HEALTH & ADULT CARE SCRUTINY SUB-COMMITTEE

MINUTES of the OPEN section of the meeting of the HEALTH & ADULT CARE SCRUTINY SUB-COMMITTEE held on 23 OCTOBER 2006 at 7.00PM at the Town Hall, Peckham Road, London SE5 8UB

PRESENT: Councillor David NOAKES [Chair]
Councillors Aubyn GRAHAM [Vice-Chair], Helen JARDINE-BROWN, Michelle HOLFORD and Veronica WARD [reserve]

IN ATTENDANCE:
Margaret Campbell – Southwark Council, Senior Lawyer
Rod Craig – Southwark Health & Social Care, Head of Service for Older People and People with Physical Disabilities
Jane Fryer – Southwark Health & Social Care, Clinical Leadership & Quality Medical Director
Lesley Humber - Southwark Health & Social Care, Director of Operations and Locality Development
Joanne Koen - Southwark Health & Social Care, Carers Services Development Worker
Lucas Lundgren – Southwark Council, Scrutiny Project Manager, Scrutiny Team
Adrian Ward – Southwark Health & Social Care, Head of Performance Planning
Tara Blake-Wilson - Southwark Health & Social Care

ALSO PRESENT:
Martin Butcher – Interim Chief Executive, Southwark Community Care Forum
Lucy Daniels – Health Liaison Worker, Southwark Carers
Zanne Findlay – Interim Chief Executive, Southwark Carers
Nick Hervey – South London & Maudsley NHS Trust, Head of Social Care
David LeBon – Chair, Southwark Carers
Professor John Moxham – Executive Medical Director, King's College Hospital
Stuart Read – Director, Capital Carers
Martin Saunders – Patient & Public Involvement Forum
Pat Saunders
Phillip Watson – GSTFT Partnership & Planning Manager

APOLOGIES FOR ABSENCE

Apologies for lateness were received from Councillor Ola Oyewunmi.

CONFIRMATION OF VOTING MEMBERS

The members listed as being present were confirmed as the voting members.

NOTIFICATION OF OTHER ITEMS WHICH THE CHAIR DEEMS URGENT

The Chair agreed to receive a late item *"Reconfiguration of the out of hours provision of district nursing services"*, which was not available for despatch with the main agenda. The item would be discussed under Agenda item 2.

DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures made nor interests declared.

RECORDING OF MEMBERS' VOTES

Council Procedure Rule 1.17(5) allows a Member to record her/his vote in respect of any motions and amendments. Such requests are detailed in the following Minutes. Should a Member's vote be recorded in respect to an amendment, a copy of the amendment may be found in the Minute File and is available for public inspection.

The Sub-Committee considered the items set out on the agenda, a copy of which has been incorporated in the Minute File. Each of the following paragraphs relates to the item bearing the same number on the agenda.

The Chair reminded the Sub-Committee of its forthcoming interview of the Executive member for Health and Adult Care, Councillor Denise Capstick, on 4 December 2006. Member questions should be sent to the Scrutiny Project Manager by 20 November.

MINUTES

RESOLVED: That the minutes of the sub-committee meeting held on July 31 2006 be agreed as a correct record of proceedings and signed by the Chair.

1. REVIEW: ADULT CARERS IN SOUTHWARK – IDENTIFICATION AND SUPPORT

[see pages 1-47, 130-137, 152-155]

1.1 Rod Craig took those present through the formation of the Carers Strategy for Southwark, the associated initiatives and the key future challenges for carers in the borough.

1.2 The Strategy had been developed in response to concerns that there was no overarching strategy for carers within the borough, that partnership bodies were dealing piecemeal with carers issues and that there was a lack of transparency in respect of the Carers Grant, reportedly worth £1.8 million across Southwark.

1.3 The Census estimates there are 25,000 carers within Southwark, very often individuals providing sole care and by doing so improving the quality of life and independence of patients and the community.

1.4 The partnership agreed to the formation of the Carers Strategy Forum. There were carers representatives from Southwark Carers on this body and the Southwark Partnership Board would shortly have two carer representatives. CSF set out to develop the strategy through consultation, launched 2005, around service development and the Action Plan [which was currently being reviewed].

1.5 The strategy sought to map areas of need in the borough and there was much still to do as only around 3,000 carers were known to be in touch with statutory and/or voluntary services.

