

Health and Social Care Board

Thursday 2 December 2010
6.30 pm
160 Tooley Street, SE1 2TZ (Room G01a)

Supplemental Agenda No.1

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Contact

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

Date: 29 November 2010

Item No. 7.	Classification: Open	Date: 2 December 2010	Meeting Name: Health and Social Care Board
Report title:		A Vision for Adult Social Care – Capable Communities and Active Citizens	
Ward(s) or groups affected:		All	
From:		Susanna White, Strategic Director of Health and Community Services, Southwark Health and Social Care	

RECOMMENDATION

1. That this report is noted.

BACKGROUND/CONTEXT

2. The Department of Health published a Vision for Adult Social Care titled *Capable Communities and Active Citizens* on 16 November 2010.
3. The appended slide presentation contains a summary of the Vision, which is presented to the Board for information.

KEY ISSUES FOR CONSIDERATION

4. The Vision sets out the Coalition's government's thinking on the future direction for adult social care. Southwark Health and Social Care will be refreshing its own vision for adult social care over the next few months which will be presented to The Council's Cabinet for approval early in 2011.

RISK FACTORS

Financial costs: Not applicable.

Human resources: Not applicable

Legal: Not applicable

Community Impact

5. The local Vision is being refreshed and will be presented to Cabinet in the new year.

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	A Vision for Adult Social Care – Slide presentation

Lead Officer	Susanna White, Strategic Director of Health and Community Services, Southwark Health and Social Care	
Report Author	Sean Morgan, Director of Performance and Corporate Affairs, Southwark Health and Social Care	
Version	Final	
Dated	29 November 2010	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law and Governance	No	
Finance Director	No	
Director Social Services/ CE PCT	Yes	Yes
Cabinet Member	No	
Date final report sent to Constitutional Support Services/ PCT dispatch	29 November 2010	

A Vision for Adult Social Care: Capable Communities and Active Citizens

Health and Social Care Board

2 December 2010

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The Department of Health Vision for Adult Social Care

The DH Vision *Capable Communities and Active Citizens* was published on 16 November, it focuses on the Government commitments to:

- Breakdown barriers between health and social care funding to incentivise preventative action
- Extend the rollout of personal budgets to give people and their carers more control and purchasing power; and
- Use direct payments to carers and better community-based provision to improve access to respite care

The national Vision is built on 7 principles

Prevention: empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence.

Personalisation: individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.

Partnership: care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils - including wider support services, such as housing.

Plurality: the variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers.

Protection: there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.

Productivity: greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability.

People: we can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so.

Prevention

- Councils can play a vital role in leading change and stimulating action within their communities. Their broader role in promoting health and well-being will be enhanced by the new public health functions outlined in the White Paper *Liberating the NHS*,⁷ and by joint working with GP consortia on planning and commissioning services
- Developing community capacity and active citizenship: Southwark Circle is highlighted as a flagship example
- Carers are the first line of prevention, there will be a new national carer's strategy
- Re-ablement (short term interventions to help people recover their skills and confidence after an episode of poor health) to be expanded, and partly funded by the NHS
- Use of telecare to promote independence and housing-related support such as 'Supporting People'

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Personalisation

- People, not service providers or systems, should hold the choice and control about their care
- Councils should provide personal budgets for everyone eligible for ongoing social care, preferably as a direct payment, by April 2013
- This requires a wholesale change – in staff attitudes, reform of financial and management and information systems, and reduction of inflexible block contracts
- Emphasis on outcome-based tools and outcome-based assessment and review processes
- Local voluntary and/or community organisations (including user and carer-led organisations) to provide support, advocacy and brokerage services
- Provision of information and advice is a universal service, with Councils to improve the range, quality and accessibility of information and advice

Plurality

- The increased use of personal budgets, alongside people funding their own care, will be a catalyst for change
- People will demand the services they want to meet their needs, creating truly person-centred services
- These will be delivered by organisations that can respond to the demands of their communities
- Councils have a role in stimulating, managing and shaping this market, supporting voluntary organisations, social enterprises and mutuals to flourish and develop innovative and creative ways of addressing care needs
- Councils need to move away from traditional block contracts and support the growth of a market in services that people want
- Councils will need robust evidence about what local markets offer and how they operate
- There should be a fair playing field for providers, particularly for small providers who often struggle to engage with formal tendering processes

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Partnership

- Local councils should:
 - exploit the opportunities of the NHS White Paper to play a lead role in their communities, ensuring local services are more coherent, responsive and integrated. Together with the NHS and other partners, councils should agree a shared view of local priorities and outcomes to be achieved, and deliver commissioning strategies to meet the needs of their local populations – including the most vulnerable;
 - work with the NHS and other partners to pool and align funding streams at the local level and alert the government if there are any barriers to this local flexibility
 - ensure a joined up approach is taken within Councils, including for young disabled people, making the transition from children's to adult services
- People with learning disabilities can use their personal budgets, drawn together with other appropriate funding, to buy the support they need to get and keep a job or self-employment
- It is likely that expenditure on adults with significant disabilities could be reduced if funding were used for supported employment rather than leisure-focused day services

Protection

- All staff need to see safeguarding and providing a high quality service as central to their role. Providers and commissioners of services should ensure their staff provider safe, high quality care, inc. rigorous pre-employment checks and monitoring of their work
- A modern social care system needs to balance freedom and choice with risk and protection
- Local councils should:
 - ensure that everyone involved in local safeguarding is clear about their roles and responsibilities;
 - ensure that people who need care and support to maintain their independence have their right to personal autonomy respected, underpinned by a proportionate approach to the management of risk; and
 - champion and support safeguarding within communities. Citizens and communities have a part to play in preventing, detecting and reporting abuse and neglect.

Productivity, quality and innovation

- The Spending Review allocated £1b through the NHS to be spent on measures that support social care but also benefit health
- It is vital that Councils deliver lasting reforms and redesign their services to deliver efficiencies and transform how social care is delivered
- Prevention and re-ablement services to reduce the cost of intensive care packages
- Integrated crisis response services that respond within a 4 hour period could save money for PCTs and Councils
- Savings can be made by introducing integrated telecare support to people
- Use of supported and extra care housing rather than long term residential care can provide better outcomes at lower cost
- Councils must ensure they minimise spend on back office administration and replace poor value services
- Councils should show they have reduced unnecessary management costs in their assessment and care management processes and redirected it to funding more care and support

Transparency in Outcomes: a Framework for Adult Social Care

The DH is consulting on a new outcomes framework, with five core elements:

1. **Build the evidence base** – being clear about what high quality looks like in adult social care, and building the supports for evidence-based best practice.
2. **Demonstrate progress** – a consistent data set which supports councils and communities to understand progress and to hold organisations to account.
3. **Support transparency** – reporting to local citizens on the quality of social care and outcomes achieved to support public accountability.
4. **Reward and incentivise** – promoting sector-led quality improvement and the role for stronger incentives for providers and commissioners.
5. **Secure the foundations** – ensuring that essential standards of quality and safety underpin service provision to protect the most vulnerable.

Item No. 9.	Classification: Open	Date: 2 December 2010	Meeting Name: Health & Social Care Board
Report title:		Changes in the NHS nationally and locally and implications for partnerships in Southwark	
Ward(s) or groups affected:		All	
From:		Chief Executive NHS Southwark and Strategic Director of Health & Community Services Southwark Council	

RECOMMENDATION

- 1 The Board is asked to note:
 - i) The response of Southwark Council to the NHS changes as set out in the Cabinet report of 23 November 2010.
 - ii) The approach of NHS Southwark to the changes as set out in the Board report of 18 November 2010.
 - iii) The agreed process of due diligence between Southwark Council and NHS Southwark.
 - iv) The joint work to develop the Health & Wellbeing Board
 - v) The confirmed support for the early development of a consortium of GPs in Southwark as a pathfinder for GP commissioning.

BACKGROUND INFORMATION

2. The White Paper *Excellence and Equity – Liberating the NHS* sets out far reaching proposals affecting health services, including the abolition of PCTs, commissioning by GPs, and a new Public Health role for councils.

MATTERS FOR CONSIDERATION

3. The Cabinet of Southwark Council, at its meeting of 23 November 2010, agreed a report and recommendations on this issue. This report is attached at Appendix 1.
4. NHS Southwark is implementing a range of measures in response to central government and NHS London guidance. These affect the long standing partnership between the two organisations.
5. The community health services of NHS Southwark – the “provider arm” are planned to merge with those of NHS Lambeth and move into Guy’s & St Thomas’s NHS Foundation Trust (GSTTFT). This is part of the separation of the commissioning and provider functions of PCTs required by the previous government and confirmed by the coalition government. The deadline for this is April 2011 and the work is on schedule. It affects many jointly provided services across adults and children’s care. The Council will need to forge new relationships directly with GSTTFT to ensure continuity of care.

