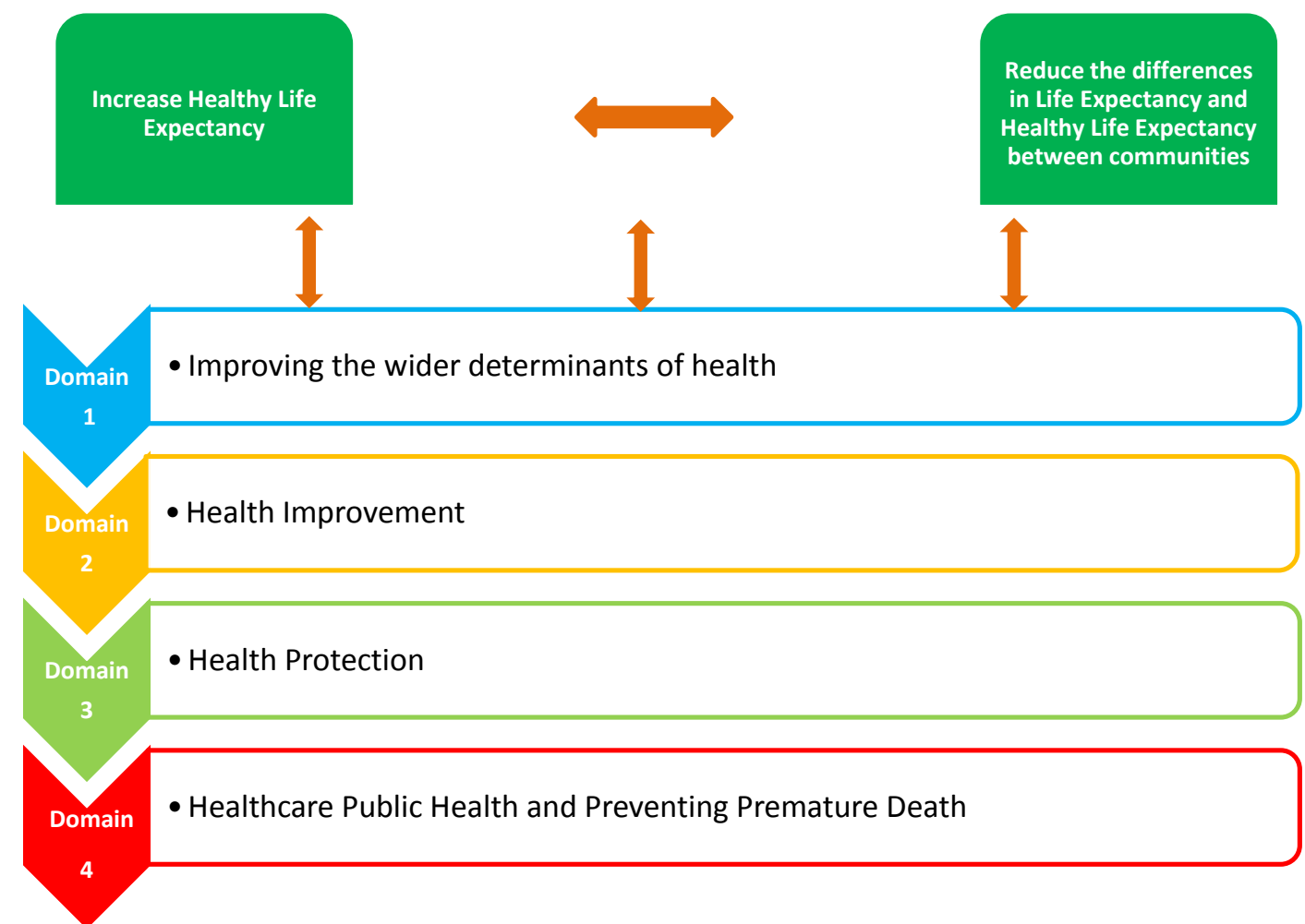


Public Health Outcomes Framework

*The Vision: To Improve and protect the nations health and wellbeing and improve the health of the poorest first*



Over the last decade, health inequalities between different groups has widened, leading to widening discrepancy in public health outcomes.

Responding and acting upon these challenges is the prime function of the Public Health Outcomes Framework (PHOF). Also the government is radically shifting power to local communities, thus the public health outcomes framework is needed to provide a mechanism for transparency and accountability across the new public health system that has emerged as a result of the public health reforms.

Between 2000/02 to 2011/13 the relative gap in life expectancy between Tameside and England has fallen by 11.4% for males however, it has increased by 29% for females.

Health inequalities are not only apparent between people living in different geographical areas - they exist between different socio-economic groups, between different genders, different ethnic groups and the elderly and people with mental health problems or learning disabilities

The cause of health inequalities are complex and include life style factors such as smoking, nutrition and exercise and the wider determinants such as poverty, housing, education and access to services such as healthcare.

The recent Public Health Outcomes Framework data tool publication includes information/data on 169 high level outcome indicators. Of these 169 outcome indicators, Tameside have 58 (34%) outcomes that are significantly worse than the England averages, with the highest proportion of these falling under domain 2 (Health Improvement) and domain 4 (Healthcare Public Health and Premature Mortality). There are 29 outcome indicators that are significantly better than the England averages, with the remaining 82 outcome indicators having similar values to the England averages.

Reducing early deaths from preventable conditions would significantly impact on overall life expectancy. Premature mortality could be avoided through robust public health interventions such as increasing physical activity levels in our population, reducing smoking and alcohol, tackling the wider determinants of health and through healthcare interventions such as early diagnosis, improved disease management and equitable access to primary care facilities.

NICE PH15 recommendations include the following advice:

- GPs and other NHS staff working outside hospitals, including local authorities should set up systems to identify people who are disadvantaged and at high risk of heart disease.
- NHS organisations and local authorities should work together to provide flexible services to improve the health of these people. This might include advice and help offered in drop-in clinics and other places people can get to easily, at times that suit them. Information should be provided in a language people understand.
- The NHS and local authorities should ensure services aiming to improve the health of people who are disadvantaged are coordinated and that there are enough people trained to run them.

Annual Summary

Wider Determinants		2014	2015
Indicators that have improved			
1.04i	1st time entrants to youth justice system	501	426
1.05	16-18 year olds NEETs	6.6%	4.6%
1.11	Domestic Abuse (rate per 1,000 population)	27.7	23.5
1.12i	Violent crime (including sexual violence) hospital admissions for violence	82.8	79.7
1.13i	Re-offending levels percentage of offenders who re-offend	27.8%	26.2%
1.13ii	Re-offending levels average number of re-offences per offender	0.87	0.83
1.15i	Statutory homelessness homelessness acceptances	1.1	0.7
1.17	Fuel Poverty	11.9	10.4

		2014	2015
Indicators improved but still worse than England			
1.01ii	Children in Poverty - under 20 ys	23.1%	21.9%
1.01ii	Children in Poverty - under 16 yrs	23.7%	22.7%
1.02i	School Readiness	41.8%	52.1%
1.02i	School readiness with free meal	23.2%	38.1%
1.02ii	Phonics screening check	65.4%	69.2%
1.02ii	Phonics check with free meal	52.3%	57.2%

