

Item No.	Classification: Open	Date: 18 February 2010	Meeting: Health and Social Care Board
Report title:		Performance Update: Local Area Agreement Targets relating to Health and Social Care – Quarter 3 2009/10	
Ward(s) or groups affected:		All	
From:		Sean Morgan, Director of Performance and Corporate Affairs, Southwark Health and Social Care	

1. Recommendation

- 1.1 That this report is noted.

2. Background/context

- 2.1 As part of Southwark's Local Area Agreement (LAA) (2008/09 to 2010/11) 35 Improvement Targets have been selected from the basket of 198 National Indicators. Of these, 10 targets are of direct relevance to the delivery of Health and Adult Social Care priorities. Separate targets have been set for 2008/09, 2009/10 and 2010/11 in agreement with the Government Office for London. Delivery against the targets will clearly be important to the outcome of the Comprehensive Area Assessment (CAA) for Southwark.
- 2.2 The purpose of this report is to present a brief summary of these targets and latest performance against them as at Quarter 3 of 2009/10.
- 2.3 Each target is subject to multi-agency action plans and monitored closely by the Council and its partners under LAA arrangements.

3. KEY ISSUES FOR CONSIDERATION

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

- 3.1 The LAA target is for the number of social care clients receiving services through direct payments or personal budgets (self directed support) to increase to 30% of all community based service users by the end of April 2011, and 17% by April 2010.
- 3.2 The target requires a significant increase, from 219 at March 2009 to around 1000 in 2011. Whilst challenging there are strong grounds for confidence that this change can be achieved, as the implementation of personal budgets is being prioritised and, along with other aspects of the personalisation and transformation agenda, is being subject to focused programme management. As well as increasing direct payment numbers it is expected that most new service users and existing clients who have been reviewed will be offered personal budgets under these arrangements, enabling a quicker build up of numbers than was previously possible. In Quarter 2 personal budgets were implemented for reviewed clients which will increase overall performance when these arrangements are finalised. **In Q3 the number of people receiving self-directed support increased from 318 to 371, which is 10% of those receiving services, with 147 people having agreed to the offer of a personal budget and 224 people receiving a direct payment.** The March 2010 milestone of 17%, or c. 550 people, receiving self-directed support could still be achieved given the range of actions now being taken.

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

- 3.2.1 This target is to reduce age standardised mortality rates (per 100,000 population) from all causes and for all age groups by around 8% (males) and 7% (females) by 2010/11 from the 2006 baseline of 734 (males) and 441 (females). It is part of a national target and the contribution for Southwark was calculated centrally. Data for 2008 has been published:
- 3.2.2 For males the annual mortality rate has increased from 717.5 in 2007 to 753.1 in 2008, which is above the LAA target of 727 for 2008. This result was out of line with expectations given recent material reductions that have been achieved on a year by year basis (there has been a 21% reduction in mortality rates over the previous 4 years). It is associated with an increase in lung cancer deaths in males aged 60-74 (primarily caused by smoking in earlier life). However, the overall long term trend as measured by the rolling 3-year pooled rate remains downwards and it is hoped that the 2008 increase proves to be a one-off blip.
- 3.2.3 For females the annual rate has decreased from 499 in 2007 to 474.0 in 2008, which was slightly higher than the LAA target of 472.
- 3.2.4 The monitoring of initiatives under the World Class Commissioning framework that will contribute to improved mortality rates is being enhanced by the Primary Care Trust and the Healthy Southwark Partnership.
- 3.2.5 It is of note that on mortality rates for males and females together the Care Quality Commission rated Southwark to have performed satisfactorily in the 2008/9 Annual Health Check.

Chart 1: All age all cause mortality rate - Males

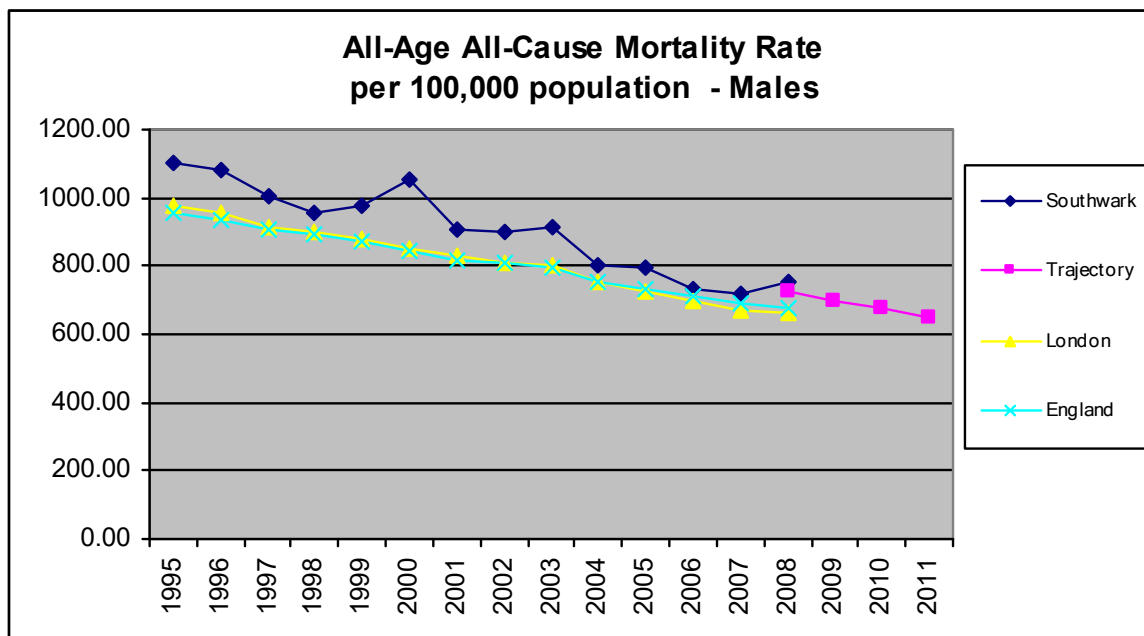
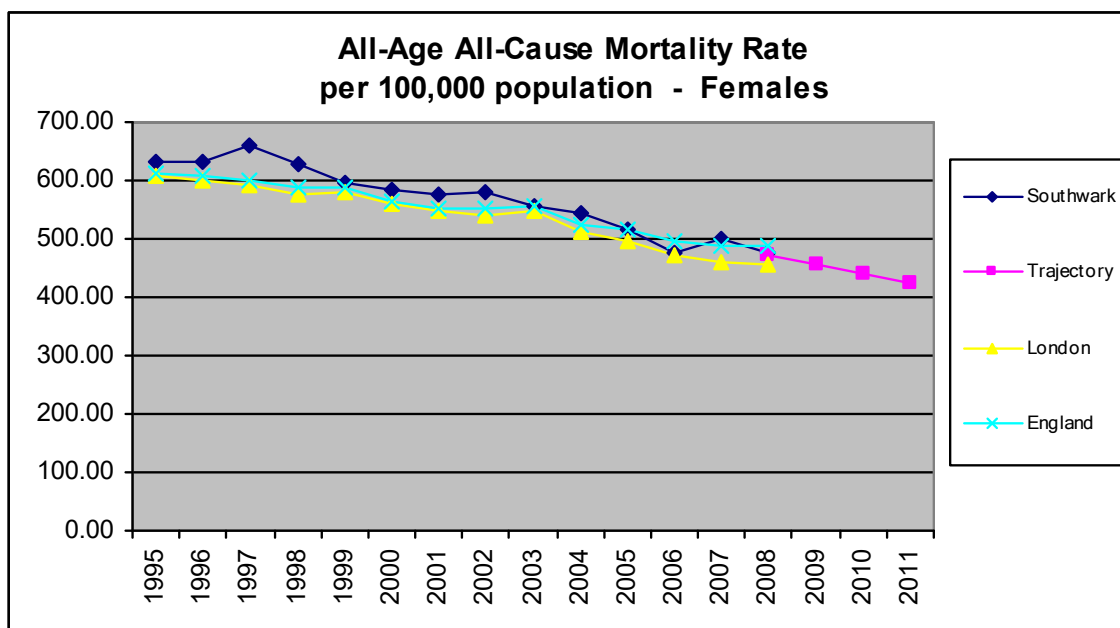


Chart 2 All age all cause mortality rate – Females

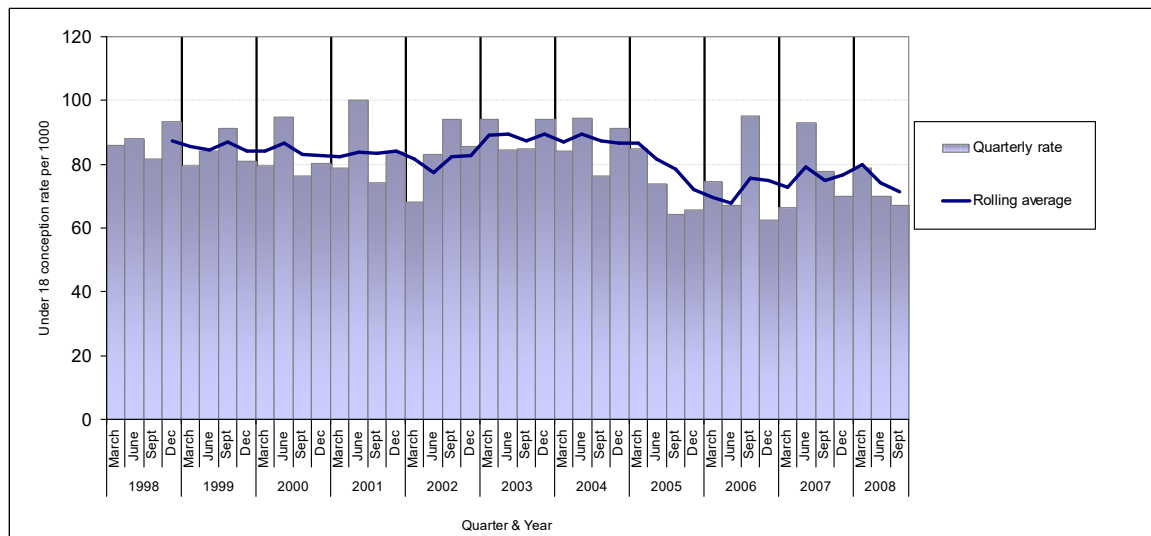


3.3 Teenage Conception rates (NI 112)

3.3.1 Southwark's teenage conception rate in 2007 was the highest both in London and nationally, however, the latest provisional figures from the ONS for Quarter 3, 2008 showed some improvement with a reduction to 63 conceptions in the quarter and a 12 month rolling average of 71.5 per 1,000 population, which is the lowest since quarter 2 2006 (March - June). This is a reduction of 18% on the 1998 baseline rate of 87.2 per 1,000, which is a higher reduction than England (11.3% reduction) and London (10.8% reduction) – see chart 3 below. However, provisional local maternity data suggest an increase is likely in the following quarter.

3.3.2 Reducing Teenage Conception remains an extremely high priority in Southwark. The council and partners have refocused efforts, and after a stakeholder consultation event in early 2009, clear areas for development have been identified. Schemes rolling out throughout 2009/10 include an ambitious programme of workforce training on sex and relationship education, a scheme to make free contraception more easily accessible to young people, and a range of health promotion interventions in schools. A media campaign to highlight the availability of sexual health services and resources has also been commissioned.

Chart 3: Teenage Conception Rates (rolling 12 months) 1998-2008 (Qtr 3):



3.4 Smoking Quitters (NI 123)

3.4.1 The target for 2009/10 is 1,306 smoking quitters (defined as service users who have successfully quit smoking 4 weeks after using a smoking cessation service).. In Q1 the revised figure is that 252 people quit smoking with support from NHS Stop smoking services, an increase from the original submission of 180, compared with the target of 266. The Q2 submission is 185 quitters, and again it is anticipated that further data will be received and performance will improve subsequently with late notifications. The year to date total of 437 is lower than our trajectory of 532, but will be closer when the late data is available. However, we clearly need to reinforce the actions being taken in the central service and in primary care, to improve the quit success rate (just 37% to date, a slight increase from 35% last year) and to ensure that people are not lost to follow-up (46% of those setting a quit date in Q1 and 42% in Q2 were lost to follow-up).

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

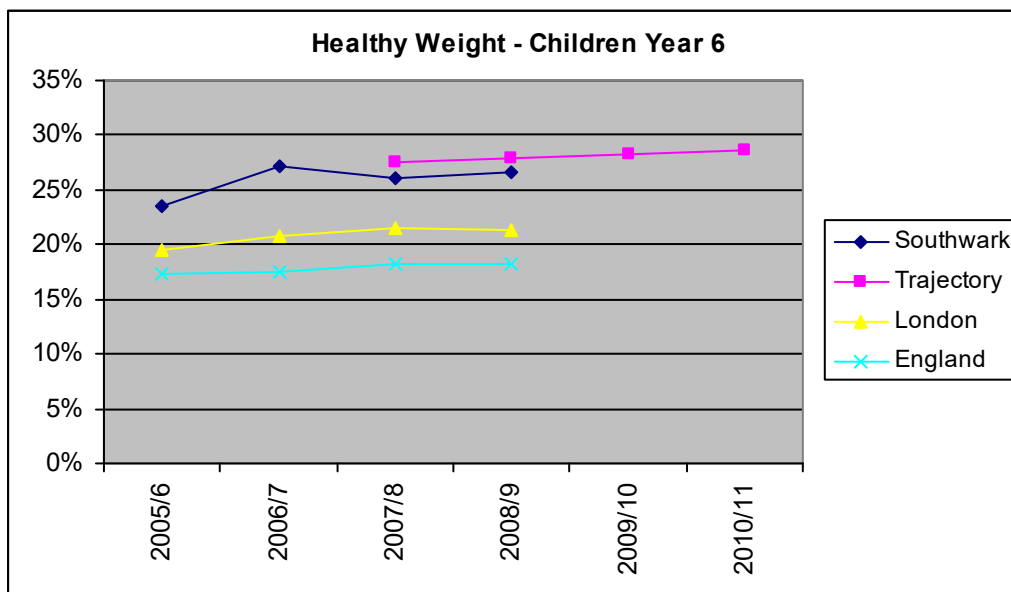
3.5 Healthy weight in children (NI 56)

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

3.5.2 The 2008/09 results have been published and for Year 6 the target has been met with 26.6% children recorded obese against a target of 27.9%. This is a small increase on the 26% reported in 2007/08 but lower than the 2006/07 rate of 27.1%.

3.5.3 The comparative data for 2008/09 shows that Southwark's rate of obesity for year 6 children is again the highest in England, and it remains a top priority for the Healthy Southwark Partnership to reduce it in the longer term. A new Southwark Healthy Weight Strategy is being implemented.

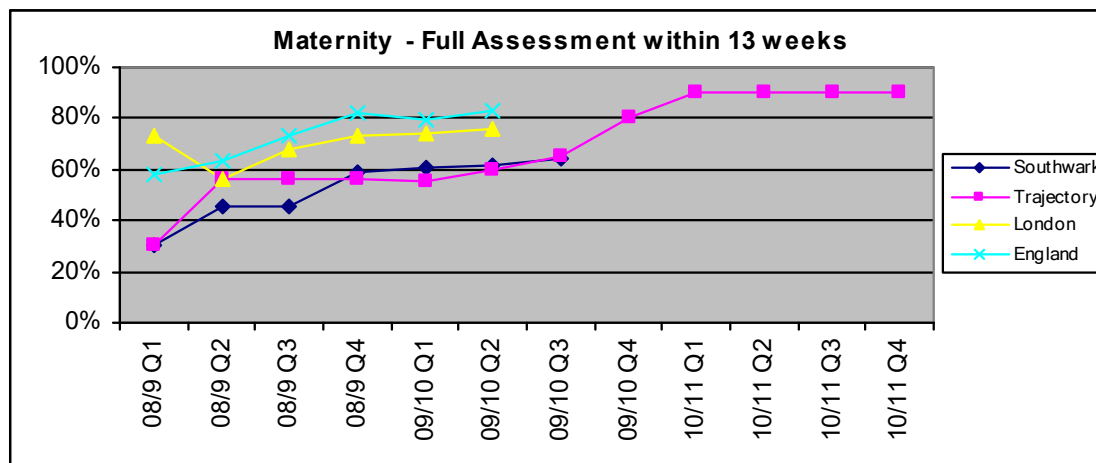
Chart : Healthy Weight in Children



3.6 Early access to maternity services (NI 126)

3.6.1 The LAA target is to increase the percentage of women who have received a full assessment of their health and social care needs by a midwife or obstetrician within 12 weeks and 6 days of pregnancy to 65% in 2009/10 and 90% by 2010/11. This target was selected because access to maternity services has been identified as an issue locally, and is a possible contributory factor to higher than average infant mortality rates. The target was almost met in 2008/09 and performance in Qtr 3 (64%) is slightly better than in Qtr 1 and 2 (61%). However, performance has not improved as much as hoped to make progress towards the 65% target for the year, and the nationally set target of 90% for next year looks very challenging.

