Health and Well Being Partnership Performance Framework

22nd June 2009



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

			2007/08	Year End Res	ults			
DI Codo	Short Name	Aim is to	2007/08	2008/09				Note
PI Code	e Short Name Aim is to		Value	Value Target		Status Long Trend		Note
NI 120a Local 1	Difference in life expectancy between the most deprived quintile and the average - Female	Aim To Minimise	4.71	4.58	4.68	જ	^	Provisional data; year end will be available in September 2009 Data is for the calendar year. Performance is on target at 4.58; it is 2% below the target of4.68. The value of 4.58 is based on an estimate of life expectancy of 77.9 years in the most deprived areas compared to a Stockport average of 82.5. The final information for this indicator is available annually once Office of National Statistics population estimates for the year are released in the following August. So the final update for 2008 performance will not be available until September 2009. Interim data allows us to make a high quality forecast based on previous population estimates from March 2009, as the mortality registers for the year are complete. This is the data currently presented.
NI 120b Local 1	Difference in life expectancy between the most deprived quintile and the average - Male	Aim To Minimise	6.02	6.52	5.95		•	This is an overarching indicator. Actions to improve performance are detailed throughout the performance framework. Provisional data; year end will be available in September 2009 Data is for the calendar year. Performance is off target at 6.52; it is 10% above the target of 5.95. The value of 6.52 is based on an estimate of life expectancy of 71.3 years in the most deprived areas compared to a Stockport average of 77.8. The final information for this indicator is available annually once Office of National Statistics population estimates for the year are released in the following August. So the final update for 2008 performance will not be available until September 2009. Interim data allows us to make a high quality forecast based on previous population estimates from March 2009, as the mortality registers for the year are complete. This is the data currently presented.
NI 121 LAA	Mortality rate from all circulatory diseases at ages under 75 (per	Aim To Minimise	80.60	72.05	75.49	Ø		Provisional data; year end will be available in September 2009 Data is for the calendar year.

			2007/08	Year End Res	sults			
DI Codo	Chart Name	Aims in he	2007/08	2008/09				Neke
PI Code	Short Name	Aim is to	Value	Value Target Status Long Trend				Note
	100,000 population aged under 75)							Performance is on target at 72.05 per 100,000; it is 4.8% below than target of 75.49. The rate of 70.05 is based on a total number of 233 deaths for circulatory disease aged under 75 in 2008 compared to a years total of 258 in 2007. The final information for this indicator is available annually once Office of National Statistics population estimates for the year are released in the following August. So the final update for 2008 performance will not be available until September 2009. Interim data allows us to make a high quality forecast based on previous population estimates from March 2009, as the mortality registers for the year are complete. This is the data currently presented.
NI 121 Local 1	Mortality rate from all circulatory diseases at ages under 75 disaggregated to the lowest quintile of deprivation	Aim To Minimise	170.10	146.20	162.20			Provisional data; year end will be available in September 2009 Data is for a three year period 2006-2008. Performance is on target at 146.2 per 100,000; it is 9% below than target of 162.2. The rate of 146.2 is based on a total number of 150 deaths for circulatory disease aged under 75 in the most deprived quintile in 2006-2008, compared to a total of 170 in 2005-2007. The absolute gap between the most deprived quintile and the Stockport average (NI 121) has fallen from 86.1 to 69.0. The final information for this indicator is available annually once Office of National Statistics population estimates for the year are released in the following August. So the final update for 2008 performance will not be available until September 2009. Interim data allows us to make a high quality forecast based on previous population estimates from March 2009, as the mortality registers for the year are complete. This is the data currently presented
NI 121 Local 2	Uptake of CVD Risk Factor screening programme	Aim To Maximise	53.8%	69.1%	80.0%	•	•	Provisional Data, final data should be available by July 2009. Data is for financial year, and the year end estimate is based on a data return from 50% of the practices. Data is pending from a further 20 practices so data is provisional currently. Data is collected via an annual audit of GP practices and will not be available until May 2009. Data is of poor quality, and may not reflect actual activity; however there has been an improvement in data since 2007/08.

				Year End Res	ults			
PI Code	Short Name	Aim is to	2007/08	2008/09				Note
PI Code	Short Name	Aiiii is to	Value	Value	Target	Status	Long Trend	Note
NI 122	Mortality rate from all cancers at ages under 75	Aim To Minimise	120.45	111.50	116.33	⊘		Provisional data; year end will be available in September 2009. Data is for the calendar year. Performance is on target at 111.50 per 100,000; it is 4.3% below than target of 116.3. The rate of 111.5 is based on a total number of 352 deaths for cancer aged under 75 in 2008 compared to a years total of 383 in 2007. The final information for this indicator is available annually once Office of National Statistics population estimates for the year are released in the following August. So the final update for 2008 performance will not be available until September 2009. Interim data allows us to make a high quality forecast based on previous population estimates from March 2009, as the mortality registers for the year are complete. This is the data currently presented
NI 122 Local 1	Mortality rate from all cancers at ages under 75 disaggregated to the lowest two quintiles of deprivation	Aim To Minimise	151.40	144.50	147.70	⊘	•	Provisional data; year end will be available in September 2009 Data is for a three year period 2006-2008. Performance is on target at 144.50 per 100,000; it is 2.1% below than target of 147.7. The rate of 144.5 is based on a total number of 348 deaths for cancer aged under 75 in the most deprived 2 quintiles in 2006-2008, compared to a total of 369 in 2005-2007. The absolute gap between the most deprived 2 quintiles and the Stockport average (NI 122) has fallen from 30.9 to 27.7. The final information for this indicator is available annually once Office of National Statistics population estimates for the year are released in the following August. So the final update for 2008 performance will not be available until September 2009. Interim data allows us to make a high quality forecast based on previous population estimates from March 2009, as the mortality registers for the year are complete. This is the data currently presented

