# August 2007

# Quarter 1
# Exception Report

**Tobacco:**
Indicator 3 – reducing smoking prevalence among pregnant/delivering women. Prevalence has increased from 12.1% to 12.4%. This might be partly due to the vacant post "Smoking and pregnancy Midwife Lead". Quit rates are also low for this group at only 24%.

**Alcohol:**
Indicator 3 – A&E attendance due to alcohol intoxication/ alcohol poisoning. There is a rising trend. This is not surprising given rates of binge drinking above the average for England as shown by local and national data. It is hoped that the new Brief Intervention service will have an impact in this area.

**Sexual Health:**
Indicator 1 – access to GUM service within 48 hours. Performance is improving although still under target. Quarter 1 performance has improved to 63% compared to 56% in Quarter 4 of 2006/2007. However, the target is 100% by March 2008. It is also important to note that this indicator typically fluctuates from quarter to quarter, and it is therefore not always easy to identify a trend accurately.
Indicator 2 – gonorrhoea cases per 100,000 population. Although still below the target of 17.2 the number of cases has risen compared to previous performance. This is expected as a result of higher detection rates due to the implementation of the Chlamydia screening programme which offers a full STI screen. On the one hand it is likely that the target will not be met. However, the higher rate of detection of gonorrhoea is a positive outcome of the Chlamydia screening programme.
Indicator 5 – access to reproductive health services; contraceptive services and termination under 10 weeks. In 2006 there was a significant increase in the number of terminations with 100 more terminations than in 2005. The percentage of these performed after the 10$^{th}$ week of pregnancy has also been increasing with only 46% of terminations carried out under 10 weeks. This is below the target of 60% and was one of the lowest rates in Greater Manchester. Efforts are being made to expand Central Youth service provision and explore new service providers. Also uptake of LARC (long acting reversible contraceptives), the preferred alternative, is being monitored.

**Obesity:**
Indicator 4 – over-18 with a BMI of 30 or greater. Most recent performance against this indicator is 25% for 06/07 which is a marginal improvement on 05/06 at 26%. However, the target for 06/07 was 20% and for 07/08 it is 19%. Efforts to address this include the development of the Lifestyle and Brief Intervention service, provision of Health Trainers and the new Weight Management Care and Treatment pathway.

# Performance Management Framework

# Priority Work Programmes

# Public Health Partnership Board

## Quarter 1 Report
## August 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 | **LAA** target.<br>Inequalities gap in life expectancy at birth in years for males (3 year average)<br><br>2006/08 = -6.31 years | 2003/05<br>Target = -6.53<br>Actual = -6.89 | 2004/06<br>Target = -6.46<br>Actual = -6.47<br>Provisional figures | ↑ 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 | **LAA** target.<br>Inequalities gap in life expectancy at birth in years for females (3 year average)<br><br>2006/08 = -4.29 years | 2003/05<br>Target = -4.39<br>Actual = -5.10 | 2004/06<br>Target = -4.36<br>Actual = -4.58<br>Provisional figures | ↑ but at risk |
| | **Commentary/Deliverables:**<br>Health Inequalities strategic framework due to be ratified August 07. Contains 5 key priorities Major killers (CVD/Cancer), tobacco, alcohol, obesity and mental wellbeing and will deliver area based action plans for our most deprived communities. Priority will be given in year 1 to the three priority 1 renewal areas to ensure their emerging health plans are focused on reduction of health inequalities. The delivery of the strategy will require significant staff resource and this still needs to be planned and agreed.<br>- Draft strategic framework produced Completed<br>- High level targets/ indicators in place to monitor strategy Completed | | | | | |

| Indicator | | Frequency | Context/Target | Previous Performance | Current performance | Direction of travel ⇔⇧⇩ |
|---|---|---|---|---|---|---|
| | - Strategic framework and timescales ratified by stakeholder organisations<br>- Framework disseminated to key stakeholders<br>- Workforce plan agreed to deliver strategy<br>- Training and development provided for staff operationalising strategy<br>- Brinnington renewal area: existing health plan updated to incorporate health inequalities agenda<br>- Adswood/Bridgehall renewal area health action plan developed using AI approaches<br>- Heaton Norris/Lancashire Hill renewal area health action plan developed using AI approaches<br>- Agree resourcing to support implementation | | | | Autumn 07<br>Aug – Sep 07<br>Sep 07<br>August - Dec 07<br>By August 07<br>By March 08<br>By March 08<br>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 | 2003/05<br>Actual = -102.6 | 2004/06<br>Actual = 101.5<br>Provisional data | ⇧ |
| 4 | 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 | 2003/05<br>Actual = -71.4 | 2004/06<br>Actual = 59.5<br>Provisional data | ⇧ |
| | **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.<br>These figures are based on 3-year rolling averages and fluctuate considerably making it difficult to see short term trends in the data. | | | | | |