6. The White Paper – *Equity & Excellence: Liberating the NHS* set out the change to GP commissioning. GPs locally have formed one consortium and have applied to become an early pathfinder. The NHS London deadline for first applications was 26 November, and an application was submitted.
7. NHS Southwark has agreed the establishment of a Clinical Commissioning Board, led by local GPs. Technically, a committee of the PCT, this Board will now start to lead commissioning decisions locally. There are 8 GP leads, two from each of the four localities in Southwark. These have been chosen by a process of selection/election.
8. The NHS has also been required to deliver significant management cost reductions over a three year period. This is 42% for NHS Southwark. NHS London set out in October 2010 that the three year timescale should be accelerated, to be achieved by April 2011.
9. Therefore, there has been a recent and rapid process to clarify how this would be achieved. NHS Southwark has been working with neighbouring PCTs in the South East London sector to share functions wherever appropriate. However, this has been in the clear context of preserving the local shared management and governance arrangements between the Council and the PCT.
10. NHS Southwark started phase 1 of staff consultation on 27 October to reduce management costs. On 22 November, a major consultation with NHS across the South East London sector, and other parts of London, was launched. This will clearly impact on the shared working arrangements. Given the close working with the Council, and the rapid development of the GP consortium locally, the approach has been to build as much sustainability and continuity into the health/care system, at a time of major organisational upheaval.
11. The Public Health White Paper is expected on 30 November. There is a jointly appointed Director of Public Health in Southwark, and a joint team located within the Council offices. There is also an existing Health and Wellbeing Board, chaired by the Cabinet Member for Health and Community Services. It would be prudent to develop from this firm base. The likelihood is that the role of the Health and Wellbeing Board would be expanded, to include amongst other responsibilities, the oversight of Joint Health and care arrangements.
12. The governance arrangements for working across the South East London sector have not yet been clarified. It is clear that these could affect the partnership arrangements described above.

RISK FACTORS

13. The rapid change in the context of a tight financial position creates risk and uncertainty in the whole healthcare system. Mitigation of the risk is the key issue of this paper.

COMMUNITY IMPACT

14. Many health gains have been achieved in Southwark in recent years, although gaps between the richest and healthiest and the poorest communities remain large. Continued focus on this throughout a time of organisational upheaval is a big consideration.

Background Papers	Held At	Contact
White Paper	NHS Southwark	Vicky Bradding 160 Tooley Street, London SE1 2TZ 020 7525 0408

APPENDICES

No.	Title
Appendix 1	Changes in the NHS and Implications for Southwark Council – Report to Cabinet

Lead Officer	Susanna White, Chief Executive, Southwark Primary Care Trust and Strategic, Director of Health & Community Services		
Report Author	Susanna White		
Version	Final		
Dated	26 November 2010		
Key Decision?	No		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title	Comments Sought	Comments included	
Strategic Director of Communities, Law and Governance	No	No	
Finance Director	No	No	
Cabinet Member	No	No	
Date final report sent to Constitutional Support Services/ PCT dispatch	29 November 2010		

Item No.	Classification: Open	Date: 23 November 2010	Meeting Name: Cabinet
Report title:		Changes in the NHS and Implications for Southwark Council	
Ward(s) or groups affected:		All wards	
Cabinet Member:		Councillor Dora Dixon-Fyle, Health and Adult Social Care	

FOREWORD - COUNCILLOR DORA DIXON-FYLE, CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE

1. The changes currently mooted for the NHS by central government are amongst the largest and most significant for a decade. In addition, the decision to abolish NHS Southwark from April 2013 means that how primary healthcare is delivered and commissioned locally will change. What we don't know is how these changes will finally manifest itself as we are still keenly anticipating further White Papers and legislation from the Government.
2. What we do know is that the local authority will gain important new powers and that its role in health and health scrutiny will change, and that those changes will impact upon the residents of Southwark, one of the most diverse and poorest boroughs.
3. As one of the few local authorities in the country to have an integrated health and adult social care system how we react to those changes is critical. This report outlines how we will begin to prepare the council for its new role, it outlines some of the challenges that we face and how we propose to address them. This is the beginning of that journey.

RECOMMENDATIONS

Recommendations for the Cabinet

That the Cabinet:

4. notes the changes being planned and taking place in the NHS at national, regional and borough level and the continuing degree of uncertainty surrounding these developments.
5. notes the implications for the Council's arrangements for partnership working with the health sector in Southwark in both the shorter term transition period prior to the abolition of Southwark PCT in April 2013 and in the longer term.
6. welcomes the proposal from Southwark GPs to be considered as a GP consortium pathfinder and agrees to support them in this project.
7. agrees that the Council will undertake a due diligence exercise with the PCT to

clarify all current joint and shared arrangements between the two organisations through which their accountabilities are currently delivered, in consideration of the changes that are taking place in the health system.

8. notes that a team in the Council is leading work on considering all of the implications that are taking place in the health system.

Recommendations for the Leader of the Council

That the Leader:

9. agrees that the Cabinet Member for Health and Adult Social Care will oversee a programme of work to implement the legislation that will follow the NHS White Paper and respond to the future government publications anticipated on public health and adult social care.

In particular it is noted:

- the abolition of all PCTs by April 2013
- the establishment of consortia of GPs to commission local NHS services
- the role of the Council at a local level, with new Health and Wellbeing Boards, to join up public health, GP consortia, childrens and adults social care

BACKGROUND INFORMATION

10. The Government published the NHS White Paper *Equity and Excellence: Liberating the NHS* on the 21st July. The paper includes proposals to transfer public health functions to local authorities by April 2012, to abolish NHS Primary Care Trusts (PCTs) by April 2013 and, in their place, to establish consortia of GPs, and to set up new Health and Wellbeing Boards that will join up the commissioning of local NHS services, social care and health improvement. Since the publication of the NHS White Paper there have been two significant further developments in the health system for Southwark:

- The Strategic Health Authority, NHS London, have brought forward the requirement for London Primary Care Trusts (PCTs) to reduce their management costs by 54% by one year so that the whole reduction needs to be in place for April 2011.
- The chair of Southwark's Clinical Commissioning Board (CCB), Doctor Amr Zeineldine, has written to NHS London expressing the wish of Southwark GPs to be considered for Early Adopter status for GP commissioning. This proposal has been welcomed by King's Health Partners.

11. These developments in the health system do not change Southwark Council's statutory duties and powers regarding: the provision of information regarding non-residential care services, the assessment of people who may need social care services, and the provision of support to people whose assessed needs meet local eligibility criteria. In Southwark services are provided to those whose assessed needs are critical or substantial. The Council is also required to co-ordinate multi-agency adult safeguarding arrangements.

12. The Council takes its statutory duties very seriously and it is partly for this reason that the Council has placed considerable focus on adult social care at this time. Adult social care in Southwark is currently being transformed.
13. The implementation of the personalisation agenda, the work towards meeting the Putting People First (PPF) milestones, and a new focus on both preventing people from needing to go into long term care, but also reabling people who have been in care to return to living independently in their own homes, is changing the role of clients, families, carers and social workers in this service. A new team has been set up in Older Person's South (OPS) 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. A new dedicated telephone line for all queries about help for older and vulnerable people is also being set up. These changes take place against a background of budget cuts as set out in the Comprehensive Spending Review (CSR), and the need to find considerable savings in this, as in other areas, of the Council's budget.
14. The Council is also considering Sir Ian Kennedy's review *Getting it right for children and young people: overcoming cultural barriers in the NHS so as to meet their needs* which was carried out in response to widespread concerns about services provided to children and young people by the NHS and other organisations following a series of high profile tragic deaths including the death of Peter Connelly (Baby P) in 2007. This report sets out how services are not always meeting the needs of children and young people, and outlines the barriers that exist which prevent this. In particular the report looks at the culture of the NHS and how this contributes to the current system. The report is an opportunity for the Council to improve joint working between childrens and adults services and to develop improved services that support people's needs throughout life, and not on the basis of how old they are.

KEY ISSUES FOR CONSIDERATION

Adult social care context

15. The changes that are taking place in the NHS are occurring in a context in which the Council continues to have statutory duties in adult social care. Through the coming period of transition, the Council will need to continue to deliver health and wellbeing outcomes, and to ensure that adults in Southwark are safe from financial, physical and other forms of abuse.
16. In addition to these duties, and in order to implement the People First (PPF) milestones and personalisation agenda, and to undertake other work to improve the customer journey in this area, the Council has established a transformational programme in adult social care.
17. The implications of personalisation on adult social care commissioning are considerable. At present, the joint Council-PCT adult commissioning service is the largest spend area of the Council. The service is accountable for some of the largest contracts let by the Council including Homecare, residential care (including the commissioning of care homes), assisted technology, mental health services, Supporting People (SP) and welfare catering. In line with a shift to a more preventative model, the division has undergone a review to develop an increased focus on preventative services. However a model in which the Council

largely commissions and provides and individuals largely take up and use services will become increasingly out-of-place at a time when more clients are utilising personal care budgets. The Council recognises that, increasingly, individuals will be taking up the opportunity to choose their own care packages, and, in light of this, that the Council will need to start taking a different role in this area.