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

			2007/08	Year End Re	sults			
DI C- 1-	Chart Name	A: :- b-	2007/08	2008/09				Notes
PI Code	Short Name	Aim is to	Value	Value	Target	Status	Long Trend	Note
LAART8 NI123 L1	NI 123 Local 1: Number of four week quitters in deprived communities (lowest 2 quintiles) - cumulative over 3 years	Aim To Minimise	1,794	2,373	2,373	Ø	•	Although data is not yet complete for the year we can confirm that the reward target has been achieved, so far we have 2,450 quitters over the three year period, 77 above the target level.
NI 123 LAA	Rate of self-reported 4-week smoking quitters per 100,000 population aged 16 or over.	Aim To Maximise	815	749	825		•	Provisional data; year end data available July 2009 Data is for financial year, interim data is based on 11 months data (April 2008 - February 2009) due to the time lag inherent in the indicator. After many years of stretching achievement the current Vital Signs / LAA targets reflect a period of consolidation, aiming to achieve 825 quits per 100,000 aged 16+ a year over the next 3 years (1,897 quits in 08/09). Numbers attending service have dropped in 2008/09, following a national trend and due to the exceptional performance in 2007/08 (brought about by the smoking ban). Interim data for the first 11 months shows that 1367 people quit, 72% of the expected performance for the year. Smoking cessation attempts are also seasonal and it is not unusual for fewer quit attempts to be made in Quarter 2 and 3 than in Q4. There is usually a significant increase in activity in January due to new year resolutions and interim data for the first 2 months of Q4 shows that already 356 quits have been made (more than in Q3). However expectations are that the target is of concern, currently we are anticipating a 90% achievement of target. An action plan has been developed and implemented to increase numbers attending the service: - An invitation to people who have previously made an unsuccessful smoking cessation with the support of their GP practice to try again - Regular public awareness raising events held once a month in venues with high footfall, for example Mersey way and the market Refreshing local publicity materials, producing new posters, flyers etc. Direct mailing of the service via wageslips - Joint awareness raising work with Stockport County

				Year End R	esults			
PI Code Short Name	Short Namo	Aire is to	2007/08	2008/09				Nete
	Short Name	Aim is to	Value	Value	Target	Status	Long Trend	Note
NI 123 Local 3	Proportion of mothers smoking in pregnancy	Aim To Minimise	15.7%	16.4%	13.8%			16.4% of new mothers were smoking at delivery in this year (555 in total, up from 15.7% in 2007/08. This target was included in the 05-08 LPD, but is no longer part of NI or LAA. Local monitoring continues however and a target has been proposed for HWPB. Performance at the moment is worsening, an internal target of 13.8% was proposed at the start of the year but outturn is well above this level. Plans for further development, as detailed in paper to H&WBP in 2008/9 Q3 stands.

Priorities: 03. To halt the year on year rise of health incidents and to tackle adverse social impacts on peoples' wellbeing attributable to alcohol across the Stockport conurbation

			2007/08	Year End Res	sults			
DT 0 1			2007/08	2008/09				
PI Code	Short Name Aim is to		Value	Value	Target	Status	Long Trend	Note
NI 39 CYP proxy -	Alcohol related harm admissions to hospital for 16 to 19s	Aim to Minimise	129.20	138.96*	?	?	?	*Year end is projection based on data up to Feb 09. Target not yet agreed for 09/10, but maintenance target of 139 being considered. The 2007-8 Stockport Young People's Lifestyle survey indicated that while less young people are drinking alcohol than in 2002, figures are still higher than the national average, and heavy drinking is more common now, (especially among males over 16). Around half of 16-17 year olds and most 19-24 year olds reported having been drunk at least once in the last week. In comparison to other age bands within wider NI 39 definition, rate of increase for 16-19 year olds in 2007-8 was low. However the rate for 16-19s does appear to have increased dramatically in 2008-9. Further analysis required to identify to cause of this (increased staff caution leading to more admissions, increasing national profile and campaigns leading to people being more likely to take intoxicated friends and family members to A&E, and/ or genuine increase in incidences). Approaches to tackle incidences as follows: See commentary in remaining P3 indicators, plus: Plans to improve the system for referral of under-16s, who attend A&E under the influence of alcohol or drugs, to Mosaic. Mosaic, Police, social workers implementing Place of Safety initiative – has started well and we are hopeful that it will continue and flourish. Targeted partnership work in central area to improve access to services and support, and preventative work in response to indications that alcohol-related harm is particularly high in this area. Further analysis underway of admissions data for 16-19 year olds, to be identify need for further specific project(s) or initiatives.
NI 39 Local 1	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (from areas ranking in	Aim To Minimise	2608.5	2643.0	2858.1		•	Provisional data; year end will be available in September 2009, but indicator currently on track for achievement and there are no concerns about performance.

			2007/08	Year End	Results			
DI Codo	Chart Name	Aima in to	2007/08	2008/09				
PI Code	Short Name	Aim is to	Value	Value	Target	Status	Long Trend	Note
	40% most deprived)							Final numerator data available in July and 2008 denominator available in August. So far there have been 2,146 alcohol related admissions in 2008/09 in the 40% most deprived areas; these have been standardised against a population of 83,071 (ONS 2007 adjusted by GP registered population for 40%). Over recent years there has been an increase in the number of alcohol harm related admissions to hospital. A Vital Signs commitment has been made to reduce the rate of increase in our more deprived areas, areas which are currently experiencing the highest levels of admission. The PCT have introduced the 'Alcohol Health Advice Service' (AHAS) and a 'fast alcohol screening tool' (FAST) for use across Stockport. At the moment the FAST tool is being used in A&E and those patients with high scores are being offered a referral to the AHAS. There are plans in place to extend the use of the FAST test in GP surgeries and Police custody suites. In 2009/10 the alcohol brief intervention screening (using the PAT - Paddington Alcohol Test) will be rolled out in A&E, following pilot work in 2008/09 and the capacity of the service will be increased. We are also working the NHS Institute for Innovation and Improvement as part of a learning set for World Class Commissioning about the use of data for improvement. The programme ran until March 2009 we are now planning a workstream to begin in May 2009 to take forward the learning.
NI 39 Local 2	Numbers of people referring to the Alcohol Health Advice Service	Aim To Maximise	No data for this range	271	500.0	•	?	Target was not met due to delay in implementation of alcohol misuse identification in A&E and slow take up in primary care. A new system for alcohol misuse identification and referral has been introduced in A&E, in April 09, and SMC's proposed new GP incentive scheme includes an element for introduction of alcohol misuse identification and brief advice. The second brief intervention worker originally planned has now been recruited to meet growing demand.
NI 115	Substance misuse by young people	Aim To Minimise	No data for this range	12%			?	New PI at the early stages of implementation. An SLA is in place with MOSAIC. First year of reporting. Data collected via Tell Us