**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<br>- 4 week quitters attended NHS cessation services<br>prevalence established at | Quarterly | **LDP** Target for successful 4 week quit attempts (5,908 between 2005-2008)<br>In year target 1,969 | 99.9% of cumulative target met 3923/3929<br><br>94% of in year target met 1852/1969 | Q1 data not yet available | ⇔ |
| | **Commentary/Deliverables**:<br>General trend in 2006/7 – people are delaying quit attempts until ban on smoking in public places comes in on 1st July.<br>• Media plan including the Clear the Air campaign instituted to engage people in quit attempts, | | | | | |

| Indicator | | Frequency | Context/Target | Previous Performance | Current performance | Direction of travel ⇔⇧⇩ |
|---|---|---|---|---|---|---|
| | • New service for systematic referral for pre operative smoking cessation support will be commissioned during 07/08.<br>• Service capacity doubled to meet anticipated increase in demand from May to October 2007. | | | | | |
| 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 | 784<br>This exceeded the Year 1 interim LAA target. | Q1 data not yet available | ⇧ |
| | **Commentary/Deliverables**:<br>Number of 4 week quit attempts in disadvantaged communities has increased from baseline and been sustained at 2005/2006 level suggesting that increased marketing of services in disadvantaged area has counteracted the general downturn in people accessing services.<br>• Smoke free homes and improving range of services available are priorities for 07/08.<br>• Community stop smoking project established January 2007 and 30 local people trained to promote smoking cessation<br>• Workplace programme working with SME<br>• Social marketing initiative<br>• Additional publicity for services targeted at disadvantaged communities | | | | | |

| Indicator | | Frequency | Context/Target | Previous Performance | Current performance | Direction of travel ⇔⇧⇩ |
|---|---|---|---|---|---|---|
| 3 | Reduction in % women smoking during pregnancy to 10% (1% reduction per year)<br><br>Baseline = 12.1% (05/06) | Quarterly | **LDP** Target: Reduction to 10.8% of mothers smoking in pregnancy by 2008 | Approx. 0.6% above trajectory (12.4%) 408/3,279 pregnant & delivering women are smokers. Only 61 women used Stop Smoking services in 2006/7. | Q1 = 15% pregnant and delivering women are smokers | ⇩ worse |
| | | Quarterly | 95% of mothers with smoking status recorded at booking and delivery | 4.9% not recorded | Q1 data not yet available | ⇧ |
| | **Commentary/Deliverables**:<br>A smoking in pregnancy programme supports women and their partners to stop smoking. Only 61 women used Stop Smoking services in 2006/7. This is partly due to 6 month vacancy in smoking and pregnancy midwife lead. Priority for 2007/8 to increase number using services 4 week quit rates are low (24%) and this needs further investigation.<br>• FT had to carry out catch up exercise to complete missing data for 2006/7 to meet target re smoking status.<br>• Mechanism to ensure 95% target is reached will be reviewed and improved in 2007/8.<br>• Existing programme will be enhanced to support more women to stop smoking. | | | | | |

| Indicator | | Frequency | Context/Target | Previous Performance | Current performance | Direction of travel ⇔⇧⇩ |
|---|---|---|---|---|---|---|
| 4 | Young people's indicators | | | | | |
| 4.1 | Increase in number of smoke free homes | Quarterly | No target. Number of smoke free homes registered in key localities | 80 in Adswood and Bridgehall | No data yet | |
| 4.2 | Increase in number of young people making supported quit attempts | Quarterly | No target. Number of quit attempts | New indicator | No data yet | |
| | | | No target. Number of 4 week quits | New indicator | No data yet | |
| | **Commentary/Deliverables**:<br>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.<br>• Workstream will be reviewed and further developed in Sept 07<br>• Current vacancy for Young Peoples Smoking Cessation Adviser being reconfigured to create a development post to co-ordinate delivery of plan. | | | | | |

| 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<br>Proxy indicator: number of calls to Clear the Air advice line (Feb - July 07) | 20 businesses supported to become smokefree per annum via smokefree award | 10,000 businesses received direct communication on becoming smokefree<br><br>No data yet | ⇧ from zero |
| | **Commentary/Deliverables**:<br>Smokefree Stockport partnership is currently targeting local workplaces/businesses with info and support to ensure maximum compliance with the new legislation starting in July 07.<br>• The community stop smoking project which commenced in January 2007 will lead the development of smokefree homes initiative the launch is scheduled for Sept 2007 and additional targets to be agreed.<br>• The workplace smoking cessation programme will continue to target manual and SME businesses in areas of highest prevalence. | | | | | |

