National Healthy Child Programme 5 – 19.</p> <p>The Programme will run for 3 years and is intended to improve outcomes for children across a range of ECM outcome indicators, NI 39, 50, 112 & 115. The research programme will be undertaken by Chester University.</p> <p>The health offer is prioritised for Brinnington children and young people, making available a full 'offer' to the 4 high schools where majority of the 11 – 16 years from Brinnington attend:</p> <ul style="list-style-type: none"> · Drug and Alcohol Awareness Project, new project worker recruited based in Mosaic service employed to facilitate drugs and alcohol awareness week in high schools. · Additional school nurse 					

			2008/09	Quarter 4	2009/10					
Code	Short Name	Aim	2008/09	Q4 2009/10	2009/10					Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					practitioner time/ school college outreach sessions. · Targeted self esteem project for Year 9 girls. A 'partial' offer will be made to all the other High Schools and colleges. The evidence based interventions for promoting good wellbeing in childhood include activities such as increasing play opportunities, parenting programmes, school based mental health promotion (e.g TAMHs), SEAL, bullying programmes. We are therefore working to develop a shared model of wellbeing across the piece, to engage CYPD in the newly formed mental health and wellbeing strategic group and to develop and action plan to disseminate the evidence based 5 ways to wellbeing.					

06. The promotion of independence in older people to maintain them safe, well and at home where possible.

KEY ACHIEVEMENTS AND ACTIVITIES IN 2009/10:

Stockport won a bid to become a Common Assessment Framework Pilot site, and has been delivering a local project with a particular focus on improving the processes and pathways for service users applying for continuing care funding. We have participated in the European Cities in Balance programme, learning from a range of European nations about their approaches to maintaining independence in older people. Stockport has also developed its local response to the national Dementia Strategy, and as part of this, was successful in being selected as a DH demonstrator site for developing Peer Support in dementia services.

In Priority One areas, we have achieved £569 517 of cash gains through increased benefit uptake, and run a successful Immunisation in the community programme aimed at offering

immunisation in non-clinical environments, particularly for older people in priority one communities. Over 80 local people over 50 accessed information and advice at a Young @Heart event in Adswold and Bridgehall: jointly Organised by Neighbourhood Renewal Team & Age Concern. The event offered info and advice, surfing the web, free financial advice, the opportunity to book a health check appointment etc.

We have created four locality social work teams, in response to the identified preferences and needs of our local older people's community. In 2009/10 we also brought together three disciplines (Acute Care, Primary Care and Social Care) into two multi-disciplinary Intermediate Care teams, in order to offer a single assessment process where clients only need to be assessed once to receive all services; greater personalisation of services; and a single route into care via the Intermediate Care team ensuring that service users receive the most appropriate service and resources are used most efficiently.

Increased resources in safeguarding activity in 2009-10 have been used to develop and reconfigure the service with successful appointments being made to two new Safeguarding Co-ordinators posts, adding to the dedicated resource already established in the Safeguarding Manager post. Strong progress has been made in joint working. The Safeguarding Board has again been strengthened in 2009-10, membership being extended to encompass additional partners in Community Safety and Signpost Stockport for Carers, as well as more senior representation from the police and Foundation Trust. The Safeguarding Service has seen a 40% increase in referrals in 2009-10 and achieved a 73% completion rate (referrals leading to completed cases) improved from 61% in 2008-09. All completed cases result in actions being taken either in the form of an action plan or a firm judgement that the allegation has been discounted. Having noted that referrals from other agencies had fallen in 2008-09, the Council has worked closely with Multi-Agency Public Protection Arrangements (M.A.P.P.) partners, especially through joint training, to raise awareness of policy and procedure and as a result we have seen significant increases in referrals from other agencies, these having more than trebled this year.







The Council continues to deliver and commission a broad range of support services. Some relevant services already commissioned or being developed are For Local Advice and Guidance (FLAG), the Handy Person service and Age Concern's Supporting You, Ageing Well and the Befriending Services. The capacity offered in Extra Care Housing (ECH) has been expanded during 2009-10 from 148 places to 211 and continues to offer a realistic alternative to residential care; this year 21 people have been diverted from residential care into ECH. We have secured funding to extend this number again in 2010/11. Adult Social Care funded grants to the value of £427,710 through the Main Grants Scheme in 2009-10 benefiting 16,548 people; most of the projects funded provide early intervention and preventative support.


We have carried out an extensive review of our older people's day services and have recently finalised a range of recommendations to take forward in 2010/11. We have also begun to pilot a re-ablement service in people's own homes, and secured funding to take this work further in 2010/11. We have also run a successful Kill the Chill campaign, which has had over 4869 web visitors; and which received a CIM award.

During 2009-10 a small working group has met to develop an Early Intervention and Prevention Strategy for Adult Social Care (now in its final draft stages) recognising the importance of expressing our strategic vision for preventative services.

