



## Health Select Committee 9 December 2009

### Report from the Director of Policy & Regeneration

For Action

Wards Affected: ALL

## Local Area Agreement Performance Review - Quarter 2, 2009/10

### 1. Summary

- 1.1 This report summarises performance against the health related Local Area Agreement targets for Quarter 2, 2009/10 and highlights key issues and solutions to them. The report is accompanied by an appendix providing complete Local Area Agreement performance information. When Health Select Committee last looked at the LAA targets in June 2009, it was agreed that they should be considered every six months.

### 2.0 Recommendations

- 2.1 Health Select Committee is recommended to consider performance against the LAA health related targets and question officers on work that is ongoing to improve performance in these key areas.

### 3.0 Local Area Agreement Performance Position

- 3.1 The Local Area Agreement for 2008-2011 was refreshed between January and March of 2008/09. The Local Area Agreement is currently made up of 29 targets, seven of which are local indicators. March 2008/09 was the final year in which the 12 stretch targets were reported. Only one stretch target relating to health has continued from LAA 2006-09, children's sport participation. This is the first Local Area Agreement report under the new Comprehensive Area Assessment regime (CAA). The CAA replaces the Comprehensive Performance Assessment that came to an end in 2008/09.
- 3.2 The health related targets in the Local Area Agreement are:

Priority	Indicator
12). Improving access to employment for those with mental health needs	*NI 150 Adults in contact with secondary mental health services in employment
Reducing Substance Misuse	*NI 40 Number of drug users recorded as being in effective treatment
17). Tuberculosis	Increase treatment completion rate (NHS London target)

18).Children's sport participation	The annual number of visits by young people (under 17) taking part in sport and physical activities at council owned sports centres (not part of a school club or term-time learn to swim course).
Adult Obesity	*NI 121 Mortality rate from all circulatory diseases at ages under 75 (rate per 100,000)
Improving Sexual health	*NI 112 Under 18 conception rate
26). Child Obesity	a) Proportion of pupils in year 6 with height and weight measured  b)*NI 56 Obesity in primary school age children in year 6
CAMHS Service effectiveness	*NI 51 Effectiveness of child and adolescent mental health (CAMHS) services
34). Increasing self directed support	*NI 130 Social Care clients receiving Self Directed Support (per 100,000 population)
35). Brent carers	*NI 135 Carers receiving needs assessment or review and a specific carers service, or advice and information
37). Reducing delayed discharges and increasing admissions avoidance	*NI 131 Delayed Transfers of Care D41 and NI131 (Rate per 100,000)

#### 4.0 Performance by Priority

##### 4.1 12). Improving access to employment for those with mental health needs NI150

Adults in contact with secondary mental health services in employment. Performance for this indicator has shown progress by achieving target this quarter, despite the current economic climate. It is a huge challenge placing service users in the 25-49 age group into employment. Also, the lowest waged jobs are the worst affected by the recession in Brent and the majority of Jobs Seekers Allowance claimants come from this category. This could be a future barrier as anticipated service users would be placed into this category when the numbers of vacancies are shrinking. In addition, the number of general applicants has increased, increasing competition with service users. To help reduce the effects of the recession, voluntary work experience is being sought for service users to develop skills in order to compete in the job market.

##### 4.2 16). Reducing Substance Misuse - NI 40 Number of drug users recorded as being in effective treatment. This indicator looks at reducing harm caused by drugs which affect the individual, their families and communities they live in. Effective treatment looks at individuals discharged from the treatment system for 12 weeks or more, those that remain in treatment 12 weeks after triage or those discharged in less than 12 weeks in a care planned approach. Performance for this indicator is reported three months in arrears and reflects performance for quarter one 1<sup>st</sup> April – 30<sup>th</sup> June 2009. This target is delivered through a number of partnership agencies. There was an under performance against target, due to one of the partnership agencies not meeting their target which had an impact on the overall performance.

- 4.3 17). Tuberculosis** (Local indicator) – *Increase treatment completion rate (NHS London)* - This indicator examines the number of people accessing treatment for tuberculosis. Performance against target was achieved. Some of the success factors were joint working with community groups and improved working relationships with hospitals.
- 4.4 18). Sports participation** (Local indicator) – the number of visits by young people taking part in sport and physical activity at council owned sports centres. Target has been achieved this quarter. One of the risks identified with this indicator is the closure of sports centres as there are not many other activities for young people on offer. The council is working with sports centres to ensure that facilities in the borough are well maintained.
- 4.5 26). Child Obesity** CF/VS09.3 - Number of families attending the 10-week MEND programme (child obesity). There are planned measures to improve performance as this target was not achieved. These include increased awareness of MEND and its referral process. Strategic care pathways for Childhood Obesity in Brent will include MEND as a key programme. In addition to this, there will be further development of the MEND strategy to identify successful methods to maximise the current pool of recruits into the MEND programme.
- 4.6 34). Increasing self-directed support** NI130 Social care clients receiving self-directed support per 100,000 population. Improved performance is reflected by a positive direction of travel although the indicator is still classed as medium risk. Recently a new financial system was implemented which may have affected performance levels slightly this quarter due to teething problems.
- 4.7 35). Brent carers** NI135 Carers receiving needs assessment or review and a specific carers' service, or advice and information. Direction of travel shows that performance is worse and currently this indicator is high risk. Poor outturn on the number of assessments being undertaken and the inaccurate recording of carers assessments are contributing to poor performance.
- 4.8 37). Reducing delayed discharges and increasing admission avoidance** NI131 Delayed transfers of care. Performance this quarter has improved in comparison to the previous quarter and this indicator is currently low risk. This is due to the streamlined assessment and discharge pathway and process which was recently agreed.

## **Background documents**

Local Area Agreement 2008/11

## **Contact officers**

Cathy Tyson, Assistant Director, Policy and Regeneration  
Tel – 020 8937 1030  
Email – [cathy.tyson@brent.gov.uk](mailto:cathy.tyson@brent.gov.uk)

Phil Newby, Director of Policy and Regeneration  
Tel – 020 8937 1032  
Email – [phil.newby@brent.gov.uk](mailto:phil.newby@brent.gov.uk)