

Health and Social Care Board

December 1 2009

6.30 pm

Sunshine House, 27 Peckham Road, London SE5 8UH

Executive Membership

Councillor Nick Stanton	Leader of the Council
Councillor Kim Humphreys	Deputy Leader and Housing
Councillor Paul Kyriacou	Environment
Councillor Linda Manchester	Community Safety
Councillor Tim McNally	Resources
Councillor Adele Morris	Citizenship, Equalities and Communities
Councillor David Noakes	Health and Adult Care
Councillor Paul Noblet	Regeneration
Councillor Lisa Rajan	Children's Services
Councillor Lewis Robinson	Culture, Leisure and Sport

Southwark NHS Primary Care Trust Board Membership

Mee Ling Ng	Chair and Non Executive Director
Malcolm Hines	Deputy Chief Executive and Director of Resources
Ann Marie Connolly	Director of Public Health
Dr Olufemi Osonuga	Professional Executive Committee Chair
Peta Caine	Vice Chair, Non Executive Director
Richard Gibbs	Vice Chair, Non Executive Director
Anne Montgomery	Non Executive Director
Robert Park	Non Executive Director
Edward Robinson	Non Executive Director
Winston Tayler	Non Executive Director

INFORMATION FOR MEMBERS OF THE PUBLIC

Access to information

You have the right to request to inspect copies of minutes and reports on this agenda as well as the background documents used in the preparation of these reports.

Contact

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

Members of the committee are summoned to attend this meeting

Councillor Nick Stanton, Leader of the Council

Mee Ling Ng, Chair of Southwark PCT Board

Date: November 23 2009



Health and Social Care Board

Tuesday December 1 2009
6.30 pm
Sunshine House, 27 Peckham Road, London SE5 8UH

Order of Business

Item No.	Title	Page No.
1.	APOLOGIES	
	To receive any apologies for absence.	
2.	WELCOME AND INTRODUCTIONS	
3.	NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE JOINT CHAIRS DEEM AS URGENT	
	The access to Information Procedure Rules permits an item of business to be added to an agenda within five clear days of the meeting by reason of special circumstances, which shall be specified in the minutes.	
4.	DISCLOSURE OF INTERESTS AND DISPENSATIONS	
	All members present are required to declare, at this point in the meeting (or as soon as possible thereafter), any personal interest(s) and dispensation (if any) in respect of any item or issue to be considered at this meeting.	
5.	MINUTES	1 - 3
	To approve as a correct record, the minutes of the meeting held on July 2 2009.	
6.	MATTERS ARISING	
	To consider any matters arising from the minutes of the meeting held on July 2 2009.	
7.	HEALTH INEQUALITIES STRATEGY	To follow

Item No.	Title	Page No.
8.	PRESENTATION ON THE PCT STRATEGY PLAN 2010-11 - 2016-17	
	To receive a presentation on the primary care trust strategy plan for the period 2010-11 to 2016-17.	
9.	ANNUAL SAFEGUARDING REPORT	4 - 11
	To endorse the leadership and governance arrangements for fulfilling NHS Southwark's responsibilities for safeguarding children and to note the main findings and recommendations of the Protection of Children in England: A progress Review 2009.	
	To also note the publication of a local declaration and the primary care trust child protection activity for 2009.	
10.	UPDATE ON THE DEVELOPMENT OF PROVIDER SERVICES	12 - 17
	To update the health and social care board on recent activity in relation to the development of Southwark provider Services.	
11.	FINANCE REPORT	To follow
12.	PERFORMANCE UPDATE: LOCAL AREA AGREEMENT TARGETS RELATING TO HEALTH AND SOCIAL CARE - QUARTER 1 AND QUARTER 2 2009-10	18 - 25
	To note the local area agreement targets relating to health and social care for quarter 1 and 2 2009-10.	
13.	FORWARD PLAN - FUTURE ITEMS	
	To discuss items for consideration at future meetings of the health and social care board.	
14.	DATE OF NEXT MEETING	
	To note that the next health and social care board meeting is scheduled to take place on Thursday February 18 2010.	



HEALTH AND SOCIAL CARE BOARD

MINUTES of the Health and Social Care Board held on Thursday July 2 2009 at 6.30 pm at Town Hall, Peckham Road, London SE5 8UB

PRESENT:

- Councillor Nick Stanton (Chair)
- Councillor Kim Humphreys
- Councillor Paul Kyriacou
- Councillor Linda Manchester
- Councillor Adele Morris
- Councillor David Noakes
- Councillor Lisa Rajan
- Councillor Lewis Robinson
- Mee Ling Ng (Joint Chair)
- Susanna White
- Dr Olufemi Osonuga
- Peta Caine
- Richard Gibbs
- Anne Montgomery
- Robert Park
- Edward Robinson
- Winston Tayler

1. APOLOGIES

Apologies for absence were received from Ann Marie Connolly, Malcolm Hines, Councillor Tim McNally and Councillor Paul Noblet.

2. WELCOME AND INTRODUCTIONS

Those in attendance were welcomed to the meeting. Mee Ling Ng joint chair introduced Ms Edwina Morris, Assistant Director of Adult Care and Mr Sean Morgan, Director of Performance & Corporate Affairs to the meeting.

3. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE JOINT CHAIRS DEEM AS URGENT

There were no late items.

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures of interests or dispensations.

5. MINUTES**RESOLVED:**

That the minutes of the meeting held on March 12 2009 be agreed as a correct record.

6. MATTERS ARISING

Item 7 - Southwark Safeguarding Adults

Councillor Nick Stanton enquired as to when the safeguarding results would be available.

Susanna White reported that the results were due to be reported to the September executive meeting.

7. TRANSFORMING SOUTHWARK'S NHS - CONSULTATION**RESOLVED:**

That the recommendations for implementation of the next steps identified for Transforming Southwark's NHS be noted and supported.

8. THE FUTURE OF NHS COMMUNITY SERVICES - IMPLICATIONS FOR SOUTHWARK**RESOLVED:**

1. That the developments set out in the report be noted.
2. That specific options be developed for Southwark Health & Care systems.

9. FINANCE UPDATE**RESOLVED:**

That 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 be noted.

10. INTEGRATED HEALTH AND SOCIAL CARE PERFORMANCE REPORT - QUARTER 4 2008-09**RESOLVED:**

That the report be noted.

11. LOCAL AREA AGREEMENT TARGETS RELATING TO HEALTH AND SOCIAL CARE - QUARTER 4 2008-09 (PERFORMANCE UPDATE)**RESOLVED:**

That the report be noted.

12. HEALTH AND INEQUALITIES UPDATE REPORT

The board received an update from Susanna White, Chief Executive, Southwark PCT & Strategic Director of Health and Community Services.

