

Health and Social Care Board

Thursday 15 July 2010

6.30 pm

160 Tooley Street, London SE1 2TZ

Cabinet Membership

Councillor Peter John
Councillor Ian Wingfield

Councillor Fiona Colley

Councillor Dora Dixon-Fyle
Councillor John Friary
Councillor Barrie Hargrove

Councillor Richard Livingstone
Councillor Catherine McDonald
Councillor Abdul Mohamed

Councillor Veronica Ward

Portfolio

Leader of the Council
Deputy Leader of the Council and Cabinet Member for
Housing Management
Cabinet Member for Regeneration and Corporate
Strategy
Cabinet Member for Health and Adult Social Care
Cabinet Member for Community Safety
Cabinet Member for Environment, Transport and
Recycling
Cabinet Member for Finance and Resources
Cabinet Member for Children's Services
Cabinet Member for Equalities and Community
Engagement
Cabinet Member for Culture, Leisure, Sport and the
Olympics

Southwark NHS Primary Care Trust Board Membership

Mee Ling Ng
Susanna White

Malcolm Hines
Ann Marie Connolly
Dr Olufemi Osonuga
Peta Caine
Richard Gibbs
Anne Montgomery
Robert Park
Edward Robinson
Winston Tayler

Chair & Non Executive Director
Chief Executive, Southwark PCT and Strategic
Director of Health & Community Services
Deputy Chief Executive and Director of Resources
Director of Public Health
Professional Executive Committee Chair
Vice Chair, Non Executive Director
Vice Chair, Non Executive Director
Non Executive Director
Non Executive Director
Non Executive Director
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 on 020 7525 7221
Vicky Bradding, Corporate Secretary, Primary Care Trust on 020 7525 0408

Members of the committee are summoned to attend this meeting

Councillor Peter John, Leader of the Council
Mee Ling Ng, Chair of Southwark PCT Board
Date: 7 July 2010



Health and Social Care Board

Thursday 15 July 2010
6.30 pm
160 Tooley Street, London SE1 2TZ

Order of Business

Item No.	Title	Page No.
	PART A - OPEN BUSINESS	
	MOBILE PHONES	
	Mobile phones should be turned off or put on silent during the course of the meeting.	
1.	WELCOME AND INTRODUCTIONS	
2.	APOLOGIES	
	To receive any apologies for absence.	
3.	NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT	
	In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
4.	DISCLOSURES 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 dispensations (if any) in respect of any item or issue to be considered at this meeting.	
5.	MINUTES	1 - 3
	To agree as a correct record, the minutes of the meeting held on 18 February 2010.	

Item No.	Title	Page No.
6.	MATTERS ARISING	
	To consider any matters arising from the minutes of the meeting held on 18 February 2010.	
7.	A FAIRER FUTURE FOR ALL IN SOUTHWARK - PRIMARY CARE TRUST COMMENTS	4 - 9
	To consider the comments of the primary care trust in respect of the mission and commitments of the new administration.	
8.	PRIMARY CARE TRUST (PCT) STRATEGY PLAN 2010/11 - 2014/15	10 - 17
	To note the strategic aims of the PCT's strategy plan.	
9.	STRENGTHENING NHS COMMISSIONING IN LONDON	18 - 21
	To note the implications of the new direction for NHS commissioning on partnership working.	
10.	FINANCE POOLED BUDGET	22 - 26
	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.	
11.	PERFORMANCE REPORT	27 - 34
	To note the latest performance with respect to the Local Area Agreement targets relating to health and social care.	
12.	PRESENTATION - CHILD OBESITY / FREE HEALTHY SCHOOL MEALS	
	To receive a presentation from the Director of Public Health in respect of childhood obesity / healthy school meals.	
13.	CABINET DECISIONS TAKEN SINCE THE LAST BOARD MEETING	35 - 38
	To note the decisions taken by Cabinet since the last Board meeting.	
14.	PCT DECISIONS TAKEN SINCE THE LAST BOARD MEETING	39 - 43
	To note the decisions taken by the Primary Care Trust since the last Board meeting.	

Item No.

Title

Page No.

OTHER REPORTS

The following item is also scheduled to be considered at this meeting.

15. OPPORTUNITIES FOR ESTATE SHARING

Date: 7 July 2010



Health and Social Care Board

MINUTES of the OPEN section of the Health and Social Care Board held on Thursday 18 February 2010 at 6.30 pm at 160 Tooley Street, London SE1 2TZ

PRESENT:

- Councillor Nick Stanton
- Councillor Paul Kyriacou
- Councillor David Noakes
- Councillor Lisa Rajan
- Mee Ling Ng
- Susanna White
- Malcolm Hines
- Ann Marie Connolly
- Peta Caine
- Richard Gibbs
- Anne Montgomery
- Robert Park
- Edward Robinson
- Winston Tayler

OTHER MEMBERS PRESENT: Councillor Jonathon Mitchell

OFFICER SUPPORT:

- Andrew Bland
- Jane Fryer
- Donna Kinnair
- Sean Morgan
- Edwina Morris
- Everton Roberts
- Piers Simey

1. APOLOGIES

Apologies for absence were received from Councillors Kim Humphreys, Linda Manchester, Tim McNally, Adele Morris and Lewis Robinson.

2. WELCOME AND INTRODUCTIONS

The chair welcomed the members to the meeting. There were no introductions.

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 1 December 2009 be agreed as a correct record subject to the inclusion of the word 'Children' in the title of item 9 the Annual Safeguarding report.

6. MATTERS ARISING

There were no matters arising.

7. PRIMARY CARE TRUST STRATEGY PLAN PRESENTATION

The board received a presentation from Susanna White, Chief Executive, Southwark PCT & Strategic Director of Health and Community Services on the primary care trust strategy plan.

8. IMPLEMENTATION PLAN FOR HEALTH INEQUALITIES STRATEGY

RESOLVED:

That the implementation plan for delivery of the strategy for reducing health inequalities in Southwark be noted and approved.

9. PERFORMANCE UPDATE: LOCAL AREA AGREEMENT TARGETS RELATING TO HEALTH AND SOCIAL CARE - QUARTER 3 2009-10

RESOLVED:

1. That the report be noted.
2. That more detail on the drug users in effective treatment (NI 40) be provided in the next performance report.

10. SOUTHWARK SAFEGUARDING ADULTS PARTNERSHIP BOARD - ANNUAL REPORT**RESOLVED:**

That the Southwark Safeguarding Adults Partnership Board annual report be noted and the issues raised be kept under review.

11. TOWARDS A SHARED PUBLIC SERVICES ESTATE STRATEGY

The board members discussed issues relating to the efficient use of the public estate between, health, local authority and other public services in Southwark.

RESOLVED:

- 1 That the programme of work to identify opportunities to share estates planning and relevant activities be endorsed.
- 2 That the issue remain on the boards agenda.

12. FINANCE AND POOLED BUDGETS**RESOLVED:**

1. 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.
2. That the contributions to the pooled budgets and risk share arrangements for 2010-11, as set out in paragraph 4.3 of the report be agreed.

The meeting ended at 8.25pm

CHAIR:

DATED:

Item No.	Classification: Open	Date: 15 July 2010	Meeting Name: Health & Social Care Board
Report title:		A Fairer Future for All in Southwark – Primary Care Trust Comments	
Ward(s) or groups affected:		All	
From:		Director of Public Health	

RECOMMENDATIONS

1. The PCT notes the mission and commitments of the new administration as set out in 'A Fairer Future for All in Southwark'.
2. The PCT recognises that the implementation of some of the commitments will be challenging in a time of financial restraint. However, it also notes that many of the commitments will impact positively on the health of Southwark's population.
3. While there have been significant improvements in the overall health of the population of Southwark as shown by improved life expectancy, there are still considerable inequalities in health experience between different parts of the borough. In particular those living in the more deprived areas of the borough are more likely to become ill and die earlier. These inequalities relate not so much to health care access but to a complex mix of social, educational, economic and environmental conditions experienced by people living in Southwark
4. The evident commitment of the new administration to health issues is welcomed alongside the opportunities presented by this Council mission and commitments to collaborate with Council colleagues and others to develop work that will contribute to health improvement. In the context of a recession with a decline in public spending it will be important to ensure that we work together as best as possible to ensure that health is protected.

KEY ISSUES FOR CONSIDERATION

5. The specific commitments that are most likely to impact on the health of Southwark's population are highlighted below. Key areas for potential joint working are identified.

