

Health and Adult Social Care Scrutiny Sub-Committee

Monday 29 November 2010
7.00 pm
Town Hall, Peckham Road, London SE5 8UB

Supplemental Agenda

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Agenda Item 5

Cabinet Member Interview – Councillor Dora Dixon-Fyle, Health & Adult Social Care and Susanna White, Chief Executive of NHS Southwark

To Councillor Dixon-Fyle:

1. At the Council Assembly on Wednesday 14th July, in answer to a question about progress on the redevelopment of Dulwich Hospital, the cabinet member answered that she, Tessa Jowell and NHS Southwark were “dealing with this matter proactively”. She also said, “I intend to hold a series of meetings over the coming months to see what leverage we can bring to bear to ensure the site is developed to serve the local community’s health interests”.

At the Council Assembly on 20th October 2010, in answer to a detailed question asking the cabinet member to explain why essential services continue to be stripped away from Dulwich Hospital despite a promise in November 2009 that this was only temporary, she persisted in the mantra that she was, “working with the PCT to ensure the Dulwich Hospital site (and the lift) is brought back into use to assist in the medical well-being of local people”. There is nothing to show for all the cabinet member has stated.

Would the cabinet member please now set out in detail the outcome of all her proactive work, and the successful outcomes she has achieved to bring Dulwich Hospital back into full use, and to secure its development for the well-being of local people and the people of Southwark?

Answer:

I have had a number of meetings on this issue, including with the Chair of the PCT Board. As far as I am aware the site is still being used for the medical wellbeing of local residents i.e. there is a GP surgery on the site. And I have been assured that essential repairs relating to the serious issue of asbestos have been completed. However, since then, the newer issue of the planned withdrawal from the site of King’s College Hospital, has emerged. I believe that the implications of this are currently being considered by local health bodies.

Dulwich Hospital is an asset that belongs to NHS Southwark (the PCT) whose funding and accountabilities are completely separate to that of the local authority. As you will be aware the PCT is to be abolished in 2013 and as far as we understand these assets will be transferred to its successor body which I understand will be GP Consortium.

2. Does the cabinet member agree that the scrutiny and referral function of the current health scrutiny sub-committee should be subsumed within the health and wellbeing board (if boards are created)?

Answer:

I do not believe that scrutiny should not be subsumed in the new health and well being board because I believe that there should be a proper separation of functions between the executive and scrutiny.

A recent meeting with the Department of Health suggested that this point had been taken on board so I am hopeful that the current health scrutiny committee will continue to do good work for the health and wellbeing of the people of Southwark for many years to come!

3. How best can we ensure that arrangements for scrutiny and referral maximise local resolution of disputes and minimise escalation to the national level?

Answer:

It's my belief that we should pick up issues of concern before they even get as far as a scrutiny committee. However, where issues do reach this level, I believe the scrutiny committee has a crucial role, with me as the Cabinet Member and other stakeholders e.g. the LINK, to ensure that all disputes are quickly resolved. I would welcome the views of the health scrutiny committee on how best we can work together on these types of issues.

4. What arrangements should Southwark Council put in place to ensure that there is effective scrutiny of the health and wellbeing board's functions? To what extent should this be prescribed?

Answer:

I believe the answer to this question should be coming from your scrutiny committee. I believe in the independence of the scrutiny committee so I will be looking to work with you to ensure the right local arrangement is in place to enable you to perform your functions.

5. Since the cabinet member's appointment, can she outline what specific changes and actions she has taken to continue to improve adult social care in Southwark, particularly around safeguarding and personalisation?

Answer:

As you will be aware adult social care is undergoing dramatic transformation and personalisation and safeguarding are two key aspects of this. We are working to address the systematic and underlying problems against a backdrop of significantly reduced resources and the changes currently being mooted in health.

The CQC report which was published on the 25th November scored safeguarding as "well" and set out how "safeguarding governance improved through streamlining of the Safeguarding Board and its subgroups, maximising multiagency involvement and the appointment of an independent chairperson." I think that the report shows how the changes that we have made have made a significant difference in putting the right systems in place in Southwark in what is a very difficult and important area of the council's work.

A big challenge and opportunity in the coming year will be to move further forward on personalisation. We have already set up a new team to assess clients for personal care budgets which means that a greater number of individuals in Southwark, the majority for the first time, will be able to create and choose their own care packages rather than have these set by the Council. With these changes, the Council will need to start to take on a different role in this area. I am confident that the scrutiny committee will see lots of progress in this area over the coming year.

As a new administration we also committed to consult on the delivery of a charter of rights so people knew what to expect from their interaction with the council and providers, to deliver a telephone helpline and to have an independent chair of safeguarding all of which we have successfully done. I

took a report to cabinet on the 23rd of November outlining the issues in health and set out a way forward. Even at a time of unprecedented change in the health system, we need to fulfil our statutory duties and ensure that we continue to focus on our key priorities including personalisation and safeguarding.

6. Given that most residential and nursing care is provided by external providers and at a time of budget savings, what strategy does the cabinet member have through commissioning to ensure the ongoing provision of local high quality safe residential and nursing homes, to minimise disruption to vulnerable adults and ensure excellent care?

Answer:

The safety of our residents is our highest concern. I am working closely with departmental staff to ensure this. Our strategy is to commission from homes with high standards and to encourage the use of lay assessors, monitoring of contracts and regular inspections.

However, people in Southwark would where possible rather not have to enter care in the first place. From my conversations with older people, most want to be helped to stay living longer in their own homes. That is why we have services like the re-ablement team. This team helps people who have come out of hospital or care to move back into their own homes, whilst providing support and help, so that the person is not left isolated and often, in such circumstances, ends up returning to care. Of those people completing the re-ablement service programme, 71% required no further support from the Council or NHS.

7. The cabinet member for children's services is currently leading on universal free school meals for every primary school child. What advice have the cabinet member for health & adult social care and her officers provided her with regarding the effect of free school meals on childhood obesity rates?

Answer:

The key point is the provision of healthy free school meals. In the current financial climate this will also help families struggling to cope and it will also avoid any stigma associated with free school meals. It should also discourage children from opting to buy unhealthy fast food.

8. What is the cabinet member intending to do with Southwark's share of the extra £2 billion for social care as a result of the Comprehensive Spending Review and has she received any details about this money?'

Answer:

No detail about any extra money has been received from the coalition government. In the context of the overall reduction of grants to the council it is not clear that this is extra money. I am awaiting the details of the local government grant.

9. What planning is taking place for the absorption of certain PCT functions within LBS, and are consultants being used to advise on this and if so at what cost?

Answer:

The Cabinet report of the 23rd November sets out how the Council and PCT will be undertaking an exercise of due diligence of all joint arrangements. Another issue that we may be facing is the proposed transfer of some PCT functions into council management. At present there are no proposals on this, and we are still awaiting the details of the Health Bill and the Public Health White Paper, both of which are due to be presented in December. There are no plans to use consultants as part of work to transfer PCT functions into council management.

10. Can the cabinet member outline what intermediate care is available in the borough, since the closure of the beds in Dulwich Community Hospital, and what she is doing to ensure this crucial service is re-provided?

Answer:

The Council is in a good place to provide intermediate care wherever it is needed. We are focussed on providing re-ablement, a range of services to ensure that people get the best quality service in their own homes and a range of admissions avoidance services have been developed. With the support of social workers, occupational therapists, physiotherapists and residential social workers over 80% of patients achieve their goal of living independently or maintaining their independence with a reduction in traditional care services.

11. What level of provision will those GPs who are taking on substance misuse clients be providing for education and vaccination for BBVs (blood borne viruses e.g. hep B)?

Answer:

All GP's have a basic knowledge of Blood Borne Virus and the diseases that they cause. We would expect all GPs to be able to give patients information about BBV in particular advice about prevention. All GPs are expected to vaccinate all at risk patients against BBVs. In addition GPs who have done the RCGP course at level one will have had additional training in this area.

12. Can the cabinet member confirm how much Labour's pledge to half the price of meals on wheels will cost?

Answer:

I refer you to the response which I gave at the last council meeting. This was that the cost will be considered as part of the budget process and as we are currently out to consultation on the budget, I am unable to give you a final figure at this time.

13. Can the cabinet member confirm whether she is considering raising eligibility criteria from substantial to critical?

Answer:

I refer you to the response I gave at the last Council Assembly which is that we have no plans at the moment to do so.

