

AGENDA ITEM

**REPORT TO HEALTH AND
WELLBEING BOARD**

**16TH JUNE 2015
REPORT OF DIRECTOR OF
PUBLIC HEALTH**

PERFORMANCE UPDATE – JUNE 2015

SUMMARY

This paper, is a year-end report and provides a performance update regarding key indicators from the performance monitoring framework for the Joint Health and Wellbeing Strategy delivery plan, at June 2015.

RECOMMENDATIONS

1. The Stockton-On-Tees Health and Wellbeing Board are asked to note the update and example data; and consider any implications for addressing performance issues /spreading good practice.
2. It is recommended that this performance update is circulated to the Adults' Health and Wellbeing Partnership and the Children and Young People's Partnership to inform their plans in addressing the issues highlighted in this report.

DETAIL

1. The Stockton Health and Wellbeing Board are responsible for overseeing the performance of partner organisations in relation to key health and wellbeing indicators. This is the quarterly performance update report to the Board, compiled on an exception basis as agreed. Key areas of performance are outlined, with some areas of good performance highlighted and some areas where improvement is required. This report covers Q4 data where available and the most recent data where Q4 data is unavailable. Where no new data has become available since the last quarter, performance and narrative have not been duplicated.
2. A paper to the October Board meeting outlined a proposed approach for addressing inequalities, which was approved. This approach requires baseline data and progress monitoring on universal service provision and also on targeted activity for the most deprived decile. Work is underway to source this baseline data. This current report is a summary of most recently available local performance data for key indicators under the 'current' performance monitoring system.
3. The local performance summary is set out below. Some national benchmarking data from the Public Health Outcomes Framework (PHOF) is referred to for context (www.phoutcomes.info). The Board are asked to consider how and

where issues of good and poor performance are followed up across Board members organisations and then updates fed back to the Board.

4. Wider determinants of health

- For the 2013/14 school year, the proportion of children achieving a good level of development at Early Years Foundation Stage was 50%. Nationally the figure was 60%.
- This result shows a rate of improvement from 2012/13 of 22% (41% in 2012/13 increasing to 50.1% for 2013/14). This is better than the national rate of improvement of 15.4% (52% in 2012/13 increasing to 60.0% for 2013/14). Performance has therefore met and exceeded target expectations. The challenge to ensure the majority of children are school ready remains.

Action

The improvement from 2013 reflects the positive impact of focused training for schools and settings. In addition, the improving quality of early years settings and childminder provision has impacted on children's school readiness, enabling faster progress (the proportion of our early years settings and childminders rated as good or better in Ofsted inspections compares very well with national averages). CESC colleagues continue to work with all providers to ensure high quality early years provision. The introduction of the free entitlement for 2 year olds and entitlements already in place will continue to involve the Education Improvement Team in assessing and monitoring practice and, where necessary, supporting improvement.

- During the year, there were a total of 73 First Time Entrants to the Youth Justice System.
- This equates to a rate of 408 per 100,000 population (aged 10 to 17). This is an improvement on 2013/14 performance of 93 First Time Entrants (equating to a rate of 510 per 100.000 population).

Action

Performance has therefore met target expectations for a 5% reduction in the number of First Time Entrants from the previous year (less than 88).

- Latest national data available is an estimate of participation in education or training based on a 3 month average for November to January each year, and shows a NEET rate of 9.0% locally compared to the Tees Valley average of 7.5%. The Not Known rate locally was 1.0% compared to a Tees Valley average of 2.8%. Our combined NEET / Not Known rate therefore was 10.0%, slightly better than the Tees Valley average of 10.3%.

Action

Whilst Stockton's performance has improved from the previous outturn, we have missed our target to 'improve on the previous year so that performance is better than the Tees Valley average by at least the same rate' – because the Tees

Valley average showed a greater rate of improvement overall than in Stockton-on-Tees.

It should be noted however, that Stockton has the 2nd best performance for combined NEET / Not Known in the Tees Valley and 2nd best in the region. Our Not Known rate continues to be one of the lowest (best) nationally – 2nd lowest in latest national published data. This reflects a continuing strong focus on ensuring we track and work with nearly every young person no matter how complex or challenging their situation, even though these young children add to the overall NEET cohort.

