

Item No.	Classification: Open	Date: July 2 2009	Meeting: Health and Social Care Board
Report title:		Performance Update – Local Area Agreement Targets relating to Health and Social Care – Quarter 4 2008/09	
Ward(s) or groups affected:		All	
From:		Adrian Ward, Acting Director of Performance, 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 4 of 2008/09.

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

This target is for the number of social care clients receiving services through direct payments or personal budgets to increase to around 1000 by the end of 2011. It is an ambitious target reflecting the priority given locally to the personalisation agenda. In Quarter 4 there was an increase to 219 users, an overall increase of 40% on last year's result (159 adults). However this was from a comparatively low baseline and was around 30% short of the 2008/09 target.

The target for 2009/10 requires an increase numbers of around 250% on 2009/10. Whilst challenging there are 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 users will be offered personal budgets by the year end under these arrangements, enabling a quicker build up of numbers than was previously possible.

The 219 direct payments users in 2008/09 fall into the following categories:

- Physical Disability (age18-64): 72
- Learning Disability (age 18-64): 26
- Mental Health (age 18-64): 7
- Older People (age 65-74): 50
- Older People (age 75-84): 40
- Older People (age 85+): 24
- Total 219

The above represents 3.3% of community based service users and carers potentially eligible for the service, whilst the revised national target is 30% for 2011, although there are unresolved issues about which categories are included in the eligible cohort. The Southwark target is for 1000 clients to represent 30% of eligible clients.

3.2 **Mortality rates: all ages all causes** - no update on previous report. The next data update is due in December 2009.

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.

For **males** the annual mortality rate has declined from 734 in 2006 to 717.5 in 2007. This meets the Year 1 LAA target of 727 and is in line with expectations based on recent trends.

For **females** the annual rate has increased from 474 in 2006 to 499, which means the LAA year 1 target of 472 has not been met. This result was out of line with expectations given recent material reductions that have been achieved on a year by year basis. However, the overall long term trend as measured by the rolling 3 year pooled rate remains downwards and it is hoped that the 2007 increase proves to be an isolated blip. Analysis of the underlying mortality rates suggest the main increases were in circulatory disease, cancer of the lung and throat and liver disease.

Note: The related key health inequalities targets on **life expectancy** have been met for both males and females locally.

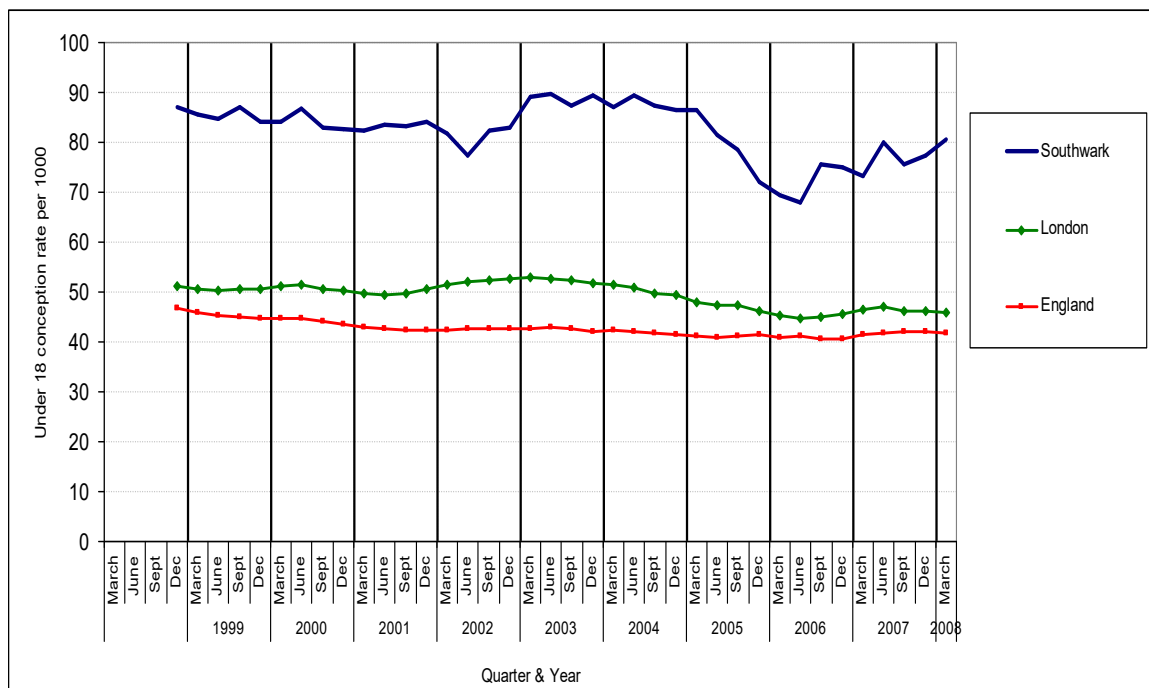
3.3 Teenage Pregnancy rates

The long established target on teenage conceptions that has been incorporated into the LAA is to reduce the rate by 60% by 2010 from the 1998 baseline of 87.2 (rate per 1,000 population females aged 14-17). In numbers this rate is an annual reduction from 318 conceptions to around 130. In the refresh process a revised target of 49 was requested. The latest data to be issued relates to January – March 2008 (Quarter 1). For Southwark this was a worse quarter with 74 conceptions recorded, compared to 66 in Quarter 4 2007 - giving 303 in the last 12 months. The annual rolling rate has increased to 80.5 from 77.3. Whilst still a reduction of 7.7% on the 1998 target baseline rate, this is clearly very much off the original and refresh target. This is disappointing, especially given that promising reductions were achieved in 2005. The chart (table 1) below illustrates this issue. Furthermore, Southwark on the latest data remains highest nationally.

Teenage pregnancy strategy is under review following a recent multi-agency conference on the issue.

Analysis of birth data for Southwark residents, looking at the numbers of new mothers who conceived at age under 18, provides evidence that headline teenage conception rates will not decrease significantly over 2008.

Table 1: Teenage Conception Rates (rolling 12 months) 1998-2008 : Southwark, London and England



3.4 Smoking Quitters

The target for 2008/09 is for there to be 1,225 smoking quitters (defined as service users who have still quit smoking 4 weeks after using a smoking cessation service). This **has been met** in Southwark, with the latest outturn at 1,277. This required a big jump in performance given that there were only 706 quitters recorded at Quarter 3. It is the first

time that Southwark has met its smoking cessation target since they were established five years ago.

Suggestions made at the last Board to target services at people fined for dropping cigarette butts have been considered and taken into account. However the small numbers involved mean that this is not likely to make a significant impact in overall quitters.

3.5 Healthy weight in children – no update on previous report - next data due October 2009.

The childhood obesity target is to reduce the rate of increase in Year 6 children who are classified as obese. The target actually allows for a small but reducing increase each year. The methodology was agreed nationally by the Department of Health who recognised the challenge inherent in reversing the upward trend in this particular area in the short term.

The 2008/09 results are now collated, and all 71 primary schools in Southwark participated in the annual measurement programme. An improvement was in fact seen in the percentage of year 6 pupils who were obese, decreasing from 27.1% last year to 26% (with an 87.8% sample size). The LAA target of 27.5% has therefore been met for 2008/09, but as our 2007 year 6 rate was the highest nationally it is important that this is not seen as a cause for complacency, and further improvements are being sought as a priority. It should also be noted that 14.3% of reception year children were obese, a 1% increase on last year, although the LAA target does not apply to this age group.

Note: A strategy covering healthy weight in early years, as discussed at the last Board, is near completion.

3.6 Early access to maternity services

This target is to increase the percentage of women who have received an assessment of their health and social care needs by a midwife or obstetrician within 12 weeks and 6 days of pregnancy to 50% in 2008/09, 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 baseline performance was poor, estimated at 27%, and this has improved steadily throughout the year to 63.5% in Quarter 4. As a result the 2008/09 target has been met. The PCT is investing in increased maternity services capacity in Kings to help achieve this target, and actions to encourage earlier GP referral and self-referral are planned.

An analysis was undertaken at Kings 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, and 18.5% over 12 weeks. For these clients ensuring the first appointment is within target is difficult in logistical terms. A further 14% were referred after 12 weeks and 6 days meaning the target would not be possible for these women. Whilst 7% were referred in the 13-14 week band, 10% were very late (over 20 weeks) and 2% presented after 36 weeks.

The figures above show the long term national target of 90% requires significant progress to be made in the speed with which people are referred into the service, which includes promoting early self-referral or 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.

Note: The London average performance for Quarter 4 was reported as 73%, although within this some PCTs are claiming very high rates and there are national concerns on data quality which have led the Care Quality Commission to drop this target from their Annual Health Check.

3.7 Adults with learning disabilities in employment

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 during the period. 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.

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.

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

3.8 Adults in contact with secondary mental health services in employment

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.

When benchmarking data is available targets will be set and agreed with GOL. However it is clear from the initial return that this is going to be a red light performance area.

The action plan includes:

- Making linkages with the Increasing Access to Psychological Therapies (IAPT) programme (a World Class Commissioning priority), ensuring 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

3.9 Vulnerable people achieving independent living (Supporting People)

This target measures the % of people who are moving on through Supporting People services in a planned way 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.

Benchmarking data for 2007/08 indicates that the top quartile was 72.6% which is close to Southwark's performance for 2008/09.

Although the target was not quite met this is within the context of national acknowledgement that move-on is becoming increasingly difficult due to slippage in projects and the reduced availability of move-on accommodation. Southwark has had additional challenges in 2008/9 due to the significant number of project decants in 2009 that the Programme has undertaken following Service Reviews in 2008. This work has delivered a decant to date of 118 units across the borough with further decants for 2009/10 which will be achieved by June 2009, which has added further pressure on the available capacity in the borough. Strategies are in place to manage these challenges in their current and future context.

3.10 Drug users in effective treatment

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 figures was revised downwards to 1449. However the National Treatment Agency have 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 1,698 by the end of 2008/09 is highly unlikely to be met.

However leaving this issue aside, the rate of growth in the current year is poor at 3.6%, well short of the original 12% commitment and the revised 17% commitment. Current numbers in treatment (latest data is for December due to the 12 week time lag in the measure) is 1502. This has worsened from the Quarter 2 position due to a further data refresh. The reasons for this are being investigated.

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
<i>Title of document(s)</i> Performance documentation	<i>Title of department / unit</i> 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	Adrian Ward, Acting Director of Performance, Southwark Health and Social Care	
Report Author	Adrian Ward, Acting Director of Performance, Southwark Health and Social Care	
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Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	No	
Chief Finance Officer	No	
Director Social Services/ CE PCT	yes	
Date final report sent to Constitutional Support Services/ PCT dispatch	June 25 2009	