6. **Children's Services**

- *Free healthy school meals for every primary school child*
- *Target help at the most disadvantaged groups to increase take up of childcare and early years services*
- *Give power over 20% of youth services budget to young people by 2014*
- *Set up a commission within 6 months including young people, community, faith, school and health representatives to reduce teenage pregnancy by 2014*

- 6.1 The emphasis on health of schoolchildren is welcomed. There is good evidence that healthier eating amongst school children can have positive effects on behaviour and concentration in the class room. While there is limited evidence that healthy free school meals on their own impact on childhood obesity, there is however good evidence that healthy free school meals as part of a whole school approach (i.e. in conjunction with promoting healthy eating as part of the school curriculum, physical activity promotion and involving parents) can impact on health, well being and obesity levels. Plans are currently being developed within an affordability framework, by the Council, led by Children's Services. While we recognise the aspiration of universal healthy free school meals, we strongly emphasise the importance for a whole school approach to ensure an impact on childhood obesity. We would also like to suggest moving beyond a whole school approach towards a 'whole community' approach with for example, restrictions on fast food outlets surrounding schools.
- 6.2 We support the targeting of additional support to the most disadvantaged groups to increase take up of childcare and early years services. There is a clear social gradient in health: more deprived communities have poorer health. This also presents an opportunity to strengthen the promotion of healthier behaviour amongst particular communities through early years, for example, smoking cessation, smoke free home environments, immunisation, breast feeding and weaning.
- 6.3 While we believe that young people should be more engaged in determining youth services priorities, we would also like to be part of the process of working with young people to support the identification of these priorities. In particular, we would like to support the engagement with young people on their views and attitudes to physical activity, smoking, substance misuse and sexual health services.
- 6.4 We value the proposal for the setting up of a commission to consider teenage pregnancy and will work to support it. There are tried and tested approaches (such as that used by the National Support Teams) to assessing current work against best practice and what works and we look forward to an opportunity to review and refresh our current extensive programme of work to reduce teenage pregnancies.

7. **Community Safety**

- *Listen to local communities and expand CCTV coverage in the areas it's needed*
- *Fight against police cuts in Southwark*
- *Enforce zero tolerance for low level crime like dog-fouling and improve the Anti-social Behaviour telephone line*
- *Work with the community to deliver a violent crime strategy*

- 7.1 We welcome the manifesto commitment to promote community safety. Crime and violence affect mental and physical health and can significantly reduce quality of life. Victims of violence, including domestic violence, suffer not only the immediate effects of injury and abuse but also longer term mental health effects. Fear of potential violence or crime causes anxiety, stress and isolation, and can lead to the adoption of unhealthy "coping mechanisms",

such as smoking or increased use of alcohol. It can also lead to reduction in physical activity, social isolation and restricted playing for children due to perceived risk from local crime. We are currently involved in the domestic violence sub group of the Safer Southwark Partnership and working with A&E to obtain a better understanding of young people and experience of knife crime.

8. Culture, Leisure, Sport and the Olympics

- *In Rotherhithe, stop the spiralling cost of the library and make a plan for a new leisure facility with any money that's left*
- *In Peckham Rye, turn the plans for a One O'clock club and changing rooms and pitches for local sports teams into a reality*

8.1 Promoting physical activity is an important strand of our Healthy Weight Strategy. Rotherhithe and Peckham have higher overweight and obesity prevalence and prioritising these areas for additional leisure facilities is welcomed. Southwark Council Sports and Leisure colleagues have been key in helping to deliver and promote physical activity: while recreational facilities are valuable community resources, this still needs to be complemented with continued investment in staff / volunteer time.

8.2 We have been closely involved in the development of the Southwark Sports and Physical Activity strategy recognising the important role that physical activity has preventing in many illnesses and improving mental health for all segments of the population. The Olympics offer an opportunity to promote physical activity for all as well as for elite athletes. As a PCT we will have a large amount of work to do to prepare for the likely demand on health services during the Olympics due to the large numbers of additional people in London as well as making sure we are prepared for any major incidents.

9. Environment, Transport and Recycling

- *Fight for the South London Line*
- *Fight for improvements to public transport including an extension to the Bakerloo Line, Cross River Tram and buses like the 343, 42, 188 and C10*
- *Continue to support 20mph zones across the borough without using road humps and improve road surfaces by allowing residents to prioritise the worst roads in their area*
- *Bring in cycle parking on estates and join the Green Chain Walk*
- *Re-open two air quality stations*

9.1 We welcome improvements to public transport, initiatives to encourage cycling and the creation of additional 20mph zones. Safe and efficient transportation systems and traffic calming measures will reduce car use and injuries from road accidents. The promotion of cycling will help to increase physical activity.

9.2 We welcome the monitoring of air quality and hope that this will lead to initiatives to improve air quality in the borough. Poor air quality has a number of impacts on health, in particular exacerbating or causing respiratory conditions. People who are particularly vulnerable include those with existing respiratory or coronary heart diseases, older people, children and people

already sensitive to allergens. Air pollution can also affect people's ability to exercise and therefore their ability to lead a healthy lifestyle.

- 9.3 Additionally, we would also like to emphasize the importance of indoor air quality. People in the United Kingdom spend on average 90% of their time indoors, and a large proportion of that time in the home. Certain groups such as young children, mothers with babies and the elderly are likely to spend even more time at home. Poor indoor air quality, especially arising from tobacco smoke, is of concern. One hour's exposure in a smoky room can temporarily reduce lung function in healthy people, and can exacerbate symptoms in people with asthma, emphysema and other respiratory diseases. Non-smokers who experience a lifetime of exposure to smoke have a 10% to 30% higher risk of lung cancer. Children of parents who smoke are more susceptible to complaints such as glue ear and babies exposed to smoking are at increased risk of Sudden Unexpected Infant Deaths.

10. Equalities and Community Engagement

- *Help people to be good neighbours by supporting a network of community volunteer champions*

- 10.1 The promotion of good neighbour schemes is welcomed. There is good evidence that social capital can help address wider inequalities and work towards reducing social exclusion. Cohesive neighbourhoods and communities, where people feel empowered and know and trust each other, can also be a powerful support in helping people to cope with and address the stresses and problems that affect health.

- 10.2 Community volunteer champions can help to impact on health through enabling communities to identify their own health needs, enabling communities to organise around health issues that are relevant to them and developing the capacity of communities to maintain and promote their own health for example through self help groups or community health projects. We would welcome the opportunity to explore how community volunteer champions can be developed.

11. Health and Adult Social Care

- *Push down the price of Meals on Wheels by 50%*
- *Create a new dedicated telephone line for all queries about help for older and vulnerable people staffed by people who know about social care*

- 11.1 The PCT recognises the importance of good nutrition for older people and so would want to ensure that older people are eating meals that are nutritionally balanced and suit their specific needs and conditions. There are opportunities for promoting healthier eating initiatives and we welcome the opportunity to work with colleagues to identify potential areas for joint working.

- 11.2 A one-stop information line for older people is welcomed for the opportunity to include information on accessing relevant health services as well as information on preventive services and health promotion for users and carers, including vaccinations, accident and falls prevention and coping in adverse weather and temperature conditions.

12. Housing

- Make every council home a decent home by making them warm, dry, and safe

12.1 We welcome the commitment to improve council housing quality. Poor housing condition is linked to increased mortality for all ages and to increased rates of respiratory infection and gastrointestinal infections. Housing conditions can also affect mental health, accident risks and security. Some groups are more at risk than others from poor housing conditions, particularly people who spend most of their time at home such as women with young children, older people and people with disabilities. People on low incomes are more likely to be living in poor quality, damp or unsafe accommodation and this association is reflected in higher risks of coronary heart disease, respiratory problems and accidents.

12.2 In addition to decent home standards, we would also like to emphasise the importance of addressing other housing related concerns, in particular overcrowding and housing design. Overcrowding is associated with a wide range of health problems including an increase in levels of mental health problems, accidental injuries and communicable diseases. Poor exterior and interior design and layout can increase the likelihood of accidents. There is a close working relationship strategically with the Housing Department and this should continue as a priority.