Local analysis of our NEET figures across the age ranges 16, 17 and 18 year olds indicates some relatively poor outcomes for 16yr olds, suggesting that universal provision within some schools has not been as effective as required. However, there is an improving situation for 17 year olds as they re-engage with Youth Direction and receive targeted long term sustainable interventions. There continue to be some difficulties in offering support to 18yr olds and this is also seen at a regional and national level with high NEET rates for this age group.

Youth Direction are actively working with schools and colleges on behalf of the 14-19 Board to address drop-out rates and progression routes to gain a better understanding of the challenges faced and help improve outcomes and reduce the NEET rate.

5. Health improvement

- Data for 2012-13 shows 8.5% reception, and 21.1 % year 6 children were obese.
- In year 6 obesity rates are consistently higher than the England average, with a gradual increase in trend since the programme began in 2006-07 in line with a national increase.
- For reception, England, rates of obesity rates appear to have levelled off, and Stockton rates fluctuate around a similar level.
- Data for 2014-15 would be expected from November 2015.

	2013-14 Stockton on Tees	2013-14 North East	2013-14 England
Obesity in 4-5 year olds (reception) % of children measured through the National Childhood Measurement programme.	9.3%	10.4%	9.5%
Obesity in 10 – 11 year olds (year six) % of children measured through the National Childhood Measurement programme.	21.6%	21.2%	19.1%

Action

The More Life Family Weight Management Service for Stockton-on-Tees commenced its service delivery in on April 1st 2015, the service is open to all children aged 5-17 and their families who are struggling to maintain a healthy weight, with a parents only programme for those parents / carers of 0-17 year olds who are themselves overweight and wish to role model a healthier lifestyle to their children.

The service will target families within the 20% most deprived wards within the borough. The service will work collaboratively with the Children and Young People's Public Health School Nurse Service for Stockton Borough.

The new School Nursing service, along with the More Life Family Weight Management Programme will be doing significant work around these indicators. Following up on children at both reception and year 6 who are found to be overweight or obese, and preventatively targeting those at risk prior to measurement in the NCMP through a variety of means.

- Nationally, there has been a reduction in quitters from smoking cessation services.
- Based on Q1 and Q3 2014/15 rates, Stockton Borough stop smoking service is maintained in the top three Local Authorities in the North East for the number of smokers accessing the stop smoking service (6.53% of the smoking population, compared to 4.72% in the North East). It is also amongst highest performing nationally. The number of pregnant women quitting has remained steady compared to 2013/14 (18.2% of women smoked at time of delivery in 2013/14, compared to 18.1% in the North East and 12% in England).
- According to Q3 data, the service has 234 four-week quitters. Combined Q1-Q3 data gives a total of 746 quitters. This is a 31% reduction compared with 13/14 Q1-Q3 combined.
- Stockton is in the top Local Authorities in the North East showing the least reduction in the number of people accessing the stop smoking service, compared with the year to date in 2013/14 (23.8% fewer people accessing the services). The North East average is 33.4% reduction in numbers accessing the service.
- Year to date almost 60% of Stockton Borough clients are from Routine and Manual groups, are unemployed, sick / disabled or are unpaid carers i.e. vulnerable groups which usually represent some of the most deprived communities. (compared with last year (13/14), there is a 3% increase in number of access in these groups.)

Action

National and local downturn in quitters is believed to be due to the impact of electronic cigarettes and other alternatives to the smoking cessation service. National work continues to understand this. Public Health has recently recommissioned North Tees & Hartlepool NHS Foundation Trust as the local stop

smoking service provider, following a service review and tender process. Public Health will work with the service to make use of data and ensure the service continues to effectively target vulnerable populations; and to effectively promote the service to different population groups. Work continues with partners through the Tobacco Control Alliance

- Under 18 conceptions (3 yr rolling average rate per 15 – 17 yr olds per 1,000 population): The most recently available (2013) under-18 conception rate for Stockton dropped significantly from 38.1 in the previous quarter to 33.5 per 1,000 15-17yr olds. This equates to 111 conceptions.
- This gives us a three year rolling average of 36 per 1000. This rate remains higher than the North East average rate (32.1) and the England average (25.2) but a reduction on the local 2012 rate of 40. Rates for the Borough have fluctuated since 1998; and the highest rates are in areas of greater deprivation. The 'hotspot wards' where rates are significantly higher than the England average are Hardwick, Billingham South, Newtown, Norton North, Norton South, Stockton Town Centre and Mandale and Victoria.

