# Quarter 2
# 2008/2009
# Exception Report

**Health Inequalities**
Target remains challenging. Locality work being strengthened. Specific action to increase uptake of screening underway.

**Tobacco**
Attainment of target still expected but under threat. New strategies to address smoking in pregnancy and in young people to be prepared. Social marketing work focusing on Brinnington continues.

**Alcohol**
On target. Concern remains about waiting times but new staff recruitment underway to address this.

**Sexual Health**
Expansion of Chlamydia screening programme bringing good results: now one of best in GM, although still below target. Teenage conception rate remains a concern. Access to termination improved while investment in long-acting contraceptive service is under review.

**Obesity**
Maintaining accuracy of recording remains a challenge. Work is underway with Schools Sports Partnership and Sports Trust to deliver 5 hour target on physical activity for schools. Discussions ongoing on expansion of PARiS scheme to cover whole borough. Breastfeeding support in jeopardy after LAA funding ceases March 09 as other funding not yet secured.

# Performance Management Framework

# Priority Work Programmes

# Public Health Partnership Board

## 08-09 Report
## Quarter 2

**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 gap in healthy life expectancy is even greater. 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 ⇔⇧⇩ |
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| 1 | Reduce the gap in all age all cause mortality (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 *(calendar year)* | No specific target: key interest of PHPB so own target proposed | 2005/07<br>Actual gap = 382.0 per 100,000<br><br>*New baseline established* | Annual data<br>*2006/08 update available March 2009*<br><br>*Target gap =372.4* | ⇔ |
| 2 | Reduce the gap in all age all cause mortality (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 *(calendar year)* | No specific target: key interest of PHPB so own target proposed | 2005/07<br>Actual gap = 226.1 per 100,000<br><br>*New baseline established* | Annual data<br>*2006/08 update available March 2009*<br><br>*Target gap =230.6* | ⇔ |
| | **Commentary/Deliverables:**<br>In implementing the Health Inequalities Strategy, PH Locality Teams have delivered Appreciative Inquiry events in Lancashire Hill/Heaton Norris; Adswood & Bridgehall; Cherry Tree Estate, Romiley and Queen's Gardens in Cheadle. Participation of local community members and local staff has been good.<br>The Appreciative Inquiry process has yielded useful information that has led to specific local actions and been developed into key messages that inform commissioning of services overall.<br>Stronger multi-agency ownership will strengthen this work. | | | | | |

| Indicator | | Frequency | Context/Target | Previous Performance | Current performance | Direction of travel ⇔⇧⇩ |
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| 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 *(3 calendar year average)* | No specific target: key interest of PHPB so own target proposed | 2005/07<br>Actual gap = 87.1<br>per 100,000<br><br>*New baseline established* | Annual data<br>*2006/08 update available March 2009*<br><br>*Target gap =83.9* | ⇔ |
| 4 | Reduce the absolute gap in mortality from cancer (3 year average) between the areas in Stockport in the worst two-fifths nationally in terms of deprivation indicators and the population of Stockport as whole | Annually *(3 calendar year average)* | No specific target: key interest of PHPB | 2005/07<br>Actual gap = 30.8<br>per 100,000<br><br>*New baseline established* | Annual data<br>*2006/08 update available March 2009*<br><br>*Target gap =29.4* | ⇔ |
| | **Commentary/Deliverables:**<br>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. | | | | | |
| 5 | Increase the uptake of breast and cervical screening in 22 'deprived' practices compared to average of non-deprived practices. | Annually *(financial year)* | No specific target: PCT Priority to prevent reduce impact of cancer | 2007/08<br>Actual gap =<br>6.3% breast<br>3.8% cervical | Annual data<br>*2008/09 update available summer 09*<br><br>*No target set* | ⇔ |
| | **Commentary/Deliverables:**<br>Locality Teams will work with practices on specific action plans. | | | | | |

**Tobacco**

General Context:
Smoking prevalence for Stockport is 18.4% (weighted adult lifestyle survey 2008), one of the lowest prevalences in Greater Manchester and below the national average of 22%. However, prevalence is strongly linked to deprivation at sub district level and rates vary from 6.9% in Bramhall to 51% for Brinnington renewal area. In recent years over 4,500 people per annum have made quit attempts with the support of NHS smoking cessation services and 41% are successful at 4 weeks. Annual Health Equity Audits show that generally the quit attempt rate number per 1000 smokers is higher for disadvantaged areas (quintiles 1and 2) however the lower percentage of successful quits particularly in quintile 1 means that 4 week success rate is lower in more deprived areas. There is some evidence from the Equity Audit 2006/7 that this gap in success may be narrowing.