The meeting ended at 8.40pm

CHAIR:

DATED:

To: Members of Southwark Health and Social Care Board	Date: 1 st December 2009
Report Title:	Annual Safeguarding Report
Classification:	Open
From:	Director of Commissioning & Director of Nursing

Recommendations

The Health and Social Care Board is asked to:

- Endorse the leadership and governance arrangements for fulfilling NHS Southwark's responsibilities for safeguarding children.
- Note the main findings and recommendations of The Protection of Children in England: A Progress Review (2009) and supports the proposed actions in respect of the Safeguarding Children Review.
- Note the publication of the local declaration that specifies that NHS Southwark is satisfied that safeguarding arrangements are in place as a requirement of Care Quality Commission Core Standards for Better Health.
- Note the PCT child protection activity for 2009 and that NHS Southwark is compliant with its responsibilities in relation to child protection.

1. Background / Context

2.1 Safeguarding obligations

The Children Act 2004 imposes a duty on NHS Southwark to ensure that, in exercising its functions, robust arrangements are in place to safeguard, and protect the wellbeing of children and young people. This is required by Section 11 of the Act. Core Standard 2 provides a framework for meeting these obligations and NHS Southwark is able to report it meets these requirements.

As a commissioner, Southwark NHS has a responsibility and duty to ensure that all providers from whom they commission services (both public and independent sector) have comprehensive arrangements in place to safeguard children. NHS Southwark fulfils this function in a number of ways, including:

- Service Level Agreement specifications include reference to Safeguarding Children
- Monitoring provider compliance against Serious Case Review recommendations
- Monitoring of compliance with Standards for Better Health
- Proper selection and vetting of staff and volunteers, including CRB checks
- Safeguarding policies and procedures in place that are consistent with the Southwark Safeguarding Children Board
- Providing access to safeguarding training

2.2 Southwark Child Protection Statistics (1.4.09 – 31.8.09)

- 325 children are subject to child protection plans. The majority of these relate to neglect (at 31.8.09)
- There have been 239 completed Section 47 enquiries to the children's social care duty office. 91 of these were referred to a case conference
- 18 children were made subject to a child protection plan from birth
- There are 576 looked after children (at 31.8.09)
- 117 new Child Protection plans were commenced

2. Issues for Consideration

3.1 NHS Southwark's Policy and Performance

At the 2008/9 Health Check (May 2009), NHS Southwark declared it was compliant with Healthcare Standard C2 on both commissioning and provider services. NHS Southwark provided the Care Quality Commission with evidence in support of compliance on 21st August 2009 and an action plan is in place to ensure we enhance and continue to fulfill these requirements.

3.2 Southwark's response to The Protection of Children in England: a Progress Report, March 2009

In 2008 Lord Laming was commissioned to review the state of safeguarding in England and in March 2009 his report was published with recommendations that impact on child protection at a strategic and operational level. In the report Lord Laming requested revision of the *Working Together, (2006)*. NHS Southwark is in the process of responding to a consultation document in relation to this revision. Other actions that Southwark is taking includes:

- New chairs have been appointed to the Children's Trust and the Local Safeguarding Board.
- Dissemination of lessons from Serious Case Reviews (SCR): the Child Protection team facilitates Child Protection Updates for Community staff and Allied Health Professionals that includes updates on SCR's and the associated actions. Lessons from SCR's are raised at all Child Protection training sessions.
- A meeting took place in July 2009 between Children's Social Services, Health Visiting and School Nursing Nurse Managers and Social Worker Managers to discuss closer inter-agency working, including protocols for joint visiting.
- Southwark Child Protection stakeholders, Kings College Hospital (KCH) and Guys and St Thomas's Hospital (GSTT) have made a proposal for an Electronic flagging system that would inform A&E staff of a child's status in relation to Child Protection Plans.

3.3 Southwark PCT's response to the Department of Health Directive

The Department of Health wrote to all NHS Trusts in England on 16th July 2009 asking that Boards should assure themselves that they are compliant against the Laming recommendations. NHS Southwark's responded positively to this request confirming that the PCT and Providers meet the criteria for:

- CRB requirements
- Policies and systems for child protection
- Flagging systems for children with safeguarding concerns
- Role clarity and sufficient time and support for designated professionals
- Safeguarding children training completed for all staff up to level one

3.4 Leadership and Governance of Child Protection

The Trust is represented at a senior level on the Southwark Safeguarding Children Board (SSCB) and Executive, and is one of the lead agencies supporting the work of the Board.

The Trust provides a Designated Doctor and Nurse to ensure clinical leadership and quality assurance in safeguarding within the Trust and with other health Partners. The Trust also provides appropriate membership of relevant subgroups of the SSCB to ensure health contribution to multi-disciplinary strategy, effective inter-agency work and training. The Manager of the SSCB sits as a member of the Trust's Child Protection Executive and meets with the Child Protection Team to provide advice to the Trust on quality assurance and child protection from a social care and Safeguarding Children Board perspective.

The strong links that NHS Southwark has developed with the SSCB, local acute hospitals and provider services has assisted in the review of performance and outcome measure in safeguarding and helped to draw together national, regional and local initiatives and information to shape local delivery (see Appendix 1) for reporting lines.

4. Annual Report of Child Protection Activity

4.1 Serious Case Reviews (SCR)

In the period from January to August 2009 one Internal Management Review (IMR) was undertaken (regarding Child I) in response to a request from the Southwark Safeguarding Children Board. The Serious Case Review process for this IMR is being processed by Local Safeguarding Boards.

The recommendations following the review for Child I are being taken as follows:

- All agency staff will be invited to participate in the safeguarding sessions held at NHS Southwark Staff Induction sessions. Steps are progressing to implement this by the year end.
- The RIO stakeholder group has requested the provision of a visual prompt that will highlight the addition of new information and direct staff to review the family record prior to first contact with families.

- The commissioning of a training course that focuses on culture and child rearing issues that were prominent in Child I's Internal Management Review.
- Health visiting practice will be reviewed in an audit in December 2009 to take forward the Child I recommendations specifically relating to health visiting service.

Recommendations from an earlier Child H review have been implemented or are being progressed. NHS Southwark can report that changes are being made to the Child Protection Supervision Policy in relation to the provision of supervision during long-term absence of regular supervisor, and to the Health Visiting Guidelines in relation to the transfer of records, and also on the promotion of advice on Sudden Infant Death Syndrome.

4.2 Audits

Two child protection audits took place in 2009:

- Audit of pre-conference conducted in November 08, report completed in 2009. Findings demonstrated good health involvement in child protection case conferences.
- Peer record keeping audit reported conducted by the Nurse Managers and completed in March 2009. Findings confirmed continual improvements in record keeping standards.

Two further audits are planned for this financial year:

- Auditing of service improvement to Health Visiting practice as advised in IMR for Child I (December 2009)
- Auditing of records to identify if dependents are recorded (November 2009)

4.3 Policies and Procedures

All NHS Southwark and Southwark Safeguarding Children Board (SSCB) policies, procedures and protocols are on the NHS Southwark Intranet, along with national policies. The SSCB website link is also accessible. Work is in progress for a bi-annual review of Child Protection Supervision Policy and to revise the training strategy in line with current changes. The Health Visiting Guidelines include a cross-reference to safeguarding, thus embedding safeguarding into wider documentation. (March 2009) and the School Nursing Guidelines are being finalised.

4.4 Child Death Review Process

Between January 2009 and August 2009 there were 23 child deaths in Southwark. 21 of these were under the age of 5 years, with a high percentage of neonatal deaths due to prematurity and birth abnormalities.