			2007/08	Year End Resi	ults			
DI Codo	Short Name	Aim is to	2007/08	2008/09				Note
PI Code	Short Name	AIIII IS to	Value	Value	Target	Status	Long Trend	Note
								survey in schools. 12% of children and young people reporting using drugs and/or alcohol at least twice in the last 4 weeks, compared to 10.9% nationally and 12.5% statistical neighbour average. It is very difficult to make any meaningful conclusions from one year's data. From local information we know that a number of children in Stockport consume a small amount of alcohol with their parents - this is less of a concern. Stockport's Young People's drug and alcohol service MOSAIC delivers a range of prevention, early intervention, targeted and specialist interventions. Innovative school based service which enables early identification and intervention through observation and tools for staff. A worker in each secondary school for 1 day per week & pupils receive on-site support. Substance use awareness positively embraced by the schools for pupils and staff - this may have an impact on self reported use. For Children in Care: All Staff have undertaken screening and assessment training. Arrangements in place to monitor and track the implementation of the cohort. The health steering group is aiming to include the assessment in the Health Assessments of Children in Care. Identified a lead officer within ILAC to report interventions to the Health Monitoring Group. This process with be adopted across Children Services.

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

			2007/0	08	Year End Results								
PI Code	Short Name	Aim is to	2006/0 7	2007 /08	2007/0	08			2008/0)9			Note
PI Code	Short name	Aim is to	Value	Value	Value	Targe t	Statu s	Long Trend	Value	Targe t	Statu s	Long Trend	note
NI 55(a)	Percentage of children in reception with height and weight recorded who are obese	Aim To Minimise	6.9	6.71	6.71	7.3	9	•				?	A childhood obesity strategy group has been set up and has actively developed the following: Stay Active Stay Healthy – Key Stage 1 and 2 teaching and resource pack to support increase physical activity and healthy eating in schools. This has activity sheets for children and their parents Three MEND programmes have been run – which are 12 week activity programmes for children who are overweight and their families. This has proved be very popular and shows reduction in BMIs for those children who attend and an increase in physical activity A2A – the targeted family intervention programmes for children aged 7-11 who are obese. This year long programme is the first of its kind Active involvement in the national Change4Life programme Resource pack for all professional detailing an A-Z support services for children who are obese Range of interventions in the healthy Schools programmes including healthy lunch boxes
NI 56(a) LAA	Percentage of children in Year 6 with height and weight recorded who are obese	Aim To Minimise	13.8	14.48	14.48	15.19	9	•		15.5	?	?	13.8% of children in Year 6 with height and weight recorded who are obese in 06/07 has increased slightly to 14.48% in 07/08 but this is lower than the forecast trajectory and has achieved the target. This is also lower than National Average 17.5% for 06/07 The figures to date are encouraging. A childhood obesity strategy group has been set up and has actively developed the following: Stay Active Stay Healthy – Key Stage 1 and 2 teaching and resource pack to support increase physical activity and healthy eating in schools. This has activity sheets for children and their parents Three MEND programmes have been run – which are 12 week activity programmes for children who are overweight and their families. This has proved be very popular and shows reduction in BMIs for those children who attend and an increase in physical activity A2A – the targeted family intervention programmes for children aged 7-11 who are obese. This year long

			2007/08	Year End Re	sults			
DI Cada	Chart Name	Aire is to	2007/08	2008/09				Neto
PI Code	Short Name	Aim is to	Value	Value	Target	Status	Long Trend	Note
								programme is the first of its kind Active involvement in the national Change4Life programme Resource pack for all professional detailing an A-Z support services for children who are obese Range of interventions in the healthy Schools programmes including healthy lunch boxes
LGB3.4 (NI 198)	Percentage of children travelling to school - not by car (Consolidating detailed NI 198 data)	Aim To Maximise	71.2%	72.2%	72.2%		^	The Road Safety Team has set up a new project in schools where young people can help choose new cycle storage for their site. This has involved interviewing reps from different companies and comparing the different quality and costs of each shelter. A small grant may be available towards this project, which it is hoped will increase young people's ownership of the new facilities and so increase their use. The opening of a new BMX cycle track next to Brookside School was included as part of the 'Bike It' project at the school. The Team also presents WOW (Walk once a Week) assemblies at many schools to help support this initiative. A presentation has also been made by team members at a national school travel conference in Darlington, outlining best practice in integrating school travel issues into personal, social and health education in Stockport's secondary schools. The 'Bike and scoot' week in April – 30 schools took part Re-launch of the 'Bike –It' scheme 8 schools have started the WoW (Walk once a Week) scheme and 7 schools have active walking buses. Reddish vale Technology College is incorporating school travel into the transition summer camp for new year 7 pupils to encourage sustainable travel on the school run.
NI 52a	Take up of school lunches - Primary Schools	Aim To Maximise	41.03%	42.2%			?	Provisional figures included. However, these have yet to be finalized. No targets have currently been set for this indicator. However, provisional figures suggest that performance for Primary School uptake is just below the national average.