18. The Council also aims 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. Currently 72% of the department's total health and social care budget is spent on residential placements including nursing and care homes. However, through the transformation programme, the Council is taking action to prioritise services that help to prevent people needing to go into long-term care in the first place, but also to improve services that help those people leaving hospital or care return to living independently in their own homes.
19. A fundamental action that is being taken is the mainstreaming of the reablement service, which provides earlier, targeted interventions for older people within their own homes and communities. Of those people completing the reablement service, 71% required no further support from the Council or NHS. These changes are the beginning in a change in the Council's role, away from being a provider of care for older and vulnerable people, and towards one that enables people to live more independently for longer.
20. Whilst undertaking this significant transformation, the Council is also considering the implications of Sir Ian Kennedy's review *Getting it right for children and young people*. This review highlights a national challenge in which, on turning 16 or 18, young adults in care are moved from a children's service provider to an adult's service provider, regardless of the individual's needs.

Southwark PCT

21. The Strategic Health Authority (SHA) in London, NHS London, has set out a requirement for a reduction of PCT management costs by 54% by one year so that the whole reduction needs to be in place for the financial year commencing in April 2011. This action is being undertaken in light of a deteriorating financial situation in the NHS in London. The definition of management costs in the NHS is complex, but includes the cost of the PCT Board (Executive and Non-Executive Members), all managers who report to Executive Directors, all corporate support, including finance, but also the Provider Services arm of the PCT (that is, health visitors, district nurses and school nurses). In Southwark this reduction is around 42% as management costs have been lower generally than in London. This would require a reduction for Southwark PCT from a baseline of £8.9million to £3.6million by April 2011.
22. A number of possibilities are being considered in order for the PCT to manage this reduction. One possibility is for the Southwark PCT management team to be merged with neighbouring PCTs in order to establish one management team in the South East London sector (or possibly in two clusters). Another possibility, which does not necessarily preclude the first, is for the transfer of some PCT functions to Southwark Council to manage. A further possibility is for the transfer of some PCT functions to other parts of the NHS including the acute trusts. The timescales to realise savings mean that there is a significant urgency in the

undertaking of this work.

23. These significant changes are occurring prior to new health legislation being passed. The NHS White Paper sets out a timetable for the abolition of PCTs by April 2013 and the establishment, in their place, of consortia of GPs who will commission the majority of NHS services. It is recognised that, even without the current uncertainties that exist with the reduction in management costs in Southwark PCT, that the forthcoming changes being introduced by the Government will impact on the current health arrangements in Southwark.
24. This level of unprecedented change in the NHS contains risks for the Council. The Council will continue to prioritise the delivery of its transformation programme in adult social care, while still being required to meet its statutory accountabilities. These responsibilities will best be delivered through close working with partners in health. Southwark Council currently has joint management and commissioning arrangements with the PCT, and these arrangements are the vehicle for the Council in the carrying out of its adult social care responsibilities, that is, in the safeguarding of vulnerable adults, and in the provision of health and wellbeing outcomes in the borough.
25. In order to respond to the level of change in the health system, it is recommended that the Council commences discussions with the PCT regarding all arrangements that exist between the two organisations. This work will consider all arrangements, which will be subjected to due diligence on an "open book" basis, in order to provide clarity to the system at a time of uncertainty. The Chief Executive of the PCT is providing the Council with a "letter of comfort" which will set out the PCT's support for this exercise.
26. A team in the Council, comprising officers with expertise in adult social care, finance and corporate governance, is leading this work and will be undertaking a risk analysis of all arrangements.

GP Consortium

27. The NHS White Paper sets out proposals for the abolition of PCTs from April 2013. Local NHS commissioning will instead become the accountability of GP commissioning consortia, which it is envisaged will be placed on a statutory basis with powers and duties set out in primary and secondary legislation. The NHS White Paper sets out how GP consortia will be responsible for the commissioning of the great majority of NHS services.
28. Every GP practice will be a member of a GP consortium, and practices will have flexibility within the new legislative framework to form consortia in ways that they think will secure the best healthcare and health outcomes for their patients and locality.
29. On 21st October the Secretary of State for Health set out a programme to develop GP consortia pathfinders in order to support those GPs who wanted to develop consortia at the earliest possible stage. Even prior to this announcement, Doctor Amr Zeineldine, the chair of Southwark's GP Commissioning Board wrote to NHS London expressing the wish of Southwark GPs to be considered for the early adoption of GP consortia in Southwark. Doctor Zeineldine's proposal was welcomed by King's Health Partners.

30. There is a strong expectation that Southwark GPs will be accepted as an early adopter of GP consortia. NHS London have set out that any GP practices that wish to join the programme will be able to, should they be able to demonstrate:
- Evidence of strong GP leadership and support
 - Evidence of Local Authority engagement or
 - An ability to contribute to the delivery of the QIPP (Quality and Productivity) agenda in their locality
31. The development of a strategic relationship between the Council and GP Practices will be a new arrangement. There are a number of opportunities with this, not least the local knowledge and understanding that GP Practices will bring in the development of health and wellbeing strategies and the delivery of excellent health outcomes in the borough.
32. The Cabinet Member for Health and Adult Care met with Doctor Amr Zeineldine in October to commence a discussion on how the Council and GPs could better work together.

NHS White Paper, Equity and Excellence: Liberating the NHS

33. The NHS White Paper sets out the new coalition Government's strategy for creating a National Health Service which "achieves results that are amongst the best in the world" and, following the recent consultation on this, the Government plans to introduce a Health Bill in Parliament in late 2010.
34. The proposals outlined in the NHS White Paper are the commencement of a timetable of reform in the NHS and social care. Whilst these changes are significant, and the Council will have to undertake work to implement these, it is also important to set these proposals within the context of a number of additional publications and reforms which the Department of Health will announce over the course of this Parliament.
35. The following announcements and key dates are likely to be of particular relevance:

Department of Health Commitment	Date
Public Health White Paper published	December 2010
Health Bill introduced in Parliament	December 2010
Vision for Adult Social Care published	Spring 2011
Patient Strategy published	Spring 2011
Review of data returns published	Spring 2011
White Paper on Social Care Reform	2011

36. At present it would be speculative to comment on what the proposals in these publications might be. The White Paper on social care reform is likely to have particular impact, however, as it aims to set out a new funding framework for social care in the United Kingdom.
37. At a time when legislation has not yet been introduced, and in anticipation of these further Government publications, it would be premature for the Council to take action in implementing the proposals in the NHS White Paper. However there is an expectation that many of the changes will be implemented, and the Council is therefore taking action to consider these and how these may be

implemented in Southwark.

38. There are five key areas in the NHS White Paper for consideration by Southwark Council:
- The development of a new public health function
 - The development of GP consortia
 - The development of local HealthWatch
 - The future role and functions of Monitor and the CQC
 - Proposals relating to the health and wellbeing board
39. The following section summarises the proposals in the NHS White Paper for each of the five key areas. The Council has designated appropriate officers to consider each area and to, at the appropriate time, bring forward proposals and work to implement changes.

Public Health

40. The NHS White Paper sets out proposals for the establishment of a new National Public Health Service (PHS) with, at a local level, a Director of Public Health who will be jointly appointed and jointly accountable to both the PHS and to the local authority. It is proposed that the Director of Public Health will have a ring-fenced budget which would be set by the PHS. The allocation formula for these funds will include a “health premium” designed to promote action to improve population-wide health and reduce health inequalities.
41. The public health role of the London Mayor and Greater London Authority (GLA) will be a consideration in the development of a public health function in Southwark. At present there is a joint role in London of the Regional Director of Public Health (NHS London) and the Health Advisor to the Greater London Authority (GLA). One option for a newly defined Public Health Service in London would be to base this within the GLA. One possibility is that the public health budget and function in London will be split three ways, that is, between the PHS, the Mayor of London and the boroughs.

The development of GP consortia

42. The NHS White Paper sets out proposals for the abolition of PCTs. Local NHS commissioning will instead be the accountability of GP commissioning consortia, which it is envisaged will be placed on a statutory basis with powers and duties set out in primary and secondary legislation. The NHS White Paper sets out how GP consortia will be responsible for the commissioning of the great majority of NHS services.
43. Every GP practice will be a member of a GP consortium, and practices will have flexibility within the new legislative framework to form consortia in ways that they think will secure the best healthcare and health outcomes for their patients and locality. GP consortia will include an accountable officer and the NHS Commissioning Board will be responsible for holding consortia to account. GP consortia will be established in shadow form in 2011/12, and will be fully established in 2012. With the successful establishment of GP consortia, PCTs will be abolished from April 2013.

