December 2007
Public Health Partnership Board Performance Management Framework
Quarter 2 Exception Report

Tobacco
LDP targets should be reached if current level sustained, but element of risk exists.
Indicator 3: Levels of smoking among pregnant women. These are causing concern across the region and GONW is considering regional action.

Alcohol
Indicator 5: Waiting times within the Community Alcohol Team. The Alcohol Reference Group are addressing this via the LDP process, bidding for an increase in resources.
On target to achieve LAA reward targets.

Sexual Health
Indicator 1: GUM access within 48 hours. New data collection system shows higher levels of activity (70%) but still below target. New PCT CASH service delivery point operational from Oct 07. National Support Team visiting in Jan 08.
Indicator 3: Chlamydia screening coverage. LDP target will be missed due to late start up to service.
Indicator 5: Access to termination under 10 weeks. Contracts are being re-negotiated and it is anticipated that improvements will result.

Obesity
Indicator 1c: 90% measurement rate in schools. The reversion to an opt-out system will address this.
Indicator 4: Over 18s with BMI over 30. Obesity rate 24.9% of those measured. Improvements to achieve more robust recording and more accurate figures so enabling appropriate corrective action to be identified.

Performance Management Framework

Priority Work Programmes

Public Health Partnership Board

Quarter 2 Report
December 2007

Health Inequalities

General context:
Stockport is one of the healthiest boroughs in the North West but in Greater Manchester it is the most polarised in terms of differences in life expectancy between social groups. People living in the most deprived fifth of the borough can expect to live on average 6-8 years less than the average Stockport resident and this gap at its most extreme can reach 12 years if you compare men in Brinnington and Central ward with those in Bramhall South. The major drivers of this Life Expectancy gap are circulatory disease (28%), cancer (16%) and digestive conditions (15%).

Indicator		Frequency	Context/Target	Previous Performance	Current performance	Direction of travel ⇔⇧⇩
1	Reduce the gap in all age all cause mortality, as measured by life expectancy at birth (3 year average), between the areas in Stockport in the worst fifth nationally in terms of deprivation indicators and the population of Stockport as whole for: **Males**	Annually	Inequalities gap in life expectancy at birth in years for males (3 year average) 2006/08 = -6.31 years	2004/06 Target = -6.46 Actual = -6.47 Provisional figures	2004/06 Target = -6.46 Actual = -6.47 Actual Figures *Next update April '08*	⇧ But at risk
2	Reduce the gap in all age all cause mortality, as measured by life expectancy at birth (3 year average), between the areas in Stockport in the worst fifth nationally in terms of deprivation indicators and the population of Stockport as whole for: **Females**	Annually	Inequalities gap in life expectancy at birth in years for females (3 year average) 2006/08 = -4.29 years	2004/06 Target = -4.36 Actual = -4.58 Provisional figures	2004/06 Target = -4.36 Actual = -4.59 Actual Figures *Next update April '08*	⇧ But at risk
	Commentary/Deliverables: Health Inequalities strategic framework ratified by SMBC and PCT Oct 07. The delivery of the strategy will require significant staff resource and this still needs to be planned and agreed. - Draft strategic framework produced — Done - High level targets/ indicators in place to monitor strategy — Done					

Indicator		Frequency	Context/Target	Previous Performance	Current performance	Direction of travel ⇔⇧⇩
	- Strategic framework and timescales ratified by stakeholder organisations - Framework disseminated to key stakeholders - Workforce plan agreed to deliver strategy - Training and development provided for staff operationalising strategy - Brinnington renewal area: existing health plan updated to incorporate health inequalities agenda - Adswood/Bridgehall renewal area health action plan developed using AI approaches - Heaton Norris/Lancashire Hill renewal area health action plan developed using AI approaches - Agree resourcing to support implementation				Done Jan 08 Done (within PCT/PH) Delivered/ongoing support Available By March 08 By March 08 By March 08	
3	Reduce the absolute gap in mortality from circulatory diseases (3 year average) between the areas in Stockport in the worst fifth nationally in terms of deprivation indicators and the population of Stockport as whole	Annually	Inequalities gap in directly standardised mortality rates for circulatory mortality in lowest quintile - 3 year average	2004/06 Actual = 101.5 Provisional data	2004/06 Actual = 101.8 Actual Figures *Next update April '08*	⇧ But at risk
	Reduce the absolute gap in mortality from cancer (3 year average) between the areas in Stockport in the worst fifth nationally in terms of deprivation indicators and the population of Stockport as whole	Annually	Inequalities gap in directly standardised mortality rates for cancer mortality in lowest quintile - 3 year average	2004/06 Actual = 59.5 Provisional data	2004/06 Actual = 59.5 Actual Figures *Next update April '08*	⇧ But at risk
	Commentary/Deliverables: Key to reducing the Life Expectancy gap is addressing health inequalities in relation to our major killers, ie, cancer and circulatory mortality. As part of the strategy we are monitoring overall reduction in deaths and the gap between deprived and non-deprived areas. Health equity auditing methodology is being used to target resources more effectively and refocus service provision.					