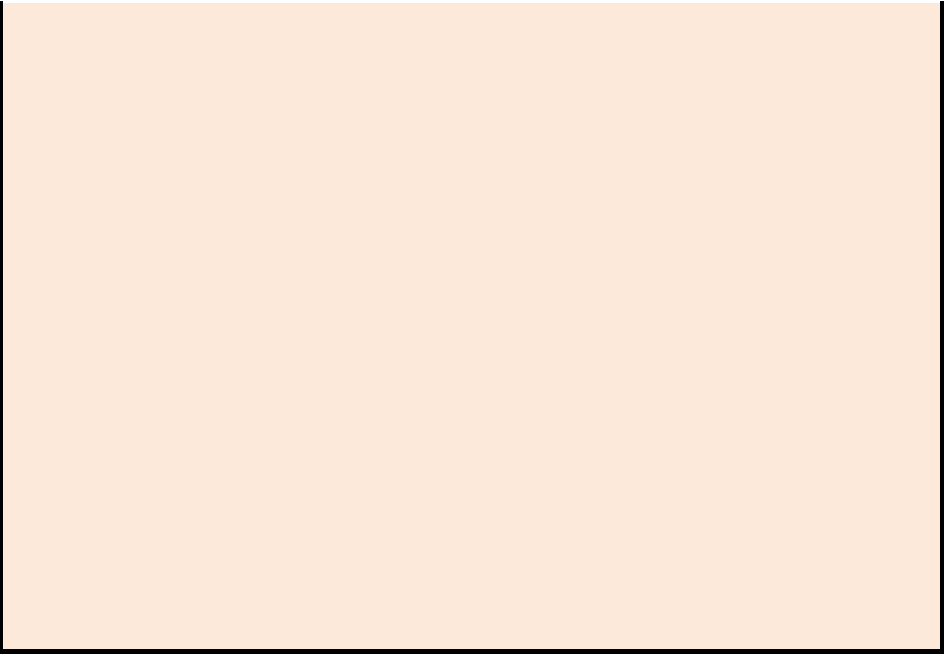
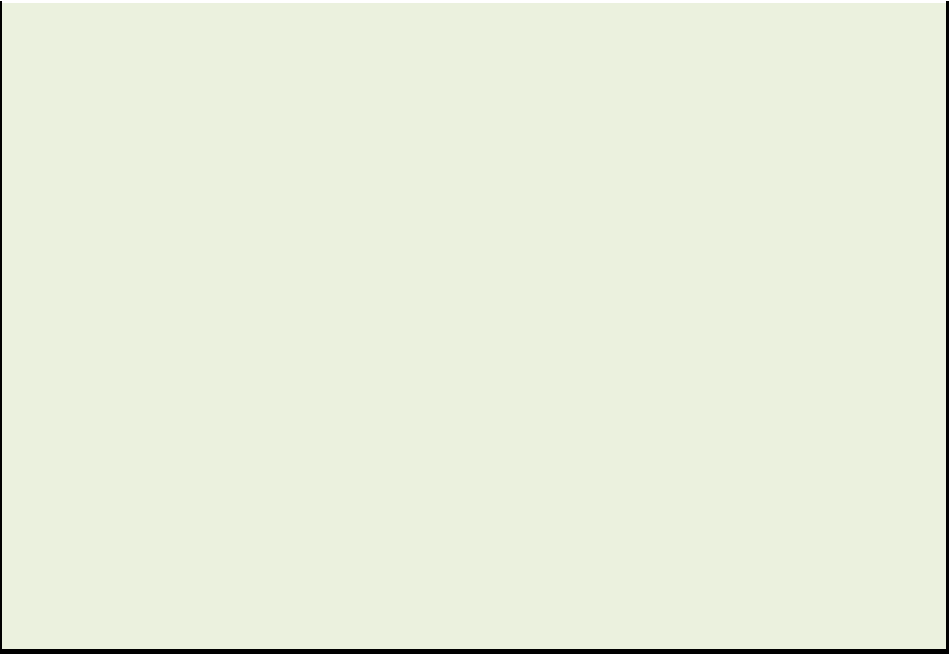
		2014	2015
Indicators that are in decline			
1.03	Pupil Absense	4.7%	4.85%
1.06ii	Adults in contact with 2 <sup>o</sup> MH services who live in stable & appropriate accomm (P)	76.6%	45.1%
1.08i	Gap in the emp rate between LTHC & overall emp rate	11.3	12.2
1.08ii	Gap in the emp rate between LD and overall employment rate	56.6	61.8
1.09i	% of employees with at least 1 day off in the prev week (sickness)	1.9%	2.4%
1.09ii	% working days lost due to sickness absence	1.6%	2.1%
1.12ii	Violent crime (incl sexual) offences	11.7	12.2
1.12iii	Violent crime (incl sexual) - Rate per 1,000 population	0.7	0.97
1.16	Utilisation of outdoor space for exercise/health reasons	15.3%*	13%
1.18i	Social Isolation: % of adult social care users who have as much social contact as they would like	42.9%	41.3%

Health Improvement		2014	2015
Indicators that have improved			
2.01	Low birth weight of term babies	3.1	2.4
2.04	Under 18 conceptions	32.7%	29.1%
2.04	Under 18 conceptions: conceptions in those aged under 16	6.8	4.2
2.14	Smoking prevalence adults (over 18s) - Routine & Manual	34.9	30.4

		2014	2015
Indicators improved but still worse than England			
2.02i	Breastfeeding initiation	59.7%	61.1%
2.03	Smoking status at time of delivery	20.9	17.8
2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4)	206.7	199.6
2.07ii	Hospital admissions caused by unintentional & deliberate injuries in young people (aged 15-24)	178.4	159
2.14	Smoking prevalence adults (over 18s)	25	22.4

		2014	2015
Indicators that are in decline			
2.06i	Excess weight in 4-5 year olds	23.2%	24.50%
2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14)	148.9	152.4
2.13i	Percentage of physically active and inactive adults <b>active</b> adults	49.6	47
2.13ii	Percentage of active and inactive adults <b>inactive</b> adults	32.8	38.1
2.15i	Successful completion of drug treatment opiate users	9.2	7.1

Public Health Outcomes Framework



Domain Two: Helath Improvement

2.15ii	Successful completion of drug treatment non-opiate users	53.5	41.6
2.17	Recorded diabetes	6.82	7.16
2.20i	Cancer screening coverage breast cancer	74.7	70.9
2.21vii	Access to non-cancer screening programmes diabetic retinopathy	81.5	77.5
2.24i	Injuries due to falls in people aged 65 and over (Persons)	2073	2345
2.24iii	Injuries due to falls in people aged 65 and over aged 80+	5045	6109

Health Protection		2014	2015
Indicators that have improved			
3.02ii	Chlamydia screening detection rate (15-24 year olds) CTAD (Persons) (per 100,000)	2474	3157
3.03iii	Population vaccination coverage Dtap / IPV / Hib (1 year old) (%)	95.7	96.5
3.03iii	Population vaccination coverage Dtap / IPV / Hib (2 years old) (%)	96.9	97.8
3.03v	Population vaccination coverage PCV (%)	95.7	96.3
3.03vi	Population vaccination coverage Hib / MenC booster (2 years old) (%)	92.6	94.6
3.03vii	Population vaccination coverage PCV booster (%)	94.0	95.0
3.03ix	Population vaccination coverage MMR for one dose (5 years old) (%)	96.2	96.7
3.03xv	Population vaccination coverage Flu (at risk individuals) (%)	58.0	58.9
3.05ii	Incidence of TB (per 100,000)	15.5	13.8
3.01	Fraction of mortality attributable to particulate air pollution (%)	5.4	5

		2014	2015
Indicators improved but still worse than England			

		2014	2015
Indicators that are in decline			
3.04	People presenting with HIV at a late stage of infection (%)	68.0	66.7
3.05i	Treatment completion for TB (%)	63.6	78.8
3.06	NHS organisations with a board approved sustainable development management plan (%)	66.7	33.3

Healthcare/ Premature mortality		2014	2015
Indicators that have improved			
4.01	Infant mortality (per 100,000)	4.2	3.0

		2014	2015
Indicators improved but still worse than England			
4.03	Mortality rate from causes considered preventable (provisional) (per 100,000) - persons	278.2	277.9
4.05i	Under 75 mortality rate from cancer (revised provisional) (per 100,000)	177.2	173.3
4.05ii	Under 75 mortality rate from cancer considered preventable (provisional) (per 100,000)	112.2	110.1
4.06i	Under 75 mortality rate from liver disease (provisional)(per 100,000)	27.5	26.9
4.06ii	Under 75 mortality rate from liver disease considered preventable (provisional) (per 100,000)	24.5	23.6
4.1	Suicide rate (provisional) (per 100,000) PERSON	10.7	10.2

		2014	2015
Indicators that are in decline			
4.04i	Under 75 mortality rate from all cardiovascular diseases (revised provisional) (per 100,000) PERSONS	118.5	121.2
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable (provisional) (per 100,000) PERSONS	86.0	88.0
4.07i	Under 75 mortality rate from respiratory disease (provisional) per 100,000)	43.3	45.5
4.07ii	Under 75 mortality rate from respiratory disease considered preventable (provisional) (per 100,00)	26.7	27.7
4.08	Mortality from communicable diseases (provisional) (per 100,000)	74.0	82.8
4.15i	Excess Winter Deaths Index (Single year, all ages)	11.8	16.9
4.15ii	Excess Winter Deaths Index (single year, ages 85+)	24.3	27.1

Overarching Indicators		2014	2015
Indicators that have improved			
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole (Male)	-2.9	-2.5

		2014	2015
Indicators improved but still worse than England			
0.1i	Healthy life expectancy at birth (Male)	57.5	57.9
0.1i	Healthy life expectancy at birth (Female)	56.8	58.6
0.1ii	Life Expectancy at birth (Male)	76.3	76.9

		2014	2015
Indicators that are in decline			
0.1ii	Life Expectancy at birth (Female)	80.6	80.3
0.2iii	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (provisional) (Male)	10.9	11.3
0.2iii	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (provisional) (Female)	6.3	10.3
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole (Female)	-2.4	-2.8

**N.B.** \*Where indicators have not been included in the summary, this is because they have either not changed since May2014, the definitions for recording have changed or a full years data is not available

