July 2008
Quarter 4 – Year End 2007/08
Exception Report

Health Inequalities
Male life expectancy gap is currently reducing; female life expectancy gap is increasing. This reflects national trends. Both these targets and those for reducing gaps in disease-specific mortality rates are at risk. Developing strong multi-agency ownership of the HI Strategy will support implementation and community engagement via the appreciative enquiries and other locality events. Locality working is strengthening as SMCC becomes established. Targeted lifestyle support will increase via Health Trainers, Alcohol Brief Interventions and the Lifestyle Service.

Tobacco
LDP and LAA Reward targets: these should be reached if current levels are sustained, but an element of risk exists if volume of people using service decreases.
Indicator 3: Levels of smoking among pregnant women. Increase in smoking prevalence appears to be due primarily to increase in birth rate. 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. A review of current practice agreement of plan to address this target has begun.

Alcohol
Indicators 1 and 2: On target to achieve LAA reward targets.
Indicator 4: Brief intervention service taking time to establish within A&E. 500 BIs by March 09 is considered a realistic target for the service.
Indicator 5: £106k has been identified to reduce waiting times within the Community Alcohol Team; a new staff member appointed and other options are under consideration.

Sexual Health
Indicator 1: GUM access within 48 hours: investment meant this target was almost achieved, and is likely to be during 08/09.
Indicator 2: Gonorrhoea cases/100,000 population: the increase is due to increased testing and is likely to persist in 08/09.
Indicator 3: Chlamydia screening coverage is rising but the challenging LDP target was missed. Screening sites now greatly increased.
Indicator 4: Teenage conception rate has increased to 40.4 for the latest year of data (2006); apparently in less deprived wards.

Obesity
The main concern here is the robustness of data. Figures show a decrease in children's obesity but numbers are small and the proportion being measured fell to just under 80%. Full data will be available in September.
Adult figures show a rise to over 23,000 obese individuals. Again levels of measurement mean the data is unreliable.

Performance Management Framework

Priority Work Programmes

Public Health Partnership Board

07-08 Year End Report
July 2008

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 Actual figures	2005/07 (provisional) Target = -6.38 Actual = -6.18 Provisional figures *Finalised Sept '08*	⇧ Exceeding target 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 Actual figures	2005/07 (provisional) Target = -4.32 Actual = -5.07 Provisional figures *Finalised Sept '08*	⇩ 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. 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. 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. Stronger multi-agency ownership will strengthen this work.					

Indicator		Frequency	Context/Target	Previous Performance	Current performance	Direction of travel ⇔⇧⇩
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 = 101.8 Actual figures	2005/07 (provisional) Actual = 95.5 Provisional figures *Finalised Sept '08*	⇧ But at risk
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	2004/06 Actual = 59.5 Actual figures	2005/07 (provisional) Actual = 62.0 Provisional figures *Finalised Sept '08*	⇩ 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	Quarterly	**LDP** Target for successful 4 week quit attempts (5,908 between 2005-2008) In year target of 1,979 for 07/08	2006/07 Target = 1,969 Actual = 1,852	2007/08 Target = 1,979 Actual = 2,167	⇧
	Commentary/Deliverables: ▪ There has been a change in reporting mechanism this year – quarterly data can be refreshed giving a better indication of seasonal variations in quit attempts. ▪ Nearly double the number of quit attempts in June-August 2007/8 compared with same period 2006/7 –clear indication of the short term impact of legislation on quit attempts ▪ LDP target for 07/08 achieved and 3 year cumulative target achieved (6090 actual cf 5908 target) ▪ The service supported the largest number of clients in its 10 year history 5222, This represents a 15% increase on 2006-7					

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 Target = 691 Actual = 833	2007/08 (provisional) Target = 741 Actual = 837 Provisional figures	⇧
	Commentary/Deliverables: ▪ The Cumulative performance 2006-2008 remains strong, performance 1674 against target 1432. ▪ Increased numbers of people making quit attempts as result of legislation has assisted in the attainment of the target ▪ 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 ▪ Social marketing initiative in Brinnington scheduled to have impact from Quarter 3 onwards					