14. Can the cabinet member explain how she intends to protect the services that are provided by the voluntary sector around health and adult care, particularly

when many of these organisations provide preventative services that bring in additional match funding?

Answer:

The Leader and Cabinet have set out our 7 step budget principles as to how we will tackle this matter. This includes contacting voluntary sector organisations early on and helping them to seek alternative funders. The Leader has already written to all voluntary sector groups and organisations. We seek to work with them in a transparent and open way.

15. Can the cabinet member confirm what representations she has made to the new Coalition Government in regards to the flawed adult and children's social care funding formula that was introduced by the previous government, which fails to recognise the level of need in Southwark?

Answer:

Southwark Council has been working with a number of boroughs across London on issues relating to the local government funding formula. We are particularly keen to have our true population and level of need accurately reflected in the formula. This is why we are encouraging everyone to fill in their Census forms on 27th March 2011. We want to ensure that we provide the most accurate picture possible of the population of Southwark.

The Leader of the Council has invited Eric Pickles MP to Southwark to discuss the funding of local services in Southwark, including in adult social care, and has also now offered to go and see him. Sadly we are still waiting for a reply from the Minister.

I will be watching closely what our local grant in Southwark looks like when this is announced in December and what this means for the funding of adult social care.

16. Can the cabinet member detail her involvement in helping Southwark Pensioners Centre secure a new premises in Southwark and what progress has been made?

Answer:

I have worked very closely with all the chairs of the various groups and the director of the centre on this matter. I am pleased to report that in line with the way forward they have taken up the offer to sit on the steering group of the new 'hub' to be based at Walworth Road Town Hall.

To Susanna White:

1. How can the Chief Executive of NHS Southwark justify the certainty of making decisions about health care for the people of East Dulwich and Dulwich even more remote, and less responsive, and less transparent, by the irresponsible creation of the supra-galactic health bureaucracy called the "NHS South East London Sector"?
2. Where in the Establishment Agreement is there any reassurance for constituents, especially the elderly and the vulnerable, that their critical and immediate clinical needs and concerns will be better dealt with by this ludicrous empire of health mismanagement?

Answer

The Board of NHS Southwark is committed to local decision-making. We are working closely with Southwark GPs to support them in their application for early 'pathfinder' status as a commissioning consortium for Southwark. The context is the proposed Health reforms which abolish PCTs and transfer commissioning responsibilities to GPs. PCTs are also expected to reduce their management costs – 42% in Southwark. NHS London has indicated an accelerated timescale for this, by April 2011. NHS London has also indicated an intention to manage the transition inherent in the health reforms through the six sectors in London. In this context, it does make sense to collaborate with neighbouring PCTs within the South East London sector for some functions which will enable reduced costs. This is currently being planned. This will be considered by a special PCT Board on 18 November 2010 and staff consultation is scheduled to commence on 22 November 2010. NHS Southwark has an established partnership with Southwark Council, as Southwark Health & Social Care. It is the strong desire of the Board to continue this arrangement through the transition period, and to continue with local decision-making, while collaborating to share costs where it makes sense to do so. The PCT and the Council already share costs, and it also makes sense to continue with this.

3. Can the Chief Executive confirm what plans are in place to increase GP provision and other primary services in the north of the borough to meet the demands of new residents and future residents?

Answer

Although the PCT is aware of the need to plan for future changes in population in all areas in the borough it is currently the case that:

1. We have no significant GP vacancies in the North of the borough and this has been the case for some time.
2. All current practices currently have open lists and have no reported capacity issues - all practices continue to register new patients.
3. We are working with all practices to improve their access and have commissioned an additional 41,000 appointments this year borough wide.

That said we do have multiple plans for expanded provision in the borough:

1. In Q1 next year we will open Bermondsey Spa E where we will relocate an existing practice into purpose built accommodation co-located with expanded community services. As a result of moving the practice will have expanded capacity for more patients if required.
2. In 2011/12 the PCT has approved the move of the Surrey Docks practice into purpose built premises - as and when the facility opens it will have expanded capacity under the same provider.
3. In April 2011 the PCT is seeking to expand the service offer at the current MIU on the guys site - this will combine existing services with extended general practice for registered and unregistered patients over extended hours.
4. Larcom Street – negotiations with the Terrence Higgins Trust, which has purchased the building, to provide a base for GP practice (Manor Place) and other 'out of hospital' services. This development cannot be guaranteed, in the light of the financial uncertainty, but we are working hard with partners to deliver this.

4. Can the Chief Executive confirm why none of the section 106 money that is ring fenced for health has been spent to date and what plans if any she has to spend this money in the future?

Answer

The S106 payments are to support the development of new infrastructure required because of the growing population base in the borough.

The current primary care estate is often cramped, outmoded and incapable of development or expansion. The PCT needs to provide new facilities on new sites to cope with the increased population demand and updating of facilities for the existing population.

These new buildings are expensive and beyond existing local NHS resources, and often larger than required because of the anticipated growth in population. The principle of the S106 tariff is that funding would assist the PCT over the longer term to fund these new buildings, to accrue across several areas to support the development of larger, multi disciplinary buildings to provide a wider range of services than currently offered to patients.

The PCT will be using £120,000 of S106 funding to equip the new Health Centre at Bermondsey Spa Site E due to open in April / May 2011.

Money notionally 'ring-fenced' may not be available until further down the development timeline.

Section 106

May 2010 s106 allocations (updated again in Sept 2010)

PCT banked £	<u>£727,727.00</u>
PCT non banked £	<u>£2,443,585.00</u>
PCT request for spend	<u>- £119,833.00</u>

PCT banked and non banked related to area

<u>Community council</u>	<u>banked</u>	<u>Non banked</u>	<u>total</u>
<u>Bermondsey</u>	<u>£34,238</u>	<u>£336,257</u>	<u>£370,495.00</u>
<u>Borough & Bankside</u>	<u>£417,600</u>	<u>£933,817</u>	<u>£1,351,417.00</u>
<u>Camberwell</u>	<u>£91,812</u>	<u>£219,019</u>	<u>£310,831.00</u>
<u>Nunhead & Peckham</u>	<u>£31,719</u>	<u>£67,097</u>	<u>£98,816.00</u>
<u>Rye</u>			
<u>Rotherhithe</u>	<u>£114,872</u>	<u>£294,627</u>	<u>£409,499.00</u>
<u>Walworth</u>	<u>£37,486</u>	<u>£592,768</u>	<u>£630,254.00</u>
<u>TOTALS</u>	<u>£727,727.00</u>	<u>£2,443,585.00</u>	<u>£3,171,312.00</u>

Application for S106 monies

An application has been made to use monies banked from Rotherhithe and Bermondsey CC to help pay for the set up costs involved in opening a new medical facility in Old Jamaica Road. The £119,833 was the maximum amount that was banked against the 106 sites most linked to the new development.

5. With the pending reorganisation of substance misuse services at Marina House and CDAT, what additions and changes to the service are planned, to ensure the reorganisation does not have a disproportionate effect on those with mental health issues?

Answer

Mental health considerations have always been central to client care, given the correlation between substance misuse and mental illness. A dual diagnosis care pathway has been in place for some years now in recognition of this fact. Central to the dual diagnosis pathway is early assessment of a client's mental health and then management by the most appropriate agency in the light of this. For example, mental health services would lead on the joint management of clients with more complex mental health needs.

More recently, additional psychology staff have been recruited to manage 'low level' mental health issues not appropriate for referral into specialist mental health teams. Particular emphasis will be placed on addressing anxiety and depression.

We are also part of a pilot programme to extend the mainstream Increased Access to Psychological Therapies (IAPT) programme to substance misuse clients. Previously substance misuse has been one of the exclusion criteria to this service, and we have a trial to change this. If clients are unable to access treatment at Blackfriars Road, arrangements will be put in place for them to receive a service at a location closer to home; for example, at a GP surgery or a satellite clinic



Assessment of Performance Report 2009/10

ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 : Southwark

Contact Name	Job Title
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John Wiltshire	Performance Assessment Manager
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The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.

Performing Poorly - not delivering the minimum requirements for people.

Performing Adequately - only delivering the minimum requirements for people.

Performing Well - consistently delivering above the minimum requirements for people.

Performing Excellently - overall delivering well above the minimum requirements for people.