In respect of the Action Plan [agenda pages 29-39], the eleven key strategy elements had been identified by the CSF and together with the priority objectives formed the basis for development of support to carers. The key strategy elements were:

- Need for improved identification of/engagement with carers [development workers had since been appointed to reach particularly hard to reach groups];
- Patient and public involvement [there were now two carers on the CSF and on each partnership board sub-group, and there were learning and development opportunities for participation in partnership working];
- Access to quality information [the number of carers accessing advice and information had increased];
- Assessment services
- Support for daily living
- Respite services [the number of breaks provided had risen to over 8,000 in 05/06. Range and type of respite needed always to be reactive to the type of need of carer/caree];
- Choice and Direct Payments [the subject of previous scrutiny attention, numbers of carers now accessing DPs had risen from two to 17 since the start of the scheme];
- Health needs [issues around access remained];
- Crisis services/intervention
- Housing [although few issues around housing appeared to have been raised during member conversations with carers, issues around housing were of great importance to carers and the team worked consistently across housing on issues including choice-based lettings and adaptations to the home];
- Employment, training and education [Staff now included questions around these issues when giving carers assessments. The Action Plan looks at other areas beyond service delivery to improving knowledge and training of those working in health and social care to push forward the key strategic areas although it was still acknowledged that there was work to be done].

1.6 In respect of the Carers Assessment form and its use by staff, carers had told members that assessment forms had been posted to them and they had therefore not had the benefit of any help or guidance in completing them. In addition it was suggested that records of services offered to carers/service users as a result of assessments should be made and it should be clear whether/which of these services forms part of the carer/service user care package. Officers reported that the carers assessment protocol had recently been updated to take this into account and to better monitor performance on assessment. In addition, changes were being made to the client database to enable records to be kept where assessments were offered but refused.

1.7 Work was necessary around process for transition for children with physical disabilities, learning difficulties or other needs into adult services and for adult carers transitioning into older age themselves. We need to be clear with carers at all stages of caring about what services are available to them as they go through their journey.

1.8 Information availability required work. Southwark was not always capturing carers into voluntary and statutory services and needed to be smarter about initiatives to spread information and advertising services of these bodies. Hearing that the representative from Southwark Carers had not heard about the freephone number for statutory services means that we have not done our job properly, unfortunately. By the end of 2006 the outcome of the review will be finalised, so the sub-committee can still feed into this review from its meeting on 4 December 2006.

1.9 Councillor Ward expressed surprised about the difference between figures for carers identified to the voluntary sector as compared to the statutory sector and asked whether the numbers of BME carers identified had risen as a result of the strategy being in place. Rod Craig responded that records of carers ethnicity were kept for those receiving services funded by the Carers Grant, however it was more problematic drawing meaningful conclusions about numbers getting help through mainstream funding. The percentage of BME service users differed according to the services offered/provided. In general populations using services reflected the percentages in the population as a whole, he reported.

1.10 It would be almost impossible to quantify the cost implications of success of the strategy. Although work had not specifically been carried out on the cost implications of the review outcome, the strategy had been designed as impetus for setting up services and its success in this respect would then be monitored subsequently. There was not currently the level of sophistication to enable analysis of the implications of the Strategy for Carers on service delivery outcomes.

1.11 The majority of Carers Assessments are carried out to assess the needs of the person caring for someone eligible for community social services, however assessments are carried out of those where the person being cared for is either ineligible, or refuses assessment or received nothing following assessment.

1.12 The three main outcomes following a Carers Assessment would be: (a) a change to the package of care for the cared-for person, to improve their life, e.g. increase in respite care; (b) use of Direct Payments for say a washing machine for incontinence; or (c) carers are directed towards other support, advice and advocacy services.

1.13 The numbers of carers assessments undertaken every year are often only reported as changes to care packages of person cared for, so we'd struggle to get you accurate figures for this and we recognise we need to up our game. In the learning disabilities area there were 81 assessments and these didn't always result in receipt of services. Around 13% of these did however result in receipt of care. Good progress has been made in respect of mental health.

1.14 Cllr Graham reported that he had heard from a number of people who had not been offered assessments and asked whether there were any plans to address this ? Rod Craig responded that the Policy and Procedures relating to assessments had been revamped and that training was being rolled out to all staff offering Carers Assessments. Cllr Graham felt there should be better information and record keeping to assist usage and monitoring of assessment outcomes and quality.