Action

A Stockton Borough Sexual Health Action Plan is currently being developed following the recent health needs assessment to cover the whole population but with a particular focus on young people. Ensuring the provision of good quality sex and relationship education at home, at school and through broader community services remains a priority.

- The annual rate, of hospital episodes with alcohol-related conditions (broad) (**Appendix 1**) predicted based on Q1/Q2 data will be 2748 per 100,000 population. This is an increase on the last reported figure of 2560, but a similar increase is replicated locally across neighbouring authorities and nationally.
- The predicted rate for 2014/15 in Stockton would exceed the rate for the North East as a whole, but should be treated with caution as it is only an estimate based on Q1 and Q2. Rate of broad hospital episodes with alcohol related conditions remain lower in Stockton than the other Tees authorities (**Appendix 2**), despite this increase.
- Hospital episodes with alcohol-related conditions (narrow) (**Appendix 3**) looks at conditions that are more directly attributable to alcohol. These also are reported from a national data set quarterly, with data due out shortly, estimates for 2014/15 are provided based on Q1/Q2 data (**Appendix 4**).

Action

Multiagency workforce training will be commissioned in 2015 with the aim of increasing substance misuse risk awareness, early identification and interventions to

frontline staff groups, by providing them with skills required to detect potential or problematic substance use among young people and adults in Stockton-On-Tees. The public health team are also working with Licensing to integrate public health priorities into the updated statement of licensing policy. There is also work to be undertaken as part of the recent scrutiny review for the council to lobby its local MPs in support of the Directors of Public Health and Public Health England's campaign for the introduction of a national minimum unit pricing of alcohol.

- Number of opiate drug users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number in treatment:Q3 performance has fallen slightly 4.8% to 4.7%. This data represents exits in Q1 2014/15 that have not returned to treatment in the second two quarters of 2014/15. The performance continues to reflect the changes in the re-commissioning process and performance is expected to improve in Q4 based on the numbers exiting treatment and a fall in representations in Feb 2015
- Q3 performance decreased slightly from 30% to 29.6%. The numbers of non-opiate clients continues to fluctuate as a result of changes to the arrest referral contract that saw referrals into treatment drop between March and August 2014. Q4 data is expected to recover to close to historic levels as the number of referrals from October 2015 onwards has increased.

Action

The above pattern is in line with Public Health's focus on opiate clients, particularly those in treatment for four years or more. The reduced number of non-opiate clients in treatment is due to a significant reduction in referrals from custody following the re-commissioning of the service in April, which has reduced the throughput of cocaine clients. Referrals into treatment have begun to increase since August 2014 but exits and the subsequent six month period to measure any re-presentation means the downturn is likely to negatively influence performance until after Q1 2015/16. Public Health is working with treatment providers to develop new sources of referral

- Self-reported wellbeing is better than regional levels (PHOF data), with less people reporting a low happiness score and all other measures being similar. In 2012/13, Hartlepool & Stockton-On-Tees (Data no longer available at LA level – only at CCG) had significantly more adults with depression than England (14.8% and 12.0%, respectively) (NEPHO data, 2014). 2012 figures indicate Hartlepool & Stockton have a similar rate for suicide to England (9.5% and 8.5% respectively), but for 2013, higher rates of hospital admissions for unintentional and deliberate injuries in 0-24 year olds than England (165.1 per 100,000 and 116.0 per 100,000 respectively). **Appendix 5** shows the number of admissions due to intentional self-harm in 18+yr olds and the variation between wards.
- Admissions for self-harm among young people in Stockton is higher than the England average (648.8 per 100,000 10-24 yr olds and 352.3 per 100,000 respectively). **Appendix 6** shows the number of admissions due to intentional self-harm in under-18yr olds and the variation between wards.

