

Item No. 10.	Classification: Open	Date: 17 February 2011	Meeting Name: Health and Social Care Board
Report title:		Performance Update – Local Area Agreement Targets relating to Health and Social Care – 2010/11 Quarter 3	
Ward(s) or groups affected:		All	
From:		Adrian Ward, Head of Performance, Southwark Health and Social Care	

Recommendation

1. That this report is noted.

Background/context

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

Note: LAA abolition

4. On 13th October the Communities Secretary Eric Pickles announced the withdrawal of the current system of national performance management of Local Area Agreements and the associated National Indicator set. This follows on from the Coalition Government's scrapping of the Comprehensive Area Assessment and reflects their approach to performance management of public bodies.
5. In a similar fashion the Care Quality Commission has abolished the annual assessment of PCTs and NHS trusts for 2009/10 and 2010/11. The annual assessment of Adult Social Care recently published (in which Southwark achieved an improved rating of 'performing well') will also be the last. The NHS World Class Commissioning framework has also been dismantled. These systems all supported the delivery of LAA priorities. The government's intention is that in future local government and its partners will have greater autonomy in selecting priorities and will not be subject to the same degree of top down performance management as previously. In the case of health and well-being this will be guided by a national Public Health outcomes framework for which a consultation document was published on 20th December 2010.
6. Whilst the LAA targets are clearly now of less significance in terms of any external assessment of performance, as a result of these changes, they remain

the set of locally agreed priorities. Clearly, there will be a new priority setting process under the new system but until that is in place the LAA reflects key local priorities.

7. It should be noted that the new proposed outcomes frameworks that will replace the LAA and NI system contain a number of key outcome measures that are the same as or very similar to those in Southwark's LAA. Childhood Obesity, Mortality rates, Teenage Pregnancy, Smoking, Personalisation numbers and employment of people with learning disabilities and mental health problems and drug treatment are all measures in the system.