Since 1st April 2008 all Local Safeguarding Children's Boards are required to review all local child deaths through two interrelated processes:

- a rapid response process by key professionals, led by the Trust Designated Doctor, enquiring into each unexpected death of a child

- an overview of all child deaths through an inter-agency Child Death Overview Panel (CDOP) (excluding those babies who are stillborn). This panel collects and analyses information about each death with a view to identifying:
 - cases giving rise to the need for a Serious Case Review
 - matters of concern affecting the safety and welfare of children in Southwark
 - any wider public health or safety concerns arising from a particular death or from a pattern of deaths in Southwark

In all child death cases, enquiries seek to understand the reasons for the child's death, address the possible needs of other children in the household, the needs of family members, and consider lessons to be learnt regarding safeguarding and promotion of child welfare. NHS Southwark works closely with NHS Lambeth to share learning and practice around child death processes.

4.5 Training

Southwark stakeholders have good access to comprehensive child protection training provision. The Child Protection Team provides a comprehensive training programme in line with "*Working Together to Safeguard Children*" HM Government 2006 and this year has trained around 947 staff.

In addition to the core training provision, NHS Southwark has also contributed to Southwark's Induction by securing a half day Child Protection session at each induction course, presenting the Southwark perspective on the Level 2 and 3 course run by on the King's College Child Protection training courses, and, promoting the safeguarding courses run by the Southwark Safeguarding Children Board at updates and training sessions. The Child Protection team has good links with front line health managers and present Child Protection Updates at Health Visiting and School Nursing team meetings on a twice yearly basis.

4.6 RIO electronic recording

The Child Protection Team works closely with the RIO electronic records team to ensure documents and child protection processes on RIO meet Clinical Governance requirements. Child Protection is represented on the RIO Stakeholders group. The Child Protection Team promotes use of RIO facilities at Child Protection Updates.

4.7 Supervision

The Child Protection Team offer Child Protection Supervision to Nurse and Allied Health Professional Managers, the Supervisor of the Nurse Family Partnership and the specialist nurse in the referral and assessment team at the Local Authority. They are also available to staff for advice and support to help clarify and risk assess concerns around safeguarding issues.

4.8 Advice Line

The Child Protection Team provide an on-call mobile telephone advice service from Monday to Friday 9 – 5. This service can be accessed by all NHS Southwark, Independent and Commissioned staff. Laminated cards with contact details of Designated and Named Professionals in child

protection/safeguarding are distributed at Induction and Child Protection Training and by managers on request.

4.9 Networking

Strong professional links exist between local acute hospital trusts, including South London & Maudsley Trust. The designated and named doctor and nurse specialists collaborate across Lambeth, Southwark and Lewisham and the wider London and surrounding areas. Strong links have been developed with the Multi-Agency Risk Assessment Conference (MARAC) meetings which are chaired by the Police and are where high risk domestic violence cases are reviewed. This has enabled more robust sharing of system information in respect of vulnerable individuals and families.

The Child Protection Team is involved in the Southwark Safeguarding Children Board and its constituent sub-committees and working groups, ensuring good linkages and intelligence sharing at an inter-agency level to

Practice Sub-group, Training Sub-group, Standards Sub-group, Child on Child Abuse Sub-Group, Vulnerable Children Sub-group and Domestic Violence Sub-group.

The Child Protection Team represents health at a Project Group on national statutory guidance on Sexual Exploitation and Runaways, and Children who go Missing from Home or Care.

5. Key Priorities for 2009/10

- a) Implement statutory guidance arising from Lord Laming's Report: The Protection of Children in England: A progress Report, and the Government Response and Action Plan, May 2009. The majority of this will be in the revised statutory guidance 'Working Together' to be published in December 2009. Policy, procedures and practice training will be reviewed as a result of changes and implemented from spring 2010.
- b) The Trust is ensuring compliance with national requirements and guidance issued over the summer of 2009 on Runaways and Missing Children; Sexual Exploitation of Children and Forced Marriage. As new guidance is issued it is monitored by the Child Protection Executive for implementation as required.
- c) Implement recommendations from SCR's Child H and Child I
- d) Review Child Protection Supervision Policy

6. Risk Implications and Actions Taken

PCT Boards need to assure itself that the organisation has leadership and governance processes in place to deliver on its child protection responsibilities. The PCT Child Protection Executive and strong links into the SSCB strengthens the governance and leadership arrangements and mitigates against this risk.

Other Local Safeguarding Children Board's that are re-doing 'inadequate' SCR's in line with Ofsted's requirements may require Southwark to revise Internal Management Reviews (IMRs) if Southwark has been involved in the case. Southwark is aware of the risk and steps will be taken to prioritise this activity as required.

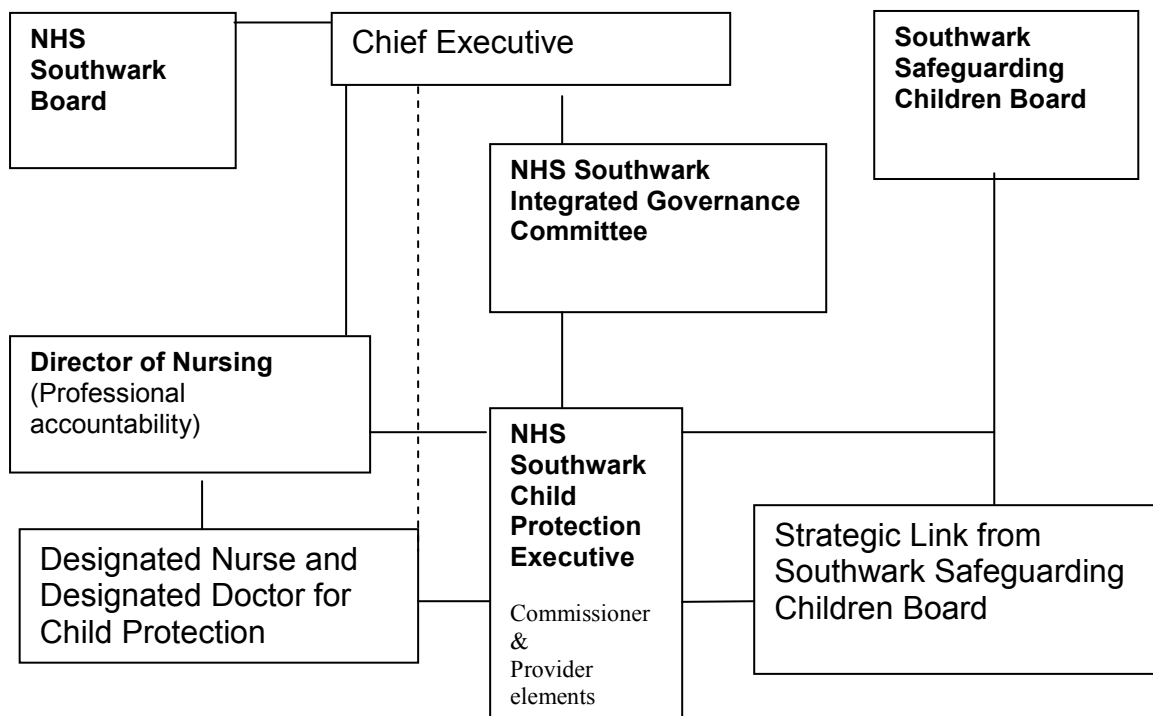
7. Impact Statements

Child protection and safeguarding is a national high priority. It is important that NHS Southwark is compliant with Health Core standards and is able to