We also make a written assessment about

Leadership and

Commissioning and use of resources

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: [Outcomes framework](#)

You will also find an explanation of terms used in the report in the glossary on the web site.

2009/10 Council APA Performance

Delivering outcomes assessment Overall council is:	Well
Outcome 1: Improved health and well-being	Well
Outcome 2: Improved quality of life	Adequate
Outcome 3: Making a positive contribution	Well
Outcome 4: Increased choice and control	Adequate
Outcome 5: Freedom from discrimination and harassment	Adequate
Outcome 6: Economic well-being	Well
Outcome 7: Maintaining personal dignity and respect	Well

Council overall summary of 2009/10 performance

The service inspection in 2009 reinforced to the council that a range of areas required strategic attention and improved performance. These particularly included its safeguarding arrangements, and also the expansion of independence and choice for service users and carers through the "Putting People First" policy agenda and developments in self-directed care. During 2009/10 new senior leadership arrangements involving additional capacity were put in place, with "Putting People First" as the overarching strategic vision. Demonstrated improvements in 2009/10 included safeguarding arrangements and re-ablement, while progress from the previous year in involving service users and carers and economic wellbeing was consolidated. Developments in public information and the experience of customers were promising. Progress was also made in the promotion of health and wellbeing. Delayed discharges from hospital, and the council's reliance on residential care, reduced although consolidation was needed in these areas. However the key priority for further development was implementation of the "Putting People First" agenda and particularly self-directed care. Both the council and key stakeholders within Southwark agreed that 2009/10 had been a foundation year with considerable further progress required, but also fully anticipated, during 2010/11. It was also necessary to take forward further shifts in the balance of care towards community-based options, support for carers and the embedding of equalities work in key policy areas. Nonetheless progress made during 2009/10 and new management arrangements put in place subsequently made it likely that further improvements envisaged during 2010/11 would be achieved.

Leadership

"People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources and develop the capabilities of people in the workforce".

Conclusion of 2009/10 performance

The council affirmed that the "Putting People First" agenda was at the centre of its strategic vision but also recognised that significant change was necessary in order to implement it effectively. Although the single management structure for health and social care offered considerable benefits to an increasingly joint policy agenda, management capacity specifically for adult social care was previously insufficient. During 2009/10 the council established a new Adult Social Care Leadership Team and from June 2009 a new Adult Care Division. Following a period of interim appointments permanent postholders were more recently in place, including the key post of Deputy Director for Social Care. Prospects for delivering substantial further progress during 2010/11 were good.

During 2009/10 improvements were made in a range of areas of previously limited performance, including reducing delayed transfers of care and shifting the balance of care, although in most of these areas further progress was still needed. The leadership team gave particular emphasis to its safeguarding objectives within the service inspection action plan, achieving most of these and being able to demonstrate improvement through quality assurance activity. Nonetheless both the council and key stakeholders within the third sector agreed that transformation of adult social care had taken off slowly in Southwark. The council met the national target for numbers of people using personal budgets, but nonetheless 2009/10 was seen essentially as a transitional year rather than one of consistent achievement in developing self-directed care. Further development was needed,

and was anticipated during 2010/11. Strategically the council needed to work with key stakeholders including service users to raise public awareness and coordinate contributions to the transformation agenda. Performance management had progressed within the council but there was a particular need to monitor new initiatives such as personal budgets with an emphasis on identifying individual outcomes.

Encouragingly, staff turnover and sickness absence reduced in 2009/10 and were comparatively low within London. Training and workforce development were in place for council staff, and would be important features of a wider whole system approach at the next stage.

Key strengths

- The council increased leadership capacity for adult social care, putting in place a new Adult Care Division and more recently making permanent appointments including a Deputy Director for Social Care.
- Progress was made in a range of areas requiring improved performance, including the safeguarding objectives within the service inspection action plan.
- Staff turnover and sickness absence were comparatively low within London.

Areas for improvement

- The newly enhanced leadership team should maximise progress on the “Putting People First” agenda including self-directed care, with an emphasis on working with key stakeholders and identifying outcomes for individual service users and carers.

Commissioning and use of resources

"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value".

Conclusion of 2009/10 performance

The joint council and PCT management structure in Southwark facilitated developments in integrated commissioning. Establishing firm commissioning foundations for "Putting People First" activity was an overarching priority and a draft Commissioning Transition Strategy was in place. Commissioners had engaged with providers through a series of workshops, and established a user and carer panel as well as working through existing forums including the Partnership Board and its subgroups. A composite view obtained from key stakeholders within the third sector recognised that the council had set up personalisation stakeholder forums but emphasised the importance of the transition plan.

The council addressed an area for improvement from 2008/09 about commissioning community-based services to meet the needs of older people with complex needs through developments in extra-care housing, telecare and home care for people with dementia. Nonetheless limited progress on shifting the balance of care and the unavailability of prompt placements in care homes for people leaving hospital suggested that further commissioning work was needed across the service user groups.

The limitations of the local residential care market were well recognised by commissioners. Despite this the council intervened effectively in relation to poor care homes and its use of care placements rated Good or Excellent by CQC increased, though it was still rather below the London average, while that of home care also increased and was at the average. Recommissioning interventions and improvements in CQC ratings resulted in reducing placements in Poor homes to zero at year end, partly achieved by the council placing embargoes on new admissions to a large local nursing home for older people.

Key strengths
<ul style="list-style-type: none"> • The council and PCT had integrated its commissioning activities and produced a draft Commissioning Transition Strategy reflecting the importance of the “Putting People First” agenda. • Commissioners engaged widely with stakeholders through a range of forums in preparing for the move to more personalised care. • The council’s use of good quality regulated care services increased and its use of Poor services significantly reduced.
Areas for improvement
<ul style="list-style-type: none"> • Maximise the contribution of integrated commissioning activity to the strategic objective of shifting the balance of care towards community-based and, especially, self-directed care. • Commissioning activity should address the lack of prompt availability of care home placements, including considering the development of alternatives such as additional extra-care sheltered housing.

Outcome 1: Improving health and emotional well-being

“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.

Conclusion of 2009/10 performance

The integration of health and social care services in Southwark encouraged developments in accessible information and advice such as a new directory of services and use of the council newspaper. The council involved users and carers in developing its customer pathways and placed adult social care staff in the new Customer Service Centre. Successful joint campaigns to promote health and wellbeing included the Silver Festival for older people. Contract monitoring with care homes and supported housing contributed to demonstrable improvements in healthy living in those settings.

A range of services were in place to prevent hospital admission, facilitate discharge and promote independence. The level of intermediate care increased but the council placed greater emphasis on the implementation of re-abling interventions. An established residential re-ablement scheme continued to promote independence, and a new community-based re-ablement service was established from November 2009. Monitoring data showed that a significant number of people using these schemes needed no further assistance or a reduced care package. An intermediate care scheme for people with mental health needs also demonstrated its effectiveness.

Delayed transfers of care attributable to adult social care reduced to some extent, though further reductions were needed. Those delays caused by slow social care assessment reduced significantly, The council reported that the main cause of delays in 2009/10 was difficulty in accessing care home placements.

Most commissioned services met the relevant national minimum standards for meals, nutrition and healthy living although fewer nursing homes met the medication standard than national comparators. Public health data showed life expectancy for 65 year olds to be above the national average, while other indicators of improving health were also encouraging. A range of joint measures by the council and PCT were thought to have contributed, including initiatives to increase physical activity, reduce smoking and build health and wellbeing requirements into contract specifications.

Key strengths

- The integration of health and social care contributed to improved dissemination of information and advice about health and wellbeing.
- Joint campaigns on healthy living included contract monitoring with residential services, and led to demonstrable improvements including in meals and nutrition.
- Re-ablement services, including a new community-based scheme, were effective in reducing the need for ongoing support.

Areas for improvement

- The level of delayed transfers of care attributable to social care should continue to reduce.
- The council should ensure that its intermediate care and re-ablement services maximise the independence of people leaving hospital and those on the threshold of residential care.

Outcome 2: Improved quality of life

“People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services.”

Conclusion of 2009/10 performance

The number of people using telecare services, previously low, improved and was on track to meet the council’s target for October 2011. The range of assistive technology available expanded. Innovations included the use of GPS tracking to protect people who wandered. The council developed a retail outlet approach to providing simple community equipment which was active through accredited retailers from February 2010, receiving good feedback from service users. Waiting periods for minor adaptations were shorter than in similar councils. The new re-ablement service achieved early good results in reducing dependency.