**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 from 7,214 (2003-4) to 5,050 by 2008-9 | 6689 (2006/7) | Q1: 1277 | ⇧ |
| | **Commentary**/**Deliverables**:<br>This figure is taken as a proxy for alcohol consumption given the strong correlation between the two behaviours. 2006-7 figure is down in comparison to previous year but 9.1% higher than target level. Current year end projection is 5,591 (better than current year target)<br>• New street-drinking powers brought in Aug 06: evaluation indicates positive impact.<br>• Stockport Safe – direct focus by police on key Town Centre premises achieving good impact | | | | | |
| 2 | Major & minor woundings recorded by police (not domestic) | quarterly | **LAA Reward** target: reduce from 2,065 | 1656 (2006/7) | Q1: 345 | ⇧ |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | (2003-4) to 1,807 by 2008-9 | | | |
| | **Commentary Deliverables**:<br>This figure is taken as a proxy for alcohol consumption given the strong correlation between the two behaviours. 2006-7 figure is a 14.5% reduction on previous year, and exceeds 2008-9 target. Current year end projection: 1,380<br>Stockport Safe having positive impact in Town Centre<br>• Brief Interventions project should have impact once begins | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 | A&E attendances due to intoxication/alcohol poisoning (compare general, from 40% deprived and under 18s) | Irregular, aim for quarterly | Proposed target in Alcohol strategy | 442 (2006-7).<br>266 (60.2%) from 40% most deprived<br>90 (20.4%) from under 18s<br>30.4% increase since last year | Q1 data not yet available | ⇩ Rising trend |
| | **Commentary Deliverables**:<br>This is a direct measure of high short term alcohol intake. The total number rose from 339 in 2005/6 to 442 in 2006/7. The percentage of cases from the 40% most deprived population rose from 53.7% to 60.2%, while the percentage of under 18s fell from 26.3% to 20.4% .<br>• Brief Interventions project will have impact once begins<br>• MOSAIC roll-out of screening/referral process; new spiral curriculum package launched in schools in Nov 06 | | | | | |
| 4 | No of brief interventions delivered to over 18s | quarterly | Target: 1900 Brief Interventions per year by 2008-9 | Zero, new service | No data yet | |
| | **Commentary Deliverables**:<br>This will show the level of service use. The relationship with other indicators may not be simple.<br>• Brief Intervention service should be established by autumn 07 | | | | | |
| 5 | No of Referrals to Community Alcohol Team / MOSAIC (alcohol cases only) | quarterly | No target set | Mosaic:118 (2006-7)<br>CAT not yet available | Q1 data not yet available | |
| | **Commentary/Deliverables**:<br>This will show the level of service use. The relationship with other indicators may not be simple.<br>• Anticipated increase resulting from roll-out of screening/referral process | | | | | |

| | |
|---|---|
| | • Community Alcohol Team waiting times increasing, possibly due to time required on each case rather than overall increase in number |