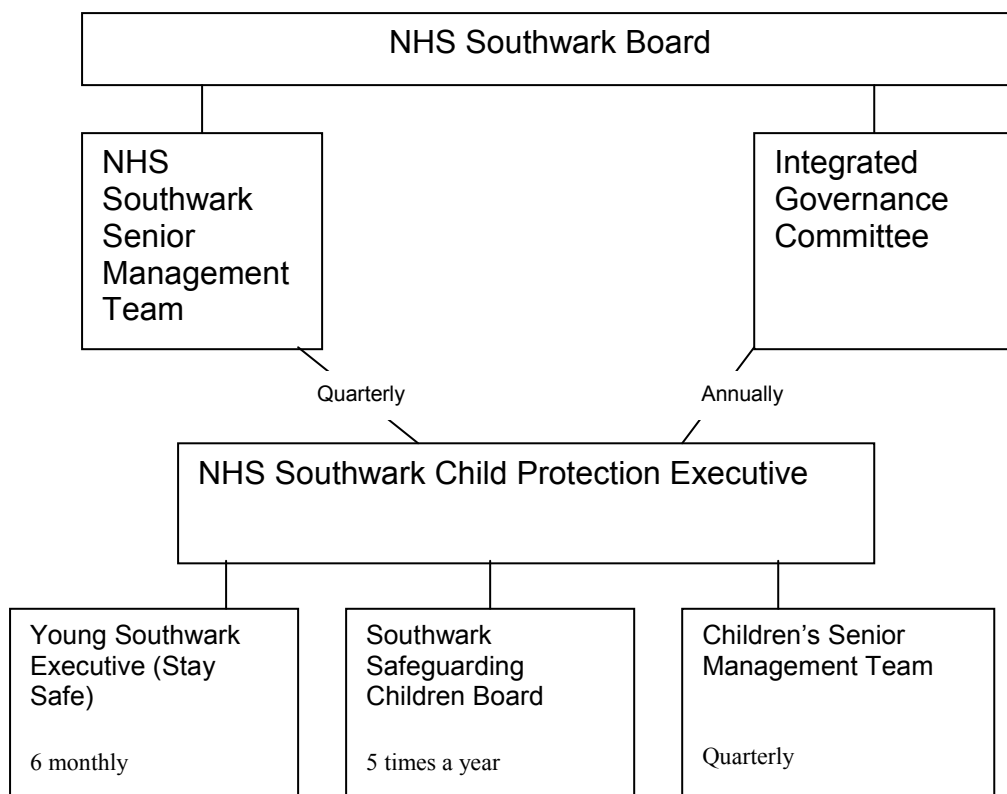
respond to Government requests for information and observance to safeguard children and young people in Southwark.

APPENDIX 1

NHS Southwark Safeguarding reporting lines are as follows:



Key NHS Southwark Communication Channels



Item No.	Classification: Open	Date: 1 st December 2009	Meeting Name: Health and Social Care Board
Report title:		Update on the Development of Provider Services	
Ward(s) or groups affected:		All	
From:		Deputy Chief Executive & Director of Resources	

1. Purpose

- 1.1 The purpose of this report is to update the Health & Social Care Board on recent activity in relation to the development of Southwark Provider Services.

2. Recommendation

- 2.1 Health & Social Care Board (HSCB) is asked to consider the contents of the report and note the decisions taken by the PCT Board in relation to the externalisation of Southwark Provider Services.

3. Background

- 3.1 In July 2005, "Commissioning a Patient Led NHS" set the principle of separating commissioning and service provision functions within PCTs. A national timetable for this was more recently published through the Transforming Community Services Programme in January 2009. In London, a quicker pace has been requested due to the commissioning development focus needed across London PCTs.
- 3.2 In November 2008, the PCT Board took a strategic decision to continue the integrated provision of health and social care services, in line with the current operating model in Southwark, whereby Southwark Provider Services (SPS) would become an Autonomous Provider Organisation in its own right.
- 3.4 However, in light of rapidly changing circumstances in the provider landscape and the current national economic position, a broader range of alternative options need to be considered for the final organisational form of SPS. The options available for SPS are:

Organisational Form	Examples
NHS Organisations	<ul style="list-style-type: none"> • Direct Provision – the provision of services remains with the PCT but with separate governance arrangements so that the provider services are treated like any other provider. • An alternative approach would be for the PCT to agree with another PCT either to manage or merge the delivery of their directly provided services.
	<ul style="list-style-type: none"> • Community Foundation Trust - A Public Benefit Corporation consisting of members who many be in

	constituencies of the public, patients and staff. There is a Board or Council of Governors and a Board of Directors.
Social Enterprise	<ul style="list-style-type: none"> • Company limited by guarantee
	<ul style="list-style-type: none"> • Industrial and Provident Community Benefit Society
	<ul style="list-style-type: none"> • Industrial and Community Society
	<ul style="list-style-type: none"> • Community Interest Company
	<ul style="list-style-type: none"> • Charitable Incorporated Organisation
Vertical Integration	<ul style="list-style-type: none"> • These can be arrangements between NHS organisations and other bodies, where other NHS organisations (e.g. NHS Trusts, NHS Foundation Trusts), or local authorities of third sector organisations, typically, carrying out different stages of a patient or use pathway. These can be carried out through a contractual Joint Venture, a Community Interest Company, partnerships, or a Section 75 Agreement. There is no prescribed form for vertical integration. Proposals for vertical integration must be compliant with the requirements of the Principles and Rules for Cooperation and Competition Panel.
Horizontal Integration between PCT providers and/or Local Authorities	<ul style="list-style-type: none"> • PCTS enter joint arrangements or services are transferred to (“hosted by”) and other PCT. PCTs and LAs enter section 75 partnership arrangements whereby the LA performs the PCT’s community health services function. Typically such arrangements are developed between providers delivering the same part of a patient pathways or service.
	<ul style="list-style-type: none"> • Partnership arrangements with a local authority under section 75 of the NHS Act 2006. Under these arrangements a local authority provides the relevant former PCT community health services.
	<ul style="list-style-type: none"> • Services provided on behalf of a PCT through joint or delegation arrangements with a third party (another PCT)
	<ul style="list-style-type: none"> • Integrated Care Pilot (ICP). An entity that takes overall responsibility for ensuring coordinated care for a defined and registered population wherever that care is to be provided i.e. across part or whole of the patient pathway, irrespective of sector. These are currently being piloted.
	<ul style="list-style-type: none"> • Primary care contracts –
	<ul style="list-style-type: none"> • NHS contracted arrangement – An existing Foundation Trust managing some community services. Primary and community care organisations managing some acute services from community base.