RISKS, FUTURE PLANS AND PRIORITIES:

- An overall risk to achieving our priorities this year is the requirement to do more, with potentially much less funding. We will need to make significant efforts to find new ways to fund essential services and transformation priorities, and make difficult decommissioning decisions.
- To refresh our All Our Tomorrows strategy, a key component of which will be a large scale consultation with older people in Stockport.
- Develop a local approach in response to the National Stroke Strategy
- Implementation of action plans linked to the dementia strategy and day services review
- Continue to deliver on dementia demonstrator site projects
- Review of out of hours services and development of a night support service in intermediate care
- Ensure equal access to services for all minority groups
- Further developments in relation to Re-ablement Service

Code	Short Name	Aim	2008/09	Quarter 4		2009/10				Managed By
			2008/09	Q4 2009/10		2009/10				
			Value	Value	Note	Value	Target	Status	Long Trend	
PAF C72	The number of supported admissions of people aged over 65 to permanent residential or nursing care, as measured by National Social Care PAF Indicator C72 numerator	Aim to Minimise	1,172	397	Although the out turn figure is a 6.43% increase on the target this is in line with demographic pressures (a projected 7% increase in the older population and also reflects the increase in activity and demand). We have continued to scrutinise requests for permanent residential care and ensure that independence is promoted. Our recent expansions of extra care housing and reablement services, and our plans to increase these in the future will offer people real alternatives to residential care.	397	373			Maggie Kufeldt
SSS1.1a	Total Cash Gains of clients aged 60+ for Attendance Allowance, Disability Allowance, Pension Credit, Council Tax Benefit and Housing Benefit - All Stockport	Aim to Maximise	£7,156,497.00	£1,771,502.00	(Formerly SSC3.8a) Current year end figure is £7,067,515. Final figure will not be available until June 2010 when the results of claims made up until 31/03/2010 will be available. Forecast figure is based on the difference between 2008/9 actual figures available 31/03/2009 and those for claims made during this financial year the results of which were not available until 30/06/2009 (allowing for processing time by the DWP). Taking this into account we are on track to meet the target.	£7,420,890.75	£7,120,000.00			John Condon
SSS1.1b	Total Cash Gains of clients aged 60+ for Attendance Allowance, Disability Allowance, Pension Credit, Council Tax Benefit and	Aim to Maximise	£560,597.00	£127,811.00	(Formerly SSC3.8b) Current year end figure is £511,825. Final figure will not be available until June 2010 when the results of claims made up	£569,517.00	£569,517.00			John Condon

Code	Short Name	Aim	2008/09	Quarter 4		2009/10				Managed By
			2008/09	Q4 2009/10		2009/10				
			Value	Value	Note	Value	Target	Status	Long Trend	
	Housing Benefit - Priority 1 Areas				until 31/03/2010 will be available. Forecast figure is based on the difference between 2008/9 actual figures available 31/03/2009 and those for claims made during this financial year the results of which were not available until 30/06/2009 (allowing for processing time by the DWP). Taking this into account and the recent secondment of an advice officer to encourage take up of claims of Stockport Homes tenants in Priority 1 areas has proved very successful and will ensure the target is met. This post paid for by Stockport Homes and is ensuring the most vulnerable customers are receiving their entitlements.					
NI 138	Satisfaction of people over 65 with both home and neighbourhood	Aim to Maximise	84.1%	N/A	Results of the latest Residents Survey (Stockport Booster Survey) are now in and analysed. The out-turn borough wide is slightly lower than in 2008-2009. Commentary taken from the Borough Report states: "Compared to 2008, there has been little change in residents' priorities for the local area. Only a very small number of issues are significantly more or less important or in need of improvement than in 2008. Perceptions of the local area are very similar to one year ago. Although satisfaction with the local area is high, it is less so	85.9%	86.5%			Terry Dafter, Margaret Brade

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					among those living in Stockport Central Area (73%); Stockport Central Area residents are also least likely to be satisfied with their home." Amongst the sample aged 65 or over (371 respondents), over four in five (86%) are satisfied with both their home and local area, which is line with 2008 findings (84%). Older respondents are significantly more satisfied with their home as a place to live than respondents overall (95% aged 65+ compared with 88% aged 25-44).					

07. To improve services for adults of working age with disability to maximise employment opportunities and promote independence

KEY ACHIEVEMENTS AND ACTIVITIES IN 2009/10:

Work continues to ensure that people have the opportunity to maximise their independence to live at home, having a positive impact on NI 136 and enabling us to exceed target. Performance in relation to NI136 has improved from 4028.71 in 2008-09 to 4275.8 in 2009- 10.

My Care, My Choice website has been developed, and has since been held up as a best practice example by the Department of Health in relation to the universal information requirement of Putting People First and the model has been sold on to a number of other Local Authorities. For Local Advice and Guidance (FLAG) service was also established in each locality, offering universal information and advice on social care and health.

During 2009-10 a small working group has met to develop an Early Intervention and Prevention Strategy for Adult Social Care (now in its final draft stages) recognising the importance of expressing our strategic vision for preventative services.

The new retail model for equipment was initiated on 1st February 2010 and the change in process is being rolled out across Health and Council staff; by May it is expected that all staff who assess for and provide simple aids for daily living will be issuing prescriptions. To date, 462 prescriptions have been issued. Telephone reviews completed 6 weeks after the issue date suggest that users are having a good experience with 89% saying they are very satisfied with the process for obtaining their equipment.

We have been awarded £50k Priority Initiatives Funding to refurbish the Learning Disability Resource Centre.

A Modern Apprentice based with Pure Innovations completed a one day a week work placement in the Adult Social Care Information & Publicity Service.





Disability Stockport has offered 6-week volunteer placements for people with disabilities (for Shaw Trust employment opportunities). There have been 7 placements this year and volunteers have mainly done front desk duties, gaining skills as well as confidence. 3 of the volunteers are now in employment, 1 feels nearly ready to get into employment, and 1 has continued volunteering. There is now a Counselling Co-ordinator in place, with a team of student counsellors, this service is specifically for people with disabilities that are not currently in employment. Counselling is offered free to an individual for 8 weeks, & aims to boost self esteem & confidence.