Action

A range of services are available for people requiring mental health and wellbeing support, including IAPT (Improving Access to Psychological Therapies); and Primary and Secondary Mental Health Services. A Tees Suicide Prevention Task Force and action plan are in place. A children and young people's mental health needs assessment is currently being prepared to identify what work is required to meet gaps in service provision in this age group, to be reported to the Children and Young People's Health and Wellbeing Joint Commissioning Group in Summer 2015. This also links into the draft Children and Young Peoples Emotional Wellbeing and Mental Health Strategy. A paper will be brought to the July Board meeting for discussion, proposing moving forward to develop a joined up strategic approach to mental health and wellbeing across Board members organisations, reviewing the actions identified within the two national strategy documents - No Health Without Mental Health and Closing the Gap. This will work across the age spectrum and identify what actions are yet to be addressed locally

- At Q4 2014/15, 545 people were referred to the domestic abuse support services (compared to 467 in Q3). Self-referrals make the highest proportion of referrals (24%), followed by Social Services (22%).
- There are a total of 801 active caseloads within the Domestic Abuse service combined Q1-Q4. The majority of clients are white British (81%) and are female (73%) and aged between 19 and 35 years old. 18 clients re-presented to the service within three months of discharge combined between Q1-Q4.

Action

Since recommissioning, there have been referrals from a broad range of agencies with the Police, social services and self-referral accounting for approximately 50%. A new database has been introduced and progress has been made to refine and expand data collection. Working with the provider, additional funding to provide dispersed properties to support the existing refuge provision within the borough was awarded by the Department for Communities and Local Government. A range of awareness raising activities are planned for 2015/16.

6. Health protection

- Local data (2013) shows the Chlamydia diagnosis rate is the second highest in the region (3,210 per 100,000 15-24yr olds in Stockton Borough compared to 2,545 per 100,000 in the North East).

The rate of new STI diagnoses (excluding Chlamydia, in <25yr olds, 2013) was 395 per 100,000 in Stockton Borough compared to 679 per 100,000 in the North East. HIV diagnosed prevalence (15-59yr olds, 2013) was 1.02 per 1,000 in Stockton Borough compared to 0.90 per 1,000 in the North East. Abortion rates within under 18s continue to be high with 46.8% of conceptions in 2013 leading to abortion. This is higher than the North East average (42.9) but lower than the England average (51.1).

Action

Chlamydia screening work continues to focus on increasing screening in high risk and vulnerable groups. National guidance on screening states that an initial higher rate is 'good' as it indicates greater ascertainment. The diagnosis rate is a composite measure of positivity and coverage. This may be seen in future positivity rates due to the targeted nature of this work in comparison to the blanket screening approach, which has been taken previously. A review of the Tees-wide integrated sexual health service is also currently being reviewed – a local service model, particularly in relation to outreach services, is being developed in-line with this review and the needs assessment.

- When looking at local data over the past year (**Appendix 7**), the uptake of vaccinations has remained relatively stable during 2014/15.
- There is variation in vaccination uptake between wards across Stockton Borough.

Action

The NHS Area Team is developing plans together with Public Health to increase uptake of immunisation programmes, particularly in vulnerable groups; and the CCG is targeting groups to increase flu vaccination uptake.

7. Healthcare and premature mortality

- Uptake of NHS health check programme by those eligible: The end of year performance for 2014/15 shows 2317 NHS Health Checks were offered to an eligible population of 50070. 1046 Health checks were provided which means that 45.1% of people offered an NHS Health Checks received one.
- Lung Check data shows that 301 patients were assessed in Q4 with 37 patients (12.50%) diagnosed with COPD following the assessment. 137 of the eligible patients invited were from quintile 1 and from those, 18 were diagnosed with COPD i.e. approximately 46% of the total new COPD diagnoses are from quintile 1.