Tobacco

General Context:
Smoking prevalence for Stockport is 18.4% and is one of the lowest prevalences in Greater Manchester and well below the national average of 26%. However, prevalence is not uniform across the borough and rates vary from 6.9% in Bramhall to 51% for Brinnington renewal area. Using figures from 05/06 smoking cessation services currently see about 4,600 smokers per year and of those 42% are successfully quit at 4 weeks. Data from the health equity audit however shows that quit attempt and success rates also vary according to deprivation.

Smoking among young people is in line with the national prevalence. According to the Stockport Young People's Lifestyle (2002) 11% of young people aged 11-15 smoke at least 1 cigarette a week. Although there is less association between young people smoking and deprivation than adult smoking the survey found 14% of young people in Tame Valley and Heatons area smoked, whilst less than 3% in Bramhall smoke. The continuation of smoking into adulthood is strongly associated with deprivation. By their 30's 50% of better off young people have stopped smoking compared with only 25% of young smokers from disadvantaged areas. There is limited evidence of effectiveness of smoking education and cessation interventions with young people

The tobacco control joint work programme has 3 main workstreams
reducing adult smoking prevalence,
reducing smoking prevalence amongst children and young people
delivering smoke free environments

Indicator		Frequency	Context/Target	Previous Performance	Current performance	Direction of travel ⇔⇧⇩
1	To reduce adult smoking prevalence by supporting cessation attempts - 4 week quitters attended NHS cessation services prevalence established at	Quarterly	**LDP** Target for successful 4 week quit attempts (5,908 between 2005-2008) In year target of 1,979 for 07/08	Q1 = 562 (changes to DH performance monitoring systems means quarterly figures revised retrospectively)	Q2 = 434 YTD = 996 *On target for year end (50.3% achieved)*	⇧
	Commentary/Deliverables: ▪ General trend in 2007/8 – Activity increased during Q1 as ban approached and high level of activity was maintained over summer months. Cumulative performance is 62% higher than 2006/7 but only 12% higher than 2005/6). There is still a risk that activity will decrease in Q3 and Q4 and overall performance for year does not reach target					

	▪ Business case for the development of a new service for systematic referral for pre operative smoking cessation support is subject of current discussion by SMC. Revised business case will be considered Jan/Feb. ▪ Four drop-in clinics established to accommodate increased numbers making smoking cessation attempts 2007/8. ▪ "Clear the air campaign" and Greater Manchester Association of PCT's Quit It campaign provided extensive media coverage of messages about new legislation and smoking cessation support. ▪ New DH guidance for monitoring of smoking cessation attempts implemented which includes move from discrete quarterly reporting to cumulative performance monitoring incorporated into monitoring systems, this allows revision of previous quarter's performance (this is beneficial as it provides a more accurate picture of actual performance over time)

Indicator		Frequency	Context/Target	Previous Performance	Current performance	Direction of travel ⇔⇧⇩
2	To reduce adult smoking prevalence by increasing 4 week quitters attending NHS cessation services from deprived areas	Quarterly	**LAA Reward** Target: 200 additional 4 week quitters over baseline 691 in 2004/5 in period 2006-9 In year target : 691 quitters from deprived areas in 2006/7 741 target for 2007/08	2006/07 = 833, target achieved Q1 = 257 (Target 185)	Q2 136 (will increase as data cleaned and revised retrospectively) (Target 167)	⇔
	<u>Commentary/Deliverables</u>: ▪ Number of 4 week quit attempts in disadvantaged communities has increased from baseline 2004/5 was sustained last year and is increasing in 2007/8. ▪ Performance is benefiting from general increase in numbers accessing services as result of introduction of new legislation, new drop-in clinics, awareness raising initiatives targeting priority populations in partnership with Dr Fosters. ▪ Early indications from the Equity Profile 2006/7 suggest that quit rate amongst priority population is improving ▪ *Smoke free homes scheme was launched in October ▪ *Health Defenders course has now had 46 participants and received national recognition in the British Thoracic Society awards ▪ Social marketing initiative has completed first phase primary research and is now at the intervention design stage ▪ The workplace smoking cessation programme continues to target manual and SME businesses in areas of highest prevalence.					