			2007/08	Year End Res	sults			
DI Cada	Chart Name	Aims in to	2007/08	2008/09				Note
PI Code	Short Name	Aim is to	Value	Value	Target	Status	Long Trend	Note
								Action Plan for 2009/10 Themed Menu calendar for Primary Schools Parent Tasting Sessions/evenings Primary Schools Re-launch of the Primary School Parental Brochure Competitions on the My School Lunch web Site www.myschoolunch.co.uk/stockport National Sausage week Food excellence skills training for Cooks Update of Marketing /Promotional literature. National School Meals week Supplier competitions
NI 52b	Take up of school lunches - Secondary Schools	Aim To Maximise	57.06%	61.6%			?	Provisional figures included. However, these have yet to be finalized. No targets have currently been set for this indicator. However, provisional figures suggest that performance for Secondary School uptake is over 20 percentage points above the national average. Action Plan for 2009/10 Secondary Schools Competition on the yougo4it web site Piloting of Meal Deals in Secondary Schools Competitions on the My School Lunch web Site www.myschoolunch.co.uk/stockport Consultation with School User Groups Secondary Schools Develop the Secondary school menu to meet the new Nutritional regulations for 2009. National Sausage week Food excellence skills training for Cooks Update of Marketing /Promotional literature. National School Meals week Supplier competitions
NI 53	Prevalence of breast- feeding at 6-8 wks from birth	Aim To Maximise	No data for this range	45.6%		?	?	Data quality for this indicator is high, there were 0% reported unknowns in this quarter. Performance is also high this quarter at 56%, 515 mothers were breastfeeding at 6 weeks, out of a total possible 919.
NI 57	Children and young people's participation in high-quality PE and sport	Aim To Maximise	No data for this range	87	85	•	?	NI 57 is not yet fully in place therefore we are reporting on the PSA 22 indicator - the percentage of 5-16 year olds undertaking at least two hours high quality PE and sport. 30,136 pupils took part in 2 hours of quality activity, which is an 8 percentage

			2007/08	Year End Resu	ults			
PI Code	Short Name	Aim is to	2007/08	2008/09				Nete
PI Code	Short Name	Aim is to		Value	Target	Status	Long Trend	Note
								point increase on last year and exceeds the LA target. On average, during the 2007/08 academic year, schools offered their pupils an average of 20 different activities. 687 teachers attended professional development opportunities to ensure high quality provision is offered covering a range of assessment and sport specific courses.

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

			2007/08	Year End Re	sults			
DT C I	CL IN		2007/08	2008/09				
PI Code	Short Name	Aim is to	Value	Value	Target	Status	Long Trend	Note
NI 50	Emotional health of children	Aim To Maximise	N/A	62.9%				Final outturn 62.9% is just short of the National and Statistical Neighbour averages. A target for 09/10 is currently being developed. The four items on the TellUs survey that form the indicator are: I have one or more good friends When I'm worried about something I can talk to my mum or dad When I'm worried about something I can talk to my friends When I'm worried about something I can talk to an adult other than my mum or dad There are four possible responses to the items above: True; Neither true nor not true; Not true; Don't know. The indicator is based on the percentage of children with good relationships, answering true to having one or more good friends and answering true to at least two of the other statements. There are a wide range of services and initiatives supporting emotional health of children in school including: The Parenting Strategy - Family Support Workers and Parent Support Advisors providing support for families encountering difficulties and develop better links with schools Mental health promotion work is taking place in early years settings and school e.g. via PHSE, emotional literacy programme. The Healthy Schools Programme, School Nursing (providing drop in sessions), Behaviour Support Services (pre-admission screening to identify and provide support needed), Educational Psychology, the Primary and Secondary Jigsaw Teams (with an emphasis preventative and early intervention work) are all supporting pupils, schools and parents in the emotional wellbeing of children and young people. There are a number of community counselling services, for example kooth.com an independent on-line counselling service for 11-25 year olds and Central Youth a face to face counselling service

			2007/08	Year End Re	sults			
DI C- 1-	Charle Name	Aire is to	2007/08	2008/09				Note
PI Code	Short Name	Aim is to	Value	Value	Target	Status	Long Trend	Note
								based in the town centre. Kooth.com counsellors can refer C&YP direct to the Community Outreach Team in social care, if there are family problems.
NI 51	Effectiveness of child and adolescent mental health (CAMHS) services	Aim To Maximise	14	14	16			End of year outturn figure is 14 out of 16. In comparison to last year's National figure (14) we are in line and ahead of statistical neighbours. A score of 14 is assessed as being Good. This indicator is a self-assessment of how effectively mental health services meet children's mental health needs for 2008/09. 14 is an aggregated score of 1 to 4 for each of the four questions below (each scored accordingly): 1. At January 31 2009, has a full range of CAMH services for children and young people with learning disabilities been commissioned for the Local Authority/PCT area? Score 3 2. As at January 31 2009, do 16 and 17 year olds from the Local Authority/ PCT area who require mental health services have access to services and accommodation appropriate to their age and level of maturity? Score 4 3. As at 31 January 2009, are arrangements in place for the Local Authority/ PCT area to ensure that 24 hour cover is available to meet urgent mental health needs of children and young people and for a specialist mental health assessment to be undertaken within 24 hours or the next working day where indicated? Score 4 4. As at 31 January 2009 was a full range of early intervention support services delivered in universal settings and through targeted services for children experiencing mental health problems commissioned by the Local Authority and PCT in partnership'? Score 3 A score of 3 denotes protocols and plans are in place but are only partially implemented A score of 4 denotes protocols and plans are in place and are fully implemented. There is a 2009/10 – 2013/14 Strategic Plan created by the CAMHS partnership in place to drive continued improvement in this area.
NI 58	Emotional and behavioural health of looked after	Aim To Minimise	No data for this range	14.1			?	This is the final Year End figure, as recorded on the SSDA903 Return.

	Z			Year End Res	ults			
DI Cada	Chaut Nama	Aim in to	2007/08	2008/09				Note
PI Code	Short Name	Aim is to	Value	Value	Target	Status	Long Trend	Note
	children							This indicator was first introduced in 2008/09 therefore comparator data is not available. Good performance is typified by a low number. The scoring range for this indicator is 0-40. Stockport's performance for 2008/09 was 14.1. Of those young people identified as having High or Very High scores arrangements are in place to ascertain what agencies are in place to support the young person and carer. Also the issuing of further SDQ as per the guidance will be issued to those scoring High or Very High and to ascertain the views of Education and the young person to ascertain the overall level of concern and whether this is shared. This will provide for holistic approach to assessing the needs of young person and determining appropriate level of intervention. It is important to remember the SDQ is not diagnostic tool and any level of concern in relation to the emotional health and wellbeing of young person will be referred to the appropriate health professional for assessment. It is envisaged the scores of SDQ will inform the health assessment of young people. The long term aim will be to reduce the number of young people with High or Very High scores through appropriate interventions and to allow for the early identification of those young people at risk of developing emotional or behaviour difficulties.
NI 150	Percentage of adults receiving secondary mental health services who are in paid employment	Aim To Maximise	8.7%	11.1%	9.2%	©		The end of year data shows a small increase in the numbers of people in secondary mental health care in employment, a rise from 123 to 126. As the denominator fell this quarter (to 1138), the percentage in employment rose from 10.3% to 11.07%. This is a snapshot figure collated from staff within Pennine Care FT at year end. A database provided by Pennine Care and developed in conjunction with the local authority captures the employment status of people under their care at their latest review - reflecting the GONW definition for LAA NI150. To date 298 people have been captured on the database, 32 of whom were in employment (10.74%), however this sample is as yet too small to be regarded as a robust indicator. The same database captures the type of employment, the hours