1.15 The Chair noted the copy of the assessment form provided to members included now out of date information about former Community Health Councils, abolished in 2001 and asked whether this form was still in use. Rod Craig responded that different parts of the service continued to use different versions of the form.

1.16 <u>Zanne Findlay [Southwark Carers]</u>

1.17 She circulated a document that summarised Southwark Carers' work and that of the Health Services Liaison Project and which outlined clearly the challenges of caring, many of which were universal and not Southwark specific.

1.18
- It would be very neat for statutory services if everyone could be defined as a carer, but mostly people think of themselves in terms of being, for example, brothers, wives, friends, mothers and colleagues.
- Although time spent caring can vary greatly, and can be a temporary arrangement, the average duration of being a carer is eleven years
- 60% of the general population will be carers at some point in their lives, with an approximate 25,000 people in Southwark caring at any one time, but this group is in constant flux.
- A permanent definition as "carer" may, during quieter times act as an unwelcome reminder of the times when you have to be a carer.
- Statutory definition brings its pressures too, including loss of an element of choice in respect of the role and can change power dynamics within existing familial and other relationships.

1.19
- Although once carers have got into the system things are generally ok, however there is the feeling that they universally have to fight for services, help, support, in support of the person cared for etc.
- Carers very often wanted help with very practical, simple things and to keep hold of very personal support tasks they carry out for the person cared for;
- In general, asking for help from medical professionals didn't carry with it such a burden/stigma of guilt for a carer – unlike asking for help from social services;
- Zanne emphasized that a positive response from a service provider makes or breaks the potential relationship with a carer. *"…the first 60 seconds is crucial"…*The way that providers behave towards carers during that first minute of contact is key;
- Carers do not necessarily know [nor should they be expected to] the eligibility criteria for grants and support;
- Southwark Carers referred to the great deal of work on dialogue with carers. Asking carers to repeat their histories many times [unless their situations change] in order to get support and assessment increases their trauma;

1.20 "..I might as well do it myself"…

1.21
- Services provided must be reliable. If a service is not provided when and how it is needed, carers will very often disengage with a service and do it themselves;

1.22 "…You can't *fix* caring. You can't take it away, which can be stressful for people working with carers"…

1.23 *Involvement of carers in the assessment process*

1.24
- The newly formally defined carer may feel that they are being assessed in terms of how good a mother, father, sister, brother, friend etc they are, so assessment should be always done with great sensitivity;
- Also, carers are likely to know a great deal more about the cared-for person's routine, needs, preferences than do the professionals;

1.25 <u>Lucy Daniels, Carers Health Liaison Worker at Southwark Carers</u>

1.26 Lucy Daniels explained that she runs the Health Services Liaison Project to increase awareness of caring, carer issues and referral to Southwark Carers as an option to local health professionals and service providers. In addition to delivering the Carers Awareness Programme to health professionals, she had also focused on establishing carer noticeboards within local GP surgeries and in local hospitals, spreading information about carers services, supporting carer groups and facilitators and developing the basis of a Carers identification Protocol.

1.27 Ms Daniels outlined the main challenges she had faced carrying out this work, namely trying to promote information about carer services to surgery staff within a context of information overload, time pressures on staff preventing take-up of carer awareness training and some general disinterest in carers issues amongst surgery and hospital staff. Ensuring carer noticeboards in surgeries remain available takes constant work and despite this some had been taken down. There remained the challenge of how to reach carers whose circumstances prevented them from accessing support groups, with varied attendance reflecting this

1.28 Having talked with carers Cllr Ward was surprised at the wide range of support organisations these carers were in contact with. Given that carer identification and hidden carers were strands of the review she felt this highlighted an interesting contract between apparently fairly low *general* levels of awareness about support available to carers and the great deal of information carers seemed to be able to access once they are in contact with other carers and carer-focused services. Zanne Findlay concurred that carers already in contact with other carers in general were able to get very good quality and timely information.

1.29 In respect of the impact of the Health Services Liaison Project, Southwark Carers reported that numbers of referrals to them had increased gradually since the project started.