Smoking among young people in Stockport is in line with the national prevalence (estimated at 9% of 11-15 year olds) Stockport's Young Peoples Lifestyle survey figures show that rates have fallen since the previous Lifestyle survey for example in 2002 16% of yr 10 females and 10% of males smoked at least one cigarette a week, in 2008 12% of females and 9% of males smoked. However there is national evidence that reducing prevalence for young people has reached a plateau for the present. There is limited evidence of effectiveness of smoking education and cessation interventions with young people, but further national measures to prevent uptake of smoking amongst young people were proposed as part of the new National Tobacco Control Consultation.

Although there a less strong association between young people smoking and deprivation than there is for adult smoking, the Stockport survey showed children in more deprived areas start smoking earlier, smoke more and are more likely to have parents who 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.

The tobacco control joint work programme for 2008 -10 has 3 priority 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<br>- 4 week quitters attended NHS | Quarterly<br>*(financial year)* | **LAA & Vital Signs**<br>1,897 4 week quitters (a rate of 825 per 100,000) in 2008/09 | 2007/8<br>Target = 1,979<br>Actual = 2,218 | Q1&2 2008/9<br>Target = 901<br>Interim Actual = 555 (60% of target) | ⇩ |

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| | cessation services prevalence | | | |
| | **Commentary/Deliverables**:<br>▪ Fewer people have accessed smoking cessation services in the year to date<br>▪ A plan for additional marketing of smoking cessation services and to reengage previous clients of stop smoking services who have been unsuccessful in stopping smoking or lost to follow up has been put in place. This plan will be accelerated for Quarter 4 the time of year when traditionally more smokers attempt to stop | | | |

| 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 *(financial year)* | **LAA Reward Target**: 300 additional 4 week quitters in period 2006-9 over baseline 691 in 2004/5; 2008/09 target = 941 Cumulative target = 2,373 | 2007/08<br>Target = 741<br>Actual = 980<br><br>Cumulative Mar08<br>Target = 1,432<br>Actual = 1,813 | Q2 2008/09<br>Target = 447<br>Interim Actual = 190 (43%)<br><br>Cumulative Sept08<br>Target = 1,879<br>Actual = 2,003 | ⇔ |
| | **Commentary/Deliverables**:<br>▪ Number of 4 week quitters has reduced significantly this year due to the lower numbers of people accessing services overall<br>▪ The Cumulative performance 2006-2009 remains slightly above target due to strong performance in previous years.<br>▪ Plan for additional marketing of smoking cessation services should impact on Quarter 4 when interest in stopping smoking amongst the public is higher. Additional marketing will be targeted at disadvantaged areas.<br>▪ ?????On trajectory to meet cumulative target of 2373 4 week quitters, however target is end loaded so need to continue to find innovative ways to promote and deliver services throughout 2007/8<br>▪ Social marketing initiative in Brinnington is delayed due to publicity material not yet being finalised. | | | | | |

| Indicator | Frequency | Context/Target | Previous Performance | Current performance | Direction of travel ⇔⇧⇩ |
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| 3 | 2005/08 LDP target : Reduction in % women smoking during pregnancy to 10% (1% reduction per year) by 2007/08<br>Baseline = 12.1% (05/06). | Quarterly<br>*(financial year)* | No longer part of NI or LAA. Local monitoring continues however and a target has been proposed for HWPB to reach 10.8% by 2010/11 | 2007/08<br>Target = 10.8%<br>Actual = 15.7% | Q2 2008/09<br>Target = *non adopted, proposed 13.8%*<br>YTD Actual = 16.2% | ⇩ |
| | | Quarterly<br>*(financial year)* | 95% of mothers with smoking status recorded at booking and delivery | 2007/08<br>98.6% known | Q2 2008/09<br>98.4% known | ⇧ |
| | **Commentary/Deliverables**:<br>• There is some evidence birth rate is going up amongst younger poorer women, these are the demographic group with the highest smoking prevalence. The increase in demand for midwifery care also means that midwives have less time to deliver smoking cessation support.<br>• The improvement in data quality is also partially responsible for increase in recorded prevalence<br>▪ Quarter 2 figures show a reduction in smoking prevalence over 2008/9 although it is too early to predict whether this fall will continue<br>▪ An audit on the smoking in pregnancy programme in Stockport has been completed.<br>▪ A regional audit of smoking in pregnancy programmes will l provide guidance on the development of regional and local smoking strategy for 2009/11<br>▪ A new local strategy for smoking in pregnancy needs to be written for 2009-2011as part of the new Stockport tobacco strategy | | | | | |