Although these were positive developments, the impact of other core services was more limited. Waiting periods for major adaptations increased and became comparatively long. Overall the number of people supported to live independently declined from 2008/09 and was relatively low. As a result the balance of care in Southwark did not shift away from residential care towards support in the community at as fast a rate as in other councils. The use of residential and nursing home care placements reduced overall, though remaining above that of comparators, while for people with mental health needs and younger adults with disabilities there were modest falls. Early indications suggested that improvements had emerged since 2009/10. Help provided to older people at home decreased, partly reflecting new eligibility criteria, while intensive home care was also used at a comparatively low rate. Nonetheless the number of people receiving grant-funded services from other providers such as voluntary organisations increased, suggesting a move towards prevention. At the next stage the council should consider greater co-ordination and monitoring of preventive interventions to maximise and measure their impact.

The level of support provided to carers increased but the national indicator remained below that of comparator councils, while the percentage of carers receiving a break was relatively low. In common with other councils Southwark reported support not covered by the national indicator including through transport schemes, short respite breaks and personalised vouchers for purchasing care and obtaining services from a range of venues. A number of carer-led organisations were funded to provide this support, and

feedback from carers was encouraging. However at the next stage the council should review the level and impact of services it provides to meet quality of life outcomes in Southwark in the context of the "Putting People First" policy, including both the balance of care for direct service users and the amount and effectiveness of support to carers.

Key strengths

- The council successfully addressed the previous low level of telecare it provided, innovating and expanding the range of assistance available as well as its quantity.
- A retail outlet approach to the provision of simple community equipment was quickly effective, while minor adaptations were provided promptly.
- The number of people receiving services from voluntary organisations increased.

Areas for improvement

- Increase the speed of delivery of major adaptations.
- Review the balance of care in Southwark with a view to accelerating the shift away from residential and nursing home solutions towards re-ablement and support in the community.
- Further develop coordination and monitoring to maximise and measure the impact of preventive activity.
- Monitor both the overall amount of support provided to carers and the resulting outcomes for individuals.

Outcome 3: Making a positive contribution

“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported”.

Conclusion of 2009/10 performance

Consultation and involvement of service users and carers within adult social care was extensive and was progressed further during 2009/10. A large number of voluntary sector organisations involved people in the provision of advice and simple services. A Southwark Forum was in place with contributions from over 100 voluntary groups and a subgroup dealing with adult social care. The council supported Community Action Southwark which provided capacity building to local user-led organisations and innovative consultative models such as electronic networking.

The Southwark Circle established in April 2009 was a social enterprise, member-led organisation funded by the council. It was created and operated co-productively with older people who themselves provided a range of peer support and practical services. Membership grew quickly and monitoring information showed high levels of satisfaction. The Southwark Circle model was being considered by other councils. Other examples of co-production were in place. Partnership Boards engaged people using services, such as the Learning Disability Board working through the Southwark Speaking Up Group, mental health patient experience was mapped and a Centre of Independent Living was being developed through dialogue with service users.

Although the range of consultative activities was positive the council had no single user and carer-based critical friend organisation to work with in the absence of a fully developed relationship with Southwark LINK. It should ensure that this relationship is progressed, or alternatively that equivalent sources of systematic independent feedback are available as it develops the “Putting People First” agenda.

Key strengths
<ul style="list-style-type: none"> • The council encouraged a range of organisations that assisted, involved and consulted service users and carers. • Southwark Forum coordinated the efforts of many of these organisations, while Community Action Southwark contributed capacity building and innovation. • Southwark Circle was a new development in co-productive working with older people which was well-regarded locally and of wider interest in London.

Areas for improvement
<ul style="list-style-type: none"> • The council should ensure it has access to a systematic, independent source of feedback from a user and carer-based critical friend organisation.

Outcome 4: Increased choice and control

“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.

Conclusion of 2009/10 performance

The new Customer Services Centre provided advice and support including about increased independence and self-directed care. Assessment and care management processes improved from 2008/09 but further development was still needed. Assessments were processed faster in 2009/10 but remained slower than average for London, as was the delivery of care packages for older people which had become slower. Performance on carers assessments improved but was below London averages. Similarly the number of service users receiving an annual review increased but was below the London average, while only limited anecdotal information was available about the quality and effectiveness of reviews.

These areas of performance were important within the “Putting People First” policy agenda, while newer priorities concerned the implementation of personalised services and self-directed care, which had been an area for improvement in the previous year. The council reported that it had partially achieved its resulting objectives. More older people benefited from re-ablement and the number using direct payments increased. This high level of use also increased the overall number of people using self-directed care in Southwark, which was average for London and met the national target. However people with mental health and carers were significantly under-represented. Little systematic evidence was available about the impact and outcomes from personal budgets.

Despite staff training and public awareness work including examples of success, the council reported that there was still uncertainty among local people about the benefits of self-directed care and the wider “Putting People First” agenda. Comments from both the council and from key stakeholders suggested that 2008/09 had been a foundation year involving considerable development work and initial progress, but that personalised services such as self-directed care were likely to be embedded and monitored more fully in 2010/11.

Key strengths
<ul style="list-style-type: none"> • Developments in information and advice including the new Customer Services Centre were part of the council's move towards more personalised services. • The council improved on its 2008/09 performance in some areas, including prompter assessment and the overall number of people receiving self-directed care which met the national target.
Areas for improvement
<ul style="list-style-type: none"> • Continue to improve assessment and care management processes. • Increase the coverage of annual reviews, using quality assurance to ensure that reviews are holistic and effective in moving people towards better personal outcomes. • Review and increase the take-up of self-directed care among people with mental health needs and carers. • Use quality assurance, involving service user and carer representatives, to obtain evidence about the individual impacts and outcomes from self-directed care. • Review the initial experience of providing personal budgets to ensure that learning contributes to further development.

Outcome 5: Freedom from discrimination and harassment

“People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods”.

Conclusion of 2009/10 performance

Corporately the council received a Beacon Award and Green Flag for community cohesion. Within adult social care, the council commissioned a range of services to meet the distinctive needs of particular disadvantaged groups. These included day and other services for black and ethnic minority communities, support and advocacy for the deaf community and specialist advocacy for hard to reach older people.

Following an area for improvement from 2008/09 the council monitored outcomes for people not meeting eligibility criteria and signposted them to other services, as a result of which most were appropriately helped although nearly a quarter were referred for further assessment. The council also commissioned a new supported outreach service, “Seasons”, to reflect research findings about under-representation of black and ethnic minority elders within its home support services. Other Equality Impact Assessments related to welfare catering and the development of substance misuse services, the latter resulting in a new outreach service. Nonetheless the evidence of impacts from these assessments was relatively limited. However at the next stage the council should conduct such assessments in key policy areas ensuring that equalities considerations are embedded in all service developments and that the distinctive needs of disadvantaged communities are mainstreamed.

The council was at Stage 2 of the Equality Framework for Local Government and planned to implement the next stage in 2011/12. It began to trial the implementation of a human rights based approach to care pathways.

Key strengths	
	<ul style="list-style-type: none"> • A range of services was commissioned to meet the distinctive needs of disadvantaged groups and communities, including a new supported outreach service providing home support to black and ethnic minority people.
Areas for improvement	
	<ul style="list-style-type: none"> • The council should conduct Equality Impact Assessments in key area such as safeguarding, re-ablement and/or self-directed care. • Demonstrate more fully that equalities considerations are embedded in all service developments and that the distinctive needs of disadvantaged communities are mainstreamed.
Care Quality Commission	2010 Assessment of Performance 18

Outcome 6: Economic well-being

“People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment”.

Conclusion of 2009/10 performance

The council steadily improved on its performance in 2008/09. It used a variety of approaches to maximise the incomes of vulnerable people, including its own Welfare Rights Unit and also a multi-agency joint benefit team. An estimated £7M of additional benefits were claimed in 2009/10 as a result. Southwark Disablement Association was active in this area, providing a jobseekers club as well as welfare benefits support.

The number of people with learning disabilities in paid employment in 2008/09 was high. The overall number reduced in 2009/10 but remained higher than average for London. The council's employment support programme, Southwark Works, continued to target groups such as people with physical disabilities or chronic health needs who as a result achieved positive levels of employment, training or education. Southwark Vocational Service also assisted a people with longstanding mental health needs in this way, case studies suggesting effective empowerment of individuals. A voucher scheme was available for carers.