			2007/08	7/08 Year End Results				
DI Codo	ode Short Name Aim is to	Aire is to	2007/08	2008/09				Note
PI Code		AIII IS to	Value	Value	Target	Status	Long Trend	Note
								and narrative text on stories behind the figures. A stepping stone to employment is often volunteering, the snapshot data shows 98 people under Pennine Care in volunteering placements, a rise from 84 last quarter. It should also be noted that the current figure is based on existing Care Program Approach (CPA) recipients. Recent changes to the CPA mean that the cohort with which we work is likely to significantly decrease in size and increase in challenge to place in work. The figures in this report are based on all clients, and as such there is the potential that the official NI 150 figure decreases significantly when centrally published. This figure should therefore be viewed as a local reflection of our position against our LAA target.

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

			2007/08	Year End Re	esults			
DT 0 1			2007/08	2008/09				
PI Code	Short Name	Aim is to	Value	Value	Target	Status	Long Trend	Note
LAART9a	The number of people aged 60 or over that are helped by Stockport Council to make successful new, increased or adjusted claims in respect of a) Disability Living Allowance or Attendance Allowance,	Aim To Maximise	2,477	3,705	3,213	②	a	LAART9a - 9d The deadline for the target is 30 June 2009 but all four sub targets were met in full by Friday 17 April 2009, thanks to the close working relationships developed with Adult Social Care, Age Concern, Stockport Homes and Revenues & Benefits who have
LAART9b	The number of people aged 60 or over that are helped by Stockport Council to make successful new, increased or adjusted claims in respect of b) Pension Credit,	Aim To Maximise	921	1,367	1,313	Ø	a	sent appropriate referrals for the Health & Social Care Team to visit. Cash gains for these customers have reached £17.6 m over three years. This is ongoing work and we now endeavour to reach the targets set in the Council Plan. Sub-Targets 9a: This target for successful Attendance Allowance and Disability Living Allowance claims is met and exceeded by 277 – Welfare Rights Advisers made a total of 3490 successful claims over three years. 9b: This target for successful Pension Credit claims is met - Welfare Rights Advisers made a total of 1313 successful claims over three years. This proved the most challenging of all 4 targets to meet because the Pensions Service take a minimum of 6 weeks before they adjudicate on claims and we had increasing difficulty in accessing results. 9c: This target for Council Tax Benefit is met and exceeded by 86 claims. Welfare Rights Advisers made
LAART9c	The number of people aged 60 or over that are helped by Stockport Council to make successful new, increased or adjusted claims in respect of c) Council Tax Benefit,	Aim To Maximise	445	681	578	②	a	
LAART9d	The number of people aged 60 or over that are helped by Stockport Council to make successful new, increased or adjusted claims in respect of d) Housing Benefit	Aim To Maximise	171	254	236	Ø	a	
LAART10	The number of supported admissions of people aged over 65 to permanent residential or nursing care, as measured by National Social Care PAF Indicator C72 numerator. (Target is a cumulative reduction from baseline)	Aim To Minimise	799	1,172	1,221	②	•	a total of 664 successful claims over three years. 9d: This target for Housing Benefit is met and exceeded by 7 claims. Welfare Rights Advisers made a total of 243 successful claims over three years.

		2007/08	Year End Res	ults				
DI C- 4-	Chart Name	Aire is be	2007/08	2008/09				Nete
PI Code	Short Name	Aim is to	Value	Value	Target	Status	Long Trend	Note
NI 134	The number of emergency bed days per head of weighted population	Aim To Minimise	207338	197363	204000	Ø	^	Final data The final data is for the period April 2008 - March 2009. Target for the year has been achieved, and is 3.4% below trajectory.
SSC3.4 AOT4 (SAS)	Number of people in receipt of telecare services including older & vulnerable people.	Aim To Maximise	92	783	815		?	 07/08 year end calculated differently. New methodology includes full partnership approach to telecare (incorporating housing provision etc), rather than adult social care provision alone. There has been a focus on mainstreaming telecare services and developing some new services Introduction of a weekly charge for service users for response and monitoring Policies and procedures revised and relaunched SLA established with carecall for response and monitoring (although will be looking to retender for this service) Changes to the management infrastructure for telecare which now comprises a telehealthcare board which oversees the work of the following 5 workstreams Telehealth workstream Users group (comprises different service user groups) Publicity, training and policies and procedures group SLA monitoring group Manufacturers group Service developments Pilot scheme implemented to test out the use of bogus caller alarms with service users who have been victims of or at risk of doorstep crime Telecare available in extra care sheltered housing provision IQARE pilot implemented. This is a pilot to test out provision of a range of services using touch screen computers and the internet including online befriending to reduce social isolation, entertainment, information from personal support plans, medication reminders. The pilot commenced in April although still in the early stages Preliminary discussions taken place with a view

				Year End Res	ults					
PI Code	Short Name	Aim is to	2007/08	2008/09				Note		
PI Code	Short Name	AIII IS to	Value	Value	Target	Status	Long Trend	Note		
								to developing a telehealthcare strategy for Stockport in Autumn 2009		

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

No measurable indicators for this priority currently – Progress toward NI 130 and 136 for adults of working age is captured under Priority 10.

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

No measurable indicators for this priority currently. Newly developed Carers Partnership intends to develop appropriate performance measures as a matter of urgency.