4. Policy Context

- 4.1 Transforming Community Services – *Enabling New Patterns of Provision* was published by the Department of Health on 13 January 2009 and clarified a number of issues on how PCTs manage the transformation of provider services. The Department of Health and Monitor have also published the Transaction Manual which details the process and governance arrangements for organisational change that will apply to externalization. These documents suggest:

Case for Change

- 4.2 The separating of both the commissioning and service provision functions will lead to more focused attention on commissioning and enable a service provision organization to focus on delivering safe and effective services. NHS Southwark will focus commissioning to:
- Deliver better health outcomes for our population
 - Tackle local health inequalities
 - Ensure high quality, sustainable and responsive local services delivered by a range of providers
 - Improve patient experience
- 4.3 NHS Southwark is required to develop a coherent and sustainable option for SPS, which strengthens community provision and facilitates the ambitions of 'Healthcare for London' and 'Transforming the NHS in Southwark'. NHS Southwark wants local Community Health Services that are able to deliver safe and effective services that are:
- Personalised and flexible, thereby maximising the independence of individuals
 - Integrated and seamless
 - Best value
 - Provided as close to home as possible
 - Offering patient's choice
- 4.4 At its meeting on 24th September 2009, the PCT Board endorsed the preference for a joint arrangement with Lambeth Primary Care Trust as a core partnership based on the need to commission integrated care pathways to deliver improved health outcomes, our geographical continuity and similar demography.

The Process so far

- 4.5 Following the Transforming Community Services guidance, Southwark PCT has had discussions with its Board about future options, and with Lambeth and Wandsworth PCT's about potential collaboration on some of those options.
- 4.6 The PCT has written to neighbouring NHS organisations seeking expressions of interests on integrating with or providing Southwark community health services without being specific on the form that it could take. The organisations listed below expressed an initial interest in working with SPS and further discussions will take place shortly:
- Lambeth PCT
 - King's Health Partners
 - City & Hackney Community Health Services
 - University Hospital Lewisham NHS Trust
 - Greenwich PCT
 - Wandsworth PCT

- 4.7 There are a significant number of options to be appraised, and there needs to be both an individual assessment by Southwark PCT of the best options for its customers, and a joint assessment with other PCT's of the options that involve partnering.

Option appraisal process

- 4.8 In order to evaluate the strengths and weaknesses of potential organisational forms, a set of criteria was developed, based on feedback from staff at workshops, on what they considered to be the most important issues for the new organisation(s) to address. The criterion for appraising each of the organisational forms is attached at Appendix A and the key principles of undertaking the options appraisals are to:

- Engage commissioners including practice based commissioners and partners in the process to ensure that the objectives of improving the health and well-being of the population, reducing health inequalities and strengthening community based services are achieved;
- Work with residents and their representatives to ensure that services are co-ordinated and responsive to their needs and wishes;
- Ensure that staff and their representatives are fully engaged in determining how community based services will be provided in the future.

- 4.9 In order to carry out the options appraisal the following steps will be undertaken:

- A small group comprising PCT directors will meet with all organisations that have expressed an interest in working with SPS. The purpose of these director level meetings is to ascertain the level of interest and explore the potential advantages and likely challenges;
- Organisations that remain committed to exploring working with SPS will be invited to produce a business proposal that responds to the key questions outlined in the criteria. These proposals will be assessed at director level, with reference to the views of staff and Non Executive Directors;
- Following on from the consideration of business proposals, a progress report will be produced for the Board and it is expected that the Board will be asked to formally agree a final shortlist in December 2009.

- 5.4 In parallel to the process outlined above, a small project board (comprising the CE of Lambeth PCT and the Deputy Chief Executives of Southwark and Wandsworth PCTs) has been established to consider potential integrated options

PCT Decision Making Process

- 5.6 The decision on the final organisational form of SPS is reserved to the PCT Board who will wish to make reference to the views of key stakeholders, and will be taken in two stages – stage one comprising an assessment and ranking of the full range of options and stage two, the PCT Board decision on the organisational form.

- **Stage 1** - refers to the PCTs assessment of the full range of options available and includes the option appraisal process on the organisational forms. It is anticipated that the PCT Board will be able to take a decision on the ranking of the options and the 'preferred' organisational forms by Christmas, and that an additional meeting of the Board will be required to achieve this on 17 December. The Board will review options for both Southwark alone, and with potential partner organisations. The decision on the final ranking of preferred options will be taken in public by the PCT Board.
- **Stage 2** - the focus of stage two is on the final organisational form and the due diligence processes to achieve this. The outcome of stage 2 will be the PCT decision on the final organisational form of SPS. This decision is reserved to the PCT Board which *can choose to* enter into a Joint arrangement with other PCTs to arrive at the final decision.

Option Appraisal Criteria for Assessing the final Organisational Form of Southwark Provider Services – Appendix A

<p>1. Sustainability - of Integrated Service Provision across Health and Social Care</p> <p>1.1. Foster Opportunities for sustaining and developing integrated provision</p> <p>1.2. Supports the delivery of integrated care pathways, the increased shift of provision from acute to community services, and delivery of the personalisation and choice agenda.</p> <p>1.3. Supports accountable integrated provision for children and their families and others</p> <p>1.4. Supports supportive individualised approach to transition planning for individuals moving between young people's and adults services.</p> <p>1.5. Services recognised as excellent</p> <p>1.6. Strengthens clinical leadership</p> <p>1.7. Strong community & service user involvement</p> <p>1.8. Working in partnership with the local authority to deliver shared objectives</p> <p>1.9. Strong connections with hospital and mental health services</p> <p>1.10. Impact on World Class Commissioning</p> <p>2. Patient Care</p> <p>2.1. Creates greater incentives for innovation and development of Community Health Services</p> <p>2.2. Creates opportunity for service improvement, delivery of best practice and compliance with healthcare standards, and demonstrates responsiveness to patient feedback.</p> <p>2.3. Improves access to care in local community based settings</p> <p>3. Sustainability – Organisational (including Finance, Economic and Governance)</p> <p>3.1. Transaction and administration costs provide Value for Money</p> <p>3.2. Creates an organisation of sufficient size and capacity to drive forward growth in community health services</p> <p>3.3. Improves organisational efficiencies and value for money for services. Incentivises improved productivity</p>

- 3.4. Supports strong governance and accountability. Improves corporate performance. Able to demonstrate improved clinical performance and health outcomes
- 3.5. Through understanding of Community Provider Services, improves ability to improve marketability and market share. Sustains and develops a strong Commissioner/Provider relationship.
- 3.6. Supports and develops marketing skills through sharing of own expertise and knowledge.
- 3.7. Provides additional expertise on key aspects of business development.
- 3.8. Wide range of services
- 3.9. Flexible and supports innovation, e.g. through retention of surpluses
- 3.10. Robust and stable
- 3.11. Strong connections with GPs
- 3.12. Ability to meet statutory responsibilities
- 3.13. Economic viability and sustainability

4. Sustainability – Staff

- 4.1. Is positively welcomed by staff (fully meets all issues)
- 4.2. Has a positive impact on staff motivation and experience
- 4.3. Has a positive impact on recruitment and career development opportunities (with a particular regard to terms and conditions and access to NHS pensions)
- 4.4. Supports staff training and development and research opportunities
- 4.5. Staff involved in governance
- 4.6. Links with research and academia to promote innovation
- 4.7. NHS status
- 4.8. Minimise disruption to services

5. Fit with NHS Southwark/Local Priorities

- 5.1. Supports the delivery of care outside hospital, and facilitates the development of care pathways
- 5.2. Delivers competitive marketable community health services
- 5.3. Supports alignment with local authority partners and critical links and alignments with GPs and others
- 5.4. Provides unique opportunities for developing and extending clinical links.