Action

The NHS health check data shows that uptake of the checks in the most recent quarter has decreased since the same period last year. This is likely to be a result of joint working between the public health team and the Tees Valley Public Health Shared Service (TVPHSS) to incentivise GPs to focus on those in the most deprived wards – who may therefore have been more challenging to engage in the service. We will continue to work closely with the TVPHSS to understand this further and increase uptake again going forward.

Lung Health Check – As with the NHS Health Check, SBC Public Health has worked with the TVPHSS and GP practices to focus checks on the most deprived wards. This may have led to a decrease in uptake, due to working with harder to reach

groups. Work will continue with joint working with TVPHSS to further increase uptake and strengthen links between the Lung Check and the existing and newly commissioned Stop Smoking Service (commissioned from April 2015).

FINANCIAL IMPLICATIONS

8. There are no direct financial implications of this update.

LEGAL IMPLICATIONS

9. There are no specific legal implications of this update.

RISK ASSESSMENT

10. Consideration of risk will be included in the narrative around any performance issues, together with actions being taken to mitigate this risk.

SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

11. Monitoring of performance across Board organisations will have a positive impact on coordinated activity to deliver both the Sustainable Community Strategy and Joint Health and Wellbeing Strategy themes.

CONSULTATION

12. Consultation has been an integral part of generating priorities for action, through the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy development process.

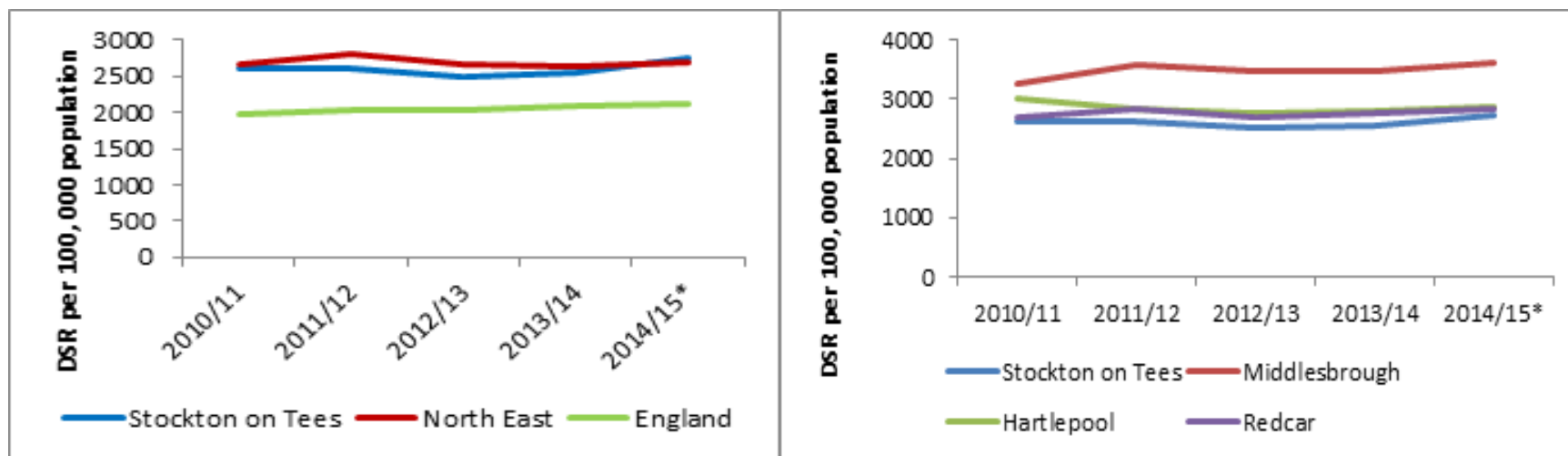
Name of Contact Officer: Jenny Cowell
Post Title: Business Manager (Public Health)
Telephone No: 01642 528442
Email address: jenny.cowell@stockton.gov.uk

APPENDICES

Appendix 1: Admitted to hospital episodes with alcohol-related conditions (Broad) Directly age-standardised rate per 100,000 population