95% of users of the minor adaptations service tell us that they are satisfied with the equipment/ minor adaptation they have received from us, that they were happy with the length of time they waited (89%) and that it has improved their quality of life (97%). (National User Experience Survey 2010)

RISKS, FUTURE PLANS AND PRIORITIES:

An overall risk to achieving our priorities this year is the requirement to do more, with potentially much less funding. We will need to make significant efforts to find new ways to fund essential services and transformation priorities, and make difficult decommissioning decisions.

- Develop a local response to the Autism Bill
- Develop and deliver Telehealthcare Strategy. The service is now managed within Disability Services although strategy group chaired from Older Peoples Services
- Participate in Right to Control project by exploring the potential to include Disabled Facilities Grant funding within an individual budget
- Ensure all service users with a learning disability have an up to date Health Action Plan
- Continue to develop the efficiency of the Learning Disability Tenancy network including having computers installed in all tenancies
- Review all contracts and service level agreements to provide a more flexible menu of services

Code	Short Name	Aim	2008/09	Quarter 4		2009/10				Managed By
			2008/09	Q4 2009/10		2009/10				
			Value	Value	Note	Value	Target	Status	Long Trend	
NI 136 PD	People supported to live independently through social services (all ages) disaggregated to adults with physical disabilities	Aim to Maximise	736.5		A measure of physically disabled clients aged 18-64 that are in direct or indirect receipt of a social care service which assists them to maintain life in the community and therefore avoid permanent Residential and Nursing admissions. There are currently no targets set for this indicator.	562.3				Terry Dafter
NI 136 LD	People supported to live independently through social services (all ages) disaggregated to adults with	Aim to Maximise	349.3		A measure of Learning Disabled clients aged 18-64 that are in direct or indirect receipt of a social care service which assists	333.7				Terry Dafter

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
	learning disabilities				<p>them to maintain life in the community and therefore avoid permanent Residential and Nursing admissions.</p> <p>We have been awarded £50k Priority Initiatives Funding to refurbish the Learning Disability Resource Centre.</p> <p>There are currently no targets set for this indicator.</p>					

08. To recognise the needs of carers and to support them with appropriate services to strike a balance in their lives between their work, caring responsibilities and own health.

KEY ACHIEVEMENTS AND ACTIVITIES IN 2009/10:

We have exceeded our 30% target for the percentage of carers receiving a specific carers' service or advice and information following a needs assessment or a review, by achieving 34.4%. We have also increased the percentage of carers receiving a service following and assessment or review by 9% from 2008/9 to 2009/10.

Over 2009/10, our commitment to carers has continued with a new dedicated carers' team, developing a more strategic role for the Strategy Group and improving assessments and advice/information services.

Our recognition of family members and carers as care partners is well embedded in social work assessment and review, as evidenced by responses to the relevant question in this year's carers questionnaire in which the vast majority of carers (76%) said they felt that having a service provided to the person they care for has enabled them to be involved in decisions about the care of the person they care for. This year 2459 carers have also received assessments themselves. Carers are making use of wider support including services that offer them a break from their caring role, for example carers' breaks services have benefited over 1500 people this year. 70% of carers tell us that services provided to the person they care for enable them to balance caring with other interests. Stockport Care Schemes offer volunteers for small jobs and support, as well as social and carers groups, outreach and some transport, and have supported over 400 carers this year. Signpost Stockport for Carers operates a dedicated carer's helpline and has responded to over 2,200 queries this year.

Support for carers in preparing and reacting to an emergency situation is well established. All carers who approach Adult Social Care and several voluntary sector organisations for information are offered the opportunity to develop a contingency plan. Our carers' questionnaire indicates that many are taking advantage of this and feel that they have alternative plans that could easily be put in place in the event of an emergency (68%). This is also evidenced in people choosing to register their contingency plans with the emergency alert card providing 24 hour cover, registrations now totalling over 3000.

Signpost's Carer Wellbeing programme improves the well-being of carers by reducing isolation, offering support and advice in relaxed, accessible settings in priority neighbourhoods. 304 carers attended at least one event in 09/10. Regular comments include "I can't wait for the next one to recharge my batteries" and "It's nice to have some 'me time' for a change". Impacts for carers of all ages include improved social networks, reduced isolation, improved emotional well being and mental health, improved confidence and self esteem and increased access to information, counselling and support services.

Our borough-wide outreach work reflects our determination to engage with 'hard to reach' carers and this is achieved both within statutory services and our commissioning of services in the third sector. A new Carers team was formed in September 2009 with the purpose of enabling the LA to strengthen its support of carers in the borough in particular those that have been hard to reach. The voluntary service Signpost is being funded to provide an Outreach Worker to access hard to reach groups. During 09/10 through Signpost had contact with 2,857 carers who were previously unknown to services.

There has been Effective engagement with the Foundation Trust and NHS Stockport around carers issues, and we are working closely with them with regard to the development of the Dementia Strategy, the increasing profile of carers at Stepping Hill Hospital, and the re-investment of Cherry Tree monies for 10/11

A New Carers Involvement Worker has been recruited at Signpost, and have key carer involvement in reviewing the structure of the Carers Forum for 2010.

The Carers Training Co-ordinators have worked with HR colleagues in the Council to update employment policies to ensure they specifically address the needs of those in the workforce with caring responsibilities, as well as with local voluntary organisations to reach as many carers as possible.



Work has commenced to map carers' needs in Stockport, and involves close working between the Council and voluntary sector providers, as well as a satisfaction questionnaire to a sample of 500 carers receiving services from Adults Social Care.

A pilot within Making Space offering support to carers of people with mental health problems has also taken place.