6. Meets population's diverse needs and their preferences

- 6.1. NHS Brand
- 6.2. Allows for choice and convenient access times
- 6.3. Framework to increase quality and improve health of population
- 6.4. Meets needs of vulnerable groups

Item No.	Classification: Open	Date: 1 st December 2009	Meeting: Health and Social Care Board
Report title:		Performance Update: Local Area Agreement Targets relating to Health and Social Care – Quarter 1 and Quarter 2 2009/10	
Ward(s) or groups affected:		All	
From:		Director of Performance and Corporate Affairs, Southwark Health and Social Care	

1. Recommendation

- 1.1 That this report is noted.

2. Background/context

- 2.1 As part of Southwark's Local Area Agreement (LAA) (2008/09 to 2010/11) 35 Improvement Targets have been selected from the basket of 198 National Indicators. Of these, 10 targets are of direct relevance to the delivery of Health and Adult Social Care priorities. Separate targets have been set for 2008/09, 2009/10 and 2010/11 in agreement with the Government Office for London. Delivery against the targets will clearly be important to the outcome of the Comprehensive Area Assessment (CAA) for Southwark.
- 2.2 The purpose of this report is to present a brief summary of these targets and latest performance against them as at Quarter 2 of 2009/10.
- 2.3 Each target is subject to multi-agency action plans and monitored closely by the Council and its partners under LAA arrangements.

3. KEY ISSUES FOR CONSIDERATION

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

- 3.1 This target is for the number of social care clients receiving services through direct payments or personal budgets (self directed support) to increase to 30% of all community based service users by the end of April 2011, and 17% by April 2010.
- 3.2 The target requires a significant increase on current numbers, from 318 in Quarter 2 to around 1000 in 2011. Whilst challenging there are strong grounds for confidence that this change can be achieved, as the implementation of personal budgets is being prioritised and, along with other aspects of the personalisation and transformation agenda, is being subject to focused programme management. As well as increasing direct payment numbers it is expected that most new service users and existing clients who have been reviewed will be offered personal budgets under these arrangements, enabling a quicker build up of numbers than was previously possible. **In Quarter 2 personal budgets were implemented for reviewed clients and 106 people agreed to the offer of a personal**

budget following a review, which will increase overall performance from 6.6% to 9.1% (201 to 318 service users) when these arrangements are finalised.

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

3.2.1 This target is to reduce age standardised mortality rates (per 100,000 population) from all causes and for all age groups by around 8% (males) and 7% (females) by 2010/11 from the 2006 baseline of 734 (males) and 441 (females). It is part of a national target and the contribution for Southwark was calculated centrally. Data for 2008 has been issued:

3.2.2 For males the annual mortality rate has increased from 717.5 in 2007 to 764.9 in 2008, which is above the target of 727 for 2008. This result was out of line with expectations given recent material reductions that have been achieved on a year by year basis (there has been a 21% reduction in mortality rates over the previous 4 years). It is associated with an increase in lung cancer deaths in males aged 60-74 (primarily caused by smoking in earlier life). However, the overall long term trend as measured by the rolling 3 year pooled rate remains downwards and it is hoped that the 2008 increase proves to be an isolated blip.

3.2.3 For females the annual rate has decreased from 499 in 2007 to 479.7 in 2008, which was slightly higher than the target of 472.

3.2.4 The monitoring of initiatives under the World Class Commissioning framework that will contribute to improved mortality rates is being enhanced by the Primary Care Trust and the Healthy Southwark Partnership.

3.2.5 It is of note that on mortality rates for males and females together the Care Quality Commission rated Southwark to have performed satisfactorily in the 2008/09 Annual Health Check.