| Indicator | | Frequency | Context/Target | Previous Performance | Current performance | Direction of travel ⇔⇧⇩ |
|---|---|---|---|---|---|---|
| 4.1 | Increase in number of smoke free homes | Quarterly | Number of smoke free homes registered in key localities | 2007/08<br><br>168 homes registered | Q2 2008/09<br>84 new homes registered<br>Total to date 467 | ⇧ |
| 4.2 | Increase in number of young people making supported quit attempts (under 16) | Quarterly | Number of quit attempts | 2007/08<br>32 attempts | Q2 2008/09<br>8 young people supported to make quit attempts | ⇔ |

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| | | | Number of 4 week quits | 2007/08<br>8 4 wk quits | Q2 2008/09<br>0 4 wk quits | |
| | **Commentary/Deliverables**:<br>▪ A strategy for further development of the young people's prevention and cessation programme will be written as part of the revised tobacco strategy for Stockport. | | | | | |

**Alcohol**

General Context:
Alcohol misuse prevalence in Stockport among (43% of men 21% of women drinking hazardously in the last week) is significantly higher than the national average. 18-24 year olds throughout the borough are more likely to drink hazardously 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).

The Local Area Agreement includes a local target for the rate of Alcohol-harm related hospital admissions from 40% most deprived areas. The current (2007-8) rate is 2,627 per 100,000 population, and the target is to limit the increase to a rate of 3,299 in 2010-11. The rate in the more deprived areas is over 50% higher than in the borough as a whole.

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 25.4 in 2005-07.

The Stockport Alcohol Misuse Strategy 2008-11 has three main themes:
**Protecting Communities**
**Health and Well-being**
**Young People and Families**
Addressing inequalities is a priority across all of these areas.

| 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 | Year 2007/08:<br><br>5,128 | Q2 2008/09:<br><br>2,263 (April to Sept) | ⇧ |
| | **Commentary**/**Deliverables**:<br>• On target to achieve reward | | | | | |
| 2 | Major & minor woundings recorded by police (not domestic) | Quarterly | **LAA Reward** target: reduce to 1807 by 2008-9 | Year 2007/08:<br><br>1,326 | Q2 2008/09:<br><br>516 (April to Sept) | ⇧ |
| | **Commentary Deliverables**:<br>• On target to achieve reward | | | | | |

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| 3a | Reduce the rate of increase of the directly standardised rate of hospital admissions due to alcohol-related harm - 40% deprived areas | Quarterly *(financial year)* | **LAA local target** – rate of admissions to be no higher than 3,299.1 (2,868 admissions) by 2010/11. | 2007/08 Actual rate= 2,602.3 (2,280 admissions)<br><br>*New baseline established* | Annual data *2008/09 Target = 2,970.5 (2,583 admissions)*<br><br>*Year end forecast =2,660.7 (based on 6 months)* | ⇧ |
| 3b | Reduce the rate of increase of the directly standardised rate of hospital admissions due to alcohol-related harm - Stockport | Quarterly *(financial year)* | **No specific target -** but rate of admissions to be no higher than 2,089.1 (6,895 admissions) by 2010/11. | 2007/08 Actual rate= 1,700.8 (5,623 admissions)<br><br>*New baseline established* | Annual data *2008/09 Target = 1,860.1 (6,160 admissions)*<br><br>*Year end forecast =1,754.8 (based on 6 months)* | ⇧ |
| | **Commentary Deliverables**:<br>• Outline proposals for a strategy to reduce alcohol attributable hospital admissions included in draft PCT five year strategy. | | | | | |
| 4 | No of brief interventions delivered to over 18s via the Alcohol Health Advice Service | Quarterly *(financial year)* | Target of 500 in 2008-9 | New service | Q2 2008/09: 66 | ⇧ *But challenging* |
| | **Commentary Deliverables**:<br>• Pilot of alcohol misuse identification (AMI) and referral in A&E stopped in August. Currently seeking FT agreement to implement revised process. 8 GP practices have made referrals, and systems have been established for some referral from Police Custody suite. Over 160 health and other staff have been trained in AMI. | | | | | |
| 5 | No of Referrals to Community Alcohol Team / MOSAIC (alcohol cases only) | Quarterly | No target set | Year 2007/08: 986 | Q2 2008/09: 583 (April to Sept) | |
| | **Commentary/Deliverables**: | | | | | |