1.30 In response to a member question about the ideal outcome for a carer visiting their GP, Zanne Findlay responded that when carers in crisis approached their GP this was generally a point of stability. Whilst early identification was helpful, there would be other attendant problems around “fixing” referral to carer services in one place. An open offer of assistance should be made to the individual concerned and it be made clear that help would remain open to them at any point it was needed in the future. It is really important that the GP validates the individual’s experience and feelings about their situation, avoiding inadvertent pressure on the carer to gladly accept this role by saying things like “how wonderful it is you’re caring for….”, because very often carers can have great anger and frustration about their situation and this also needs validation.

1.31 In respect of the current levels of information sharing between statutory and voluntary sector services, Rod Craig confirmed that Health & Social Care currently did share information when it was legal/possible to do so. Carers Grant funding had to be accounted for and therefore some of the information was already shared as a way of avoiding double accounting for people. From a data treatment point of view the H&SC database of personal information was kept very secure. The first part of an individual’s postcode was used and this helps to map the coverage of carers across the borough. He suggested that when the Carers Assessment form was revamped it would seem feasible to include some kind of tear-off slip giving details of Southwark Carers.

1.32 Members agreed that the voluntary sector carried out valuable preventative work and reflected that the impression given was that the sector was increasingly dealing with crisis work with carers. Zanne Findlay responded that it was important to continue putting energy into a longer-term balance of support in which the voluntary sector provided preventative assistance to help individuals to continue caring for much longer without reaching crisis.

1.33 Martin Butcher, Interim Chief Executive of Southwark Community Care Forum. Martin reiterated that carers often felt overwhelmed by their situation and as a result very simple information should be made readily available. SCCF would soon be merging with Southwark Action for Voluntary Organisations [SAVO] and Martin hoped that SCCF's role in dissemination of information to people who need it would continue. He felt that existing partnership arrangements had positively encouraged information sharing and that joint working was genuinely a positive way forward which SCCF would continue to support wholeheartedly. The voluntary sector's great value lay in its informality and ability to contact/reach people within communities locally.

1.34 Mr Butcher suggested that more modern and creative approaches might be used to spread information to people about services to support them such as text messaging, email and using Southwark Community TV.

1.35 Jane Fryer - Southwark Health & Social Care, Clinical Leadership & Quality Medical Director

Having worked in the borough for eighteen years she had seen various incarnations of the Health Services Liaison Project and reported that a dedicated worker did generally raise the profile of caring which improves referral rates locally. Service to carers is variable at GP practices, with some practices having more engagement and embedding of carer issues/training/referral than others.

1.36 In terms of contractual arrangements, new GP contracts have a tool embedded within them which states *"..practices must have protocol for identification of carers and mechanisms for referral for social services assessment"…*How this is implemented by the practice is not proscribed and this provides for practices to be creative about how this is achieved. By the close of 2006 the PCT must assess every practice, with the involvement of lay assessors. Evidence must be produced and the reality of existing systems will be tested with practice staff. We now have a tool and we are confident that things will improve. Ideally, there would be no need for a carer to be looking after someone ill. GPs should as a matter of course act appropriately towards the needs of carers including not being patronizing and make appropriate referrals to other agencies.

1.37 Stuart Read, Chief Executive of Capital Carers. Capital Carers delivers respite care, provides a carers outreach service, and in addition supports 8-18 year olds caring for relatives. Had the scrutiny review have been taking place 2-3 years ago he believed the authority would have been embarrassed at the position. Much progress has been made through partnership work between organisations and we now needed to go beyond this position, particularly in respect of access to services. There is a problem generally with people's identification with the term "carer". Often it is the last term they would use to describe themselves.

1.38 In terms of responsibility for supporting carers, he felt everyone should be alert to when people around them needed help and support. Support staff need to be particularly focused on this as often they were the most likely to observe that someone is a carer and/or needs help. It was he felt important to continue to emphasize to Social Workers the importance of and their role in increasing take-up of Carers Assessment.

1.39 He advised the sub-committee that there was some flexibility of budget next year if we were collectively able to come up with something creative and different in relation to carers.

1.40 In response to Cllr Ward's question as to whether fewer carers for people with mental health problems receive Carers Assessments, Nick Hervey [SLAM] believed that they faced the same problems as others in getting assessment, but did not believe they were more disadvantaged in doing so. SLAM's new IT system includes an area to note Carers Assessment. In addition, he was aware of a number of carers groups for people looking after individuals with mental health problems.