RISKS, FUTURE PLANS AND PRIORITIES:

- Clarity needed how services funded by historical grant arrangements now relate to the Council's priorities. Risk of duplication / gaps in services

- Carers services run in parallel to the Carers Strategy rather than being led by them
- Improve coordination between Council and NHS Stockport's commitment to carers and link with implementation of the Dementia Strategy
- Improve the links between strategic and operational functions
- Refresh Strategy, timed to coincide with the updated findings from the JSNA. The Carers Partnership Board, and refreshed Carers Strategy, will include a clear performance management framework that incorporates NI 135, local indicators and the CQC key lines of enquiry for carers services
- Review of grant funded services

Code	Short Name	Aim	2008/09	Quarter 4	2009/10				Managed By	
			2008/09	Q4 2009/10	2009/10					
			Value	Value	Note	Value	Target	Status		Long Trend
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Aim to Maximise	25.4%		<p>Quarter 4 performance is not yet finalised, but as the levels of carers of assessments have maintained their level it is thought that Stockport will be at or very close to target at year end.</p> <p>Future actions to be introduced in the coming year will be looking at how we can uplift our programme of Carers Reviews for existing carers, improve communications during the assessment process to highlight where a carers assessment would be appropriate, and also looking at improving the targeting of carers services being delivered, such as Emergency Contingency Plans for Clients, and Respite Services. Also, the Social Care information unit will assist the Carers Service in understanding their Carers profiles and identifying activity which needs to take place in year.</p> <p>The Carers team commissioned Luke Clements (Cardiff University) to facilitate a Carers</p>	34.4%	30%			Terry Dafter

Code	Short Name	Aim	2008/09	Quarter 4	2009/10				Managed By	
			2008/09	Q4 2009/10	2009/10					
			Value	Value	Note	Value	Target	Status		Long Trend
					and the Law day which was attended by over 80 Local Authority, voluntary sector and health employees. The day further helped to raise our legal obligations to carers. The Carers Team Service Action Plan is being updated and will set out the key objectives for the coming final year.					

09. To ensure that children's services are appropriately designed to meet the emerging demographic and birth-rate changes and address the lifestyle factors affecting health and well-being.

KEY ACHIEVEMENTS AND ACTIVITIES IN 2009/10:



- We have delivered evidence based interventions for promoting good wellbeing in childhood through increasing play opportunities, parenting programmes, school based mental health promotion (e.g TAMHs), SEAL (Social and Emotional Aspects of Learning), anti bullying programmes and the integrated 'health offer' to Secondary schools and Colleges.
- Local maternity services are fully compliant with NICE guidance on care levels.
- Childhood obesity rates at both reception year and year 6 are expected to achieve their 2009/10 targets. Current performance of both year groups is strong compared with National and Statistical Neighbour averages.
- The percentage of children taking up school lunches has increased in 2009/10. Primary schools are performing just above the National and Statistical Neighbour averages whereas Secondary schools are significantly higher than comparator performance.
- Children and young people are more satisfied with the parks and play areas within the area than they were last year. Performance in 2009/10 showed a significant increase and was above National and Statistical Neighbour averages. Stockport is ranked 4th highest in the North West.
- We have achieved our target to halt the upward trend in young people reporting substance misuse and alcohol related admissions of young people. This reflects the efforts of the local Mosaic Service working in partnership with the foundation trust, GPs, colleges, and the probation service.
- 73.6% of women living in Stockport who gave birth initiated breastfeeding in 2009 / 2010, and we achieved our target of 53.3% of mother breastfeeding at 6 – 8 weeks.
- Our Child and Adolescent Mental Health Services have scored highly on their effectiveness assessment, exceeding their target score.

RISKS, FUTURE PLANS AND PRIORITIES:



- An overall risk to achieving priorities this year is the requirement to do more, with potentially much less funding.
- Although we perform well against comparator authorities, with the second highest reduction in teenage pregnancies in Greater Manchester since 1998, our local target to reduce teenage pregnancy continues to be challenging. To address this, we have a range of initiatives starting in 2010/11, including the Girls Allowed self esteem programme in Brinnington, working with year 9 girls; the development of clinics and outreach services in local colleges with promotion of these happening in partnership with Stockport County; and the roll out of the Your Welcomed standard in all new clinics to ensure quality of service.
- In accordance with the national picture, and despite recent gradual increases, we continue to find the national chlamydia screening targets challenging.
- We know that there are considerable variations in rates of breastfeeding which can be clearly mapped against patterns of deprivation. 54.1% of those women living in the 20% most


deprived areas initiated breastfeeding in 2009 / 2010.


- Childhood accidents, including death or serious injury through road traffic accidents, continue to challenge us. Progress in this area has been slow. However, several local initiatives are being delivered including a home safety equipment scheme in areas of deprivation, and the Crucial Crew events aimed at school aged children. There are also well developed preventative programmes delivered in partnership with the fire service and the road safety team. These include a pathway between Stockport's Children's Centres and Greater Manchester Fire & Rescue Service to enable universal assessment and appropriate referral for home fire safety intervention for 100% families engaged with the service. This will provide families with smoke alarms; replacement of chip pans with electric fryers; smoke resistant bedding/ nightwear; practical fire safety advice. We are also developing a 'prevention of childhood accidents action plan', and a number of priorities for action have also been identified for 2010/11, including a multi agency response to 'Child Safety Week' in June 2010.
- As already noted under priority 2, we aim to reduce the proportion of mothers of smoking in pregnancy to more acceptable levels the coming year.
- Children and Young People are not specifically prioritised in the NHS Stockport Corporate Strategic Plan, and so we will need to work hard to ensure that Children and young people's issues are kept high on the partnership agenda in order to meet our priorities and targets this year.
- Alcohol use and related harm in young people remains a key issue for Stockport. Alcohol is the main referral problem for all referrals to the MOSAIC School Based Service over the past year and the second highest referral problem for the MOSAIC Treatment team. The majority of referrals for 'children affected by parental substance misuse' are also from families with alcohol problems and this work needs to continue in order to 'break the cycle' of problematic alcohol use within the family.
- We are with arrange of stakeholders to develop a shared model of wellbeing, and to deliver this through an action plan to disseminate the evidence based 5 ways to wellbeing