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

\ <u></u>			2007/08	Year End Re	esults			
DI Codo	Short Name	Aire is to	2007/08	2008/09				Nata
PI Code	Short Name	Aim is to	Value	Value	Target	Status	Long Trend	Note
NI 48	Children killed or seriously injured in road traffic accidents- percentage change since 1994-98 average	Aim To Minimise	N/A	6.5%	7.0%	©	?	The Road Safety Unit will continue to target those young people most at risk, by identifying schools in the more deprived areas in the Borough and those in areas with a higher number of child casualties. Teenage pedestrians and cyclists are also being targeted through work in secondary schools. Recent projects at Priestnall, Stockport and Hazel Grove schools will be rolled out to other schools in the Borough.
NI 70	The number of finished in- year emergency admissions of children and young people to hospital as a result of unintentional and deliberate injury, per 10,000 population of children and young people.	Aim To	132.7	139.5		?	•	Provisional data, year end due July 2009 The data is based on cumulative info to end Febraury apportioned up to 12 months. Final data will be available in July. 132.7 of finished in-year emergency admissions of children and young people to hospital as a result of unintentional and deliberate injury, per 10,000 population of children and young people in 2007/08 has increased to 139.5 in 2008/09. This is higher than the National Average of 121.5 for 2007/08. There were 781 admissions to hospital for the period April - February 2009. Mid year population estimate 2006 of 61062 has been used. There is no target for this indicator, however it is likely that performance this year will have deteriorated from 2007/08. Analysis of the patterns and trends around hospital admissions has been undertaken and work to address some of the findings is being planned.
HWB Live Birth	Number of live births where mother is aged less than 18 at time of birth	Aim To Minimise	63				?	Target set by Government is for Stockport to reduce the under 18 conception rate by 45% between 1998 and 2010, to achieve a rate of 23.8/1000. Data
NI 112 BV197 LAA	Percentage reduction in under 18 conception rate (from 1998 baseline)	Aim To Minimise	-6.6%	-10.2%	-16.0%	<u> </u>	•	shows 222 conceptions in 2007 compared to 232 in 2006 (rate 40.5/1000). 54% conceptions led to abortion in 2007. Local PCT data indicates a reductio in under 16s conceptions in 2007 with a rate of 5.7/1000, from 2006 rate of 7.7/1000. The target trajectory reduction for 2008 is 33.8/1000 a 22% reduction and the target for 2009 is 28.8/1000 a 33% reduction Stockport has lowest rate of the statistical neighbours in 2007, and one of the lowest rates in NW. A new Stockport Key Stage (KS) 3 SRE curriculum is in place with resources for KS 3 and KS4 in all

			2007/08	Year End Res	ults			
DT 0 1	G		2007/08	2008/09				
PI Code	Short Name	Aim is to	Value	Value	Target	Status	Long Trend	Note
								secondary schools and KS2 in all primary schools. Young people's contraception, chlamydia screening and sexual health are prioritised in the Primary Care Trust commissioning in Stockport. The new Central Youth in St Peters Square is purpose designed with much greater capacity. Central Youth is working towards accreditation for You're Welcome quality mark criteria. Increased Nurse capacity and increased opening hours allows 3 Nurses on busy days at Central Youth to reduce waiting times. All members of the Children's Trust workforce have access to training in SRE which is being delivered to all those who work with young people. SRE work with parents and carers is included in the Parenting Strategy. Speakeasy Parenting Programme trained to all Parent Support Advisers who will help parents talk to their children about sex and relationships in each cluster area. Participation is well established to support the strategy: Consultation on view of SRE at Werneth High School. A stakeholder forum to be established in Brinnington linked to CYP Local Partnership (to look at rates in Brinnington & explore the cultural differences). Early intervention and preventative work with at risk groups of young people is embedded in the strategy. The LAC SRE Programme won a highly commended award for the work to build self esteem with young women. EI through Learning Support Service supporting relationships education. Aspiration building programmes for those most at risk (LAC & and teenage parents). Moat House the pupil referral unit for pregnant teenagers and teenage mothers - most young mothers going on to FE & increasing numbers to HE. The Young Parents Care Pathway to identify vulnerable teenage mothers early and provide tailored maternity care, and advice regarding contraception to prevent accidental second conceptions. The multi agency Supporting Teenage Parents Task group and Operational Group to support all teenage

				Year End Res	ults			
PI Code	Short Name	Aim is to	2007/08	2008/09				Note
ri code	Short Name	Aiiii is to	Value	Value	Target	Status	Long Trend	NOLE
								parents in Stockport. Stockport Care 2 Learn take up is the highest in England and Stockport has the highest percentage of teenage mothers in education training or employment in England. Key priorities for 2009: Implement scrutiny review recommendation - Stockport secondary schools develop a more consistent and developed curriculum approach to delivery of Relationships Education. It is proposed to take this forward as a pilot programme in 2009 Specific prevention programme planned for Brinnington & secondary schools attended by young people from Brinnington. Increase School Nursing's capacity to support SRE programmes in secondary schools. To further develop outreach clinics in Stockport Colleges and potentially more Children's centres.

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

			2007/08	Year End Res	ults			
PI Code	Short Name	Aim is to	2007/08	2008/09				Note
PI Code	Short Name	AIII IS to	Value	Value	Target	Status	Long Trend	Note
NI 40 LAA	Change in number of drug users in effective treatment from 2007/08 baseline	Aim To Maximise	640	665	653	>	^	Audit Note Target changed from 658 to 679 after Target Sign-off discussion
NI 130	Social care clients receiving Self Directed Support (Direct Payments and Individual Budgets) per 100,000 population aged 18+	Aim To Maximise	118.6	164.2		?	^	There will be a definitional change to NI 130 from 1st April 2009. However the overall direction of travel to improve the choice and control that current and future users of social care services have will remain substantially unchanged. To this end Stockport Adult Social Care is taking forward a number of work strands. We are developing an overall transformation programme looking at universal services, choice and control, prevention and managing the market. Alongside this we are working with frontline staff to ensure engagement and involvement. Other specific pieces of work include improving access to services and developing a citizen facing portal (Quick Heart) alongside self assessment approaches and an electronic Resource Allocation System. We are evaluating the use of pre-paid cards as a way of facilitating increased choice and control for users and working closely with the independent and not for profit sectors to take this forward as a partnership approach. Alongside developments aimed at ensuring all users have an indicative or actual personal budget during 2009 specific work is taking place to improve the numbers of people receiving a Direct Payment. We have visited all operational teams to raise the profile of and re focus on Direct Payments. We have made the Direct Payment difficult and are progressing work on facilitating users and carers to get a Direct Payment for respite care. We have completed initial planning in relation to setting up a re-ablement service to support people better at the time of contact, assessment and initial service support. We also hope this will support people to take up a wider range of personalised budgets. At the same time we are focussing on building on our high quality assessment and care management services to make sure that we mange risks appropriately.