Chart 1: All age all cause mortality rate - Males

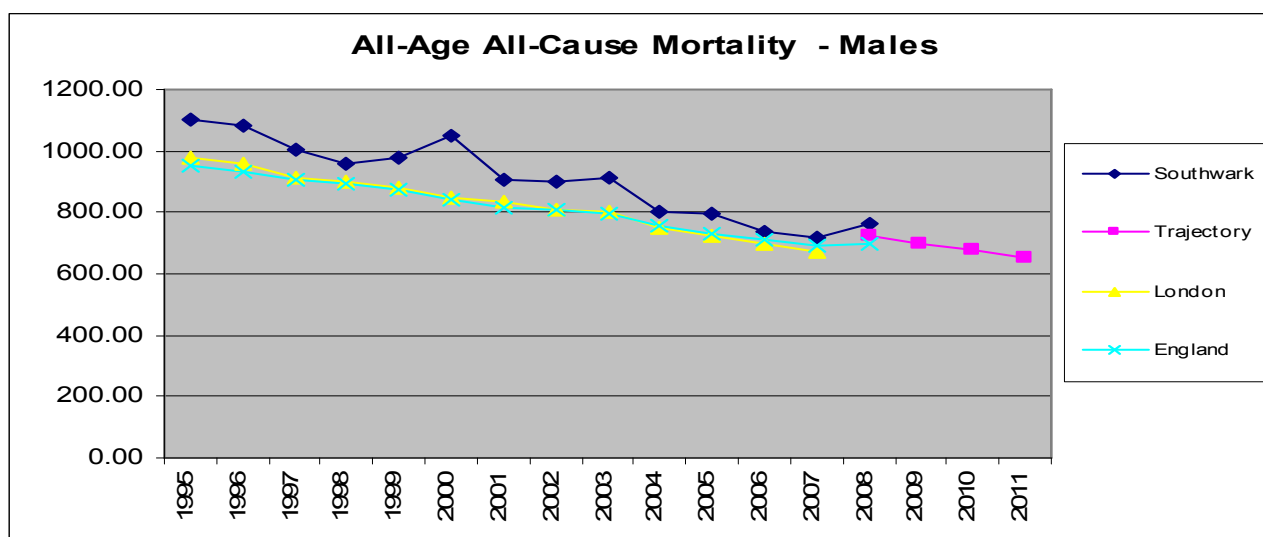
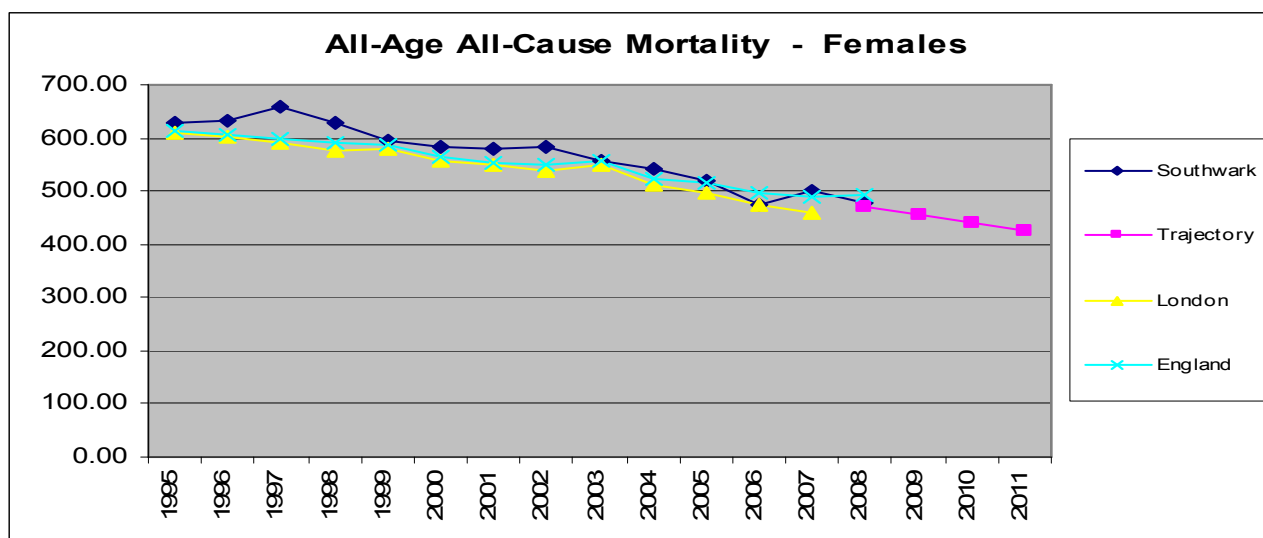
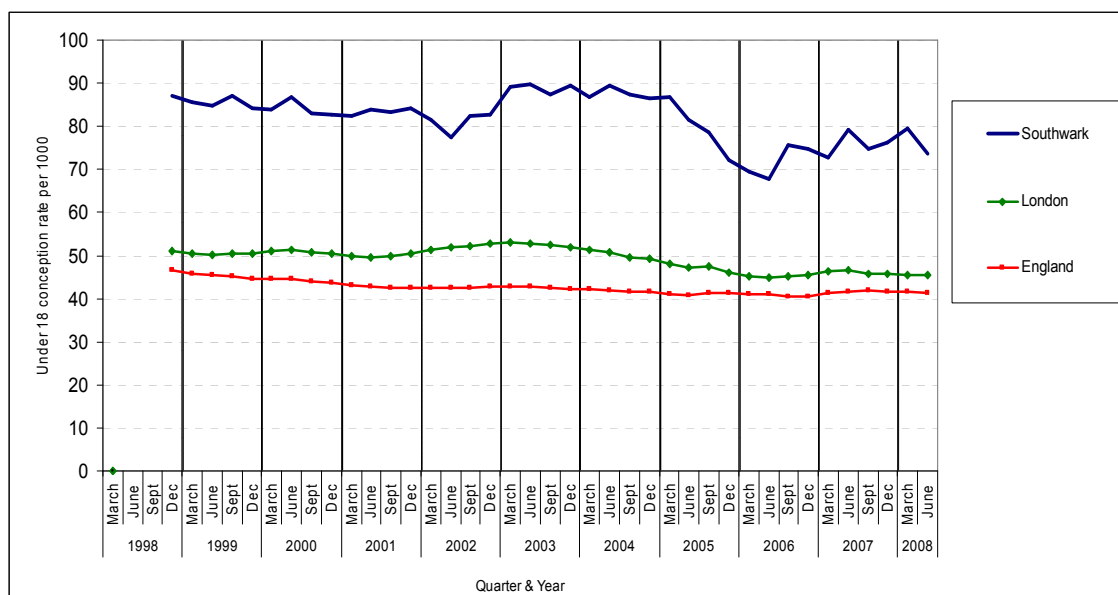


Chart 2 All age all cause mortality rate – Females



3.2 Teenage Pregnancy rates (NI 112)

- 3.2.1 Southwark's teenage pregnancy rate is the highest both in London and nationally, however, the latest provisional figures from the ONS for Quarter 2, 2008 showed some improvement with a reduction to 65 conceptions in the quarter and a 12 month rolling average of 73.6 per 1,000 15-17 year-old population, which is the lowest since quarter 1 2007 (Jan – March). This is a reduction of 15.6% on the 1998 baseline rate of 87.2 per 1,000, which is a higher reduction than England (11.3% reduction) and London (10.8% reduction) – see chart 3 below. However, provisional local maternity data suggest an increase is likely in the following quarter.
- 3.2.2 Reducing Teenage Pregnancy remains an extremely high priority in Southwark. The council and partners have refocused efforts, and after a stakeholder consultation event in early 2009, clear areas for development have been identified. Schemes rolling out throughout 2009/10 include an ambitious programme of workforce training on sex and relationship education, a scheme to make free contraception more easily accessible to young people, and a range of health promotion interventions in schools. A media campaign to highlight the availability of sexual health services and resources has also been commissioned.

Chart 3: Teenage Conception Rates (rolling 12 months) 1998-2008 (Qtr 2):*Southwark, London and England*

3.4 Smoking Quitters (NI 123)

3.4.1 The target for 2009/10 is 1,306 smoking quitters (defined as service users who have successfully quit smoking 4 weeks after using a smoking cessation service). The initial result for Quarter 1 was just 180 quitters, compared to a target of 266. However it is expected that further data will be received and performance will improve during the year. Quarter 2 data is due in December.

3.4.2 The final data for 2008/09 confirmed that Southwark met its smoking cessation target for the first time in five years, with 1,277 quitters against a target of 1,225, demonstrating that the intensive efforts made over recent years are becoming more effective.

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

3.5 Healthy weight in children (NI 56)

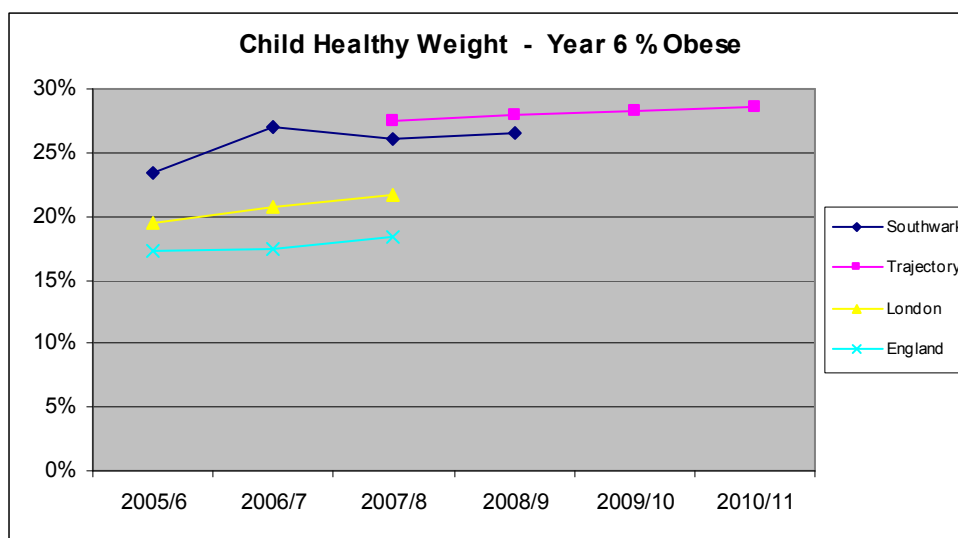
3.5.1 The childhood obesity LAA target is to reduce the rate of increase in Year 6 children who are classified as obese as a precursor to an eventual long term reduction. The methodology was agreed nationally by the Department of Health which recognised the challenge inherent in reversing the upward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

3.5.2 The 2008/09 results are now collated and for Year 6 the target has been met with 26.6% recorded obese against a target of 27.5%. This is a small increase on the 26% reported in 2007/08 but lower than the 2006/07 rate of 27.1%.