Code	Indicator	Period	England	Tameside August 2014	Tameside November 2014	Tameside February 2015	Tameside May 2015	Tameside August 2015	Indicator lead Officer	Action	Comments	Date comments updated	Risk Log
1.01ii	Children in poverty (all dependent children under 20)	2012	18.6%	23.1%	23.1%	21.9%	21.9%	21.9%	Debbie Watson	✓	An assessment of child poverty in the borough was carried out in 2011. The Prosperous Tameside board will drive forward the 'people' action plan in order to tackle poverty and improve life chances of residents across the borough. Poverty Strategy launched in 2014. Tackling poverty remains a priority for the Council and partners.	07/10/2015	
1.01ii	Children in poverty (under 16s)	2012	19.2%	23.7%	23.7%	22.7%	22.7%	22.7%	Debbie Watson	✓		07/10/2015	
C&YPOF/1.02i	School readiness: % of children achieving a good level of development at end of reception	2013/14	60.4%	41.8%	41.8%	52.1%	52.1%	52.1%	Debbie Watson	✓	Interventions that work are high quality home visits by trusted professionals, a menu of provision for families requesting additional support and parenting programmes. Childrens Cantres have a crucial role to play by implementing their universal and targeted	07/10/2015	
C&YPOF/1.02i	School readiness: % of children receiving free school meals achieving a good level of development at the end of reception	2013/14	44.8%	28.2%	28.2%	38.1%	38.1%	38.1%	Debbie Watson	✓	childrens services, providing easy access to a range of community health services, such as speech nd language therapy. health child promotion, parenting and family support and integrated early years educational programmes and childcare. All delivered through the	07/10/2015	
1.02ii	School readiness: % of Year 1 pupils achieving expected level in phonics screening check	2013/14	74.2%	65.4%	65.4%	69.2%	69.2%	69.2%	Debbie Watson	✓	The Health and Wellbeing Board are implementing recommendations from AGMA and DevoManc Public Health MOU to implement evidence based proposals to achieve an increase in the number of children who are learning ready when they begin school. Additional funding for the next two years has been identified from the public health grant.	07/10/2015	
1.02ii	School readiness: % of Year 1 pupilswith free school meals status achieving expected level in phonics screening check	2013/14	61.3%	52.3%	52.3%	57.2%	57.2%	57.2%	Debbie Watson	✓		07/10/2015	
1.03	Pupil absence	2013/14	4.51%	4.85%	4.85%	4.85%	4.85%	3.98%	Kate Benson		Education welfare officers are working within youth & family services. Central & statutory services are being developed to ensure the council is able to identify schools that need additional support/resources. School nurses support parents and schools to maximise attendance.	16/10/2015	
1.04i	First time entrants to the youth justice system	2014	409	426	426	426	426	513	Kate Benson	✓	YOT established a triage service to provide alternatives interventions that diverted young people from being charged. This has been extended by YOT and has attracted funding from the Department of Health to undertake Health Triage (Youth Justice and Liaison Diversion). GMP has introduced Restorative Justice and again this has diverted young people away from the criminal justice system by mediating between the young person and the victim to find an alternative to charge. This funding has now ceased, however there are	16/10/2015	
1.05	16-18 year olds not in education employment or training	2014	4.70%	4.4%	4.4%	4.4%	4.4%	3.8%	Kate Benson		Employer engagement to support apprenticeships and work experience. Revised Connexions and TMBC service unit focus on vulnerable groups. Strategic focus on locality based interventions	16/10/2015	
1.06i	Adults with a learning disability who live in stable and appropriate accommodation (Persons)	2013/14	74.9%	93.7%	93.7%	93.7%	93.7%	93.7%	David Boulger				
1.06i	Adults with a learning disability who live in stable and appropriate accommodation (Male)	2013/14	74.5%	93.9%	93.9%	94.0%	94.0%	94.0%	David Boulger		We are refreshing the Learning Disabilities (LD) and Mental Health (MH) housing strategy to ensure that future housing is accessible for the MH and LD population. Promotion of personal budgets to offer increased choice and control.		
1.06i	Adults with a learning disability who live in stable and appropriate accommodation (Female)	2013/14	75.4%	93.4%	93.4%	93.3%	93.3%	93.3%	David Boulger		Expansion of Re-ablement services, including the use of technology to promote independent living skills and ensure people are safe. Development of Extra Care Housing schemes for people with LD and MH problems. Applying for accreditation by National Autistic Society to enable us to provide better support for people with Autism within their own		
1.06ii	Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons)	2013/14	60.8%	76.6%	76.6%	45.1%	45.1%	45.1%	David Boulger		This has gone down by 5.2% points since the 2010/11 baseline		
1.06ii	Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Male)	2013/14	59.4%	75.2%	75.2%	42.1%	42.1%	42.1%	David Boulger				
1.06ii	Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Female)	2013/14	62.5%	78.0%	78.0%	48.3%	48.3%	48.3%	David Boulger				
1.07	People in Prison who have mental illness or significant mental illness	2012/13	4.35%	–	–	–	–	–	David Boulger		No data at local level		
1.08i	Gap in the employment rate between those with a long-term health condition and the overall employment rate	2013/14	8.7	11.3	11.3	12.2	12.2	12.2	Gideon Smith		Joint pilot with probation services to increase the access to psychological therapies for offenders and promote joint working. Increasing Access to Psychological Therapy (IAPT) - for the last 3 quarters the recovery rate has been over 50%. Targets include getting people back into work.		
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate	2013/14	65.0	56.6	61.8	61.8	61.8	61.8	Gideon Smith		Everyone on the Care Programme Approach (CPA) has an annual health check.		
1.08iii	Gap in the employment rate for those in contct with the secondary metal health services and the overall employment rate	2013/14	64.7	63.3	63.3	63.8	63.8	63.8	David Boulger		Access to psychological services: Development of an employment pathway for all client groups Working towards the key objectives in “Valuing Employment Now” for people with learning disabilities. Link with the Work Programme to support long term unemployment into work.		
1.09i	Sickness absence The percentage of employees who had at least one day off in the previous week	2010-12	2.5	1.9%	2.4%	2.4%	2.4%	2.4%	Monica Garside		Joint pilot with probation services to increase the access to psychological therapies for offenders and promote joint working. Increasing Access to Psychological Therapy (IAPT) - for the last 3 quarters the recovery rate has been over 50%. Targets include getting people back into work.		
1.09ii	Sickness absence The percent of working days lost due to sickness absence	2010-12	1.6	1.6%	2.1%	2.1%	2.1%	2.1%	Monica Garside		Focus on the wider determinants. The implementation of a 'Good Work: Good Health' charter for Tameside. Five ways to wellbeing campaign. The 'Mindful' employer scheme initiative as been commissioned for employers across Tameside. Community model for delivering health checks, targeting people in full time work.		
1.10	Killed and seriously injured casualties on England's roads	2011-13	39.7	24.6	24.1	24.1	24.1	24.1			A local safety scheme has been identified for highway locations with poor accident records. Traffic management, and street lighting programmes have been identified to reduce accidents.. The GM level GM casualty reduction partnership continues to target casualty reduction activities in high risk locations and behaviours and in support to vulnerable groups.		
1.11	Domestic Abuse (rate of domestic abuse incidents recorded by the police per 1,000 population)	2013/14	19.4	27.7	27.7	27.7	23.5	23.5	David Boulger		New strategy- look at what are the gaps locally and what can be planned for the next 12 months that is cost free? Non criminal justice perpetrator programme introduced - 'New Paths' Workforce development programme relating to Domestic Abuse New Statutory duty of domestic homicide reviews New service that incorporates refuge, sanctuary, IDAAS, SUFS - 'Bridges'.		
1.12i	Violent crime (including sexual violence) hospital admissions for violence	2011/12-13/14	52.4	82.8	82.8	82.8	79.7	79.7	David Armitage	✓	GM police currently piloting domestic violence protection orders. IDVA service, sanctuary housing established. Development of a local top 10 premises scheme. GMP centralised rape unit in 2012. Develop a new strategy to identify gaps locally and what can be planned for the next 12 months.		
1.12ii	Violent crime (including sexual violence) violence offences	2013/14	11.1	11.7	12.2	12.2	12.2	12.2	David Armitage		Hospital admissions have for Violence have fallen since 2009/10 - 11/12		
1.12iii	Violent crime (including sexual violence) - Rate of sexual offences per 1,000 population	2013/14	1.01	0.7	0.97	0.97	0.97	0.97	David Armitage		Investigations are under way with the potential to commission future independent sexual violence advocacy services locally. The realignment of counselling services for both domestic abuse and sexual abuse. Support is now avaiolable locally for male doestic abuse victims. Support and intervention for medium risk victims. Embedded workforce development.		
1.13i	Re-offending levels percentage of offenders who re-offend	2012	25.9	27.8%	27.8%	26.2%	26.2%	26.2%	David Boulger		The T&G CCG and Tameside council are pathfinders for the youth justice liaison and diversion project. Future work around the acknowledgement that targeting improvement at this group will have significant impact on overall health improvement and will bring savings to the NHS through prevention. Development of an offender health trainer service. Development of a multidisciplinary mental health diversion service.		
1.13ii	Re-offending levels average number of re-offences per offender	2012	0.77	0.87	0.87	0.83	0.83	0.83	David Boulger				
1.14i	The percentage of the population affected by noise Number of complaints about noise	2013/14	7.4*	5.3	5.4	5.4	5.4	5.2*	Anna Moloney		Tameside have adopted the AGMA standardised approach to dealing with neighbourhood noise. Noise action plans need to be completed and built into planning guidance in areas for development.		
1.14ii	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	2011	5.2	5.3%	5.3%	5.3%	5.3%	5.3%	Anna Moloney				
1.14iii	The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	2011	8.0	7.9%	7.9%	7.9%	7.9%	7.9%	Anna Moloney				
1.15i	Statutory homelessness homelessness acceptances	2013/14	2.3	1.1	0.7	0.7	0.7	0.7	David Boulger		Working with partners to deliver new affordable homes through registered providers. Development of an empty properties strategy to increase supply and access to affordable homes. Development of a social letting agency to increase well managed accommodation in the private sector. Homelessness prevention-receiving upstream support to residents		
1.15ii	Statutory homelessness households in temporary accommodation	2013/14	2.6	0.1	0.1	0.1	0.1	0.1	David Boulger				
1.16	Utilisation of outdoor space for exercise/health reasons	Mar 2013 - Feb 2014	17.1	15.3	13.2	13.2	13.2	13.2	Dan Clark		Provision of a network of freely accessible parks and green spaces for informal grass root sports and activities. Activities led by volunteers/local community as part of locally led initiatives. Walking for health initiative. Parkrun launched in Stamford Park. PH funded audit of cycling infrastructure which has led to the development of a long term cycling infrastructure plan led by the TSCG	16/10/2015	
1.17	Fuel Poverty	2013	10.4	10.4%	10.4%	10.4%	10.4%	9.8%	Debbie Watson		Domestic retrofit (insulation) with more than 2000 referrals for free insulation. 'Kill the Chill' marketing campaign aimed at raising awareness. Expansion of CAB. Home energy assessment scheme: Age UK, help for vulnerable people not able to pay or access heating. Little Bill marketing campaign to encourage residents to swtich suppliers to save money. E-learning package purchased in 2015 for Council front line workers and partners including new charter.	07/10/2015	

