HEALTH & ADULT SERVICES SCRUTINY SUB-COMMITTEE

Date and Time: Wednesday, 10 October 2007 7.00 pm

Venue: Room 8, Lambeth Town Hall, Brixton Hill, SW2 1RW

Democratic Services Officer: Craig Barney
Democratic Services
London Borough of Lambeth, Town Hall, Brixton Hill, London, SW2 1RW

Despatched: Tuesday, 2 October 2007

COMMITTEE MEMBERS:
Councillors O’MALLEY (Chair), MEADER (Vice-Chair), ATKINSON, KIMM and PATIL

SUBSTITUTE MEMBERS: Councillors AKHTAR, BANKS, MARCHANT, WALKER, C. WHelan and J. WHelan
AGENDA

Appendices to reports—bulky appendices are published on the Website www.lambeth.gov.uk and can be obtained from report authors or at the meeting. They are not circulated with the agenda.

PLEASE NOTE THAT THE ORDER OF THE AGENDA MAY BE CHANGED AT THE MEETING

1. Welcomes and Introductions

2. Declarations of Interest

3. Minutes of Previous Meetings

   To agree the minutes of the meetings held on 20 and 28 June 2007 as accurate records of the meetings.

4. Access to GPs and Emergency Care

   (report 100/07-08)
   All Wards

   Contacts:
   A. Access to GPs/Primary Care Services
      
      Angela Dawe, Director of Primary Care and Community Services, Lambeth PCT
   
   B. Commissioning Urgent/Emergency Care Services
      
      Lynda Jessop, Assistant Director, Directorate of Service Strategy and Commissioning, Lambeth PCT and Chris Kennedy, Service General Manager, Acute Medicine, Guy's and St. Thomas’ Foundation Trust

   To note the report.

5. Update on Crescent Lodge Dental Practice

   (report 99/06-07)
   All Wards

   Contact:
Murray King, Lambeth PCT

To note the report.

6. **NHS Health Trusts Proposed Service Changes**

   (report 102/07-08)

   All Wards

   Contact: Elaine Carter, Lead Scrutiny Officer
   020 7926 0027, ecarter@lambeth.gov.uk

   To

   (1) Note the publication of *Healthcare for London: A Framework for Action* and the proposed first stage pan-London formal consultation on the models of care and delivery models set out in *A Framework for Action* (section 2).

   (2) Consider whether the consultation on the models of care represents a substantial service variation or service development for Lambeth and the borough population and whether the committee considers Lambeth should be represented on a London wide Joint Overview and Scrutiny Committee to scrutinise the proposals (section 2).

   (3) Note the project update on *A Picture of Health for South East London* (section 3).

   (4) Note the Guys and St Thomas proposals re consultation on the future of the Poisons Unit and consider whether to request any further information or submit any comments (section 4).

7. **Performance Issues**

   (reports 98/07-08, 103/07-08, 104/07-08, 105/07-08, 106/07-08, 107/07-08 and 108/07-08)

   All Wards

   Contact: Craig Barney, Democratic Services Officer
   020 7926 2183, cbarney@lambeth.gov.uk

   To note the performance information provided.

8. **Work Programme 2007 - 08**

   (report 101/07-08)

   All Wards
(5) To consider and prioritises the proposals that have been suggested for scrutiny and agrees a work programme for the 2007/08 municipal year.
(6) To propose scrutiny members to lead on committee items and commissions as required.
PROGRAMME OF FUTURE MEETINGS

HEALTH & ADULT SERVICES SCRUTINY SUB-COMMITTEE

<table>
<thead>
<tr>
<th>Deadline to send reports to Legal and Finance (5pm) [14 clear days]</th>
<th>Questions Deadline [5pm 14 clear days]</th>
<th>Deadline Date [5pm 8 clear days]</th>
<th>Agenda Published [5 clear days]</th>
<th>Meeting 7.00pm</th>
<th>Decision Published by [5 clear days]</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.05.07</td>
<td>N/A*</td>
<td>07.06.07</td>
<td>12.06.07</td>
<td>20.06.07</td>
<td>28.06.07</td>
</tr>
<tr>
<td>07.06.07</td>
<td>07.06.07</td>
<td>15.06.07</td>
<td>20.06.07</td>
<td>28.06.07</td>
<td>06.07.07</td>
</tr>
<tr>
<td>19.09.07</td>
<td>19.09.07</td>
<td>27.09.07</td>
<td>02.10.07</td>
<td>10.10.07</td>
<td>18.10.07</td>
</tr>
<tr>
<td>07.11.07</td>
<td>07.11.07</td>
<td>15.11.07</td>
<td>20.11.07</td>
<td>28.11.07</td>
<td>06.12.07</td>
</tr>
<tr>
<td>20.11.07</td>
<td>20.11.07</td>
<td>28.11.07</td>
<td>03.12.07</td>
<td>11.12.07</td>
<td>19.12.07</td>
</tr>
<tr>
<td>14.02.08</td>
<td>14.02.08</td>
<td>22.02.08</td>
<td>27.02.08</td>
<td>06.03.08</td>
<td>14.03.08</td>
</tr>
<tr>
<td>03.04.08</td>
<td>03.04.08</td>
<td>11.04.08</td>
<td>16.04.08</td>
<td>24.04.08</td>
<td>02.05.08</td>
</tr>
</tbody>
</table>

* special meeting.

Access Information

Facilities for disabled people:
- Access for people with mobility difficulties: please ring the bell (marked with the disabled access symbol) on the right-hand side of the Acre Lane entrance.
- Induction loop facilities are available in Room 8 and the Council Chamber.
- For further special requirements, please contact the officer listed on the front page.

Queries on reports:
Please contact report authors prior to the meeting if you have questions on the reports or wish to inspect the background documents used. The name, email address and telephone number of the report author is shown on the front page of each report.

Other enquiries:
Please contact the officer shown on the front page to obtain any other information concerning the agenda or meeting.

Accessing Agendas, Reports and Minutes
All public committee papers are available for inspection at Lambeth libraries, and also on the internet from the day of publication in the following manner:
- Log on to www.lambeth.gov.uk.
- Click on Council and Democracy in the menu on the left hand side
- Then either
  - Click on Calendar of Meetings on the right hand menu then locate the relevant date or meeting on the calendar display and click on the name of that meeting to access the reports and minutes.
  - Or click on the third main item in the body of the page– Committee reports, minutes and agendas, and then Council meetings and decisions pages. Click on the relevant committee in the list and then the meeting you require.

If you are unable to locate the document you require, please contact the officer shown on the front page above.
Procedure before taking Key Decisions and Publication of the Forward Plan
(Constitution: Part 4 Section 2 Procedure Rules 13 & 14)
• The Forward Plan is published monthly; it sets out key decisions to be taken over the next four months. It is available to the public on the Council’s website, at the Town Hall or in Lambeth public libraries.
• Please contact the officer listed on the front page if you want to know more.

Public Notice Questions (Part 4 Section 1 Procedure Rule 10)
• Written questions concerning the matters within the responsibility of the Council may be submitted by a member of the public (living, studying or working in the borough) by post or via email to the Head of Democratic Services at habraham@lambeth.gov.uk
• Questions should be submitted as early as possible and at least 9 clear days before the meeting so as to enable the item to be included on the agenda and for a response to be prepared (to ensure the question and response are included in the agenda questions should be submitted 14 clear days before the meeting).
• The answer to the question will be sent to the questioner within 15 clear days.
• If the question is considered at a meeting, the member of the public or Councillor putting the question may attend and ask a concise supplementary question relevant to the original question or answer given but may not make a speech.

Speaking rights at sub-committees and committee meetings
(Part 4 Section 1 Procedure Rule 10)
• At committee meetings speaking rights are solely at the discretion of the Chair.

Petitions (Part 4 Section 1 Procedure Rule 10)
• Petitions may be presented by members of the public or Councillors in writing or by email to the Head of Democratic Services, the Mayor or Chief Executive.
• The Head of Democratic Services, in consultation with the Chief Whip, will decide if a petition should be referred to either:
  o An officer for a direct response;
  o A relevant Scrutiny Committee; or
  o A relevant housing area forum.
• Petitions will be entered into a log which is open to public inspection.
• There will be a ward Councillor responsible for the petition. Where the petition has not been presented by a Councillor, Democratic Services will designate a ward Councillor.
• A response to the petition will be provided within 15 clear days.
• Where the designated Councillor does not consider the officers’ response adequate they may raise the matter with the relevant Executive Director.