			2007/08	Year End Results				
DI Codo	Charl Name	Aima in to	2007/08	2008/09				Nata
PI Code	Short Name	Aim is to	Value	Value	Target	Status	Long Trend	Note
								The targets for NI 130 are challenging but we are confident that the strategic approach outline above will enable us to meet or exceed those targets and ensure significant improvements in choice and control. The initiatives above are starting to show improvement and we are committed to continue this throughout 2009 and beyond.
NI 136 LAA	People supported to live independently through social services (all ages) - per 100,000 population aged 18+	Aim To Maximise	3853	4043	3918	©	☆	Monitoring against the newly negotiated LAA target for current year is not yet fully embedded in the QBSC process, due to recent definitional changes from CLG. Current indications are that Stockport will achieve the year 1 target under the LAA. There has been a definite shift this year from formal Social Services offered via a community care assessment to more informal services offered by the third sector. This reflects the ongoing policy aimed at increasing preventative services. This figure is final, subject to the Relative Needs Population for Stockport being calculated using 2007 figures. If RNP figures are centrally refreshed to 2008, there may be small changes to the signed off NI 136.
NI 136 LD	People supported to live independently through social services (all ages) disaggregated to adults with learning disabilities	Aim To Maximise	No data for this range	349.3		?	?	A measure of Learning Disabled clients aged 18-64 that are in direct or indirect receipt of a social care service which assists them to maintain life in the community and therefore avoid permanent Residential and Nursing admissions. Social Care services include Home Care, Meals, Equipments and Adaptations, Day Care and other community based services. The figure is generated by counting clients with a learning disability that are in receipt of a service as a result of a community care assessment, and those receiving a service from an indirectly Social Care funded organisation.
NI 136 MH	People supported to live independently through social services (all ages) disaggregated to mental health service users	Aim To Maximise	No data for this range	687.4		?	?	A measure of mental health clients aged 18-64 that are in direct or indirect receipt of a social care service which assists them to maintain life in the community and therefore avoid permanent Residential and Nursing admission. Social Care services include Home Care, Meals,

				Year End Res	sults			
PI Code	Short Name	Aim is to	2007/08	2008/09				Note
PI Code	Short Name	Aiiii is to	Value	Value	Target	Status	Long Trend	Note
								Equipments and Adaptations, Day Care and other community based services. The figure is generated by counting clients with mental health problems that are in receipt of a service as a result of a community care assessment or equivalent (CPA), and those receiving a service from an indirectly Social Care funded organisation, such as MIND.
NI 136 PD	People supported to live independently through social services (all ages) disaggregated to adults with physical disabilities	Aim To Maximise	No data for this range	736.5		?	?	A measure of physically disabled clients aged 18-64 that are in direct or indirect receipt of a social care service which assists them to maintain life in the community and therefore avoid permanent Residential and Nursing admission. Social Care services include Home Care, Meals, Equipments and Adaptations, Day Care and other community based services. The figure is generated by counting physically disabled clients that are in receipt of a service as a result of a community care assessment, and those receiving a service from an indirectly Social Care funded organisation, such as grant funded day care.

Performance measures where data is unavailable this quarter

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

		2007/08	Year End Res	sults				
DI Codo	Short Name	Aim is to	2007/08	2008/09				Nete
PI Code	Short Name	AIII IS to	Value	Value	Target	Status	Long Trend	Note
NI 122 Local 2a	Uptake in deprived practices of screening for breast cancer from 2009	Aim To Maximise	67.3%	N/A	70.0%	2	2	Data is for financial year, and is collected via an annual audit of automatic return from GP practices. The 2007/08 values have been updated since last report. Data for 2008/09 due in November 2009
NI 122 Local 2b	Uptake in deprived practices of screening for cervical cancer from 2009	Aim To Maximise	78.30	N/A	80.00	2	2	Data is for financial year, and is collected via an annual audit of automatic return from GP practices. The 2007/08 values have been updated since last report. Data for 2008/09 due in November 2009
NI 122 Local 2c	Uptake in deprived practices of screening for bowel cancer from 2009	Aim To Minimise	No data for this range	N/A		?	?	The screening programme for bowel cancer has not yet started.
NI 137	Healthy life expectancy at age 65	Aim To Maximise	N/A	N/A		?	?	Await published data form Place Survey, to calculate baseline data.

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

				2007/08	Year End Res	ults				
DI	PI Code Short Name	Chart Nama	Aim is to	2007/08	2008/09				Note	
PI	Code	Short Name		Value	Value	Target	Status	Long Trend	Note	
	123 ocal 2	A local outcomes focused smoking cessation target	Aim To Maximise	No data for this range	N/A		?	?	The adult lifestlye survey is still in the field.	

				Year End Res	ults			
DI C- 4-	Chart Name	Aim is to	2007/08	2008/09				Note
PI Code	Short Name		Value	Value	Target	Status	Long Trend	Note

Priorities: 03. To halt the year on year rise of health incidents and to tackle adverse social impacts on peoples' wellbeing attributable to alcohol across the Stockport conurbation

				Year End Res	sults			
PI Code	Short Name	Aim is to	2007/08	2008/09				Note
PI Code			Value	Value	Target	Status	Long Trend	Note
CYSCH22a	Admissions to hospital of under 20 year olds with mental and behavioural health disorders due to substance misuse	Aim To Minimise	31		?	?	?	In addition to the work to tackle NI39 CYP proxy, there is a Joint Working Agreement with CAMHS to address substance use and mental health problems for <18's in the community (to be updated in 09/10). Plans to develop A&E screening & referral system to MOSAIC for under 16s – then address in school via harm reduction and prevention work. In 09/10 plan to develop process to engage parents and young people re reducing admissions – challenging agenda. Targets to be discussed in the next quarter.