Indicator		Frequency	Context/Target	Previous Performance	Current performance	Direction of travel ⇔⇧⇩
3	Reduction in % women smoking during pregnancy to 10% (1% reduction per year) Baseline = 12.1% (05/06)	Quarterly	Target Reduction to 10.8% of mothers smoking in pregnancy by 2008	Q1 = 15% pregnant and delivering women are smokers Quit attempts 47 4 week quits 13	Q2 = 17% of pregnant women delivering are smokers 158.2% above trajectory – the target is 10.8% Quit attempts 23 4 week quits 7	⇩ at risk
		Quarterly	95% of mothers with smoking status recorded at booking and delivery	Q1 96.1% known	Q2 98.8% known	⇧
	Commentary/Deliverables: ▪ This target continues to be very challenging. A smoking in pregnancy programme supports women and their partners to stop smoking. Only 61 women used Stop Smoking services in 2006/7 a fall from 119 in 2005/6. This was partly due to 6 month vacancy in smoking and pregnancy midwife lead. ▪ Cumulative figures for 2007/8 suggest figures will return to 2005/6 level. Quit rates remain lower than general population ▪ A new initiative to create one lead midwife per patch to support smoking cessation attempts does not yet appear to be having a significant impact ▪ There appears to be a trend emerging increasing smoking in pregnancy prevalence across many PCT's in Northwest GONW are proposing a regional investigation of trends and factors behind this ▪ The mechanism to ensure missing data target exceeded is working well					

Indicator		Frequency	Context/Target	Previous Performance	Current performance	Direction of travel ⇔⇧⇩
4	Young people's indicators			Q1 07 figures not yet available before		
4.1	Increase in number of smoke free homes	Quarterly	Number of smoke free homes registered in key localities	Q1 07 figures not yet available before		
4.2	Increase in number of people making supported quit attempts	Quarterly	Number of quit attempts	Q1 07 15= attempts	36= attempts	⇧ Caution small numbers
			Number of 4 week quits	Q1 07 5 = 4 wk quits	8 = 4 wk quits	⇧ Caution small numbers
	Commentary/Deliverables: ▪ Overall plan contained within Smoke Free Stockport Strategy and is integrated with the NSF Children, Young Peoples Plan/Young People's Substance Misuse. Further development of work programme has been delayed by the priority given to smokefree public places legislation. ▪ *Workstream will be reviewed and further developed in 08/9 in line with regional tobacco strategy and initiatives ▪ *Current vacancy for Young Peoples Smoking Cessation Adviser being reconfigured to create a development post to co-ordinate delivery of plan in meantime young people are being seen in specialist service and at Mosaic. ▪ Performance may exceed baseline year 2005/6					

Indicator		Frequency	Context/Target	Previous Performance	Current performance	Direction of travel ⇔⇧⇩
5	To decrease number of people exposed to passive smoking by increasing no of smokefree environments (workplaces, homes and public places)	Annually	Target: will move from number of businesses that are smokefree to number of businesses reported for infringing smokefree legislation Proxy indicator: number of calls to Clear the Air advice line (Feb - July 07)	12,000 businesses received direct communication on becoming smokefree 123,000 households received direct communication via Civic news	Between 1.7.07 and 15.11.07 403 inspections have been carried out, with 396 premises (98.2%) fully compliant. This is in excess of the national trend which shows that just over 95% of premises were compliant. Smokefree Homes became active Aug 07. 11 homes signed up by end Q2	⇧
	Commentary/Deliverables: ▪ Proactive clear the air campaign delivered and as a result: o 88% of businesses became aware of the ban and businesses found the newsletter informative o 84% of people aware of the ban in Stockport compared with a national figure of 45% o There were 25 positive and no negative articles in the local media in the short time span of the campaign o Key message pick up - of these, 98% included the campaign's three key messages including availability of smoking cessation support ▪ Smokefree Homes: very positive reception among public, like being able to do something that is not focused only on cessation.					