Deputations (Part 4 Section 1 Procedure Rule 10)
• Deputations of local people concerned with a particular issue should write to or email the Head of Democratic Services briefly setting out the issue of concern. The deputation will then be advised to the relevant committee meeting, area housing forum or Council meeting at which the deputation is asked to attend to raise their issue of concern.
• Deputations will not normally be heard where a deputation at any meeting of the Council or any of its committees or sub-committees, has been heard on the same, or essentially the same, issue within the last six months.
Community Calls for Action (Part 2 Article 10)
A Community Call for Action (CCfA) considers an issue of social, economic and/or environmental importance and can be submitted by local people with the support of local ward councillors. A valid CCfA will be considered at a special scrutiny meeting, however, before submitting a CCfA, other specified actions must have been taken to resolve the issue.

- If the issue cannot be resolved, a CCfA may be submitted, supported by 500 signatures.
- A CCfA must be submitted to the lead councillor, who will identify three other supporting councillors.
- Full guidance on the CCfA process is set out in Article 10 of the Constitution and on the website: Constitution, Parts 1 & 2
1. WELCOMES AND INTRODUCTIONS

The Chair introduced herself and invited committee members, officers and representatives of various groups to introduce themselves. Apologies were received from Councillor Liz Atkinson and Councillor Dr Neeraj Patil.

The Chair explained that the Committee would be examining the dilemma and proposals surrounding the Adults’ & Community Services budget. She emphasised that a great deal of interest and concern had been expressed by members of the public, with over 6,000 people signing petitions and making deputations. There had also been national coverage about the proposed funding, not just in Lambeth but across the nation.

2. DECLARATIONS OF INTEREST

Councillor Angie Meader made the following declarations of interest:

- She is a member of Lambeth MIND, a local association affiliated to National MIND, the national mental health charity;
- She was a member of Community Support Network, an advocacy project for Lambeth people with mental health needs; and
- She was a founder of the Mental Health Carers Network, a support network to help carers of people with mental health
needs in Lambeth.
She stated that none of the above constituted a prejudicial interest.

Councillor Irene Kimm stated that she was an employee of King’s College Hospital; however this was a non-prejudicial interest.

3. ADULTS’ & COMMUNITY SERVICES BUDGET PROPOSALS

The Chair explained the agenda layout for the evening and stated that any recommendations made would go to Cabinet in July.

Consultation

The Divisional Director (Resources) introduced the report and gave an overview of its content, detailing the feedback received from the consultation process undertaken for Phases 1 and 2 on proposals to change the eligibility criteria and charges for ACS.

Councillor Angie Meader asked who did ACS consult regarding the consultation and enquired whether members of the public responded to the consultation. In response, the Divisional Director (Resources) stated that two sets of consultation had been carried out as follows:-

1. In the summer during 2006 as part of corporate budget setting process people had been asked to set out their priorities which focussed on the cross-section population and specific groups. Approximately 800 responses were received.
2. The proposals on charging and changing the eligibility criteria were open to everybody.

The Chair asked if all partners had been consulted. In response, Divisional Director (Resources) stated that all agencies had been invited to respond and that all bodies who had responded would be included in the report to Cabinet in July.

Mr M English stated that Patient Forums had not been consulted and as an independent body they should have been consulted about the proposals. In response, the Divisional Director (Resources) confirmed that a response from the PCT Patient Forum had been received and would be included in the report.

The Chair enquired how responses would be presented. In response, the Divisional Director (Resources) confirmed that the report to Cabinet would include detail analysis of the consultation.

Ms Barbara Glosby expressed her concern that a number of people required help in completing their forms and therefore were prevented from providing their comments to the proposals. In response, the Divisional Director (Resources) confirmed that people had an opportunity to provide their comments over the telephone.
and all responses had been recorded.

Councillor Irene Kimm asked if caring agencies had been consulted on the proposals. In response, The Divisional Director (Resources) advised that carer agencies were not asked to complete forms or consulted, as she felt it was not appropriate.

The Council’s Financial Position

The Executive Director of Finances and Resources addressed the Committee and provided an overview of the Council’s budget process and finances. He explained that the Council had a statutory duty to set council tax. He then made points around the following three areas:

Services growth and savings: -
- This process involved examining the growth and savings for individual departments which goes into the public domain in January/February.

Council Tax: -
- The council tax increase was set in February 2007 at 4.99% which is the highest level that could be set.

Balances and Reserves: -
- The Council were in a difficult position of having £0.5m general fund balance, which compared to other authorities, was small. Therefore, the Council had to have a financial strategy in place to increase balances.
- There was a technical issue concerning the accounting entry referred to as Adjustment A and the Council had to set aside £23m.

The Chair asked for clarification on robustness. In response, the Executive Director of Finances and Resources stated that in his professional view balances are too low and needed a ‘rigorous process. The Council had a process where departments’ finances were scrutinized before going to Cabinet. The budget process was the biggest exercise as follows: -

1. The process was robust - look at managing Council spend.
2. The Council had an external auditor comprehensive performance review which looked at key issues and outcomes.
3. The outlook for Lambeth regarding finances was not very good according to the opinion of the Local Government Association, as the levels of savings local authorities needed to make were significant.

Mr M English expressed his concern that every cut makes it likely that the Council would spend more on the elderly going into care homes. He emphasised that elderly people wanted to remain at home and the Council pays money to providers. Therefore, he asked for the average cost of putting the elderly into a care home.
In response, the Divisional Director (Resources) confirmed that the eligibility criteria applied to all clients receiving social care. Anybody currently in residential care could be regarded as ‘critical’ and it would not be reasonable to expect anyone living in residential care to move out as a result of the proposals. She confirmed that it was a ‘perverse incentive’ but it was cheaper to put an older person into nursing care than to put in place an extensive package of domiciliary care.

Councillor Lumsden addressed the Committee and thanked the Chair for agreeing to hold a special meeting. He made points around the following three areas:

The overall position:-
- The funding for the ACS is very poor.
- Acknowledged that although the consultation had been thorough, he had seen a lot of open criticism which councillors need to take on board.
- Expecting a net growth of £3m with a reduction of about £1m.
- The previous year’s budget was about real term growth, which does not now appear to be the case.

The alternatives:-
- It was important to understand the position presented to Council. Approximately £3.125m had been put into contingency funds. This is almost equal to the sum that is affected by the ACS cuts.
- A resolution had been presented to council to delay the changes to the ACS eligibility criteria for a year to see if the Government could be persuaded to increase funding to ensure that service reductions and cuts to voluntary sector groups could be avoided.

The impact:-
- The voluntary sector had been given notice regarding the cuts.
- There had been complaints from organisations how the proposed changes would affect them.
- There were concerns that the cuts had already been made.

Dot Gibson Lambeth Pensions Group addressed the Committee and made the following points:-

- The previous Administration did away with a lot of Day Centres, which made it impossible to keep services going.
- This problem had been built up over the last 20 years with geriatric departments deteriorating over a period of time.
- The Council are now responsible for older patients etc.
- In this legislation ‘moderate’ and ‘low’ had been removed. Therefore, Councillors and the Mayor should go together to central government regarding the proposed cuts.
- There were concerns that approximately 1,000 people had been refused help with laundry and shopping etc., which
were now life threatening.
- The voluntary sector was being denied finances to carry out its work and a visit should be made to central government and demand that the matter should be put right.

Councillor Irene Kim asked what alternative proposals had been considered for potential savings in other areas and what proposals had been considered and rejected via the Star Chamber process. In response, the Executive Director of Finances and Resources stated that the Star Chamber process goes through Scrutiny and Council. Members take a view on what goes forward. He emphasised that a lot of work had been done in lobbying central government. When questioned on why comparable local authorities such as Southwark were not in this position, he explained that Lambeth had received the lowest level of increase. It was acknowledged that Southwark were not a ‘floor’ authority and that Lambeth had quite a few business growth.

