

# Health and Social Care Board

Thursday 18 February 2010  
6.30 pm  
160 Tooley Street, London SE1 2TZ

## Supplemental Agenda No. 1

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#### Contact

Everton Roberts, Southwark Constitutional Team on 020 7525 7221  
Vicky Bradding, Corporate Strategy, Primary Care Trust on 020 7525 0408

Date: 15 February 2010

<b>Item No.</b>	<b>Classification:</b> Open	<b>Date:</b> 18 February 2010	<b>Meeting Name:</b> Health and Social Care Board
<b>Report title:</b>		Implementation plan for Health Inequalities Strategy	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Director of Public Health	

## RECOMMENDATION(S)

1. The Health and Social Care Board is asked to note and approve the Implementation Plan for delivery of the Strategy for reducing Health Inequalities in Southwark

## BACKGROUND INFORMATION

2. The Health Inequalities strategy sets out to address the health gap in Southwark, with a target to narrow the life expectancy gap for people in some of the most deprived and least deprived parts of Southwark by 20% by 2020.
3. The purpose of this strategy is not to resolve all health issues for Southwark, but to specifically focus on narrowing the gap in health outcomes between those with the worst experience and the best. It is designed to complement other strategies rather than duplicate them and frame a strategic approach with a deliverable action plan.
4. This strategy and summary document has been approved by a number of committees. This paper sets out the implementation plan for how the strategy will be delivered.

## KEY ISSUES FOR CONSIDERATION

### Policy and Review Background

5. The plan provides a framework of five themed action areas, with particular focus on those living in the most deprived quintile of areas and/or those at high vulnerability of poor health outcomes.
6. These themed action areas are
  - i) Cardiovascular Disease and Diabetes – Improving outcomes from these diseases for those at risk in the most deprived areas through more intense focus and work with specific GP practices in those areas
  - ii) Infant Mortality and Early Years – Improving outcomes for those in the most deprived areas through improving maternity outcomes with more ‘at- risk’ women booking early and reducing teenage pregnancy.
  - iii) Cancer – Reducing the death rates from cancer through more targeted interventions on screening for cancers.
  - iv) Lifestyles – Targeted interventions on smoking, alcohol, physical activity and healthy eating. Increasing detection of HIV and Healthy living packages for those with long term mental health problems.
  - v) Life Chances. Actions to improve employment, training, education attainment,

housing, access to benefits for those living in the most deprived areas.

7. Each of the Theme areas has a delivery plan set out in the strategy document. The focus of the delivery plans will be on those living in the most deprived quintiles (fifth) of the population, and/or those who are vulnerable to poor health outcomes e.g. those with severe and enduring mental health problems.
8. Each of these delivery areas has a specific implantation plan that sets what needs to be put in place, how it will be done, by whom and what will be used to monitor progress.
9. There will be a small coordination group which will meet monthly to ensure progress and monitor delivery. This group will report to the Health and Wellbeing Group
10. The actions will be have an impact at different times over the short term, medium and long term, with actions on specific diseases likely to impact in the shorter term and actions on employment and education having a longer term impact. However implementation relates to delivery in the coming one to two years.

### **Specific Targets to be addressed**

11. The context of this strategy is the National PSA target on life expectancy. This is expressed locally as the LAA target of All Age All Cause Mortality. This strategy assists with achieving this target. It also supports the achievement of the NHS target on Life Expectancy.
12. There is a recently set new NHS target to narrow the gap in mortality between those living in the parts of the borough experiencing the lowest life expectancy and the parts experiencing the highest. This strategy will also support the achievement of this target.

### **Impact and Risk**

13. This builds on existing strategies of the PCT and council and supports achievement of LAA and NHS targets. Not acting on it will increase the chances that the gaps in health outcomes may get exacerbated unintentionally.
14. The impact of not doing this is likely to be a continuing widening of the gap on life expectancy between those with the best and worst health outcomes, perpetuating the current increase in this trend.

### **Community Impact Statement**

15. This strategy was developed because not all people have the same health experience. People who are living in more deprived areas are more likely to have worse health. This is due to a combination of factors that include income, education and home surroundings that can lead to a less healthy lifestyle. People from BME communities are more likely to live in more deprived communities and suffer health problems. People from African communities are more at risk of HIV as are men who have sex with men (MSM). People who have longstanding mental health problems are more likely to be long term disabled and also to have physical health problems with a shorter life expectancy.

16. It is specifically designed to address needs for better health for :
- i) those who are most likely to have poorer health outcomes such as those living in the most deprived areas,
  - ii) people from BME communities
  - iii) people living with long term mental health problems
  - iv) MSM.

### Resource implications

17. For each of the delivery areas within each theme there is information on how it will be delivered through current planned resources and also information about how it will be delivered against a background of specific resource pressures. For many there will be some degree of mitigation possible, whereas for some it will be more difficult to deliver against a background of challenged resource constraints.

### Legal/Financial Implications

18. There are no obvious legal implications of the strategy. Financial constraints may place pressures on the delivery of specific aspects of the plan and are set out in the implementation plan.

### Monitoring of implementation

19. The strategy has been approved by NHS Southwark Board, Council Executive and by Healthy Southwark Partnership Board.
20. The monitoring and review of implementation of this strategy is through the Southwark Health and Wellbeing Partnership Board

### BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Strategy to reduce health inequalities in Southwark 2009-2010 Summary	Public Health NHS Southwark 160 Tooley Street London SE1P 5LX	Dr Ann Marie Connolly Director of Public Health NHS Southwark & Southwark Council 0207 525 0406
Strategy to reduce health inequalities in Southwark 2009-2010 January 2010	Public Health NHS Southwark 160 Tooley Street London SE1P 5LX	Dr Ann-Marie Connolly Director of Public Health NHS Southwark & Southwark Council 0207 525 0406

<b>Lead Officer</b>	Dr Ann Marie Connolly
<b>Report Author</b>	Paul Brotherton Jean Rowe, Jeff Lake & Dr. Ann Marie Connolly
<b>Version</b>	January 2010

<b>Dated</b>		
<b>Key Decision?</b>	Yes	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
List other officers here	Susanna White	Yes
<b>Executive Member</b>	David Noakes	Yes
<b>Date final report sent to Constitutional/Community Council/Scrutiny Team</b>		

## **Implementing Strategy to Reduce Health Inequalities in Southwark 2009 - 2020**

### **Introduction**

1.1. This paper sets out the plan and process for delivering the Strategy to Reduce Health Inequalities in Southwark. It briefly describes the background to the development of the strategy leading to a focus on five key theme areas. It provides more information about the delivery plans for each of these theme areas. It shows how delivery will be managed and coordinated for each theme and across themes overall. The report considers how delivery will be managed against a background of a more challenging resources situation and how it will be delivered in that context.

### **Health Inequalities Strategy**

#### **2.Aim**

2.1. The aim of the strategy is to reduce inequalities in health in Southwark by narrowing the gap between those at greatest risk of poor health outcomes and those who have the best health.

2.12. The specific aim of this strategy is to reduce the life expectancy gap between the most deprived quintile (20%) and the least deprived of the population of Southwark by 20% by 2020.

#### **Key objectives**

2.3. The purpose of this strategy is to support Local Strategic Partnership and, in particular, the Health and Wellbeing Partnership to deliver its target of the reduction All Age All Cause Mortality (AAACM). It will help the NHS achieve the target to improve Life Expectancy. It addresses also the new NHS target to narrow the gap in mortality between those living in the parts of the borough experiencing the lowest life expectancy and the parts experiencing the highest.

### **Strategy Development and Approval**

2.4. The strategy has been developed through a process of information analysis, consultation with stakeholders and incorporating the advice of the Dept of Health National Support Team on Health Inequalities. It has been consulted on with a range of stakeholders and partnership groups.

2.5. The strategy has been approved by the

- Council Executive
- PCT Trust Board
- Healthy Southwark Partnership Board.

### **Key Themes and Approach of Strategy**

2.6. The approach of this strategy is to focus on those living in the most deprived quintiles and those most vulnerable to poor health outcomes, taking a

more intensive approach with selected interventions that are likely to have the greatest impact.

2.7. It is designed to complement other key important strategies of council, PCT and partnerships that have significant impact on health either on the determinants or on the delivery of health care of the highest risk individuals.

2.8. Five key Theme Areas were identified with detailed delivery plans developed for each of them. The five theme areas are:

- Diabetes and Heart Disease
- Infant Mortality/Early years
- Cancer
- Lifestyles
- Life Chances

### **Timeframes for the Strategy Delivery**

3.1. The strategy is designed to have an impact over the short, medium and in the long term. However, much of the implementation and delivery is focussed on establishing the delivery plan in the next one to two years.

3.2. The strategy will be reviewed and refreshed in 2012 to ensure ongoing relevance, impact and progress toward outcomes.

3.3. A series of high level monitoring metrics are being developed in conjunction with the performance management team and these will be used to track progress, intermediate markers and longer term outcomes.

### **Process of Implementation of Strategy**

4.1. Delivery of the plan will be coordinated by an overall lead, the Head of Health Improvement, reporting to the Director of Public Health. The coordinator will establish a small implementation group made up of the delivery theme leads. Each delivery theme has a lead named individual who will ensure delivery in association with relevant managers, professionals and/or departments.

4.2. For each theme area there will be an implementation plan based, on current published delivery plans, which will guide the approach. There is much current and existing activity and the implementation plans will build on these. Delivery is not starting from a blank sheet of paper. Hence each will be based on integration with existing and planned activity.

4.3. With specific aspects there will be a need to pilot approaches with a smaller cluster such as delivery of health checks to high risk areas and delivery of enhanced care for heart disease and diabetes in GP practices.

4.4. There will be a number of events in the year to bring together a wider group of theme delivery managers to discuss progress, identify issues and where possible find solutions to shared problems of delivery including resource challenges.

4.5. The Coordination group will collect and collate the monitoring data for all the action areas of the Theme action plans, with monitoring of progress and the development of high level metrics. The high level metrics will be used for reporting to the Health and Wellbeing Board.

### **Reporting arrangements**

5.1. The Strategy coordination group will meet on a monthly basis to review progress. Progress will be reported to the Health and Wellbeing Partnership Board. There is programme for review of the delivery plan of the strategy incorporated into the forward work programme of the over the coming year

5.2. There will also be update reports to the Board of NHS Southwark and the Health and Social Care Board.



## Implementation Plan

### Theme 1: Cardiovascular Disease and Diabetes - Theme Coordinator – Piers Simey

Delivery of Interventions	Actions to establish	Who will do this	Monitored by
Health Checks	Pilot project underway at present with lay health workers, GPs pharmacists	<i>Piers Simey – PCT</i>	Health check steering group.  Numbers of health checks completed
Case finding for CVD and Diabetes	Negotiation with practices/ LMC/ Primary care dept to agree approach and delivery	<i>Piers Simey</i>	Practice Focus reports
Improving control of BP and Cholesterol	Negotiation with practices/ LMC/ Primary care dept to agree approach and delivery	<i>Piers Simey</i>	Practice Focus reports

### Theme 1 - Current Resource and Mitigation of Resource Pressures

Current resource	Mitigation with resource pressures
<b>Health checks</b>	
Prioritised resource initiative within PCT Commissioning Strategy Plan (PCT)	If there is a pressure on the resource for health checks then very clear targeting will continue
<b>Case finding</b>	
Resourced through enhanced payments though QOF payment scheme (PCT)	Continued funding of this through mainstream primary care funding as incentives exist within existing funding
<b>Improving outcomes for BP and cholesterol:</b>	
Incentive scheme for enhanced outcomes at some practices (PCT)	Any review of resources to primary care will ensure a prioritisation of targeted services to the most deprived areas

**Theme 2: Infant Mortality and Early Years – Theme Coordinator – Gillian Holdsworth**

<b>Delivery of Interventions</b>	<b>Actions to establish</b>	<b>Who will do this</b>	<b>Monitored by</b>
Early Access to Maternity Care	Already underway with panned telephone line to assist with getting early booking and enhancing capacity of the midwifery services to be able to see women earlier	<i>Gillian Holdsworth</i>	Monitored through the performance data  Increasing % women having antenatal care by 12 weeks of pregnancy
Teenage pregnancy	Action already focussing as far as possible on areas and school at highest risk	<i>Teenage pregnancy coordinator</i>	TP Strategy Group
Healthy Weight	See Healthy Lifestyles section		

**Theme 2 - Current Resource and Mitigation of Resource Pressures**

<b>Current resource</b>	<b>Mitigation with resource pressures</b>
<b>Early Access to Maternity</b>	
This is a prioritised aspect of the commissioning strategy for the PCT plan, so more likely to retain resources when compared with some other areas of the health service delivery	Review provision with view to prioritising high need women
<b>Teenage pregnancy</b>	
Current actions focussed on high risk groups and areas	With any reduction in resources, activities will remain targeted on those at highest risk. Review with other work on schools and joining up with work on healthy weight
<b>Obesity</b>	
See below	

**Theme 3 Cancer – Theme Coordinator – Gillian Holdsworth**

<b>Delivery of Interventions</b>	<b>Actions to establish</b>	<b>Who will do this</b>	<b>Monitored by</b>
Cervical Screening	Already underway – working with practices to establish better ways of managing lists of those eligible for screening	<i>Gillian Holdsworth</i>	Performance monitoring reports of PCT
Bowel Screening	Already underway	<i>Gillian Holdsworth</i>	Performance reports from London Region QA

**Theme 3 - Current Resource and Mitigation of Resource Pressures**

<b>Current resource</b>	<b>Mitigation with resource pressures</b>
<b>Cervical Screening</b>	
Current PCT resources for commissioning of this	Overall resources likely to remain committed. Any challenge will result in using a more focused and targeted approach
<b>Bowel Screening</b>	
Current DH resources for commissioning of this	Overall resources likely to remain committed. Any challenge will result in using a more focused and targeted approach

#### Theme 4 Lifestyles – Theme Coordinator Rosie Dalton-Lucas

Delivery of Interventions	Actions to establish	Who will do this	Monitored by
Smoking cessation in MDQ areas and practices	Increase capacity of outreach and social marketing - underway	<i>Graham Boullier</i>	Quit rates by postcode
Screening & Brief Interventions for alcohol in primary care	Training programme for practices to be completed – more needs to be commissioned Agree incentive for GPs	<i>Graham Boullier</i>	Numbers and professionals trained Claims from practice
Physical Activity and Healthy Eating for Families	Building on existing programmes ( MEND). Continue to focus on high risk schools and communities and (re) commission package for delivery either MEND or alternate	<i>Rosie Dalton Lucas</i>	MEND database or alternate if new programme commissioned
Improving HIV detection for MSM and African Communities	Increased testing by GPs in MDQ areas (building on Lambeth model). Negotiate incentive scheme with practices	<i>Rosie Dalton Lucas</i>	Monitor uptake of scheme with practices
Physical activity and Healthy Living Package for people with mental Health problems	Use existing annual health check to signpost to exercise on referral. Establish pathway to exercise and agree key worker role. Increase capacity of exercise on referral	<i>Anamaria Florin</i>	Data from Exercise on referral programme

#### Theme 4 - Current Resource and Mitigation of Resource Pressures

Current resource	Mitigation with resource pressures
<b>Smoking cessation</b>	
Current mainstream smoking cessation funding and Staying Healthy budget in CSP	Focussed use of existing smoking cessation resources and increase the cost effectiveness of service
<b>Alcohol interventions</b>	
Part of Staying Healthy budget in PCT CSP	Difficult to deliver without refocusing investment in this area
<b>Healthy weight, Physical activity and families</b>	
Part of Staying Healthy budget in PCT CSP	Difficult to deliver without resources

<b>Improving detection of HIV</b>	
Part of Staying Healthy budget in PCT CSP	Explore use of current HIV health promotion budget to focus on this aspect
<b>Healthy Living for People with mental health disorders</b>	
Part of Staying Healthy budget in PCT CSP	Possibly make better use of WNF money active living tem of council

## Theme 5 Life Chances – Alex Trouton

<b>Delivery of Interventions</b>	<b>Actions to establish</b>	<b>Who will do this</b>	<b>Monitored by</b>
Increase uptake of free school meals	Underway through admissions to primary schools	<i>Glenn Garcia Admissions and Free School Meals</i>	FSM data
Access to employment for care leavers	Underway through LAC and After care services with Job Centre Plus	<i>Graham Sutton</i>	LAA DWP/Job Centre Plus Simon Boyle
NEETs increase employment	Underway with Connexions	<i>Beverly Parchment</i>	LAA DWP/Job Centre Plus Simon Boyle
Youth Offenders increase employment	Underway with Job Centre Plus and New deal	<i>Beverly Parchment</i>	LAA DWP/Job Centre Plus Simon Boyle
New Jobs in Southwark	Apprenticeships New Jobs Partnership	<i>Andy Scott Economic Development and Strategic Partnerships</i>	Ann Cochrane Apprenticeship Scheme  Carol Quamina Economic Development and Strategic Partnerships
Jobs NHS Local recruitment	Underway with New Jobs Partnership	<i>Andy Scott PCT/HR Lynn Demeda</i>	Economic Development and Strategic Partnerships
Improving Access to IAPT	Underway with BME Communities Further work on geographical targeting	<i>Gwen Kennedy PCT Caroline Banks _ Ingeus</i>	DWP /Job Centre Plus
Benefits advice	This is under review and potential restructure	<i>David Pateson PCT</i>	Delivery may be hampered
Improving energy efficiency in all homes	Government Schemes Warm Front & Cold Busters already being implemented Energy Companies strategic target on carbon reduction	<i>Bob Fiddik Energy Strategy Manager Housing and Sustainable Services</i>	Jessica Binks Energy Strategy Officer Housing and Sustainable Services

### Theme 5 - Current Resource and Mitigation of Resource Pressures

Current resource	Mitigation with resource pressures
<b>Uptake of free school meals</b>	
Families in receipt of income support & benefits	Linked to the Benefits system eligibility
<b>Employment for care leavers</b>	
DWP Funding , Pathways and Flexible New Deal	External bidding opportunities e.g. LDA/Future Jobs Fund
<b>NEETS and employment</b>	
DWP Funding through JCP programmes	External bidding opportunities e.g. LDA/ Future Jobs Fund
<b>Employment and youth offenders</b>	
DWP Funding through JCP programmes	External bidding opportunities e.g. LDA/ Future Jobs Fund
<b>New jobs in Southwark including NHS</b>	
Future Jobs Fund	Future Jobs Fund bidding rounds Collaboration with Council Services and JCP on new interventions e.g. New Estates Advisor programmes
<b>Access to IAPT</b>	
PCT and DWP funding through Work Directions	Review of mental health budgets to re-orientate funding
<b>Benefits Advice</b>	
DWP/ Benefits Agency through Primary Care	Outcome of review may reduce access
<b>Improving Energy efficiency</b>	
Joint funding with Council Strategy from CLG, LDA and Energy Companies	Possible reduction in Governments Schemes. Energy companies have to reach carbon reduction targets

# Agenda Item 9

<b>Item No.</b>	<b>Classification:</b> Open	<b>Date:</b> 18 February 2010	<b>Meeting:</b> Health and Social Care Board
<b>Report title:</b>		Performance Update: Local Area Agreement Targets relating to Health and Social Care – Quarter 3 2009/10	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Sean Morgan, Director of Performance and Corporate Affairs, Southwark Health and Social Care	

## 1. Recommendation

- 1.1 That this report is noted.

## 2. Background/context

- 2.1 As part of Southwark's Local Area Agreement (LAA) (2008/09 to 2010/11) 35 Improvement Targets have been selected from the basket of 198 National Indicators. Of these, 10 targets are of direct relevance to the delivery of Health and Adult Social Care priorities. Separate targets have been set for 2008/09, 2009/10 and 2010/11 in agreement with the Government Office for London. Delivery against the targets will clearly be important to the outcome of the Comprehensive Area Assessment (CAA) for Southwark.
- 2.2 The purpose of this report is to present a brief summary of these targets and latest performance against them as at Quarter 3 of 2009/10.
- 2.3 Each target is subject to multi-agency action plans and monitored closely by the Council and its partners under LAA arrangements.