13. Regeneration and Corporate Strategy

- Make regeneration work for the community
- In Bermondsey, rejuvenate The Blue and fight for a station at Surrey Canal Road to serve The Den
- In Camberwell, implement plans for a new town centre with safer traffic
- In East Dulwich, tidy up shopping arcades and parades and find ways of improving road safety by cracking down on rat-running
- In Elephant and Castle, stand up to the developers and put leisure facilities and demolishing the shopping centre back in the plan
- In Peckham, dedicate a council team to decide the next steps for Peckham with the community
- In Walworth, drive forward the regeneration of the Aylesbury Estate
- Resurface East Street

13.1. We broadly welcome the regeneration of key areas of the borough and the commitment to strengthen community cohesion and the involvement of partners. Economic development and regeneration is the basis of prosperity and a key factor in generating a sustainable, healthy environment and healthy outcomes for local people. Economic confidence in an area can lead to a circle of further investment with long term improvements in transport, housing, the environment, education, training and a range of social facilities and opportunities.

Lead Officer	Ann Marie Connolly, Director of Public Health	
Report Author	Jin Lim, Consultant in Public Health	
Version	Final	
Dated	5 July 2010	
Key Decision?	No	
<i>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER</i>		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
Cabinet Member	Yes	Yes
Date final report sent to Constitutional/Community Council/Scrutiny Team	5 July 2010	

Item No.	Classification: Open	Date: 15 July 2010	Meeting Name: Health and Social Care Board
Report title:		PCT Strategy Plan 2010/11 – 2014/15	
Ward(s) or groups affected:		All	
From:		NHS Southwark Chief Executive	

RECOMMENDATION(S)

1. The attached presentation is a high level summary of the PCT Strategy Plan, provided for information.

BACKGROUND INFORMATION

2. The context for the Strategy Plan is set out on slide 2 of the presentation.

KEY ISSUES FOR CONSIDERATION

3. The attached presentation describes the strategic aims of the PCT's strategy plan, including commissioning of more cost effective care closer to people's homes, in line with the Transforming Southwark's NHS public consultation conducted in early 2009. The presentation notes the extent of financial savings required and how the Strategy Plan will deliver these. Finally, the presentation summarises the key service developments planned for this year.

Policy implications

4. None.

Community impact statement

5. The report does not make any recommendations for Board decisions.

Resource implications

6. The financial context of the Strategy Plan is set out in the presentation.

Consultation

7. Not applicable.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

8. None sought.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

AUDIT TRAIL

Lead Officer	Susanna White	
Report Author	Andrew Bland	
Version	Final.	
Dated	5 July 2010.	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
List other officers here		
Cabinet Member	No	No
Date final report sent to Constitutional/Community Council/Scrutiny Team	-	

Health and Social Care Board



15 July 2010

Five Year Strategic Plan Summary

- The Strategic Plan outlines the PCT's vision for health and health services responding to local priorities (JSNA) and an economic case for change.
- Details nine initiatives for implementation – redesign of local services in eight key pathways of care and an overarching commitment to commission to enhance residents' experience of local services
- Financial context reflects the expected national protection of NHS budgets but significantly lower levels of growth in funding than in recent years
- Financial projections indicate a local funding gap of c. £90m over the next 5 years and a required savings target of £24m in 2010/11
- Outlines a programme of System Wide Sustainability – the delivery of high quality and affordable services across all areas of spend

Achieving System Wide Sustainability

- Commissioning intentions outline actions to deliver services at reduced cost in Acute, Mental Health, Community and Primary Care
- Local application of nationally defined efficiency targets and local renegotiation of Primary Care (GP) contracts to enhance productivity
- Decommissioning of services where they are shown to be of limited clinical effectiveness, e.g. unnecessary follow up appointments
- Decommissioning of high cost Acute Hospital services as the result of enhanced care management and preventative action in community settings
- Redesign of services (e.g. Urgent Care and Outpatients) to enhance efficiency and reduce the costs of care. More services will be delivered in, or closer to, patients' homes
- Consistent with 'Transforming Southwark's NHS' consultation on local services in early 2009

System Wide Sustainability in 2010/11

The Strategic Plan describes specific savings in the areas below (plus significant reductions in Management costs)

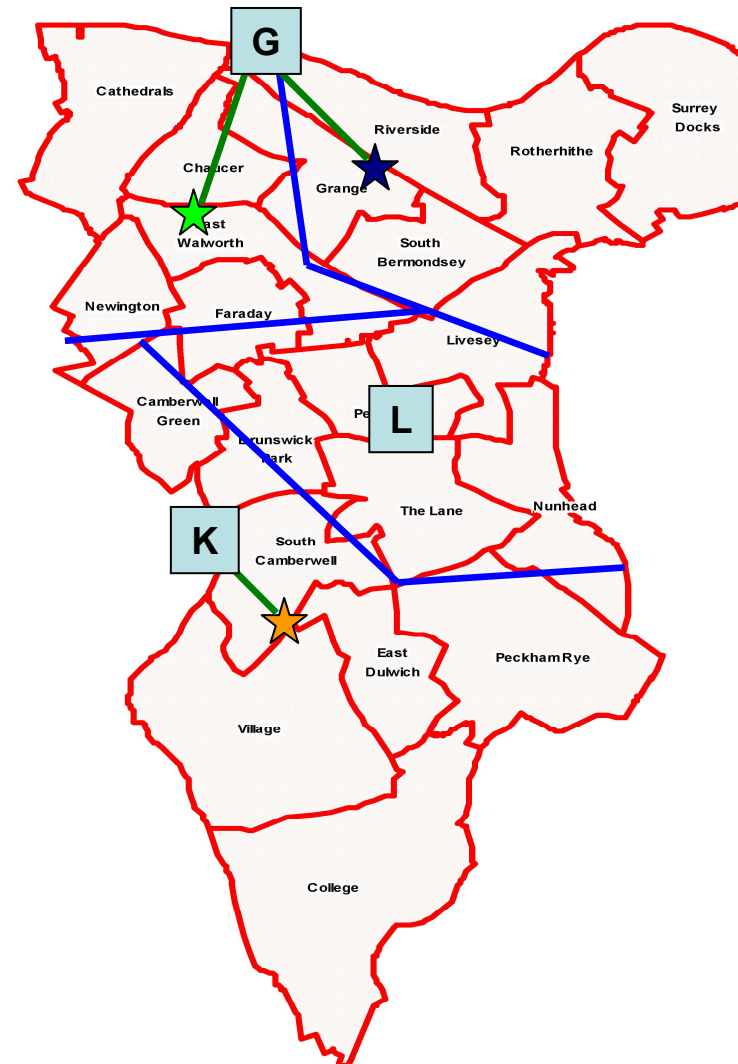
Acute Services (£7.5m)	Primary Care (£3.9m)
<ul style="list-style-type: none"> •National efficiency targets •Decommissioning •Shift in Planned care and Unplanned care to community settings 	<ul style="list-style-type: none"> •Renegotiation of GP contracts (Productivity) •Rationalisation and decommissioning of Enhanced Services
Community Services (£3.0m)	Mental Health (£3.9m)
<ul style="list-style-type: none"> •National efficiency targets •Shared infrastructure / management •Productive Community project 	<ul style="list-style-type: none"> •Agreed Provider efficiencies •Rationalising CMHT – Shift to community •Reduced out of area placements

Service configuration

4 localities served by 3 Polysystems – Based upon:

1. Localities that make sense to residents
2. Integrated pathways before estate considerations
3. Optimum use of existing asset base
4. Appropriate services closer to home (planned care)
5. Avoid unnecessary duplication of services
6. Viability of services – critical mass of activity
7. Enhanced quality of primary, community & OoH care
8. Demographic changes – population growth and regeneration

Locality & Population	
1	Borough & Walworth (96k reg. population) served by Hub (Guy's Hospital site) and one community centre for health
1	Bermondsey & Rotherhithe (68k reg. population) served by Hub (Guy's Hospital site) and two community centres for health
2	Peckham (78k reg. population) served by a community Hub (Lister Health centre)
3	Dulwich (74k reg. population) served by Hub (King's College Hospital site) and one community centre for health