The council awarded a contract to The Camden Society to operate a café at the council and PCT headquarters, with a target of 50% staffing by local people with disabilities. It also developed a service providing additional money management and advice to people using direct payments or personal budgets.

Key strengths
<ul style="list-style-type: none"> • Income maximisation enabled local people to claim an additional £7M in benefits in 2009/10. • A relatively high number of people with learning disabilities continued to be assisted into paid employment. • A range of schemes assisted other groups of service users, and carers, to obtain employment, training or education.

Areas for improvement
<ul style="list-style-type: none"> • Continue to emphasise income maximisation, and employment and training, to offset the effects of the economic climate.

Outcome 7: Maintaining personal dignity and respect

“People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life”.

Conclusion of 2009/10 performance

Almost all of the safeguarding objectives within the service inspection action plan from 2008/09 were carried out. The council achieved its intention to improve the governance of safeguarding by maximising multi-agency attendance, including users, carers and the independent sector, at the Safeguarding Board. The work of the Board and its five subgroups was streamlined to focus on key issues, and an independent chairperson was appointed. An objective of ensuring that the Partnership Board and Executive Group examined safeguarding trends and activity was partially achieved and resulted in changes such as training for commissioning staff.

Administrative support to the safeguarding team was enhanced to free up investigation time. A public awareness raising campaign, “Don’t turn your back on adult abuse”, resulted in an increase in the number of adult protection referrals but the completion rate remained almost as high as the previous year, and close to the London average. The percentage of staff receiving safeguarding training reduced but was at the average level, although that for independent sector staff was slightly higher than average. Staff awareness training took place as part of the induction of new staff. A risk management tool was developed and used within induction and quality assurance.

The quality of day-to-day safeguarding activity was demonstrated by quarterly quality assurance audits. These and the annual safeguarding report demonstrated various practical improvements including recording, engagement partners, reaction times to alerts and use of the risk tool. Quality assurance should next be extended to monitoring direct and indirect outcomes for individuals. Direct observation by the CQC inspection team also indicated that routine safeguarding was conducted appropriately. Major multi-agency safeguarding investigations took place concerning poor standards in care homes, one of them leading to embargoes and decommissioning.

The council placed considerable emphasis on implementing the Deprivation of Liberty Standards through a multi-agency team of

Best Interest Assessors and engagement with all care homes in Southwark. Reflecting awareness raising the number of referrals in Southwark was higher than in some similar councils, while the authorisation rate was at the average level.

Key strengths

- Safeguarding governance improved through streamlining of the Safeguarding Board and its subgroups, maximising multi-agency involvement and the appointment of an independent chairperson.
- An increase in safeguarding referrals was largely matched by consistency in the investigation completion rate.
- Quality assurance demonstrated that day-to-day safeguarding was conducted appropriately and that improvements had taken place since 2008/09.
- The Deprivation of Liberty Standards were implemented thoroughly.

Areas for improvement

- Complete the remaining safeguarding objectives on the service inspection action plan, such as scrutiny by the Partnership Board and Executive Group.
- Continue developments in the quality assurance of safeguarding, including monitoring direct and indirect outcomes for individuals.

Item No.	Classification: Open	Date: 29 November 2010	Meeting Name: Health and Adult Care Sub-Committee
Report title:		Southwark Circle: One Year On	
Ward(s) or groups affected:		All wards	
From:		Deputy Director, Adult Social Care	

RECOMMENDATION(S):

1. That Health and Adult Care Sub-Committee:
 - a. note the six month update on activities and project progression of Southwark Circle requested by the Overview and Scrutiny Committee in March 2010.

BACKGROUND INFORMATION

2. In June 2009, Southwark Council launched Southwark Circle - a membership organisation for older people which provides both help with practical tasks and also includes a social network that aims to increase opportunities for local residents to build up their own informal support networks.
3. Southwark Circle was developed following joint research in 2007 between the Department of Work and Pensions (DWP), Participle (a think-tank organisation), BSKyB (the media and broadcasting company) and Southwark Council. These organisations came together to ask the question “could old age and social care in Britain be different?” The innovative research that was subsequently undertaken in Southwark particularly focused on how to create and maintain the social relations that generate a good quality of life and wellbeing for older people who do not live close to their families. This research included discussions with older people in Southwark in which they talked about the type of service that they felt was missing and would really help them. From these insights Southwark Circle was designed, and it was done so jointly with those who said that they would value this type of service.
4. The research and subsequent establishment of Southwark Circle is particularly important to the Council in consideration of its aim to shift the balance of care in Southwark, that is, to move away from a system where there is more intensive nursing and residential care and towards one where people are supported to remain living in their own homes. By providing an environment where Southwark Circle members are able to get help from the ‘circle’ to sort little things out and get jobs done, and also where social activities and friendships can be fostered, Southwark Circle aims to help people to stay active longer and to build confidence and self-esteem. The research suggested that this would help Southwark Circle members stay living in their own homes longer, prevent them becoming isolated, with all of the risks associated with this, and would reduce the likelihood of members needing to go into care.

5. This work is particularly important at a time when the public sector is facing budget cuts. Currently 72% of the council's total health and social care budget is spent on residential placements including nursing and care homes
6. Southwark Circle required initial investment to "get off the ground", however its business model was specifically developed so that the organisation would be able to become self-sustaining after three years and not a call on the public purse. The Council's then Executive Member for Health and Adult Services agreed to allocate £1m grant funding to develop Southwark Circle in March 2009.
7. Since being established, Southwark Circle has received keen interest from social care commentators, politicians and the national media and as been cited as a possible exemplar model for reducing dependency on health and adult care services. The coalition Government's vision for adult social care published in November 2010 cited Southwark Circle as an example of a successful model that is helping to reduce people's dependency on care services.
8. Southwark Circle models have been adopted in Hammersmith and Fulham and Suffolk, and both Lambeth and Lewisham are also looking into this approach.
9. The Southwark Circle One Year Report is attached as an appendix to this report.

PROGRESS

10. Approximately 500 people are members of Southwark Circle as either members or members who are also neighbourhood helpers. Anyone aged over 49 who lives in Southwark can be a member of Southwark Circle, and packages start at £20 a month. At the individual level, Southwark Circle delivers flexible support with life's practical tasks to members. There is an opportunity to learn and a social network for building and maintaining relationships around shared interests and hobbies. Crucially, Southwark Circle does this by allowing those that seek support in some areas of life to provide help to other members, in other areas of life. The outcome is a more connected, supported person, who is part of a service that evolves with them as they age.
11. Neighbourhood helpers are people of all ages who share their talents and skills in order to provide Southwark Circle members with their needs (perhaps putting up some shelves, or doing some gardening). Many members of Southwark Circle are, as well as being members, also neighbourhood helpers and this is encouraged. Of the 500 members of Southwark Circle, approximately 80 are Helpers, which is a 1/6 ratio
12. About 45% of neighbourhood helpers were not engaged in paid work at the time of joining. Many were either receiving unemployment benefits or working freelance, and at risk of falling into this situation. Approximately 10% of these have since moved into full-time work as a result of the structured commitment, confidence boost and inclusive nature of being Neighbourhood Helpers.
13. The location of Southwark Circle members ranges across the borough, with a concentration in Peckham, Camberwell and around Elephant & Castle. The age range of members spans 49-96 years of age, of these 1/3 of members are aged under 65 and the average age of members is 70.

14. Southwark Circle is currently undertaking a Christmas membership drive (approx. 3,000 leaflet mail shot), with targeted marketing materials going out to groups from Carers to local Housing Association residents to Freedom Pass Holders, and a push in local outreach work in public spaces around the holiday period.

GOVERNANCE AND MONITORING PROCEEDURES

15. Currently a steering group of Southwark Circle meets quarterly. The steering group is comprised of senior officers of Southwark Council, including the Deputy Director of Adult Social Care. The steering group provides strategic advice as well as looking at scoping opportunities to further expand and enhance the objectives of the organisation.

FINANCIAL EXPENDITURE AND VALUE FOR MONEY

16. Southwark Circle has started developing a measurement framework that allows the organisation to measure social impact for individuals, the community and other stakeholders in a non-invasive way.