	Admitted to hospital episodes with alcohol-related conditions (Broad) Directly age-standardised rate per 100,000 population				
	2010/11	2011/12	2012/13	2013/14	2014/15 (Based Q1/2 figures)
Stockton on Tees	2616.72	2611.29	2504.44	2560.45	2748.12
Middlesbrough	3269.99	3595.17	3488.50	3475.05	3603.06
Hartlepool	3006.53	2834.57	2769.21	2791.13	2872.75
Redcar	2683.76	2843.47	2707.23	2772.10	2833.35
North East	2673.61	2797.90	2676.57	2644.61	2695.75
England	1969.28	2032.03	2031.45	2086.50	2121.76

Appendix 2: DSR (Directly age and sex standardised rate) per 100,000 population 2010-11 – 2014-15 Stockton on Tees, North East and England (Broad)



Appendix 3 Admitted to hospital episodes with alcohol-related conditions (Narrow): all ages Directly age-standardised rate per 100,000 population

	Admitted to hospital episodes with alcohol-related conditions (Narrow): all ages Directly age-standardised rate per 100,000 population				
	2010/11	2011/12	2012/13	2013/14	2014/15 (Based Q1/2 figures)
Stockton on Tees	776.13	797.92	753.23	783.39	824.99
Middlesbrough	949.20	1036.42	990.96	961.13	984.72
Hartlepool	887.44	880.89	782.68	829.16	822.45

Redcar	806.74	770.50	775.29	794.28	748.15
North East	857.84	891.92	854.80	840.17	847.10
England	651.81	652.88	636.61	637.92	640.10

Appendix 4: DSR (Directly age and sex standardised rate) per 100,000 population 2010-11 – 2014-15 Stockton on Tees, North East and England (Narrow)



Appendix 5: Hospital admissions due to intentional self-harm in 18+yr olds, 2011/12 – 2013/14

	1112	1213	1314	Grand
Age	Total	Total	Total	Total
Stockton Town Centre	47	81	65	193
Hardwick	44	48	32	124
Newtown	43	41	34	118
Billingham East	51	33	24	108
Norton South	35	36	34	105
Mandale and Victoria	43	33	28	104
Parkfield and Oxbridge	36	30	34	100
Billingham Central	30	23	18	71
Village	18	25	22	65
Roseworth	25	24	12	61
Norton North	14	29	17	60
Billingham North	12	25	13	50
Stainsby Hill	19	14	12	45
Billingham South	15	14	9	38
Ingleby Barwick West	8	14	13	35
Grangefield	12	16	5	33
Bishopsgarth and Elm Tree	11	8	11	30
Ingleby Barwick East	11	11	5	27
Eaglescliffe	11	11	<5	25
Yarm	8	9	7	24
Hartburn	7	8	8	23
Billingham West	8	3	5	16
Fairfield	10	<5	<5	14
Norton West	<5	<5	<5	8
Western Parishes	<5	<5	<5	6
OTHER	12	8	<5	20
Grand Total	535	553	415	1503

Appendix 6: Hospital admissions due to intentional self-harm in <18yr olds, 2011/12 – 2013/14

	1112	1213	1314	Grand
	Total	Total	Total	Total
Stockton Town Centre	8	8	10	26
Mandale and Victoria	6	13	7	26
Newtown	8	<5	12	23
Hardwick	8	6	<5	17
Stainsby Hill	<5	5	6	15
Parkfield and Oxbridge	6	7	<5	15
Hartburn	5	<5	7	14
Norton North	6	<5	<5	12
Roseworth	<5	<5	6	11
Billingham Central	<5	<5	5	11
Village	<5	<5	6	10
Bishopsgarth and Elm Tree	5	<5	<5	10
Billingham South	<5	<5	<5	9
Eaglescliffe	<5	6	<5	9
Billingham North	<5	<5	<5	8
Billingham East	<5	<5	<5	7
Ingleby Barwick West	<5	<5	<5	7
Grangefield	<5	<5	<5	6
Ingleby Barwick East	<5	<5	<5	6
Fairfield		<5	<5	5
Norton South	<5	<5	<5	5
Western Parishes		<5		<5
Billingham West	<5	<5	<5	<5
Yarm	<5	<5		<5
OTHER	<5			<5
Norton West			<5	<5
Manor House	<5			<5
Northern Parishes			<5	<5
Grand Total	84	90	97	271