Polysystem Delivery - 2010/11

Hub (King's) K Q2 2010/11

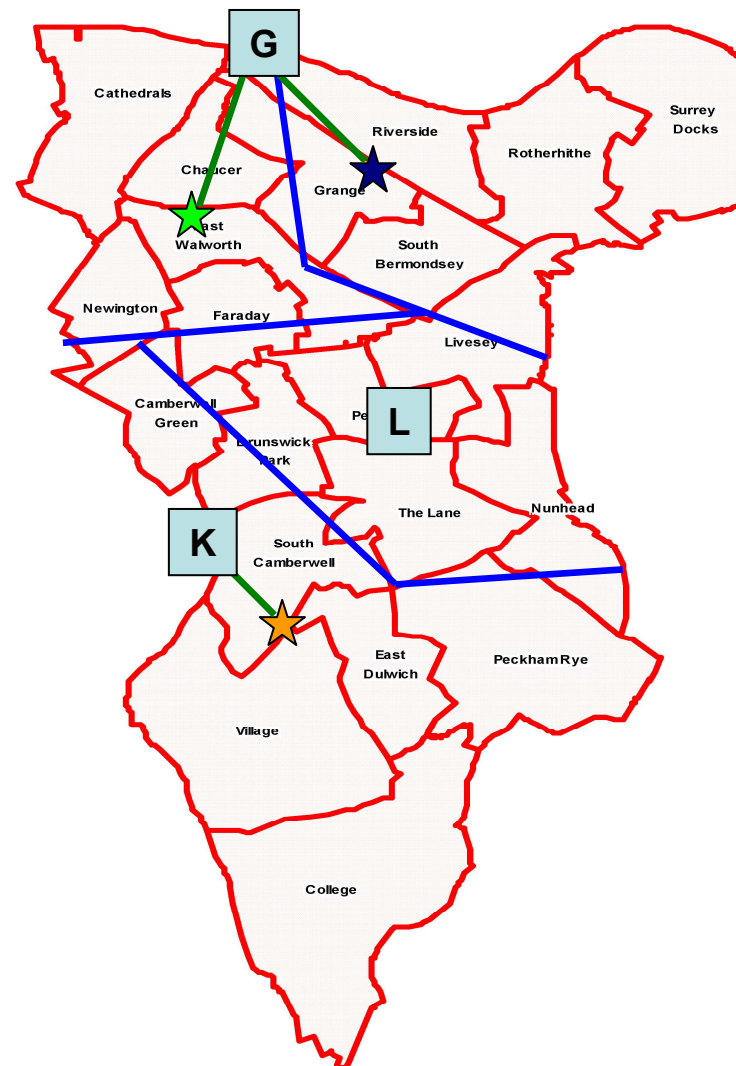
CfH (Aylesbury) ★ Q3 2010/11

Hub (Guy's) G Q4 2010/11

CfH (Bermondsey Spa) ★ Q4 2010/11

Hubs – Delivery of redesigned and integrated Unplanned Care (A&E, GP Services and OoHs delivery)

Centres for Health – Delivery of planned care (Outpatients / Diagnostics) closer to home and co-located with community based services



Item No.	Classification: Open	Date: 15 July 2010	Meeting Name: Health and Social Care Board
Report title:		Strengthening NHS Commissioning in London	
Ward(s) or groups affected:		All	
From:		NHS Southwark Chief Executive	

RECOMMENDATION(S)

1. The Health and Social Care Board is asked to note the report, which is provided for information.

BACKGROUND INFORMATION

2. The background to the programme is set out in section 1 of the report:

KEY ISSUES FOR CONSIDERATION

3. The key issue for the Board is the implications of the new direction for NHS commissioning on partnership working, as set out in section 4 of the report.

Policy implications

4. None.

Community impact statement

5. The report does not make any recommendations for Board decisions.

Resource implications

6. None directly. Consideration will need to be given in future on how the organisation of NHS commissioning, now expected to be via GP consortia, can relate to Council functions.

Consultation

7. Not applicable.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

8. None sought.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

AUDIT TRAIL

Lead Officer	Susanna White	
Report Author	Sean Morgan	
Version	Final.	
Dated	30 June 2010.	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
Cabinet Member	No	No
Date final report sent to Constitutional/Community Council/Scrutiny Team	6 July 2010	

Strengthening NHS Commissioning

1. Background to the Strengthening Commissioning Programme in London

NHS London has coordinated a pan-London programme, known as Strengthening Commissioning, over the past two years to ensure that Primary Care Trusts (PCTs) in London are better able, in terms of capacity and capability, to become successful commissioners. It was partly in response to the previous Government's World Class Commissioning initiative, which challenged PCTs to raise their game in terms of commissioning for improved and cost effective quality and outcomes.

A key element of the Strengthening Commissioning programme has been the consideration of what functions are best organised at a pan-London level, at a local PCT or something in between. This has resulted in the establishment of six sectors, as described below.

2. Sectors

As part of the NHS London facilitated Strengthening Commissioning programme the 31 London PCTs agreed in early 2009 to work in six geographical sectors bringing together the functions that would best be performed at a pan-PCT level but not London-wide. One of the sectors covers South East London (i.e. Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark). Initially, the main function to be conducted by the sector was acute hospital strategic planning and commissioning. In South East London this was at first organised on the basis of separate arrangements in inner and outer SE London, with NHS Southwark delegating its responsibilities for acute hospital commissioning to a Joint Committee of PCTs for Lambeth, Southwark and Lewisham and with commissioning staff moving into a new shared structure. From 1 July 2010 acute commissioning is now undertaken by a single sector team and responsibility for contract management and financial control will be formally delegated to a Joint Committee of the six PCTs.

Therefore, NHS Southwark no longer undertakes contract negotiations with the acute hospital providers or directly monitors their services or manages the contracts as these functions are delegated to the sector.

Prior to the new political environment it seemed likely that there would be a move over time for the number of PCTs in London to reduce and for the sectors to take on more of PCT's responsibilities, and in the transition period to in effect become a shadow PCT.

3. Direction from the New Government

A White Paper is being produced which will set out the future direction for the NHS. Although we don't know what the detailed content will be the new Secretary of State has given a clear view of the future of the NHS, which is that:

- Commissioning should be led by GPs, working together in clusters, and should not be undertaken by PCTs
- Central direction should be replaced by local decision-making, by GP commissioners taking account of greater public and patient engagement
- As a consequence centrally-led reconfiguration plans should only go ahead if supported by local GP commissioners and local people and in future strategic planning should be locally driven
- The NHS should focus more on outcomes and less on process targets, with more room for local determination of priorities

PCTs as organisations may continue, but with a very different and much reduced remit, which may be focused on public health.

The White Paper will set out the timetable for implementation of this vision. It is possible that there may be a transitional period of around 18 months, including to allow for the passage of primary legislation.

Given this new direction the six sectors in London are now likely to be part of the transitional arrangements only, given that GPs will determine the structure of future commissioning arrangements that they are comfortable with and we anticipate that they are unlikely to decide to form a cluster covering an area as big as a sector.

4. Partnership Working

A further aspect of the Strengthening Commissioning programme is the aim of strengthening local borough-based arrangements. PCTs and Councils have always worked together to achieve more joined up planning and service provision, but the extent and success of this collaboration has not been consistent and recently NHS London and London Councils have encouraged PCTs and Councils to consider how they might work even more productively together, with respect to specific functions and also the governance arrangements around integrated working. The NHS London intention was to ensure that all parts of London had clear partnership arrangements, and three possible models were identified.

With the changes to how commissioning in the NHS is organised, through GP clusters rather than through PCTs, we will need to consider the implications for how partnership working ought to develop.

5. Conclusion

The Health and Social Care Board will want to consider the implications for the new NHS commissioning arrangements for joint working in Southwark. Much more detail on how this will work and over what timetable it will be introduced, and on the transitional arrangements, will be set out in the forthcoming White Paper. Therefore, this issue will be brought forward to the next meeting, by which time the White Paper may have been published.

To:	Meeting name: Southwark Health and Social Care Board Date: 15th July 2010
Report Title:	Finance Pooled Budget
Classification:	Open
From:	Malcolm Hines, Director of Resources Southwark PCT and Mike Watson, Interim Assistant Director of Social Care Finance

1. Recommendations

- 1.1 To note the current financial position of Health and Social Care and the three operational pooled budgets set up under s75 of the National Health Service Act 2006.

2 Purpose of report

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

3 General Finance update – Council and Social Care budgets

3.1. Social Care Outturn 2009/10

Health and community services have a variance of £281k for 2009/10 on a gross budget of £146M.

An extensive programme of efficiency savings undertaken by management meant that the department was largely able to mitigate budget pressures.

Social Care Budgets 2011/12, 2012/13 and 2013/14

The recent Coalition Emergency Budget indicated a 25% reduction over three years from April 2011. The full Comprehensive Spending Review for 2011/14 will be published in the Autumn.