HealthWatch

44. The NHS White Paper sets out proposals which aim to strengthen the collective voice of patients with the development of HealthWatch England, a new independent body which will be located within the Care Quality Commission (CQC).
45. At a local level, Local Involvement Networks (LINKs) will become local HealthWatch. The new organisations will provide advocacy and support, but will also undertake functions which are similar to that of the Patient Advice and Liaison Service (PALs) currently, with proposals, for instance, for local HealthWatch to consider complaints about GPs and NHS services and to support patients to choose their GP practices

Care Quality Commission (CQC) and Monitor

46. The NHS White Paper proposals set out a national inspectorate and economic regulatory framework for health and adult social care providers in the form of a refreshed mandate for the Care Quality Commission (CQC) and a new enhanced role for the Monitor organisation. As now, the CQC will act as a quality inspectorate across health and social care. It will operate a joint licensing regime with Monitor, and it will inspect providers against these standards to ensure compliance. The CQC will receive information to inform its inspection programme from a number of sources including HealthWatch (and HealthWatch England will be located in the CQC). Monitor will be transformed into the economic regulator for health and social care, and will promote competition, regulate prices and support the continuity of services.

Health and Wellbeing Board

47. The NHS White Paper sets out an aim to strengthen local democratic legitimacy in the NHS. One of the ways that it is envisaged that this will be achieved will be through the establishment of health and wellbeing boards, which it will be the responsibility of local authorities to coordinate. Health and wellbeing boards will take on the function of joining up the commissioning of local NHS services, adults and childrens social care, and health improvement.
48. The development of health and wellbeing boards, as set out in the NHS White Paper, will be a significant opportunity in Southwark. The boards are intended to provide a focus for strategic health decision-making. There are opportunities with this work to bring together a number of health organisations in Southwark that have not previously had an ongoing relationship, including GPs and the acute NHS trusts, in order to develop improved joined up health and social care services for the borough.
49. An additional opportunity with the development of a new Health and Wellbeing Board will be to ensure that a strong multi-agency approach exists within safeguarding. The Safeguarding Adults Partnership Board (SAPB) has recently been reviewed and an independent chair appointed. With the development of GP consortia there will be a particular opportunity to involve GPs in work to ensure that adults in Southwark are safe from financial, physical and other forms of abuse.

Community impact statement

50. There is a degree of uncertainty about how the level of change in the health system will impact on the population in Southwark. In the NHS White Paper, the Government sets out an aim “to empower professionals and providers, giving them more autonomy and, in return, making them more accountable for the results they achieve, accountable to patients through choice and accountable to the public at a local level.”
51. There are opportunities with these changes, for instance, with the greater involvement of GPs in strategic health planning, and the local knowledge and expertise that GPs will bring in working with the Council and other organisations, including public health, to help improve the health and wellbeing of the people of Southwark.
52. With these changes, and in consideration of future legislation and other government publications, the Council will need to work with partners in order to ensure that, both during the coming transition period, and in the development of a new health and adult social care system in Southwark, that equalities and a respect for human rights is at the heart of the new health and adult social care system and that people who use services and their carers have fair access to services and are free from discrimination or harassment in their living environments or neighbourhoods .

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Strategic Director of Communities, Law & Governance

53. The cabinet is being asked to:
 - i) note the key issues arising from White Paper entitled “Liberating the NHS” and the likely implications of this change in the health and social care agenda and
 - ii) welcome the proposal from Southwark GPs to be considered as a GP consortium pathfinder and agrees to support them in this project.
 - iii) agree that the Council will undertake a due diligence exercise with the PCT to clarify all current joint and shared arrangements between the two organisations through which their accountabilities are currently delivered.
54. The Leader is being asked to agree that the Cabinet Member for Health and Adult Care will oversee a programme of work to implement the legislation that will follow the NHS White Paper and respond to the future government publications anticipated on public health and adult social care.
55. The White Paper proposes sweeping changes in the way that health services are delivered. As highlighted in the report already the White Paper it is proposed that PCTs are abolished and that GPs will take over commissioning. As an authority that has developed close ties with the PCT the decoupling of the Health & Social Care from the PCT will have significant implications for Southwark and the full extent of what this involves will need to be understood. The proposals therefore for a due diligence exercise to be pursued will be critical in informing the way forward.

56. The Health Bill is not yet before parliament but the White Paper expects it will be introduced this autumn.

Finance Director

57. The abolition of NHS Southwark has significant financial implications for the council; this is due to a number of Section 75 agreements between the council and the PCT. These arrangements set up pooled budgets – with different purposes, including joint commissioning, purchasing equipment and employing staff. The 3 biggest agreements accounted for a combined gross cost of approximately £88m in 2009/10. Another consideration is that PCT currently occupies council buildings.
58. In noting suggested ways forward, finance strongly supports a process of due diligence – whereby clarity of accountabilities is established and any transfer of accountabilities to the council is subject to appropriate checks. A stringent due diligence process is paramount to ensuring a proper evaluation of the financial risks resulting from the changes in Public Health and Adult Social Care.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Cabinet Member	Councillor Dora Dixon-Fyle, Cabinet Member for Health and Adult Social Care	
Lead Officer	Annie Shepperd, Chief Executive	
Report Author	Graeme Gordon, Head of Corporate Strategy	
Version	Final	
Dated	12 November 2010	
Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
	Officer Title	Comments Sought
		Comments included
	Strategic Director of Communities, Law & Governance	Yes
	Finance Director	Yes
	Cabinet Member	Yes
	Date final report sent to Constitutional Team	12 November 2010

To: Members of Southwark Health and Social Care Board (Southwark Council Cabinet and Southwark PCT Board)	Date: 2 nd December 2010 Meeting name: Southwark Health and Social Care Board
Report Title:	Financial overview and pooled budgets
Classification:	Open
From:	Malcolm Hines, Director of Resources, Southwark PCT and Carl Rushbridge, Departmental Finance Manager, Southwark Council

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 revised funding allocation for Community Equipment outlined in paragraphs 4.3.1 to 4.3.6 of the report.

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. Budgets 2010/11 to 2014/15

- 3.1.1 On 5 October 2010 the Health Secretary announced that £70 million of extra funding would be allocated to Primary Care Trusts to be spent this financial year across the health and social care system, to enable the NHS to support people back into their homes after a spell in hospital through re-ablement. This grant amounts to £408,000 for Southwark PCT and plans have been made to ensure this money is spent on additional re-ablement services. This funding will enhance the resilience in the winter planning process for urgent care.
- 3.1.2 The recently published Comprehensive Spending Review indicated an average reduction in local government funding of 28% over four years from April 2011. Included within the review was an additional £2bn to support work across the Health & Social Care economy. Details of the allocations are not yet available but it is clear that some funding will flow from the NHS to Local Government. Further details of the spending review and its impact can be found in the Related Publications section of this report.

3.1.3 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 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 31st October 2010/11 (Month 7)

3.2.1 The position at Month 7 is a projected overspend at year end of £1.7m on a gross budget of around £146.2m. The main reasons for this variance are pressures in learning disabilities and difficulties in delivering the full range of savings. Management action is being underway to mitigate these pressures and the end of year position is expected to show an improvement.

3.3 PCT Budget Position at 31st October 2010/11 (Month 7)

3.3.1 Overall, the PCT expects to deliver the budget on target. This includes a 2 years worth contribution to the Challenged Trust Board fund.

3.3.2 Acute Over Performance

As at month 7 acute budgets are overspent by £2.2m with a forecast overspend, without mitigations, of £3.5m. It is critical that these budgets do not overspend and a detailed contingency package has been agreed.

3.3.3 Management Costs

The PCT is on course to achieve its 2010/11 management costs target. This is subject to the outcomes of staff consultations.

4 Pooled Budgets

4.1 Hosting Arrangements

4.1.1 Social Care is the lead organization for the Learning Disabilities and Integrated Community Equipment Service whilst the PCT hosts the Mental Health pooled budget.

4.2 Learning Disabilities Pool

4.2.1 This pooled budget is shared with the Council contributing 66% and the PCT contributing 34%.

4.2.2 The forecast position at month 7 is an overspend of £1.5m (no Risk Share applied). This is on a budget of:

	£000
LB Southwark	24,227
Southwark PCT	<u>11,695</u>
Total	<u>35,922</u>

4.2.3 The variance is due to unachievable savings mainly around the delays in de-registration of clients in the LD accommodation project because of contractual complexities and delays by CQC (Care Quality Commission) in processing applications to de-register homes.

4.2.4 This is the final year of the pool and risk share arrangements in their current format. From 1 April 2011 funding will transfer to the Council in the form of a new specific grant from the Department of Health.

4.3 Integrated Community Equipment Services (ICES)

4.3.1 This pooled budget is shared with the Council contributing 80% and the PCT contributing 20%. The agreement requires the split to be regularly reviewed to ensure it fairly reflect actual spend.

4.3.2 The forecast position at month 7 is a £0.4m overspend, as detailed below (£000s):

	Budget	Forecast	Overspend
LB Southwark	1,114	1,114	0
Southwark PCT	<u>337</u>	<u>725</u>	<u>388</u>
Total	<u>1,551</u>	<u>1,899</u>	<u>388</u>

4.3.3 A new pan-London framework contract began in May 2010 with an aim of achieving savings of £100,000 in year. The budgets shown above have been adjusted to reflect the saving.