1.18i	Social Isolation: % of adult social care users who have as much social contact as they would like	2013/14	44.5	42.9%	42.9%	41.3%	41.3%	41.3%	Ursula Humpreys		Delivering cultural activities to bring people together and increase their sense of belonging. Promotion of the 5 ways to wellbeing.		
1.18ii	Lonliness and Isolation in adult carers	2012/13	41.3	44.3%	44.3%	44.3%	44.3%	44.3%	Ursula Humpreys		The local strategy for carers 2011-2014 adopted its vision in line with the national strategy. A key theme throughout the strategy is for carers to have access to a wide range of services, advice and information to support them in their caring role. The strategy will be refreshed in 2014 and should reflect the need to address loneliness and isolation.		
1.19i	Older people's perception of community saftey - safe in local area during the day	2013/14	96.9	–	–	–	–	–	Ursula Humpreys				
1.19ii	Older people's perception of community saftey - safe in local area after dark	2013/14	62.8	–	–	–	–	–	Ursula Humpreys		No data at local level		
1.19iii	Older people's perception of community saftey - safe in own home at night	2013/14	93.3	–	–	–	–	–	Ursula Humpreys				

**Improvements**

1.12i

Violent crime (including sexual violence) hospital admissions for violence - Reduced to 79.7 from 82.8 however still above England of 52.4

1.11

Domestic Abuse(rate of domestic abuse incidents recorded by the police per 1,000 population) - Reduced from 27.7 to 23.5

**Declines**

-

**N.B** All other indicators have remained the same since February 2015



Code	Indicator	Period	England	Tameside August 2014	Tameside November 2014	Tameside February 2015	Tameside May 2015	Tameside August 2015	Indicator Lead officer	Action	Comment	Date Updated	Risk Log
2.01	Low birth weight of term babies	2012	2.8	3.1	2.4	2.4	2.4	2.4	Debbie Watson		Local women have good access to maternity services from the local hospital including additional support for vulnerable groups. Tailored stop smoking service to support pregnant women		
2.02i	Breastfeeding initiation	2013/14	73.9	59.7	61.1	61.1	61.1	61.1	Charlotte Lee	✓	Key local initiatives to improve performance include, the work of the infant feeding team who have now achieved WHO baby friendly accreditation, work to achieve UNICEF baby friendly initiative accreditation. Social Marketing campaign 'BreastMilk It's Amazing' learnt lessons from 14/15 and plan in place for 15/16 with refresh of Baby Welcome programme. Reprocurement of peer support programme following breastfeeding needs assessment due Nov 2015.	07/10/2015	
2.02ii	Breastfeeding prevalence at 6-8 weeks after birth	2013/14	*	34.0	*	*	*	*	Charlotte Lee			07/10/2015	
2.03	Smoking status at time of delivery	2013/14	12.0*	20.9	17.8	17.8	17.8	17.8	Liz Harris	✓	Take 7 Steps Out smoke free action plan for Children’s Centres as part of Youth and Family team including Youth & family apprentices targeting baby clinics to give out messages Smoking Cessation Midwife • Opt-out system of referring all pregnant smokers to SSS is in place. Incentive scheme for women to quit smoking in pregnancy has come to an end and we are awaiting the GM evaluation. Locally it has had some good results but not significantly better than the standard midwife service results so not enough evidence to consider funding a future phase (which there are no funds for anyway). The service specification for the midwife post is in the process of being refreshed to take into account some of the recommendations from the external evaluation of the post. The recent data of smoking prevalence in 15 year olds shows that in Tameside there is twice the rate of 15 year old females smoking to males, and that Tameside has one of the highest rates of teenage female smoking in the country. This will require a more in depth look at prevention in young people especially girls and young women.	13/10/2015	
2.04	Under 18 conceptions	2013	24.3	32.7	32.7	32.7	29.1	29.1	David Armitage	✓	19/10/15 TThe latest data is for the first half of 2014, so far there have been fewer conceptions amongst those under 18 in 2014 than over the same period in 2013. GP links with the lead sexual health service have improved. Under 16 data now only released annually. YOUTHINK, a joint NHS/council initiative incorporating family planning, youth workers delivering brief intervention, sexual health awareness and prevention. The training of frontline staff who work with young people. Tameside Teenage Pregnancy Board is the local strategic group that develops and implements local strategy to reduce under 18 conceptions. Development of an interagency pathway for pregnant teenagers. Sexual health advice for everyone. Community based contraception and sexual health service. Week day drop in provision at a centrally located sexual health service.		
2.04	Under 18 conceptions: conceptions in those aged under 16	2013	4.8	6.8	6.8	6.8	4.2	4.2	David Armitage	✓			
2.06i	Excess weight in 4-5 year olds	2013/14	22.5	23.2	23.2	24.5	24.5	24.5	Liz Harris	✓	Promotion of infant feeding, Leap4Life, nutrition training, award scheme for under 5s care provision providers, award scheme for school food. Child and family weight management service. Local breast feeding initiatives and peer support programmes. Primary school cook and eat with brief intervention. The service spec for the Children's Nutrition Team is being reviewed in conjunction with that of the Family Health Mentor specification with the aim of having more impact with more children and families. Healthy weight and healthy food are incorporated into the school on-line health check, 0-5 physical activity offer developed in partnership with Sports Trust to include community outreach and facility provision. Two new strategy and partnerships are being developed: a)food and nutrition and b)physical activity. A vending machine guidance/policy is being developed by the Healthy Weight Strategy Group. Participation in the Local Government Declaration on Healthy Weight is being considered. GULP was promoted at a recent health fair for schools and Food Active newsletters are shared with the C&YP Forum.	13/10/2015	
2.06ii	Excess weight in 10-11 year olds	2013/14	33.5	33.2	33.2	33.3	33.3	33.3	Liz Harris			13/10/2015	
2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2013/14	112.2	148.9	148.9	148.9	152.4	152.4	Charlotte Lee	✓	A review of currently local activity against the NICE recommendations was very positive, highlighting good coverage of most elements and scope for increasing input on home safety. There is a need for high quality data form the local acute provider (TIIG)and targeted approaches by frontline health and early years staff and schools. GMFRS Equipment Scheme going well and due for evalution Oct/Nov 2015 - this scheme is noted a GM Level. Home Safety Checklist used in all Children Centres but need to be expanded by health visitors. To work and intergrate with the EYNDM and enagement/ sub group with Early Years Steerting Group. Presentations given at Health and Wellbeing Implementation Group and Safeguarding Business Board to stress importance.	07/10/2015	
2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	2013/14	140.8	206.7	206.7	206.7	199.6	199.6	Charlotte Lee	✓		07/10/2015	
2.07ii	Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)	2013/14	136.7	178.4	178.4	178.4	159.0	159.0	Charlotte Lee	✓		07/10/2015	
2.08	Emotional well-being of looked after children	2013/14	13.9	11.7	11.7	11.9	11.9	11.9	Kate Benson		Targeted support for children and young people at risk of developing mental health problems, comprehensive specialists services for all children and young people. The young peoples health team work with looked after children through pupil referral units, youth offending team and care leavers. Ensuring access to NHS services for looked after children. Focus on Emtional Health and Wellbeing through the CYP Forum .Mind funded to do work across all schools that will include LAC. LAC part of CAMHS redesign and Education Workstream . Off the Record recommissioned including online support and advice.	07/10/2015	