## 3. KEY ISSUES FOR CONSIDERATION

### 3.1 Social Care Clients Receiving Self-Directed Support (NI 130)

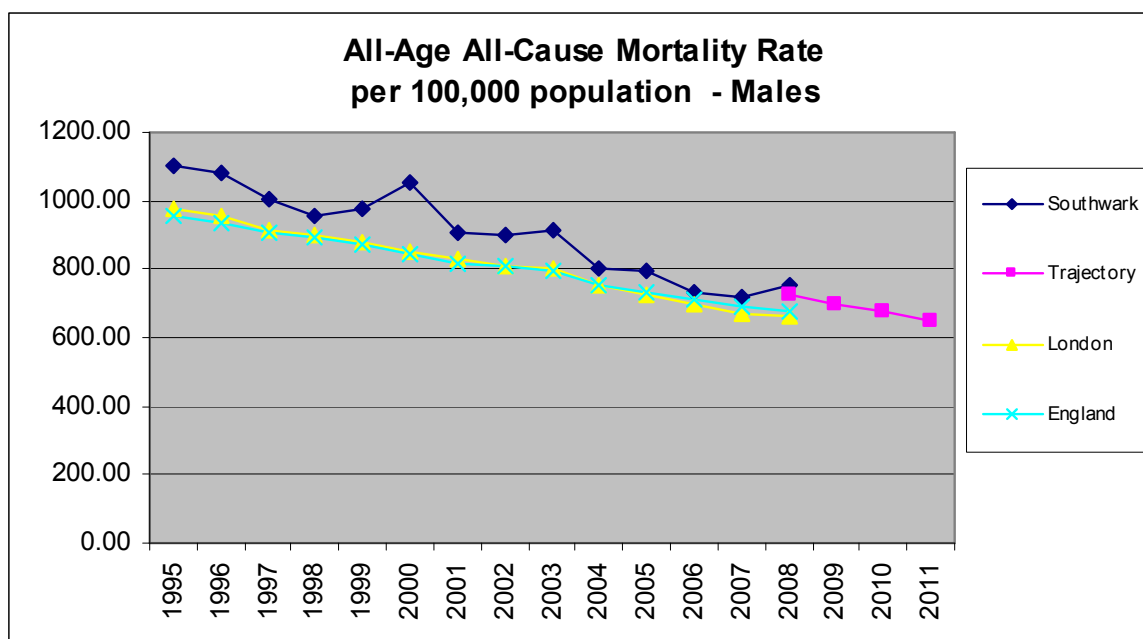
- 3.1 The LAA target is for the number of social care clients receiving services through direct payments or personal budgets (self directed support) to increase to 30% of all community based service users by the end of April 2011, and 17% by April 2010.
- 3.2 The target requires a significant increase, from 219 at March 2009 to around 1000 in 2011. Whilst challenging there are strong grounds for confidence that this change can be achieved, as the implementation of personal budgets is being prioritised and, along with other aspects of the personalisation and transformation agenda, is being subject to focused programme management. As well as increasing direct payment numbers it is expected that most new service users and existing clients who have been reviewed will be offered personal budgets under these arrangements, enabling a quicker build up of numbers than was previously possible. In Quarter 2 personal budgets were implemented for reviewed clients which will increase overall performance when these arrangements are finalised. **In Q3 the number of people receiving self-directed support increased from 318 to 371, which is 10% of those receiving services, with 147 people having agreed to the offer of a personal budget and 224 people receiving a direct payment.** The March 2010 milestone of 17%, or c. 550 people, receiving self-directed support could still be achieved given the range of actions now being taken.



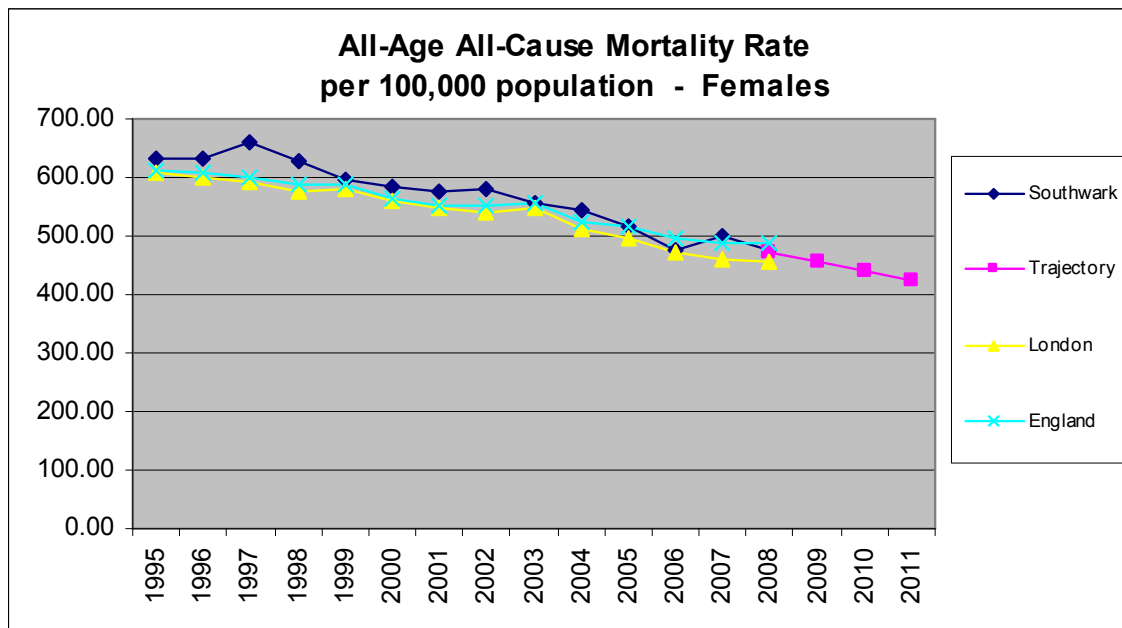
### 3.2 Mortality rates: all ages all causes (NI 120)

- 3.2.1 This target is to reduce age standardised mortality rates (per 100,000 population) from all causes and for all age groups by around 8% (males) and 7% (females) by 2010/11 from the 2006 baseline of 734 (males) and 441 (females). It is part of a national target and the contribution for Southwark was calculated centrally. Data for 2008 has been published:
- 3.2.2 For males the annual mortality rate has increased from 717.5 in 2007 to 753.1 in 2008, which is above the LAA target of 727 for 2008. This result was out of line with expectations given recent material reductions that have been achieved on a year by year basis (there has been a 21% reduction in mortality rates over the previous 4 years). It is associated with an increase in lung cancer deaths in males aged 60-74 (primarily caused by smoking in earlier life). However, the overall long term trend as measured by the rolling 3-year pooled rate remains downwards and it is hoped that the 2008 increase proves to be a one-off blip.
- 3.2.3 For females the annual rate has decreased from 499 in 2007 to 474.0 in 2008, which was slightly higher than the LAA target of 472.
- 3.2.4 The monitoring of initiatives under the World Class Commissioning framework that will contribute to improved mortality rates is being enhanced by the Primary Care Trust and the Healthy Southwark Partnership.
- 3.2.5 It is of note that on mortality rates for males and females together the Care Quality Commission rated Southwark to have performed satisfactorily in the 2008/9 Annual Health Check.

**Chart 1: All age all cause mortality rate - Males**

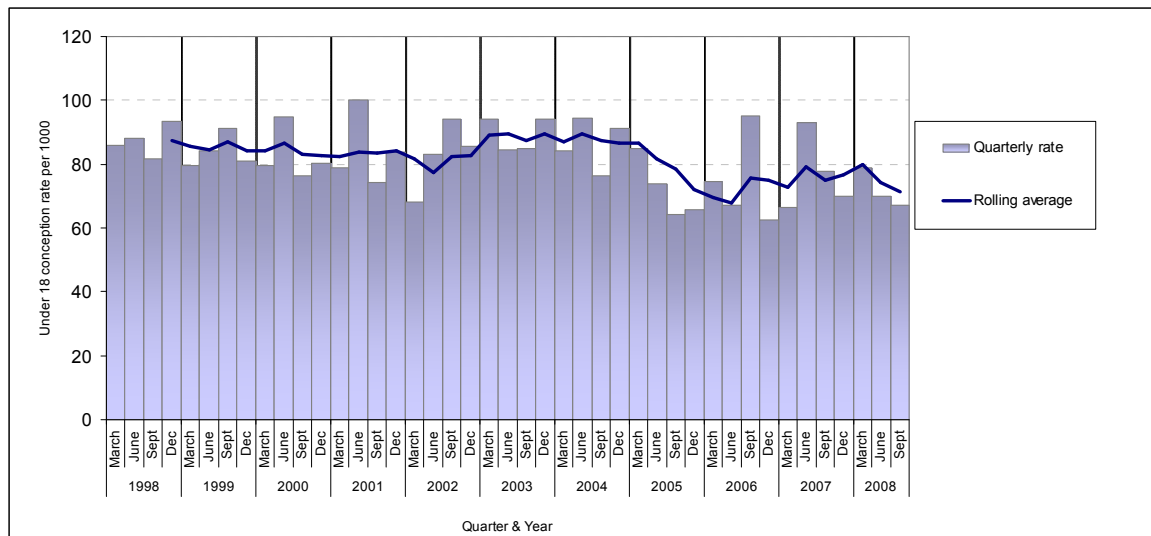


**Chart 2 All age all cause mortality rate – Females**



### 3.3 Teenage Conception rates (NI 112)

- 3.3.1 Southwark's teenage conception rate in 2007 was the highest both in London and nationally, however, the latest provisional figures from the ONS for Quarter 3, 2008 showed some improvement with a reduction to 63 conceptions in the quarter and a 12 month rolling average of 71.5 per 1,000 population, which is the lowest since quarter 2 2006 (March - June). This is a reduction of 18% on the 1998 baseline rate of 87.2 per 1,000, which is a higher reduction than England (11.3% reduction) and London (10.8% reduction) – see chart 3 below. However, provisional local maternity data suggest an increase is likely in the following quarter.
- 3.3.2 Reducing Teenage Conception remains an extremely high priority in Southwark. The council and partners have refocused efforts, and after a stakeholder consultation event in early 2009, clear areas for development have been identified. Schemes rolling out throughout 2009/10 include an ambitious programme of workforce training on sex and relationship education, a scheme to make free contraception more easily accessible to young people, and a range of health promotion interventions in schools. A media campaign to highlight the availability of sexual health services and resources has also been commissioned.

**Chart 3: Teenage Conception Rates (rolling 12 months) 1998-2008 (Qtr 3):**

### 3.4 Smoking Quitters (NI 123)

3.4.1 The target for 2009/10 is 1,306 smoking quitters (defined as service users who have successfully quit smoking 4 weeks after using a smoking cessation service).. In Q1 the revised figure is that 252 people quit smoking with support from NHS Stop smoking services, an increase from the original submission of 180, compared with the target of 266. The Q2 submission is 185 quitters, and again it is anticipated that further data will be received and performance will improve subsequently with late notifications. The year to date total of 437 is lower than our trajectory of 532, but will be closer when the late data is available. However, we clearly need to reinforce the actions being taken in the central service and in primary care, to improve the quit success rate (just 37% to date, a slight increase from 35% last year) and to ensure that people are not lost to follow-up (46% of those setting a quit date in Q1 and 42% in Q2 were lost to follow-up).

3.4.2 The action plan has been updated, taking account of the improvements required. The area is subject to close performance management by the PCT. Recent initiatives to improve performance have included promotional stalls aimed at staff and visitors in Tooley Street, a dedicated smoking in pregnancy counsellor and a focus on GP practices that record low numbers of quitters, together with support and training to improve the quite success rates which have been lower than elsewhere.

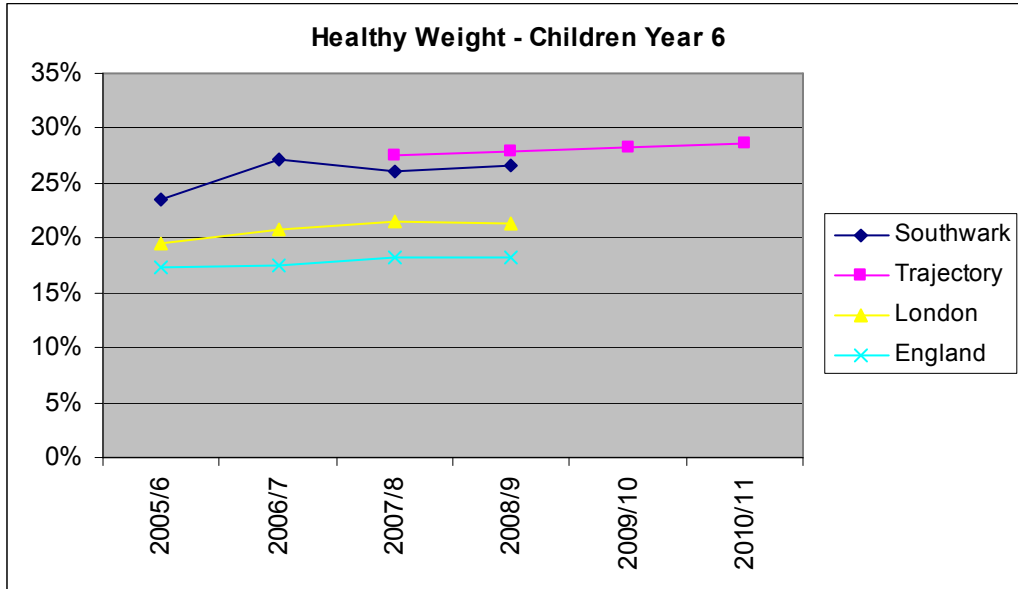
### 3.5 Healthy weight in children (NI 56)

3.5.1 The childhood obesity LAA target is to reduce the rate of increase in Year 6 children who are classified as obese as a precursor to an eventual long term reduction. The methodology was agreed nationally by the Department of Health which recognised the challenge inherent in reversing the upward trend in this particular area in the short term.

3.5.2 The 2008/09 results have been published and for Year 6 the target has been met with 26.6% children recorded obese against a target of 27.9%. This is a small increase on the 26% reported in 2007/08 but lower than the 2006/07 rate of 27.1%.

3.5.3 The comparative data for 2008/09 shows that Southwark’s rate of obesity for year 6 children is again the highest in England, and it remains a top priority for the Healthy Southwark Partnership to reduce it in the longer term. A new Southwark Healthy Weight Strategy is being implemented.

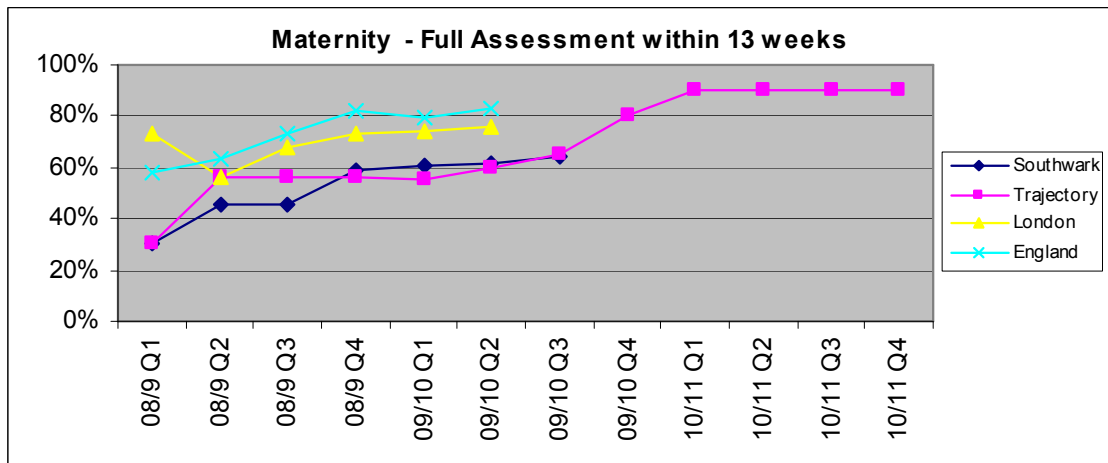
**Chart : Healthy Weight in Children**



**3.6 Early access to maternity services (NI 126)**

3.6.1 The LAA target is to increase the percentage of women who have received a full assessment of their health and social care needs by a midwife or obstetrician within 12 weeks and 6 days of pregnancy to 65% in 2009/10 and 90% by 2010/11. This target was selected because access to maternity services has been identified as an issue locally, and is a possible contributory factor to higher than average infant mortality rates. The target was almost met in 2008/09 and performance in Qtr 3 (64%) is slightly better than in Qtr 1 and 2 (61%). However, performance has not improved as much as hoped to make progress towards the 65% target for the year, and the nationally set target of 90% for next year looks very challenging.

**Chart: Maternity Early Access**



- 3.6.2 An analysis was undertaken earlier in the year at King's College Hospital of women who breached the target due to the fact that their first referral to maternity services (via GP or other source) was too late for the first appointment to be within target. This showed that of all women referred in February, 24% were referred after 11 weeks. For these clients ensuring the first appointment is within target is difficult in logistical terms.
- 3.6.3 These figures above show the long term national target of 90% requires significant progress to be made in the speed with which women are referred into the service, which includes promoting the benefits of early ante natal care and access to primary care upon early signs of pregnancy, and ensuring there are no onward referral delays from primary care. Actions are in place to drive this forward. However as 10% of women in the King's study were referred after 20 weeks this is clearly going to be challenging.
- 3.6.4 The PCT is investing in increased maternity services capacity in King's to help achieve this target, and actions to encourage earlier GP referral and self-referral are planned.

### **3.7 Adults with learning disabilities in employment (NI 146)**

- 3.7.1 Target setting was deferred in the LAA process by GOL due to the lack of baseline data for this new PI. Data for 2008/09 shows 17.1% of working age people with learning disabilities known to the authority were in paid employment. This is 105 out of 613 people. Of these 23 were in employment for over 30 hours per week. A further 48 were in voluntary unpaid work which is excluded from the target. All those in employment are in receipt of social care services to help maximise their independence.
- 3.7.2 The level of challenge to build into the target will be considered when benchmarking data is available. Consideration will be given to the economic position insofar as it impacts on job opportunities.
- 3.7.3 There are plans in place to improve the support given to people with learning disabilities to help them into employment. These include:
- focusing employment opportunities and support to young people with learning disabilities leaving school and college.
  - short time limited employment preparation projects for people with learning disabilities.
  - encouraging the use of self directed social care to support people with learning disabilities in employment
  - Identify possible joint working and in reach with employers in terms of supporting job retention and link in with dedicated learning disability employment/vocational services
- 3.7.4 It is encouraging to note that the 2008/09 performance of 17% was significantly higher than the England average of 8.4%. The 2009/10 position is being ascertained through clients' reviews but is not yet available. However, there is concern that our existing high performance may be threatened in the current economic climate, and that an unrealistic stretch target may be set.