4.3.4 The variance is due to a 23% increase in activity from the prior year, coupled with a decrease in returns/recycling of equipment. Management action is being taken to reduce the spend levels on this budget.

4.3.5 In the event that the year end position is an overspend it is proposed that this is shared 60/40 between the Council and the PCT, to more fairly reflect the pressures.

4.3.6 The future of this pooled budget is unclear at present as staff from the PCT will transfer to Guy's and St. Thomas' NHS Foundation Trust. The flow of NHS funding for this arrangement in 2011/12 is not yet known and so attention will be paid to contractual arrangements to ensure a smooth transition.

4.4 Mental Health Pooled Budget

4.4.1 This pooled budget is hosted by the PCT. The contribution is 80% PCT and 20% Council. The forecast position at month 7 is a breakeven position on a budget of:

	£000
LB Southwark	10,036
Southwark PCT	<u>40,262</u>
Total	<u>50,298</u>

4.4.2 Activity analysis shows that there are several key areas that are significantly over target. Of particular concern are the following areas with high financial impact:

- Adult inpatient admissions – activity has been consistently high and the projection is that a 30% variance is likely to remain at the year end
- Psychiatric intensive care admissions – 27.3% over performance
- A&E liaison

- 4.4.3 These are areas of high financial impact, currently leading to a potential contract overspend of approx £270k. A joint demand management approach to the issue is being developed in the broader context of system wide sustainability discussions and it is anticipated that this will result in the budget breaking even by year-end.

Related Publications

HM Treasury: Comprehensive Spending Review (20 October 2010)

Southwark Council – Cabinet Report: ‘Policy and Resourcing Strategy 2011/12 – 2013/14: Spending Review 2010’ (2 November 2010)

Department of Health: ‘A vision for adult social care: Capable communities and active citizens’ (16 November 2010)

Department of Health: ‘Liberating the NHS: Greater choice and control’ (18 October 2010)

Item No. 11.	Classification: Open	Date: 2 December 2010	Meeting Name: Health and Social Care Board
Report title:		Performance Update – Local Area Agreement Targets relating to Health and Social Care – 2010/11 Quarter 2	
Ward(s) or groups affected:		All	
From:		Sean Morgan, Director of Performance and Corporate Affairs, Southwark Health and Social Care	

Recommendation

1. That this report is noted.

Background/context

2. In Southwark's Local Area Agreement (LAA) (2008/09 to 2010/11) 35 Improvement Targets were selected from the basket of 198 National Indicators. Of these, 10 targets were of direct relevance to the delivery of Health and Adult Social Care priorities. Separate targets were set for 2008/09, 2009/10 and 2010/11 in agreement with the Government Office for London.
3. The purpose of this report is to present a brief summary of these targets and latest performance against them as at Quarter 2 of 2010/11.

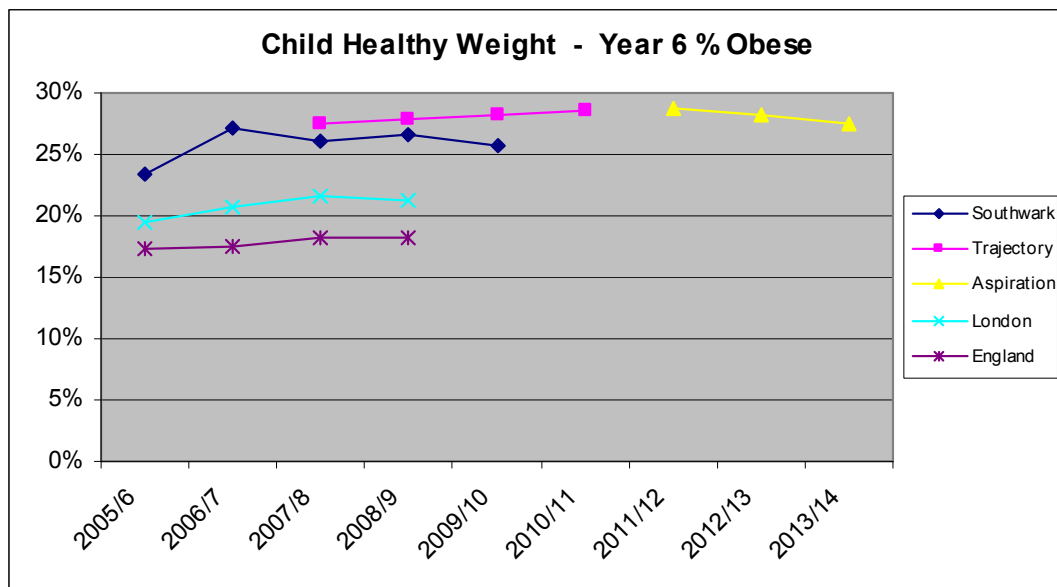
Note: LAA abolition

4. On 13th October the Communities Secretary Eric Pickles announced the withdrawal of the current system of national performance management of Local Area Agreements and the associated National Indicator set. This follows on from the Coalition Government's scrapping of the Comprehensive Area Assessment and reflects their approach to performance management of public bodies.
5. In a similar fashion the Care Quality Commission has abolished the annual assessment of PCTs and NHS trusts for 2009/10 and 2010/11. The annual assessment of Adult Social Care recently published (in which Southwark achieved an improved rating of 'performing well') will also be the last. The NHS World Class Commissioning framework has also been dismantled. These systems all supported the delivery of LAA priorities. The government's intention is that in future local government and its partners will have greater autonomy in selecting priorities and will not be subject to the same degree of top down performance management as previously. In the case of health and well-being this will be guided by a national Public Health outcomes framework due to be published shortly for consultation.
6. Whilst the LAA targets are clearly now of less significance in terms of any external assessment of performance, as a result of these changes, they remain the set of locally agreed priorities. Clearly, there will be a new priority setting process under the new system but until that is in place the LAA reflects key local priorities.

KEY ISSUES FOR CONSIDERATION

Healthy Weight of Children (Year 6) LAA indicator NI 56:

7. Data for the 2009/10 school year has been submitted, but has not yet been validated and published nationally. Our provisional analysis (subject to confirmation from the NHS Information Centre) is that there has been a reduction in obesity in year 6 children from 26.6% to 25.7%. This is below the LAA target figure, of 28.3%, as the LAA had assumed that the increasing trend would continue through to 2010/11 although with a reduced rate of increase.



8. Southwark had the highest obesity rate nationally for year 6 children in 2008/9. In response a Health Weight Strategy 2009-2012 was agreed and is being implemented across the borough by all partners, with a delivery plan focused on four strands:

Strand 1 - early intervention and prevention (with a particular focus on children)

Strand 2 - shifting the curve of overweight (focusing on increased activity and improved diet)

Strand 3 - targeting those at risk of an unhealthy weight (personalised advice, intervention and support, including children at risk of unhealthy weight, people with mental ill health, some BMR communities and people living in low income households)

Strand 4 - effective treatment of weight disorders (including pharmacological treatment and bariatric surgery)

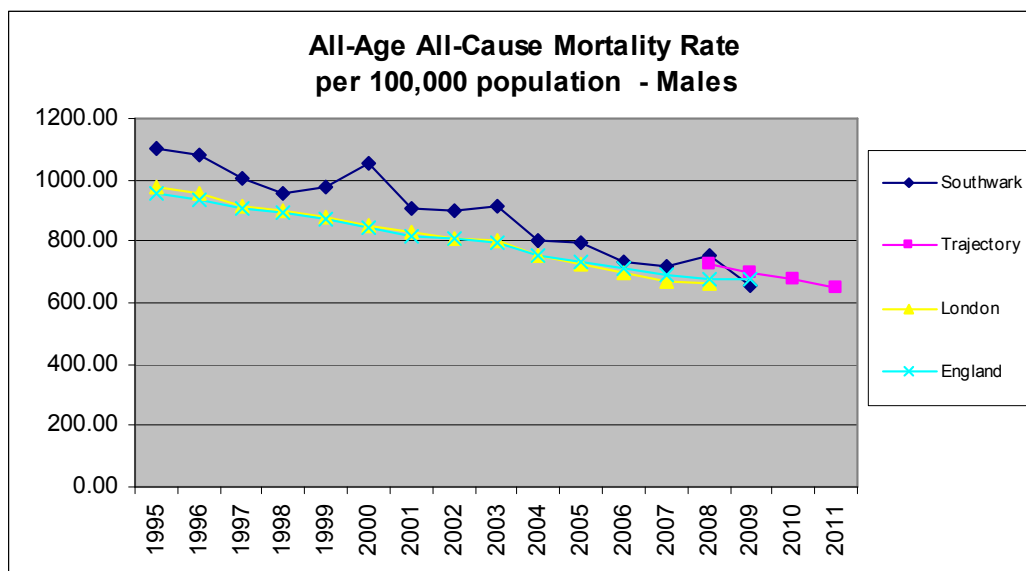
9. These four strands are supported by:

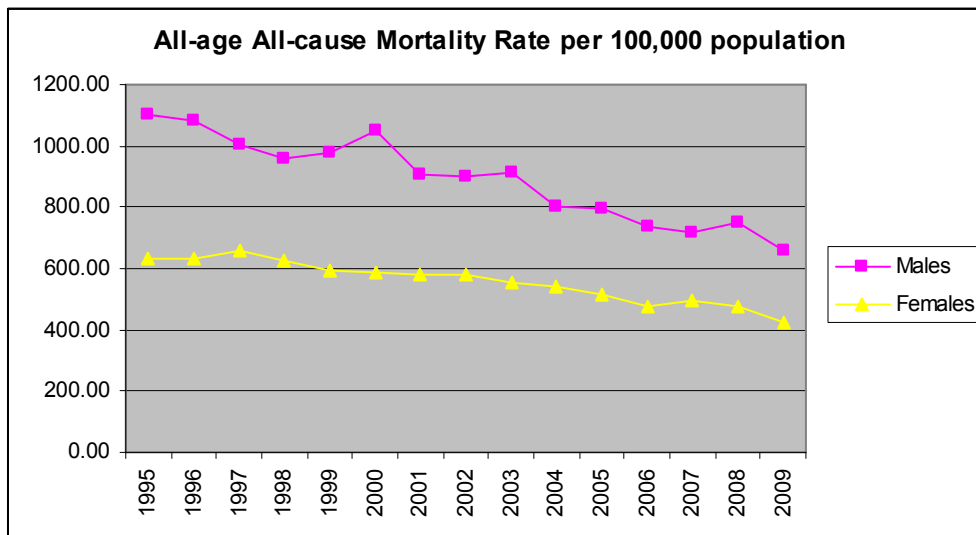
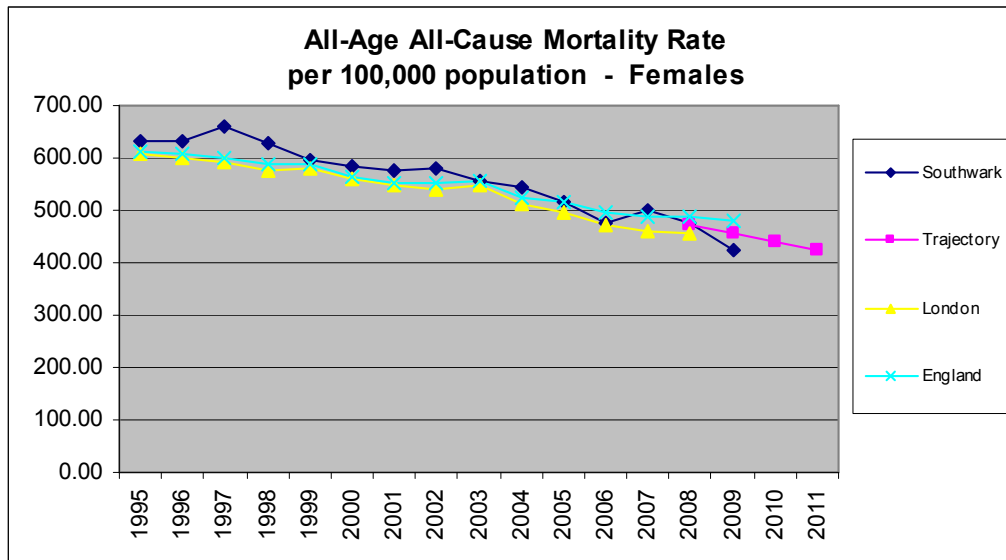
- A programme of monitoring and evaluation, which will contribute to the obesity treatment and prevention evidence base.
- A programme of workforce training and development to build capacity throughout the borough.
- Effective governance arrangements to ensure that healthy weight strategy group and healthy weight strategy is fit for purpose.

- A commitment to developing and nurturing effective partnerships with statutory and third sector organisations.

All-Age All-Cause Mortality (LAA target NI 120)

10. Unpublished provisional data for 2009 shows further significant reductions in the all-age all-cause mortality rate (per 100,000 population) for both males and females.
11. In 2008 Southwark became the first spearhead PCT in the country to have completely eradicated the inequality gap, for females, with a rate 2.6% below the national average. With the substantial further reduction in female mortality in 2009 the rate is now quite significantly below the national average and could well now be below the London average, although that figure is not yet available. Since the baseline period (1995-7) there has been 33% reduction in the female mortality rate, and the rate is now below the trajectory set for Southwark by the DH.
12. The male mortality rate is now also below the national average as well as the trajectory and there has now been a 39% reduction in the male mortality rate since the 1995-7 baseline. Therefore, Southwark has now completely closed the gap with the national rate which was a target for the spearhead areas and is a very considerable achievement.

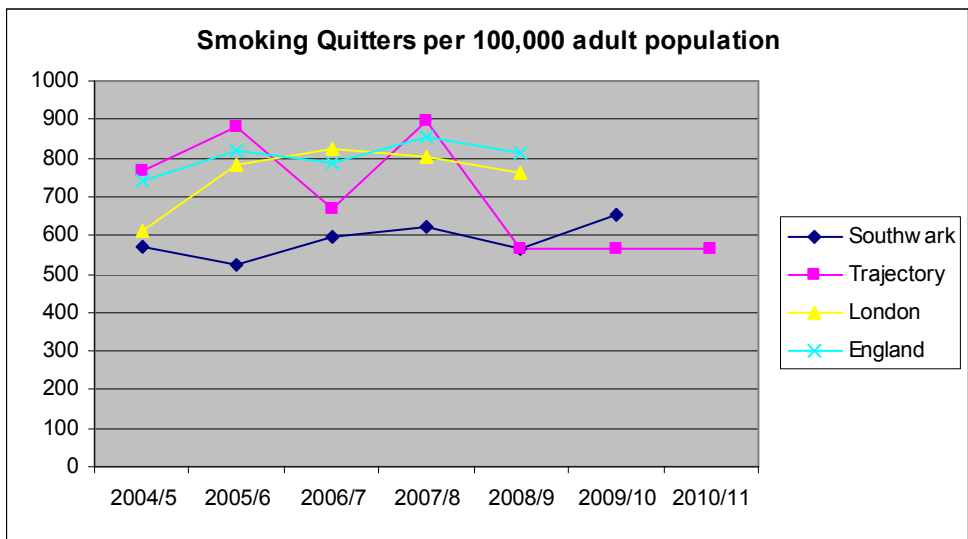




13. The gap between male and female mortality is less than in 1995 or 1996, but has not narrowed proportionately since then. The male mortality rate is 55% higher than the female rate, which is a very significant inequity. The Health Inequalities strategy aims to address these issues.

Smoking Quitters (LAA target NI 123)

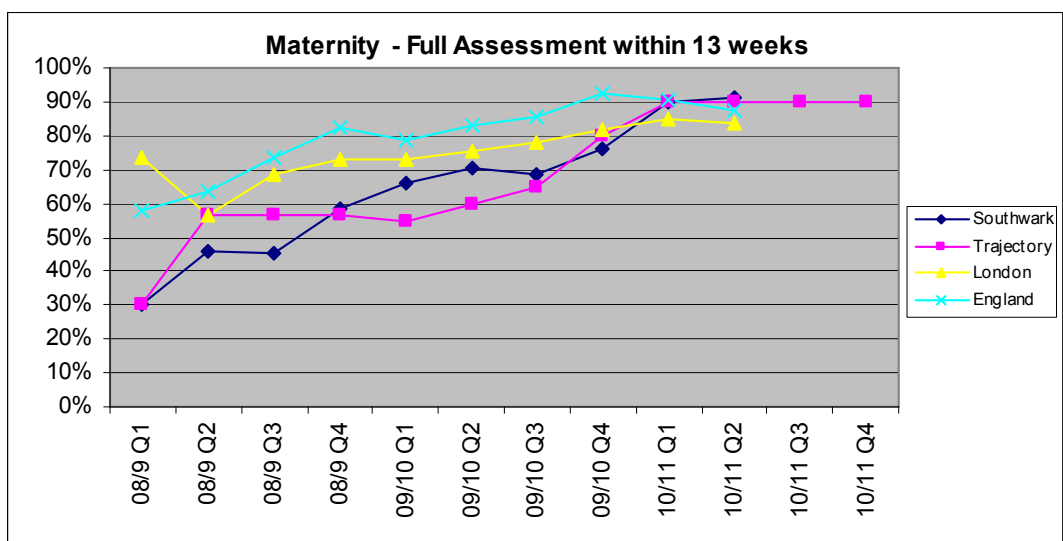
14. The 2009/10 target was achieved, with 1510 people quitting smoking with support from NHS Stop smoking services, compared with the target of 1306. This is by a significant margin the highest number of quitters ever achieved. The rate of quitters per 100,000 population (of 647) was 21st highest in London and 19% lower than the London average. The Quarter 1 figure of 116 successful quitters is lower than the 180 in Quarter 1 last year, but this is believed to be under-reported and a substantial increase is expected in the Quarter 2 return. An area for further improvement is the success rate of those entering the service, which was 34% in 2009/10 compared with the London average of 46% quitting. In Quarter 1 the quit success rate improved to 42%, suggesting that the steps being taken are having an impact.