17. Southwark Circle has begun looking at a quantitative impact model to measure, in monetary terms, three types of cost savings:

- **Actual Savings (Council and Health):** savings that the council will potentially be able to directly achieve from implementation.
- **Preventative Savings:** these are savings that can be potentially 'indirectly' achieved, i.e. savings arising from actions that have the effect of preventing certain costs from occurring in the future.
- **Better Value:** these savings relate to being able to more effectively coordinate or use existing services & infrastructure to increase the number of older people who use the service and/or infrastructure.

18. The following table summarises Southwark Circle expenditure to date:

Type	Funding	Spent to date	Remaining
<i>Launch Funds</i>	£250,000	£225,000	£25,000**
<i>June-Sept 09</i>	£62,500	£55,109	£7,391
<i>Oct-Dec 09</i>	£62,500	£57,745	£4,755
<i>Jan-March 10</i>	£62,500	£59,839	£2,661
<i>April-June 10</i>	£62,500	£76,663	0
<i>1 June - 31 Aug 10</i>	£87,500	£77,193.50	£10,306.50

*All Remaining funds must be re-allocated and approved by Southwark Council contract officer on quarterly basis

**Contingency fund as per pre-agreed budget

FURTHER DEVELOPMENT

17. There are a number of areas where the Council and Southwark Circle see the potential for further work in the coming year.

18. Initial testing has begun on increasing the level of home-care packages that Southwark Circle can offer. Homecare for elderly residents in Southwark currently costs Southwark Council £13million for 2,500 users. Southwark Circle will begin piloting this with 5 members, who are currently receiving care, to prototype a work-package that Southwark Circle could undertake and scale up.
19. Southwark Circle is projected to have just over 800 members by June 2011 and to function as a self sustaining social enterprise by April 2012, with a projected membership of 1785.
20. Southwark Circle will continue to develop their methodology of measuring social capital. Cost savings will become more evident in year 2 and year 3 as the impact of services offered by Southwark Circle will become more transparent in measuring value for money against the current cost savings model.



One Year On



July 2010

Statement of Confidentiality

The information contained in this document is proprietary to Southwark Circle CIC.

Southwark Circle CIC submits this document on the understanding that it will be held in the strictest confidence and will not be disclosed, duplicated or used, in whole or in part, for any purpose other than the evaluation of Southwark Circle CIC's performance, without written consent of Southwark Circle CIC.

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- I. The Circle Concept
 - II. Southwark Circle: One-Year On
 - III. Members and Helpers Speak Up
 - IV. Key Learning and Insights
 - V. Measurement – Social Impact & Cost Savings
- Appendix A: Service Request Breakdown**

I. The Circle Concept

Circles are membership organisations representing a cultural shift in the relationship between older people and state sponsored support.

The concept and business model have been co-designed and developed, in conjunction with Participle, over three years, with over 1000 older people and their families, beginning in Southwark, but now extending to communities across Greater London and to more rural areas in East Anglia. Through their contributions, they have shaped a service solution that will help them live the lives they want to live, from their fifties to their nineties and beyond. They have helped shaped the vision behind it, and have voted with their feet by joining a network that allows people to be 'each other's solution,' in a light but structured manner, and open to all.

At the individual level, a Circle delivers flexible support with life's practical tasks (from DIY to gardening to technology), an opportunity to learn and a social network for building and maintaining relationships around shared interests and hobbies. Crucially, it does this by allowing those that seek support in some areas of life to provide help to other members, in other areas of life. The outcome is a more connected, supported person, who is part of a service that evolves with them as they age. The social impact is an increase in quality of life, an improved sense of well being and new relationships and acquaintances that lead to an increase in social capital.

At the community level, the service also rebuilds the networks that enable greater local economic development. It does this primarily through member interaction with people called Neighbourhood Helpers. These are people of all ages who share their talents and skills; each of them is CRB and reference checked and some are paid the London Living Wage for their time. Helpers may also be members, and our experience tells us that approximately 1/3 will be over 50 years of age themselves.

For local authorities, it subverts the existing culture of 'us' and 'them', the 'able' and 'needy.' It is a new culture in which members own their own needs, and get supported to find solutions. It answers the demand to deliver personalised, preventative services in ways that leverage the resources and capabilities latent in communities. Circles are collaborative organisations and partner with other organisations for the benefit of members. It improves efficiencies between existing services and creates significant long-term cost savings in the context of a challenging fiscal environment.

What follows is an in-depth review of the first year of Southwark Circle, which is the flagship Circle. There are Circles being launched in Hammersmith & Fulham and in Suffolk County in the autumn of 2010, with five more planned to launch in 2011.

II. Southwark Circle One Year On

“When the system stops rewarding complexity, it is the people who figure out how to work simply in the present, rather than the people who mastered the complexity of the past, who get to say what happens in the future. (For example) a service business does best not by trying to do things on behalf of its users, but by providing a platform for them to do things for one another.”¹

Southwark Circle’s first year is a story of relentless drive to work simply, fail cheaply and build a platform for a new type of support, including methods for people to be ‘each others solution.’ One of the biggest challenges has been forging a community of ‘we’ in an overly regulated eco-system that all too frequently creates ‘us and them.’ This will take time and the commitment of many. In the spirit of building community, and a new membership organisation, when we say ‘we’ anywhere in this document we mean everybody: members, Neighbourhood Helpers and the team in the office. So what have we done this year?

For one, we’ve grown in number. We’ve exceeded our first-year targets for new members by 15% at 346 members (as of 1st May 2010), and we’ve consistently attracted a motivated group of local Neighbourhood Helpers that now stands at 55 people (again, as of 1st May 2010). It is truly a group of 400 people that every day, week and month proves that there are alternate ways to receive support and flourish. While we are aiming to more than double the size of the community in the coming year, we also know that we must do so while continuing to learn from user insights and innovate more tailored service offerings for some, and offer more regular services for others.

We’ve built a scalable, easy-to-use back office technology platform for Circles, with intuitive and sensible operational processes that underpin a dynamic, distributed model for service delivery. All this makes it possible to spot trends in requests for practical services, social interactions, usage of tokens and overall participation by members and Helpers. The combination of this capability with a free phone number, which members use more than any other method of communication, means that as an organisation we can adapt and evolve in line with what the community wants, or needs.

This report also outlines the work we’ve been doing to measure social impact. We believe this to be truly ground breaking work, as we do not know of other organisations that measure their success, in real-time, through social impact metrics such as ‘relationships initiated’, and that have the data to back it up. We know that the literature around social capital and quality of life are thoroughly researched and proven, and we’re taking it one step further by integrating concrete measurement of social impact into the way we work.

¹ Clay Shirky, writer, thinker and author of “Here Comes Everybody”

We hear from members and Helpers all of the time. Indeed, continuous feedback is the DNA of every Circle. But for this report, we have also interviewed a cross-section of members and Helpers to provide a more detailed look at their experiences in the first year. The next section of this report is their words on the different elements of Southwark Circle.

We deliberately avoid intrusive data capture methods, so associated with the old cultures of 'service provision'. Apart from simple data capture upon signing up as a member, we will hold off on a detailed questionnaire and evaluation processes, and will do so until the end of 2011. This document is a review, and is the result of some 'soft' interviews and the data we capture in our members management system.

In closing, we would like to thank Southwark Council for their vision and support in developing and launching the flagship Circle in Southwark Circle. We are proud to work with them as a partner and look forward to the coming years, both the challenges and the opportunities. Together, we asked people if they wanted be involved in creating a different way of doing things and here, in essence, is what they've said (hint: Yes!):



III. Members and Helpers on Southwark Circle

What the people say...

On Being a Member:

"Other organisations, it's as if you've been given something which is good. But Southwark Circle is more you're doing things with other people because you choose to. It's not like, 'you poor little victim, you.' I don't think that mentality does anyone any good."

"I've had an insight into lives I wouldn't normally see in my social circle."

"I've learnt that you can expect more from people than you think. One lady I used to bump into every now and then, she's joined and I've bumped into her at the park since. I thought, 'this woman is more interesting than I thought, once we got past the 'how's the husband conversation.' I really hadn't given regard to what people could actually contribute within themselves, if you get to know them."

"It's nice that I belong to it and I don't mind paying, I can afford to pay for things now."

"It's made me more aware and more helpful in meeting and dealing with people, it's almost becoming more integrated in your community, isn't it."

"I'm glad that the group of people who have formed Southwark Circle can make a little contribution themselves, everyone must feel that they value themselves more when they do make a contribution."