Alcohol

General Context:
Alcohol misuse prevalence in Stockport among men (43% binge drinking in the last week) is above the national average while for women (21% binge drinking in the last week) it is roughly the same, although there are variations across the borough. 18-24 year olds throughout the borough are more likely to binge drink than other age groups among both males and females. Heavy binge drinking (over 4 x the daily limit) appears to be more prevalent in more deprived areas; in addition, it appears that men in these areas continue to binge drink throughout adulthood up to age 65 (Adult Lifestyle Survey, 2006).

60% of A&E attendances for intoxication and alcohol poisoning came from the 30% of the population of the borough living in the 40% most deprived areas (nationally).

The directly standardised mortality rate for deaths where alcohol is mentioned as a cause, 3 year average, has increased from 20.2 in 2000/02 to 26.4 in 2004/06.

The alcohol work programme has three main strands of work:
Treatment and care
Crime and disorder (licensing, policing, street drinking)
Communication and communities (training, campaigns)

Indicator		Frequency	Context/Target	Previous Performance	Current performance	Direction of travel
1	No of incidents of criminal damage recorded by police	quarterly	**LAA Reward** target: reduce to 5050 by 2008-9	Q1: 1277	Q2: 1104	⇧
	Commentary/Deliverables: • Currently on target to achieve LAA reward					
2	Major & minor woundings recorded by police (not domestic)	quarterly	**LAA Reward** target: reduce to 1807by 2008-9	Q1: 345	Q2: 352	⇔
	Commentary Deliverables: • Currently on target to achieve LAA reward					

3	A&E attendances due to intoxication/alcohol poisoning (compare general, from 40% deprived and under 18s)	Irregular, aim for quarterly	No target set yet	Q1 = 136 52.9% IMD40% 14.7% u18	Q2 = 119 64.7% IMD40% 22.7% u18	⇔
	Commentary Deliverables: •					
4	No of brief interventions delivered to over 18s	quarterly	Target in bid document	N/A	N/A	
	Commentary Deliverables: • Coordinator appointed. Service due to commence March 08					
5	No of Referrals to Community Alcohol Team / MOSAIC (alcohol cases only)	quarterly	No target set	Q1 258	Q2: 215	⇧
	Commentary/Deliverables: • Waiting times for Community Alcohol Team currently 8 weeks for assessment and further 6 weeks to start treatment. This length of wait increases non-attendance at appointments.					

Sexual health

General Context:
Prevalence of sexually transmitted infections in Stockport mirrors the national picture. 668 cases of Chlamydia were diagnosed in 2005. 11% of people under 25 years tested at Central Youth were positive.
Teenage pregnancy rates have been falling consistently from the baseline of 43.2/ 1000 in 1998 to 32.9/ 1000 in 2005. This compares well with a slight increase for Greater Manchester as a whole.
Access to services is a key indicator, for example, approximately 60% obtain GUM services within 48 hours. The proportion of terminations performed before 10 weeks gestation has decreased to 46% - one of the lowest in Greater Manchester.
Inequalities in sexual health are apparent in prevalence rates for different conditions: Chlamydia is more prevalent in under 25s while HIV, Syphilis and Gonorrhoea are more prevalent in men who have sex with men. Teenage pregnancy rates vary widely across the borough from 115.2/ 1000 in Brinnington to 12.8/ 1000 in Cheadle.