In response to a question from Mr M English enquiring about the cost figures that were submitted to Cabinet, it was AGREED that a written response should be prepared on the disclosure of documentation. (Alison McKane)

The Executive Director of Finances and Resources confirmed that the £23m had been set aside for repayment of debt and that the money had a significant impact on the overall finance position.

Partnership Working (1)

Julia Shelley representing Age Concern Lambeth addressed the Committee and made points on the following two areas:-

Voluntary Community Services:-
- The voluntary community sector group played an important role in delivering council objectives to deliver support to vulnerable adults, in particular to promote independence.
- People needed support to live at home.

Impact of cuts to Voluntary Community Services:-
- A total of 12 services have been totally cut and 28 organisations had been effected by the cuts.
- Many of the proposed cuts come into effect on 1st July but the major impact would be felt in April 2008 when many services and jobs will go with potential skills being lost.
- The proposed cuts put services in a weaker position to apply for funding.
- The services for the elderly would be mainly affected with the loss of day care services.
- People would now be isolated at home.
- There would be an impact on voluntary fundraising and donations.
- There would be a direct impact on services and BME groups,
mental health providers and the disabled will be felt this year and particularly next year.

Ms P Choo addressed the Committee stating that residential care cost was not always cheaper than supporting people to stay at home. She expressed her concern about what services will replace the help after the proposed cuts. She also emphasised that people often found it humiliating to ask social services for help and preferred to see support from voluntary organisations.

Mary Roberts, Chair of the Lambeth Mental Health and Disabled People’s Action Group addressed the Committee and made the following points:-

- Mental health services would be affected as Day Centres would not be available.
- Specific cuts would have a drastic effect on mental health.
- Concerned about the drastic cuts that would affect the elderly and how the Council were going to deliver priorities set out in the Government’s White Paper.
- Failure to support high quality services were not happening.

Councillor Irene Kim expressed her concern about the knock-on effects of the charges including the closing of day centres. She emphasised that the cuts would lead to critical people being put into residential care which was undermining what the government sought to achieve. Therefore, she asked what officers had done to comply with the government policy and what studies had been undertaken. In response, the Divisional Director (Adult Services) made the following points:-

- Acknowledged that all proposals put forward were not positive.
- The Department had to meet the budget reduction target.
- National Strategy - hard for Council to meet those in difficult urgent need with a budget that is growing but not fast enough as demanded.

**Partnership Working (2)**

Pat Moberly, Chairman Guy’s & St Thomas’ NHS Foundation Trust, addressed the Committee and referred members to the Chief Executive’s letter on page 47 of the report and made the following points:

- The Trust Board were shocked at the proposals.
- Paid tribute to officers and Councillor Donatus Anyanwu for their work on the consultation.
- The proposals would affect services.
- It was much better for people to be looked after at home.
- The proposed cuts would be life threatening for vulnerable
Patrick Gillespie, Director of Lambeth SLAM Services, addressed the Committee stressing that more could be done to improve efficiencies. He emphasised that the proposals would reduce the independence of mental health users. He gave the example of Effra Day Centre which would not be eligible for services if the ‘critical’ category is agreed. He stated that SLAM intended to work with colleagues to promote independence.

(At this time the guillotine fell. The Chair moved and it was agreed that the meeting be extended for an additional 30 minutes).

Susannah Masters and Liz Clegg, representative of Lambeth PCT addressed the Committee. She expressed her concern that the CSCI judgement that Lambeth is serving most people well could be undermined by the proposals and that there could be difficulties in attracting a suitable workforce to the borough. Therefore, the PCT would have to continue to rely on agency staff, which would cost more. She also expressed concern that given the choice, most elderly people preferred to stay at home.

Phil Boorman from King’s College Hospital addressed the Committee stating that the proposed cuts would shift care to the hospital, which would have an immediate impact on bed admissions and discharges. In response, the Executive Director (ACS) confirmed that officers had examined responses received from partner agencies and had taken steps to look at hospital discharges.

A representative from Lambeth Age Concern addressed the Committee stating that the proposed proposals would affect Age Concern. She emphasised that the system should be altered and the Council should work with the community in order to decide what services should be cut.

A suggestion was made that some of the proposals should have been put to Cabinet at an earlier stage. In response, the Executive Director (ACS) stated that officers were required to produce a full risk assessment of the proposals.

Councillor Roger Giess addressed the Committee, stating that as Chairman of Overview and Scrutiny Committee, Lambeth’s overall finances had to be discussed. He gave the example of Southwark Council by explaining that Southwark received more money for services, which made a huge difference to the budgeting process. Therefore, he suggested that the Scrutiny function should be used to examine why and to consider what the implications were in order to make representations to central government.
Corporate objectives and Health and Social Care Policy

The Executive Director (ACS) addressed the Committee, stating that she hoped to raise the profile of the department, younger people and vulnerable adults. She emphasised that she had listened carefully to the discussion and acknowledged that people were living longer and that Lambeth were addressing concerns. She also stated that:

- PCT were looking at providing more joined up services.
- A pilot project was underway to provide individual budgets to disabled people. It was intended that people would have their own budget and service in the future.

Priorities for the future:-
- The Council were looking at the budget in order to examine further efficiencies that could be made.
- 95% of services provided in Lambeth were not by the Council but by other service providers.
- The DHSS in July intended to examine the process to see if Lambeth could make improvements to services.
- The department had listened to all views and would consider all options before a decision is made.

Councillor Donatus Anyanwu addressed the Committee making the following points:-

- The suggestion made by Councillor Ashley Lumsden to delay the process would not be practical.
- Officers had worked very hard to identify any savings that could be made.
- The 0% council tax effected the financial position of the Council.
- If alternatives were chosen the money would need to be obtained from elsewhere and other budgets and resources would be affected.
- Appreciated partnership the Council had and confirmed that Lambeth still preferred to work with partners to find a solution and decide the issue.
- A meeting is scheduled to be held next week where partners would discuss with ministers to find a solution.
- Government had to look at money provided for social care.
- The highest growth was in ACS at £1.9m.
- The eligibility criteria were difficult for Lambeth.
- That Lambeth would continue to work with individuals and partners to ensure that everything possible could be done.
The meeting ended at 9.35 pm
HEALTH & ADULT SERVICES SCRUTINY SUB-COMMITTEE

Thursday, 28th June, 2007 at 7.00 pm

MINUTES

PRESENT: Councillor Helen O'Malley (Chair), Councillor Angela Meader (Vice-Chair), Councillor Irene Kimm, Councillor Dr Neeraj Patil and Councillor Pav Akhtar (Substitute)

APOLOGIES: Councillor Liz Atkinson

ALSO PRESENT: Barbara Collis, Lambeth Carers; George Marshman, Divisional Director for Disabilities and Older People; Helen Charlesworth-May, Divisional Director for Resources (ACS); David Norman, Service Director for Older Adults (SLaM); Dr Sube Banerjee, Clinical Director for Older Adults (SLaM); Alan Bailey, Chair of SLaM Patient and Public Involvement Forum; Patrick Gillespie, Lambeth Director (SLaM); Angela Dawe, Director of Primary Care & Community Services (Lambeth PCT); Nicola Wilson, (Lambeth PCT); Caroline Hewitt, Chair (Lambeth PCT); John Pryor, Lambeth Mental Health & Disabled People Action Group

1. DECLARATIONS OF INTEREST

Councillor Irene Kimm declared a personal, non-prejudicial interest as an employee of Kings College Hospital NHS Foundation Trust.

Councillor Angie Meader declared a personal, non-prejudicial interest as an ordinary member of Lambeth Mind, a member of Community Support Network and a founder of the Mental Health Carers Network.

Councillor Dr. Neeraj Patil declared a personal, non-prejudicial interest as a former employee of Guy’s & St Thomas’ NHS Foundation Trust and as a locum employee of the NHS outside London.

2. MINUTES OF PREVIOUS MEETING
The minutes of the meeting held on 18th April 2007 were AGREED as an accurate record of the meeting.

3. PUBLIC NOTICE QUESTION

The question and answer were received.