### **3.8 Adults in contact with secondary mental health services in employment (NI 150)**

- 3.8.1 Target setting was deferred in the LAA process by GOL due to the lack of baseline data for this new PI. Data for 2008/09 returned by SLAM shows just 2.7% of mental health clients were recorded as being in paid employment. This is just 48 out of 1766 people. However, 1017 cases did not have an employment status recorded in their care record which is clearly an area for improvement. 680 are recorded as unemployed. Provisional data at November 2009 showed a very modest improvement with 57 people in paid employment (3.25%).
- 3.8.2 The action plan includes:
- Making linkages with the Improving Access to Psychological Therapies (IAPT) programme (a World Class Commissioning priority), for which attainment of employment is a targeted outcome.
  - Widening existing mental health employment/vocational services to incorporate Council, PCT, SLaM and other major employers
  - Close working with Job Centre Plus.
  - Re-evaluating existing commissioned vocational services
- 3.8.3 Benchmarking data shows that performance is generally low, with an England average in 2008/9 of 3.7%. However this does not alter the fact that this is clearly poor performance and a target will be set to significantly improve matters. The target will be agreed with GOL for LAA purposes.

### **3.9 Vulnerable people achieving independent living (Supporting People) – (NI 141)**

- 3.9.1 This target measures the % of people who are moving on in a planned way through Supporting People services into lower level services and independent living. It measures the performance of short term and temporary services such as temporary housing for the homeless. The LAA target for 2008/09 was 75%. Quarter 4 performance was 80.3%, stronger than previous quarters, and full year outturn was 72.15%, just short of the target. In numbers this reflects 1,143 people moving on in a planned way out of 1,588 people moving on in total.
- 3.9.2 Benchmarking data for 2007/08 indicates that the top quartile was 72.6% which is close to Southwark's performance for 2008/09.
- 3.9.10 Performance at Qtr1 2009/10 is 72.1% - due to a time lag Quarter 2 data is still not available. The year end LAA target is 77% which will require a significant improvement in performance.

### **3.10 Drug users in effective treatment (NI 40)**

- 3.10.1 This LAA target reflects a commitment to increase the numbers of people in effective treatment for crack/opiate use by 30% (on the 2007/08 baseline) by 2010/11. This gave a numerical target of 1698 clients for 2008/09 (12% increase), 1880 for 2009/10 (24% increase) and 1971 for 2010/11 (30%) based on the estimated baseline of 1516 when the LAA was set. Following a national refresh of the data Southwark's 2007/8 baseline figure was revised downwards to 1449. However the National Treatment Agency has not agreed to reduce the numerical target accordingly to retain the 12% equivalence, which in effect leaves us with a 17% growth target. Representations were made on this issue as part of the LAA

refresh process but were not accepted and the target of 1880 is clearly not going to be met. Discussions are underway on the LAA refresh for 2010/11 and this target could potentially be removed from the LAA and become a local priority, based on the proportion in effective treatment which is the metric used for World Class Commissioning for the PCT.

- 3.10.2 Current number in treatment (latest data is for August 09 due to the 12 week time lag in the measure) is 1463, a reduction from March 2009, the reasons for which are being investigated with the relevant providers and the NTA. The NTA has asked all providers nationally to undertake a data quality audit.
- 3.10.3 The services are however successfully retaining people in treatment for at least 12 weeks, with 85% retained in treatment at August '09, the same as the national average.

#### **4 RISK FACTORS**

- 4.1 Financial costs: Not applicable
- 4.2 Human resources: Not applicable
- 4.3 Legal: Not applicable

#### **4.4 Community Impact**

- 4.4.1 The LAA priorities and the associated targets were set taking into account those areas that will have the maximum impact on the community in line with our strategic goals. Delivery of these targets is therefore key to having an impact on community priorities. A number of these targets also have a strong health inequalities dimension and impact on more disadvantaged communities within the borough.

<b>Background Papers</b>	<b>Held At</b>	<b>Contact</b>
Performance documentation	Health and Social Care Performance Team	Adrian Ward 020 7525 3689
LAA targets – general LSP information	LSP co-ordinator	Steve Tennison 020 7525 7557

<b>Lead Officer</b>	Sean Morgan, Director of Performance, Southwark Health and Social Care
<b>Report Author</b>	Adrian Ward, Head of Performance, Southwark Health and Social Care
<b>Version</b>	Final
<b>Dated</b>	3/11/09
<b>Key Decision?</b>	No

<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>
Communities, Law & Governance	No	-
Finance Director	No	-
Director Social Services/ CE PCT	Yes	-
Executive Member	No	-
Date final report sent to Constitutional Support Services/ PCT dispatch		12 February 2010



<b>Item No.</b>	<b>Classification:</b> Open	<b>Date:</b> 18 February 2010	<b>Meeting Name:</b> Health and Social Care Board
<b>Report title:</b>		Southwark Safeguarding Adults Partnership Board – Annual Report	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Edwina Morris, Interim Assistant Director, Adult Care	

## RECOMMENDATIONS

1. The Health and Social Care Board is asked to note the Safeguarding Adults Partnership Board Annual Report for 2008-2009, which is attached as Appendix 1, and the work of the partnership.

## BACKGROUND INFORMATION

2. This report is the third annual report of the Southwark Safeguarding Adults Partnership Board. The Partnership was formally launched in November 2006 with membership from the Council and Health and voluntary and service user led networks within Southwark. This report should be seen in the context of a number of national developments:
  - The **Safeguarding Vulnerable Groups Act 2006** was introduced to respond to the Bichard Inquiry and creates a new body, the **Independent Safeguarding Authority (ISA)** which will register all those who work with vulnerable adults or children and manage a vetting and barring system including a register of people banned from work with these groups.
  - The **Mental Capacity Act (2005)** provides protection for those vulnerable people who cannot make decisions for themselves, and includes the **Deprivation of Liberty Safeguards** which protect people from unlawful detention in health and care settings.
  - **Personalisation** or self directed support will offer more individuals more choice and control for vulnerable people to organise their own personal care and personal budgets. However, there is the recognition that some will need greater support to prevent the risk of abuse, particularly financial abuse.
3. During 2008/09 the data shows that there was an 18% increase in the number of safeguarding alerts from 244 in 2007-2008 to 288. This increase can be seen to reflect an increase in recognising abuse and who to report to. This was supported by the findings of Southwark's step checked Winter Campaign, Don't Turn Your Back on Abuse.
4. 86% or 248 alerts led to a full safeguarding investigation. This is a slight increase compared with 2008/09 and demonstrates that people are raising alerts appropriately. 34% of alerts were raised individuals or by their family or friends, 30% were raised by people providing social care including the voluntary sector and 18% were reported from people working within the NHS.

5. 138, or 56%, of referrals concerned older people with referrals for people with learning disabilities and physical disabilities accounting for 19% and 14% of referrals respectively. This is broadly similar to the distribution in 2007/08.
6. 2008/09 also saw a 40% reduction in the average length of a Safeguarding Adult investigation from 7 to 4 months, falling within the Partnership's expected timeframe for concluding investigations.
7. Just over half of the referrals concerned people who were considered to have fluctuating or no capacity to make informed decisions. This reflects the importance of undertaking a capacity assessment when vulnerable adults are reported as potential victims of abuse and to ensure these people are supported through advocacy and representation throughout the safeguarding process.
8. Concerns relating to finance (38%), physical (31%) and neglect (15%) together accounted for 84% of all abuse types and again this is broadly similar to 2007/08. There was an increase in the number of sexual abuse alerts, totalling 25 for 2008/09.
9. The most frequent location of abuse was reported to be within the family home reflecting over 50% of all abuse. 29% of abuse was reported to be within sheltered housing or supported accommodation.
10. 51% of outcomes were determined to require no further action to make the person safe. Others had actions relating to criminal prosecution, management action or assessment or closer monitoring.
11. During 2008/09 the following headline priorities were achieved:
  - The Safeguarding Adult web pages on the Council website were upgraded in response to feedback from the partnership and public. The site now provides greater information on abuse, prevention, training and external sources of information.
  - The Safeguarding Adults Winter Campaign was regarded as being successful at raising public awareness on the types of abuse and where to report abuse if suspected. This campaign also gave pointers as to where people would want to find information on safeguarding adults and has directed closer working with our NHS colleagues working in Acute Trusts and Primary care (GP Practices).
  - Safeguarding Adult Competencies have been agreed with the Partnership to support people's training needs, roles and responsibilities.
  - Guidance for Commissioners has been developed to support the expectations of providers to ensure people in receipt of care are performing their roles within defined contract standards.
  - The Annual Conference (November 2008) had as its theme safeguarding and human rights with a focus on how abuse was an infringement of people's human rights and how providers and commissioners need to work together to ensure people were protected.
  - The work of investigating and protecting people falls to our social workers and

a programme to improve the quality of safeguarding has been implemented to support them in this crucial role.

12. The SAPB Action Plan 2009/10 is contained within the annual report and includes:

- Provision of quarterly statistics to the SAPB
- Responding to new statutory requirements and government guidance
- Ensuring that safeguarding vulnerable adults is integral to the community safety planning or the Local Strategic Partnership and Southwark Alliance.
- Ensuring that key staff groups internal and external to health and social care including the voluntary sector have access to training.
- Implementing the recommendations of the Care Quality Commission Independence, Wellbeing and Choice Inspection

### **Policy implications**

13. This report summarises the 2008/9 Annual Report of the Southwark Safeguarding Adults Partnership which operates within the Government guidance contained in No Secrets (DH 2000) and Safeguarding Adults (ADASS 2005).

### **COMMUNITY IMPACT STATEMENT**

14. Effective safeguarding arrangements protect the most vulnerable people in society.

### **BACKGROUND DOCUMENTS**

<b>Background Papers</b>	<b>Held At</b>	<b>Contact</b>
Safeguarding Adults Annual Report	Health & Social Care 160 Tooley Street, SE1	John Emery 020 7525 3314

## AUDIT TRAIL

<b>Lead Officer</b>	Edwina Morris, Interim Assistant Director, Adult Care	
<b>Report Author</b>	Sena Shah	
<b>Version</b>	Final	
<b>Dated</b>	11 February 2010	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>
Strategic Director for Communities, Law & Governance	No	-
Finance Director	No	-
<b>Executive Member</b>	No	-
<b>Date final report sent to Constitutional/Community Council/Scrutiny Team</b>	12 February 2010	



# Southwark Safeguarding Adults

Annual Report 2008-2009



Authors: Safeguarding Adults Partnership  
Date: 16 September 09  
Version: 1.1



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## 1. Welcome from the Chair

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This is the third annual report by the Southwark Safeguarding Adults Partnership (SAP). It describes the development of the partnership from April 2008 to March 2009, including the continuing progress made by the partnership to ensure that robust procedures are in place to protect all vulnerable adults in Southwark.

The past year has seen a positive commitment from all key partner agencies to the work of the Safeguarding Partnership. We have also received extra funding from Southwark Council to support the work of the Board. This will allow for additional resources to meet our targets for 2009-10.

The Annual Report highlights both what has been achieved and outlines our plan for the year ahead. A great deal of progress has been made to safeguard vulnerable people from abuse and harm. Much more has to be done however to ensure that standards continue to improve across all care sectors.

Please take time to read the report to gain a better understanding of the work of the Safeguarding Adults Partnership Board.

Finally, I would like to thank staff across all agencies for their commitment to safeguarding vulnerable adults in Southwark.

**Susanna White**, Strategic Director of Health & Community Services and Chief Executive of NHS Southwark





## 2. Executive Summary

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This is the third annual report of the Southwark Safeguarding Adults Partnership Board. The Partnership was formally launched in November 2006 with membership from the Local Authority, Health, Voluntary, and Service User groups. This report should be seen in the context of a number of national developments.

- The final outcome of the review of **No Secrets (DH, 2000)**, the statutory guidance governing safeguarding adults work, is pending. Questions asked during the consultation included whether safeguarding adults should be a wider Local Authority responsibility than at present and whether this should be a statutory inclusion as a public health /community safety issue. Southwark SAPB contributed to the development of the consultative document via the SA Co-ordinator's membership of the DH reference group for this work.
  - The **Safeguarding Vulnerable Groups Act 2006** was introduced to respond to the Bichard inquiry and creates a new body, the **Independent Safeguarding Authority (ISA)** which will register all those who work with vulnerable adults or children and manage a vetting and barring system including a register of people banned from work with these groups.
  - The **Mental Capacity Act (2005)** provides protection for those vulnerable people who cannot make decisions for themselves, and includes the **Deprivation of Liberty Safeguards** which protect people from unlawful detention in health and care settings.
  - **Personalisation** or self directed support will offer more individuals more choice and control for vulnerable people to organise their own personal care and personal budgets. However there is the recognition that some people will need support to prevent the risk of abuse, particularly financial abuse.
2. During 2008/09 the data shows that there was an 18% increase in the number of safeguarding alerts from 244 in 2007-2008 to 288. This increase can be seen to reflect an increase in recognising abuse and who to report to. This was supported by the findings of Southwark's step checked Winter Campaign, Don't Turn Your Back on Abuse.
  3. 86% or 248 alerts led to a full safeguarding investigation. This is a slight increase compared with 2008/09 and demonstrates that people are raising alerts appropriately. 34% of alerts were raised by family or friends, 30% were raised by people providing social care including the voluntary sector and 18% were reported from people working within the NHS.



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5. 2008/09 also saw a 40% reduction in the average length of a Safeguarding Adult investigation from 7 to 4 months, falling within the Partnership's expected timeframe for concluding investigations.
6. Just over half of the referrals concerned people who were considered to have fluctuating or no capacity to make informed decisions. This reflects the importance of undertaking a capacity assessment when vulnerable adults are reported as potential victims of abuse and to ensure these people are supported through advocacy and representation throughout the safeguarding process.
7. Abuse relating to finance (38%), physical (31%) and neglect (15%) together accounted for 84% of all abuse types and again this is broadly similar to 2007/08. A significant increase was seen in the number of sexual abuse alerts totalling 25 for 2008/09.
8. The most frequent location of abuse was reported to be within the family home reflecting over 50% of all abuse. 29% of abuse was reported to be within sheltered housing or supported accommodation.
9. Outcomes of investigations are increasingly important as they form the foundation for review that the person abused is safe. Although 51% of outcomes were determined to require no further action to make the person safe and increasing number did have clear actions relating to criminal prosecution, management action or assessment or closer monitoring.
10. During 2008/09 the following headline priorities were achieved:
  - The Safeguarding Adult web pages on the Council website were upgrade in response to feedback from the partnership and public. The site now provides greater information on abuse, prevention, training and external sources of information.
  - The Safeguarding Adults Winter Campaign was regarded as being successful at raising public awareness on the types of abuse and where to report abuse if suspected. This campaign also gave pointers as to where people would want to find information on safeguarding adults and has directed closer working with our NHS colleagues working in Acute Trusts and Primary care (GP Practices).
  - Safeguarding Adult Competencies has been agreed with the Partnership to support people's training needs, roles and



responsibilities.

- Guidance for Commissioners has been developed to support the expectations of providers to ensure people in receipt of care are performing their roles within defined contract standards.
- The Annual Conference (Nov 2008) had as its theme safeguarding and human rights with a focus on how abuse was an infringement of people's human rights and how providers and commissioners need to work together to ensure people were protected.
- The work of investigating and protecting people falls to our social workers and a programme to improve the quality of safeguarding has been implemented to support them in this crucial role.

11. The SAPB Action Plan 2009/10 is contained within the annual report and includes:
- Provision of quarterly statistics to the SAPB
  - Commissioning of and learning from Serious Care Reviews across the Partnership
  - Responding to new statutory requirements and government guidance
  - Ensuring that safeguarding vulnerable adults is integral to the community safety planning or the Local Strategic Partnership and Southwark Alliance.
  - Ensuring that key staff groups internal and external to health and social care including the voluntary sector have access to training.
  - Implementing the recommendations on the Care Quality Commissioning Health, Wellbeing and Choice Inspection



### 3. An overview of 2008-2009

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#### Purpose

The purpose of this document is to report the achievements of Southwark's Safeguarding Adults Partnership (SAP) during 2008-2009 and the plans for 2009–2010.

#### Mission

The mission of the Safeguarding Adults Partnership is to work together to protect vulnerable adults and to develop strategies to prevent the abuse of vulnerable adults in Southwark.

#### Partnership Organisations

This document outlines SAP achievements (summarised in the Table below) during 2008 - 2009 with regard to the goals that were established to guide SAP work during that period, and the contributions of the organisations that conducted the work.

#### Analysis and Statistics

- The report also includes an analysis of both the alleged and the substantiated alerts and investigations of vulnerable adult abuse in Southwark during 2008 – 2009.
- The analysis is compliant with the requirements of No Secrets (DH 2000), Safeguarding Adults (ADSS 2005) and Action on Elder Abuse Adult Protection Data Collection Reporting Requirements (2006).
- The analysis includes comparisons with the previous twelve month reporting period.
- The report also provides an overview of the Partnership goals for 2009-2010, which are described in the work plan on page 6.



**Table 1. Summary of 2008-2009 Achievements**

Item	Description
1	November 2008 Stakeholders' Conference, which addressed the importance of human rights within safeguarding and featured contributions from major partners including the Police, Southwark HR, Southwark Equalities and Human Rights Section, and service users.
2	Commissioning Guidance document, which puts safeguarding issues at the centre of commissioning activity, and set safeguarding compliance standards for commissioned services.
3	Re-launch of Policy and Procedure documents, which brought the Policy and Procedure up to date and included more detailed guidance on the provisions of the Mental Capacity Act 2005.
4	'Don't turn your back on abuse' Winter campaign to raise awareness of adult abuse. Twenty-four Adshel bus shelter spaces were rented and every household in the borough received information about adult abuse in the December edition of Southwark Life. Survey results showed the awareness amongst the general public of adult abuse and how to respond to incidents rose significantly.
5	Continuing development of training and of competencies attained by attendance on training courses. The levels of competence are appropriate to the various roles within the safeguarding process such as alerter, investigator, or safeguarding manager.
6	Development of the SA website to include more information for vulnerable adults and those who work with and care for them particularly in relation to the recognition and reporting of abuse.
7	Development of an audit framework to improve safeguarding activities through the identification and sharing of best practice.



## 4. 2008 - 2009 Safeguarding Adults Goals

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### Safeguarding Adults (SA) Partnership

The SAP promotes the prevention and the investigation of vulnerable adult abuse through the co-ordination and the integration of SA activities in Southwark. The SAP includes agencies across the Health and Social Care spectrum, other Southwark Council Departments and the Metropolitan Police. The partnership governance structure consists of the SA Partnership Board (SAPB), the SA Executive and the SA Sub and Work Groups.

### Safeguarding Adults Partnership Goals

The goals outlined below were the core objectives for the SA Partnership during 2008-09. The goals contained specific objectives, as detailed below:

#### Awareness and Promotion

- The Safeguarding Adults Partnership Board will ensure that Safeguarding Adults is a priority concern for all relevant groups, including: carers, public, service users and all Southwark employees.
- The Safeguarding Adults Partnership Board will continue to advance the awareness of safeguarding and safeguarding systems - with particular regard for Older People.
- The Safeguarding Adults Partnership Board to promote an awareness of Human Rights with regard to Safeguarding Adults in Southwark.

#### Monitoring, Reviews, Safeguarding Practice and Statistical Identification

- The partnership will review complaints and referral processes.
- The Safeguarding Adults Team will monitor and review referrals from all groups on a quarterly basis.
- The Safeguarding Adults Partnership Board will continue to ensure that all vulnerable adults are identified and that all alleged incidents of abuse are investigated.
- The Safeguarding Adults Team will promote improved ethnicity recording and develop mechanisms for engaging all community groups via the Safeguarding Adults Partnership Board.
- The Safeguarding Adults Team will identify referral trends concerning alleged abuse and gender.

**The achievement of these goals is detailed within the report.**



## 5. SAPB: Action Plan Overview - April 2009 - March 2010

The Partnership Board will continue to provide leadership and strategic direction to partners in order to effectively safeguard vulnerable adults, and ensure zero tolerance of adult abuse in Southwark.