The sexual health programme includes five main workstreams:
Reducing levels of sexually transmitted infections (STI)
Establishing Chlamydia screening
Reduction on teenage pregnancy rates
Reduction in terminations by increasing access to LARC
Increasing access to STI diagnostic and treatment services

Indicator		Frequency	Context/Target	Previous Performance	Current performance	Direction of travel ⇔⇧⇩
1	% clients obtaining access to GUM services within 48 hours	Quarterly	**LDP** Target: 100% obtaining access within 48 hours by March 2008	Q1 rate was 63% obtaining access within 48 hours	Q2 – Last HPA quarterly audit (Aug. 2007) was 47% of people seen within 48 hours. However the new monitoring data, UNIFY, provides monthly data. Sept. was 69% and Oct. was 72 % seen within 48 hours.	⇧

	Commentary/Deliverables: • The August performance was particularly low and can be attributed to holidays and inability to cover staff. • September and October have seen greater access to service but still below target. The Tier II service delivered by PCT CASH service launched in October 2007 but too early to tell its impact on target. Due to the concerns on achieving this target, the national support team are visiting Stockport for on Jan. 8th for a rapid assessment.				
2	Gonorrhoea cases/100,000 population	Quarterly	**LDP** Target: reduction in new case rate to 17.2/100,000 by March 2008	Q1 12.8/ 1000 (calendar) Q2 17.1/ 1000 (calendar)	Q3 10.0/ 1000 (calendar) ⇔
	Commentary Deliverables: • This year we will see an increased number of cases of Gonorrhoea as we are undertaking more tests. This is due to the new Chlamydia diagnostic test which automatically tests for Gonorrhoea on the same sample.				
3	Chlamydia screening coverage rates	Monthly/Quarterly	**LDP** Target: 15 % of young people aged 15-24 screened by March 2008	Service established July	Q2 = 0.9% (1.2% cumulative rate.) ⇧ But at risk
	Commentary/Deliverables: • The PCT is performing well below the target due to late start in the programme. • We are still establishing new screening and treatment sites and we will not achieve the LDP for 07/08				
4	Reduction in Teenage conception rate	Annually	**PSA** Target: Reduction of 45% in under 18 conception rate by 2010 to 23.8 per 1000	In 2005, the conception rate decreased to 32.9/1000	*2006 data due Dec. / January*
	Commentary/Deliverables: This is annually produced data so no new data to report.				
5	Access to reproductive health service: contraceptive services and termination under 10 weeks.		**LDP** Target: 60% of terminations before 10 weeks	In 2006 – 46% of NHS funded terminations were under 10 weeks.	No further data available ⇩
	Commentary/Deliverables: • We need to provider quicker access for women and therefore are reviewing contracts with service providers				

Obesity

General context:
Current obesity prevalence in Stockport is below the national average for adults and children, however, these rates are expected to rise. It is estimated that 1 in 3 children in England will be obese or overweight by 2010. The national emphasis on prevention targets children and indicators 1 & 2 reflect this, while indicators 3 & 4 focus on adults. Weight measurement and physical activity are the main focus of the indicators in the framework as these measure obesity most directly. While diet & nutrition are important factors in obesity, there are relatively few local indicators measuring this. The statutory requirement to implement the new food standards for schools is a starting point, however the broad purpose of this work – reducing salt, sugar and fat intake, improving the vitamin and mineral content of school lunches, minimising the use of convenience foods in school meals & limiting the availability of unhealthy snack foods – is outside the scope of this framework and the contribution of the food standards to reducing childhood obesity will ultimately be measured through indicators 1 a & b.

The main workstreams relating to the obesity programme are:

Indicator		Frequency	Context/Target	Previous Performance	Current performance	Direction of travel ⇔⇧⇩
1a	Prevalence of obese children in reception and year 6	Annual data update in September	**LAA & LDP** targets – prevalence is expected to rise	2005/06 =11.2%	2006/07 = 10.2% *Annual data only*	⇧ But lower recording rate means not reliable
1b	Prevalence of overweight children in reception and year 6	Annual data update in September	**LAA & LDP** targets – prevalence is expected to rise	2005/06 =11.9%	2006/07 = 11.0% *Annual data only*	⇧ But lower recording rate means not reliable
1c	Number of Stockport schools achieving the 90% measurement target	Annually	Applies to reception and year 6 combined.	2005/06 = 67% Year R 38% Year 6 Averaged 52% (88.7% pupils measured)	2006/07 = 43% Year R 12% Year 6 Averaged 28% (79.6% pupils measured) *Annual data only*	⇩
	Commentary / Deliverables:					

	• There is a general increase in obesity with the age of the children (from Year R to Year 6). • Estimating based on these figures, there will be approximately 6,800 obese children (0 – 17 years old) in Stockport. • Although obesity appears to have fallen since last year, the method of data collection has changed, with parents asked to opt-in this year. This has led to a fall in coverage, with some schools more affected than others. • There is some evidence to suggest that larger children may have disproportionately chosen not to be measured, resulting in a fall in numbers found to be obese. • Next year, the scheme will revert to an opt-out style with DH approval, and trends may be more valid. • No discernable pattern has been found for obesity by ward or area of Stockport.