The Social Side:

"My life was comparatively quiet before I joined in the social arm of Southwark Circle. I'm doing more things that I used to because I'm now retired, you see, and I am on my own."

"I became a member because I wanted a recommendation for a plumber, I saw the Member Calendar and jumped at it. I thought, 'I'd like to get involved with that.'"

"You meet other people, mixing with people is good, it doesn't cost the earth. Plus, I'm a carer and I think this sort of organisation is ideal for carers if they need to get a away for a while."

"Now that I'm a member of Southwark Circle, I've got the choice of staying indoors or going out a X times a month, and as you get older, the more you get out, the better for you. And just meeting new faces, new people."

"You are truly welcomed when you go anywhere. You're not isolated."

"With other groups I go to, people come for the food. I shouldn't feel that, because there are many other reasons why people do things, but to me their interest is so shallow. The people I've met through Southwark Circle are people who want to do things for themselves."

"When I went to the Christmas party, I had about three people's telephone numbers, we were all sitting at the same table together."

"I felt very at home, if you know what I mean. I don't mind going now. Before, I've never been the sort of person to go to anything like that, a bit nervous. I'm not nervous now of going. I still feel a bit shy but I'm a bit more open."

The Practical Side:

"The focus of this is getting the best you can from life, and I'm a firm believer in that. It's sort of getting means to deal with life, and knowing, 'this is what you can do if such and such needs doing.' It makes a difference to your mental state."

"To start with I was attracted to the practical side, since everything to do with the maintenance is down to me, and being a pensioner if you call in a regular trades person you have to pay through the nose, if you can find someone who will bother with the small jobs anyway. Those small jobs make a lot of difference."

"I'm the sort of person that, if I've not tried something before, I'm not confident. But with someone there saying, "this is what you do" then I think I can do it."

"I said to [the Neighbourhood Helper] who came, "I really ought to clean up my wormery." At a push I could do it on my own, but having someone there to sort of do it with you encourages you to get on with it."

"I wanted an outside aerial fitted, and I asked Southwark Circle about it. They gave me a couple of names for recommended trades people. I've used one of them and have been very pleased with them. You see, even for the bigger jobs that you wouldn't use a token for, you still feel more confident about. These things make a lot of difference for those who want to live independently."

On Being a Helper:

"(I like) it's flexibility and variability, because you didn't have to be an expert at anything and I'm not. You could pick and choose jobs for which you were suitable and you weren't pressured into doing more than you could."

"I thought this looks like an interesting, novel idea in that it benefits the local community, helps individuals and also gives personal satisfaction, whilst doing something useful and whilst also earning pocket money. So it appealed me in its self-help ethos."

"I think [without payment] it would have largely felt like do-gooding, and I've never done any charitable work like that. I mean until recently I've been working full time. So I probably would have seen that as a bridge too far. Although the payment is nominal, I think it's psychologically important and it also made the ethos of the whole thing more attractive because it wasn't people volunteering and helping out in an ad hoc 'grace and favour' way. I like the notion of the circularity of it; that the people who use the service paid something for it and equally those who helped out were paid something too."

"I really enjoy the interactions, being self-employed and a home worker, you become very friendly with the people in the local coffee shop. But you never really see people from day-to-day. So it's having the conversations, going out and having the interactions. In the way it's the same as what some of the other members (are doing), where they are now having some interactions with people, where as before perhaps they didn't."

"My mother-in-law was involved in a church in her village and they were short of a mini bus driver. I thought I could do something like that and my wife said 'why don't you do something locally in London' and I saw this. At the time, work was slow and I thought if it's another £30-£40 coming in a month then that helps."

IV. Key Learning and Insights

Marketing & Membership

The trigger that motivates most members to join is only the beginning of the relationship. Whether they joined because something came up that needed doing around the house, or because they were interested in going to a specific event on the member calendar, members are 'trained' over time as to how to get the most out of being members. We have learned to recognise patterns and behaviors that will help make the service more relevant to members' lives, and how to encourage this with positive outcomes and potential cost savings. We have been surprised by how fast people have tailored membership to their lives, and have been running as fast as we can to 'package' this raw demand into new services.

The Language and Culture of 'the Circle System'

We have learned that language and culture are crucial to encouraging contribution, participation and unlocking people's capability to do things for themselves, and others. It is very nuanced, very subtle, but when you get it right, it works, and if wrong, doesn't. Every turn of the phrase in the monthly newsletter, the way in which the monthly member calendar is developed, the Helper induction, each of these must be aligned. The way that a Circle 'looks' and 'sounds' is a departure from traditional services, which means that members have a different perception of the role of the service in their lives, and in how they interact with it.

The Circle Operating Model

We now know that a demand-led, community-delivered business model can work in practice, and deliver a real alternative to the existing system. There is no need to ramp up our model on the infrastructure side; indeed we have found partnership difficult with organizations that depend on buildings, especially those whose business models are built on running day care centres.

Community Segmentation

Members have joined from across the spectrum of ages, backgrounds, financial situations, and we know that Southwark Circle's community is representative the economic and ethnic diversity of Southwark itself. That said, it's the behaviour that matters to us, i.e. what are key triggers to joining, how are people using tokens, when is take up rate highest? The 'tokens' system was introduced during the first year, and, for many members who regularly use tokens, the service has become more flexible. This has resulted in a more dynamic, natural usage of Helpers by members. It has also paved the way for a more accessible, structured social offer via the member calendar, which is where relationships are established, and this is exactly what we want to happen.

Collaborative Work – An Opportunity for Carers

We have noted that a significant percentage of early adopter members are carers for a family member, partner or friend. Clearly the proposition works for this group, and both ongoing feedback and more in-depth interviews for this review have demonstrated the benefits to their lives and to their family. There is a great opportunity here and we've focused resource and partnership efforts, with both Southwark Council and its third sector partners, on ensuring Circle membership becomes even more compelling to carers.

Social Impact & Neighbourhood Helpers

We have been overwhelmed by the 'stickiness' of the Helper proposition in today's cultural and economic context ('give back to my community and pay off my mobile bill'). Furthermore, joining the Helper network turns out to be a great 'slip road' job into work, or into semi-retirement, for men in particular.

IV. Measurement – Social Impact & Cost Savings

What do we measure?

We have dedicated considerable time and other resources in our first year to developing a measurement framework that allows us to measure our impact for individuals, the community and other stakeholders. Southwark Circle has been designed as a self-sustaining social enterprise, and as such must not only breakeven but must also demonstrate that it is achieving its social mission: to improve the lives of its members. We measure social impact in qualitative terms, i.e. what is the societal value created for individuals and the community. The framework is underpinned by Participle's mission statement, Beveridge 4.0.²

We measure our impact in monetary terms through our cost savings model, which measures across three types of cost savings³:

- **Actual Savings (Council and Health):** savings that the council will potentially be able to directly achieve from implementation.
- **Preventative Savings:** these are savings that can be potentially 'indirectly' achieved, i.e. savings arising from actions that have the effect of preventing certain costs from occurring in the future.
- **Better Value:** these savings relate to being able to more effectively coordinate or use existing services & infrastructure to increase the number of older people who use the service and/or infrastructure.

What were the cost savings from year one?

Two big caveats need to be placed right upfront. First, we are social entrepreneurs, not consultants. We do not review council activity and make recommendations on how it should conduct its business. We build innovation-based new enterprises that offer an alternative approach to the current way of doing business.

Second, the potential cost savings below do not reflect recommendations made to Southwark Council, nor have they been submitted as evidence for the purpose of discontinuing service provision or existing funding to specific providers.

Having said that, we know that our social enterprise results in cost savings for Southwark Council, and have consistently seen strong evidence of preventative cost savings (e.g. "I know I visit my GP less since I joined Southwark Circle.")

² http://www.participle.net/images/uploads/Bev_4_final.pdf

³ Each local authority is different, and each Circle maps its cost savings onto this landscape. Interested parties are invited to contact Hugo Manassei (hugom@participle.net) for more information on the full cost savings model.

