Summary:
The Local Area Agreement (LAA) is an agreement between central Government and the local area. The PCT, as a statutory partner has a duty to comply with this agreement. Performance management is through the Enfield Strategic Partnership (ESP) on which the PCT sits. Although every target will affect the population’s health this report summarises progress on specifically health-related targets.

It follows the board report on the new LAA submitted in January 2008.

Financial Impact:
All local areas can use any resources to deliver LAA targets including the following:

Patient Perspective and Equality Impact:
To improve the health of people of Enfield and build a prosperous Enfield.

Workforce and Training Impact:
The LAA will provide opportunity for training, improved education, volunteering and job opportunities for the community.

Recommendation:
1). The board is asked to note progress on the new LAA indicators.

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New Local Area Agreements – Enfield Strategic Partnership

Background
In January 2008 the Board was informed about the new Local Area Agreement (LAA) and the 35 local targets that have been agreed between the PCT, the Local Authority and the Government Office for London (GOL). LAA’s are designed to:

- Enable better and more efficient service delivery locally.
- Encourage better partnership working.
- Deliver efficiency gains and reduce number of funding streams, area based initiatives and reporting burdens.
- Nuture a more mature relationship between local and central government.

Local Area Agreements will become statutory from April 2009 and there will be a duty on named statutory partners (which includes the PCT) to engage in development and delivery of relevant LAA targets.

Although all 35 local targets have an impact on the population’s health 8 are directly health related targets:

NI 112/PSA -14 Under 18 conception rate
NI 113  - Prevalence of Chlamydia in under 25 year olds
NI 56  - Obesity among primary school age children in year 6
NI 50/PSA 12  - Emotional health of children
NI 40/PSA 25  - Drug users in effective treatment
NI39/PSA 25 - Alcohol- harm reduction related to hospital admissions
NI121 – Mortality rate from circulatory diseases at ages under 75
NI 123/PSA18 – current smoking prevalence rate

The following text seeks to update the Board on progress to date against these targets:

NI 112 Under 18 Conception Rate

Teenage pregnancy is both a cause and effect of deprivation. The Under 18 conception rate is calculated on calendar years and is always at least 14 months behind. Latest annual data available therefore is for 2006 when the Enfield rate was 55.4 per 1000 females aged 15-17. This follows a rise of 19% from 2005 and is set against a target of 25.5 in 2010.
Under 18 Conception Rate, Enfield trend and LAA targets

Data Source: APA

Map of Enfield Teenage Conception Rates under 18 per 1000 Population by Ward, 2003-2005

Enfield Rate of Teenage Conceptions
Under 18 Rate per 1000, 2003 - 2005

- 74.1 to 92.8 (3)
- 60.9 to 74.1 (5)
- 47.3 to 60.9 (3)
- 26.6 to 47.3 (4)
- 16.4 to 26.6 (6)
NI 113  Prevalence of Chlamydia in Under 25 year olds

Chlamydia is a Sexually Transmitted Infection (STI) which is often asymptomatic but if left untreated can lead to, for example, ectopic pregnancy and infertility.

The proxy for Chlamydia prevalence is the number of people aged 15-24 screened for Chlamydia. The target for 2008/9 is 2,500, in 9/10 3,370 and 10/11 5020 e.g. 7%, 10% and 15% of the 16-24 year old population.

As of January 2008 2,447 people had been screened and the PCT is confident that the target will be achieved by March.

In the context of the above it should be noted that the Enfield target of 2,500 represents 7% of the 15-24 year old population rather than 17% that the majority of PCTs have signed up to. Targets for 2009/10 and 2010/11 are still being negotiated but the national steer is for 25% and 35% screening. Targets that are agreed for the Operating Plan will be automatically updated into the LAA.

NI 56  - Obesity among primary school age children in year 6

All-age obesity currently costs the PCT £39.3 million a year and by 2010 it will cost £42.3 million. Obesity and overweight costs the PCT £75.7 million.

Childhood obesity is measured through the annual National Childhood Measurement Programme (NCMP) of which there have been 2 comparable results. Whilst data is collected on Reception and Year 6 pupils the LAA target is only Year 6.

Obesity is reported according to academic year. In academic year 2007/8 22.5% of Year 6 pupils in Enfield were obese. A further 15.1% were overweight. This compares to the national result of 18.3% obese and 14.3% overweight.

In 2006/7 in Enfield 21.5% of Year 6 pupils were obese and 14.9% overweight. This compared to 17.5% obese and 14.2% overweight.

The target for obesity is 22.01% in 2008/9, 21.80% in 2009/10 and 21.22% in 2010/11.

NI 50/PSA 12  - Emotional health of children

This is a local target, not one of the 35 priority and improvement and therefore will not attract any performance reward grant.

The baseline for this target will be set through questions included in the school Tell-Us survey. The DCFS was consulting on the wording of these questions before Christmas but no decision has yet been made. The lead agency for this target is likely to be Education.
NI 40/PSA 25 - Drug users in effective treatment

The LAA definition for drug misuse has been revised so that it now only includes those drug users who are accessing and being retained in effective treatment. Effective treatment is defined as follows:-

- A crack cocaine (but not cocaine only) or heroin misuser who receives a comprehensive assessment and care plan;
- Is retained in treatment for 12 weeks or more;
- or who is discharged from treatment before 12 weeks because they have become drug free or their treatment has been completed against the original objectives set in their care plan (defined as planned treatment exit).

The baseline was based upon actual activity for 07/08 which was 513. There was a 5% uplift against the baseline for 08/09 which takes us to a target for this year of 539. To date 472 problem drug users have been treated with an end of year projection of 586. In 09/10 this target will rise by 1% to a target of 544 and in 2010/2011 it will rise by a further 1% to a target of 550.

At the same time the Pooled Treatment Budget (PTB) funding will decrease by 30% as Enfield DAAT is the 2nd most expensive DAAT in England. The reduction in funding could be reversed if activity can be increased substantially to mirror that of top-performing DAATs. This will require a growth against the 08/09 target of 179% taking the actual activity to 965. As PTB funding is similar to a football league table even this growth may not be sufficient as other DAAT’s may also improve their performance. It is therefore difficult to predict how much performance will need to be increased to prevent a funding cut in 2010/11.

NI39/PSA 25 - Alcohol- harm reduction related to hospital admissions

In 2005/06 4625 hospital bed days in Enfield hospitals were occupied with conditions directly related to alcohol misuse and a one month audit in 2007 found that 50% of patients arriving at North Middlesex Hospital A&E were drinking at levels that were hazardous to their health.

The baseline for alcohol admissions was 1232 per 100,000. The target for 2008/9 is 1,520, 1,647 in 2009/10 and 1,723 in 2010/11.
**Data Source**: Unify

**NI121 – Mortality rate from circulatory diseases at ages under 75**

Mortality rates for circulatory diseases are taken from the National Centre for Health Outcomes Development (NCHOD). The baseline directly age-standardised rate per 100,000 in 2006 was 72.35 with a target of 71.5 by 2008/9, 70.5 by 2009/10 and 70 by 2010/11. In 2007 the rate was 71.59 (data released December 2008).
NI 123/PSA18 – current smoking prevalence rate

Smoking is the biggest cause of preventable ill-health, disease and health inequalities in the country.

The proxy for smoking prevalence is the number of smoking quitters achieved. The targets for 2008/9, 2009/10 and 2010/2011 respectively are 1466, 1468 and 1469.

At the end of quarter 2 the PCT had achieved 440 quitters and was on-trajectory to achieve this year’s target of 1466 quitters.