Indicator		Frequency	Context/Target	Previous Performance	Current performance	Direction of travel ⇔⇧⇩
2	Percentage of Stockport schools providing 2 or more hours of physical activity per week	Annual only (as based on an annual survey of schools)	**LAA** target is 69% 2006/07, 76% 2007/08, 85% 2008/09	77% (2006/07)	80% (2007/08)	⇧
	Commentary / Deliverables: • The increase in Stockport schools providing 2 or more hours of physical activity is showing an improving trend year on year. Previous performance in 2005/06 was 64%, rising to 77% in 2006/07 and now stands at 80%. The LAA interim year 2 target (of 76%) was exceeded and ongoing progress is being made towards achieving the 85% target for 2008/09. This has been achieved through the network of secondary PE specialists and the primary PE subject leaders, enabling the pupils in all of Stockport's schools to benefit from a wide range of opportunities to become involved in high quality PE, school sport and physical activity. • As mentioned in the Q1 report, supporting this indicator is the work around the national healthy schools programme. There has also been considerable progress against this agenda across Stockport in 2006/07. All Stockport schools have now signed up to the National Healthy Schools Programme including Pupil Referral Units, and the percentage of schools achieving National Healthy Schools Status stood at 54% at the end of 2006/07 which is ahead of the LAA (and national) target of 50% and is on course to meet the 55% target set for December 2007. This work has included innovative projects in extended schools and children's centres.					
3	Number of referrals to the PARiS (Physical Activity Referral in Stockport) scheme on the grounds of obesity	Quarterly	Comparative data can be provided which shows the rates of referral to PARIS for different conditions	Q1 07/08: 12 referrals on basis of obesity	Q2 07/08: 20 referrals on the basis of obesity (as the primary factor)	⇧
	Commentary / Deliverables:					

	• When comparing with other reasons for referral in the same period e.g. Joint and back pain – 50, Anxiety/depression/mental illness – 44, Hypertension – 38, Diabetes – 19, COPD – 19, Cardiac rehab – 12, Stable angina – 7, Cancer remission – 1, obesity is the 4th most likely reason for referral. However, obesity or overweight is often a factor in the other reasons for referral, but does not always emerge as the most immediate reason for referral. Rising rates of referral for obesity are seen as a positive thing as it indicates that GPs and other practitioners are actively recognising the need for support for people who have weight problems and the role that PARiS can play. • The overall number of referrals to PARiS has remained stable between Q1 and Q2. • In terms of opportunities for PARiS participants to benefit from the programme, in Q2 two new opportunities have been developed which are 1 health walk per month and 1 new closed gym session per week. This is in addition to the current 9 closed gym sessions per week, 7 open gym sessions per week, 5 open swim sessions per week and 11 community exercise classes per week. • The PARiS scheme attempts to identify how many scheme participants are still engaged in physical activity after 12 months, using a self completion survey. Of the 152 people who were referred to PARiS in Q2 of last year (06/07), 44 completed the survey and of these, 19 indicated that they were still engaged in some form of physical activity. On the information available, this equates to 43% still involved in physical activity.				
4	Over 18s with a BMI of 30 or greater	Annual data update at end of financial year	**LDP** data sourced from GP obesity register	Q1 = 21,338 (7.24%)	Q2 = 21,345 ⇔ But at risk
	Commentary / Deliverables: • Coverage of BMI measurement (Body Mass Index – weight in kilograms divided by height in metres squared) of the General Practice population is around a third of Stockport adults. There is some evidence to suggest General Practice has concentrated on measuring those more likely to have a weight problem, rather than the general population. • The rate of obesity from current figures is 7.24% of population, but 24.9% of those actually measured. The real rate is likely to be somewhere in between. • Data from the adult lifestyle survey suggested that 12.6% of adults were obese in Stockport, and this was thought to underestimate the rate, being a self-reported measure. • Further work is being done on this figure for 07/08 to increase recording of BMI in general population, to give a more accurate proportion.				