Code	Short Name	Aim	2008/09	Quarter 4		2009/10				Managed By
			2008/09	Q4 2009/10		2009/10				
			Value	Value	Note	Value	Target	Status	Long Trend	
NI 112 BV197	Percentage reduction in under 18 conception rate (from 1998 baseline)	Aim to Minimise	-10.2%	Not yet available	There is a 15 month time lag for this data, therefore this commentary relates to 2008 data. - The Q4 2008 under 18s conception data shows a conception rate of 36.4/1000 for Stockport. This is below the England average of 40.7 and is well below the North West average of 46.0 - The 4th Quarter rate was 36.3/1000 - The rate shows an overall reduction of 16.5% since the 1998 baseline year. This is the second highest reduction of all the Greater Manchester authorities - The data shows that there were 201 conceptions in 2008 compared to 2007 when there were 221 conceptions which is a	-16.5%	-26.0%			Viki Packman; Michael Priestley

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>significant reduction in one year. - The conception target for 2008 was 33.8 a 22% reduction from 1998 baseline</p> <p>Programme Update</p> <p>1. The Integrated Team around the Child in Schools and Colleges Programme is continuing to develop an integrated health offer. Links to the new Neighbourhood Management Board are being developed. The new programme is developing with support from Workforce Development and Strategy and Performance. The Drugs and Alcohol worker has been recruited. There will be an additional day and a half School Nurse support including drop in health clinics to each of the four schools in the project. Tactical partnership meetings are being established in each school to plan the care pathways and how the core team will work most effectively in each school.</p> <p>2. Self esteem and attainment programme called Girls Allowed to start 4th May 2010. The Girls Allowed programme is working closely with the Brinnington Educational Partnership Programme. The first pilot programme for year 9 girls from Brinnington is to begin in June 2010. Possible venues are being explored.</p> <p>3. Generic Health clinics have</p>					

Code	Short Name	Aim	2008/09	Quarter 4	2009/10					Managed By
			2008/09	Q4 2009/10	2009/10					
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>begun at Aquinas and Cheadle colleges and a further clinic is to be launched at Marple College. Promotion of the new clinics through a joint programme with Stockport County.</p> <p>4. Plan for implementation of You're Welcome Standard for the development of the new clinics to ensure quality assurance.</p>					
NI 113a	Percentage of the resident population aged 15-24 accepting a test/ screen for Chlamydia	Aim to Maximise	18.1%	20.4%	<p>Interim Q4 data, this data has yet to be confirmed by national programme.</p> <p>However, we know that we have not achieved the target of screening 25% of our population of 15-24 year olds. They year end figure is likely to be approximately 20%, which is a slight improvement on the 08/09 figure.</p> <p>Stockport has taken the approach recommended by the national Chlamydia screening program to embed screening in core primary care settings such as specialist young person's health services, pharmacies and GP practices. We have successful achieved this at Central Youth and have identified a local GP champion, which has resulted in a steady increase in the number of screens carried out in GP practices. We have remained committed to this approach and not pursued the "quick and high volume screens"</p>	20.4%	25.0%			Ellen Cooper

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>which some other PCTs have done which have resulted in an increase number of screens but with a very low positive rate (hence, the need to establish a minimum positivity marker (not target) to ensure we are continuing to screen people most at risk of Chlamydia infection. This "marker" is also being discussed at the GM program level and we will await the outcome of those discussions before setting anything for Stockport).</p> <p>For 10/11, the target is increasing to a very challenging 35%. Discussions are taking place within the Greater Manchester program to identify cross boundary and program wide activities to compliment those developed within our own local action plan.</p>					
NI 48	Children killed or seriously injured in road traffic accidents- percentage change compared to the previous year based on a 3 year rolling average.	Aim to Maximise	3.4%		<p>The provisional total for child KSI casualties for calendar year 2009 is 12. Although a small numerical increase, this has produced a change from a positive figure of 3.4% last year to a negative figure of 7.1% for this year. Any subsequent change to the total before final validation couldn't produce a further significant percentage change. As the numbers are small we can easily analyse each incident and will especially target the secondary</p>	-7.1%	8.4%			Ian Thompson

Code	Short Name	Aim	2008/09	Quarter 4		2009/10				Managed By
			2008/09	Q4 2009/10		2009/10				
			Value	Value	Note	Value	Target	Status	Long Trend	
					school age group.					
NI 70	The number of finished in-year emergency admissions of children and young people to hospital as a result of unintentional and deliberate injury, per 10,000 population of children and young people.	Aim to Minimise	130.3		<p>The 2009/10 includes admissions up to the middle of March 2010. Up to that point there have been 743 admissions compared to 785 in 2008/09. Although there will be additional admissions during the last 2 weeks in March it is likely that performance will meet this year's target.</p> <p>Progress in this area has been slow due to a lack of dedicated capacity to lead, co-ordinate and deliver work to impact on this indicator. Several local initiatives are being delivered including a home safety equipment scheme which operates in an area with high levels of deprivation and the Crucial Crew events aimed at school aged children. There are also well developed preventative programmes delivered by the fire service and the road safety team. A number of priorities for action have been identified. A review of public health capacity to support progression of work in relation to children's indicators is in progress and this indicator will be considered as part of that review.</p> <p>Local partnerships are supporting colleagues in Public Health to develop 'prevention of childhood accidents action plan'. This partnership is a key part of</p>	126.7				Richard Battersby; George Gilmore; Mike Tarver; Duncan Weldrake