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

			2007/08	Year End Resu	ults			
PI Code	Short Name	Aim is to	2007/08	2008/09				Note
			Value	Value	Target	Status	Long Trend	Note
HWB AD Obs	An adult obesity target	Aim To Minimise	No data for this range	N/A		?	?	The adult lifestyle survey is still in the field

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

				Year End Res	ults			
DI C- 1-	Short Name	Aim is to	2007/08	2008/09				Note
PI Code			Value	Value	Target	Status	Long Trend	Note

			2007/08	Year End Resi	ults			
PI Code	Chart Nama	Aine in to	2007/08	2008/09				Notes
PI Code	Code Short Name Aim is to		Value	Value Target Status Long Trend			Long Trend	Note
HWB MWB	To improve mental wellbeing in Stockport, with a focus on inequalities and those aspects of wellbeing which effect mortality	Aim To Maximise	No data for this range			?	?	Both the adult lifestyle survey and regional wellbeing survey's are in the field at present. Analysis should begin over the summer.

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

				Year End Res	sults			
PI Code	Short Name	Aim is to	2007/08	2008/09				Note
PI Code	SHOLL Marrie	AIIII IS to	Value	Value	Target	Status	Long Trend	
HWB AOT1a	Proportion of older people asked who agree that there are support services to assist people to live independently in their own home	Maximise	No data for this range			?	?	Baseline - Citizens Panel: 66%, Age Concern: 71% Target - Citizens Panel: 68%, Age Concern: 72% We have identified AOT 1a as a local measure on impact of interventions to help people remain supported in their own homes from a recent consultation survey. It is envisaged that the actual running of a survey will take place in 2009 replicating the recent exercise. In the meantime, progress against these measures will be via reporting against relevant activities in the AOT Strategy performance framework. Currently, the AOT Strategy and action plan are being refreshed in light of the consultation and will be agreed at the November AOT Board meeting.
HWB AOT1b	Proportion of older people asked who agree that they know how to find out what support will there be to help me live independently in my own home		No data for this range			?	?	Baseline - Citizens Panel: 44%, Age Concern: 49% Target - Citizens Panel: 50%, Age Concern: 54% Comment as for HWB AOT1a
NI 138	Satisfaction of people over 65 with both home and neighbourhood	Aim To Maximise	N/A			?	?	Await finalised data from Place Survey.

			2007/08	Year End Results					
PI Code	Chaut Nama	Aim is to	2007/08	2008/09				Nete	
PI Code	Short Name		Value	Value	Target	Status	Long Trend	Note	
NI 139	The extent to which older people receive the support they need to live independently at home	Aim To Maximise	N/A			?	?	Await finalised data from Place Survey.	

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

				Year End Resu	ults				
PI Code	Short Name	Aim is to	2007/08	2008/09				Note	
PI Code	Short Name		Value	Value	Target	Status	Long Trend	Note	
HWB PD Emp	Adults with physical disabilities in employment	Aim To Maximise	No data for this range			?	?	This indicator has yet to be developed.	

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

				Year End Res	ults			
PI Code	Short Name	Aim is to	2007/08	2008/09				Note
PI Code	Short Name	Aiii is to	Value	Value	Target	Status	Long Trend	
HWB Carers(a)	A local carers target: a) Number of carers that GP's have identified who are caring for people on a regular and substantial basis and have referred for a Social services assessment	Aim To Maximise	No data for this range			?	?	These indicators are currently under development as part of a broader Partnership approach to the Carers Agenda. The Carers Strategy Steering Group has recognised that the H&WBP performance framework does not currently contain any measurable indicators under the carer-related priority. The Steering Group will shortly begin to review how the findings of the JSNA link to and inform the Carers Strategy and Performance Framework, which could, in turn inform the carers element of the H&WBP Performance Framework.
HWB Carers(b)	A local carers target: b) Number of carers that GP's have referred to voluntary agencies (e.g. Signpost, Age Concern, Making Space) for further information and advice with regard to their caring	Aim To Maximise	No data for this range			?	?	

			2007/08	Year End Resu	ults			
PI Code	Short Name	Aim is to	2007/08 Value	2008/09 Value Target Status Long Trend			Long Trend	Note
	role							

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

			2007/08	Year End Res	ults			
PI Code	Short Name	Aim is to	2007/08	2008/09				Note
			Value	Value	Target	Status	Long Trend	
NI 113a	Prevalance of chlamydia (introduction 09/10)	Aim To Maximise	No data for this range	No data for this range – measure to begin 2009/10				
NI 54	Services for disabled children	Aim To Maximise	No data for this range	N/A			?	A national survey will be conducted at the end of FY 2009/10 to derive national level baseline.
NI 126	Early Access for Women to Maternity Services	Aim To Maximise	No data for this range	80.0%	85.0%		?	The data give is provisional only as data is based on information for April to June 2008. The Government has decided to defer NI126 until 2010/11 in order to develop the indicator further. Locally, no activities or plans will be put in place until the indicator definition has been finalized.
VSB10	Proportion of children who complete immunisation by recommended age	Aim To Maximise	89.3%	No data for this range				VSB10=The proportion of individuals who complete routine immunisation at 12 months, 24 months, 5 years and 18 years of age. Immunisation coverage statistics are collected from computerised child health systems for children aged one, two and five years of age. The number of reinforcing doses of diphtheria, tetanus and polio given by school leaving age are collected on a KC50 return from known providers of immunisation services. From September 2008, all girls aged around 12-13 years will be routinely offered 3 doses of human papilloma virus vaccine. It is anticipated that data for year end will be available in next quarter.

Unfamiliar Terminology used:

Personal Social and Health Education (PSHE) Sex and Relationships Education (SRE)

			2007/08	Year End Res	ults			
PI Code	Short Name	Aim is to	2007/08	2008/09				Note
			Value	Value	Target	Status	Long Trend	Note