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| | • Funding has been agreed for a new Assessment Worker post based in the CAT, in response to concern about lengthy waiting times. Stockport Alcohol Treatment Services Group has identified priorities for further investment in treatment system, based on needs analysis. |

**Sexual Health**

General Context:
Sexual Health continues to be a priority for Stockport, but the focus of work is much more targeted at young people as they are a group who experience some of the poorest sexual health. Work will be concentrated in 4 main areas, with the impact in each of these areas affecting each other e.g. reduction in teenage conceptions impacting on reduction in termination rates.

- **Chlamydia Infection** is continuing to rise in the under 25's, with the highest proportion in females under 20 and men in the ages 20-24. The implementation of the Chlamydia screening program in August 2007 has provided opportunity for detecting more infections initially with the long term impact of reducing prevalence. In 2007, there were 348 cases of Chlamydia diagnosed at GUM, with a further 186 diagnosed through the screening program. However, this was an incomplete picture as data from other testing sites- e.g. General practice was not captured. From 2008, a new system for collecting **all** Chlamydia testing will be implemented.
- **Teenage Conception** rates, although still lower than most areas of Greater Manchester, shown a slight increase in 2006, from 32.9/1000 in 2005 to 40.4/1000 in 2006. This was an unexpected rise and therefore further analysis of the data is being undertaken. In response to the delay in "useable" data, a new system for recording "real Time" data is being established in 2008. This will help in evaluation of current activities and planning of new interventions.
- **Access to GUM** services has improved dramatically over the last year, as new clinic sessions were developed and ensuring efficiency and effectiveness of existing ones. We are now at 100% of patients offered an appointment within the 48 hour target. The emphasis this year will be on closing the gap between "offered" and seen". For 07/08 our best performance was 80% but Greater Manchester GUM clinics are aiming to bring this closer to 90%.
- The number of **terminations** increases slightly in 07/08 with a much greater increase in those performed in under 10 weeks. In 2006 only 46% were performed under 10 weeks whereas in 2007 this was 70%. The majority of terminations are in the under 25 age group, and there were 8.6% repeat abortions in the under 19 age group.

| Indicator | | Frequency | Context/Target | Previous Performance | Current performance | Direction of travel ⇔⇧⇩ |
|---|---|---|---|---|---|---|
| 1 | Access to GUM - % of people offered an appointment within 48 hours & % seen within 48 hours | Monthly | Target to achieve national standard: (100% offered appt within 48 hours and 90% seen within 48 hours.) | 2007/08:<br>Offered<br>March = 95.8%<br><br>Seen<br>March = 87.2% | 2008/09:<br>Offered<br>Target = 100%<br>August = 99.6%<br><br>Seen<br>Target = 90%<br>August = 87.5% | ⇧ |