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>the Borough's local delivery of the National Healthy Child Programmes. In addition work is currently underway to support a coordinated multi agency delivery plan for 'Child Safety Week' in June 2010</p> <p>Local Partnerships have recently developed a pathway between Stockport's Children's Centres and Greater Manchester Fire & Rescue Service to enable universal assessment and appropriate referral for home fire safety intervention for all (100%) families engaged with the service. This will provide families with smoke alarms; replacement of chip pans with electric fryers; smoke resistant bedding/nightwear; practical fire safety advice.</p> <p>The fire service have agreed to set up a bespoke children's centre 'code' so that analysis can be provided on uptake/impact of the intervention and will enable tracking and evidence of the impact of this integrated prevention initiative.</p>					
NI 115	Substance misuse by young people	Aim to Minimise	10.8%		<p>Figures updated following release of TellUs4 results - http://www.dcsf.gov.uk/rsgateway/DB/STR/d000908/index.shtml</p> <p>Good news regarding NI 115</p>	8.9%	12%			Heidi Shaw

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>substance misuse and young people. This is measured by TELLUS survey with 11-16 year olds in Secondary Schools. The figure shows that we had higher reported use than our statistical neighbours (SN) and the national figure in 08/09, but have improved to an extent that we are now reporting lower levels than both:</p> <p>The 09/10 data shows that we have improved to 8.9%, which now shows that we are reporting lower than our SN (10.6%) who have remained the same and lower than the national figure (9.8%), which is actually an increase from last year.</p> <p>The performance has improved beyond the target and is further evidence to support the effectiveness of the MOSAIC School Based Service (data on programmes of work undertaken and outcomes is currently being compiled). MOSAIC has a worker in every Local Authority secondary school 1 day per week working with children using and vulnerable to substance use. This service is an early intervention /prevention service and continued provision across all secondaries is essential maintain progress on this indicator.</p>					

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>In addition, we are starting to see the impact of some of the work with children affected by parental substance misuse, improvement in systems around screening and assessment, especially with LAC young people. Continued robust partnership arrangements remain in place between the Youth Offending Team (YOT) & MOSAIC with further pathways planned this financial year with the YOT Prevention Team.</p> <p>In 2009, the Cheadle Local Partnership piloted a 'Drugs and Alcohol awareness' week in its 3 high schools; St James', The Kingsway and Cheadle Hulme. The programme has now been integrated into the health offer for secondary schools and is being delivered to 9 High schools this academic year 2009 - 2010. Its evaluation is part of the Integrated Team around Schools and Colleges (iTASC) programme with dedicated researcher time from Chester University.</p> <p>The 'week' delivers a 'universal offer' to all high school students and parents/carers are supported to know the range of support services that are available for early support and prevention and a limited targeted offer to particular vulnerable students.</p>					

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>Local Partnerships are currently focusing on the active promotion of the MOSAIC training package/ toolkit (working with children affected by parental substance misuse) in order to increase access to tier 2 intervention in primary schools/ children's centres and support colleagues in MOSAIC to promote further multi agency links for those working with vulnerable children and families</p> <p>Also see activity taking place as part of the new integrated 'health offer' to High Schools and Colleges. This can be found under the activity for NI 50.</p>					
NI 54	Services for disabled children	Aim to Maximise	N/A		<p>Data taken from - http://www.dcsf.gov.uk/rsgateway/DB/STR/d000902/index.shtml</p> <p>This is the first time this NI has been reported. Stockport's 2009/10 performance is in line with the national average. This indicator assesses parents' general experience of services for disabled children (aged 0 – 19) and the extent to which services for disabled children are delivered according to the 'core offer' standards. The score (out of 100) is derived from a national DCSF commissioned survey. Statistical Neighbour value sourced from the Local Authority Interactive Tool (LAIT).</p>	61				Cath Millington

Code	Short Name	Aim	2008/09	Quarter 4		2009/10				Managed By
			2008/09	Q4 2009/10		2009/10				
			Value	Value	Note	Value	Target	Status	Long Trend	
					To improve performance in this area further development of the Disability Partnership will take place with a focus around short breaks development.					

10. To explore new opportunities and ways of working together in order to promote wellbeing and independence according to people's choices and preferences.

KEY ACHIEVEMENTS AND ACTIVITIES IN 2009/10:





Independence, choice and control has been increased through:



- Developing and commissioning information and advice services through My Care, My Choice website recognised by DH as best practice; and through a FLAG (For Local Advice and Guidance) service being established in each locality
- The roll out of pilots and an interim operating model for self directed support and personal budgets; engaging the market in outcome-based delivery models; attendance of 343 staff at engagement and awareness events for transforming social care; and through a wide publicity campaign aimed at members of the public.
- Over 300 people of all ages participating in Stockport's Dignity In Care event
- Stockport achieving trailblazer funding and status for both Dementia and Transforming Community Equipment Services
- Local Involvement Network increasing its membership to over 200 individuals and groups wishing to be involved in health and well being
- Exceeding targets for drug users in effective treatment and significantly lower proportion of young people reporting substance misuse
- Being a DH pilot site for the common assessment framework, with a specific focus on improving pathways and processes for continuing care
- Obtaining £139,000 of PRG funding for the development of micro businesses and social enterprises to support the social care market to respond to personal budgets.
- Increasing the number of clients we are assisting via Grant Funded Services from 7,482 to 9,618, and increasing Social Services funding for these services from £2.2 million to £2.5 million.
- Increasing the number of adults diverted from residential care into more appropriate community based extra care housing.
- The new retail model for equipment was initiated on 1st February 2010 and the change in process is being rolled out across Health and Council staff; by May it is expected that all staff who assess for and provide simple aids for daily living will be issuing prescriptions. To date, 462 prescriptions have been issued. Telephone reviews completed 6 weeks after the issue date suggest that users are having a good experience with 89% saying they are very satisfied with the process for obtaining their equipment.
- SDS outcomes based reviewing: our post-review survey suggests that 93.5% are satisfied with the review process and there is wide satisfaction with involvement in decision making and choice available.



RISKS, FUTURE PLANS AND PRIORITIES:

- An overall risk to achieving our priorities this year is the requirement to do more, with potentially much less funding. We will need to make significant efforts to find new ways to fund essential services and transformation priorities, and make difficult decommissioning decisions.
- We have not met our target to reduce the number of emergency bed days per head of the population, with an outturn of 208,547 against a target of 201,960. This is a challenging issue for us, and we are monitoring this closely, and will aim to reduce this rate over the coming year.

- We await greater clarity on the policy priorities and budget arrangements for the incoming government, and how this will affect our work programme going forward. Particular queries relate to the new national budget; the potential removal of ring fencing of grants to local areas; and the proposal to delay or conclude projects initiated under the outgoing government.
- Further roll out of self directed support interim operating model to all service users, starting in April 2010, and implement a final operating model later in the year.
- Develop the local market place to be able to offer a range of outcome-focussed, flexible and high quality services to meet the needs and preference of the community.
- Continued development of My Care, My Choice to offer an online market place for service research and purchasing; and opportunities for self-guided online support planning.
- Developing capacity for users to do more for themselves – self and peer support planning, purchasing, and delivery of services
- Implement the Information and Advice Strategy, including streamlining information and advice pathways; improving coordination between various methods; and greater targeting of services.
- Launch and implement the prevention strategy.

Code	Short Name	Aim	2008/09	Quarter 4		2009/10				Managed By
			2008/09	Q4 2009/10		2009/10				
			Value	Value	Note	Value	Target	Status	Long Trend	
NI 40 LAA	Change in number of drug users in effective treatment from 2007/08 baseline	Aim to Maximise	47	N/A	Currently projecting an EOY total of 700, this is a projected change of +60 against a target of +26. Due to the time lag in the National Treatment Agency performance system, the latest data is to the end of November 2009. To meet the NI 40 target, we require 8.8 new clients each month during 2009/10. After 8 months, we have achieved an average of 12.75 new clients per month, which puts us comfortably ahead of the target rate. Overall we have achieved 649 clients to the end of October against a target of 618.	60	26			Steve Brown
NI 130	Social care clients receiving Self Directed Support (Direct Payments and Individual Budgets) per 100,000 population aged 18+	Aim to Maximise	163.1	13.9	We aimed to achieve our NI 130 interim target of 13.9% via a combination of new Direct Payment users, the Mental Health Self Directed Support (SDS) Pilot, and via an SDS approach (using	13.9	13.9			Terry Dafter

			2008/09	Quarter 4		2009/10					
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By	
			Value	Value	Note	Value	Target	Status	Long Trend		
					<p>an 'interim' model of SDS) to all those adults being reviewed across Adult Social Care. Following discussions with the Performance Information Unit, targets were set by OPS Service Managers for each team. We also reviewed, using the SDS model, those people who receive only Community Meals, to offer choice by exploring potential alternative provision. We now plan to roll out this interim model of SDS for all potential service users during April 2010.</p> <p>ADASS and LGA have worked in partnership with the Department of Health and other key stakeholders (including CQC) to establish a set of milestones against which we can judge progress with the transformation of Adult Social Care services in line with the vision for adult social care laid out in "Putting People First". These milestones include the expectation that at least 30% of eligible service users/carers will have a personal budget by April 2011. It is believed that Councils should have reached a 10% minimum target by March 2010, if they are going to guarantee the 30% target for 2011, and although the out-turn is yet to be finalised, current forecasts are showing that we will exceed the 10% milestone and meet our own target of 13.9%.</p>						
NI 136 LAA	People supported to live independently through social services (all ages) - per 100,000 population aged 18+	Aim to Maximise	4028.71	4275.8	This continues to be a positive indicator for adult social care. One of the reasons for this increase is the increase in the GFS1 figures, as mentioned in the Q3 commentary. In the last year we	4275.8	4017			Janet Beer; Joan Beresford; Terry Dafter	

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>have increased the number of clients we are assisting via Grant Funded Services from 7,482 to 9,618, and SS funding has increased also, from £2.2 million to £2.5 million.</p> <p>Support for people to remain in their own homes continues to be a key priority evidenced by continued encouragement to deliver personal budgets whenever possible. Further it has now been agreed that for all new referrals to adult social care, assessors will be required to offer those with eligible needs a budget and access to advice about how the options for spending that money. We are pleased to report that staff are committed to delivering outcomes in this way.</p> <p>There will be regular team level monitoring information in relation to timeliness of assessments from early 10-11 which will ensure that such dips in performance are detected and acted upon at the earliest opportunity in future.</p>					
NI 134	The number of emergency bed days per head of weighted population	Aim to Minimise	200738	190501	<p>Interim data - Data is only available to end of February and shows 190,501 bed days against a target of 184,484. The forecast has been made on the basis of this data and shows that the target reduction is unlikely to be achieved for 2009/10.</p> <p>This is a measure of improved pro-active care of patients, particularly those with chronic conditions. In order to reduce the number of emergency bed days, a range of health and social care partners need to work together to avoid admissions and to ensure</p>	208547	201960			Karen Long