### The Board will do this by:

1. Overseeing the implementation of the Action Plan following the Independence, Wellbeing and Choice CQC inspection.
2. Ensuring the response of partner agencies is robust and appropriate via quarterly monitoring of statistical information about allegations of abuse of vulnerable adults.
3. Ensuring that all Health and Social Care agencies train staff to respond appropriately to allegations of abuse.
4. Commissioning and implementing lessons learned from Serious Case Reviews across the Partnership.
5. Responding to new statutory requirements and government guidance in a thorough and timely manner.
6. Ensuring safeguarding vulnerable adults is integral to the community safety planning of the Southwark Alliance and that key staff groups receive safeguarding training.
7. Commissioning effective publicity campaigns to inform residents of Southwark about adult abuse and how to safeguard themselves and others from abuse and exploitation.
8. Holding an annual stakeholders conference.
9. Publication of an annual report to ensure transparency and accountability in its work.

### To achieve these aims the Board will:

1. Meet quarterly to oversee and provide leadership and direction to the Partnership.
2. Require the Executive Group to meet every six weeks and act as the business management group for the Board
3. Commission sub-groups to develop plans and work streams to progress the effectiveness of safeguarding vulnerable adults in Southwark



## 6. SAPB and SA Executive: Action Plan - April 2009 - March 2010

### SAPB

Item	Tasks	Targets
a.	Review work of Safeguarding Team and its role in supporting Adult Safeguarding and Governance	Clear workplan and forward planning cycle to support safeguarding processes
b.	Ensure that Partnership Board regularly considers safeguarding allegation and outcome trends	Develop enhanced statistical reporting and analysis of activity. Report quarterly to SAPB to inform strategic direction
c.	Increase advocacy involvement in safeguarding cases	Increased advocacy involvement with vulnerable adults in safeguarding cases
d.	Respond to recommendations of CQC Inspection	Develop workplan to reflect recommendations in CQC report

### SA Executive

Item	Tasks	Targets
a.	Review and develop revised safeguarding adults guidance to reflect the development of personalised services	Amend SA Policy and Procedures to reflect personalisation and user control
b.	Review serious incidents and reports of Serious Case Reviews to improve safeguarding policies and practice across the Partnership	Evidence of recommendations from SCR's and incident reports embedded in policy and practice
c.	Develop audit strategy with timescales for quarterly reporting to SAPB	Reports on quarterly basis to SAPB
d.	Embed SA Audit Policy in Operational Teams	Regular audits evidenced by operational teams
e.	Scope joint training with Police	Joint training programme agreed and developed
f.	Develop interagency case review protocol	Protocol developed and adopted by operational teams
g.	Develop clear protocol link between NHS Sui investigations and safeguarding processes via memorandum of understanding	Link protocol developed and adopted operationally
h.	Review HR guidance in response to Safeguarding Vulnerable groups Act	Revised guidance produced and in use by operational managers
i.	Produce info for SAPB members on Safeguarding Vulnerable Groups Act	Presentation to SAPB
j.	Provide SA PI Scorecard	Production of score card quarterly
k.	Review SA training programme annually	Revision of training programme to meet developing
l.	Develop regional knowledge base of financial abuse	Information available to SAPB and operational services
m.	Develop practice guidance for dealing with financial fraud/abuse	Guidance published and available to operational service





## 7. Safeguarding Adult Partnership Board

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The Safeguarding Adults Partnership Board (SAPB) is made up of representatives from all the health and social care agencies in Southwark. In addition representatives from the Metropolitan Police, Southwark Safeguarding Children's Services and Southwark Strategic Partnership sit on the Board to ensure that there is an integrated approach to safeguarding and community safety strategies in Southwark.

The Safeguarding Adults Partnership Board (SAPB) determines the strategic direction of SA work in Southwark. It ensures that vulnerable adults in Southwark can live free from abuse.

To do this, it promotes effective inter-agency working, for example, supporting providers and commissioners of services to implement good practice and through a programme of campaigns to raise public awareness of abuse.

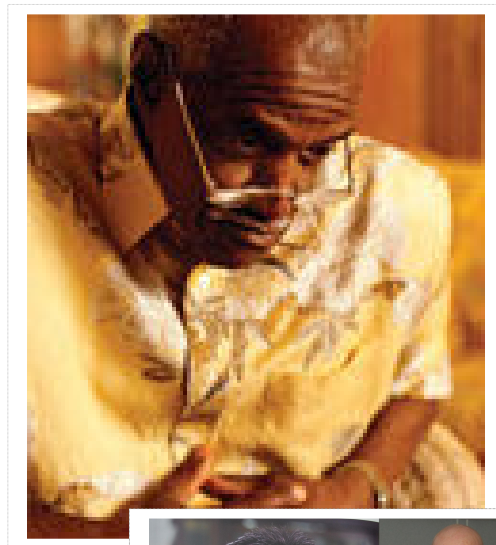
With regard to the SAP goals, during 2008 – 2009 the SAPB prioritised:

### Awareness and Promotion

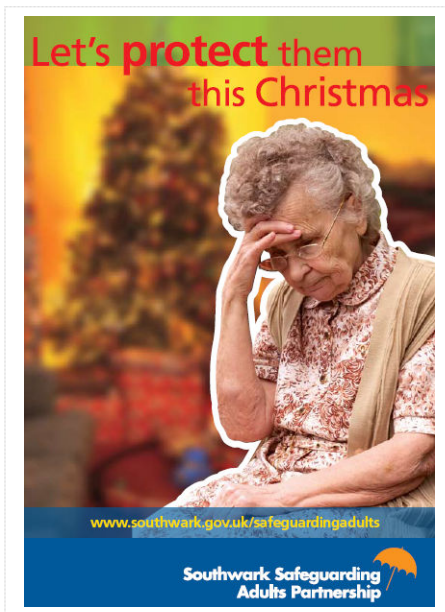
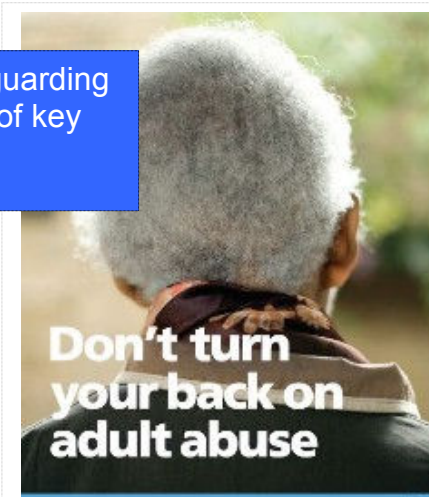
- Safeguarding Adults representation at the Local Strategic Partnership.
- Progress towards the development of a Safer Recruitment and Joint Safer Recruitment Panel.
- The further development of links to other partnership boards.
- The facilitation of Community Warden SA awareness and SA involvement.

### Monitoring, Reviews, Safeguarding Practice and Statistical Identification

- Participation in the creation of the Pan-London SA Policy and Procedures document.
- The development of the SA Commissioning Protocol. A summary of the contents of the Commissioning Protocol is presented overleaf.
- The re-launch of the Southwark SA Policy and Procedures document.
- The development of operational SA Leaflets, facilitating both staff knowledge and staff alerting.

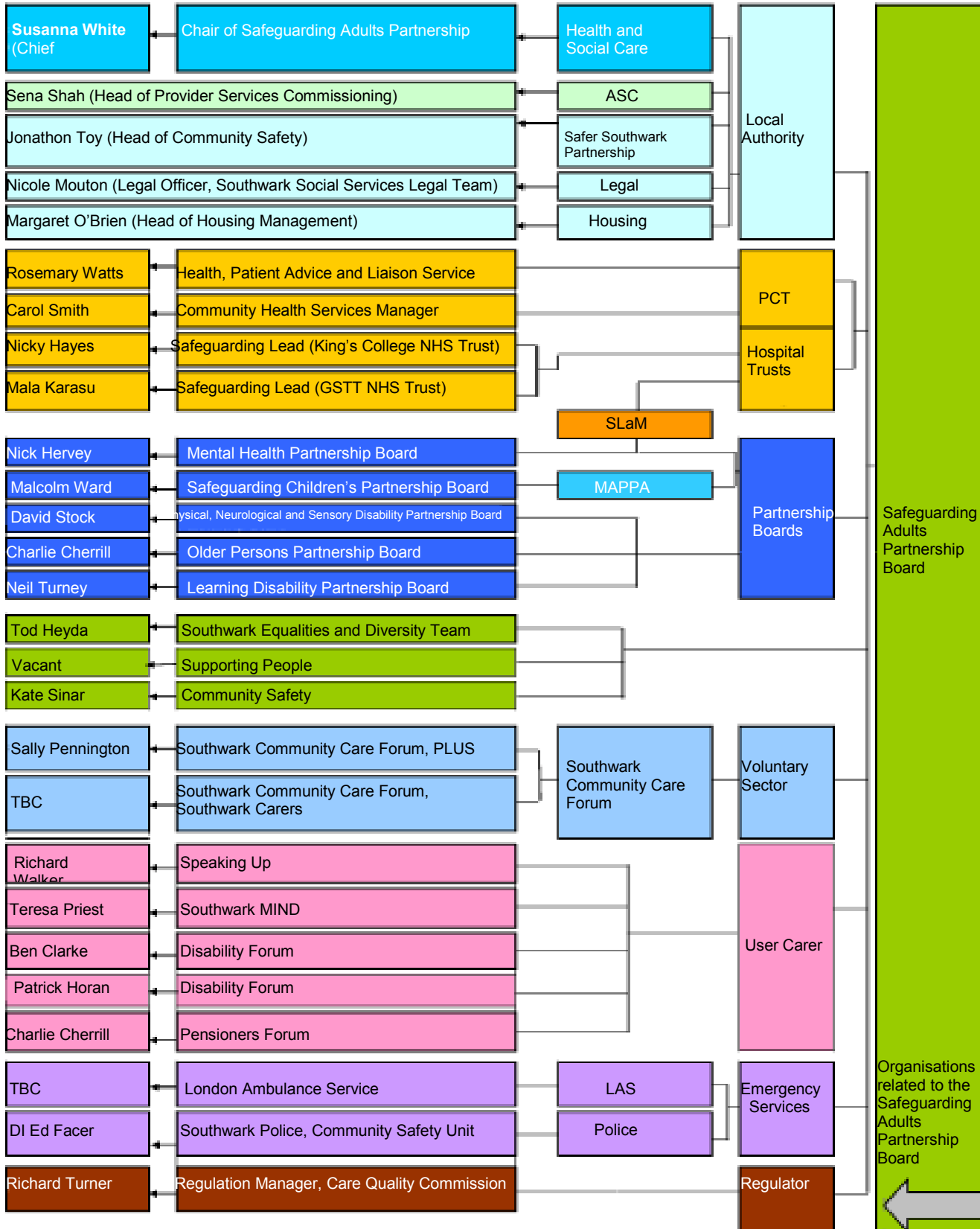


Images of recent Safeguarding Adults campaigns and of key Safeguarding Adults partnership members.





### 8. Safeguarding Adult Partnership Board Membership, 2008 – 2009





## 9. Safeguarding Adults Executive

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The SA Executive manages the strategies, policies and procedures of SA work identified by the SAPB. The Chair of the SA Executive throughout 2008 – 2009 was Rod Craig, Director of Client Group Commissioning, Southwark Health and Social Care. For 2009 – 2010 the Chair is Edwina Morris – Interim Assistant Director, Adult Social Care.

The SA Executive makes key operational decisions about the implementation of strategic plans. The SA Executive develops and ratifies processes for the implementation and monitoring of safeguarding adults work. The SA Executive also establishes and defines the tasks of sub groups, manages resources, and leads an annual review of the strategic plan. With regard to the SAP goals, during 2008 - 2009 the SA Executive.

### Awareness and Promotion

- The promotion of the SAP mission, through strategic cross-partnership representation.
- The development of the cross-partnership component of the SA Winter Campaign.

### Monitoring, Reviews, Safeguarding Practice and Statistical Identification

- The development and management of both the ongoing and the quarterly SA Audit process.
- The development of strategic cross-partnership responses with regard to the DH No Secrets Re-Fresh.



## 10. Safeguarding Adults Sub & Working Groups: *Audit*

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### Framework

The SAPB and the SA Policy and Procedures were launched in November 2006.

The Policy and Procedures were developed from 'Safeguarding Adults' (ADSS 2005) and the standards within that document have been used to audit safeguarding progress in Southwark.

### Outcomes and Audit Tools

The audit provides assurance of compliance with the policy and procedures and identifies areas for improvement across the partnership. The outcomes from the audit have been used to form an SA Executive Action Plan for continuing improvement. The audits have several specific elements, including Case File, Commissioning and Provider Capacity and Training Audits.

### Case File Audit

A Case File Audit has been developed in conjunction with the operational social work teams. The audit tool was tested with the aim of identifying key areas for service development and improvements to the audit tool. As a result of the initial audit, work streams have been developed for the following areas:

- Management oversight (management direction and advice given for specific cases and the recording of this)
- The process of self audit within the operational teams
- Processes of supervision with regard to staff support and management oversight
- Structure and recording of case files (electronic and paper)
- Staff learning and development

### Independent Audit

Two external audits were commissioned during 2008 - 2009 to facilitate improved operational standards.



## 11. Safeguarding Adults Sub & Working Groups: *Communications*

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This working group developed the Communications Strategy for publicising safeguarding adults work in Southwark

This working group is jointly chaired by Wendy Foreman (Senior Marketing Officer, Southwark Council) and John Emery (Safeguarding Adults Lead) and co-opts key representation as required.

### Awareness and Promotion

This working group was responsible for developing (from existing SA Alert and Investigation frequency statistics) the SA Communications Plan 2008 - 2009. The plan encompassed the SA Winter Campaign, along with the development of ongoing communications and news articles, and material for Southwark's A-Z Older People Services Directory.

This working group was responsible for developing and over-seeing the disseminating of the SA Winter Campaign, and for initiating and coordinating a survey pre and post the SA Winter campaign to ascertain general public knowledge of SA procedures. This work is summarised in the following two pages.

### Monitoring, Reviews, Safeguarding Practice and Statistical Identification

The Winter Campaign was part of the Strategic Partnership Reassurance Agenda (see below). Research undertaken before and after the campaign will inform future campaigning and publicity activities by the SAPB.





## Safeguarding Adults Winter Campaign

### Reassurance

The SA Winter Campaign was one of the seven key campaign strategies undertaken by the Southwark Corporate Communication Team within the overarching Strategic Partnership 'Reassurance' agenda.

By publicising the achievements of the services offered by a range of council departments, 'Reassurance' sought to highlight the positive reality of community and individual safety in Southwark.

### 'Don't turn your back on abuse'

The theme of the SA Winter Campaign was '[Don't turn your back on abuse](#)'. The purpose of the campaign was to raise awareness of adult abuse amongst members of the public and council staff.



The campaign addressed concerns about community and individual safety by advertising an alert phone number for those suspecting that abuse was occurring.

### Advertising and Leaflets

Two "Don't turn your back on abuse" leaflet designs were produced, highlighting financial and physical abuse. 5,000 of them were distributed across almost 300 GP practices, care homes, day centres, pharmacies and tenants halls in Southwark. Adverts based on the leaflets were also placed in the *December 2008* issue of Southwark Life, and 24 prominent and well-received Ad-shells were commissioned.



### Press-releases and Syndicated Articles

A further element of the SA Winter Campaign concerned the co-development of informative articles for the following publications: Southwark Life, Southwark News and Together. These publications have an approximate combined circulation of 200,000.

In collaboration with the Acute Trusts Sub-Group and the Safeguarding Adults Partnership Team (SAPT), a syndicated article about the campaign, with engaging SA case studies, was circulated to the communications and publicity teams of relevant SAP organisations.

Subsequently, the syndicated articles were published in a range of SAP relevant publications, including the Guy's and St. Thomas' NHS Foundation Trust staff magazine and Southwark Carers magazine.

### Step-Check Survey

The SA Communications and Publicity Working Group monitored the effectiveness of the campaign. This was undertaken by a market-awareness company, Step-Check.

In a doorstep survey Step-Check employees interviewed Southwark householders, using a pre-agreed script to determine awareness of adult abuse.

The evaluation was undertaken both before and after the Winter Campaign.

### The results indicated:

- Interviewees demonstrated greater awareness of vulnerable adult abuse after the campaign.
- Interviewees demonstrated a greater awareness of the key types of abuse after the campaign.
- Interviewees demonstrated a greater awareness of how to make SA Alerts and where to make SA Alerts to.

**In summary, the survey demonstrated that the winter campaign had been very effective in raising general awareness of adult abuse and improving public knowledge about how to report incidents and allegations of abuse.**





## 12. Safeguarding Adults Sub & Working Groups: *Financial Fraud*

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This sub-group is developing the strategy to respond more effectively to financial abuse of vulnerable adults in Southwark.

This sub-group is chaired by Jenny Millgate (Corporate Fraud Manager, Southwark Council).

### Awareness and Promotion

There has been a marked increase in the number of instances where the council has been appointed by the Pension Service (as part of the Department for Work and Pensions) to receive the state pension &/or benefits for people lacking the mental capacity to manage their own finances. The Client Affairs Team has improved the procedures for the management of the service user's benefits to ensure that all such monies are used in the person's best interests and that these funds are correctly accounted for.

There has also been an increase in the number of instances where the council has been appointed by the Court of Protection to manage the property & affairs of people lacking the mental capacity to manage their own finances. The Client Affairs Team has developed a best interest decision-making approach which takes account of the service user's own wishes, and all decisions are in accordance with the Mental Capacity Act principles.

The Client affairs Team has provided information and support to locality offices, specialist teams and hospital teams through a mixture of casework for individual service users and road shows on the work of the Pension Service / Court of Protection / Office of the Public Guardian and the Client Affairs Team.

### Monitoring, Reviews, Safeguarding Practice and Statistical Identification

#### Practice Developments

Updated policies & procedures for the council as an appointee or court-appointed property & affairs Deputy have been drafted and will be publicised via the intranet during 2009-10.



### 13. Safeguarding Adults Sub & Working Groups: *Health Providers*

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The SA Acute Trusts (Guys and St Thomas's and Kings College Hospital Foundation Trusts) sub-group began as a group working to improve the interface between secondary care and social services with regard to SA work.

However, it became increasingly evident that this could not be done in isolation. Much of the SA work was complex and involved a variety of health providers. The membership of this group was therefore extended to include local PCT's and SLAM (South London and Maudsley Mental Health Foundation Trust) to improve interagency working to achieve a seamless service for vulnerable people who move between agencies as their care needs change. Following consultation the group will now be called the Health Providers Sub-Group.

This subgroup works to align the SA work between acute hospital trusts and four South East London boroughs, including Southwark. The group is chaired by Mala Karasu (SA Lead, Guys and St Thomas's NHS Foundation Trust).

This sub-group's membership is comprised of key strategic, cross partnership representatives. This sub-group meets quarterly to develop and promote SA work within the acute hospital trusts, and between those trusts and the wider SA Partnership.

#### **Awareness and Promotion**

The Safeguarding Adults Leads for both Guy's and St. Thomas's NHS Foundation Trust and King's College Hospital NHS Foundation Trust provide significant levels of training for NHS staff at all levels.

Mala Karasu is also a member of the Metropolitan Police development group for the Safeguarding Adults at Risk Standard Operating Policy and is also a member of the Pan London Safeguarding Adults Policy and Procedures editorial group.



## Monitoring, Reviews, Safeguarding Practice and Statistical Identification

The sub-group monitors hospital and community discharge pathways to ensure both best practice and service user safety.

The sub-group has developed a risk-assessment tool for use across the Partnership, which will be trialled and introduced in 2009 - 2010.

It is also currently engaged in work to develop improved practice in relation to tissue viability and pressure sores, and is developing a unified protocol for providing transfer of care information through the use of standardised documentation across all agencies in Southwark.