15. A stop smoking action plan is in place, which aims to :
- Increase the number of people who are aware of the service
 - Increase the number of people seen and the number who set a quit date
 - Ensure those who do attend are effectively supported and followed through to 4 weeks after their quit date
16. Support is available on one to one basis at most GP practices, some community pharmacists and some community dentists, at a clinic or at home if there are mobility issues. Six week group support is available at the specialist clinic.

Maternity Early Access (LAA target NI 126)

17. The 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 13 weeks of pregnancy to 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.

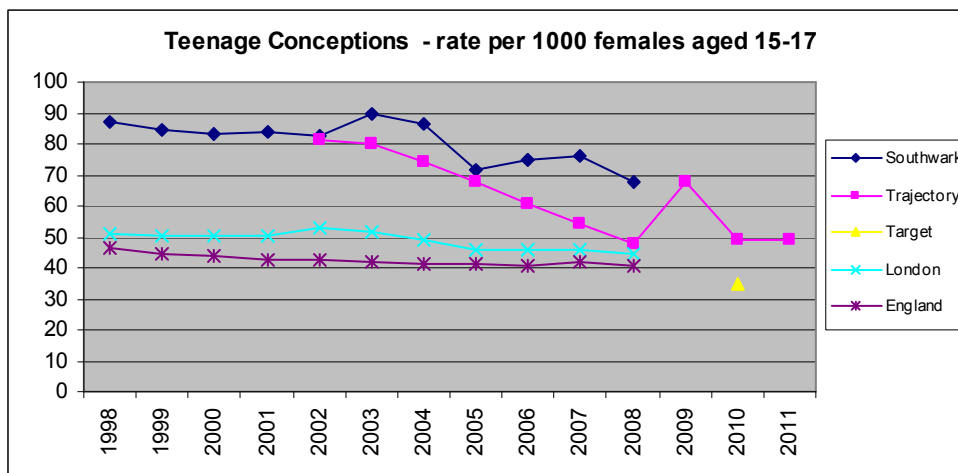


18. Progress in the year to date has been encouraging. Performance in Quarter 2 (provisional figure) shows the marked improvement in Quarter 1 has been sustained,

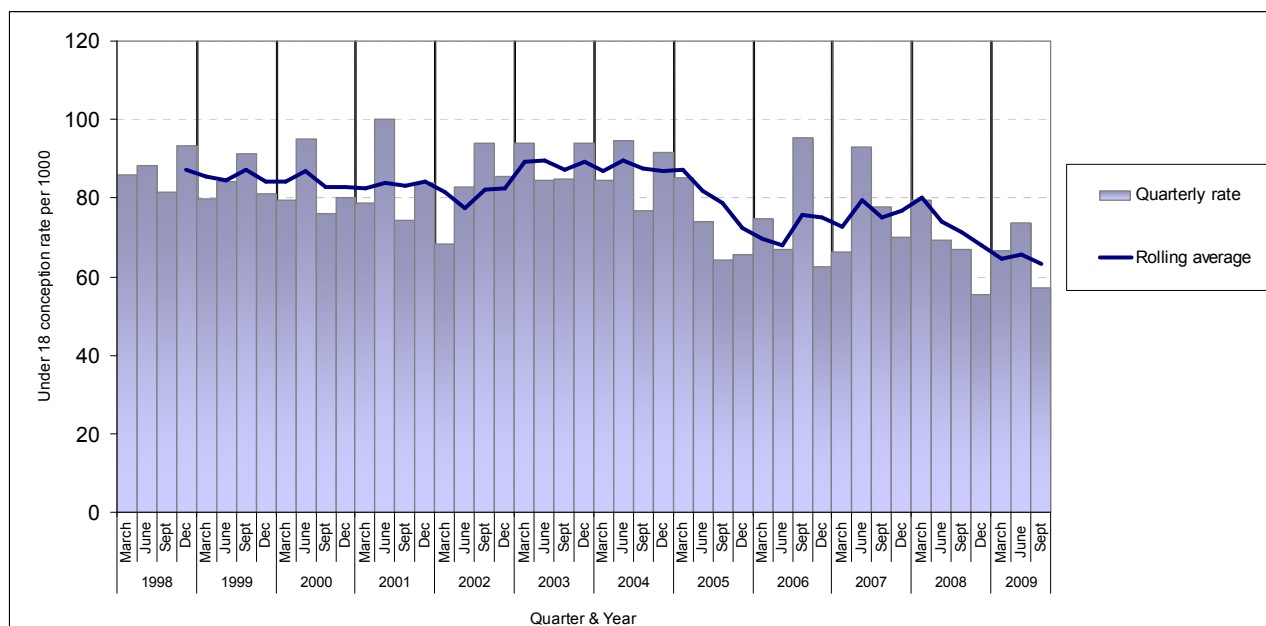
with 91% of pregnant women having a full assessment within 13 weeks, an increase from 76% in Quarter 4. This is now better than the national average and the London average. The main action has been commissioning of enhanced midwife capacity and ensuring that the capacity of midwife teams matches the allocation of referrals, together with promoting the benefits of early ante natal care to all pregnant women.

Teenage Conceptions (LAA indicator NI 112)

19. The latest published provisional data is for Quarter 3 (Jul-Sept) 2009 and shows a decrease on the previous two quarters, and a positive long term downward trend is being maintained (see chart below). During Quarter 3 there were 53 conceptions, and a 12 month rolling rate of 63.3 conceptions per 1000 females age 15-17 (the lowest rate yet). This represents a reduction of 27.4% on the 1998 baseline rate of 87.2 per 1,000, which is a higher reduction than the London average (19% reduction). Southwark was seventh best improved among the 32 London boroughs.
20. In absolute terms Southwark now has the 7th highest rate nationally and the highest in London, hence it remains an issue of major concern – however this is a comparative improvement from the position in 2007 when Southwark was highest nationally.
21. The latest published final data is for 2008 when the rate was 67.8 per 1000, a reduction of 22.2% on the 1998 baseline.



Rolling quarterly teenage conception rate and 12 month rolling average since 1998 (to Sept 2009):

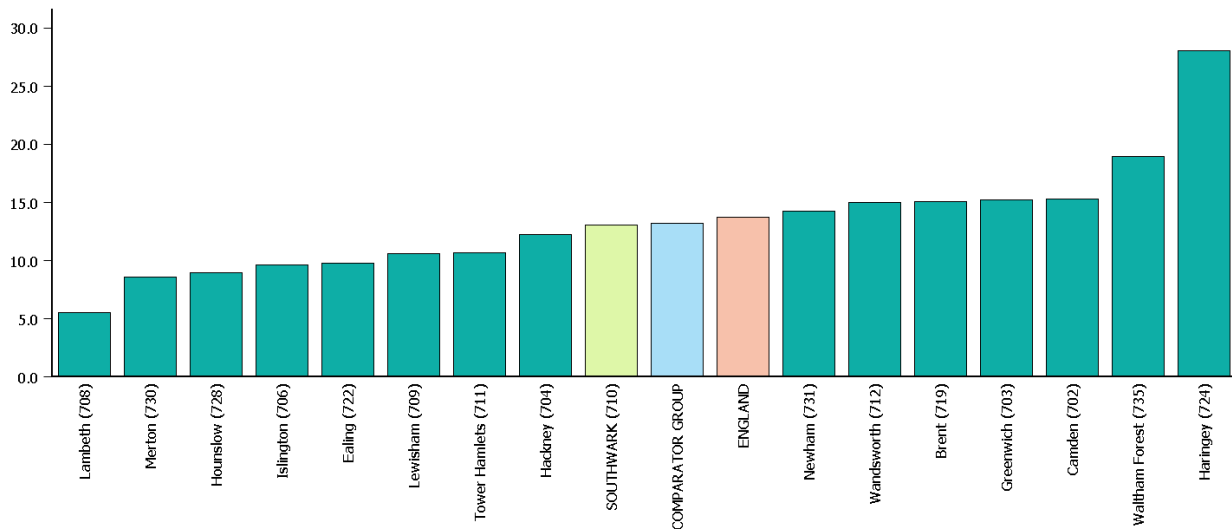


Social Care Clients Receiving Self-Directed Support (NI 130)