1.41 In respect of carers not wanting to be termed "carers" and whether we should not be using a different term, Joanne Koen replied that part of awareness-raising nationally was to strengthen consistency in terminology and to educate people about what "carer" means. A great deal of effort had been put into differentiation from "care worker" and she thought that the issue was rather about getting the content right in information and leaflets.

1.42 The Chair asked Jane Fryer whether there was a Patients Forum for every GP practice and for her response on protecting certain appointment times for carers in GP practices. On the former issue she responded that patients fora were not currently a requirement at GP practices. The Chair suggested that carers might be represented on these where they existed.

1.43 In respect of the latter, she noted that practices needed to offer sufficient flexibility for carers registered at their practices because all would have different needs and for this reason practices should really be asking carers what range of services they needed. In terms of access to appointments, having responded to required changes to appointment access times/arrangements the situation reportedly improved for young mothers and the elderly but was not so good for working people who generally need to set appointments in advance, hence these people became an excluded group as far as access to appointments was often concerned.

1.44 Where practices meet the profile of operating to their protocols they are awarded three points, equating to around £450 for an average sized practice.

1.45 Joanne Koen outlined plans to improve the Carers Assessment form. This formed part of an ongoing project to develop the carer policies and procedures document which had been carried out over the last 6-12 months. The draft policies and procedures had already been considered by the Carers Strategy Forum and was expected to be signed off next week. The work had highlighted other issues such as the need for the person carrying out the assessment to take into account the work, education and leisure of the carer. Other workstrands included one day training for all Southwark Health and Social Care staff and working on improving information sharing between organisations.

1.46 Work had not yet started on the draft new Carers Assessment form and members expressed interest in officers sharing this with scrutiny when it was available. Joanne confirmed that the information leaflet "He cares, do you ?" was given out to accompany the Assessment Form but that the key information in this would be updated in line with recent changes to legislation. She noted that in respect of a freephone number, Council policy was to encourage people to use Southwark's new Customer Service Centre rather than calling individual duty desks.

1.47 Members discussed their response to the images on the current information leaflets. Some members felt that the image of a pair of false teeth in a pint glass might put off younger adult carers and did not challenge the stereotypical image of caring being only by and for older people. Joanne Koen responded that the image had formed part of the launch awareness campaign and Rod Craig emphasized that there was in reality no stereotypical carer, but acknowledged the risk attached to using any kind of eyecatching image.

1.48 The Chair thanked individuals and groups present for taking the time to meet with the sub-committee and advised the meeting that work on the review would continue until the next meeting on 4 December 2006.

RESOLVED: That the sub-committee would draw out issues arising from the review and present these for formal ratification at its next scheduled meeting on 4 December 2006.

At 8.35 p.m. it was proposed, seconded and

RESOLVED: That the meeting stand adjourned for five minutes for a comfort break.

At 8.45 p.m. the meeting reconvened

2. SOUTHWARK HEALTH AND SOCIAL CARE QUARTER 1 INTEGRATED PERFORMANCE REPORT 2006/07 [see pages 49-61]

2.1 Adrian Ward [Head of Performance, Southwark Health & Social Care] outlined the main highlights of the quarter 1 integrated performance report for Southwark Health & Social Care.

2.2 Key performance issues under the overall heading of *access and waiting times* were holding up, although increased work was needed to improve performance in the following areas:

- [7] Performance against the new target for written GP referrals for outpatient appointments reflected the experience of the acute trusts of large number of failed appointments. This was now closely monitored as part of cost improvement and action was linked to the PCT's savings strategy. Practice Based Commissioning Groups were working to reduce written referrals.
- [14] Despite a steady rise in Direct Payment take-up the pace of change was not yet on target;
- [16] Data capture work was underway to address the decline in numbers of clients receiving a review, believed to be due to systems issues;
- [18 c)] The 62 day cancer target [covering the period from urgent referral to treatment], reportedly breached on occasion since Quarter 1;

- [19] Although having no commissioning influence over delivery of ambulance services, performance on meeting 8 [Category A] and 14 minute [Category B] response targets is key to the PCT's scorecard. The PCT did not meet the 14 minute response target in Qtr 1;

2.3 Performance under the general heading *public health, prevention and community support* was reported with the following comments:

- [22] Numbers for "4-week quitters" were significantly below target. The ability of GPs to record data about smokers had been hampered by problems with software;
- [26] Southwark's cervical screening rates remained the 2nd lowest in London and figures had dropped since Quarter 1 reporting;
- [27] Breast screening for women 53-64 reflected a small drop on 2004 rates;
- [34] Numbers of older people helped to live at home had dropped significantly in Quarter 1, with slight decline in numbers of people with Learning Disabilities [32] and physical disabilities [31] helped to live at home;
- [57] Southwark's teenage pregnancy rates remain the highest in the UK, although the picture was reportedly encouraging and performance was 9% lower than the rolling baseline.