The sub-group continues to develop best practice (derived from the outcomes from the above monitoring processes), with regard to inter agency, acute SA practice. The group also developed a Best Practice presentation, for use across the partnership.



## 14. Safeguarding Adults Sub & Working Groups: *Human Resources*

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The Human Resources Sub-Group is jointly managed by Safeguarding Children's Services, Southwark Human Resources, and the SA Executive and is chaired by Bernard Nawrat Head of Southwark Human Resources. It develops safer recruitment strategies to ensure that abusers are not appointed to work with vulnerable groups in Southwark.

### Awareness and Promotion

This group undertook the production of safer recruitment guidance for employers across the partnerships and commissioners of Health and Social Care Services.

Trudy Hindmarsh and David Bray, from Southwark Human Resources, outlined their vision for Safer Recruitment and its key role in the prevention of abuse of vulnerable adults at the SA Stakeholders' Conference 2008.

John Emery and Trudy Hindmarsh delivered two training sessions on Safer Disciplinary processes during 2008-2009.



## 15. Safeguarding Adults Sub & Working Groups: *Learning and Development*

This sub-group has developed a training framework for the whole of the SAP and all people who work in health and social care across Southwark.

The sub-group is chaired by Harlene Dandy (Learning and Development Manager). The membership of the group includes representatives from Southwark Council, Kings College Hospital NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust, South London and Maudsley Mental Health NHS Foundation Trust, Southwark College and In Touch Supported Housing.

### Awareness and Promotion

Health and Social Care provides the following SA training courses:

Table 2. Southwark Health and Social Care Safeguarding Adults Training Courses	
Item	Course Name
1	Alerters
2	Chairing Safeguarding Adults Meetings
3	Investigators
4	Investigatory Process for Provider Managers
5	Investigatory Process for Senior Managers
6	Minute Taking for Confidential / Safeguarding Adults meetings.

The group has developed competencies relating to safeguarding work, which are attained by attending the various courses. The group aims to ensure that all staff, both internal and external have access to the courses and is committed to working with higher education institutions to ensure that safeguarding is a core element of professional qualification training. Full details of the competencies, e-learning and the SA Training Programme are available from the SA website.

The group has also commissioned an online e-learning Safeguarding course, which provides basic information about adult abuse.

In addition, this sub-group provides advice on learning and development in safeguarding for external agencies working with vulnerable adults within Southwark.



## 1. SA Alerter

- i. During 2008-2009 Southwark Health and Social Care organised **24** face-to-face SA Alerter' courses.
- ii. There were **360** prospective attendees, with a **98%** attendance rate.
- iii. Attendees were drawn from over 80 organisations in Southwark.

## 2. SA Investigators

- i. During 2008-2009 Southwark Health and Social Care organised **13** face-to-face SA Investigators courses.
- ii. There were **157** prospective attendees, with a **90%** attendance rate.
- iii. Attendees were drawn from 11 organisations, with analysis identifying increased attendance of mental health staff.
- iv. Implications: During 2009 – 2010, the Training sub-group will be ensuring that safeguarding alerter training is organised not just for staff working within Health and Social Care organisations but also for other staff groups that have a role in safeguarding adults such as Community Wardens and Liaising Officers.
- v. The sub-groups will also further improve data collection in relation to staff groups that need to and have received safeguarding training.

Table 3. Safeguarding Adults Investigators Training by Attendee Group

Group	Total
Commissioning	2
HDT	23
LD	11
MH	59
OPN	14
OPS	3
Out of Hours	5
Provider	9
Provider - Day Service	2
S&PD	29
<b>Total</b>	<b>157</b>



### Monitoring, Reviews, Safeguarding Practice and Statistical Identification

The group plans to commission in 2009 -10 a programme of keeping safe training for service users in day centre settings, following the positive feedback from the recently commissioned pilot programme for The Camden Society.

The sub-group carries out reviews of all SA training courses through ongoing training audits, training evaluations and audits of private, voluntary and independent services that are not commissioned.

The group will continue to monitor the attendance and effectiveness of SA training courses, and respond by making improvements, so that all courses are of a high quality. Workers are being trained to recognise situations where adults may be at risk and know how to respond to these concerns.

The sub-group ensures that required information is accurately recorded and maintained on a database to inform the SA Executive and the SAPB quarterly on the uptake of training.

The group provides attendance figures to the Commissioning department, who use safeguarding training uptake as one of their performance indicators for commissioned services



### Other Partnership Training Initiatives:

#### Guy's and St Thomas's Foundation Trust

The GSTFT SA Lead delivered SA training via the GSTFT corporate induction programme to 1020 GSTFT staff at all levels. In addition, Level 1 SA training was delivered to 1200 nursing, midwifery and therapy staff.

#### South London and Maudsley Mental Health Foundation Trust

500 staff members in SLaM work with vulnerable adults. 311 of these have done the online SA e-learning training, 40 have done the SA Investigators training and 4 have done the SA Chairs training.

SLaM also provides a range of training for vulnerable adults with mental health diagnoses which is not strictly related to their vulnerability, but enhances their ability to speak out about abuse. An advocacy training course in 2008 was attended by 12 participants and a course training service users to take part in interviews for new staff had 10 participants. SLaM has recently secured funding to run a self-advocacy course for mental health service users in partnership with a service user group and a third sector agency. This will provide them with skills to protect their own interests more effectively.

#### Kings College Hospital Foundation Trust (KCHFT)

Table 4: KCHFT Deprivation of Liberty Safeguards and Safeguarding Adults Training				
KCHFT Staff Group	Course Type			Training Totals
	Level 1	Level 2	Deprivation of Liberty Safeguards (DOLS) Awareness	
a. Add Prof Scientific and Tech'	61	1	1	<b>63</b>
b. Additional Clinical Services	207	5	0	<b>212</b>
c. Administrative and Clerical	256	0	1	<b>257</b>
d. Allied Health Professionals	83	21	1	<b>105</b>
e. Estates and Ancillary	17	0	0	<b>17</b>
f. Healthcare Scientists	57	0	0	<b>57</b>
g. Medical and Dental	5	24	1	<b>30</b>
h. Nursing and Midwifery Registered	301	64	7	<b>372</b>
i. Students	2	0	0	<b>2</b>
j. Unknown	2	1	0	<b>3</b>
<b>Total</b>	<b>991</b>	<b>116</b>	<b>11</b>	<b>1118</b>





### Third Sector Initiatives

Southwark Disablement Association supports 160 vulnerable adults. It has 48 care assistants, 10 office-based staff and 12 volunteers who work with vulnerable adults. SDA staff are given SA training as part of their induction. During 2009 -10, all newly-recruited staff will access the e-learning SA training, as a minimum, as part of their induction.

PLUS supports 128 vulnerable adults in residential services, of which 17 are in Southwark and 80 vulnerable adults who access community services, of which 30 are in Southwark. It has 118 staff who work with vulnerable adults. Of these, the 35 who work in Southwark have all taken mandatory in-house training in safeguarding. They run both basic and update training throughout the year. It is anticipated that their entire workforce will attend at least one training session per year.



## 16. Safeguarding Adults Sub & Working Groups: *Operational*

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This sub-group is comprised of social work managers and operational staff and ensures that the policy and procedures are effectively implemented, that all safeguarding alerts are appropriately investigated and that robust protection plans are put in place and monitored. The group is chaired by Sam Mayne (Transforming Social Care Lead)

### Awareness and Promotion

The SA Operational sub-group develops guidance to embed SA Policy and Procedures into practice.

### Monitoring, Reviews, Safeguarding Practice and Statistical Identification

This sub-group developed the SA audit process and reviewed the outcomes from both internal and external SA Audits, and supports the SA Executive to determine the focus of further external SA Audit cycles.

The group developed a Supervision Protocol to assist management oversight of operational practice in Safeguarding Adults cases.

The group delivered training on the receipt and management of high risk referrals - in order to ensure effective risk assessment.

This sub-group directs the development (with input from Commissioning and the SAPT) of SA Investigation Status reports.



## 17. Advocacy and Independent Mental Capacity Advocates

### Advocacy

- Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain the services they need. Advocates work in partnership with the people they support and take their side, Advocacy Charter.
- Advocates provide an essential service, with regard to Safeguarding Adults alerts of vulnerable adults abuse, and they are key members of the SA Partnership.

### Independent Mental Capacity Advocates

- The Mental Capacity Act 2005 (which came into force April 2007), introduced a new statutory role of Independent Mental Capacity Advocate (IMCA), whose role was designed to support people who lack capacity to make certain decisions.

An IMCA must be instructed where:

- There is a decision to be made regarding either serious medical treatment (SMT) or change of accommodation.
  - The person has no close family or friends to represent their views
  - The person has been deemed by the Decision Maker not to have capacity to make that decision in accordance with the assessment of capacity as defined in the Act
- **IMCA involvement is essential to the SA Partnership. In Southwark, IMCAs have provided invaluable input to a significant number of Safeguarding Adults investigations.**

### Independent Mental Capacity Advocates in Southwark

- During 2008/09, there were **23 people** who received support from an **IMCA**.
- A further 22 were referred, but not eligible. Making a total of 45 for the year to have been referred to the IMCA service.



## 18. Safeguarding Adults Partnership Team

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The Safeguarding Adults Partnership Team (SAPT) supports the work of the SAP, particularly the SAPB and the SA Executive. The SAPT maintains the SA database, which provides statistical information to the SA Partnership and operational teams. The Team also provides advice, support and guidance on safeguarding cases to operational teams. The Team is managed by John Emery (Safeguarding Adults Coordinator). The team budget for 2008-9 was £167 000.

### Awareness and Promotion

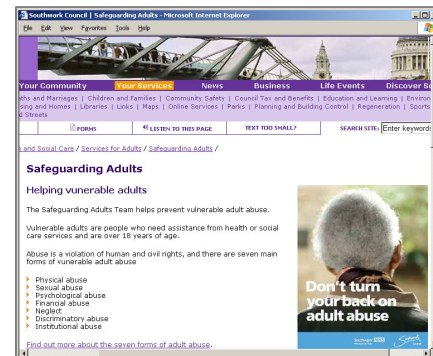
#### SA Coordinator

- The SA Coordinator provided **40** SA briefings to a range of cross-partnership organisations and staffing-groups, including the Aylesbury Day Centre, Southwark Pensioners' Forum and Southwark's Councillors.
- The SA Coordinator provided ongoing support (in conjunction with both Social Work managers and supervisors) to Social Work and allied staff undertaking SA Investigations.
- The SA Coordinator presented an Introduction to SA at the monthly Southwark induction for new staff.
- The SA Co-ordinator sits on the SA committees for GSTFT and SLAM.
- The SA Co-ordinator is a member of the Southwark Multi Agency Risk Assessment Committee (MARAC) which manages the co-ordinated approach to domestic violence in Southwark
- The SA Co-ordinator is a member of the Metropolitan Police Adults at Risk Standard Operating Procedure Development Group.
- The SA Co-ordinator is a member of the Pan London SA Policy and Procedures editorial group.



## SA Web Site

- In response to cross-partnership feedback, including feedback from both council staff and service users, the SAPT (with support from the SA Communications and Publicity Working Group) successfully redeveloped the Southwark SA web site. The site now encompasses a wide range of SAP information, encompassing information downloads, a service user member page, and detailed information about training.



## SA Winter Campaign

- The SAPT supported the work of the SA Communications and Publicity Working Group with regard to the development of the SA Winter Campaign.
- The SAPT developed an extensive and a reusable contact database for the dissemination of the SA Winter Campaign. The SAPT also organised the dissemination of the campaign literature and information.
- The SA Winter Campaign was launched at the SA Stakeholders' Conference 2008, which was organised by the SAPT.



## Monitoring, Reviews, Safeguarding Practice and Statistical Identification

The SAPT developed status reports of SA Investigations, which are disseminated monthly to the social work and commissioning teams.

The SAPT produced quarterly SA Alert and SA Investigatory frequency statistics.

The SAPT and the SA Operational Sub-Group have developed an updated series of notification forms, reflecting the needs and the views of Social Work practitioners, to improve data collection and analysis.



## Commissioning Guidance

The Commissioning guidance document has been prepared to support health and social care commissioners working within Southwark to implement the Commission for Social Care Inspection (CSCI) and Association of Directors of Adult Social Services (ADASS) 2005 guidance regarding the commissioning of services and safeguarding of adults.

The multi agency policy stipulates the role and responsibilities of service commissioners in supporting the safeguarding of adults. Commissioners need to work proactively with service providers to promote and operate the Safeguarding Adults Policy and Procedures within Provider organisations and to maintain the safety and well being of adults with respect to services provided under contract by Southwark Health and Social Care.

The guidance aims to support the work of commissioners to be world class and provides guidance that will enable commissioners to meet competencies with regard to safeguarding of adults.

This guidance sets out strategic statements and specific contract clauses that can be incorporated into contracts to clarify for providers their responsibilities to promote the safety of adults who receive services commissioned by Southwark Health and Social Care.

As more service users take more control of the services they purchase through personal budgets, it will be necessary to further develop guidance and procedures to ensure that the risks of abuse occurring are identified and addressed. Further guidance on this will be incorporated as the Personalisation of Services progresses within Southwark.

We linked the best practice standards from ADASS and CSCI Inspection themes/descriptors to develop the contract clauses contained in the guidance. Commissioners have a choice as to where to insert the clauses within existing contracts (as contract schedules) or within the body of new contracts. Commissioners may need to make slight amendments to adapt contract clauses to their commissioning field.

The London Borough of Southwark Legal Team has reviewed and approved the contractual clauses contained within the guidance document.



## 19. Safeguarding Adults Stakeholders' Conference

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The annual Stakeholders' Conference took place on 6 November 2008 at the Millwall Football Club Conference Suite and was attended by over ninety delegates. Susanna White (*Strategic Director of Health and Community Services, Southwark*) opened the conference by outlining the importance of safeguarding. She then presented the 2007 - 2008 Annual Report and provided an overview of SA work in Southwark.

The theme of the conference was SA and Human Rights. The following speakers gave presentations and speeches:

- Harjinder Bahra (*Southwark Equalities and Human Rights*) and Sena Shah (*Head of Provider Services Commissioning*) gave a presentation on safeguarding, commissioning and human rights
- Trudy Hindmarsh (*Divisional HR Manager*) and David Bray (*Adults Social Care HR Consultant*) spoke about the HR Documents Safer Recruitment and Safer Disciplinary Procedures
- Harlene Dandy, Yvette Evans (*Manager and Executive Officer, Learning and Development*), Pippa Quinn and Linda Cobb (*Independent Training Consultants*) discussed the re-launch of Safeguarding Adults training
- Mark Johnson, a Key ring service user, presented a DVD that he, and other service users had made about personal safety and keeping safe
- Maria Gray (*Detective Constable, Territorial Police Headquarters*) spoke about Human Rights, Safeguarding Adults and the Police
- Patrick Horan (Chair, Southwark Disablement Association) spoke about the need for a zero tolerance approach to safeguarding work



At the end of the conference, Councillor David Noakes launched the SA Winter Campaign.

Councillor David Noakes described the campaign:

'The message is that if you're suffering abuse of any kind, you're not alone. We want to encourage all Southwark residents to take a stand against abuse. Whether you work with older people or have friends or neighbours who might be vulnerable, help us by looking out for them and reporting signs of abuse.'

**Feedback from the conference was extremely positive, with attendees rating satisfaction with the conference as an average of 4 out of a possible 5.** The conference also elicited such comments as:

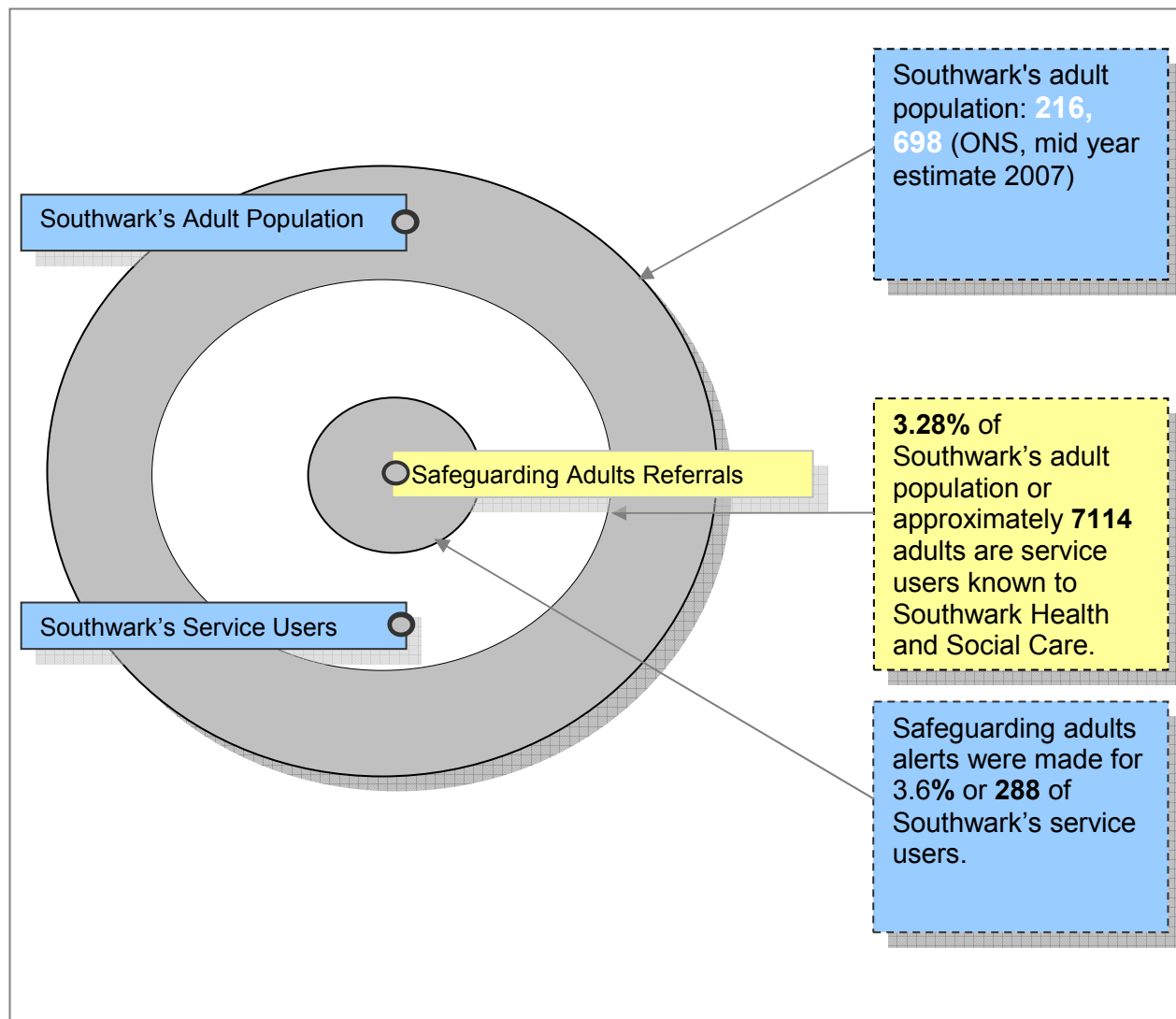
*'I feel that this year's conference has been very effective in emphasising the need to be aware of safeguarding adults issues for different services, including the involvement of commissioning and other support services, and not just providers of assessors or service users needs'.*





## 20. Safeguarding Adults Statistics: *Overview*

Chart 2. Actual and Potential Safeguarding Adults Alert Groups





## Statistical Overview

- There was an **18%** increase in the number of SA Alerts from **244 in 2007 - 2008** to **288 in 2008 – 2009**, which exceeds the **10%** target set in the last SA Communications Plan (2008-2009). This is an average of approximately 5.5 SA Alerts per week, demonstrating increased awareness and recognition of SA in Southwark, together with increased understanding of how and where to report suspected abuse.
- There was also a **40%** reduction in the average length of SA Investigations from **7** to **4** months, which is within the expected investigatory time frame, and which demonstrates higher prioritisation of SA work across the Partnership.
- As a consequence of the SA Winter Campaign, “Don’t turn your back on abuse”, and other awareness raising events, there was an increase of **13%** in the number of self alerts from vulnerable adults

## Key Trends

### Key Trends: *Vulnerable Adult Category*

- SA Alerts for Older People increased by **33%** to **138**.
- SA Alerts for Sensory and Physical Disabilities (Younger Adults) increased by **21%** to **34**.