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 Month 2 (31st May) 2010/11

The position at Month 2 is a projected overspend at year end of £2.1m on a gross budget of around £147m. The main reasons for this variance are pressures in

learning disabilities and slippage in achieving in year savings. Management action is being planned to mitigate these pressures.

3.3 PCT Budgets: Outturn 2009-10

The PCT's audited accounts show that the commissioning arm of the PCT generated a small surplus of **£216k**. This was achieved in a very challenging year.

	Budget 2009/10	Spend 2009/10	Variance
	£000	£000	£000
Commissioned Services: Acute	263,590	273,952	10,363
Commissioned Services: Client Groups	138,400	139,460	1,060
Other Earmarked Budgets	10,112	(1,160)	(11,272)
Primary Care	66,169	64,555	(1,614)
Prescribing	30,839	31,407	568
Corporate Costs	13,681	14,360	680
Grand Total All PCT	522,791	522,575	216

3.4 Update on PCT Budgets: Month 2 (2010-11)

As at month 2, PCT are forecasting to budget and reporting a Nil Variance position. However, this assumes achievement of a significant savings programme and the overall budget is under considerable pressure.

4 Pooled Budgets

4.1 Hosting Arrangements

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

4.2 Pooled Budgets Out -turn 2009/10

4.2.1 Learning Disabilities Pool (S.31)

Learning Disabilities Pool – 2009/10 Out-turn

The position at close was an Overspend of £1.9m for the pool (no risk share adjustments applied). This is on a budget of:

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

Learning Disabilities Pool – 2010/11 Forecast

The forecast position at month 2 is an overspend of £1.4m (no Risk Share applied). This is on a budget of:

	£000
LB Southwark	24,396
Southwark PCT	<u>11,695</u>
Total	<u>36,091</u>

Reason for Variance:

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.

4.2.2 Integrated Community Equipment Services (ICES)

ICES Pool – 2009/10 Out-turn

At close ICES was over spent by £49k on the following budget:

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

ICES Pool – 2010/11 Forecast

The forecast position at month 2 is a Nil variance. This is on a budget of:

	£000
LB Southwark	1,114
Southwark PCT	<u>337</u>
Total	<u>1,551</u>

Reason for Variance:

N/A.

4.2.3 Mental Health Pooled Budget

Mental Health Pool – 2009/10 Out-turn

At close the overspend was £44k (no risk share applied).

Mental Health Pool – 2010/11 Forecast

The projected overspend as at month 2 is £223k (no risk share applied)

4.3 Pooled Budgets 2010-2011

4.3.1 The current percentage contributions and risk share arrangement are;

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

5 PCT Start Budgets 2010/11

The budgetary framework detailed in the PCT's Operating Plan 2010/11 is based on the key financial assumptions set out in the Operating Framework and Planning Guidance 2010/11:

- Overall average NHS inflation : 3.5% (2.5% normal inflation + 1.0% incremental cost inflation)
- Efficiency savings (3.5)%
- Tariff Uplift and non-tariff uplift 0%
- Quality & Innovation 1.5% for all commissioned services
- Pay award (as % of pay bill) 2.25%
- Prescribing uplift 8.0% - 3% efficiency i.e. 5% net
- Primary care contracts - net zero
- Central budgets - In-year risk exposure is £1.0m
- Recreate contingency 0.5%
- Full delivery of the Quality and Improvement Programme, Demand Management and CIPs

The PCT's resource limit is set by the Department of Health before the start of the financial year, and subject to movement throughout the year to reflect additional allocations/deductions and local transfers with partner PCTs. The start allocation is £536,919k is summarised below:

	2010/11 Revenue Allocation
	£000
2009/10 Initial Recurrent Baseline	492,420
2010/11 Growth at 5.1% net of 3% efficiency target	25,664
2010/11 PCT Initial Resource Baseline (IRB) plus Growth	518,084
Non Recurrent Allocations:	
Pharmacy	3,160
Dental	15,058
Ophthalmic	2,120
National Commissioning Advisory Group (NCAG)	-3,088
Clinical Excellence	3,505
High Cost Area Supplement (HCAS) Pensions	500
Pooled Treatment Budget	4,264
Free School Fruit	-258
HPV Vaccine	34
Central Budgets	281
Working for Wellness IAPT	687
Impairments	4,000
Contribution to Medium Term Financial Strategy	-7828
Planned NR Investment 2009/10	-3,600
Start Allocation 2010/11	536,919

Start budgets, by service area / Directorate are summarised below:

	Annual Budget 2010/11
	£000
Commissioned Services : Acute	275,931
Commissioned Services : Client Groups	98,844
Commissioned Services : Southwark Provider Services	37,895
Primary Care / Prescribing	100,559
Primary Care (Polysystems Outpatient Shift)	1,474
Corporate / Other Costs	14,101
Earmarked Budgets	5,449
Contingency Reserve (0.5%)	2,666
Total Start Budgets 2010/11	536,919

Recommendation

Members are requested to note this report.

Item No.	Classification: Open	Date: 15 July 2010	Meeting Name: Health and Social Care Board
Report title:		Performance Report	
Ward(s) or groups affected:		All Electoral wards	
From:		Director of Performance and Corporate Affairs	

RECOMMENDATION(S)

1. The Board is asked to note the latest performance with respect to the LAA targets relating to health and social care.

BACKGROUND INFORMATION

2. The Health and Social Care Board is accountable for delivery of the LAA targets relating to health and social care and this report updates the Board on the latest position for each indicator and notes the key action being taken to address any risks.

KEY ISSUES FOR CONSIDERATION

3. Key issues are noted for each indicator. It should be noted that two LAA targets in 2009/10 have been removed with the agreement of GOL for 2010/11 for the reasons set out in the report.

Policy implications

4. It should be noted that with a change in Government the future of the National Indicator set (of 198 performance indicators) and of the LAA are subject to confirmation. Consideration may be given as to whether the indicators in the LAA remain high priorities.

Community impact statement

5. The report does not recommend any new decisions be taken.

Resource implications

6. No new implications.

NOTE: Legal/Financial implications

7. No legal or financial implications.

Consultation

8. Not applicable.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Not applicable.

BACKGROUND DOCUMENTS

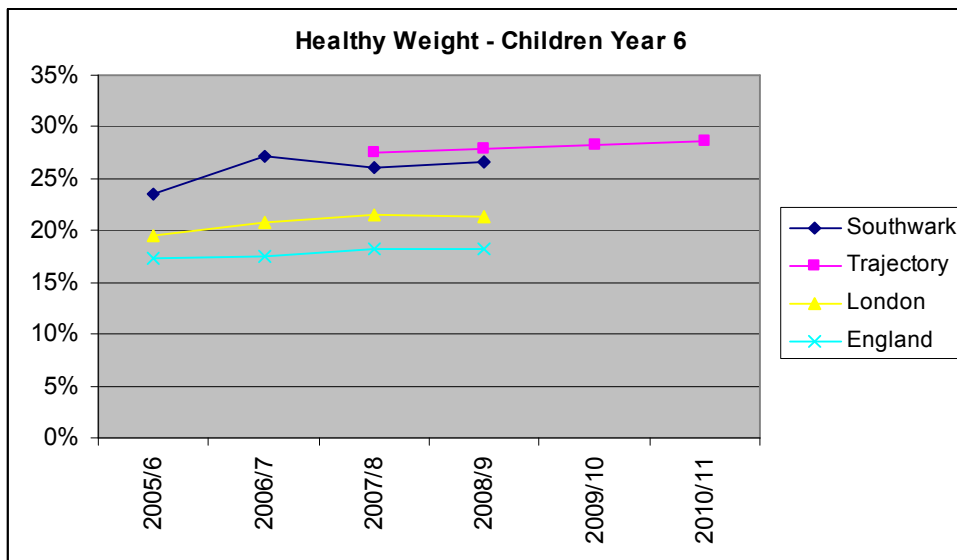
Background Papers	Held At	Contact
None		

AUDIT TRAIL

Lead Officer	Susanna White	
Report Author	Sean Morgan	
Version	Final	
Dated	30 June 2010.	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
Cabinet Member	/No	No
Date final report sent to Constitutional/Community Council/Scrutiny Team	N/A	

Performance Report on LAA targets relevant to Health and Social Care

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



In 2008/9 school year the rate of obesity in Year 6 children increased slightly to 26.6% (from 26.02% in 2008). This met the LAA target of 27.9%. However, Southwark continues to have the highest obesity rate in year 6 nationally, and is significantly above the England average of 18.3% and the London average of 21.3%. The issue therefore remains a major priority, and the Southwark Healthy Weight Strategy sets out the work being undertaken to initially reduce the annual rate of increase and subsequently achieve year-on-year reductions in obesity.

