

	<p style="text-align: center;">Health Select Committee 16th December 2008</p> <p style="text-align: center;">Report from the Director of Policy and Regeneration</p>
<p>For Information</p>	
<p style="text-align: center;">Quarterly Performance Report of the LAA Health Priorities 2008–2011</p>	

1.0 Purpose of Report

- 1.1 The purpose of this report is to inform and update Health Select Committee on the progress and performance of the Local Area Agreement (LAA) 2008 to 2011.

2.0 Recommendations

- 2.1 To note the content of this report and discuss any issues or risks arising around performance of the LAA.

3.0 Background

- 3.1 Brent's LAA 2008 to 2011 was finally agreed and signed off with Government Office for London (GOL) in June of this year. Since then the LAA team have been working to develop performance management framework arrangements with partners around monitoring the LAA. The aim is to deliver a quarterly overview of performance data on an A3 'scorecard' to accompany this narrative update on the progress of LAA priorities. The LAA team are also developing a series of 'sub-indicators' or proxy quarterly indicators for LAA priorities as a back up indication of how particular projects are faring performance wise. This is difficult with some priorities, but in the main is meant to supplement the narrative information and give additional indications of performance trajectories, particularly where LAA National Indicators are annual and only measured once a year. These sub indicators will not be routinely reported to the LSP (unless specifically requested) but held as back up data by the LAA team.

3.2 The performance management framework for the LAA is described in the two LSP governance documents, 'Performance management Framework' and 'Memorandum of Understanding' developed for the PfB away day in October 2008. This report contains introductory information about the projects as well as early indications on performance.

4.0 Detail

4.1 The numbers here relate to the number assigned to the priority in the formal LAA signed off with government. The Priorities which relate to health are:

4. Reducing Domestic Violence Incidents - Arrests, Sanctioned detections, cracked ineffective cases

This current stretch target priority ends in March 2009 after which it becomes part of the 'Serious Violent Crime' agenda and becomes subsumed into that priority. It has been an extremely successful project to date in reducing repeat incidents as such and impacts on a number of cross cutting areas including health and well being and the children's safety agenda, (with victims children often ending up in care). It has suffered recent difficulties in recruiting a new Domestic Violence Coordinator, and also in obtaining data to measure 'ineffective cases' from the Crown Prosecution Service although the team are working to resolve this. Despite these difficulties it is expected to meet its final year targets for 2009.

12. Improving Access to Employment for those with Mental Health Needs - NI 150 Adults in Contact with Secondary Mental Health Service in Employment

This indicator has been deferred until 2009, and this year the baseline is being developed. The target is set as an increase by 10% over the next 3 years and while the priority won't officially start until March 2009, the project has already commenced. It involves the recruitment of three 'employment specialist' posts to assist those with mental health issues to find employment. These posts also support employers to offer work placement.

The risks to this project include; Economic downturn and reduction in job opportunities for all which means a realistic target needs to be set when negotiated; Adequate assessment of resources for employment specialists to ensure progress, and a review of mental health caseloads (in entirety this year) which means people who are more stable and likely to have jobs are discharged to primary care and then become non 'countable' for this indicator. We will request to government that people who find jobs and are discharged be somehow taken note of, also that the number of job outcomes achieved contributes.

15. Smoking Cessation - Number of People Helped to Stop Smoking for 4 Weeks in Priority Areas and 13 Weeks Brent Wide

This is a current stretch target from LAA 1, due to end in March 2009, with a reward grant attached. The latest provisional results on this target are disappointing but were expected. The service suffered severe cutbacks during Brent NHS financial turnaround program of 2006/07 and performance was affected. However, in the last

6 months the PCT has reinvested considerable money to reinstate and build up the service again.

The current performance data available shows that there were 43 4 week quits in Neighbourhood Renewal funded (NRF) areas and 1 13 week quit Brent wide. However, there is always a considerable time lag associated with smoking cessation data (at least 6 to 8 weeks) as it is 'cleaned', so these are only provisional numbers. It is therefore currently too early to tell whether this will have the desired impact. Work to restore this priority has included; Recruitment to the Smoking Cessation Team; A specialist contractor recruited to work in neighbourhood renewal areas to help people stop smoking; Wide circulation of Publicity materials; Visits to Pharmacies & GPs to promote the service, and a Business Plan has been developed to ensure 3 year funding for the Stop Smoking Service, and includes a jointly funded Tobacco Control Manager between Brent NHS and Brent Council.