2.09i	Smoking Prevalence age 15 - current smokers (WAY Survey)	2014/15	8.2	-	-	-	-	11.8	Liz Harris	✓	The smoking prevalence at age 15 (both current and regular smokers) is significantly higher in Tameside than for England. This may well be expected as it mirrors the adult prevalence. The local ambition is to 'Make Smoking History for Children'. To work towards this the Tameside Tobacco Alliance is currently refreshing the 7 Steps Out project to help denormalise smoking to children. TMBC took part in the pilot of 'Smokefree Summer' in 2015 with a children and family theatre event being badged as smoke free, again to help denormalise smoking behaviours. Public Health have commissioned Tobacco Free Futures to deliver a peer education project called 'Smoke and Mirrors' which is involving young people from New Charter Academy in Ashton and young people from TMBC youth service's clubs. It is very concerning to see that the smoking prevalence for 15 year old females is 16.1% which is more than twice that of 15 year old males which is 7.2%. This will need further attention and possibly investment to be moved around so that this is addressed. If it is not addressed it will have knock on effects for future maternal and child health and the perpetuation of smoking behaviours in families.	13/10/2015	
2.09ii	Smoking Prevalence age 15 years - regular smokers (WAY Survey)	2014/15	5.5		No Data	No Data	No Data	8.9	Liz Harris	✓		13/10/2015	
2.09iii	Smoking Prevalence age 15 years - occassional smokers (WAY Survey)	2014/15	2.7		No Data	No Data	No Data	2.8	Liz Harris				
2.09iv	Smoking Prevalence age 15 years - regular smokers (SDD Survey)	2014	8					No local data	Liz Harris				
2.09v	Smoking Prevalence age 15 years - occasional smokers (SDD Survey)	2014	8					No local data	Liz Harris				
2.11i	Fruit and Veg '5-a-day'	2014	56.3				49.8	An error was discovered with the application of the survey weights. As a result the data for these indicators has been removed and it will be re-published in the November PHOF update	Liz Harris		The development of the food and nutrition strategy will be an opportunity to set goals and an action plan for engaging all partners in promoting nutritious food across the lifecourse and all settings.	13/10/2015	
2.11ii	Average portions of fruit eaten	2014	2.64				2.44		Liz Harris		The development of the food and nutrition strategy will be an opportunity to set goals and an action plan for engaging all partners in promoting nutritious food across the lifecourse and all settings.	13/10/2015	
2.11iii	Average portions of vegetables eaten	2014	2.36				2.15		Liz Harris		The development of the food and nutrition strategy will be an opportunity to set goals and an action plan for engaging all partners in promoting nutritious food across the lifecourse and all settings.	13/10/2015	
2.12	Excess weight in adults	2012	63.8%			69.2	69.2	69.2	Liz Harris	✓	The Care Pathway for healthy weight in pregnancy has been refreshed. Weight Matters Tier 2 service produces good results but for a small percentage of the population. The Healthy Weight Strategy Group are beginning to look at plans to address the obesogenic environment such as developing a vending machine policy and expanding the healthy catering award scheme. The development of the food and nutrition strategy will be an opportunity to set goals and an action plan for engaging all partners in promoting nutritious food across the lifecourse and all settings. Liz has proposed a healthy catering award scheme to be higher profile. Sharon Smith is talking to the person that co-ordinates the Pride of Tameside Awards to see if a new category for healthy food provision could be developed.	13/10/2015	
2.13i	Percentage of physically active and inactive adults <b>active</b> adults	2014	57.0	49.6	49.6	47	47	50.7	Dan Clark	✓	Even though figure for active adults remains in the red this is due to move in national average as Tameside has actually seen an increase in those in the borough deemed to be active. Active Tameside have launch the new long term conditions program and is starting to develop the community offer.	16/10/2015	
2.13ii	Percentage of active and inactive adults <b>inactive</b> adults	2014	27.7	32.8	32.8	38.1	37.2	29.9	Dan Clark			16/10/2015	
2.14	Smoking prevalence adults (over 18s)	2013	18.4	25	22.4	22.4	22.4	22.4	Liz Harris	✓	Free to access Stop Smoking Service. Workplace health improvement officer. Promotion of the smoke free environments including 7 steps out and updated TMBC smoking policy. Trading Standards and GM police working jointly to execute warrants on premises that sell illegal tobacco products or sell to under 16s. Piloted Smokefree Summer with one family theatre event in 2015 and it is planned to increase the proportion of events next year that are smoke free. CleaR assessment undertaken in March 2015 - the recommendations from which are integrated into the TTA action plan. Local Government Declaration on Tobacco Control adopted by the Health and Wellbeing Board. The smoking in cars legislation may help to denormalise smoking in front of children and therefore this may contribute to a further decline in under 18s smoking prevalence - thus reducing future prevalence.	16/10/2015	
2.14	Smoking prevalence adults (over 18s) - Routine & Manual	2013	28.6	34.9	30.4	30.4	30.4	30.4	Liz Harris		The Stop Smoking Service is targeting routine and manual workers and 20% of those that set a quit date in 2014-15 were from routine and manual occupations. The new TMBC staff smoking policy now includes smoke free policies for all routine and manual workers including those that work outdoors e.g. parks and bin men. Managers are receiving briefings to support staff to stop smoking. The workplace health officer works with employers to promote cessation support within the workplace.	16/10/2015	
2.15i	Successful completion of drug treatment opiate users	2013	7.8	9.2	7.1	7.1	7.1	7.1	David Boulger		The Tameside Crime and Disorder Reduction partnership focuses on the rebalancing of the existing community drug treatment system, including addressing equality of access, improved care coordination and more focus on recovery. Hep C network of trained community providers such as pharmacies offering advice and screening and needle exchange facilities.		
2.15ii	Successful completion of drug treatment non-opiate users	2013	37.7	53.5	41.6	41.6	41.6	41.6	David Boulger				
2.16	People entering prison with substance dependance issues, who are previously not known to community treatment	2012/13	46.9		22.5	22.5	22.5	22.5	David Boulger				