### Key Trends: *Demographic*

- Increase of 39% for people described as *Black - All Origins*
- A year-on-year increase in referrals of male vulnerable adults.

### Key Trends: *Abuse Types*

- Most prevalent abuse type: Financial Abuse
- Largest year-on-year increase in prevalence: Sexual Abuse
- Abuse location: increase of 54% for allegations of abuse in the vulnerable adults’ home or the family home.



## 21. Safeguarding Adults Statistics: *Detail*

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### a. Safeguarding Adults Alert and Investigation Statistics

#### 1. Safeguarding Adults Concerns

- i. During 2008-2009, the Safeguarding Adults Partnership Team (SAPT) handled approximately **2000** SA Concerns received by email, fax, letter and telephone.

#### 2. Safeguarding Adults Alerts

- i. During 2008-2009, **288** SA Alerts were received by the SA Partnership Team.
- ii. During 2007-2008, **244** SA Alerts were received by the SAPT.
- iii. The year-on-year increase in the number of SA Alerts received by the SAPT was **44** or 18%.

#### 3. Safeguarding Adults Alert Sources

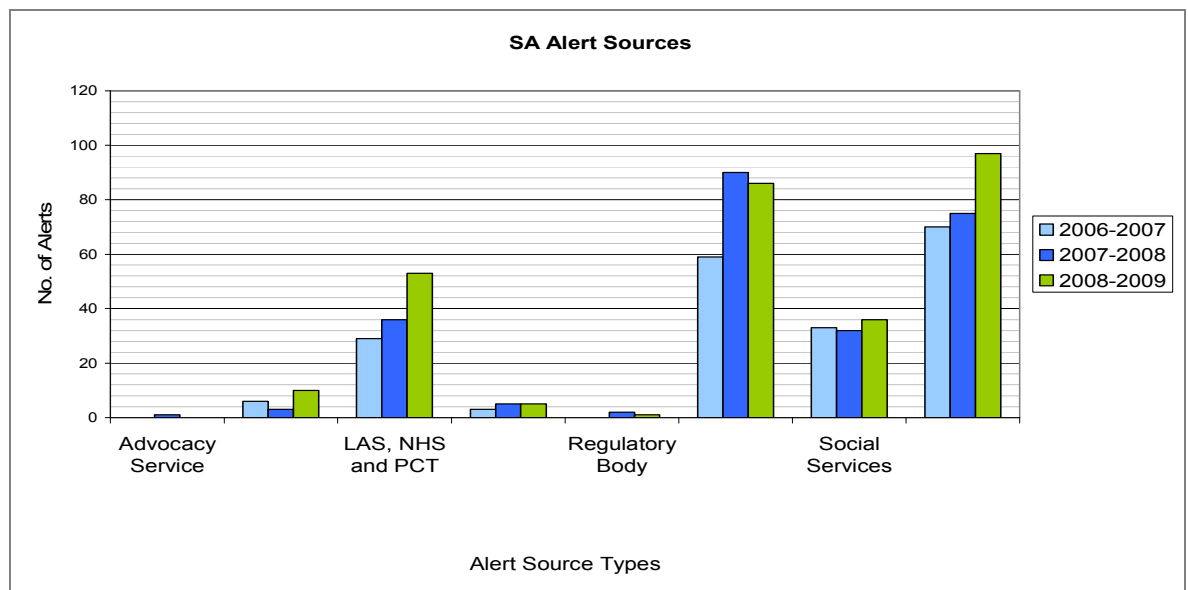
- i. Summary: during 2008-2009, 82% of the SA Alerts were accounted for by three Alert Sources. Firstly, *Vulnerable Adults, or their Family or their Friends* accounted for **97** SA Alerts or 34% of the total. Secondly, SA Alerts from *Social Care Workers or Service Providers, including Voluntary Organisations*, accounted for **86** SA Alerts or 30% of the total. There were **53** SA Alerts from the *London Ambulance Service, the NHS and Southwark PCT*, accounting for 18% of the total.
- ii. Trends: there were year-on-year increases for the following Alert Sources: *Vulnerable Adults, or their Family or their Friends*, and *London Ambulance Service, the NHS and Southwark PCT* had increases of **22** and **17** respectively. These increases could be due to the publicity campaign during winter 2008 (for self and family referrals) and the extensive SA training delivered within NHS organisations.
- iii. Implications: Although not atypical for a London borough, reasons for the continuing low level of referrals from the police and regulatory body need to be determined and, if appropriate awareness issues addressed through



training. The small reduction in referrals from 'social care worker or service provider' is of concern and the training sub-group will ensure that the planned training programme for 2009 – 2010 addresses this issue.



Chart 3. SA Alert Sources



#### 4. Safeguarding Adults Investigations

- i. During 2008-2009, **248** or 86% of the SA Alerts led to a full SA Investigation.
- ii. During 2007-2008, **208** or 85% of the SA Alerts led to a full SA Investigation.
- iii. Year-on-year, the rate of conversion from SA Alerts to SA Investigations is stable.

#### 5. Safeguarding Adults Total Investigatory Activity

- i. As noted above, during 2008-2009, 248 full SA Investigations were initiated. A further **72** SA Investigations were active during this period. These SA Investigations were initiated (as SA Alerts) during 2007-2008. Consequently, during 2008-2009 there were **320** active SA Investigations.

#### 6. Safeguarding Adults Total Investigatory Timescales

- i. Year-on-year, there has been an improvement in SA Investigatory practice. During 2008-2009, the average length of a SA Investigation was **4** months.



- ii. This is within the expected investigatory timescale. During 2007-2008, the average length of an SA Investigation was **7** months.



## b. Safeguarding Adults Investigation: *Vulnerable Adult Statistics*

### 1. Vulnerable Adult Category

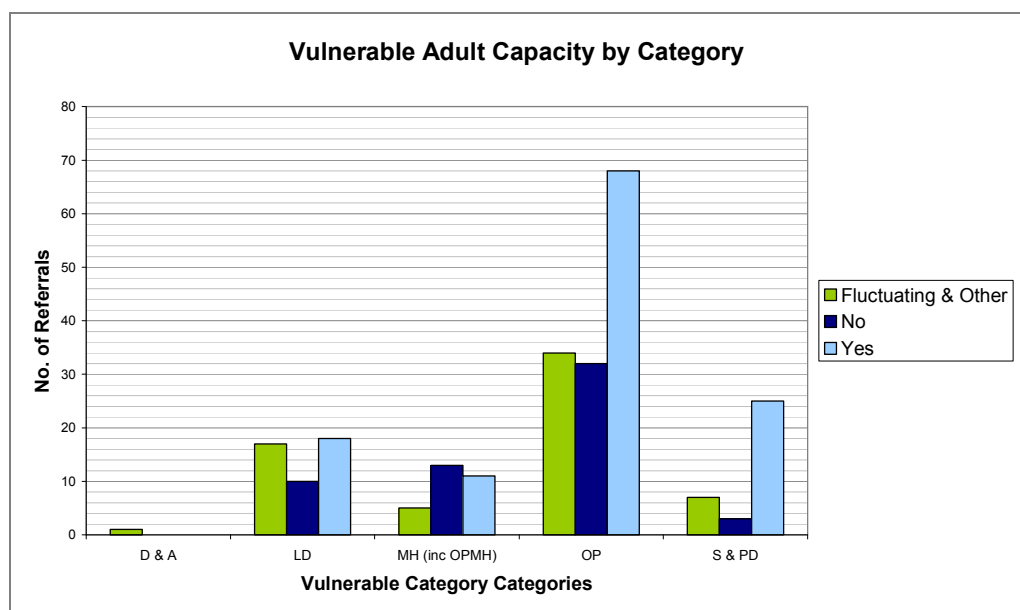
- i. Summary: during 2008-2009, the largest number of SA Investigations per Vulnerable Adult (VA) Category (VAC) concerned *Older People (OP)* VAs, with **138** SA Investigations or 55% of the total.
- ii. VAs with either a *Learning Disability (LD)* or a *Sensory and Physical Disability (S&PD)* accounted for **47** and **34** SA Investigations or 19% and 14% of the total, respectively.
- iii. *Mental Health (MH)* and *Drugs and Alcohol (D&A)* VAs accounted for the remaining SA Investigations, with **28** and **1** or 11% and approximately 1% of the total, respectively.
- iv. Trends: there was an increase in the number of SA Investigation for OP VAs by **33** or 31% from 105 during 2007-2008. A secondary trend concerned the number of SA Investigations for S&PD VAs, which increased by 21% from **28** during 2007-2008.
- v. There was increased reporting of abuse in the 75 to 84 age category. The increase was from **38** in 2007 – 2008 to **68** in 2008 – 2009 referrals.
- vi. With regard to gender, most abuse was against women: **145** women as against **103** men. The year-on-year increase for female vulnerable adults was 15%. However, the increase for male vulnerable adults was 27%.
- vii. Implications: The operational sub-group will need to review the impact on social work teams of the increase in investigations and, in particular, the input that the 31% increase in investigations of older people is having on the overall workload of these teams.



## 2. Vulnerable Adult Capacity

- i. **Summary:** A total of 131 investigations involved VA's with fluctuating (73) or no (58) capacity to make informed decisions. This statistic demonstrates the importance of undertaking a capacity assessment when vulnerable adults are victims of abuse, and the importance of ensuring that alleged victims without capacity have proper advocacy and representation throughout the investigatory process.

### Chart 4. SA Investigations by Capacity



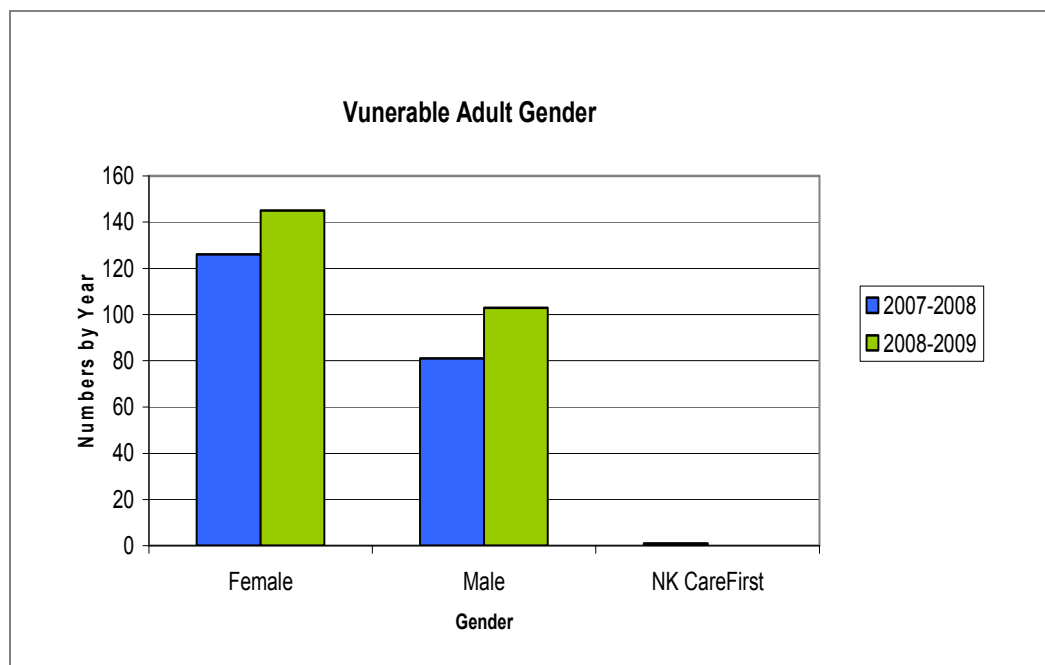




### 3. Vulnerable Adult Gender

- i. Summary: during 2008-2009, there were **145** (58%) SA Investigations for female VAs and **103** (41%), for male VAs.
- ii. Trends: as in all previous years, female VAs accounted for a greater percentage of the total number of SA Investigations, than their male counterparts. However, there has been a steady change in the female-to-male, SA Investigation ratio, with SA Investigations for male VAs increasing year-on-year by **22** or 27% from **81** (2007-2008). SA Investigations for female VAs increased by **19** or 15% from 126 (2007-2008).
- iii. Key trend: SA Investigations for male VAs are increasing at a greater rate than SA Investigations for female VAs. For male service users, this finding may indicate greater levels of awareness of abuse issues led to a greater readiness to report abuse.

Chart 5. SA Investigations by Gender

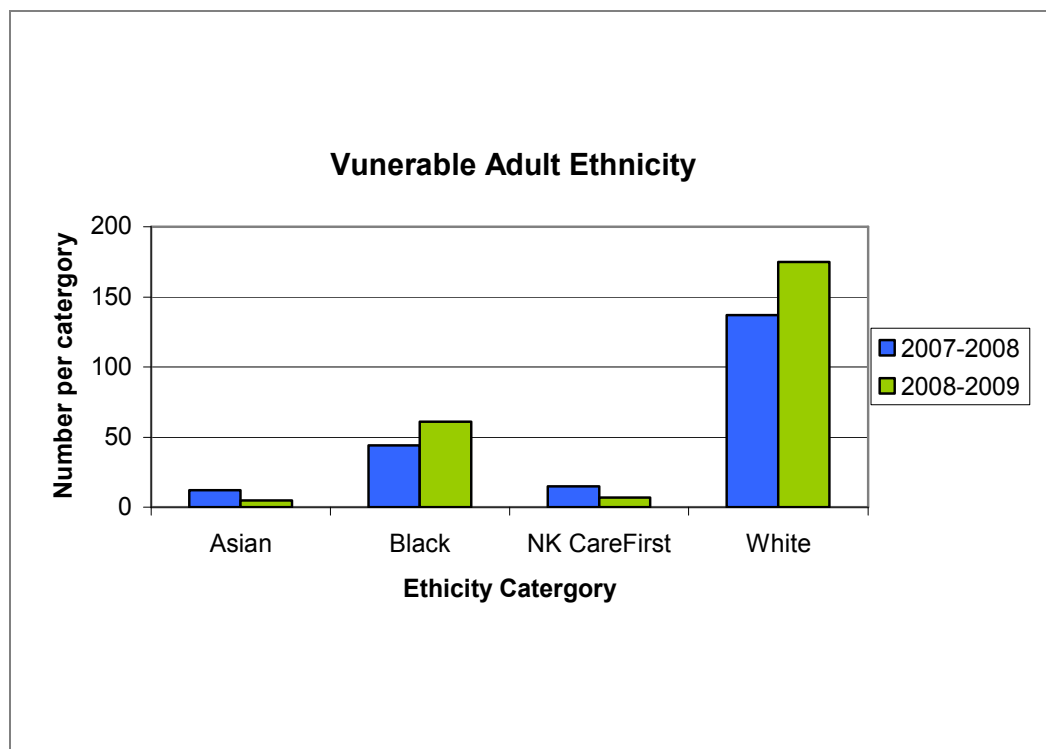




#### 4. Vulnerable Adult Ethnicity Categories

- i. Summary: during 2008-2009, 95% of the SA Investigations were accounted for by two Ethnicity Categories: *Black – All Origins* and *White – All Origins*. White – All origins accounted for **175** or 70%, whilst Black – All origins accounted for **61** or 25% of the SA Investigations.
- ii. The remaining 5% was accounted for by Asian – All (**5**, 2%) and Not Known (**7**, 2%) VAs.
- iii. Trends: there was a year-on-year increase of 39% from **44** for SA Investigations concerning Black - All origins. There was also a year-on-year increase of 28% from **137** for SA Investigations concerning White - All origins.
- iv. Implications: during 2009 – 2010 the Communication and Publicity sub-group will need to examine why referrals of alleged abuse of Asian adults has declined and what action needs to be taken to ensure that all communities in Southwark recognises adult abuse and are able to alert the partner organisations about suspected abuses.

Chart 6. SA Investigations by Ethnicity



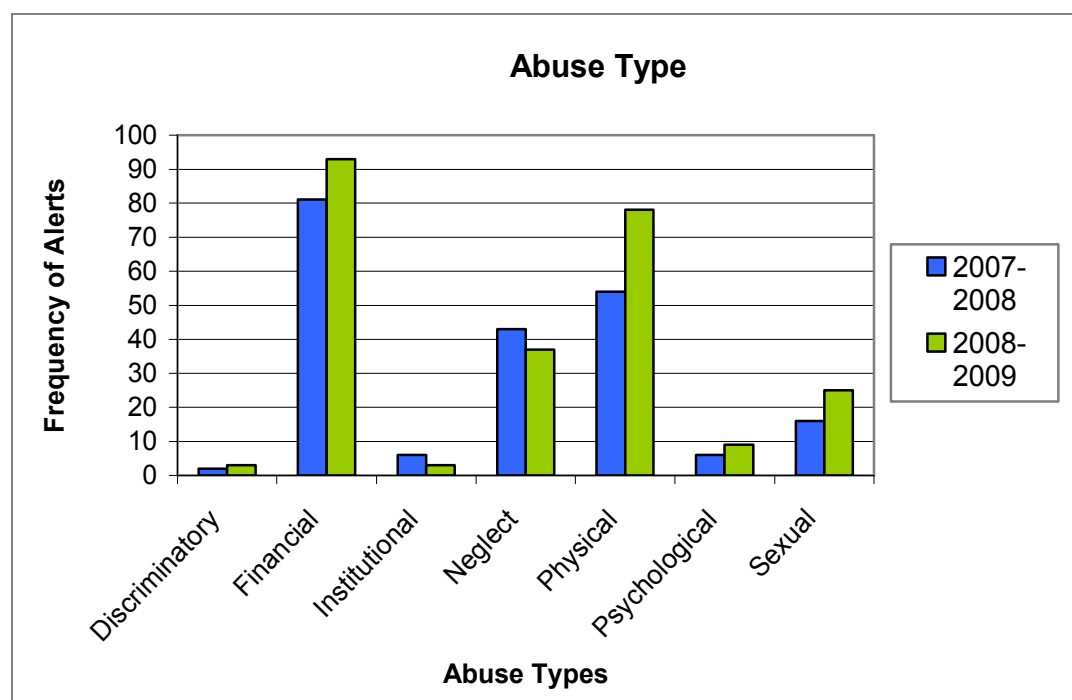


## b. Safeguarding Adults Investigation: Abuse Statistics

### 1. Abuse Type

- a. Summary: during 2008-2009, 84% of the total number of SA Investigations was accounted for by three Abuse Types - Financial Abuse accounts for **93** or 38% of the total number of SA Investigations. Physical Abuse and Neglect then accounted for **78** and **37** SA Investigations, or 31% and 15% of the total, respectively.
- b. Trends: Financial Abuse continues to account for the largest number of SA Investigations and the Financial Abuse year-on-year increase was 12 or 15% from 81. The largest year-on-year percentage increase in the number of SA Investigations concerned Sexual Abuse: year-on-year increase by 9 SA Investigations or 56% from **16** to **25**.
- c. Implications: The Financial Fraud sub-group needs to examine the types of financial abuse that were substantiated during 2008 – 2009 and develop proposals that will increase the safeguard available locally to protect vulnerable adults.