22. This target is for the proportion 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. The latest performance (October) is 585 clients are receiving services through self-directed support, approximately 15.8%. This suggests that in terms of number there has not been a significant increase in the first 7 months of the year. (The year end figure achieved was 511 service users on some form of self-directed support, which was 13.7% of all community-based service users).
23. There are strong grounds for confidence that the 30% target can be achieved. Developing the infrastructure for the implementation of personal budgets has been prioritised and, along with other aspects of the personalisation and transformation agenda, is being subject to focused programme management. Specific developments that have now been implemented that will enable numbers to accelerate before April include:
- Rolling out a new review methodology that converts existing users onto Personal Budgets
 - Rolling out revised procedures that ensure all new users are offered a personal budget
 - Finalising a substantial cohort of indicative budgets that are in the system from the pilot stage
 - Improving data capture, especially regarding Carers receiving personalised services directly from voluntary sector funded providers

24. Benchmarking data suggests that Southwark's 2009/10 performance was in line with the London average, which in comparative terms is an improvement as Southwark had been one of the lowest performers in 2008/09:

NI 130: Benchmarking 2009/10 - the % of community based service users on self-directed support (IPF comparator group)



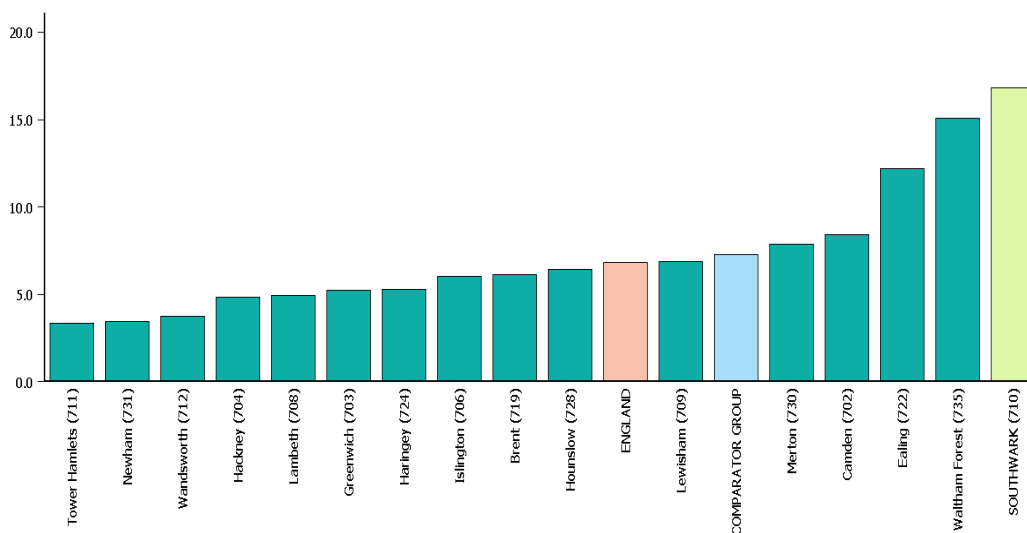
Vulnerable People Achieving Independent Living (LAA indicator NI 141)

25. 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 performance for 2009/10 was 78.1%, exceeding the target of 77%.
26. This indicator no longer produced by DCLG and no benchmarking data is available.

Adults with Learning Disabilities in Employment (LAA indicator NI 146)

27. In 2009/10 16.8% of adults with Learning Disabilities were in paid employment (140 people out of 832), which is a very slight reduction on the 17.7% the previous year but strong performance overall. The chart below suggests Southwark has the strongest performance in its comparator group.

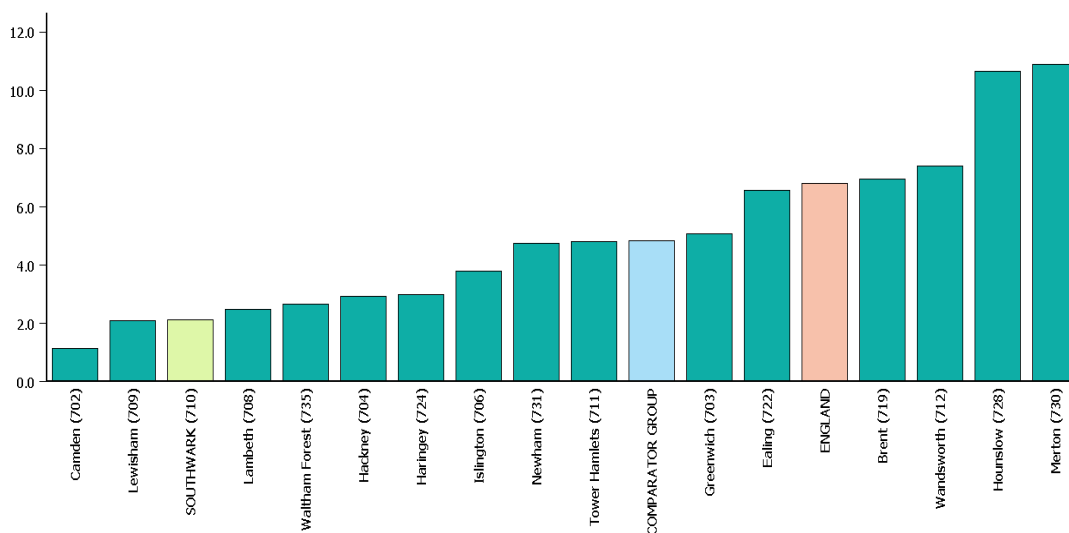
NI 146: % of people with learning disabilities in employment 2009/10 (IPF comparator group)



Adults with Mental Health problems in Employment (LAA indicator NI 150) -

28. The chart below shows performance on this indicator, which measures the proportion of people in contact with secondary mental health service on enhanced CPA who are in employment, is low.

NI150 - Adults in contact with secondary mental health services in employment (expressed as a percentage), 2009-10 (CIPFA comparator group)



29. The performance in 2009/10 was impacted on by the fact that a significant percentage of clients did not have their employment status recorded. During the current year there has been a substantial improvement in this area with recording now at 82%. However, only 3.8%, just 67 people, have been identified as employed. This is not substantially below the comparator group or national averages. The employment rate amongst those on enhanced CPA is likely to be very low given the intensive levels of needs of

this group, and no specific target was set for the LAA. Given the abolition of the prescriptive approach to targets, it may be better to target employment rates of those with lower levels of needs receiving psychological therapies, where the numbers in employment and the numbers moving off sick pay and benefits are routinely monitored.

Drugs Users in Effective Treatment (LAA NI 40) (withdrawn)

30. In the last LAA refresh the numbers in drug treatment target, which had been beset with data accuracy problems, was withdrawn from Southwark's LAA as agreement could not be reached on revising the growth target to reflect the more accurate baseline. Replacing the formal LAA target the council and PCT have focused on a more outcome focussed local LAA target on which data is reliable; the % retained in effective treatment for 12 weeks. Performance on this has increased during the year from 84% to 86% compared to the target for 2010/11 of 89%. This performance is above the London average of 83% and the national average of 85%.

RISK FACTORS

Financial costs: Not applicable. Note the LAA reward funding has been withdrawn by the Coalition Government.

Human resources: Not applicable

Legal: Not applicable

Community Impact

31. 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.

Background Papers	Held At	Contact
Performance documentation	Health and Social Care Performance Team	Adrian Ward 020 7525 3345

Lead Officer	Sean Morgan, Director of Performance and Corporate Affairs, Southwark Health and Social Care	
Report Author	Adrian Ward, Head of Performance, Southwark Health and Social Care	
Version	Final	
Dated	26 November 2010	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law and Governance	No	
Finance Director	No	
Cabinet Member	No	
Date final report sent to Constitutional Services/ PCT dispatch		29 November 2010

CABINET AGENDA DISTRIBUTION LIST
(Meeting held jointly with the Southwark NHS PCT)

MUNICIPAL YEAR 2010/2011

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

To	Copies	To	Copies
Cabinet Members	1 each	Officers	
P John / I Wingfield / F Colley / D Dixon-Fyle / J Friary / B Hargove / R Livingstone / C McDonald / A Mohamed / V Ward		Doreen Forrester-Brown, Legal	1
Other Councillors	1 each	Trade Unions	
N Coyle / T Eckersley / G Edwards / H Morrissey / D Hubber / T McNally / P Noblet / E Oyewole / L Rajan / A Simmons / M Glover		Roy Fielding, GMB	1
Health & Adult Care Scrutiny Members	1 each	Mick Young, TGWU/ACTS	1
M Bukola / D Capstick / V Mills / D Noakes / K Rhoden		Euan Cameron, Unison	1
Cabinet/Opposition Officers		Tony O'Brien, UCATT	1
John Bibby, Cabinet Office	1	Others	
Paul Green, Asst. to the Opposition Group	1	Shahida Nasim, Audit Commission	1
Press		Constitutional Team, Tooley Street	4
Southwark News	1	Vicky Bradding, Tooley Street	25
Paul Rhys, South London Press	1	Total:	74
Members of Parliament			
Harriet Harman, MP	1		
Tessa Jowell, MP	1		
Simon Hughes, MP	1		
Corporate Managers			
Susanna White	1		
Romi Bowen	1		
Deborah Collins	1		
Gill Davies	1		
Eleanor Kelly	1		
Duncan Whitfield	1		

Dated: 23 November 2010