Barbara Collis, Lambeth Carers, addressed the Committee and stated that there were concerns that the Forum developer position was not funded and that there was no fully developed carers’ strategy across the Council.

George Marshman, Divisional Director for Disabilities and Older People, confirmed that there was a reduction in the grant paid to Lambeth Carers and said that this was a result of the Council weighing its priorities against the services provided by each voluntary sector partner. He acknowledged the need for support services for carers and stated that a revised carers’ strategy was being worked on.

Councillor Angie Meader asked officers how much of the carers’ grant received from central government was spent on carers’ services, if this money was ring fenced and, if so, how it was being reduced.

Helen Charlesworth-May, Divisional Director for Resources (ACS), responded that the entirety of the carers’ grant went to carers’ services but that the Council supplemented this and it was the supplementary funding which had been reduced.

After some discussion of the funding situation of Lambeth Carers it was noted that the original funding stream, from Health Action Zones, had come to an end and this had contributed to the loss of the Forum developer post.

Councillor Irene Kimm asked if the Committee could receive a report on other projects likely to be in a similar situation in the future.

George Marshman stated that the Committee could be provided with information on potentially threatened funding streams but he was anxious to avoid undermining individual projects by naming them specifically.

Councillor Pav Akhtar asked for information on what monies individual projects received and how the Council supported the voluntary sector in building capacity.

Helen Charlesworth-May responded that a report could be completed on what funding projects receive and that the Council did have some funding for capacity building and more information could be provided on this matter if requested.

4. RESPONSES MADE TO THE FORMAL PUBLIC CONSULTATION ON THE MERGER OF 210 KNIGHTS HILL AND GREENVALE
NURSING HOME

David Norman, Service Director for Older Adults (SLaM), gave the background to this item, describing the why the merger had been proposed and the consultation that had been undertaken. He informed the Committee that the number of beds that expected to be needed had dropped significantly and could now be met within provision across Lambeth, Lewisham and Southwark. He gave details of how the approximately £1.5 million saved through this merger would be used, stating that

- one third would go to community mental health services for older adults;
- one third would be invested in other care homes to improve care;
- and the final third would go towards meeting savings targets and other financial pressures across the trust.

Dr Sube Banerjee, Clinical Director for Older Adults (SLaM), detailed the clinical reasons for the proposal including

- moving away from caring for dementia patients till death to a recovery model of care; and
- increased community services aimed at early intervention and support for dementia patients.

Councillor Angie Meader asked Dr Banerjee if he would be supporting this merger if there was not pressure across the trust to make savings. Dr Banerjee responded that he would be supporting the proposal as it allowed for more investment in community mental health teams. He regretted that the whole saving generated by the merger could not be invested in this area.

Councillor Dr Neeraj Patil expressed concern that the merger would increase pressure on Council provided social services.

George Marshman, Divisional Director for Disability and Older People, stated that the Council had a very good relationship with SLaM and that there had been no disputes over care provision in the past. He did not expect this situation to change and if he believed that SLaM were trying to move costs on to the Council he would not support the proposal.

Alan Bailey, Chair of SLaM Patient and Public Involvement Forum, addressed the Committee stating that the Forum’s view had moved on since they submitted their consultation response. They accepted that the situation had changed and that demand could be met within existing provision. They were satisfied that patients would be moved with care and sensitivity and that the money saved could better spent on the provision of community services.

The Committee RESOLVED that it was with grave concern that they noted the closure of the Knights Hill care home and while the strengthening of community services was welcomed they would
seek assurances that this was the case in the future.

5. LAMBETH & SOUTHWARK CRISIS SERVICES REVIEW IMPLEMENTATION PLAN

Patrick Gillespie, Lambeth Director (SLaM), gave an overview of the implementation plan stating that the majority of recommendations had been met, giving details of the changes made, and that if Lambeth and Southwark PCTs accepted that the action plan was robust at the meeting of 3rd July the closure of the Emergency Clinic would go ahead.

Councillor Dr Neeraj Patil expressed concern at the work being done to KCH A & E department did not constitute new facilities.

The Chair suggested that the Committee visit KCH A & E and see the work being undertaken.

Alan Bailey, Chair of SLaM PPIF, stated that the Forum were not happy with the implementation plan and that the improvements to KCH A & E which had been sought did not go far enough.

Councillor Irene Kimm stated that the situation at KCH A & E was different from other A & Es as they already dealt with a higher number of mental health patients. She asked that SLaM ensure that the implementation plan met the level of need.

Patrick Gillespie offer to return to the Committee at a future date with information on the continuing impact of the implementation plan on services.

The Chair welcomed this offer.

6. FEEDBACK ON THE HEALTH & ADULT SERVICES SCRUTINY SUB-COMMITTEE MEETING OF 20TH JUNE 2007

The Chair introduced the item and gave an overview of the meeting of the 20th June 2007.

Councillor Angie Meader MOVED that

- the Committee noted that the consultation evidence from all parties, including service users, carers and the Council’s NHS Trust partners, opposed the proposed changes to eligibility criteria and proposed increase in domiciliary care charges; and that
- the Committee believes that the evidence demonstrated that the proposed changes would be detrimental to all parties and that they are contrary to local and national government policies.

The Committee therefore recommends that Cabinet

1. delay any implementation of these changes to the next financial year (2008-09); and
2. re-examine this issue within the context of the wider budget
setting process and the Council's position in relation to
national and local policies.

Councillor Pav Akhtar MOVED that the motion be amended to add
to the recommendations to Cabinet:

3. continue to lobby government in relation to the 'Adjustment A' issue

The amendment and substantive motion were AGREED.

The Committee therefore RESOLVED to note that the consultation
evidence from all parties, including service users, carers and the
Council's NHS Trust partners, opposed the proposed changes to
eligibility criteria and proposed increase in domiciliary care charges.
The Committee believes that the evidence demonstrated that the
proposed changes would be detrimental to all parties and that they
are contrary to local and national government policies.

The Committee therefore recommends that Cabinet

1. delay any implementation of these changes to the next
   financial year (2008-09);
2. re-examine this issue within the context of the wider budget
   setting process and the Council's position in relation to
   national and local policies; and
3. continue to lobby government in relation to the 'Adjustment A' issue.

Councillor Irene Kimm MOVED and it was AGREED that the
Committee note its strong regret at cuts in funding to the voluntary
sector and to monitor this matter in the future with reports on future
financial settlements and their impact.

7. WORK PROGRAMME 2007-08

Elaine Carter, Lead Scrutiny Officer, introduced the work
programme and gave details of the Committees ongoing work.

The members agreed to examine the programme and feedback
their priorities.

Angela Dawe, Director of Primary Care and Community Services
(Lambeth PCT), addressed the Committee and informed them that a
large dental practice in Clapham had given notice of the termination
of its NHS contract. The PCT were looking into how to
recommission this service and ensure continuity of care.

The Chair requested more information on the provision of dental
services be provided for the Committee. It was agreed that due to
the short time scales members would receive this information and
make any responses they felt necessary outside of the Committee.

The Chair thanked officers, trust representatives and members of
the public for attending.
The meeting ended at 9.27 pm

CHAIR
HEALTH & ADULT SERVICES
SCRUTINY SUB-COMMITTEE
Wednesday, 10th October, 2007

Date of Despatch: 5th July 2007
Contact for Enquiries: Diarmid Swainson
Tel: 020 7926 2225
Fax: (020) 7926 2755
E-mail: dswainson@lambeth.gov.uk
Web: www.lambeth.gov.uk

The action column is for officers’ use only and does not form a part of the formal record.
Health & Adult Services Scrutiny Sub-Committee  
10 October 2007

Access to GPs and Emergency Care  
100/07-08

Recommendation:
That the Committee note the report.