Work is well underway on the 2009/10 school year child measurement programme, the data on which will be reported in September.

There is a separate presentation to the meeting covering this issue in more depth.

2. Mortality rates: all ages all causes per 100,000 population (NI 120) (UNDER ACHIEVED)

Males: Final data for 2008 shows a mortality rate of 753, which is an increase from the 2007 rate of 718. This is 3.6% higher than the target (set by DH), and 11% higher than the England average. The increase is mainly due to an unexpected increase in lung cancer deaths in men aged

60-74, which is primarily related to smoking over many years. However in terms of the long term trend there has been a 30% reduction since the 1995-7 baseline, which is a narrowing of the gap with the national rate. The gap between male and female mortality has narrowed. However, there is still a significant inequality issue, with the male mortality rate 59% higher than the female rate. The Health Inequalities strategy aims to address these issues.

Females: 2008 data shows a reduction in the mortality rate for females to 472 (from 499 in 2007). This restores the previous long term downward trend after the increase in 2007. The rate is slightly (0.4%) above the target, however the rate is now 2.6% below the national average. Southwark is the first spearhead PCT in the country to have completely eradicated the inequality gap on this measure. The reduction in female mortality is 25% since the baseline period (1995-7).

Chart 2a: All age all cause mortality rate - Males

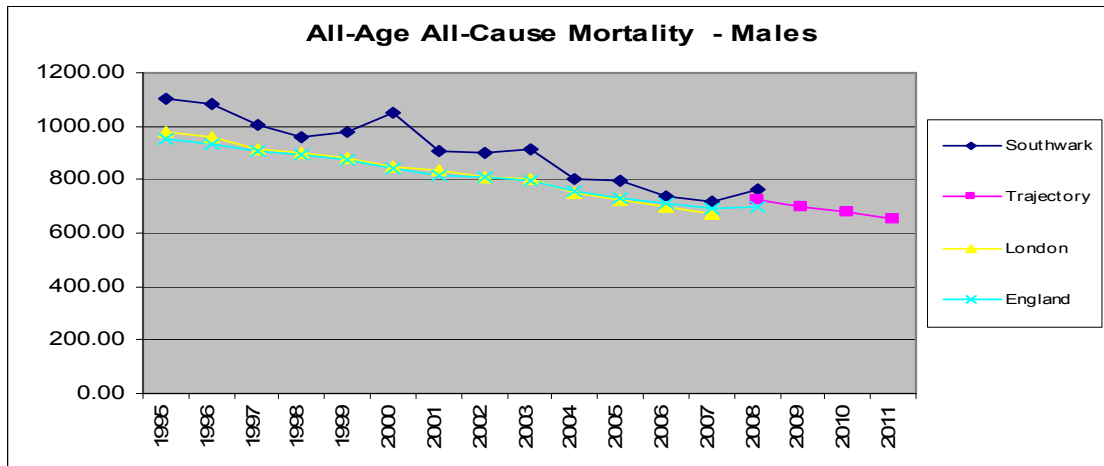
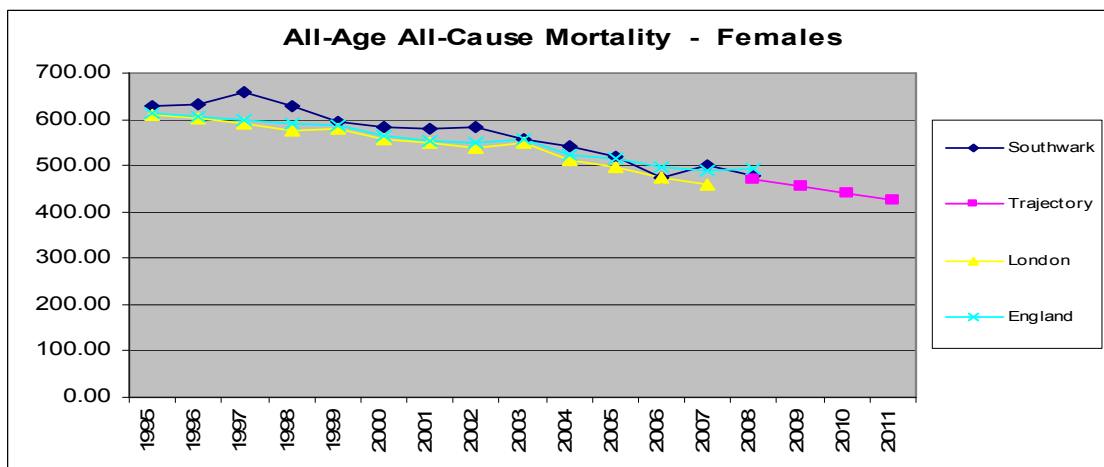


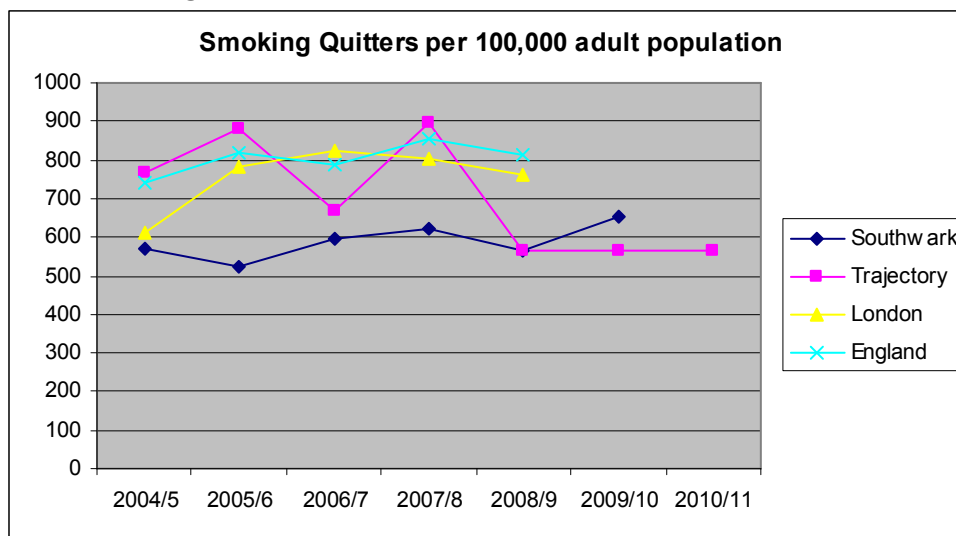
Chart 2b: All age all cause mortality rate – Females



3. Smoking Quitters (NI 123) (ACHIEVED)

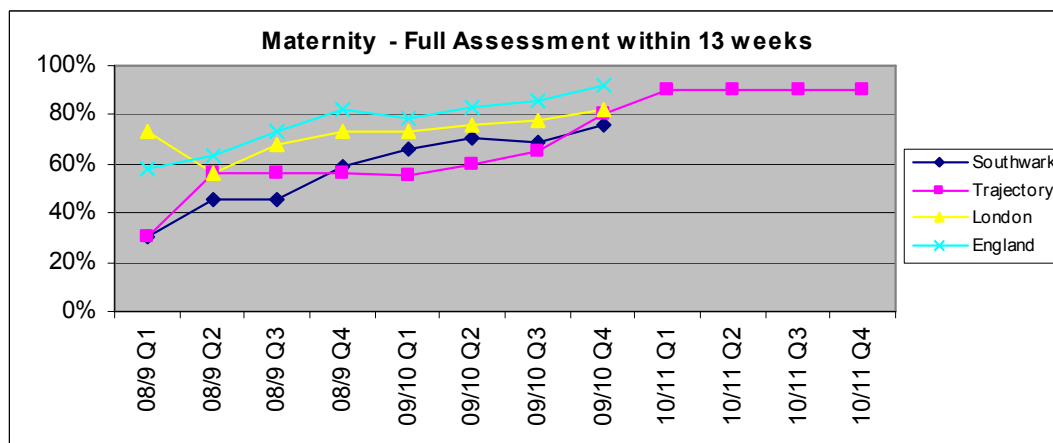
The target for 2009/10 of 1,306 service users who have successfully quit smoking 4 weeks after setting a quit date and receiving support from a smoking cessation service has been achieved, with 1510 people quitting smoking. This is the highest number ever achieved in the 7 years of the national programme and a considerable improvement on the 1277 smoking quitters in 2008/9. Further improvements can be made, in particular the success rates of people entering the service at 35% is below the London average of 47%.