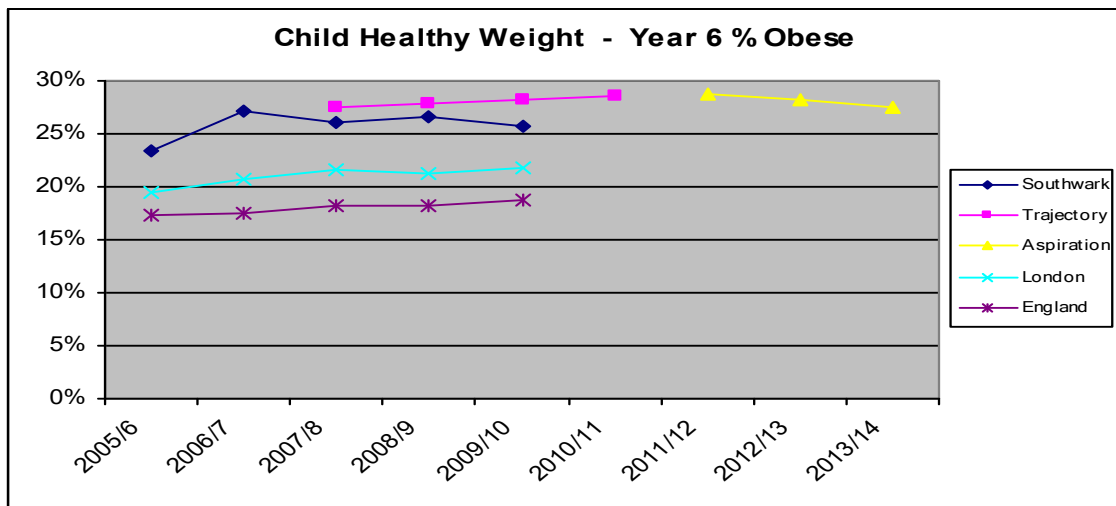
KEY ISSUES FOR CONSIDERATION

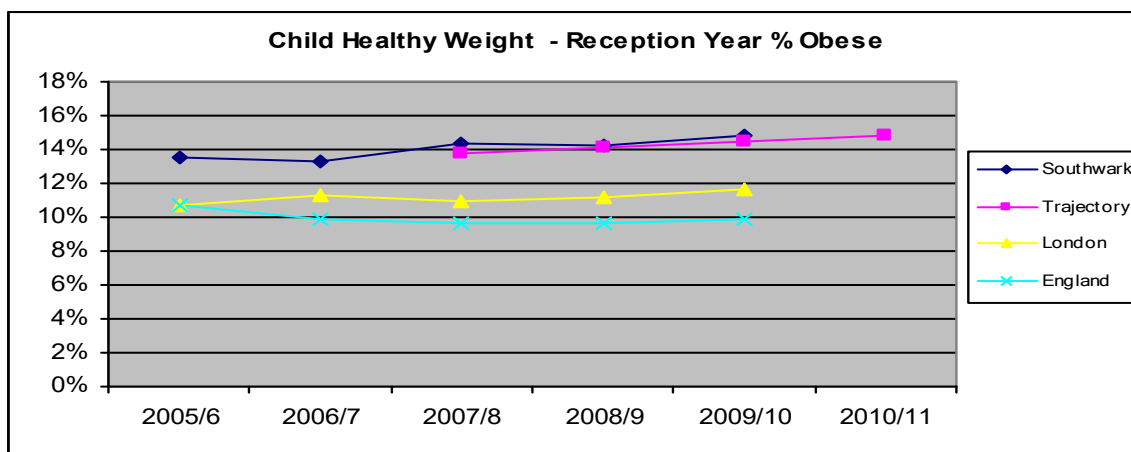
Healthy Weight of Children (Year 6) LAA indicator NI 56:

8. National data for the 2009/10 school year has now been released. The key points arising from this are:

Year 6: The % of children who are technically obese in Southwark schools has declined from 26.6% last year to 25.7% this year. This is below the LAA target figure, of 28.3%, as the LAA had assumed that the increasing trend would continue through to 2010/11 although with a reduced rate of increase. In comparative terms this is 4th highest nationally – compared to highest last year. The London average was 21.8%. See chart below.

Reception: The % of obese children increased from 14.2% last year to 14.8% this year. In comparative terms this is an increase from being the third highest nationally to being the highest. The London average was 11.6%. See chart below.





9. In response to the high levels of obesity in Southwark a Health Weight Strategy 2009-2012 was agreed and is being implemented across the borough by all partners, with a delivery plan focused on four strands:

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

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

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

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

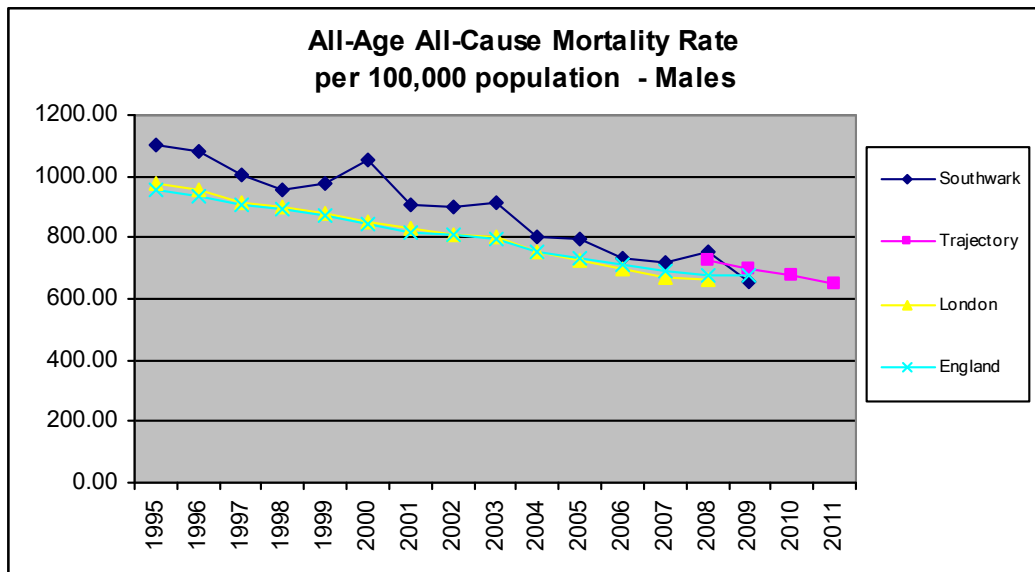
10. These four strands are supported by:

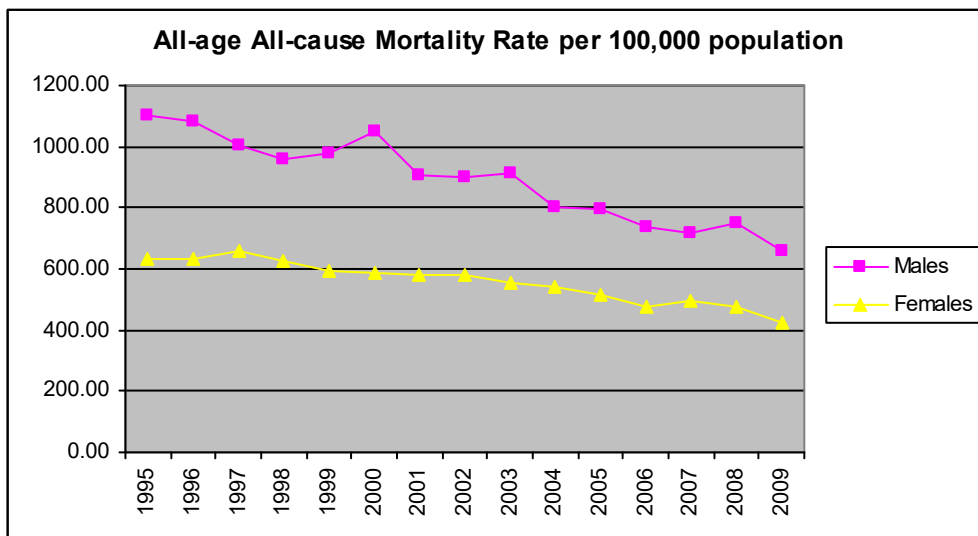
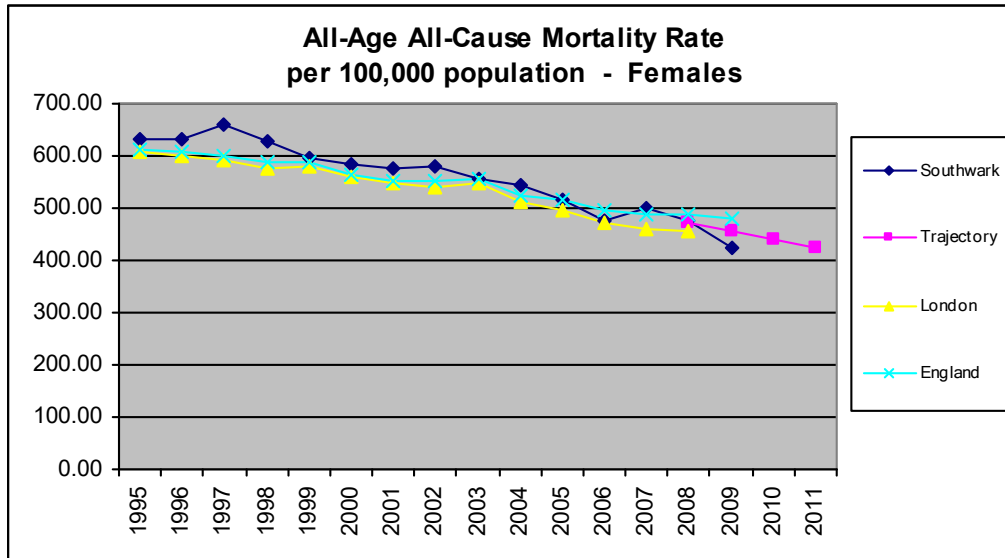
- A programme of monitoring and evaluation, which will contribute to the obesity treatment and prevention evidence base.
- A programme of workforce training and development to build capacity throughout the borough.
- Effective governance arrangements to ensure that healthy weight strategy group and healthy weight strategy is fit for purpose.
- A commitment to developing and nurturing effective partnerships with statutory and third sector organisations.

The policy of providing free school meals to all primary school children is designed to help improve the diet of children in the borough and hence help tackle the obesity problem.

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

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

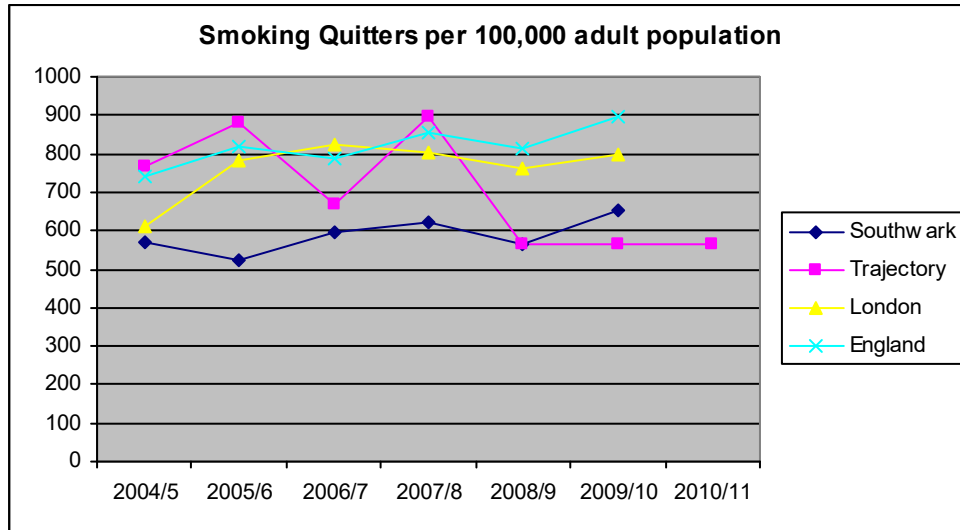




- The gap between male and female mortality is less than in 1995 or 1996, but has not narrowed proportionately since then. The male mortality rate is 55% higher than the female rate, which is a very significant inequity. The Health Inequalities strategy aims to address these issues.

Smoking Quitters (LAA target NI 123)

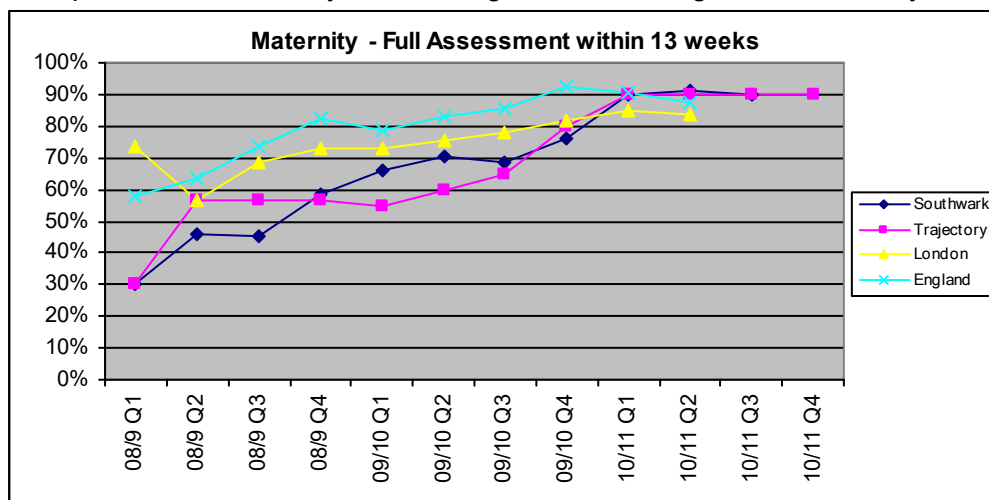
- The 2009/10 target was achieved, with 1510 people quitting smoking with support from NHS Stop smoking services, compared with the target of 1306. This is by a significant margin the highest number of quitters ever achieved. The rate of quitters per 100,000 population (of 647) was 21st highest in London and 19% lower than the London average. The revised Quarter 1 figure of 450 successful quitters is higher than the 332 in Quarter 1 last year, but the initial Quarter 2 return of 114 is disappointing, but expected to improve as final data comes in towards the year end. An area for further improvement is the success rate of those entering the service, which was 34% in 2009/10 compared with the London average of 46% quitting. In Quarter 1 the quit success rate improved to 42%, suggesting that the steps being taken are having an impact.



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

Maternity Early Access (LAA target NI 126)

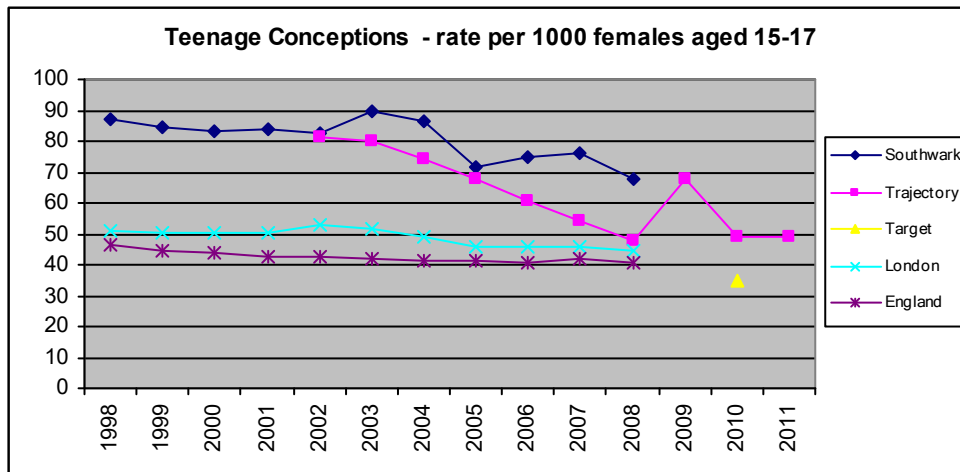
17. The target is to increase the percentage of women who have received a full assessment of their health and social care needs by a midwife or obstetrician within 13 weeks of pregnancy to 90% by 2010/11. This target was selected because access to maternity services has been identified as an issue locally, and is a possible contributory factor to higher than average infant mortality rates.



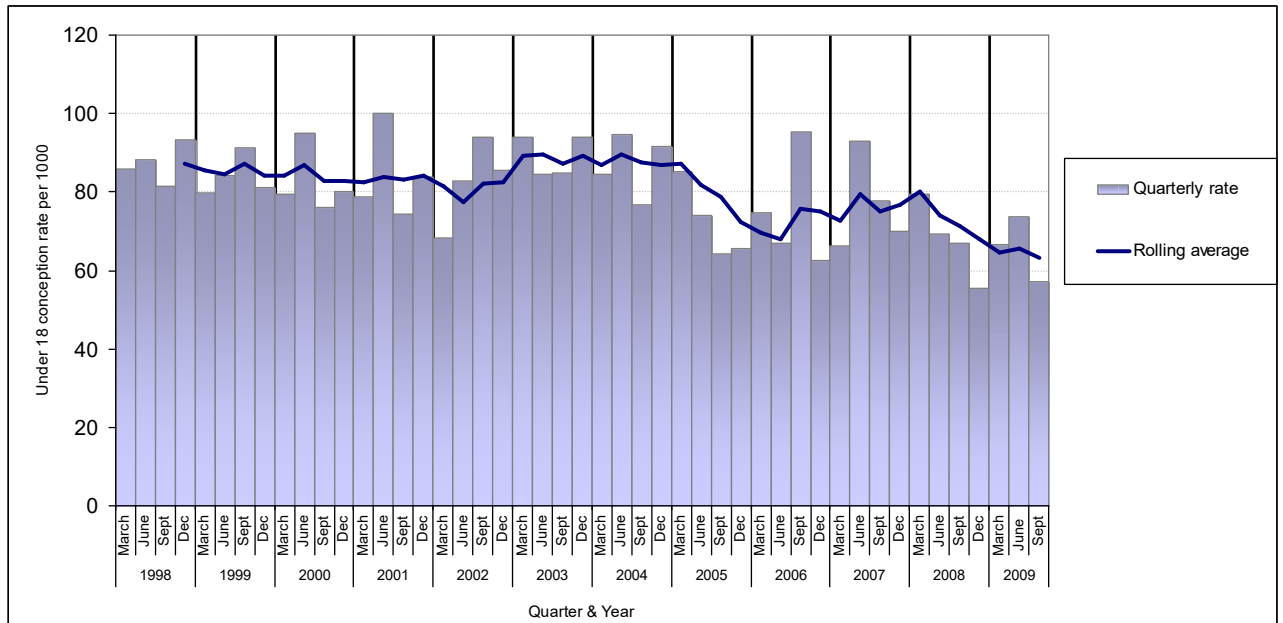
18. Progress in the year to date has been encouraging. Performance in Quarter 3 (provisional figure) shows that performance in the region of the 90% target has been sustained during they year with 89.8% achieved. asubstantial increase from 76% in Quarter 4. This is now better than the national average and the London average. The main action has been commissioning of enhanced midwife capacity and ensuring that the capacity of midwife teams matches the allocation of referrals, together with promoting the benefits of early ante natal care to all pregnant women.

Teenage Conceptions (LAA indicator NI 112)

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



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

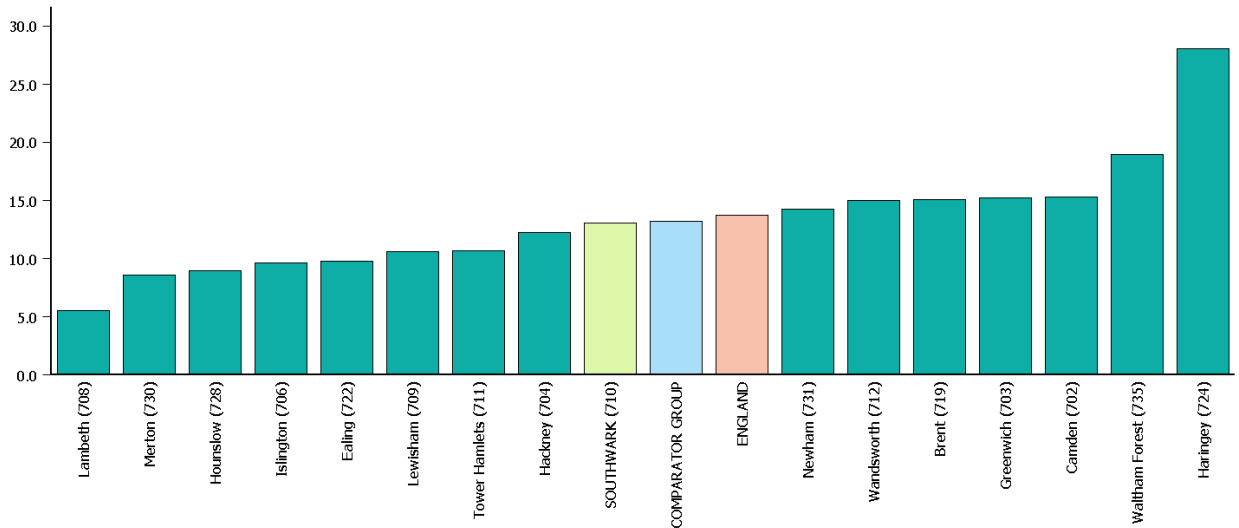


Social Care Clients Receiving Self-Directed Support (NI 130)

22. This target is for the proportion of social care clients receiving services through direct payments or personal budgets (self-directed support) to increase to 30% of all community-based service users by the end of April 2011. The performance for Qtr 3 was 596 clients receiving services through self-directed support, approximately 15.2%. This suggests that in terms of number there has not been a significant increase in the first 7 months of the year. (The year end figure achieved was 511 service users on some form of self-directed support, which was 13.7% of all community-based service users).
23. There are strong grounds for confidence that the 30% target can be achieved. Developing the infrastructure for the implementation of personal budgets has been prioritised and, along with other aspects of the personalisation and transformation agenda, is being subject to focused programme management. Specific developments that have now been implemented that will enable numbers to accelerate before April include:
 - Rolling out a new review methodology that converts existing users onto Personal Budgets
 - Rolling out revised procedures that ensure all new users are offered a personal budget
 - Finalising a substantial cohort of indicative budgets that are in the system from the pilot stage
 - Improving data capture, especially regarding Carers receiving personalised services directly from voluntary sector funded providers

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

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



Vulnerable People Achieving Independent Living (LAA indicator NI 141)