3.5.3 The comparative data for 2008/09 has not yet been issued but based on previous years it is expected that Southwark's rate of obesity will remain relatively very high, and it remains

a top priority for the Healthy Southwark Partnership to reduce it in the longer term. A new Southwark Healthy Weight Strategy is currently being consulted on.

Chart : Healthy Weight in Children



3.6 Early access to maternity services (NI 126)

- 3.6.1 This target is to increase the percentage of women who have received a full assessment of their health and social care needs by a midwife or obstetrician within 12 weeks and 6 days of pregnancy to 65% in 2009/10 and 90% by 2010/11. This target was selected because access to maternity services has been identified as an issue locally, and is a possible contributory factor to higher than average infant mortality rates. The target was almost met in 2008/09 and performance in Qtr 1 and 2 (60.9% and 61.6%) has not improved as much as hoped to make progress towards the 65% target for the year, and the nationally set target of 90% for next year looks very challenging.
- 3.6.2 The PCT is investing in increased maternity services capacity in King's to help achieve this target, and actions to encourage earlier GP referral and self-referral are planned. Improvement work is also required at Guy's and St Thomas's which is currently performing less well than King's.
- 3.6.3 An analysis was undertaken earlier in the year at King's College Hospital of women who breached the target due to the fact that their first referral to maternity services (via GP or other source) was too late for the first appointment to be within target. This showed that of all women referred in February, 24% were referred after 11 weeks. For these clients ensuring the first appointment is within target is difficult in logistical terms.
- 3.6.4 These figures above show the long term national target of 90% requires significant progress to be made in the speed with which women are referred into the service, which includes promoting the benefits of early ante natal care and access to primary care upon early signs of pregnancy, and ensuring there are no onward referral delays from primary care. Actions are in place to drive this forward. However as 10% of women in the King's study were referred after 20 weeks this is clearly going to be challenging.

3.7 Adults with learning disabilities in employment (NI 146)

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

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

- 3.8.1 Target setting was deferred in the LAA process by GOL due to the lack of baseline data for this new PI. Initial data for 2008/09 has now been returned by SLAM. In Southwark it shows just 2.7% of mental health clients were recorded as being in paid employment. This is just 48 out of 1766 people. However, 1017 cases do not have an employment status recorded in their care record which is clearly an area for improvement. 680 are recorded as unemployed.
- 3.8.2 The action plan includes:
- Making linkages with the Improving Access to Psychological Therapies (IAPT) programme (a World Class Commissioning priority), for which attainment of employment is a targeted outcome.
 - Widening existing mental health employment/vocational services to incorporate Council, PCT, SLaM and other major employers
 - Close working with Job Centre Plus.
 - Re-evaluating existing commissioned vocational services
- 3.8.3 ***Drafting note: there appears to be an issue with qtr 2 data due to a change in the national definition of the care programme approach. A query has been raised on the national guidance which will be confirmed on Monday. SLAM have been asked to provide data on alternative definitions pending clarification.***

- 3.8.4 Benchmarking data shows that performance is generally low, with an England average in 2008/9 of 3.7%. However this does not alter the fact that this is clearly poor performance and a target will be set to significantly improve matters. The target will be agreed with GOL for LAA purposes.

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

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

3.10 Drug users in effective treatment (NI 40)

- 3.10.1 This LAA target reflects a commitment to increase the numbers of people in effective treatment for crack/opiate use by 30% (on the 2007/08 baseline) by 2010/11. This gave a numerical target of 1698 clients for 2008/09 (12% increase), 1880 for 2009/10 (24% increase) and 1971 for 2010/11 (30%) based on the estimated baseline of 1516 when the LAA was set. Following a NTA refresh of the data Southwark's 2007/8 baseline figure was revised downwards to 1449. However the National Treatment Agency has not agreed to reduce the numerical target accordingly to retain the 12% equivalence, which in effect leaves us with a 17% growth target. Representations were made on this issue as part of the LAA refresh process but were not accepted and the target of 1880 is highly unlikely to be met. Current numbers in treatment (latest data is for June 09 due to the 12 week time lag in the measure) is 1551, a very slight reduction from March.
- 3.10.2 The services are however successfully retaining people in treatment for at least 12 weeks, with 87% retained in treatment at June '09 compared with the London average of 84% and national average of 85%.

4 RISK FACTORS

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

4.4 Community Impact

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

Background Papers	Held At	Contact
Title of document(s) Performance documentation	Title of department / unit Health and Social Care Performance Team	Adrian Ward 020 7525 3689
LAA targets – general LSP information	LSP co-ordinator	Steve Tennison 020 7525 7557

Lead Officer	Sean Morgan, Director of Performance, Southwark Health and Social Care	
Report Author	Adrian Ward, Head of Performance, Southwark Health and Social Care	
Version	Final	
Dated	3/11/09	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	No	
Finance Director	No	
Director Social Services/ CE PCT	yes	
Executive Member	No	
Date final report sent to Constitutional Support Services/ PCT dispatch	23 November 2009	

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

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

To	Copies	To	Copies
Executive Members	1 each	Officers	
N Stanton / K Humphreys / P Kyriacou L Manchester / T McNally / A Morris / D Noakes / P Noblet / L Rajan / L Robinson		Doreen Forrester-Brown, Legal	1
Other Councillors	1 each	Trade Unions	
F Colley / A Lasaki / T Eckersley / J Friary B Hargrove / J Salmon / R Thomas / V Ward P John / P Bates		Roy Fielding, GMB	1
Health & Adult Care Scrutiny Members	1 each	Mick Young, TGWU/ACTS	1
L Zuleta / D Dixon-Fyle / A Graham M Holford / L Lauder / J Mitchell / C Pidgeon		Euan Cameron, Unison	1
Political Assistants		Tony O'Brien, UCATT	1
Dan Falchicov, Liberal Democrat Group	1	Others	
Political Assistant		Shahida Nasim, Audit Commission	1
John Bibby, Labour Group Political Assistant	1	Constitutional Team, Tooley Street	4
Libraries	1 each	Vicky Bradding, Tooley Street	25
Albion / Camberwell / Dulwich / Newington Peckham / Local Studies Library		Total:	87
Press			
Southwark News	1	Dated: 23/11/09	
Paul Rhys, South London Press	1		
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		
Richard Rawes	1		
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