Chart 7. SA Investigations by Abuse Type





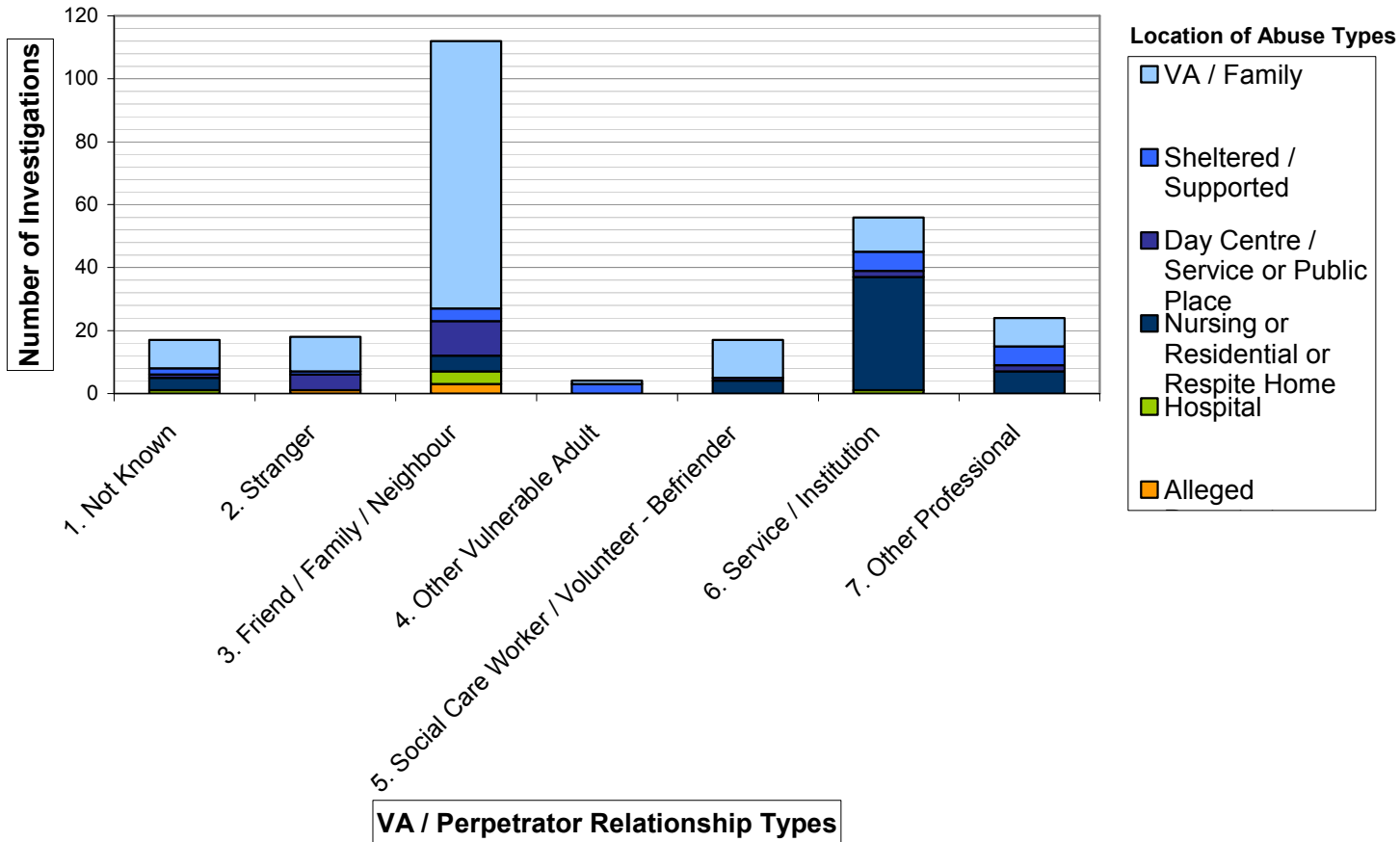
## 2. Abuse Location

- i. Summary: during 2008-2009, 86% of the total number of SA Investigations was accounted for by three Abuse Locations. The Abuse Location that accounts for the largest number of SA Investigations is VA or VA Family Home, with 140 SA Investigations or 56% of the total. Following that, Nursing or Residential or Respite Home and Hostel or Sheltered or Supported Accommodation account for **52** and **22** SA Investigations, or 21% and 9% of the total, respectively.
- ii. Trends: the key year-on-year change was the increase by **49** (or 54%) SA Investigations from 91 (2007-2008) to 140 with VA or VA Family Home as the Abuse Location.
- iii. The second largest increase concerned the number of SA Investigations with Hostel or Sheltered or Supported Accommodation as the Abuse Location. The number of SA Investigations for this Abuse Location category increased by **5** or 29% from 17 (2007-2008).
- iv. Implications: The Safeguarding Partnership Team needs to analyse the types of abuse occurring in the person's home and the user groups in order to identify possible actions that could be taken to reduce the incidence of such abuse.
- v. In relation to the reported abuse in institutional setting, the Team will undertake further analysis to identify any patterns or trends and identify possible actions to safeguard other users in these settings.



### c. Safeguarding Adults Investigation: Perpetrator Details

Chart 8. SA Investigations by Perpetrator Relationship and Abuse Location



#### 1. VA / Perpetrator Relationship

- i. From the total of 248 investigations for 2008-2009, the greatest number of investigations, 112 (per perpetrator relationship type) concerned 'Friend, Family member or Neighbour' alleged perpetrators in the vulnerable adults (or vulnerable adult family) home.
- ii. The lowest number of investigations (per perpetrator relationship type) concerned 'Other vulnerable adults' with 4 allegations, primarily in correlation with those living in sheltered or supported accommodation.



- iii. There was a year-on-year increase in the number of investigations concerning 'Social Care Workers/ Volunteer / Befriender' within the vulnerable adults home or the vulnerable adult family home.

**d. Safeguarding Adults Investigation: *Outcomes***

**1. Case Conclusions**

- i. A total of 200 SA Investigations were closed during 2008-2009.
- ii. When compared with the total number of SA Investigations (initiated as SA Alerts) during 2008-2009, the number of closed SA Investigations (as immediately above) leads to a closure rate of 81%.
- iii. Significantly, there was a decrease in the total number of SA Investigations that were closed with outcomes of either 'not determined/inconclusive' or 'not substantiated' between 2007-2008 and 2008-2009, from 158 to 102, respectively, which is a reduction of 35%.
- iv. In addition, there was an increase from 51 to 66 (29%) in the number of SA Investigations found to be either 'substantiated' or 'partly substantiated'.
- v. Implications: The operational sub-group will need to undertake work with investigating social workers and their managers to support further increases in the number of SA Investigations found to be either 'substantiated' or 'partly substantiated'.



## 2. Outcomes for Perpetrators

- i. During 2008-2009, a total of 200 SA Investigations were closed, and 74 of the closures (or 37%) were closed with ongoing work being undertaken with regard to the alleged perpetrator.

Closed Year	Outcome for Perp' / Organisation / Service	Total
2008-2009	Counselling / Support	1
	CQC / POVA / Other Regulatory Body	4
	Criminal Prosecution / Police Involvement	11
	Disciplinary / Management Action	18
	HSC Assessment / Monitoring / Review	28
	HSC Commissioning	5
	Management of Access / Removal	7
	NFA / Review if Situation Changes	126
2008-2009 Total		200



- ii. During 2008-2009, 82 (out of 200) SA Investigations were closed with a Case Conclusion of Partly Substantiated or Substantiated. Of the 82, the most frequent, active perpetrator outcome was HSC Assessment / Monitoring / Review: 17 investigations.

Closed Year	Case Conclusions	Outcome for Perp' / Organisation / Service	Total	
2008-2009	Closed - Provisionally	NFA / Review if Situation Changes	16	
		Criminal Prosecution / Police Involvement	2	
	Not Determined / Inconclusive	Disciplinary / Management Action	4	
		HSC Assessment / Monitoring / Review	2	
		HSC Commissioning	2	
		Management of Access / Removal	1	
		NFA / Review if Situation Changes	39	
		Not Substantiated	CQC / POVA / Other Regulatory Body	1
			Criminal Prosecution / Police Involvement	3
	Disciplinary / Management Action		4	
	HSC Assessment / Monitoring / Review		9	
	HSC Commissioning		1	
	Management of Access / Removal		1	
	NFA / Review if Situation Changes		33	
	Partly / Substantiated	Counselling / Support	1	
		CQC / POVA / Other Regulatory Body	3	
		Criminal Prosecution / Police Involvement	6	
		Disciplinary / Management Action	10	
		HSC Assessment / Monitoring / Review	17	
		HSC Commissioning	2	
		Management of Access / Removal	5	
		NFA / Review if Situation Changes	38	
	2008-2009 Total			200





- iii. During 2008-2009, 82 (out of 200) SA Investigations were closed with a Case Conclusion of Partly Substantiated or Substantiated. Of the 82, the most greatest number of perpetrator outcomes concerned perpetrators who were known to the vulnerable adult, as a friend, a family member or a neighbour.

Simple Relationship	Outcome for Perp' / Organisation / Service	Total
1. Not Known	NFA / Review if Situation Changes	5
2. Stranger	CQC / POVA / Other Regulatory Body	1
	NFA / Review if Situation Changes	3
3. Friend / Family / Neighbour	Counselling / Support	1
	CQC / POVA / Other Regulatory Body	1
	Criminal Prosecution / Police Involvement	6
	Disciplinary / Management Action	2
	HSC Assessment / Monitoring / Review	9
	Management of Access / Removal	3
	NFA / Review if Situation Changes	18
4. Other Vulnerable Adult	HSC Assessment / Monitoring / Review	2
5. Social Care Worker / Volunteer - Befriender	Disciplinary / Management Action	1
	HSC Assessment / Monitoring / Review	2
6. Service / Institution	CQC / POVA / Other Regulatory Body	1
	Disciplinary / Management Action	6
	HSC Assessment / Monitoring / Review	3
	HSC Commissioning	2
	NFA / Review if Situation Changes	10
7. Other Professional	Disciplinary / Management Action	1
	HSC Assessment / Monitoring / Review	1
	Management of Access / Removal	2
	NFA / Review if Situation Changes	2
<b>Grand Total</b>		<b>82</b>



## 22. Safeguarding Adults Performance Data Set

Table 5. SA Alert and Investigation Totals

Alert and Investigation Totals	2007-2008	2008-2009	Total
Alert	36	40	115
Investigation	208	248	617
<b>Total</b>	<b>244</b>	<b>288</b>	<b>732</b>

Table 6. SA Alert Sources 08-09

SA Alert Sources	2007-2008	2008-2009	2006-2007	Total
Advocacy Service	1	0	0	1
Anonymous	3	10	6	19
LAS, NHS and PCT	36	53	29	118
Police	5	5	3	13
Regulatory Body	2	1	0	3
Social Care Worker / Service Provider, inc' Voluntary Org	90	86	59	235
Social Services, including Out of Hours	32	36	33	101
VA, Family or Friend	75	97	70	242
<b>Total</b>	<b>244</b>	<b>288</b>	<b>200</b>	<b>732</b>

Table 7. SA Investigations by Vulnerable Adult Category

Vulnerable Adult Category	2007-2008	2008-2009	Total
D & A	0	1	1
LD	50	47	97
MH	17	18	35
OP	105	138	243
OPMH	8	10	18
S & PD	28	34	62
<b>Total</b>	<b>208</b>	<b>248</b>	<b>456</b>

Table 8. SA Investigations by Vulnerable Adult Age Group

Age Group	2007-2008	2008-2009	Total
1. 18 - 44	35	38	73
2. 45 - 54	29	27	56
3. 55 - 64	22	20	42
4. 65 - 74	19	35	54
5. 75 - 84	38	68	106
6. 85 - 94	51	48	99
7. 95 - 104	10	8	18
8. 105 +	1	0	1
9. NK			
CareFirst	3	4	7
<b>Total</b>	<b>208</b>	<b>248</b>	<b>456</b>



Table 9. SA Investigations by Vulnerable Adult Gender

Gender	2007-2008	2008-2009	Total
Female	126	145	271
Male	81	103	184
NK			
CareFirst	1	0	1
<b>Total</b>	<b>208</b>	<b>248</b>	<b>456</b>

Table 10. SA Investigations by Vulnerable Adult Ethnicity

Ethnicity	2007-2008	2008-2009	Total
Asian	12	5	17
Black	44	61	105
NK			
CareFirst	15	7	22
White	137	175	312
<b>Total</b>	<b>208</b>	<b>248</b>	<b>456</b>

Table 11. SA Investigations by Abuse Type

Abuse Type	2007-2008	2008-2009	Total
Discriminatory	2	3	7
Financial	81	93	219
Institutional	6	3	15
Neglect	43	37	113
Physical	54	78	190
Psychological	6	9	21
Sexual	16	25	52
<b>Total</b>	<b>208</b>	<b>248</b>	<b>617</b>

Table 12. SA Investigations by Abuse Locations

Abuse Location	2007-2008	2008-2009	Total
Alleged Perpetrators Home	4	4	8
Day Centre / Service	2	2	6
Health or Hospital Setting	7	8	20
Hostel / Sheltered / Supported Accommodation	17	22	47
Not Known	5	2	7
Nursing / Residential / Respite	68	52	186
Public or Work Place	14	18	38
Vulnerable Adults / VA Relative's Home	91	140	305
<b>Totals</b>	<b>208</b>	<b>248</b>	



Table 13. SA Investigations by Vulnerable Adult Category and Abuse Type

Vulnerable Adult Category and Abuse Type	Abuse Type	2007-2008	2008-2009	Difference	Total
D & A	Physical	0	1	1	1
LD	Financial	19	4	-15	23
	Physical	15	29	14	44
MH	Sexual	8	9	1	17
	Financial	6	3	-3	9
	Physical	5	4	-1	9
OP	Sexual	2	8	6	10
	Financial	46	66	20	112
	Physical	23	35	12	58
OPMH	Sexual	4	3	-1	7
	Financial	3	3	0	6
S & PD	Physical	3	2	-1	5
	Financial	7	17	0	24
	Physical	8	7	-1	15
S & PD	Sexual	2	5	3	7
	<b>Total</b>	<b>151</b>	<b>196</b>		<b>347</b>

Table 14. SA Case Closures with Closure Type

Closure Year	Case Conclusions - Simple	Alert Year			Grand Total
		2006-2007	2007-2008	2008-2009	
2007-2008	Not Determined / Inconclusive	54	28		82
	Not Substantiated	20	56		76
	More Likely to Have Occurred Than Not	7	7		14
	Partly Substantiated	8	12		20
	Substantiated	10	21		31
	Extended Timescale	2	0		2
2008-2009	Not Determined / Inconclusive		18	32	50
	Not Substantiated		7	45	52
	More Likely to Have Occurred Than Not		4	10	14
	Partly Substantiated		20	16	36
	Substantiated		11	19	30
	Extended Timescale		11	31	18
<b>Grand Total</b>		<b>105</b>	<b>198</b>	<b>153</b>	<b>456</b>

<b>Item No.</b>	<b>Classification:</b> Open	<b>Date:</b> 18 February 2010	<b>Meeting Name:</b> Health & Social Care Board
<b>Report title:</b>		Towards an Estates Strategy	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Chief Executive NHS Southwark & Strategic Director of Health & Community Services Southwark Council	

### RECOMMENDATION(S)

1. To endorse a programme of work to identify opportunities to share estates planning and relevant activities.

### BACKGROUND INFORMATION

2. There is an extensive public sector estate in Southwark – but it is not generally mapped, understood, or planned, across the range of public agencies.
3. The requirement for efficiency and economy leads to the need to think across agency boundaries.
4. Service improvement, with more ‘one-stop’ access and integrated services from different agencies is also a clear policy aim across many public agencies, and ease of access forms consistent feedback from members of the public.

### KEY ISSUES FOR CONSIDERATION

5. The Southwark Alliance has recently identified a more ‘joined-up’ approach to the public estate, as a key priority and initial work will focus on Peckham.
6. NHS Southwark’s strategy for networks of care (polysystems) requires a fresh look at how and where services are delivered.
7. Closer working between the Council and the NHS – already evidenced in projects such as Sunshine House – should bring benefits.
8. The NHS Southwark estates position is set out in Appendix 1. Discussion is also underway with the Regeneration & Neighbourhoods Directorate in the Council, and with the Council’s work on access to services in local areas.
9. It is recommended that both a strategic and opportunistic approach is taken to the efficient use of the public estate between health, local authority and other public services in Southwark.

Background Papers	Held At	Contact
NHS Southwark Strategic Plan	NHS Southwark	

## APPENDICES

No.	Title
Appendix 1	NHS Southwark Estates Strategy

## AUDIT TRAIL

<b>Lead Officer</b>	Malcolm Hines	
<b>Report Author</b>	Chris Moriarty-Baker	
<b>Version</b>	Final	
<b>Dated</b>	11 February 2010	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
List other officers here		
<b>Executive Member</b>	No	No
<b>Date final report sent to Constitutional/Community Council/Scrutiny Team</b>	12 February 2010	

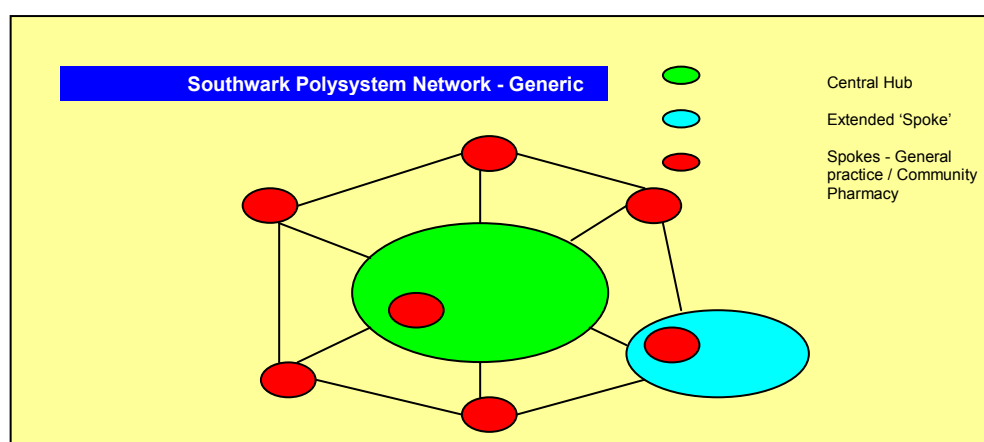
## Appendix I

### Health and Social Care Board

### NHS Southwark Estates Strategy

#### 1. Summary of the current estates strategy

- 1.1. NHS Southwark is currently in the process of agreeing its Strategic Plan 2010/11 to 2014/15 with NHS London. The Strategic Plan sets out how the PCT will implement the Department of Health's *Healthcare for London* proposals – reorganising the primary and community health estate to develop 'polysystems' of care within the Borough, based on a 'hub' and 'spoke' model.



- 1.2. The polysystems will provide networks of care within a geographical area; facilitating the redesign of care pathways to improve the convenience, continuity, efficiency and quality of care for patients, and enabling the transfer of clinical activity from acute hospital settings to care closer to home. The components of the hubs and spokes are set out in the table below.