Future work includes GP and practice staff recruitment to deliver a stop smoking service to registered patients through Practice-based Commissioning (PbC), and Roll-out of "Stop Before the Op" initiative. Brent NHS cite that the best results will be achieved in Quarter 4, and it may be that 60% of the target and therefore 60% of reward grant is a possibility. This project will continue to be carefully monitored by the LAA team and the PCT.

16. Reducing Substance Misuse - NI 40 Number of Drug Users in Effective Treatment

This project is run by the Drug and Alcohol Action Team, and is aimed at increasing the numbers of those recruited and retained drug users in effective treatment. Another project around reducing alcohol abuse has been grafted into this project although this is not measured by the indicator, it is considered an important local issue. This indicator has an annual target of 972 drug users being in effective treatment after 12 weeks of continuous treatment. However, no data has been provided at present as there is always be an approximate 6 week lag in obtaining the data, hence up to date data will not be obtained until 16 November 2008.

17. Tuberculosis - (TB) Increase Treatment Completion Rate (NHS London Target)

This priority is another Local Indicator; which monitors the TB treatment completion rate. It is measured annually so quarterly results are not available. The annual target is 83.5% aiming for an increase from a baseline of 79%. In order to achieve the targets Brent NHS propose that further training is provided to GPs and practise staff, such that an early diagnosis can be obtained. In addition, TB nurses are to initiate audits, starting in January 2009 for the services they provide. TB is not a priority area under World Class Commissioning, but Brent NHS are confident that this will not impact the target which should be achievable. End of year results should clarify the position.

18. Sports Participation - Proportion of Adults doing physical activity for 30 Minutes Three Times a week or more

This is a stretch target from LAA 1, due to end in March 2009, with reward grant attached. The interim Sport England Survey performed in May of this year has shown a decrease in adult participation to 16% which is below the original baseline set for this target of 18%. This is an extremely surprising and disappointing result as the baseline occurred before the opening of Willesden Sports Centre which has been very successful with high numbers attending. This figure means a potentially high risk that it will not achieve its target. The LAA team is working with the Sports Service to identify a range of potential solutions which might impact the final year survey which will be carried out in either March or October of next year (we are still waiting to find out). The survey itself is an issue as it is only conducted across 500 people in Brent which is not particularly statistically robust. Brent has always paid extra for a booster sample size to 1000, but this still remains a difficult methodology. We are still awaiting the results of this year's final survey which was recently completed. Results should be out by the end of November 2008 and will give us a clearer idea of the risks of not achieving the target.

19. Adult Obesity - NI 121 Mortality Rate from All Circulatory Diseases at Ages under 75 (rate per 1000)

This priority is a new and challenging one for all boroughs and will require a strong focus if Brent is to be able to achieve the impact we hope for. The LAA target is aimed at addressing and reducing the 'rise in obesity' over 3 years which accounts for the small percentage reduction target set. This is one example of a more complex health issue which will probably need to continue in the LAA for 10 years before a real difference can be achieved. Brent NHS (formerly Brent PCT) have a range of current measures aimed at addressing this issue including Healthy Walks, GP exercise referral schemes, weight management classes and an adult obesity strategy is under development, alongside a vascular health strategy which should come into force from April 2009 onwards with a range of new measures. This target is almost impossible to measure on a quarterly basis; therefore annual data will be the only way to assess the impact of the measures being taken. Circulatory death rates are always around 2 years out of date when they are published so we won't be able to see an impact on this for at least 3 years. We will keep the LSP up to date with project milestones as the 2 strategies are rolled out.

20. Improving Sexual Health - NI 112 Under 18 Conception Rate

This is an annual indicator, hence no data has been made available as of yet. The annual target for 2008/09 for achieving a 32.7% reduction in the number under 18 pregnancies is expected to be achieved. However, the largest risk for achieving this target is that the current teenage pregnancy and sexual health service is being reconfigured to focus on prevention of risk taking behaviour among young people rather than support as mainstream services exist to provide support to teen parents. These risks are being minimised by the fact that the reconfiguration of the service has been managed with careful consideration and expert advice. In addition, current services commissioned have not been impacted or changed to ensure there is no disruption in the services that young people can access.