**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 | Last audit showed 56% seen within 48 hours | Current rate is 63% obtaining access within 48 hours | ⇔ better but below target |
| | **Commentary/Deliverables**:<br>Data is currently collected quarterly using a snapshot measure. This is due to change to a system with more 'real-time' data potential. Data is collected by the NHSFT not by the PCT therefore access procedures will need agreement.<br>A new service is being established during 2007 via Central Youth. Data collection systems are yet to be agreed within this. Data does not allow for analysis by postcode area.<br>• business case for new service approved by Jun 07<br>• new service commissioned successfully and implemented at least in part by Sep 07<br>• new IT system for data collection in place by Oct 07 | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | Gonorrhoea cases/100,000 population | Quarterly | **LDP** Target: reduction in new case rate to 17.2/100,000 by March 2008 | Case rate is reducing; in the 2006 LDP the rate was 11.4/1000 | Q1 12.8/ 1000 | ⇩ rise in cases |
| | **Commentary Deliverables**:<br>Establishment of additional sexual health services, especially the Chlamydia screening programme may have the effect of increasing the case rate through a higher case identification rate.<br>• sexual health campaigns in Jun 07<br>• sexual health conference in Jul 07<br>• increase in levels of testing / treatment as a result of 1 and 3 | | | | | |
| 3 | Chlamydia screening coverage rates | Monthly/Quarterly | **LDP** Target: 15 % of young people aged 15-24 screened by March 2008 | Service established July | Service established July | |
| | **Commentary/Deliverables**:<br>A Chlamydia screening service was implemented July 2007 within the framework of the Greater Manchester programme. Data collection systems are set by the GM screening office. Data may not be analysable by ward.<br>• sites for screening service provision identified by Jul 07, but ongoing<br>• establish testing sites and community based treatment sites as part of 1 above<br>• training delivered for staff of Central Youth; (planned for staff in GP, Pharmacy and Colleges by Sep 07) | | | | | |
| 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 2004, under 18 conception rate was 36.8/1000 | In 2005, the conception rate decreased to 32.9/1000 | ⇧ on track |
| | **Commentary/Deliverables**:<br>This workstream is regularly reported on through the Teenage Pregnancy Advisory Group<br>• obtain feedback on implementation of Teenage Pregnancy Action Plan via quarterly meetings of Teenage Pregnancy Advisory Group | | | | | |
| 5 | Access to reproductive health service: contraceptive services and termination under 10 weeks. | | **LDP** Target: 60% of terminations before 10 weeks | 100 more terminations in 2006: 46% before 10 weeks | Q1 no data yet | ⇩ worse |
| | **Commentary/Deliverables**:<br>NICE guidance states that prescription of long acting reversible methods is preferable, especially within vulnerable groups. Currently little | | | | | |

| | |
|---|---|
| | data is collected/collated on this within the PH dept.<br>• procure and establish new IT system by Oct 07<br>• monitor uptake of LARC (long acting reversible contraceptives) [annual]<br>• update literature by Nov 07<br>• investigate new service providers, eg, Marie Stopes<br>• expand Central Youth outreach clinics by Sep 07 |

## 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** target, 11.9% by Sep 08 | 11.2% (Sept 06) | Data currently being processed | No comparison possible, 1st year of collection |
| 1b | Prevalence of overweight children in reception and year 6 | Annual data update in September | No target | 11.9% (Sept 06) | Data currently being processed | as above |
| 1c | Number of Stockport schools achieving the 90% measurement target | Annually | Applies to reception and year 6 combined. | 44% schools reaching target measurement level | Data currently being processed | as above |
| | **Commentary / Deliverables:**<br>CYP Directorate and schools to increase number of pupils being measured in reception and year 6 to 91% by Sep 08 from a baseline of 88.7% in Sep 06.<br>The main risk in this area is the likely reduction in the percentage of pupils being weighed. In 06/07 academic year, the School nursing service applied an opt-in procedure to gain parental consent. This was a change from the original method of opting out and it is expected that this will impact on total numbers weighed. The policy will revert to the original opt-out position from Sep 07. | | | | | |

| 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 but 6-monthly updates may be possible | **LAA** target is 69% 2006/07, 76% 2007/08, 85% 2008/09 | 77% (2006/07) | Q1 data not available | ⇧ |
| | **Commentary / Deliverables:**<br>The increase in Stockport schools providing 2 or more hours of physical activity has shown a significant improvement over the course of a year. Previous performance in 2005/06 was 64% so there has been a 13% increase and the LAA interim year 2 target (of 76%) has already been exceeded.<br>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 | New indicator Q4 06/07: 4 referrals on basis of obesity | Q1 07/08: 12 referrals on basis of obesity | ⇧ |
| | **Commentary / Deliverables:**<br>• This is a new indicator and systems have yet to be put in place to measure the compliance aspects of referral to the PARiS scheme, eg, weight loss measurement or physical activity levels at 12 months from referral.<br>• Although a comparative figure has been provided using Q4 of last year, as this is a new measure, a trend may only become evident over a longer period.<br>• The top 5 reasons for referral to PARiS tend to be joint pain, anxiety/depression, diabetes (Type I or II), hypertension and back pain. Most of these conditions are caused by or associated with obesity and inactivity. | | | | | |
| 4 | Over 18s with a BMI of 30 or greater | Annual data update at end of financial year | **LDP** target.<br>06/07: 20%<br>07/08: 19% | 26% (05/06)<br>25% (06/07) | No data yet | ⇩ |
| | **Commentary / Deliverables:**<br>• Increase recording levels of adult BMI in General Practice - 65% of adults to be measured in General Practice within a 15 month | | | | | |

| | |
|---|---|
| | period, by March 08 (currently 36%)<br>• Develop weight-management services in primary care setting for those with BMI of 30 or greater through the health trainers scheme and the brief intervention service |