Chart: Maternity Early Access



- 3.6.2 An analysis was undertaken earlier in the year at King's College Hospital of women who breached the target due to the fact that their first referral to maternity services (via GP or other source) was too late for the first appointment to be within target. This showed that of all women referred in February, 24% were referred after 11 weeks. For these clients ensuring the first appointment is within target is difficult in logistical terms.
- 3.6.3 These figures above show the long term national target of 90% requires significant progress to be made in the speed with which women are referred into the service, which includes promoting the benefits of early ante natal care and access to primary care upon early signs of pregnancy, and ensuring there are no onward referral delays from primary care. Actions are in place to drive this forward. However as 10% of women in the King's study were referred after 20 weeks this is clearly going to be challenging.
- 3.6.4 The PCT is investing in increased maternity services capacity in King's to help achieve this target, and actions to encourage earlier GP referral and self-referral are planned.

3.7 Adults with learning disabilities in employment (NI 146)

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

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

3.8.1 Target setting was deferred in the LAA process by GOL due to the lack of baseline data for this new PI. Data for 2008/09 returned by SLAM 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 did not have an employment status recorded in their care record which is clearly an area for improvement. 680 are recorded as unemployed. Provisional data at November 2009 showed a very modest improvement with 57 people in paid employment (3.25%).

3.8.2 The action plan includes:

- Making linkages with the Improving Access to Psychological Therapies (IAPT) programme (a World Class Commissioning priority), for which attainment of employment is a targeted outcome.
- Widening existing mental health employment/vocational services to incorporate Council, PCT, SLaM and other major employers
- Close working with Job Centre Plus.
- Re-evaluating existing commissioned vocational services

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

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

3.9.1 This target measures the % of people who are moving on in a planned way through Supporting People services into lower level services and independent living. It measures the performance of short term and temporary services such as temporary housing for the homeless. The LAA target for 2008/09 was 75%. Quarter 4 performance was 80.3%, stronger than previous quarters, and full year outturn was 72.15%, just short of the target. In numbers this reflects 1,143 people moving on in a planned way out of 1,588 people moving on in total.

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

3.9.10 Performance at Qtr1 2009/10 is 72.1% - due to a time lag Quarter 2 data is still not available. The year end LAA target is 77% which will require a significant improvement in performance.

3.10 Drug users in effective treatment (NI 40)

3.10.1 This LAA target reflects a commitment to increase the numbers of people in effective treatment for crack/opiate use by 30% (on the 2007/08 baseline) by 2010/11. This gave a numerical target of 1698 clients for 2008/09 (12% increase), 1880 for 2009/10 (24% increase) and 1971 for 2010/11 (30%) based on the estimated baseline of 1516 when the LAA was set. Following a national refresh of the data Southwark's 2007/8 baseline figure was revised downwards to 1449. However the National Treatment Agency has not agreed to reduce the numerical target accordingly to retain the 12% equivalence, which in effect leaves us with a 17% growth target. Representations were made on this issue as part of the LAA

refresh process but were not accepted and the target of 1880 is clearly not going to be met. Discussions are underway on the LAA refresh for 2010/11 and this target could potentially be removed from the LAA and become a local priority, based on the proportion in effective treatment which is the metric used for World Class Commissioning for the PCT.

- 3.10.2 Current number in treatment (latest data is for August 09 due to the 12 week time lag in the measure) is 1463, a reduction from March 2009, the reasons for which are being investigated with the relevant providers and the NTA. The NTA has asked all providers nationally to undertake a data quality audit.
- 3.10.3 The services are however successfully retaining people in treatment for at least 12 weeks, with 85% retained in treatment at August '09, the same as the national average.

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
Performance documentation	Health and Social Care Performance Team	Adrian Ward 020 7525 3689
LAA targets – general LSP information	LSP co-ordinator	Steve Tennison 020 7525 7557

Lead Officer	Sean Morgan, Director of Performance, Southwark Health and Social Care
Report Author	Adrian Ward, Head of Performance, Southwark Health and Social Care
Version	Final
Dated	3/11/09
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER		
Officer Title	Comments Sought	Comments included
Communities, Law & Governance	No	-
Finance Director	No	-
Director Social Services/ CE PCT	Yes	-
Executive Member	No	-
Date final report sent to Constitutional Support Services/ PCT dispatch		12 February 2010