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	2006/07 Target = 11.8% Actual = 12.4%	2007/08 Target = 10.8% Actual = 15.7%	⇩ At risk
		Quarterly	95% of mothers with smoking status recorded at booking and delivery	2006/07 95.1% known	2007/08 98.6% known	⇧
	Commentary/Deliverables: • Low number of unknowns shows data quality has improved over earlier years. Increase in smoking prevalence appears to be due primarily to increase in birth rate. 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. • The improvement in data quality is also partially responsible for increase in recorded prevalence ▪ A review of current practice and agreement of plan to address this target has begun ▪ Data on smoking prevalence in pregnancy by ward is now available , this can be used to target interventions more effectively					

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	Number of smoke free homes registered in key localities	Programme established Aug 07	64 new homes registered by end Q4	⇧
4.2	Increase in number of young people making supported quit attempts (under 16)	Quarterly	Number of quit attempts	Year 06/07 xx attempts	xx young people supported to make quit attempts	⇧ Caution small numbers
			Number of 4 week quits	Year 06/07 xx 4 wk quits	xx young people supported to make quit attempts	⇧ Caution small numbers
	Commentary/Deliverables: ▪ A strategy and investment plan for increasing the young people's prevention and cessation programme is currently being written					

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)	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	Compliance remains strong xx new homes registered by end of Q4 Cumulative sign ups to end of Q4 =xx	⇧
	Commentary/Deliverables: ▪ Compliance with smokefree legislation remains strong ▪ Smokefree homes scheme is now regularly promoted at local events and membership continues to grow					

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	Year 2006-7: 6689	Year 2007-8: 5128 (6.5% better than interim target)	⇧
	Commentary/**Deliverables**: • 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 2006-7: 1655	Year2007-8: 1326 (28.7% better than interim target)	⇧
	Commentary Deliverables: • On target to achieve 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	2006/07=442 60.2% IMD40% 20.4% u18	2007/08=498 55.8% IMD40% 19.7% u18 ⇩
	Commentary Deliverables: • Proportion of under-18s and 40% most deprived has reduced slightly despite numbers in each group continuing to increase.				
4	No of brief interventions delivered to over 18s	quarterly	1600 BI's in 2008-9	N/A	Year 2007-8: 0 ⇧
	Commentary Deliverables: • BI worker now in post. Pilot screening in A&E started 23rd June. Training programme for primary care, criminal justice and other front line services in progress. Referral pathways and procedures now in place, and 7 referrals received and 3 BIs delivered (as of 24th June). Current year target not achievable due to limited and delayed recruitment of team, late start of A&E screening and slippage in timetable for roll out to primary care. More realistic target would be 500 BI's delivered by March 09.				
5	No of Referrals to Community Alcohol Team / MOSAIC (alcohol cases only)	quarterly	No target set	Year 2006-7: 904	Year 2007-8: 986 ⇧
	Commentary/Deliverables: • PCT has identified additional £106k for alcohol treatment and a new Assessment Worker post has been agreed for the CAT, in response to concern about lengthy waiting times. Stockport Alcohol Treatment Services Group is considering options for further investment in treatment system, based on needs analysis.				

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	Target changed for 2007/08 April 2007 performance was Offered = 56.9% Seen = 56.3%	2007/08 Offered appointment Target = 100% Actual = 95.8% Seen Target =95.9% Actual = 83.7%	⇧
	Commentary/Deliverables: • Excellent progress was made towards this target through 07/08 but we were unable to reach the target by the end of March. However indicative data from April and May show we have reached the 100% target. This has been achieved through additional clinical sessions at the GUM service. Business cases are being prepared to ensure sustaining the capacity required to meet demand and the target. In					