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| | **Commentary/Deliverables**:<br>• Rates continue to improve although targets remain challenging. | | | | | |
| 2 | Chlamydia screening coverage rates | Quarterly<br>*(financial)* | **LDP** Target: 17 % of young people aged 15-24 screened by March 2009 | 2007/08<br>Target = 15%<br>Actual = 5.12% | 2008/09<br>Target = 17.0%<br>Actual = 2,667 screens first 2 quarters, projected year end for 08/09 15.7% | ⇧<br>*But challenging* |
| | **Commentary/Deliverables**:<br>• The target for 08/09 has been increased to 17%. This is a very challenging target but all screening/testing done (outside GUM) will now contribute towards target (e.g. GP's but not GUM).<br>• The two quarters of LDP data is very encouraging, 2,667 screens equates to 7.8% of the total population. Stockport PCT has one of the highest rates across Greater Manchester.<br>• We are establishing more sites, within pharmacies and with the school nursing services, targeting those most at risk of infection. One site has already begun screening 2 more are planned to begin by January.<br>• Pilot screening by school nurses is also due to commence January 2009. | | | | | |
| 3. | Reduction in Teenage conception rate | Annually<br>*(Calendar)* | **LAA & VS** Target: Reduction of 45% in under 18 conception rate by 2010 to 23.8 per 1000 | 2006<br>Target = 32.4<br>Actual = 40.5 | 2007<br>Target = 30.3<br><br>*Data available Feb 2009* | ⇩ |
| | **Commentary/Deliverables**:<br>• The first 2 quarters of 2007 show higher than expected rates of conceptions. These rates continue to move us away from our planned trajectory. | | | | | |
| 4. | Access to reproductive health service termination under 10 weeks. | Annually<br>*(Financial)* | Achieve national standard 60% of terminations before 10 weeks | 2007/08:<br>Actual = 45% | 2008/09<br>Target = 68.3%<br>YTD Actual (June) = 70% | - |
| | **Commentary/Deliverables**:<br>There has been a vast improvement in women accessing terminations in under 10 weeks. Although this is good, we continue to see slight | | | | | |

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| | increases in the overall numbers of terminations. Work is underway to secure additional PCT investment for long acting reversible contraceptives (LARC) which will hopefully reduce the annual number of terminations. |

## 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. A new indicator (5) is added for breastfeeding uptake which is reflecting the LAA and new Vital Signs target. A new breastfeeding coordinator is in post to develop this important component of obesity prevention work. Weight measurement and physical activity are the main focus of the other 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:
**Childhood Obesity**: A steering group is led by Donna Sager, coordinating strategic and development work: main activity is to increase provision for overweight and obese children (and families) to support them in weight loss. The Council have appointed a new Obesity Prevention Coordinator to aid the prevention of obesity.
**Food and Healthy Eating**: The Stockport Food and Health strategy has been altered in light of the consultation that took place in spring 08, and is going to relevant Boards for ratification prior to being launched.
**Physical Activity**: The SPAA is waiting for results from Sport England to Stockport's bid programme – this should provide two years' funding for physical activity projects in the borough within a strategic framework. An extension to the existing Physical Activity on Referral in Stockport (PARiS) has been secured from the PCT and will be developed over 08-09 to make this service borough-wide and triple referrals.
**Primary Care**: A new weight management pathway is in development, led by a new weight management coordinator in post in September 08. The first group of Stockport people eligible for bariatric surgery are receiving pilot services, which will be evaluated and rolled out, coupled with developments for people with lower BMIs who wish to lose weight.
**Darzi Review**: A substantial proposal around a major development of physical activity and healthy eating services ("Staying Healthy") for the population to aid in prevention of weight gain is being developed within the PCT, for delivery from 2010. In addition, a proposal to develop services to support physical activity and healthy eating within workplaces, targeting Health service staff and manual workers is in development.

| Indicator | | Frequency | Context/Target | Previous Performance | Current performance | Direction of travel ⇔⇧⇩ |
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| 1a | Prevalence of obese children in Reception Year | Annually *(academic)* | **VS** target – prevalence is expected to rise | 2007/08<br>Target = 7.30% | 2008/09<br>Target = 7.50% | ⇧ |