Report Presenter:
A. Access to GPs/Primary Care Services
   Angela Dawe, Director of Primary Care and Community Services, Lambeth PCT

B. Commissioning Urgent/Emergency Care Services
   Lynda Jessop, Assistant Director, Directorate of Service Strategy and Commissioning, Lambeth PCT and Chris Kennedy, Service General Manager, Acute Medicine, Guy's and St. Thomas' Foundation Trust
Access to GPs and Emergency Care

This paper is presented in response to specific questions raised by the Health and Adult Services Scrutiny Sub-Committee. The paper is in two sections as follows:

A. Access to GPs/primary care services

Angela Dawe, Director of Primary Care and Community Services, Lambeth PCT

B. Commissioning urgent/emergency care services

Lynda Jessopp, Assistant Director, Directorate of Service Strategy and Commissioning, Lambeth PCT and Chris Kennedy, Service General Manager, Acute Medicine, Guy’s and St. Thomas’ Foundation Trust
Section A – Access to Primary Care services

1. Introduction and current provision of primary care services for people registered with Lambeth GPs.

This paper provides an overview of access to primary health care services offered through General Practice and other primary care providers in Lambeth.

New contracts for GPs, pharmacists and dentists have been implemented since 1st April 2004, which have brought significant changes to the way in which the NHS contracts with these providers. Of these three, the contract with General Practice is most established, whereas the new contract for dental services is now only in its second year and is in the process of “bedding down”.

The range of primary care services available to local Lambeth residents is set out below:

1.1 GP practices

In Lambeth there are 53 GP practices located within 3 localities in the borough. They range in size from a single handed GP with a list size of 1,700 to an 8-partner practice with a list size of around 18,000. Each practice has a defined geographical catchment area for patient registrations that is agreed with the PCT.

In the North there are 15 practices (9 in Stockwell and 6 in the Kennington & Waterloo area). In the South East there are 18 (9 in Brixton, and 9 in Herne Hill, Tulse Hill and Gipsy Hill). In the South West there are 20 (9 in Clapham and Clapham Park and 11 in Streatham). The average list size per whole time equivalent GP within Lambeth is 1,913, which is below the national average of 1,981.

Lambeth practices register Lambeth residents and non-residents, dependent on their catchment areas. Lambeth residents can register at practices outside the borough. Lambeth PCT is responsible for the population registered with its practices, which is a different population from the Borough population.

1.2 NHS Direct

NHS Direct offers a 24 hour nurse advice and health information service in England and Wales. The telephone service offers advice to callers and will direct callers to the Ambulance Service if appropriate. It can provide confidential interpreters in many languages within minutes of the calls. NHS Direct has introduced a single, national textphone number for the deaf, hard of hearing and those with speech difficulties.

NHS Direct Online is a website providing high quality health information and advice for the people of England.

The NHS Direct self-help guide ‘Not feeling well?’ helps people identify their symptoms and by answering simple step-by-step questions, work out the best
course of action. As well as being a part of the website, it is also available as a handy reference section at the back of all new Thomson Local directories in England.

1.3 Dental Practices

There are 38 dental practices offering NHS dental care in Lambeth and a Community Dental Service offered from 8 sites across the Borough. The new dental contract was implemented from April 1st 2006. The OSC has already received a briefing on the contract but the main points concerning access are as follows:

- All Lambeth residents are able to access a dentist offering NHS services within a mile and a half of their home.
- Uptake of NHS dental services remains below the national average in under 5 year olds and over 65 year olds. We continue to work with Dental Public Health colleagues to understand the reasons for this and have placed adverts in local press in an effort to enable those in these age ranges to avail themselves of these services.
- Since October 2006, the PCT has commissioned emergency dental services from 4 practices across Lambeth at Knights Hill, Denmark Hill, Stockwell and Gipsy Hill. All calls are screened and directed by SELDOC. Initial evaluation of this suggests a high level of satisfaction but a relatively low level of uptake.
- Recently received capital funding from the Department of Health has been focused on three main areas, one of which is compliance of our dental practices with the Disability Discrimination Act.

1.4 Pharmacy Services

There are 59 community pharmacies providing pharmaceutical advice, dispensing and other NHS services. They are the first port of call for many unwell people.

A new pharmacy contract was implemented in April 2005 which has provided further contractual processes for Lambeth PCT to develop service provision. Specifically, we have been able to increase the level of provision of:

- emergency hormonal contraception,
- smoking cessation services,
- minor ailments schemes and
- repeat prescription collection.

This winter the PCT will be working with pharmacists to deliver the annual flu campaign.

Each of these provides enhanced access and choice for local people and reduces the burden on General Practice, thus facilitating easier access there, as well. The new contract also reinforces the importance of compliance with the Disability Discrimination Act.
1.5 Optometry Services

There are 25 optometrists in Lambeth providing eyesight tests and dispensing of glasses. The PCT is exploring opportunities to develop optometrist’s role in health promotion. In addition new schemes for direct referral to hospital for cataracts and the diagnosis of glaucoma will shortly be available, reducing demands on GP services and improving convenience for patients.

The PCT has developed a baseline assessment to evaluate quality standards in optometry. The assessment includes DDA compliance.

Also, a visual impairment network for Lambeth has also been set up.

2. The Vision for Primary Care in Lambeth

Lambeth PCT has developed a vision for primary care that underpinned the 2005 Strategic Service and Development Plan for Health and Social Care Services. The vision is one that builds on the changes and developments in national primary care policy and local need and issues.

The vision is based around a hub and spoke model of provision. Primary Health Care Teams (PHCT) remain the building block of primary care. They will continue to be very local and easily accessible and will have the space and freedom to work closely together when this is needed. All PHCTs will be able to offer a minimum specified service at a given level of quality in line with the GP contract. This will include the management of acute and chronic illness and a wide range of preventative treatment. At a minimum, core team members will provide:

- General/personal medical services
- Practice and community nursing and health visiting services
- Child health surveillance
- A range of screening and diagnostic services
- Basic disease management
- A range of therapy services

The PCT will be working to develop a wider range of services, beyond those of the core PHCT, many of which will be provided on a locality basis through a network of hubs or neighbourhood resource centres, supported by the development of GPs with special interests and the employment of other specialists (e.g. nurse consultants, hospital clinicians, pharmacists).

Compared to other parts of the UK, including inner city areas, Lambeth is one of the most deprived boroughs. The determinants of good health are recognised to be multi-faceted and go far beyond the provision of health services. To achieve our aim of health and well being for our population it is vital that PHCTs work alongside other agencies, voluntary sector organisations, Town Centres and the community itself. Our vision is for facilities that are shared between health and a host of other organisations, for example leisure activities, skills training and access to council services (Recent developments in Springfield and Gracefield Gardens are examples of this in
practice and other such developments are planned in Myatt’s Field, Clapham Park and Clapham High Street).

3. Initiatives to address inequalities in access to primary healthcare in Lambeth

Lambeth PCT has been proactive in developing initiatives to improve access and ensure that its services are relevant and appropriate for the needs of the local population.

3.1 Finding and registering with a GP Practice

Members of the public can find a GP Practice in a number of different ways:

- By visiting the Lambeth PCT public website (www.lambethpct.nhs.uk) which lists all GP practices as well as dentists, pharmacists and optometrists. Maps showing the GP practice catchment areas will be included shortly.
- By calling NHS Direct or visiting NHS Direct Online which publishes GP practice details on their website.
- By visiting their local practice. All practices have leaflets outlining the services available.
- The Lambeth PALS [Patient Advice & Liaison Service] provides information and support to people having difficulty in registering with a GP. The Lambeth PCT PALS officer deals with individual enquiries from patients that cannot be answered by staff at the PALS free call number. The PALS leaflet has recently been reprinted and is being distributed to GP practices, the Town Hall information service, libraries and to our partners working in the voluntary sector.

All practices in Lambeth have open lists and are registering new patients.

When an individual has been unsuccessful in registering with a GP practice after 3 attempts, they are allocated a Practice by the PCT. In Lambeth we have low levels of “allocations” compared with other neighbouring PCTs.

Four practices have an agreement with Lambeth PCT to register violent patients. When there is a violent incident where the police are called, the PCT transfers the patient to one of the named practices that have been accredited to provide this service.

3.2 Recruitment and Retention of GPs

Lambeth currently has only one vacant GP post – equivalent to approximately 0.5%. The London average vacancy rate is between 10-15%.

3.3 Opening hours

The new GP Contract removed out of hours responsibility and 24 hour availability from GPs. It defined the core hours for when GPs should be
available as 8 a.m. to 6.30 p.m. Monday to Friday, excluding weekends and bank holidays.