Chart 3: smoking cessation



4 Maternity Early Access (LAA target NI 126) (ACHIEVED)

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 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.



Full year performance for 2009/10 was 70.2% hence the target was met. Whilst being a significant improvement this compares unfavourably with the national average of 92% and the London average of 82%. The 2010/11 target of 90% will clearly be very challenging, despite the increased midwifery capacity in local services and the efforts to encourage pregnant women to book their ante natal care earlier as previous research showed that over 10% of pregnant women in Southwark present to their GP well after 13 weeks.

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

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, with an interim target of 17% by April 2010.

The year-end figure achieved for 2009/10 was 511 service users on some form of self-directed support, which equates to 13.7% of all community-based service users. Whilst below the interim target this was a big increase on the previous year's outturn of 3.7%, and there are strong grounds for confidence that the 30% target can now be achieved in 2010/11. 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. All new service users and existing clients who have been reviewed are to be offered personal budgets under these arrangements from October, enabling a quicker build up of numbers than was previously possible. Provisional benchmarking data suggests that Southwark's performance for 2009/10 is in line with the London average, which in comparative terms is an improvement as Southwark had been one of the lowest performers in 2008/9.

6 Vulnerable People Achieving Independent Living (LAA indicator NI 141) – not final

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 2009/10 was 77% of people to be moving on in a planned way. Full year performance is not known due to the delay in data which comes from central government. Quarter 1 performance was 72% and increased to 77% in Q2, with a total of 712 people moved on from supported housing with 528 of these being planned moves (giving 74% for the indicator across both quarters).

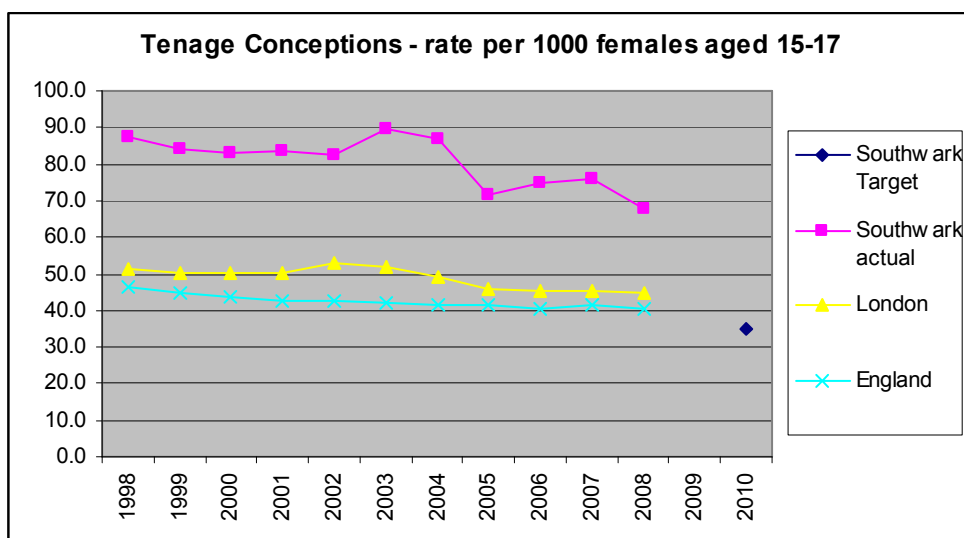
Other LAA targets of interest to Health and Well Being Partnership:

7. Teenage Pregnancy (NI 112) (under achieved)

The latest published data is for Quarter 1 (Jan-Mar) 2009 (provisional) and shows an encouraging downward trend is being maintained, although insufficient to meet the national target. During Quarter 1 there were 61 conceptions, and a 12 month rolling rate of 64.8 conceptions per 1000 females aged 15-17, which is the lowest rate achieved to date.

This is a reduction of 25.6% on the 1998 baseline rate of 87.2 per 1,000, which is a higher reduction than England (14.6% reduction) and London (14.1% reduction). In absolute terms Southwark has the 6th highest rate nationally, hence it remains an issue of concern – however this is a comparative improvement from the position in 2007 when Southwark was highest nationally.

The last full year published data (2008) gave a rate of 68 per 1000 against the LAA target of 67.6.



Note: this indicator was withdrawn from the LAA for 2010/11 as a target for the year 2010 had not been agreed, given that GOL was only prepared to agree the original nationally set 60% reduction on the 1998 baseline by 2010, which is now widely accepted to be impossible given the subsequent trend, whereas Southwark wished to set a local achievable target taking into account the latest position. It remains a local priority.

8&9 Adults with Learning Disabilities in Employment (LAA indicator NI 146) and Adults with Mental Health problems in Employment (LAA indicator NI 150) - No targets set

For 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 this is not unexpected given the impact of the recession.

The data for the indicator on the employment status of people with mental health problems is still not reliable, with a large number of uncoded records, which gives an outturn figure of just 3.3% of people with mental health problems in paid employment.

It was agreed with GOL that no numerical LAA targets would be set for these employment targets, pending a robust baseline of national and local data, although the borough is committed to a statistically significant improvement year-on-year, the precise level to be determined when baselines are agreed.

10 Drugs Users in Effective Treatment (LAA NI 40) (not achieved)

In the last LAA refresh the numbers in effective 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.

The target for 2009/10 was 1902, which required a 22% increase on the 2008/9 outturn. In fact the numbers recorded have dropped during the year to 1391 by February 2010. This is because there has been a major data quality issue and a large number of cases closed retrospectively as part of a data cleansing exercise. The NTA is aware of the issue and has asked all providers nationally to undertake a data quality audit.

Local drug treatment target: replacing the formal LAA target the council has focused on a more outcome focused local LAA target on which data is reliable; the % retained in effective treatment for 12 weeks. Performance on this has however slipped slightly to 84% compared to the target for 2009/10 of 88%. This performance is in line with the London average.

Item No.	Classification: Open	Date: 15 July 2010	Meeting Name: Health and Social Care Board
Report title:		Cabinet decisions taken since the last Board meeting.	
Ward(s) or groups affected:			
From:		Strategic Director of Communities, Law & Governance	

RECOMMENDATION(S)

1. That the health and social care board note the decisions taken by the cabinet since the last meeting of the Board.

BACKGROUND INFORMATION

2. The joint chairs of the Health and Social Care Board have agreed that there be a standing item on the agenda which sets out the decisions taken by the Cabinet and Southwark NHS Primary Care Trust to enable each body to be kept informed of the decisions taken by the respective bodies. There is another item on the agenda which sets out the decisions of the Southwark NHS Primary Care Trust.

KEY ISSUES FOR CONSIDERATION

3. The decisions of the cabinet are set out in appendix A of the report.

Policy implications

4. There are no policy implications.

Community impact statement

5. None.

Resource implications

6. None.

NOTE: Legal/Financial implications

7. None.

Consultation

8. Not applicable.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

9. None sought.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Minutes of the Cabinet - 15 June 2010	160 Tooley Street, London SE1 2TZ	Everton Roberts 020 7525 7221

APPENDICES

No.	Title
Appendix A	Summary of Decisions of Cabinet

AUDIT TRAIL

Lead Officer	Deborah Collins, Strategic Director of Communities, Law & Governance	
Report Author	Everton Roberts	
Version	Final	
Dated	7 July 2010.	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
Cabinet Member	No	No
Date final report sent to Constitutional/Community Council/Scrutiny Team		6 July 2010

SUMMARY OF DECISIONS MADE BY CABINET SINCE THE LAST MEETING OF THE BOARD**A Fairer Future For All In Southwark – 15 June 2010**

The cabinet noted the mission and commitments of the new administration.

Housing Revenue Account Reform - 'Council Housing: A Real Future' Consultation Paper – 15 June 2010

The cabinet agreed that the the finance director respond to the consultation paper in the terms employed within the report.