*Table 1 Components of the polysystem hubs and spokes*

Service / Setting	Hub 8am – 8pm 7 days a week	Extended Spoke 8am - 6pm 5 days a week	Spoke 8am - 6pm 5 days a week	Networked Delivery
Community Nursing				●
CMHT				●
Social Care Teams				●
GMS / Pharmacy / other	●	●	●	
Minor Diagnostics	●	●	●	
Outpatients	●	●		
Health Promotion / CAB / other	●	●		
Urgent Care	●			
Major Diagnostics	●			
Out of Hours	●			

- 1.3. The Strategic Plan outlines the need to develop four networks of care within the Borough, based around three 'hubs'
- 1.4.
- 1.5. A map of the proposed configuration of polysystems is shown overleaf. Alongside the hubs, the PCT is proposing a number of larger spokes to be developed. These include a development at the Dulwich Community Hospital site, Larcom Street (close to the Elephant & Castle) and one across the existing Artesian/Bermondsey Health Centre and new Old Jamaica Road (Bermondsey E) sites.
- 1.6. The PCT has had to amend its planning to reflect the revised resource growth assumptions in the NHS and increased efficiency requirements. The estate development proposals now concentrate on making better use of existing premises and rationalising provision wherever possible, rather than investing in significant numbers of new facilities. However, the PCT remains committed to the schemes already well advanced in planning terms including the redevelopment of Surrey Docks Health Centre (Barratt Homes) and Old Jamaica Road (CMS Developments). The PCT will also be seeking to support the local authority-led regeneration of the Aylesbury Estate through the development of a new replacement facility, as well as develop a new building on the Dulwich Community Hospital site to replace the existing outdated premises.

## 2. Overview of the existing estate

- 2.1. The primary care estate in Southwark contains a large number of properties across the Borough:

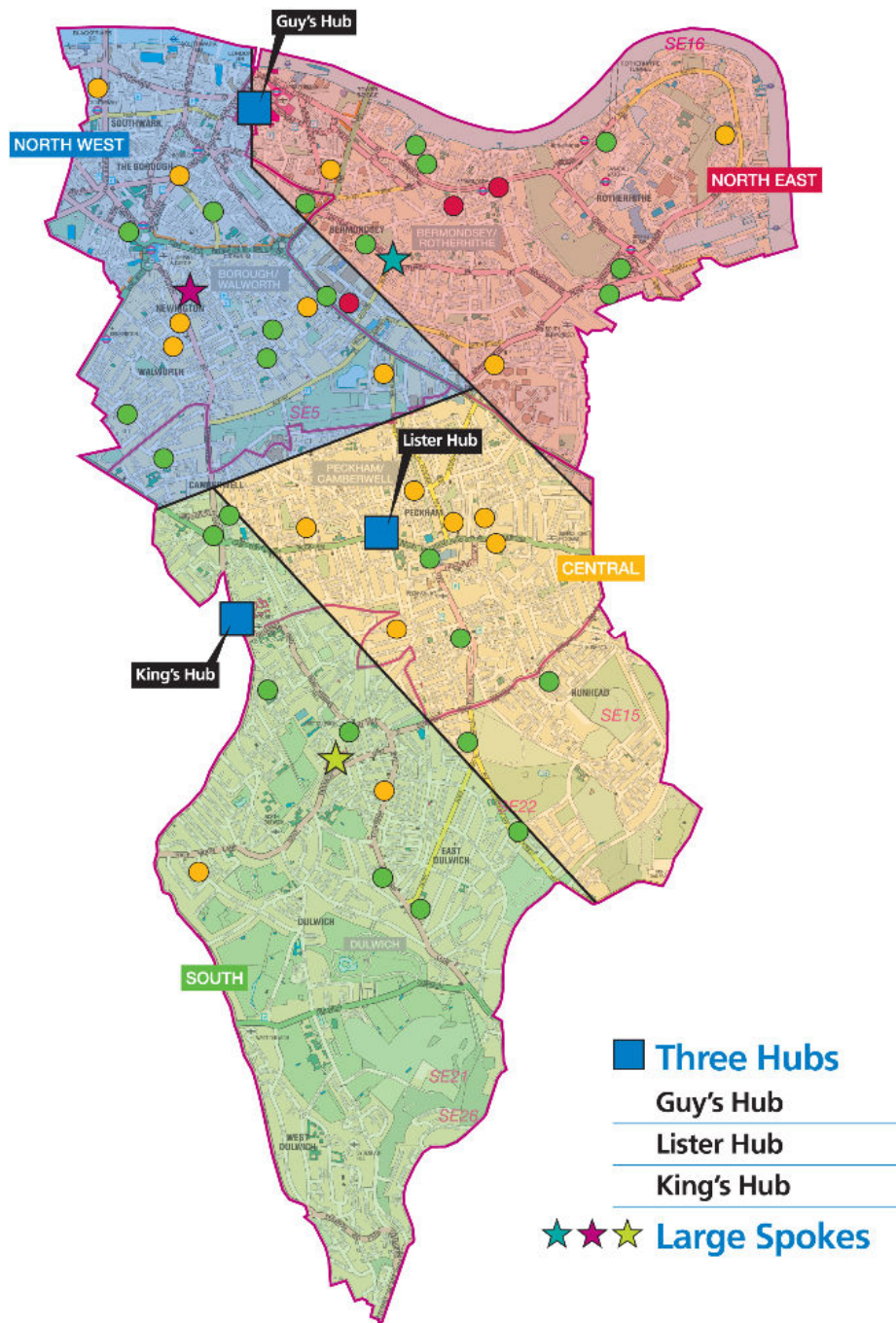
*Table 2. Primary care properties in Southwark*

26	PCT premises (of which 17 are operational clinical sites)
48	GP practice properties
63	Community pharmacies
23	Ophthalmic Practices
37	Dentists
<b>196</b>	<b>Total sites</b>

- 2.2. A number of GP practices and one dental practice are located within PCT premises. The total number of operational sites from which clinical services are provided is therefore 178 across the Borough. However, the PCT does not have direct contractual mechanisms to significantly control the pattern of development of pharmacies, dentists and opticians. Most GP premises are owned or leased by GPs, although the PCT does reimburse 'rent' and rates payments and thus does have more significant influence on the pattern of development. The total value of the PCT's own estate in its current use is just under £40 million (land and buildings).



## POLYSYSTEMS MAP



Note. The map also shows the location of current GP practices graded by contract minimum standards (green – satisfactory, amber – minor concerns, red – major concerns)

- 
- 2.3. Significant investment has been made in recent years in developing a number of purpose-built premises including Lister Health Centre, the Artesian Health and Podiatry Centres, and Sunshine House Child Development Centre. These provide very high-quality clinical and patient environments. The challenge for the PCT will be to maximise the utilisation of these assets to make the most out of the investment made.
- 2.4. While just over a third of the operational floor space is now under 10 years old, the PCT still has an inherited legacy of a number of pre-1948 buildings – making up 38% of total floor space - as well as a number of 1960s to 1980s developments of variable quality. As currently configured, most of these premises no longer provide a suitable environment for modern 21<sup>st</sup> Century primary health care. However, the majority are in reasonable physical condition and with sufficient investment in their refurbishment and adaptation can continue to operate adequately at least in the short to medium term (up to 10 years). The major exception to this is Dulwich Community Hospital. Despite the investment made in recent years, this building is still in very poor condition, with a failing infrastructure and very high operating costs
- 2.5. Other PCT facilities in a poor condition requiring significant investment include Aylesbury Health Centre, Bermondsey Health Centre, Bowley Close Rehabilitation Centre and Townley Road Clinic. Aylesbury Health Centre is unoccupied due to health and safety concerns and protracted problems in resolving the status of the lease. It does however, offer significant potential given its size and central location on the Aylesbury estate and the PCT is planning a refurbishment to provide additional clinical space within the existing building, prior to the development of the new facility. Bermondsey Health Centre is the base for the PCT IT hub and as such, there is an operational requirement to keep the building functioning for at least the next 10 years. Its location close to the Artesian Health Centre also provides scope for remodelling services but will require significant investment in upgrading the accommodation.
- 2.6. A significant portion of the Bowley Close Rehabilitation Centre building is unused and the site also has the benefit of an extensive car park. However, the vacant internal space is not readily convertible (a hydrotherapy pool) and poorly located for providing any other Southwark services. The current accommodation (adapted from a day centre) does not efficiently suit its relatively specialist clinical and other operational use and it will require significant investment to bring it to a reasonable standard within the restrictions of the existing building. The PCT is also in discussion with LB Southwark regarding the transfer to the Council of the 6 residential units that are located on the site and provide accommodation for people with learning disabilities. This discussion results from the Government Policy of transfer of responsibility for learning disabilities from Health to Councils.
- 2.7. The general practice estate is large in terms of the number of properties, with 48 separate GP premises within the Borough. As with the PCT estate, although significant investments have been made in developing new purpose-built facilities, approximately 25 per cent of floor space is in pre-1948 buildings and approximately half is in adapted premises, either residential or commercial. There are a small number of very poor premises that are of an unacceptable standard in providing a sufficient quality of patient care. The Primary Care Directorate are currently considering what action should be taken to deal with these properties. The Primary Care

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strategy supports a move away from very small practices, so that a wider range of GP services can be provided.

### **3. Vision for estate in 5 years and 10 years**

- 3.1. The PCT vision for the estate follows from the Strategic Plan. Given the new economic position in the public sector it is unlikely that the PCT will be supporting significant numbers of new developments in the short to medium term (the next 10 years), although wherever there is a development opportunity, strong service case and proven financial viability, the PCT will continue to seek rationalisation of the current estate and decommission high-cost and poor quality premises within the polysystems.
- 3.2. In the longer term, the PCT will continue to seek investment in the primary care estate where necessary to cope with the anticipated rises in population and increase in demand on healthcare this will create – for example at the Elephant & Castle and Canada Water.
- 3.3. Co-location of community health facilities alongside other community facilities such as libraries and leisure centres remains a key aspiration, and may often be a necessity to help make schemes more financially viable - sharing not only space, but potentially reception and other staff.

### **4. Overview of larger projects**

- 4.1. The PCT is currently actively involved in a number of major schemes:
  - Municipal offices, Larcom Street. This property already contains the PCT's Walworth Clinic. The freehold of the property has recently been purchased by the Terence Higgins Trust (THT) from LB Southwark. The PCT are working with THT on a scheme to refurbish the existing health centre and provide additional capacity for a relocated GP practice and potentially other services
  - Old Jamaica Road (Bermondsey Site E). This scheme involves the relocation of a practice in two poor existing surgeries off Jamaica Road together with transferred outpatient (diabetes) and other services
  - Surrey Docks Health Centre. The PCT is working with Barratt Homes on the replacement of the existing health centre with a new building as part of a major residential scheme.
  - Aylesbury redevelopment. The PCT is in initial discussions with the local authority and Children's Services about development of a new facility on Thurlow Street in phase two of the overall estate redevelopment.

### **5. Funding issues and opportunities**

- 5.1. The PCT has limited sources of funding to develop new schemes. Previous expectations that new facilities could be funded through growth are no longer realistic and any major new developments will need to demonstrate that they either reduce existing direct costs or allow a change in service

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configuration that reduce the cost of commissioned services, for example in transferring activity from acute care.

- 5.2. NHS capital spending will reduce by 50% next year and is likely to remain at significantly lower levels for several years to come (under £2million for Southwark) with no other access to capital funding apart from through sales receipts or private sector funds via NHS LIFT or third-party developers (in return for rental income). Although the PCT has a non-operational residual estate with an estimated value of £11m (dependent on planning constraints and prevailing market conditions), the timing of the release of this funding is uncertain and disposal, particularly in relation to planning issues for the St Giles / Sheldon site, and the development of the new scheme at Dulwich, has proved difficult.
- 5.3. The PCT has agreed a Section 106 planning tariff with the local authority for residential schemes over 10 units. This provides a one-off payment of £901 per residential unit. While in the longer term, this should provide a significant source of funding, as yet, only modest amounts are potentially available to support schemes.

### **Opportunities to benefit from greater collaboration**

- 6.1. Strategically, greater collaboration between health, social care, the local authority more broadly and other agencies, must be the right future direction for estate development. Indeed, the new financial position of organisations within the NHS means that significant investment in new facilities is unlikely to be financially affordable for the PCT if it is the sole or lead agency. Joint developments - where the feasibility and design costs are shared between the different participants and increased size generates economies of scale in build and operational costs, as well as potential for shared space and administration - could potentially make schemes viable that would otherwise not be feasible.
- 6.2. The PCT and local authority already have a joint procurement route available through NHS LIFT to develop new and refurbished facilities (the local authority are already signatories to the local NHS LIFT Strategic Partnering Agreement (SPA)). However, these are issues of affordability. Also, in taking forward new schemes a key aim must be to try to improve synchronisation in different organisations approvals, funding and service strategies at the same time as sites / development programmes become available. The PCT will seek to work with the local authority and other bodies to develop such an approach.

<b>Meeting name:</b> Southwark Health and Social Care Board	<b>Date:</b> 18th February 2010
<b>Report Title:</b>	Finance and Pooled Budgets
<b>Classification:</b>	Open
<b>From:</b>	Malcolm Hines, Director of Resources Southwark PCT and Mike Watson, Interim Assistant Director of Social Care Finance

## **1 Recommendations**

- 1.1** To note the current financial position of Health and Social Care and the three operational pooled budgets set up under s75 of the National Health Service Act 2006.
- 1.2** To agree the contributions to the pooled budgets and risk share arrangements for 2010/11, as set out in paragraph 4.3.

## **2 Purpose of report**

- 2.1** This report updates the Health and Social Care Board on the overall financial position of the PCT, Southwark Adult Social Care Services and the three operational pooled budgets.

## **3 General Finance update – Council and Social Care budgets**

### **3.1 Social Care Budgets 2009/10, 2010/11 and 2011/12**

The Council Medium Term financial Strategy requires departments to exemplify savings equivalent to 5% of their net controllable budget each year for three years starting 2009/10.

The social care savings target for 2009/10 is £4.125m. Because of the reduction in inflation rates, the target for 2010/11 has been revised downwards to 4% or £3.450m.

The target for 2011/12 remains at 5% at the moment but is dependent on emerging pressures on public expenditure due to the economic situation.

Demographic changes and increasing numbers of clients in transition from children's services mean that there will be significant additional pressures on the department's resources in all future years, especially post April 2011 when the current contribution to the LD Pool from the PCT is received directly from Central Government.

### **3.2 Social Care Budget Position at Month 9 (31st December) 2009/10**

The position at Month 9 is a projected overspend at year end of £571k on a gross budget of around £150m. The main reasons for this variance are:

- A delay in home care retendering and its anticipated savings

- Fewer people than anticipated leaving services through the eligibility process.
- More expenditure on Learning Disabilities (see section on pooled budgets)

Work is continuing to manage down the over-commitment.

### 3.3 Update on PCT Budgets: 2009-10

The PCT is reporting an overall year-to-date over spend of £4.727m as at Month 9. The PCT is forecasting a break even position by year-end

The table below shows the Year to Date position (to Month 9):

3. OVERALL PCT SUMMARY	Budget to Month 9	Spend to Month 9	Var'ce to Month 9	Annual Budget	Likely F/cast Year End Spend	Likely F/cast Year End Var'ce	Best Case F/cast Year End Var'ce	Worst Case F/cast Year End Var'ce
	£000	£000	£000	£000	£000	£000	£000	£000
	Commissioned Services: Acute	197,519	206,897	9,378	263,180	275,684	12,504	11,138
Commissioned Services: Client Groups	103,712	104,760	1,048	138,135	139,532	1,397	1,082	1,960
Other Earmarked Budgets	4,677	467	(4,211)	5,875	(6,547)	(12,422)	(10,984)	(6,640)
Primary Care	47,581	45,637	(1,945)	65,767	64,077	(1,690)	(1,690)	(700)
Prescribing	23,129	22,972	(157)	30,839	30,654	(185)	(185)	(60)
Corporate Costs	10,118	10,732	614	13,675	14,070	396	396	989
<b>Grand Total All PCT</b>	<b>386,737</b>	<b>391,464</b>	<b>4,727</b>	<b>517,472</b>	<b>517,471</b>	<b>0</b>	<b>(243)</b>	<b>9,419</b>

FORECAST POSITION AT MONTH 9

4,727

0

(243)

9,419

This forecast is considered very high risk and the PCT Board has been asked to note the following:

- that the forecast outturn assumes full delivery of the systems wide sustainability initiative with local Foundation Trusts (particularly Kings) and other mitigating actions totaling £5.2m;
- ongoing discussions with Southwark Provider Services to develop schemes to deliver the balance of their savings targets currently estimated at £0.2m;
- that all flexibilities have now been committed and that any further deterioration in financial performance will result in the PCT overspending.
- ongoing discussions on year end arrangements with local Foundation Trusts and the Lambeth, Southwark and Lewisham LSL Alliance.

The key reason for the variance in the over-performance of acute trusts.

- ### 3.4
- 2010/11 is the final year of the comprehensive spending review, allocating PCTs some 5% + growth each year. The scenario for 2011/12 and beyond is as yet unknown, and carries substantial financial risk. This was the subject of the presentation to the H&SC Board at its last meeting.

#### 4 Pooled Budgets

##### 4.1 Hosting Arrangements

Social Care is the lead organisation for the Learning Disabilities and Integrated Community Equipment Service whilst the PCT hosts the Mental Health pooled budget. An update on the financial position of these budgets is given below:

##### 4.2 Pooled Budgets Update 2009/10

###### 4.2.1 Learning Disabilities Pool

The position at Month 9 is a projected Overspend of £1.6m for the pool (no risk share adjustments applied). This is on a budget of:

	£000
LB Southwark	23,477
Southwark PCT	<u>11,224</u>
Total	<u>34,701</u>

###### Reason for Variance:

More clients requiring funding than was projected by the Community Team and a small number of clients with very expensive community and residential care plans which have had a significant effect.

###### 4.2.2 Integrated Community Equipment Services (ICES)

At Month 9 ICES is projected to under spend by £58k on the following budget:

	£000
LB Southwark	1,214
Southwark PCT	<u>338</u>
Total	<u>1,552</u>

###### Reason for Variance:

Savings in equipment purchase and staffing.

###### 4.2.3 Mental Health Pooled Budget

The projected year end over performance is £261K. This is largely due to unforeseen expenditure which is not recurrent.

#### 4.3 Pooled Budgets 2010/11

##### 4.3.1 The current percentage contributions and risk share arrangements are:-

Learning Disability	PCT	34%
	Council	66%
ICES	PCT	20%
	Council	80%
Mental Health	PCT	80%
	Council	20%

It is recommended that these arrangements continue for 2010/11. The ICES arrangements may require consideration mid-year, when any effects of the new service model may have become apparent.

Background Papers	Held At	Contact
None		

#### APPENDICES

No.	Title
None	

#### AUDIT TRAIL

<b>Lead Officer</b>	Malcolm Hines	
<b>Report Author</b>	Malcolm Hines & Mike Watson	
<b>Version</b>	Final	
<b>Dated</b>	11 <sup>th</sup> February 2010	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>
Strategic Director of Communities, Law & Governance	No	No
Finance Director	Yes	Yes
List other officers here		
<b>Executive Member</b>	No	No
<b>Date final report sent to Constitutional/Community Council/Scrutiny Team</b>	11 <sup>th</sup> February 2010	



**EXECUTIVE AGENDA DISTRIBUTION LIST****MUNICIPAL YEAR 2009/2010****(Meeting held jointly with the Southwark NHS PCT)**

**NOTE:** Original held by Constitutional Team; all amendments/queries to  
Everton Roberts Tel: 020 7525 7221

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<b>Other Councillors</b>	1 each	<b>Trade Unions</b>	
F Colley / A Lasaki / T Eckersley / J Friary B Hargrove / J Salmon / R Thomas / V Ward P John / P Bates		Roy Fielding, GMB	1
<b>Health &amp; Adult Care Scrutiny Members</b>	1 each	Mick Young, TGWU/ACTS	1
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John Bibby, Labour Group Political Assistant	1	Constitutional Team, Tooley Street	4
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Albion / Camberwell / Dulwich / Newington Peckham / Local Studies Library		<b>Total:</b>	87
<b>Press</b>			
Southwark News	1	<b>Dated:</b> 23/11/09	
Paul Rhys, South London Press	1		
<b>Members of Parliament</b>			
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