Lambeth PCT has commissioned and funded extended opening hours (early morning and late evening) on weekdays from nine practices in Lambeth, and will continue to hold discussions with practices wishing to open early or late. These are currently subject to an evaluation process, which takes account of user and staff views.

Three practices open on Saturday mornings for full surgeries and a fourth will open in November. Discussions are ongoing about extended opening areas within the framework of the PCT’s 5 Year Commissioning Strategy Plan.

3.4 Meeting the Government’s access targets

As of April 2006, a new Directed Enhanced Service (DES) for Access was introduced. This took the form of dedicated funding for practices who signed up to four key objectives:

- The opportunity to consult a GP within two working days
- The opportunity to book appointments more than 48 hours in advance.
- Easy phone access to the practice.
- A written commitment to continue to participate in the national Primary Care Access Survey (PCAS). This will include randomised audit dates and an audit of the 3rd available appointment.

Lambeth PCT uses a variety of methods to monitor the performance of practices who have signed up to the scheme, and all practices have done so. In addition, the Department of Health ran a national patient experience survey on access in 2006-07.

The most recent data on telephone access and GP and Primary Care Practitioner appointments from August is attached (table 1). Table 2 sets out the overall traffic lighting position of practices based on the Patient Experience survey for 2006-07 where Lambeth achieved an overall 81% satisfaction on the four-targeted areas (Telephone Access, GP 2 Working Days, Advance Booking, Preferred GP).

The PCT employs an Access Facilitator, who monitors performance and follows up issues directly with practices in an effort to improve the patient experience consistently. The PCT also employs two Access GPs to provide emergency relief cover to practice who are experiencing short term problems with access because of emergencies (sickness, accidents, child care issues etc). Dedicated slots are available at the Tooting Walk in Centre.
3.5 Practice nurses

Practice Nurses working within GP surgeries have detailed knowledge of the specific healthcare needs of their practice population. They have made a notable contribution to access for patients by developing skills in triage, minor illness management, prescribing and advanced clinical skills around acute and chronic illness. Nurses regard advocacy as a vital part of their role and take into account specific needs related to gender, age, ethnicity, level of mobility or disability of their patients. Many practices in Lambeth employ nurse practitioners who are the first point of contact for patients visiting the practice.

3.6 Premises developments

Lambeth PCT has a major primary care capital programme underway which has seen the recent opening of new practice facilities at Springfield, Streatham Hill and St George’s Wharf. A private/public partnership initiative under the Government Local Improvement Finance Trust (LIFT) with Building Better Healthcare has already seen the near completion of Gracefield Gardens, with other developments underway in Streatham Common and Myatt’s Field. It is also pursuing traditionally funded premises developments, and is working closely with Lambeth council and other partners in local regeneration initiatives (e.g. Clapham Park).

The over-riding aim is to improve the quality and fabric of our GP premises to enable practices to offer comprehensive and up to date primary care services and ensuring that they comply both with the Disability Discrimination Act and national space standards. For those premises that are not currently included in a redevelopment, feasibility studies are underway involving about 25 practices to assess compliance against these standards. Works have completed at Corner Surgery and Herne Hill Group practice.

3.7 Primary health care services for refugees

The Refugee Health Team provides clinical services and health promotion training and support to primary care staff. It runs multi-care clinics at day centres and refugee community organisations to cover health and social care needs. It provides GP sessions in a local surgery for patients who are highly vulnerable and with high complex needs. It runs a mental health clinic at a local day centre for patients presenting with mental health problems and offers assessment, relevant interventions and mainstreaming. This is a joint project with SLAM/START. The team has developed a project to promote self-care among hard to reach patients and to provide support them management of chronic pain for those living with long-term conditions, stress and anxiety.

The team is leading a pilot project - the “New Entrant Health Checks” - which aims to develop a health check system for a new entrants to the country and capture key information. Partners in this project are South East London Health Protection Unit and four Lambeth GP Surgeries.

A number of projects have been developed in partnership with refugee community organisations to develop the knowledge and skills of the workers, and to improve
access to primary health care services for the communities in which they work. Guidance has been given to practices clarifying the rules around eligibility for registration. A resource pack for GP practices is now in use.

A dental practice in Streatham has been specially commissioned to provide dental services to refugees.

3.8 Primary health care services for homeless people

The Homeless Team runs nurse-led open-access clinics in hostels and day centres for homeless people, where skilled and experienced nurses treat clients with a wide range of chronic and acute problems. Some clinics also have GP cover and the team helps to ‘mainstream’ clients whenever possible by facilitating access to GPs and other primary health care services.

3.9 Drug & Alcohol Users

The Drug & Alcohol Health Care Team is a nurse-led service that runs open-access clinics in substance misuse agencies and other services attended by people with drug and alcohol problems. The objective of the team is to provide primary health care to this client group, and assist them to access appropriate ‘mainstream’ services, either acute or primary. Working in partnership with public health, the service is needs led, and will assist in identifying and responding to infectious diseases with this client group.

The PCT is finalising agreements with practices to develop and improve the services they provide to substance misusers. Thirty-seven are part of the formal shared care arrangements for the provision of services to people with drug and alcohol problems, including the prescription of opiate substitute medication. Formal support to GP practices around this comes from statutory and non statutory agencies, including SLAM and SMART.

A supervised consumption of methadone service is also being commissioned from local pharmacists.

3.10 Interpreting services in GP practices

The interpreting service offers face to face interpreting and translation services including British Sign Language. Recent service developments have included email booking of interpreters, neighbourhood interpreters for the most common languages and the production of laminated cards of useful phrases in different languages for reception staff to ascertain reasons for attendance at the surgery for non-English speaking patients.

3.11 People with Learning Difficulties

Following discussions at the Lambeth PLD Partnership Board and with Lambeth Social Services, GP practices are being commissioned to provide comprehensive Health Action Plans for this client group. This is in line with the government policy paper Valuing People.

3.12 Ethnicity and access to primary care
Lambeth PCT has secured funding for a major project to address inequities in access to primary care. The aim of the project is to collect and analyse patient profile data (cultural, ethnic and language preference) along with clinical data in the practices involved, to understand much more clearly the access, health service use and health outcomes of different sectors of the population. The first stage has been the Patient Profiling Project which has been underway for 18 months to implement a systematic and consistent approach for the recording of ethnicity data in conjunction with information on religious preference, language preference and need for interpreter services.

As a result of this initiative, Lambeth PCT is progressing well compared with our neighbouring PCTs against ethnicity recording targets set by the Department of Health.

Of the 360,000 patients registered with Lambeth practices, over 200,000 are now covered by the scheme, with recording of individuals’ personal needs as follows:

- Ethnicity – 62%,
- Language - 57%,
- Religion – 55%

The 15 highest achieving practices (combined list 91,936) have 75% ethnicity data, 67% language preference, and 65% religious affiliation. We will continue to work with the practices who are performing less well.

Datanet modules have been developed for Hypertension and Diabetes and installed on the systems of all practices in Lambeth, and work is underway on other long term conditions including mental health and monitoring of individual patient’s care in line with nationally agreed standards.

Furthermore, a large scale data extraction exercise has been undertaken to support two projects – an Equity Audit of cardiovascular disease risk, and the research project based on Datanet into ethnic differences in primary care management of patients with psychosis in Lambeth.

3.13 Primary health care for Brixton Prison

Health care services in Brixton Prison are currently out to tender. The tender document includes provision of primary care services. The PCT is seeking to ensure that the standards of provision in the prison are as good as or better than in the local NHS. The target date for the new service to start is April 2008.

3.16 Transfer of patient records

When a patient registers with a new practice, their demographic details are taken and entered on the practice’s clinical information system. This automatically generates a daily data transmission to the PCT to notify that the registration has occurred. This notification generates an electronic search of a national database, to establish whether the person concerned has been registered with the NHS before. (This is done via their unique NHS number.)
If the search is successful, a request is automatically generated for the notes to be transferred from the previous PCT, who ask the patient’s former practice for the notes, which are then passed on, via the new host PCT, to the patient’s new practice.

There is a contractual responsibility on practices to send requested notes to PCT’s in a timely way and the speed of note transfer is one criterion by which we performance manage practices. The average figure for unreturned or lost notes in Lambeth is 1.23%.

The introduction of the NHS Care Records Service will make electronic transfer of notes possible and several pilot sites are already in place across the country.

4. Challenges for the Future

Much has been achieved in Lambeth, where the quality and standard of primary care services is high. The recent national Patient Experience survey of primary care in England resulted in an overall satisfaction rate with General Practice for Lambeth on the four targeted areas (Telephone Access, GP 2 Working Days, Advance Booking, Preferred GP) on 81% satisfaction on average which is higher compared with the London average.

However, this masks some variations in quality within Lambeth. Work is ongoing both at a strategic level and with individual practices to further improve performance.

There continues to be a focus on access to GP services by the Department of Health and the PCT has been asked to develop a plan for improving access still further. Work on this is underway and implementation should begin before Christmas.

Angela Dawe
Director, Primary Care and Community Services
September 2007
Table 1
Telephone Access and Appointment Survey
August 2007

<table>
<thead>
<tr>
<th>Locality</th>
<th>Day called</th>
<th>Time called</th>
<th>GP 1st</th>
<th>GP 3rd</th>
<th>PCP 1st</th>
<th>PCP 3rd</th>
<th>List</th>
<th>Easy phone access</th>
<th>Book in Advance</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>07/08/2007</td>
<td>09:40</td>
<td>0-09:50</td>
<td>0-10:40</td>
<td>0-14:30</td>
<td>0-15:30</td>
<td>Open</td>
<td>3R</td>
<td>1 week</td>
</tr>
<tr>
<td>N</td>
<td>08/08/2007</td>
<td>10:50</td>
<td>0-15:00</td>
<td>0-15:20</td>
<td>2-08:30</td>
<td>2-09:00</td>
<td>Open</td>
<td>4R</td>
<td>8 weeks</td>
</tr>
<tr>
<td>N</td>
<td>08/08/2007</td>
<td>11:00</td>
<td>0-15:20</td>
<td>0-15:30</td>
<td>1-09:30</td>
<td>1-12:00</td>
<td>Open</td>
<td>4R</td>
<td>1 week</td>
</tr>
<tr>
<td>N</td>
<td>09/08/2007</td>
<td>09:45</td>
<td>0-12:35</td>
<td>0-12:50</td>
<td>0-10:20</td>
<td>0-17:00</td>
<td>Open</td>
<td>1R</td>
<td>3 weeks</td>
</tr>
<tr>
<td>N</td>
<td>09/08/2007</td>
<td>10:05</td>
<td>2-14:00</td>
<td>2-14:20</td>
<td>2-08:20</td>
<td>2-10:30</td>
<td>Open</td>
<td>1R</td>
<td>1 week</td>
</tr>
<tr>
<td>N</td>
<td>10/08/2007</td>
<td>10:45</td>
<td>2-09:40</td>
<td>2-10:00</td>
<td>1-09:45</td>
<td>1-10:30</td>
<td>Open</td>
<td>3R</td>
<td>2 weeks</td>
</tr>
<tr>
<td>N</td>
<td>15/08/2007</td>
<td>09:25</td>
<td>1-15:00</td>
<td>1-17:50</td>
<td>0-15:45</td>
<td>0-16:15</td>
<td>Open</td>
<td>4R</td>
<td>4 weeks</td>
</tr>
<tr>
<td>N</td>
<td>20/08/2007</td>
<td>10:15</td>
<td>0-10:45</td>
<td>0-11:45</td>
<td>1-10:00</td>
<td>1-10:45</td>
<td>Open</td>
<td>3R</td>
<td>4 weeks</td>
</tr>
<tr>
<td>N</td>
<td>20/08/2007</td>
<td>09:25</td>
<td>0-12:00</td>
<td>0-12:20</td>
<td>0-13:15</td>
<td>1-10:45</td>
<td>Open</td>
<td>4R</td>
<td>4 weeks</td>
</tr>
<tr>
<td>N</td>
<td>23/08/2007</td>
<td>09:40</td>
<td>1-09:00</td>
<td>1-11:10</td>
<td>1-08:45</td>
<td>1-16:45</td>
<td>Open</td>
<td>2R</td>
<td>8 weeks</td>
</tr>
<tr>
<td>N</td>
<td>29/08/2007</td>
<td>09:10</td>
<td>0-09:40</td>
<td>1-09:20</td>
<td>1-10:30</td>
<td>7-08:40</td>
<td>Open</td>
<td>2R</td>
<td>4 weeks</td>
</tr>
<tr>
<td>N</td>
<td>29/08/2007</td>
<td>10:00</td>
<td>2-10:00</td>
<td>2-10:20</td>
<td>3-16:00</td>
<td>4-10:30</td>
<td>Open</td>
<td>2R</td>
<td>4 weeks</td>
</tr>
<tr>
<td>N</td>
<td>30/08/2007</td>
<td>09:35</td>
<td>0-10:30</td>
<td>0-11:10</td>
<td>0-09:50</td>
<td>0-10:10</td>
<td>Open</td>
<td>18R</td>
<td>4 weeks</td>
</tr>
<tr>
<td>N</td>
<td>31/08/2007</td>
<td>9:20/ 9:25/10:00</td>
<td>0-11:30</td>
<td>0-11:50</td>
<td>1-15:45</td>
<td>1-16:00</td>
<td>Open</td>
<td>3R/8R call back/3R</td>
<td>8 weeks</td>
</tr>
<tr>
<td>N</td>
<td>31/08/2007</td>
<td>09:50</td>
<td>0-11:30</td>
<td>0-15:40</td>
<td>0-12:00</td>
<td>0-16:15</td>
<td>Open</td>
<td>2R</td>
<td>8 weeks</td>
</tr>
<tr>
<td>SE</td>
<td>07/08/2007</td>
<td>09:25</td>
<td>0-11:20</td>
<td>0-12:00</td>
<td>0-11:45</td>
<td>0-15:50</td>
<td>Open</td>
<td>5R</td>
<td>2 weeks</td>
</tr>
<tr>
<td>SE</td>
<td>07/08/2007</td>
<td>09:35 to 09:40</td>
<td>0-16:30</td>
<td>1-16:30</td>
<td>1-11:20</td>
<td>1-17:10</td>
<td>Open</td>
<td>1-E/2-8R</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