	2008/09 we will also focus on working towards the target on % of people seen.					
2	Gonorrhoea cases/100,000 population	Quarterly	**LDP** Target: reduction in new case rate to 17.2/100,000 by March 2008	2006 (Calendar) Target:17.47/1000 Actual:11.40/1000 (32 cases)	2006 (Calendar) Target:17.51/1000 Actual:12.12/1000 (34 cases)	⇔ On target
	Commentary Deliverables: • There has been a slight increase in the number of diagnosed cases of Gonorrhoea in 2007 but we are still within the target. This can be attributed to an increase in the numbers being tested for this infection as part of the Greater Manchester Chlamydia and Gonorrhoea screening program. In 2008 we may continue to see a slight increase.					
3	Chlamydia screening coverage rates	Monthly/Quarterly	**LDP** Target: 15 % of young people aged 15-24 screened by March 2008	2006/07 Target=0% Actual=0%	2007/08 Target=15.0% Actual =4.8% (1,635 screens)	⇧ But well below target
	Commentary/Deliverables: • The 15% target is a very challenging target and although we were well below target, so were most of the PCT's across the country. Stockport ranked 72nd out of 153 PCT's and this was in spite of the fact that we didn't start screening until Aug. 07. • We have established an excellent screening service through Central Youth which is where the majority of our screening takes place. However we have continued to bring new sites on board and now have 35 screening sites from Youth services to GP's. • In 2008, we are establishing more sites, such as within pharmacies and with school nursing services, targeting those most at risk. • The target has also been increased to 17%, again very challenging but all screening carried out will now contribute to target (eg GP's but not GUM)					
4	Reduction in Teenage conception rate	Annually	**PSA** Target: Reduction of 45% in under 18 conception rate by 2010 to 23.8 per 1000	2005(Calendar) Target=34.6/1000 Actual=32.9/1000	2006(Calendar) Target= 32.4/1000 Actual= 40.4/1000	⇩
	Commentary/Deliverables: • The rise in 2006 conceptions in under 18's was surprising and against the trend we had been witnessing. However Stockport continues to have one of the lowest TP rates across the region and we need to watch to see if this was just an unusual rise. Early indicative data suggest the reductions have continued in the targeted high rate wards while the increase was in normally low conception wards.					
5	Access to reproductive health service: contraceptive services and termination under 10 weeks.		**LDP** Target: 60% of terminations before 10 weeks	2006(Calendar) Actual=46%	2007(Calendar) Actual=70%	⇧
	Commentary/Deliverables: • Although there continued to be a slight increase in the number of terminations, the majority were carried out under 10 weeks.					

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:
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.
Food and Healthy Eating: The draft Stockport Food and Health strategy is being altered in light of the consultation that took place in the spring, ready for launch this autumn.
Physical Activity: The SPAA is waiting for results from Sport England to Stockport's bid programme.
Primary Care: A new weight management pathway is in development, with interviews for recruitment of a weight management coordinator expected in early July 08.

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(Academic) Actual=11.2%	2006/07 (Academic) Actual= 10.2% *2007/08 data due Sept.*	⇧ 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(Academic) Actual =11.9%	2006/07 (Academic) Actual = 11.0% *2007/08 data due Sept.*	⇧ 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(Academic) Actual = 67% Year R 38% Year 6 (88.7% pupils measured)	2006/07(Academic) Actual = 43% Year R 12% Year 6 (79.6% pupils measured)	⇩
	Commentary / Deliverables: • 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.					

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	80% (2007/08)	80% (2007-08)	⇧
	Commentary / Deliverables: • There is no update in relation to physical activity in schools as this data is annual and the most up-to-date information was provided at Q3. Note however that Stockport schools providing 2 or more hours of physical activity is showing an improving trend year on year. • 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. • Stockport School Sports Partnership Managers and the Sports Trust are developing actions to deliver the Government's new "5 hour offer" to encourage children and young people up to 19 years old to do more sport and physical activity (up to 5 hours per week).					
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	Q2 07/08: 20 referrals on the basis of obesity (as the primary factor)	Q3 07/08: 23 referrals on the basis of obesity (as the primary factor)	⇧
	Commentary / Deliverables: • 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. • When comparing with other reasons for referral in the same period e.g. Anxiety/depression/mental illness – 57, Joint pain – 43, Cardiac conditions – 32, Hypertension – 28, Diabetes – 21, back pain / rehabilitation – 16, COPD – 15, Stroke – 2, smoker – 2, obesity is the 5th most likely reason for referral this quarter. 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. The overall number of referrals to PARiS has remained relatively stable over the year. • 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 80 people who were referred to PARiS in Q3 of last year (06/07), 17 completed the survey and of these, 10 indicated that they were still engaged in some form of physical activity. This potentially equates to well over half still involved in physical activity but it is very difficult to draw confident conclusions based on such small numbers. • A business case is currently going to PCT/SMCC to expand PARiS to borough-wide provision.				
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	2006/07 Actual=19,896	2007/08 Actual=23,334 ⇩
	Commentary / Deliverables: • Adequacy of recording is an issue.				