2.4 Members were concerned that failure to meet targets in key screening areas suggested that the PCT was not carrying out its preventative role effectively. Lesley Humber acknowledged the PCT was struggling although data problems had contributed to the PCT's data not fully reflecting the quarter 1 situation. She acknowledged that more systems sophistication was required and reported that GP data more accurately reflected performance currently.

2.5 The PCT also struggles with public health targets, and the key to whether interventions were targeted effectively was how health promotion activity was put together. As to whether there were sufficient staff focused on this activity in the PCT, she responded that this was not provided by one staff team, but across services. For example, a small discrete staff team was focused on smoking cessation, however screening services were provided through GPs and acute trusts. Members felt communication was key as they had the sense that many people were not linked into the services they needed, and that difficulties around language were possibly more significant than had previously been given credit.

2.6 In respect of MMR vaccination, targeted at two year olds, the PCT did not have information about which children had been immunised abroad before arriving in the UK. In addition, Southwark's population was highly mobile and individuals were able to travel constantly between countries. For this reason, the PCT was putting emphasis on reaching people through childcare centres, following best practice examples elsewhere.

2.7 In respect of Ambulance Service Targets [19 a-c] Adrian Ward reported that trusts across London were failing to meet these targets, which impacted negatively on local scorecards by resulting in penalty points. One third of Southwark's nine penalty points were from these Ambulance Service Targets despite the PCT having no commissioning influence over delivery of these services. London Ambulance Services are managed by NHS London.

2.8 Adrian Ward told the sub-committee that the benefits of achieving an excellent rating was a lighter touch inspection regime, rather than any increase in resources. As a current three star authority Social Health & Social Care was already benefiting from inspection in fewer areas than bodies with only one or two stars. Members were reminded that each indicator carried a different weight with only certain of these being key indicators such as smoking cessation.

3. SOUTHWARK PRIMARY CARE TRUST ANNUAL HEALTH CHECK RATING 2005/06 [see pages 114-129, 138-151]

3.1 Adrian Ward [Head of Performance, Southwark Health & Social Care] presented a summary briefing statement on the recently announced rating for 2005/06. He reminded members that the AHC replaces the star ratings and aimed to take into account a broader range of inputs into performance such as service reviews, financial management and additional quality factors.

3.2 Southwark had received a fair rating in the 2005/06 round announced by the Healthcare Commission on 12 October 2006 for both its use of resources and quality of services. Adrian Ward explained that *fair* reflected that a PCT was performing adequately but with areas identified for improvement. The PCT had been disappointed not to be rated good but that the margin between the two ratings was fine. Summary reports would shortly be available from the Commission's website www.healthcarecommission.org.uk

3.3 The Chair asked to what extent resources were being mobilised to address identified areas of failing. Lesley Humber responded that cost-benefit analysis was being undertaken into whether effective use was being made of current investment as no additional financial resource was available. Dr Maryon Davis gave the example of tobacco control which was being addressed through a range of interventions across partner agencies including smoking cessation and smoking education in schools. The NHS was funded to meet six month waiting targets, most targets were being exceeded, however demand management would probably move people towards the edge of these six month waits and clinical judgements would be made to assist prioritisation. Lesley Humber confirmed that Southwark PCT was not looking to introduce triage centres but the Practice Based Commissioning Group was looking at quality of care.

3.4 In respect of the forthcoming work of the sub-committee in relation to commenting on trust self-declarations, Cllr Ward reported that the previous sub-committee had found consideration and formulation of comments on all four trusts within Southwark much more time-intensive than at first anticipated and she urged members to be mindful of this for 2006/07. Jamie Nevin assured members that he would be presenting options for process at their 4 December meeting which might include focusing comments on certain specific standards. There would be no mid-year [draft] declaration stage in the second year of the AHC.