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| | | | | Actual = 6.71% | *Data due Sept 2009* | |
| 1b | Number of Stockport schools achieving the 90% measurement target for Reception Year | Annually *(academic)* | | 2007/08<br>Target = 87.37%<br>Actual = 87.89% | 2008/09<br>Target = 87.6%<br>*Data due Sept 2009* | ⇧ |
| 1c | Prevalence of obese children in Year 6 | Annually *(academic)* | **LAA & VS** targets – prevalence is expected to rise | 2007/08<br>Target = 15.19%<br>Actual = 14.48% | 2008/09<br>Target = 15.32%<br>*Data due Sept 2009* | ⇧ |
| 1d | Number of Stockport schools achieving the 90% measurement target for Year 6 | Annually *(academic)* | | 2007/08<br>Target = 85.1%<br>Actual = 86.7% | 2008/09<br>Target = 85.3%<br>*Data due Sept 2009* | ⇧ |
| | **Commentary / Deliverables:**<br>• The main concern in relation to these indicators is the reliability due to variations in recording. The change back to an opt-out system of recording in schools is expected to improve this, and allow trends to be determined relative to 2005/6 baselines. | | | | | |
| 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 | 2007/08: | Q2 2008/09:<br>Available Jan 09 | |
| | **Commentary / Deliverables:**<br>• Note however that Stockport schools providing 2 or more hours of physical activity is showing an improving trend year on year.<br>• As mentioned in previous reports, also supporting this indicator is the work around the national healthy schools programme. To date all targets have been met and all Stockport schools are signed up to the National Healthy Schools Programme including Pupil Referral Units.<br>• From Q3 08/09 this indicator will be changed to the new National Indicator 57: Children and young people's participation in high-quality PE and sport. This covers young people aged 5-19 and will measure achievement / take-up of all 5-16 year olds doing 2 hours of high quality Physical Education (PE) and Sport within the school day and up to 3 additional hours of sport beyond the school day. | | | | | |
| 3 | Adult participation in sport | Via Active People's survey and Lifestyle Survey | Challenging to monitor; commentary more relevant than figures | New indicator | *Data not yet available* | - |
| | **Commentary / Deliverables:** | | | | | |

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| | No data yet available for comment | | | | | |
| 4 | 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 | 2007/08:<br>55 referrals on the basis of obesity (as the primary factor) | Q2 2008/09:<br>26 referrals on the basis of obesity (as the primary factor) | ⇔ |
| | **Commentary / Deliverables:**<br>• 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.<br>• When comparing with other reasons for referral in the same period e.g. Anxiety/depression/mental illness = 49, Joint pain = 33, Cardiac conditions = 32, Hypertension 23, Diabetes = 19, Back rehab = 8, COPD = 7, Stroke = 7 and smoking = 3. These referral rates are similar to other quarters, although in quarter 2 obesity is the 4th most likely reason for referral (compared to 5th previously) which is a result of a slight increase in referrals for this condition. Overall referral rates have dropped slightly during this quarter.<br>• The PARiS scheme attempts to identify how many participants are still engaged in physical activity after 12 months, using a self completion survey but this method is very unreliable due to low response rates to the survey. Further thought will be given to how to generate more reliable information around physical activity retention rates, and possibly even using a more direct measure such as weight loss while participating in the PARiS scheme. | | | | | |
| 4 | Over 18s with a BMI of 30 or greater | Annually<br>*(financial)* | No specific target- data sourced from GP obesity register | 2007/08<br>Target = 19.0%<br>Actual = 27.7% | 2008/09<br><br>*Data available May 2009* | ⇩ |
| | **Commentary / Deliverables:**<br>Adequacy of recording is an issue. | | | | | |
| 5a | Breastfeeding at initiation, primary visit and at 4 weeks | Quarterly<br>*(financial)* | **LAA Reward targets** to increase initiation to 71%, primary visit to 59% and 4 weeks to 48%, stretches of 3%, 6% and 5% respectively. | 2007/08<br>Target<br>Initiation =68%<br>Primary = 54%<br>4 weeks = 44%<br><br>Actual<br>Initiation =72.6%<br>Primary = 52.2% | 2008/09<br>Target<br>Initiation =71%<br>Primary = 59%<br>4 weeks = 48%<br><br>YTD (2 quarters)<br>Initiation =71.4%<br>Primary = 54.5% | ⇧<br>*But challenging* |

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| | | | | 4 weeks = 44.4% | 4 weeks = 45.4% |
| | **Commentary / Deliverables:**<br>Initiation rate on target, but maintenance rates challenging. Specific activity via peer support groups, and contacting women during hospital stays. LAA funding ceases March 09 so further progress is dependent on securing funds to continue services. | | | | |
| 5b | The percentage of children wholly or partially breastfed (as a proportion of those receiving 6-8 week checks) | Quarterly<br>*(financial)* | **Vital Signs** | New data collection | 2008/09<br>Target = 40.3%<br><br>YTD (2 quarters) = 40.0% ⇧ |
| | **Commentary / Deliverables:**<br>On target. | | | | |