Proposed Amendment To Interim Outline Business Case For Aylesbury Estate Private Finance Initiative – 15 June 2010

The cabinet agreed to amend the scope of the Outline Business Case (OBC) under the Government Private Finance Initiative (PFI) to include sites 1b & 1c as well as those in Phases 2 & 3 and asked officers consult with affected local residents to obtain their views on possible changes to the phasing and timing of the Aylesbury regeneration programme.

Planning Enforcement Review - Report from Scrutiny Sub-Committee C – 15 June 2010

The cabinet agreed the recommendations of scrutiny sub-committee C in respect of the planning enforcement review undertaken by scrutiny sub-committee.

Parental Engagement Review - Report from the Children's Services and Education Scrutiny Sub-Committee – 15 June 2010

The cabinet noted the scrutiny report and agreed the comments of the strategic director of children's services as the cabinet response.

Early Years Review - Report From The Children's Services And Education Scrutiny Sub-Committee – 15 June 2010

The cabinet noted the scrutiny report and agreed the comments of the strategic director of children's services as the cabinet response.

Deputation Request - Cooltan Arts – 15 June 2010

The cabinet received a deputation from the CoolTan Arts organisation in respect of the organisations long term sustainability, and issues relating to their current premises.

The cabinet agreed that the cabinet member for health and adult social care and cabinet member for culture, leisure, sport and the Olympics meet with CoolTan Arts with a view to establishing what assistance can be given to the organisation.

Appointments to Outside Bodies 2010-11 – 15 June 2010

The cabinet agreed appointments to the outside bodies for the 2010-11 municipal year.

Appointments to Panels, Boards and Forums 2010-11 – 15 June 2010

The cabinet agreed the allocation of places to the panels, boards and forums set out in the report for the 2010-11 municipal year and agreed the nomination of members.

Recommendations to Council Assembly on the Establishment of a Southwark Democracy Commission – 15 June 2010

The cabinet agreed to establish a democracy commission to consider changes to the council's constitution to make the council's democratic functions more open and engaging.

The democracy commission's first task would be to consider reforms to council assembly.

Delegation for Contract Award for Phase 2 of Building Schools for the Future – 15 June 2010

The cabinet recommended that the leader of the council delegate approval to the cabinet member for children's services or the strategic director of children's services, whichever would be most expedient, to approve the contract award for the contracts set out in the report.

Item No.	Classification: Open	Date: 15 July 2010	Meeting Name: Health and Social Care Board
Report title:		PCT Board Decisions taken since the last meeting.	
Ward(s) or groups affected:		All Electoral ward(s)	
From:		PCT Chief Executive	

RECOMMENDATION(S)

1. The Board is asked to note the report, which is for information.

BACKGROUND INFORMATION

2. This item will now be a standing item on each agenda, with a brief report noting the decisions made by the PCT Board since the last meeting of the Health and Social Care Board

KEY ISSUES FOR CONSIDERATION

3. The report is for information.

The PCT Board received the Strategy Plan for 2010/11 – 2014/15 at its 25 March meeting. The Strategy Plan sets out plans to provide services currently provided on acute hospital sites closer to people's homes following on from the Transforming Southwark's NHS public consultation. There is a presentation on the Strategy Plan later on the agenda.

Also at the 25 March meeting the PCT Board selected Guy's and St. Thomas' NHS Foundation Trust as the preferred partner for the future management arrangements for Southwark's community health services, and NHS Lambeth made the same decision with respect to its community health services.

Policy implications

4. There are no recommendations.

Community impact statement

5. There are no recommendations.

Resource implications

6. None.

NOTE: Legal/Financial implications

7. None.

Consultation

8. Not applicable.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

9. None sought.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Minutes of the PCT Board meetings of 25 March, 20 May and 8 June	NHS Southwark HQ	Vicky Bradding

AUDIT TRAIL

Lead Officer	Susanna White	
Report Author	Sean Morgan	
Version	Final	
Dated	1 July 2010.	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	No	No
Finance Director	No	No
List other officers here		
Cabinet Member	No	No
Date final report sent to Constitutional/Community Council/Scrutiny Team	N/A	

1. Decisions Made by Southwark PCT at its meeting on 25 March 2010

The PCT Board received the version of the Strategic Plan as submitted to NHS London and noted the amendments made since the draft plan had been approved at the January meeting. (The Strategic Plan is on the PCT website.)

The PCT Board received and approved the Organisational Development Plan for 2010/11 – 2014/15 that was submitted to NHS London on 25 January 2010, noting the minor changes made following the January Board meeting.

The PCT Board approved the Sustainable Development Management Plan and associated Action Plan and the establishment of a project group to take forward implementation of the plan.

The PCT Board approved the draft Operating Plan for 2010/11 as the basis of planning for the next financial year.

The PCT Board approved the revenue and capital Start Budgets for 2010/11 and noted the known financial risks and risk management arrangements, and agreed the overall savings programme.

The PCT Board received a report and noted the lessons learned from debriefing on the NHS Southwark response to the Influenza A H1N1 pandemic.

2. Decisions Made by Southwark PCT at a meeting on 25 March 2010, which was held jointly with a meeting of Lambeth PCT

The Board approved the following recommendations:

1. that Guy's and St Thomas' Foundation Trust is selected as the preferred partner for Lambeth and Southwark Provider Services, subject to agreement of the requirements indicated in the next recommendation.

2. that the PCTs work with GSTFT to agree a governance structure for the next stage of the process which ensures that:

- there is a focus on substantial areas of transformational service change, in line with the commissioning strategies of the two PCTs, which start to deliver tangible changes in the pattern and cost of service provision. These should meet the criteria determined by the JCPCT, particularly in developing the polysystem model and demonstrate the benefit of the vertical integration model from GSTFT
- the requirements of the next stage are well-handled. This will include both the external and internal requirements. The external processes are: the development of a business case to be submitted to NHS London, which describes and service and organisational changes that will be required and gives detailed financial projections for the new services; possible preparation of a case for the Co-operation and Competition Panel. The internal processes will include: undertaking a due diligence process on the local provider services; managing the transfer of staff from the PCTs to GSTFT once the earlier steps are successfully completed. the PCTs have the opportunity to sign off the business case before it is submitted to NHS London and ensure that it is consistent with their commissioning strategies

- the PCTs have the opportunity to ensure that the management arrangements during the transitional period give sufficient prominence to the voice of community services
- there is effective engagement with local stakeholders, which takes this opportunity to change radically the working patterns, organisational behaviour and joint working arrangements that will benefit the local population. This engagement should include: LCH and SPS; patients and the public; local authorities; PBC leads and GPs; the other members of KHP

3. that, as part of this process, and linked into the joint governance arrangements, the PCTs review the commissioning implications of this decision. In doing so the PCTs should work closely with local authorities, PBCs, GSTFT and the existing provider services to take the opportunity to develop contractual arrangements and payment systems that will support transformational change.

4. that the officers of the two PCTs work with the preferred partner specify and agree the resource implications of managing this change and bring back proposals to the Boards which ensure there is an appropriate balance between providing the necessary infrastructure and managing costs

5. the delegation of authority to the Chair to work with other partners to establish the governance arrangements for the next stage of this work. These arrangements will supersede the JCPCT that has been in place and will last for up to 12 months

3. Decisions Made by Southwark PCT at its meeting on 20 May 2010

The PCT Board approved the revenue and capital Budgets for 2010/11 and noted the known financial risks and risk management arrangements, and agreed the overall savings programme.

With respect to primary medical services out-of-hours (OoHs) the Board noted

- The findings of the DH report and the requirements of PCTs as a result
- The current arrangements for the commissioning, contracting and performance management of OoHs care
- The actions taken to address all DH recommendations to date and in particular the steps taken to address recommendations one to eight of the national report
- The planned arrangements for future work to achieve compliance with the remaining recommendations of the DH report.

4. Decisions Made by Southwark PCT at its meeting on 8 June 2010

This was a meeting with one specific agenda item only. The PCT Board approved the 2009/10 Annual Accounts.

5. New Government Steer on Previous Decisions

The new Government has set out four key requirements that must be met for all plans for service changes moving forward and has required SHAs and PCTs to review existing decisions that have not yet been implemented to ensure that these requirements are met. The four requirements are:

- support from GP commissioners will be essential
- arrangements for public and patient engagement, including local authorities, should be strengthened
- there should be greater clarity about the clinical evidence base underpinning proposals
- proposals should take into account the need to develop and support patient choice.

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

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