Appendix 7: Childhood Immunisations Stockton Borough 2014/15

Key: **Green** = >95% Coverage; **Yellow** = 90-95% Coverage; **Red** = <90% Coverage

		Quarter 1 2014-15			Quarter 2 2014-15			Quarter 3 2014-15			Quarter 4 2014-15			TOTALS 2014-15			
		Eligible	Immunised		Eligible	Immunised		Eligible	Immunised		Eligible	Immunised		Eligible	Immunised		
Stockton on Tees	<u>12 month cohort</u>																
	DtaP/IPV/Hib <i>Primary</i>	619	580	93.70%	586	563	96.08%	581	559	96.21%	553	520	94.03%	2339	2222	95.00%	
	Men C <i>Infant</i>	619	609	98.38%	586	573	97.78%	581	568	97.76%	553	532	96.20%	2339	2282	97.56%	
	PCV <i>Infant</i>	619	577	93.21%	586	561	95.73%	581	556	95.70%	553	520	94.03%	2339	2214	94.66%	
	<u>24 month cohort</u>																
	DtaP/IPV/Hib <i>Primary</i>	597	583	97.65%	637	615	96.55%	591	571	96.62%	605	588	97.19%	2430	2357	97.00%	
	MMR <i>1st dose</i>	597	570	95.48%	637	599	94.03%	591	558	94.42%	605	563	93.06%	2430	2290	94.24%	
	Men C <i>Infant</i>	597	573	95.98%	637	605	94.98%	591	544	92.05%	605	581	96.03%	2430	2303	94.77%	
	HiB/Men C <i>Booster</i>	597	567	94.97%	637	595	93.41%	591	558	94.42%	605	576	95.21%	2430	2296	94.49%	
	PCV <i>Booster</i>	597	566	94.81%	637	599	94.03%	591	555	93.91%	605	562	92.89%	2430	2282	93.91%	
	<u>5 year cohort</u>																
	DT/Pol (<i>Primary</i>)	615	595	96.75%	647	636	98.30%	643	629	97.82%	634	614	96.85%	2539	2474	97.44%	
	DTaP/IPV (<i>Booster</i>)	615	553	89.92%	647	609	94.13%	643	606	94.25%	634	580	91.48%	2539	2348	92.48%	
	Pertussis (<i>Primary</i>)	615	596	96.91%	647	636	98.30%	643	629	97.82%	634	614	96.85%	2539	2475	97.48%	
	HiB (<i>Infant</i>)	615	594	96.59%	647	634	97.99%	643	626	97.36%	634	614	96.85%	2539	2468	97.20%	
	Men C (<i>Infant</i>)	615	588	95.61%	647	621	95.98%	643	620	96.42%	634	601	94.79%	2539	2430	95.71%	

	HiB/Men C <i>Booster</i>	615	580	94.31%	647	616	95.21%	643	618	96.11%	634	610	96.21%	2539	2424	95.47%
	MMR <i>1st dose</i>	615	566	92.03%	647	613	94.74%	643	614	95.49%	634	590	93.06%	2539	2383	93.86%
	MMR <i>2nd dose</i>	615	546	88.78%	647	600	92.74%	643	603	93.78%	634	575	90.69%	2539	2324	91.53%
	PCV <i>Infant</i>	615	573	93.17%	647	606	93.66%	643	600	93.31%	634	588	92.74%	2539	2367	93.23%
	PCV <i>Booster</i>	615	564	91.71%	647	601	92.89%	643	601	93.47%	634	575	90.69%	2539	2341	92.20%

DtaP = Diphtheria, Tetanus & Polio; IPV = Inactivated Polio Vaccine; HiB = Haemophilus influenzae type b; Men C = Meningitis C; PCV = Pneumococcal conjugate vaccine; DT = Diphtheria; Pol = Polio; MMR = Measles, Mumps & Rubella