4. ANNUAL REPORT OF SOUTHWARK'S DIRECTOR OF PUBLIC HEALTH 2005/06 [see pages 62-108]

4.1 Dr Maryon Davis reiterated his statutory obligation as Director of Public Health to produce an independent report on public health within Southwark. He explained that his report remained independent in that the PCT had no authority to interfere with it in any way.

4.2 This year his report was circulated in two parts, the first aimed at the general public and circulated to every Southwark household as a magazine-style publication entitled "Well", and the second aimed at health professionals and including more detailed locality and performance information around the eight key local public health issues in Southwark. This year the second section of the report was available only on the internet, hence printouts of the webpages were reproduced in the meeting papers.

4.3 The report aligned with the Government's recent "Our Health, Our Care, Our Say" white paper direction towards community-based delivery of health and social care, and its preventative, locality focused approach.

4.4 In respect of key theme *sexual health*, members noted that if left untreated chlamydia had differential potential long-term outcomes for women as compared to men, including infertility and ectopic pregnancy. Although free chlamydia testing and treatment for young adults 16-24 years was offered at Boots pharmacies, promotion of the initiative to young men [who were commonly symptomless] was not currently high profile although work was being carried out in schools and youth settings, details of which were available through Health First's Sexual Health Promotion Manager Fraser Serle. Members discussed whether promotion through pharmacies was more likely to reach women than men and appeared to agree that youth settings were more likely to be an effective channel to spread health promotion messages to boys and young men.

4.5 Members asked whether testing was possible within schools and whether the Human Papilloma virus jabs might also be offered in this setting. The Director of Public Health reminded members of the ethical debate that existed around consideration of immunisation of children against STDs, and noted the possibility that it would become government policy to include this within the usual suite of childhood immunisations.

4.6 The Chair asked Dr Maryon Davis to outline why the Southwark rate for prevalence of diagnosed HIV infection was currently eight times higher than the rate for England. The Director of Public Health explained that one of the current factors affecting current prevalence was the impact of individuals travelling frequently between Africa and Southwark and indirectly the scale of the HIV problem currently in sub-Saharan Africa. The PCT was undertaking ongoing focused work around HIV and African populations he explained. A formula existed for funding HIV work base on historical prevalence trends and Guy's followed by KCH housed some of the first HIV clinics in London. There were currently concerns about whether Aids Support Grant funding would cease.

4.7 Mental health services were under great pressure due to flow of people from high security accommodation [five people] and referrals from court for forensic mental health issues. More preventative work was being done and there was better connectivity with primary care. Cllr Graham asked whether the distribution and impact of mental health problems amongst BME and non-BME populations was studied. Dr Maryon Davis and Rod Craig acknowledged that there were problems including higher rates of sectioning especially for certain populations but that reasons were still not fully understood despite continued study. Latest research from South London & Maudsley NHS Trust suggested that difference seemed to be less of a problem at the stage of original assessment, and potentially rather an issue around lack of social support networks within the community.

RESOLVED: Rod Craig agreed to provide the sub-committee with Southwark waiting time figures for psychological therapies.

5. SUB-COMMITTEE WORK PROGRAMME 2006/07 UPDATE [see pages 109-113]

5.1 The sub-committee noted that a recent Council question had been asked about holiday grants. Members requested further information arising from this, including any report on the matter.

5.2 The Chair noted that a request had been made to increase the size of the sub-committee to seven members, this being subject to agreement of Overview and Scrutiny Committee.

5.3 Neither Lambeth nor Southwark members had received further communication from the Secretary of State in response to the referral in August 2006 by the statutory joint Lambeth/Southwark health scrutiny committee of SLAM's proposals for reconfiguration of crisis mental health services locally. The matter was currently with the Department of Health's Recovery Team which unit was preparing a submission for Ministers following which a response would be made on the matter, although no date for response was confirmed.

5.4 Members were reminded that the deadline for submission of questions for the Executive interview with Councillor Denise Capstick was Monday 20 November 2006.

5.5 Lead scoping responsibility for the review of sexual health promotion would be with Councillor Helen Jardine-Brown. The Chair would lead on the scoping of review of mental health of older adults.

The meeting ended at 9:50PM.

CHAIR'S SIGNATURE:

DATED: