

	<p style="text-align: center;">Health Select Committee 9th June 2009</p> <p style="text-align: center;">Report from the Director of Policy & Regeneration</p>
<p>Wards Affected: ALL</p>	
<p>Local Area Agreement Target Update</p>	

1.0 Summary

1.1 This report provides a summary of how Brent has achieved as we come to the end of the Local Area Agreement (LAA) 2006-2009, with a focus on health targets. Overall, performance has been achieved on the majority of stretch targets and congratulations are extended to priority leads for their achievement. The new LAA 2008-2011 has been formally agreed following final re-negotiations with GOL in the annual refresh. Data is now available on the majority of indicators within the new LAA and performance has been summarised within this report.

2.0 Local Area Agreement 2006-09

2.1 Brent's LAA 2006-09 is due to finish in 2009. This agreement is comprised of 12 stretch targets with an associate performance reward grant (PRG) of over 8 million pounds. A summary table on how Brent is currently placed to receive PRG is attached **Appendix 1**.

2.2 The majority of LAA priorities for 2006-09 achieved their agreed stretch target, with many significantly overachieving. Congratulations to priority leads for this achievement. Stretch targets relating to health and well being which have been fully achieved are:

- 28) Healthy schools
- 31) Children and Young People Sports Participation (provisional data)

2.3 The following two stretch targets have either not achieved their target or are a high risk:

(i) Smoking cessation

- a) 4 week quit NRF areas
- b) 13 week quit

Whilst data is still provisional, it is clear that the smoking stretch target has not been achieved. Funding for the smoking cessation programme has been re-instated, however, and performance has already improved for 4 week quits in NRF areas which have increased to 261 (compared to 55 in 2007/08). Despite this improvement numbers for 13 week quit have dropped even further to only 3 for 2008/09 (2007/08 figure was 26). Performance is expected to improve however as the programme matures.

(ii) Adults Participating in Sport and Physical Activity

The result from the last activity people survey published in December 2008 was 19.5%. This is significantly below target. Results for the next survey will not be available until December 2009, however, it is not expected that this target will be achieved. A key risk is the impact of the recession which might affect people's spending patterns e.g. payment of memberships. Key actions being undertaken include promoting sports facilities and activities through special offers and promotions e.g. free swimming for OAP's, in addition staff are phoning up people with memberships to encourage them to attend three times a week.

3.0 Local Area Agreement 2008-11 Refresh

3.1 From January to March 2009 the LAA annual refresh was undertaken with Government Office London (GOL). As part of this process a number of changes were negotiated which are detailed in **appendix 2**. Brent's final LAA was submitted to GOL on 24th March 2009 and has now been approved as final (**appendix 3**). Brent's LAA 08-11 now has a total of 29 indicators, seven of which are local indicators. Only one stretch target relating to health is continuing from LAA 06-09, children's sport participation.

4.0 Quarter 4 Performance Monitoring – LAA 2008-11

4.1 Performance Summary

4.2 Performance for the new LAA 2008-11 is mixed with many of the priorities failing to achieve target or with a high risk of not achieving target. A summary table is provided below. A summary table is provided below. Performance will need to significantly improve to achieve any of the performance reward grant and to reflect well on Brent's partnership under the new Comprehensive Area Assessment.

Priorities not achieving target	5
Priorities with delayed data - at high risk of not achieving target	4
Priorities not achieving target but within 10-15% of the target	1
Priorities which have achieved or exceeded target	9

5.0 Health Priorities not achieving target

5.1 16) Reducing Substance Misuse: NI 40 Drug users in effective treatment

5.1.1 Performance for quarter 3 was 934 drug users being in effective treatment after 12 weeks of continuous treatment, this is below annual target of 1000 (there is a 3 month lag in reporting). The majority of organisations which contribute to the achievement of this target are currently over-performing. The organisations which have not reached their targets are: EACH (87%) and Addaction (86%) but performance is expected to show improvements in quarter 4; Brent Council, Housing and Community Care Drug and Alcohol Team have only reached 75% of their target and show minimal improvement, there is concern this will directly impact on partnership performance.

5.2 17) Tuberculosis (Local)

5.2.1 Increase treatment completion rate was 82% in 2008. This is below our target of 83.5%. Several key actions are underway to improve rates in Brent. Brent's TB network have looked at service delivery and commissioning across Brent & Harrow. A joint Brent/Harrow service level agreement and contract was developed. Future milestones set in order to achieve the targets Brent NHS proposes include further training to GPs and practise staff, such that an early diagnosis can be obtained.

5.3 35) Brent Carers: NI 135 Carers receiving needs assessment or review and specific carer's service or advice and information

5.3.1 The target for 2008/09 of 19.6% was not achieved with provisional figures at 16.56%. This is because there were inaccuracies in the recording of information (double counting) from BMHS which has led to a reduction in the overall level of our performance. Many actions are being undertaken to provide additional support and guidance to carers and improve the quantity and quality of assessments.

6.0 Health Priorities with delayed data - at high risk of not achieving target

6.1 26) Child Obesity: NI 56 % Primary children in year 6 – obese

6.1.1 Data from the 07/08 National Child Measurement Programme (NCMP) showed that 22.5% of the children were shown to be obese, this was an increase from 22.1% in 2006/07. Based on these results we may not meet the target set for the 08/09 (results available in December 2009). The PCT is working with partners to build capacity and raise awareness through training. A strong collaborative approach is required to tackle obesity. Key actions include feeding into policies on housing, green spaces, sporting facilities, marketing and reducing the availability of junk food on the high street.

6.2 19) Adult Obesity: NI 121 Mortality rate from all circulatory diseases at ages under 75

6.2.1 Due to delay in reporting the 2008 figure for this indicator will not be available until June 2009. Data currently available is for 2005-2007 which is 89 (rate per 100,000). This is an increase on the baseline rate of 85 and above 2008/09 target of 84. The increase, however, is not viewed as statistically significant by the PCT and a downward trend is still predicted. Currently an obesity strategy is being developed jointly with Brent Council and key actions are being undertaken such as weight management classes, walking programmes and referral programmes from GPs to sports centres.

6.3 20) Improving Sexual Health: NI 112 Under 18 Conception rate

6.3.1 There is a 14 month delay in reporting performance for this indicator with figures not available for 2008 until February 2010. Current data for 2007 is a rate of 44, this is exceeding 2008 target of 31.6. This is also an increase on the 2006 baseline year of 40. A range of preventative measures have been put in place to address this increase. Reasons behind the increase are multi faceted but particularly reflect the lack of focus on preventative services in schools and colleges. To address this gap, services have been commissioned to deliver advice and support services in schools and youth settings and these are going well. However one service that was commissioned was aimed to deliver school health days to all year 10 and 11 pupils in mainstream secondary schools with focus on teenage pregnancy and sexual health advice. This service ceased on 31st March 2009 due to provider insolvency.

7.0 Priorities which have achieved or exceeded target

7.1 32) CAMHS Service effectiveness: NI 51

7.1.1 The annual target of 14 out of a possible 16 was met and there are no apparent risks identified to date.

7.2 34) Increasing self directed support: NI 130

7.2.1 Performance of 248.78 significantly exceeded annual target of 172. This figure, however, is calculated under the old definition for NI 130 which only includes direct payments. Performance will be monitored against the new definition in 2009/10. The main risk to this project is that they are currently unable to implement Individual Budgets quickly because we cannot calculate a sustainable level of funding for all client groups through the Resource Allocation System.

7.3 37) Reducing delayed discharges and increasing admissions avoidance: NI 131

7.3.1 Performance of 11.9 is significantly below annual target of 15 for 2008/09 where lower is better.

8.0 Indicators which have a delay in reporting timeframes

8.1 Data has been provided for all indicators where it is available, however, for some indicators there is no data available due to lags in data collection, methodology being deferred at national level, or 2008/09 is a baseline year.

NI 40 Drug users in effective treatment	3 month delay in reporting.
NI 56 Primary children - Obese	Annual figure reported Dec 2009, Data provided for 2007/08
NI 112 Under 18 Conception Data	14 month delay in reporting, data for Quarter 4 2008/09 = Q3 2007 data
NI 121 Mortality from all circulatory diseases at ages under 75	Data provide 2005-2007 rolling average, next annual figure will be provided June 2009
Children's Sports Participation	Baseline year

Contact Officers

Phil Newby
Director of Policy and Regeneration

Rebecca Fogarty
Policy and Performance Officer