2.17	Recorded diabetes	2013/14	6.2	6.82	6.82	7.16	7.16	7.16	Gideon Smith		A clinical lead for diabetes as been identified and will lead on the redesign and improvement of local services. Diabetes is included in the QUIPP plans for 2012/13 with plans to deliver improved and increased care in the community and further develop the 'self care' model. LH: The development of the food and nutrition strategy will be an opportunity to set goals and an action plan for engaging all partners in promoting nutritious food across the lifecourse and all settings and will aim to reduce the prevalence of overweight, obesity and visceral fat and metabolic syndrome.	13/10/2015	
2.18	Admission episodes for alcohol related conditions (narrow definition)	2013/14	645	831	831	831	831	835	David Boulger	✓	The gap between England and Tameside is getting wider. Since 2010/11 the DSR for England Alcohol related admissions has fallen but in Tameside it has increased. A transforming Drug and Alcohol Service became operational on 3rd August 2015 with an ambition to radically improve health-related outcomes in Tameside.	19/10/2015	
2.19	Cancer diagnosed at early stage (experimental statistics)	2013	45.7	44.1	44.1	44.1	42.2	42.2	Gideon Smith		The proportaion of invasive malignancies of breast, prostate, colerectal. lung, bladder, kidney, ovary, and uterus, non-Hodgkin lymphomas, and melanomas of skin, diagnosed at stage 1 or 2	13/10/2015	
2.20i	Cancer screening coverage breast cancer	2014	75.9	74.7	70.9	70.9	70.9	70.9	Gideon Smith	✓	Routine invitations and reminders are sent to eligible women. Pilots and new approaches using additional targeted written and text messages are in progress. An early equity audit of uptake of breast screening has recently been completed. T&G are part of the Macmillan funded community cancer awareness project.	13/10/2015	
2.20ii	Cancer screening coverage cervical cancer	2014	74.2	73.9	74.1	74.1	74.1	74.1	Gideon Smith			13/10/2015	
2.21i	Antenatal infectious disease	2014	98.9			No data	No data	No data	Gideon Smith			13/10/2015	
2.21iii	Antenatal sickle cell and Thalassaemia screening - coverage	2013/14	98.9			No data	No data	No data	Gideon Smith			13/10/2015	
2.21iv	Newborn bloodspot screening -coverage	2013/14	93.5			98.4	98.4	98.4	Gideon Smith			13/10/2015	
2.21v	Newborn hearing screening -coverage	2013/14	98.5			97.9	97.9	97.9	Gideon Smith	✓		13/10/2015	
2.21vii	Access to non-cancer screening programmes diabetic retinopathy	2012/13	79.1	81.5	77.5	77.5	77.5	77.5	Gideon Smith	✓	All maternity units employ a screening midwife who takes the lead in ensuring that the antenatal and new-born screening programme are running in line with national guidance. Diabetic retinopathy screening is provided by high street optometrists and the local community health team	13/10/2015	
2.21viii	Abdominal Aortic Anuerysm Screening	2013/14	95.9			99.5	99.5	99.5				13/10/2015	
2.22i	Take up of NHS Health Check Programme by those eligible health check offered					Indicator removed	Indicator removed	Indicator removed	Gideon Smith		Increased healthcare assistant and practice nurse capacity to support delivery. Communications support to increase awareness and take up/ Increased health trainer capacity to support patients following an health check. Roll out of the community health check approach to target groups with lower uptake through GP practices. Health equity audit to understand gaps and barriers. <b>NOW REPLACED WITH2.22ii TO 2.22v (see below)</b>	13/10/2015	
2.22ii	Take up of NHS Health Check programme by those eligible health check take up					Indicator removed	Indicator removed	Indicator removed	Gideon Smith			13/10/2015	
2.22iii	Cumulative % of eligible population aged 40-74 offered an NHS Health check in a 5 year period 2013/14 - 2017/18	2013/14	18.4	14.2	14.2	14.2	14.2	14.2	Gideon Smith	✓		13/10/2015	
2.22 iv	Cumulative % of eligible population aged 40-74 offered and received an NHS Health check in a 5 year period 2013/14 - 2017/18	2013/14	49.0	38.2	38.2	38.2	38.2	38.2	Gideon Smith	✓		13/10/2015	
2.22 v	Cumulative % of eligible population aged 40-74 who received an NHS Health check in a 5 year period 2013/14 - 2017/20	2012/13	9.0	5.4	5.4	5.4	5.4	5.4	Gideon Smith	✓		13/10/2015	
2.23i	Self-reported well-being people with a low satisfaction score	2013/14	5.6	6.53	6.53	7.7	7.7	7.7	Pam Watt	✓	Local key commisisoners are developing a planned and strategic approach to address positive mental health; NHS T&G are leading on transforming approaches for children and young people and have been awarded naitonal funding to support this;	19/10/2015	
2.23ii	Self-reported well-being people with a low worthwhile score	2013/14	4.2	5.16	5.16	6.8	6.8	6.8	Pam Watt	✓		19/10/2015	
2.23iii	Self-reported well-being people with a low happiness score	2013/14	9.7	12.86	12.86	10.7	10.7	10.7	Pam Watt	✓		19/10/2015	
2.23iv	Self-reported well-being people with a high anxiety score	2013/14	20.0	21.99	21.99	22.3	22.3	22.3	Pam Watt	✓		19/10/2015	
2.23v	Average Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) score	2012-12	37.7		No Data	No Data	No Data	No Data	Pam Watt	✓		19/10/2015	
2.24i	Injuries due to falls in people aged 65 and over (Persons)	2013/14	2064	2073	2073	2073	2345	2345	Angie Wild	✓	Redesign of the community based falls pathway. Age UK provide local falls prevention programme, home assessments and an exercise programme. Reduction in the number of in-patient falls. Local authority to ensure that community activities are available to all older people to reduce the risk of future falls and promote active aging. Physical activity provision to include more strength and postural stability sessions for people at risk of falls, planned programme in 14/15 with GMFRS to introduce falls audit tool within home safety checks.		
2.24i	Injuries due to falls in people aged 65 and over (Male)	2013/14	1661	1708	1708	1708	1870	1870	Angie Wild				
2.24i	Injuries due to falls in people aged 65 and over(Female)	2013/14	2467	2437	2437	2437	2820	2820	Angie Wild	✓			
2.24ii	Injuries due to falls in people aged 65 and over aged 65-79	2013/14	989	1047	1047	1047	1047	1047	Angie Wild				
2.24iii	Injuries due to falls in people aged 65 and over aged 80+	2012/13	5182	5045	5045	5045	6109	6109	Angie Wild	✓			

Improvements

- 2.04 Under 18 Conceptions - Improved from 32.7 to 29.1 but still worse than England at 24.3
- 2.04 Under 18s Conception in Under 16s - Improved. 6.8 to 4.2 but similar to England at 4.8
- 2.07 Hospital Admission for unintentional / deliberate injuries (0-4 yrs) improved.206.7 to 199.6 in May, but higher than England
- 2.07 Hospital Admission for unintentional / deliberate injuries (15-24 yrs) also improved from 178.4 to 159.0 but again higher than England at 136.7

Declines

Code	Indicator	Period	England	Tameside August 2014	Tameside November 2014	Tameside February 2015	Tameside May 2015	Tameside August 2015	Indiactor Lead Officer	Action	Comment	Date Updated	Risk Log
3.01	Fraction of mortality attributable to particulate air pollution (%)	2012	5.1	5.0	5.0	5.0	5.0	5.0	Anna Moloney		Tameside council and other GM authorities have identified areas with poor air quality, designated them as AQMA and introduced a joint AQAP. The links between air quality and the reduction of our carbon footprint continue to be strengthened and developed.		
3.02i	Chlamydia screening detection rate (15-24 year olds) Old NCSP data (per 100,000)	2011	2092	3072	3072	3072	Indicator removed & cont with CTAD	Indicator removed & cont with CTAD data	David Armitage	✓	19/10/15. No update, providers reminded of tariff, RUClear contract in last year and should go out to tender this financial year (GM approach). Increasing the total number of screens being carried out locally and increasing the proportion of screens being carried out. CaSH have changed their opening hours to become more young person friendly. LGBT foundation promote Tag sexual health services so local young people know when and where to access services. The Tameside pregnancy advisory service only perform TOP treatment if chlamydia screening as been carried out.	19/10/2015	
3.02ii	Chlamydia screening detection rate (15-24 year olds) CTAD (Persons) (per 100,000)	2014	2012	3157	3157	3157	3157	3058	David Armitage				
3.02ii	Chlamydia screening detection rate (15-24 year olds) CTAD (Male) (per 100,00)	2013	1387	2092	2092	2092	2092	1748	David Armitage				
3.02ii	Chlamydia screening detection rate (15-24 year olds) CTAD (Female) (per 100,000)	2013	2634	4206	4206	4206	4206	4440	David Armitage				
3.03i	Population vaccination coverage Hepatitis B (1 year old) (%)	2013/14	-	44.4	44.4	*	*	*	Anna Moloney	✓	Providing regular training for all staff that advise on or administer immunisations. Monitoring uptake on a regular basis. Monitoring performance and uptake delivered by providers. Implementing change to service provision for the targeted childhood programmes namely BCG and Hep B with the aim of achieving early identification and timely vaccination. Supporting practices with clinical guidance documents. Dissemination of policy change, good practice and current infectious disease information to practitioners. Tameside Council and Tameside and Glossop CCG have used local media to highlight the importance of flu vaccination for the over 65s, 2-3 year olds and at risk groups. Flu vaccination has been made available to at risk groups via pharmacies in Greater Manchester as part of a local pilot. Guidance on provision of flu vaccination for social care staff and people living in residential care has been included in care home contracts. In 2013 3 new programmes were added to the national immunisation schedule: rotavirus and influenza for children, and shingles for people aged over 70. These programmes have been implemented locally.	19/10/2015	
3.03i	Population vaccination coverage Hepatitis B (2 years old) (%)	2013/14	-	21.6	21.6	21.6	*	*	Anna Moloney				
3.03iii	Population vaccination coverage Dtap / IPV / Hib (1 year old) (%)	2013/14	94.3	95.7	95.7	96.5	96.5	96.5	Anna Moloney				
3.03iii	Population vaccination coverage Dtap / IPV / Hib (2 years old) (%)	2013/14	96.1	96.9	96.9	97.8	97.8	97.8	Anna Moloney				
3.03iv	Population vaccination coverage MenC (%)	2012/13	93.9	95.6	95.6	95.6	95.6	95.6	Anna Moloney				
3.03v	Population vaccination coverage PCV (%)	2013/14	94.1	95.7	95.7	96.3	96.3	96.3	Anna Moloney				
3.03vi	Population vaccination coverage Hib / MenC booster (2 years old) (%)	2013/14	92.5	92.6	92.6	94.6	94.6	94.6	Anna Moloney				
3.03vi	Population vaccination coverage Hib / Men C booster (5 years) (%)	2013/14	91.9	94.2	94.2	94.2	94.2	94.2	Anna Moloney				
3.03vii	Population vaccination coverage PCV booster (%)	2013/14	92.4	94.0	94.0	95.0	95.0	95.0	Anna Moloney				
3.03viii	Population vaccination coverage MMR for one dose (2 years old) (%)	2013/14	92.7	94.3	94.3	93.9	93.9	93.9	Anna Moloney				
3.03ix	Population vaccination coverage MMR for one dose (5 years old) (%)	2013/14	94.1	96.2	96.2	96.7	96.7	96.7	Anna Moloney				
3.03x	Population vaccination coverage MMR for two doses (5 years old) (%)	2013/14	88.3	90.8	90.8	90.3	90.3	90.3	Anna Moloney				
3.03xii	Population vaccination coverage HPV (%)	2013/14	86.7	92.5	92.5	90.9	90.9	90.9	Anna Moloney				
3.03xiii	Population vaccination coverage PPV (%)	2013/14	68.9	69.4	69.4	69.4	67.2	67.2	Anna Moloney				
3.03xiv	Population vaccination coverage Flu (aged 65+) (%)	2014/15	72.7	76.2	76.2	75.5	75.5	75.6	Anna Moloney				
3.03xv	Population vaccination coverage Flu (at risk individuals) (%)	2014/15	50.3	58.0	58.0	58.9	58.9	56.5	Anna Moloney				
3.04	People presenting with HIV at a late stage of infection (%)	2011-13	45	68.0	68.0	66.7	66.7	66.7	David Armitage	✓	19/10/15. Discussions held with lead provider re outreach sessions during testing week. Lead provider providing increased training to GP's. Providing high levels of access to GUM clinics. Increased HIV testing among GUM clients. Increasing access to local CaSH services. Promoting HIV testing to high risk groups.	19/10/2015	
3.05i	Treatment completion for TB (%)	2012	83.3	63.6	63.6	63.6	78.8	78.8	Gideon Smith/ Anna Molonev	✓	The HPA coordinates TB control by local and national surveillance and the laboratory diagnostic service. The NW now have an established TB summit to direct TB prevention and control activities across the region. Tameside Foundation Trust manages the TB specialist service which is commissioned at a GM level.		
3.05ii	Incidence of TB (per 100,000)	2011-13	14.8	15.5	15.5	15.5	13.8	13.8	Gideon Smith/ Anna Moloney				
3.06	NHS organisations with a board approved sustainable development management plan (%)	2013/14	41.6	66.7	33.3	33.3	33.3	33.3			Locally a multi-agency Tameside Sustainable Use of Resources group developed Low Carbon Tameside. NHS T&G board approved the 2010-2015 sustainable development plan in Jan 2010. The 10% carbon reduction in 2010 was achieved.		
3.07	Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies	2014/15	95.2			100.0	100.0	100.0					

**Improvements**  
3.03xv Population Vaccination coverage flu (at risk individuals) - Although the result has stayed the same at 58.9 this is now better than the England result of 52.3  
3.05i Treatment completion for TB - has improved from 63.6 to 78.8 however is still worse than England at 83.3  
3.05ii Incidence of TB (per 100,000) has fallend from 15.5 to 13.8 which is similar to England at 14.8

**Declines**  
3.03xiii Population Vaccination coverage PPV (%) - has falledn from 69.4 to 67.2 and is worse than England at 68.9

**N.B** All other indicators have remained the same since February 2015



Code	Indicator	Period	England	Tameside August 2014	Tameside November 2014	Tameside February 2015	Tameside May 2015	Tameside August 2015	Indicator Lead Officer	Action	Comments	Date updated	Risk Log
4.01	Infant mortality (per 100,000)	2011/13	4.0	4.2	4.2	4.2	3.0	3.0	Debbie Watson		Targeted prevention work with teenagers at risk of pregnancy and support for pregnant teenagers and parents. Tailored smoking cessation support offered for whole family during and after pregnancy. Weight management service available. Unicef Baby Friendly compliance and programme to increase breastfeeding initiation and maintenance. Local women have good access to maternity services from the local hospital including additional support for vulnerable groups. FNP now in place from Feb 2015.	07/10/2015	
4.02	Tooth decay in children aged 5 (mean DMFT)	2011/12	0.94	1.08	1.08	1.08	1.08	1.08	Debbie Watson		All babies aged 6 months receive a free toothbrush and tooth paste with more vulnerable children receiving additional support. Health visitors give brush, paste and advice at 12 month check. School nurse assistants deliver oral health sessions to parents and children in reception class. Targeted	07/10/2015	
4.03	Mortality rate from causes considered preventable (provisional) (per 100,000) - persons	2011/13	183.9	278.2	277.9	277.9	277.9	277.9	Gideon Smith	✓	The risk of dying early could be reduced by providing services to help people stop smoking and treatment for high cholesterol (statins) and other conditions that increase the risk of heart disease.	07/10/2015	
4.03	Mortality rate from causes considered preventable (provisional) (per 100,000) -males	2011/13	233.1		343.2	343.2	343.2	343.2	Gideon Smith	✓	NICE PH15 recommendations include the following advice: GPs and other NHS staff working outside hospitals, and local authorities should set up systems to identify people who are disadvantaged and at high risk of heart disease. NHS organisations and local authorities should work together to provide flexible services to improve the health of these	07/10/2015	
4.03	Mortality rate from causes considered preventable (provisional) (per 100,000) - females	2011/13	138.0		215.9	215.9	215.9	215.9	Gideon Smith	✓	Tameside continue to see a reduction in CVD mortality but we are not addressing the gap between our population and the national population. We aim to reduce the incidence of CVD through prevention work and also improve the management of the disease. Support is being given to primary care to help with disease management, identifying patients at risk and monitoring and	07/10/2015	
4.04i	Under 75 mortality rate from all cardiovascular diseases (revised provisional) (per 100,000) PERSONS	2011/13	78.2	118.5	121.2	121.2	121.2	121.2	Gideon Smith	✓	The key issues currently are actions around prevention and treatment. A Cancer Prevention, Early Detection and Inequalities strategy for T&G are grouped into 4 work streams including Reducing Inequalities, Lifestyle, Targeted programmes, Early Detection.	07/10/2015	
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable (provisional) (per 100,000) PERSONS	2011/13	50.9	86.0	88.0	88.0	88.0	88.0	Gideon Smith	✓		07/10/2015	
4.05i	Under 75 mortality rate from cancer (revised provisional) (per 100,000)	2011/13	144.4	177.2	173.3	173.3	173.3	173.3	Gideon Smith	✓	Deaths from liver disease continue to be significantly higher than the England average. The main causes of liver disease are alcohol, obesity and hepatitis. More work needs to be done around lifestyle choice and prevention in areas of high risk. Robust plans need to be developed to ensure residents with alcohol and drug problems have better access to drug and alcohol services.	07/10/2015	
4.05ii	Under 75 mortality rate from cancer considered preventable (provisional) (per 100,000)	2011/13	83.8	112.2	110.1	110.1	110.1	110.1	Gideon Smith	✓		07/10/2015	
4.06i	Under 75 mortality rate from liver disease (provisional)(per 100,000)	2011/13	17.9	27.5	26.9	26.9	26.9	26.9	Gideon Smith	✓	Tameside as a high incidence of COPD and as been identified as a priority area with support from the CCG to enhance the identification and management of COPD across the borough. A COPD project group as been established and they have developed a project plan that incorporates 6 objectives from the national outcomes strategy.	07/10/2015	
4.06ii	Under 75 mortality rate from liver disease considered preventable (provisional) (per 100,000)	2011/13	15.7	24.5	23.6	23.6	23.6	23.6	Gideon Smith	✓		07/10/2015	
4.07i	Under 75 mortality rate from respiratory disease (provisional) per 100,000)	2011/13	33.2	43.3	45.5	45.5	45.5	45.5	Gideon Smith	✓	Work with local healthcare providers to reduce their HCAI rates through the development of guidance with support for education around antibiotic prescribing and hand hygiene. Provision of specialist sexual health clinics, young person friendly community based sexual health and contraception service. A dedicated TB service. The targeting of vulnerable groups for administration of vaccine.	07/10/2015	
4.07ii	Under 75 mortality rate from respiratory disease considered preventable (provisional) (per 100,00)	2011/13	17.9	26.7	27.7	27.7	27.7	27.7	Gideon Smith	✓		07/10/2015	
4.08	Mortality from communicable diseases (provisional) (per 100,000)	2011/13	62.2	74	82.8	82.8	82.8	82.8	Gideon Smith	✓		07/10/2015	
4.09	Excess Under 75 Mortality rate in adults with serious mental illness	2012/13	347.2	441.1	441.1	471.7	471.7	471.7	Gideon Smith				
4.10	Suicide rate (provisional) (per 100,000) PERSON	2011-13	8.8	10.7	10.2	10.2	10.2	10.2	Anna Moloney		GM police have conducted a hot spot analysis that identifies key areas where suicide and self harm take place. The GM suicide prevention group are to address the issues of serious mental health and suicide. Extensive training is delivered locally within acute settings to highlight links between		
4.10	Suicide rate (provisional) (per 100,000) MALE	2011-13	13.8	16.6	15.3	15.3	15.3	15.3	Anna Moloney				
4.10	Suicide rate (provisional) (per 100,000) FEMALE	2011-13	4.0		No data	No data	No data	No data	Anna Moloney				
4.11	Emergency readmissions within 30 days of discharge from hospital (Persons) (%)	2011/12	11.8	12.9	12.9	12.9	12.9	12.9	Gideon Smith		Rates of emergency readmissions remain high across Tameside and more work needs to be done to prevent a readmission to hospital. T&G have a local Emergency Care Network with membership form both Tameside council, primary care, community services the local hospital and NW ambulance service.		
4.11	Emergency readmissions within 30 days of discharge from hospital (Male) (%)	2011/12	12.1	12.4	12.4	12.4	12.4	12.4	Gideon Smith				
4.11	Emergency readmissions within 30 days of discharge from hospital (Female) (%)	2011/12	11.5	13.3	13.3	13.3	13.3	13.3	Gideon Smith				
4.12i	Preventable sight loss age related macular degeneration (AMD) (crude rate per 100,000)	2013/14	118.8	52.8	52.8	52.8	58.3	70.2	Gideon Smith		There is an established diabetic retinopathy screening service delivered from several community locations which as increased choice and ease of access for patients. There is also a community service for ocular hypertension which is provided by community optometrists, again increasing choice and ease of access for patients. A review as been under way to review ophthalmology pathways to ensure optimum care closer to home. As part of the review we need to raise awareness amongst the population around risk factors and early detection.		
4.12ii	Preventable sight loss glaucoma (per 100,000)	2013/14	12.9	5.4	5.4	5.4	5.4	10.8	Gideon Smith				
4.12iii	Preventable sight loss diabetic eye disease (per 100,000)	2013/14	3.4	3.7	3.7	3.7	3.7	*no data	Gideon Smith				
4.12iv	Preventable sight loss sight loss certifications (per 100,000)	2013/14	42.5	19.5	19.5	19.5	19.5	29.5	Gideon Smith	✓		07/10/2015	
4.13	Health related quality of life for Older People	2012/13	0.726		0.69	0.69	0.69	0.69	Ursula Humphreys	✓		07/10/2015	
4.14i	Hip fractures in people aged 65 and over (per 100,000)	2013/14	580	592.6	592.6	592.6	592.6	592.6	Ursula Humphreys		Age UK provide a local falls prevention programme, home assessments and an exercise programme and investment is increasing in 2014		
4.14ii	Hip fractures in people aged 65 and over aged 65-79 (per 100,000)	2013/14	240	261.9	261.9	261.9	261.9	261.9	Ursula Humphreys		Tameside council commissions a Handy Person service via Age UK to provide balance & stability aids.		
4.14iii	Hip fractures in people aged 65 and over aged 80+ (per 100,000)	2013/14	1566	1259	1259	1259	1259	1259	Ursula Humphreys		Tameside Foundation Trust participates in the National Hip Fracture Database and the Best Practice Tariff.		
4.15i	Excess Winter Deaths Index (Single year, all ages)	Aug 2012 - Jul 2013	20.1	11.8	11.8	16.9	16.9	16.9	Gideon Smith		Excess winter deaths are similar to the England average, however a large proportion of these deaths could be avoided. A high proportion of winter deaths occur in the over 75 population so work to ensure this vulnerable group are able to stay warm, safe and healthy will help reduce the		

Code	Indicator	Period	England	Tameside August 2014	Tameside November 2014	Tameside February 2015	Tameside May 2015	Tameside August 2015	Indicator Lead Officer	Action	Comments	Date updated	Risk Log
4.15ii	Excess Winter Deaths Index (single year, ages 85+)	Aug 2012 - Jul 2013	28.2	24.3	24.3	27.1	27.1	27.1	Gideon Smith		work to ensure this vulnerable group are able to stay warm, safe and healthy will help reduce the impact of the cold on this population. Green Deal, refresh of the Affordable Warmth Strategy, 'Kill the Chill' marketing campaign aimed at raising awareness. Home energy assessment scheme: Age		
4.15iii	Excess Winter Deaths Index (3 years, all ages, persons)	Aug 2010 - Jul 2013	17.4				18.3	14.5	Gideon Smith				
4.15iv	Excess Winter Deaths Index (3 years, ages 85+, persons)	Aug 2010 - Jul 2013	24.1				26.1	26.1	Gideon Smith				
4.16	Estimated diagnosis rate for people with dementia	2013/14	52.5	–	–	–	–	–	Ursula Humphreys		No data at local level currently available.		

Code	Indicator	Period	England	Tameside August 2014	Tameside November 2014	Tameside February 2015	Tameside May 2015	Tameside August 2015	Indicator Lead Officer	Action	Comments	Date updated	Risk Log
Over arching Indicators													
0.1i	Healthy life expectancy at birth (Male)	2011/13	63.3	57.4	57.4	57.4	57.9	57.9	Gideon Smith	✓	Healthy Life expectancy is the average number of years a person would live in good/fairly good health. Tameside males and females have a significantly lower healthy LE than the England average, therefore Work needs to be done to enhance good health over time by improving life chances and prevention programmes.	07/10/2015	
0.1i	Healthy life expectancy at birth (Female)	2011/13	63.9	56.6	56.6	56.6	58.6	58.6	Gideon Smith	✓		07/10/2015	
0.1ii	Life Expectancy at birth (Male)	2011/13	79.4	76.3	76.3	76.9	76.9	76.9	Gideon Smith	✓	Life expectancy as been increasing over the last decade, however there are still large inequalities between areas in England and locally between wards within the borough. Implementing robust partnership structures that are addressing the wider determinants of health, promoting financial inclusion and tackling income inequalities alongside embedding prevention and early intervention into all frontline services.	07/10/2015	
0.1ii	Life Expectancy at birth (Female)	2011/13	83.1	80.6	80.6	80.3	80.3	80.3	Gideon Smith	✓		07/10/2015	
0.1ii	Life Expectancy at 65 (Male)	2011/13	18.7			17.1	17.1	17.1	Gideon Smith	✓		07/10/2015	
0.1ii	Life Expectancy at 65 (Female)	2011/13	21.1			18.9	18.9	18.9	Gideon Smith	✓		07/10/2015	
0.2i	Slope index of inequality in life expectancy at birth based on national deprivation deciles within England (provisional) (Male)	2011/13	9.1	no data	no data	no data	no data	no data	Gideon Smith		The slope index highlights the inequalities of LE in Tameside therefore there is a need to allow a strategic shift towards and investment in early intervention and prevention. The implementation of the HWB strategies which highlights key priorities for Tameside needs to be implemented and carried forward through effective engagement with a wide range of partners and council departments to improve life expectancy in the wards with the lowest LE outcomes. A programme of health equity audit to ensure different population groups get the services and interventions they need. A robust JSNA process that highlights need and works towards meeting need across Tameside.		
0.2i	Slope index of inequality in life expectancy at birth based on national deprivation deciles within England (provisional) (Female)	2011/13	6.9	no data	no data	no data	no data	no data	Gideon Smith				
0.2ii	Number of upper tier local authorities for which the lcoal slope index of inequality in life expectancy (as defined in 0.2iii) has decreased (Male)	2011/13	80	no data	no data	no data	no data	no data	Gideon Smith				
0.2ii	Number of upper tier local authorities for which the lcoal slope index of inequality in life expectancy (as defined in 0.2iii) has decreased (Female)	2011/13	73	no data	no data	no data	no data	no data	Gideon Smith				
0.2iii	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (provisional) (Male)	2011/13	-	10.9	10.9	10.3	11.3	11.3	Gideon Smith				
0.2iii	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (provisional) (Female)	2011/13	-	6.3	8.2	9.3	10.3	10.3	Gideon Smith				
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole (Male)	2011/13	0	-2.9	-2.9	-2.5	-2.5	-2.5	Gideon Smith	✓		07/10/2015	
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole (Female)	2011/13	0	-2.4	-2.4	-2.8	-2.8	-2.8	Gideon Smith	✓		07/10/2015	
0.2v	Slope index of inequality in healthy life expectancy at birth based on national deprivation deciles within England (Male)	2011/13	19.2	-	-	-	-	-	Gideon Smith				
0.2v	Slope index of inequality in healthy life expectancy at birth based on national deprivation deciles within England (Female)	2011/13	19.5	-	-	-	-	-	Gideon Smith				
0.2vii	Slope Indec of inequality in life expectancy at birth within English regions base on regional deprivation deciles in each area (Males)	2011/13	-	-	-	-	-	-	Gideon Smith				
0.2vii	Slope Indec of inequality in life expectancy at birth within English regions base on regional deprivation deciles in each area (Females)	2011/13	-	-	-	-	-	-	Gideon Smith				
	Supporting Information Deprivation score (IMD 2010)	2010	21.7	-	-	-	29.6	29.6			This indicator has been added to the PHOF data tool to provide contextual information and has been classed as "supporting information".		
	All Age All Cause Mortality ( standardised rate per 100,000 people)	2011/13	529.6	664.1	664.1				Gideon Smith		All age all cause mortality is an important indicator to life expectancy, as AAACM falls life expectancy increases		

Indicators highlighted are indicators included in the NHS Everone Counts planning for patients NHS Contitution

Improvements

4.01 Infant Mortality has improved from 4.2 to 3.0 which is still similar to England of 4.00

Declines

4.12i Preventable sight loss (AMD) per 100,00 has increased (so has gotten worse) from 52.8 to 58.3

N.B All other indicators have remained the same since February 2015