26. Child Obesity - NI 56 (a) Proportion of Pupils in Year 6 with Height and Weight Measured (b) Obesity among Primary School Age Children in Year 6

The aim of this project is to halt the rise in child obesity. PCT's are expected to weigh and measure all children in Reception Year and Year 6 as part of the National Child Measurement Programme. This measure has two parts, the proportion of pupils with their height and weight measured and obesity amongst pupils in Year 6. These are annual indicators; hence there is presently no performance data available. The annual targets for each part, are expected to be met, although the potential risk is the recruitment of families to the MEND programme, which is a successful programme of education around nutrition and weight management. This is however, currently being well managed as a full cohort for the January programme has already been achieved and there is an additional waiting list.

28. Healthy Schools - The Number of Schools Achieving National Healthy Schools Standard

This priority is a current stretch target. The latest figure of schools which have achieved the National Healthy Schools Standard is 45, although the annual target of 53 is expected to be met by July 2009.

31. Children's Sport Participation - The Number of Visits by Children and Young People to Council Owned Leisure Facilities not as part of a Club or School Visit

This is a current stretch target, due to end in March 2009, which has already achieved its final target and continues to do well.

32. CAMHS Service Effectiveness - NI 51 Effectiveness of CAMHS Services

This priority is about developing and improving the Children and Adolescent Mental Health Service (CAMHS). The quality of provision is measured against a set of criteria for having protocols and procedures in place from 1 (for no for services in place) to 4 (a full range of services in place). A survey is conducted annually to score the service. The annual target of 14 out of a possible 16 is expected to be met, with no apparent risks identified to date.

34. Increasing Self Directed Support - NI 130 Social Care Clients Receiving Self Directed Support per 100,000 Population

This priority is about developing the government's agenda on increasing people accessing direct payments. Self directed services, including direct payments and individual budgets, offer the individual client or carer greater flexibility in how their support is provided and ensure that their care and support package is directly responsive to their individual needs. At present, we are above the Quarterly target of 144 people per 100,000 at 146 per 100,000 people. The annual target of 172 people per 100,000 is expected to be achieved. Work to continue the current progress being made includes providing all care management staff with training on direct payments, introduce a new policy, a series of press releases and articles including an article due to come out in the next Brent Magazine, production of a Brent DVD on direct payments which will be provided to service users, a planned open day on 27th February and service and carer consultation.

35. Brent Carers - NI 135 Carers Receiving Needs Assessment or Review and a Specific Carers Service, Advice and Information

The support for carers is a key part of support for vulnerable people. It enables carers to continue with their lives, families, work and contribution to their community. The current performance data shows that the target is being overachieved. The annual target of 19.6%, from a baseline of 14.6%, is expected to be achieved, although there is a low risk of carer assessments not being undertaken or the needs of carers not being taken into account, and a much higher risk of carers not taking up direct payments or individual budgets. The actions that are being taken to overcome these risks are to introduce carer's assessment feedback questionnaires in order to assess satisfaction with the assessment outcome, identify resources to promote direct payments being offered and explore training health professionals to understand and refer carers on for support.

37. Reducing Delayed Discharges and Increasing Admissions Avoidance - NI 131 Delayed Transfers of Social Care (DToCs)

This indicator measures the impact of hospital services and community-based care in facilitating timely and appropriate discharge from all hospitals for all adults. The annual target is an average reduction to 15 people per 100,000 population (aged 18+) per week, and we are currently on target, (although this Quarter's figure 17 per 100,000) is still slightly higher than we would have hoped for due to reporting difficulties in Quarter 1). Overall the annual target is expected to be met, although there are some medium to high risks:

The reduction of DToC's has been a challenge for Brent NHS and its partners due to uncoordinated processes across the health and social care economy. This is now being addressed through a strategic group which meets fortnightly and better linkages between the Acute trust, PCT and Social Care.

The use of non- acute NHS beds has been ineffective, but more flexibility is now being developed and a "hospital discharge leaflet is being designed in order to improve awareness for patients, carers and hospital and social care staff" on options for discharge.

The Head of Commissioning post for Adults, Older people and Disabilities has been vacant for a long period of time and this is central to improving processes, however, Brent NHS have now recruited to the Head of Commissioning Post.

A joint Intermediate Care Strategy is being developed between the Brent NHS and the Council to address issues of delays.

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