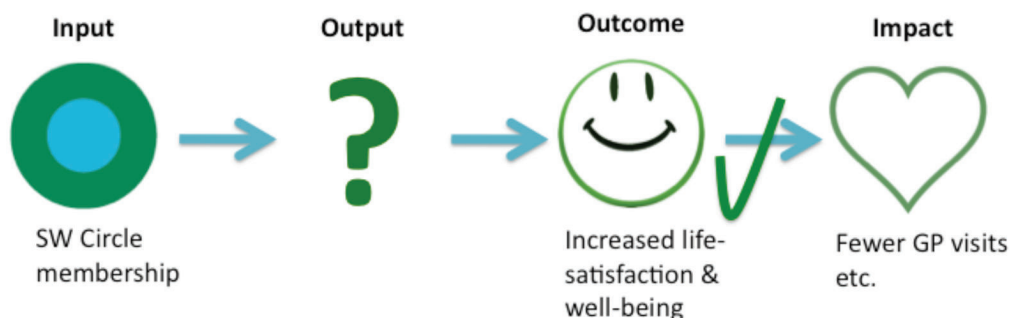
We have calculated approximately £275,000 in total cost savings that Southwark Council could act on, just in the first year, and bear in mind, according to the model, costs savings follow an exponential curve, really ratcheting up in year three onwards. Here are examples from Year One:

- As of May 2010, Southwark Circle's monthly delivery of home maintenance, gardening and other domestic odd jobs, has generated savings of £85,000 in relation to what this would have cost if delivered through traditional methods. If Southwark Council decided to seek additional 'actual' cost savings through seeking alternatives to a Council-delivered Handyperson service (annual funding ~£125,000), the Helper network is scalable and could easily cope with additional demand;
- We know that approximately 45% of members have engaged with self-arranged social activity in the community that would not have happened were they not members, around once a month on average. If this was provided through a public service provision such as day-care centres, the cost would have been approximately £58,500;
- Approximately 5% of Southwark Circle members (as of May 2010) previously received benefits under more comprehensive FACS criteria at Moderate level and now meet their needs for practical support through Southwark Circle. To our knowledge, none of these have been re-assessed as Substantial, i.e. they self-assess through Southwark Circle and do not require adult social care benefits. This generates a notional cost savings to Southwark Council of £18,000 in home care costs.
- About 45% of Neighbourhood Helpers were not engaged in paid work at the time of joining, many were either receiving unemployment benefits or working freelance, and at risk of falling into this situation. Approximately 10% of these have since moved into full-time work as a result of the structured commitment, confidence boost and inclusive nature of being Neighbourhood Helpers. Clearly there are cost savings here, but we believe further research must be done before including this figure into our cost savings model.

What was the social impact created?

In order to assess the impact of Southwark Circle, we first formulated its "theory of change", depicted in a simplified manner below. For example, we know from a vast amount of peer-reviewed scientific literature that there is a strong relation between increased life-satisfaction and fewer GP visits. Therefore, if Southwark Circle could demonstrate that membership leads to significantly increased life-satisfaction, amongst other factors, this would be highly relevant.

How do we measure social impact?



The question mark, symbolizing the link between Southwark Circle membership and increased life-satisfaction, is no mystery to us; from research in Sociology and Social Psychology⁴ we know that factors like increased Social Capital or perceived self-efficacy lead to higher life-satisfaction and 'subjective' well-being. Consequentially, we focus on finding out from members themselves whether membership leads to an increase in these factors. Early evidence, such as the following case study, points in this direction.

An example: Adele's story

Adele is retired and lives alone, her friends reside on the other side of London. Because of an accident, she doesn't go there to see them very often. She initially became a Southwark Circle member upon referral from a neighbour because she needed a plumber. After discovering the social events facilitated by Circle and suggested by members, she has attended gatherings on a monthly basis.

We used the Life Satisfaction scale to ask Adele about her experience with Southwark Circle. The question is: "All things considered, how satisfied are you with life as a whole nowadays?" (0-10, 0=not at all satisfied, 10=absolutely satisfied). Adele reported a significant increase in life satisfaction (7 to 7.5 = 7%) due to the regular outings with and contacts through Southwark Circle. She would like to see a few people more regularly and expects another increase in life satisfaction (7.5 to 8 = 6%) if she makes friends. We know that many other members have had similar experiences like Adele, and, once completed, the Southwark Circle Impact Assessment will give an exact number. Based on this, it will be possible to determine the comprehensive social impact of Southwark Circle's work on an ongoing basis.

We are currently testing a new tool allowing us to measurement of the following capabilities (data as of May 2010):

⁴ For instance, the European Social Survey (ESS)

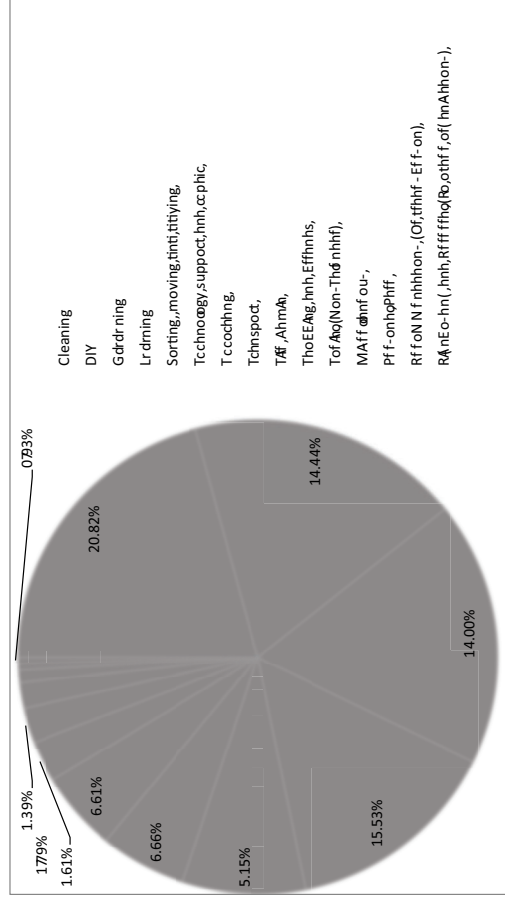
Category	Data Collection	In short	Example	% total members
Aspiration or Capability Unlocked	Self-reporting/ testimonials, observance, structured interviews	Could but wasn't	"Betty pushing Jean around in her wheelchair after reporting mobility problems"; Dorothy said, "getting help gave me confidence to fix things myself."	9%
Lifestyle changed		Change in ongoing behavior	Stan manages to stop smoking after being supported by Circle.	10%
Relationship initiated			Susan and Barbara meet at social event and then go shopping together.	8%
Skill acquired		Couldn't and now can	Robert learning from a helper how to operate a mobile phone, computer, etc.	12%

Appendix A: Service Request Breakdown

Month	Total completed SR's		% of SR's using a token	
	Token	Non-token	Token	Non-token
May-09	3	0	100.0%	
Jun-09	23	3	87.0%	
Jul-09	22	1	95.5%	
Aug-09	20	0	100.0%	
Sep-09	41	0	100.0%	
Oct-09	21	1	95.2%	
Nov-09	23	0	100.0%	
Dec-09	38	5	86.8%	
Jan-10	41	7	82.9%	
Feb-10	52	2	96.2%	
Mar-10	71	9	87.3%	
Apr-10	56	13	76.8%	
May-10	57	17	70.2%	
Jun-10	68	17	75.0%	
Totals	536	75		

Non-Token Breakdown		
	Number of non token jobs	Percentage of non-token jobs
Recommendations (Of tradesperson)	22	29.33%
Signposting and Referral (To other orgs)	17	22.67%
Transport	13	17.33%
Life Admin	8	10.67%
Social (Non-Calendar)	5	6.67%
DIY	2	2.67%
Learning	2	2.67%
Miscellaneous	2	2.67%
Shopping and Errands	2	2.67%
Gardening	1	1.33%
Technology support and repair	1	1.33%
Personal Care	0	0.00%
Cleaning	0	0.00%
Decorating	0	0.00%
Sorting, moving and tidying	0	0.00%
Totals	75	

Token Breakdown		
	Number of token jobs	Percentage of token jobs
Cleaning	96	20.82%
DIY	85	18.44%
Gardening	83	18.00%
Learning	67	14.53%
Sorting, moving and tidying	38	8.24%
Technology support and repair	27	5.86%
Decorating	25	5.42%
Transport	13	2.82%
Life Admin	11	2.39%
Shopping and Errands	8	1.74%
Social (Non-Calendar)	4	0.87%
Miscellaneous	2	0.43%
Personal Care	2	0.43%
Recommendations (Of tradesperson)	0	0.00%
Signposting and Referral (To other orgs)	0	0.00%
Totals	461	



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