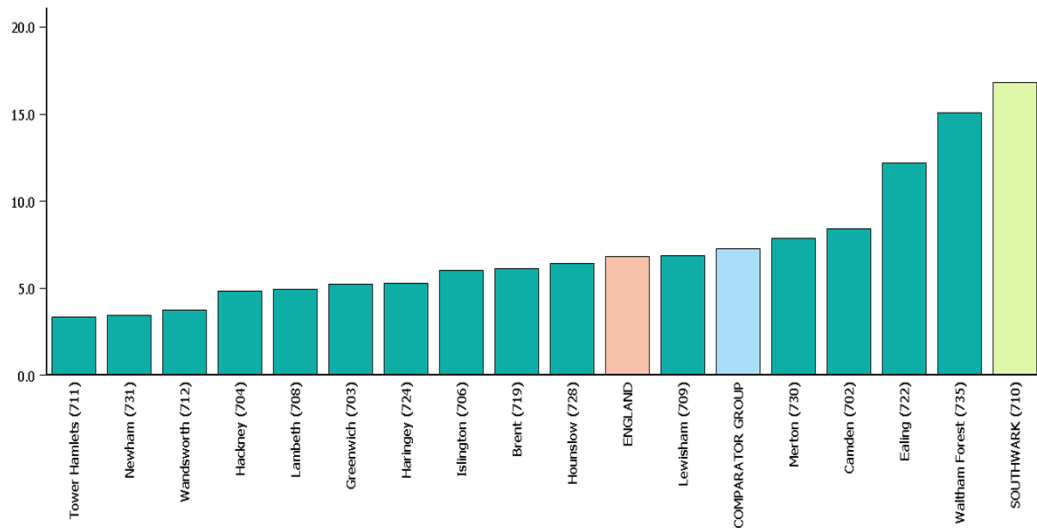
25. This target measures the % of people who are moving on in a planned way through Supporting People services into lower level services and independent living. It measures the performance of short term and temporary services such as temporary housing for the homeless. The performance for 2009/10 was 78.1%, exceeding the target of 77%.

26. This indicator no longer produced by DCLG and no benchmarking data is available.

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

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

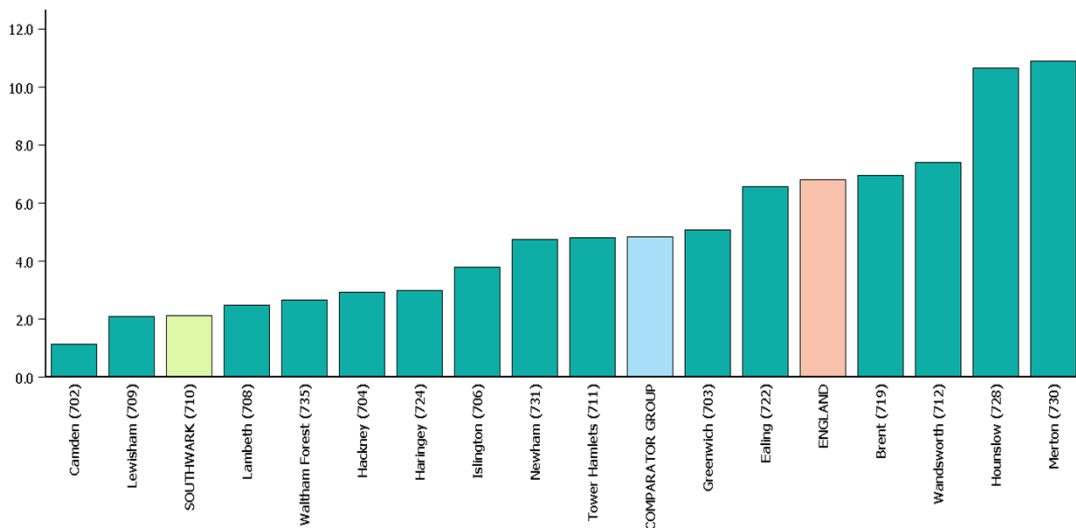
NI 146: % of people with learning disabilities in employment 2009/10 (IPF comparator group)



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

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

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



29. The performance in 2009/10 was impacted on by the fact that a significant percentage of clients did not have their employment status recorded. During the current year there has been a substantial improvement in this area with recording now at 82%. However, only 3.8%, just 67 people, have been identified as employed. This is low, but not substantially below the comparator group or

national averages in absolute terms. The employment rate amongst those on enhanced CPA is likely to be very low given the intensive levels of needs of this group, and no specific target was set for the LAA.

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

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

RISK FACTORS

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

Human resources: Not applicable

Legal: Not applicable

Community Impact

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

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

AUDIT TRAIL

Lead Officer	Malcolm Hines, Deputy Chief Executive and Director of Resources, Southwark Health and Social Care	
Report Author	Adrian Ward, Head of Performance, Southwark Health and Social Care	
Version	Final	
Dated	3 February 2011	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law and Governance	No	
Finance Director	No	
Cabinet Member	No	
Date final report sent to Constitutional Services/ PCT dispatch		9 February 2011