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					<p>appropriate time in hospital; and appropriate alternatives to hospital are available wherever possible.</p> <p>Supporting people with long term conditions is key to reducing unscheduled hospital admissions, and a wide range of work is underway that supports this agenda, such as development of a Strokes Strategy; the continued implementation of the Falls Strategy; the implementation of the Dignity in Care agenda; and the development of a social care prevention strategy.</p> <p>As part of the Dementia Strategy, we have been awarded Trailblazer status and funding to lead the way nationally in developing peer support networks; peer trainers; and trialling the development of virtual online peer support networks using innovative technology.</p> <p>Work on the Long Term Conditions strategy will also continue in the coming year, with specific plans around developing a coordination hub; developing links to the forthcoming Lifestyles Service; supporting carers of people with long term conditions; and improving information availability.</p> <p>We have also developed a detailed action plan to address unscheduled care (i.e. unplanned hospital care) in general, which includes redesigning the unscheduled care system; exploring the reasons for admissions relating to mental health COPD, alcohol, short term admissions, admissions from care</p>					

			2008/09	Quarter 4		2009/10				
Code	Short Name	Aim	2008/09	Q4 2009/10		2009/10				Managed By
			Value	Value	Note	Value	Target	Status	Long Trend	
					homes etc, and to identify alternatives to those admissions.					

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Data Not Available This Quarter



01. To reduce deaths from circulatory diseases and cancer as the main contributors for the differences in life expectancy between the poor and affluent neighbourhoods in Stockport.

Code	Short Name	Aim	08/09	09/10			Managed By
			2008/09	2009/10		Note	
			Value	Value	Target		
NI 121 Local 2	Uptake of CVD Risk Factor screening programme	Aim to Maximise	69.1%	N/A		Data is for financial year, and is collected via an annual audit of GP practices. 2009/10 data will be available in July 2010.	Jane Jefferson
NI 122 Local 2b	Uptake in deprived practices of screening for cervical cancer from 2009	Aim to Maximise	79.50	N/A		Data is for financial year, and is collected via an annual audit of automatic return from GP practices. Data for 2009/10 due in November 2010.	Jane Rossini
NI 122 Local 2a	Uptake in deprived practices of screening for breast cancer from 2009	Aim to Maximise	64.1%	N/A		Data is for financial year, and is collected via an annual audit of automatic return from GP practices. Data for 2009/10 due in November 2010.	Ellen Cooper
NI 122 Local 2c	Uptake in deprived practices of screening for bowel cancer from 2009	Aim to Minimise	N/A	N/A		The screening programme for bowel cancer commenced on the 9th December 2009. Data is not expected to begin flowing until April and will not be robust enough to report until at least the Autumn	Jane Rossini
NI 137	Healthy life expectancy at age 65	Aim to Maximise	N/A			No validated central data until 2014 (when 2011 Census published). The PCT will be carrying out its own estimate of NI 137 using the Adults Lifestyle Survey carried out in autumn 2009. However, this will be a local score and cannot be assumed to link. Lifestyles survey now complete, with 7300 responses. Data to be made available shortly.	Steve Watkins

02. To reduce levels of smoking in priority neighbourhoods in Stockport and prevalence across the Borough.

Code	Short Name	Aim	08/09	09/10			Managed By
			2008/09	2009/10		Note	
			Value	Value	Target		
NI 123 Local 2	A local outcomes focused smoking cessation target	Aim to Maximise	N/A	N/A		The adult lifestyle survey has now been collected, with 7,300 responses. The survey is due to report after purdah has ended. Stockport Health Record project is progressing and smoking data is being requested, this should be available from June 2010.	Sarah Clarke

05. To understand and reduce differences in the current mental and emotional health experienced between residents, with a focus on inequalities.

HWB MWB	To improve mental wellbeing in Stockport, with a focus on inequalities and those aspects of wellbeing which effect mortality	Aim to Maximise		N/A		The PCT has committed to a regional study using a validated tool. Once the survey is complete we will be able to set targets and develop tools for continued measurement. Data has now been published from regional survey, adult lifestyle survey and the Place Survey where the sane wellbeing assessment tool has been included in each survey to enable validation to occur. Reconciliation is ongoing at the moment at target should be set for 2010/11.	Eleanor Hill
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06. The promotion of independence in older people to maintain them safe, well and at home where possible.

HWB AOT1a	Proportion of older people asked who agree that there are support services to assist people to live independently in their own home	Aim to Maximise			N/A		Margaret Brade
HWB AOT1b	Proportion of older people asked who agree that they know how to find out what support will there be to help me live independently in my own home	Aim to Maximise			N/A		Margaret Brade

09. To ensure that children's services are appropriately designed to meet the emerging demographic and birth-rate changes and address the lifestyle factors affecting health and well-being.

Code	Short Name	Aim	08/09	09/10			Managed By
			2008/09	2009/10		Note	
			Value	Value	Target		
NI 126	Early Access for Women to Maternity Services	Aim to Maximise	80.0%	N/A		There has been no update to data since quarter 2 2008/09 and information for the current quarter is not yet available. Work has been initiated to collect this data and hopefully data will be reported in 2010/11.	Alistair Cox