E=Engaged / AS=Automated service / R=Rings / Q=queuing
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Start</th>
<th>End</th>
<th>Duration</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/07</td>
<td>10:40</td>
<td>0-11:45</td>
<td>0-18:00</td>
<td>1-09:50</td>
<td>1-10:10 Open</td>
</tr>
<tr>
<td>09/07</td>
<td>10:10</td>
<td>0-11:30</td>
<td>0-11:40</td>
<td>0-11:00</td>
<td>0-11:20 Open 10R</td>
</tr>
<tr>
<td>10/08</td>
<td>10:25 to 10:30</td>
<td>0-17:20</td>
<td>0-17:40</td>
<td>0-10:45</td>
<td>0-11:15 Open 1-E/2-2R 10 weeks</td>
</tr>
<tr>
<td>10/08</td>
<td>10:35 to 10:40</td>
<td>0-11:00</td>
<td>0-11:20</td>
<td>1-16:00</td>
<td>1-16:45 Open 1-E/2-1R-ASinQ1’ 4 weeks</td>
</tr>
<tr>
<td>10/08</td>
<td>10:40</td>
<td>0-15:30</td>
<td>0-15:50</td>
<td>1-11:30</td>
<td>2-10:10 Open 2R 12 weeks</td>
</tr>
<tr>
<td>15/07</td>
<td>09:15</td>
<td>0-09:30</td>
<td>0-10:10</td>
<td>0-11:40</td>
<td>0-12:00 Open AS/noQ 2 weeks</td>
</tr>
<tr>
<td>15/07</td>
<td>09:20</td>
<td>0-16:50</td>
<td>0-17:10</td>
<td>0-10:45</td>
<td>0-16:45 Open 2R 6 weeks</td>
</tr>
<tr>
<td>15/07</td>
<td>09:30</td>
<td>1-09:30</td>
<td>2-08:40</td>
<td>3-08:45</td>
<td>5-08:45 Open AS/inQ1’ 1 week</td>
</tr>
<tr>
<td>16/08</td>
<td>09:30 to 09:40</td>
<td>0-11:15</td>
<td>0-12:00</td>
<td>1-09:45</td>
<td>1-11:15 Open 1-E/2-2R 4 weeks</td>
</tr>
<tr>
<td>16/08</td>
<td>09:35</td>
<td>1-15:30</td>
<td>2-09:00</td>
<td>0-11:15</td>
<td>0-12:15 Open AS/9R 8 weeks</td>
</tr>
<tr>
<td>16/08</td>
<td>10:15</td>
<td>0-16:10</td>
<td>0-16:40</td>
<td>0-14:45</td>
<td>0-15:45 Open 4R 2 weeks</td>
</tr>
<tr>
<td>17/08</td>
<td>10:10</td>
<td>0-15:00</td>
<td>0-15:10</td>
<td>2-10:45</td>
<td>2-11:00 Open 10R 3 weeks</td>
</tr>
<tr>
<td>17/08</td>
<td>10:15 to 10:20</td>
<td>0-15:30</td>
<td>0-18:00</td>
<td>0-11:00</td>
<td>0-14:30 Open 1-E/2-5R 6 weeks</td>
</tr>
<tr>
<td>20/08</td>
<td>09:20</td>
<td>0-10:30</td>
<td>0-16:50</td>
<td>0-13:40</td>
<td>0-17:30 Open 3R 8 weeks</td>
</tr>
<tr>
<td>30/08</td>
<td>09:50</td>
<td>0-10:10</td>
<td>0-11:30</td>
<td>0-10:45</td>
<td>0-11:30 Open AS/noQ 4 weeks</td>
</tr>
<tr>
<td>31/08</td>
<td>09:45</td>
<td>0-11:10</td>
<td>0-11:20</td>
<td>0-12:45</td>
<td>0-15:45 Open AS/8R 12 weeks</td>
</tr>
<tr>
<td>07/08</td>
<td>09:30</td>
<td>0-10:10</td>
<td>0-17:20</td>
<td>1-10:00</td>
<td>1-14:30 Open AS-inQ1’ 4 weeks</td>
</tr>
<tr>
<td>08/08</td>
<td>11:05</td>
<td>0-17:30</td>
<td>0-17:50</td>
<td>0-11:30</td>
<td>0-12:00 Open 2R-ASnoQ 2 weeks</td>
</tr>
<tr>
<td>09/08</td>
<td>09:55</td>
<td>0-10:10</td>
<td>0-15:10</td>
<td>0-16:10</td>
<td>0-16:30 Open 2R 4 weeks</td>
</tr>
<tr>
<td>09/08</td>
<td>10:00</td>
<td>5-16:20</td>
<td>7-09:30</td>
<td>0-11:45</td>
<td>2-11:15 Open 1R-ASnoQ 4 weeks</td>
</tr>
<tr>
<td>10/08</td>
<td>10:35</td>
<td>0-16:20</td>
<td>1-11:40</td>
<td>1-11:30</td>
<td>1-15:20 Open 3R 8 weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>SW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16/08/2007</td>
<td>09:30</td>
<td>2-08:40</td>
<td>2-09:00</td>
<td>non bookable</td>
<td>Open</td>
</tr>
<tr>
<td>SW</td>
<td>16/08/2007</td>
<td>09:40</td>
<td>0-10:30</td>
<td>0-10:50</td>
<td>0-10:00</td>
</tr>
<tr>
<td>SW</td>
<td>17/08/2007</td>
<td>10:15</td>
<td>0-11:40</td>
<td>0-16:30</td>
<td>0-11:45</td>
</tr>
<tr>
<td>SW</td>
<td>20/08/2007</td>
<td>09:15</td>
<td>0-09:40</td>
<td>0-14:00</td>
<td>10-11:10</td>
</tr>
<tr>
<td>SW</td>
<td>23/08/2007</td>
<td>09:20</td>
<td>0-11:20</td>
<td>0-11:30</td>
<td>0-10:20</td>
</tr>
<tr>
<td>SW</td>
<td>23/08/2007</td>
<td>09:25</td>
<td>2-09:40</td>
<td>2-10:00</td>
<td>22-17:45</td>
</tr>
<tr>
<td>SW</td>
<td>23/08/2007</td>
<td>09:50</td>
<td>0-10:30</td>
<td>0-11:00</td>
<td>0-14:05</td>
</tr>
<tr>
<td>SW</td>
<td>29/08/2007</td>
<td>09:15 to 10:05</td>
<td>0-17:10</td>
<td>1-10:10</td>
<td>5-17:40</td>
</tr>
<tr>
<td>SW</td>
<td>29/08/2007</td>
<td>09:15 to 09:20</td>
<td>3-08:40</td>
<td>3-15:50</td>
<td>1-08:30</td>
</tr>
<tr>
<td>SW</td>
<td>29/08/2007</td>
<td>09:15</td>
<td>0-15:00</td>
<td>1-10:40</td>
<td>0-16:50</td>
</tr>
<tr>
<td>SW</td>
<td>30/08/2007</td>
<td>09:40</td>
<td>0-11:20</td>
<td>0-11:50</td>
<td>0-11:30</td>
</tr>
<tr>
<td>SW</td>
<td>30/08/2007</td>
<td>09:45 to 09:50</td>
<td>0-10:10</td>
<td>0-10:30</td>
<td>0-10:50</td>
</tr>
<tr>
<td>SW</td>
<td>30/08/2007</td>
<td>09:45</td>
<td>0-10:00</td>
<td>0-10:20</td>
<td>0-10:00</td>
</tr>
<tr>
<td>SW</td>
<td>31/08/2007</td>
<td>09:15</td>
<td>0-17:20</td>
<td>0-17:30</td>
<td>0-11:10</td>
</tr>
<tr>
<td>SW</td>
<td>31/08/2007</td>
<td>09:30 to 9:35</td>
<td>1-09:20</td>
<td>1-10:10</td>
<td>0-11:30</td>
</tr>
<tr>
<td>SW</td>
<td>31/08/2007</td>
<td>09:55</td>
<td>0-15:00</td>
<td>0-15:30</td>
<td>3-14:00</td>
</tr>
<tr>
<td>Locality</td>
<td>Telephone Access % Satisfaction</td>
<td>GP 2 Working Days % Satisfaction</td>
<td>Advance Booking % Satisfaction</td>
<td>Preferred GP % Satisfaction</td>
<td>AVERAGE Rating</td>
</tr>
<tr>
<td>----------</td>
<td>---------------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------</td>
<td>-----------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>N</td>
<td>98%</td>
<td>97%</td>
<td>96%</td>
<td>84%</td>
<td>94%</td>
</tr>
<tr>
<td>N</td>
<td>94%</td>
<td>96%</td>
<td>88%</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>SE</td>
<td>96%</td>
<td>86%</td>
<td>93%</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>N</td>
<td>96%</td>
<td>96%</td>
<td>96%</td>
<td>85%</td>
<td>93%</td>
</tr>
<tr>
<td>SE</td>
<td>95%</td>
<td>86%</td>
<td>96%</td>
<td>91%</td>
<td>93%</td>
</tr>
<tr>
<td>SW</td>
<td>91%</td>
<td>92%</td>
<td>89%</td>
<td>90%</td>
<td>91%</td>
</tr>
<tr>
<td>SW</td>
<td>96%</td>
<td>96%</td>
<td>95%</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>SE</td>
<td>97%</td>
<td>96%</td>
<td>92%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>SW</td>
<td>91%</td>
<td>94%</td>
<td>92%</td>
<td>89%</td>
<td>90%</td>
</tr>
<tr>
<td>SW</td>
<td>94%</td>
<td>77%</td>
<td>87%</td>
<td>95%</td>
<td>89%</td>
</tr>
<tr>
<td>SW</td>
<td>94%</td>
<td>83%</td>
<td>88%</td>
<td>83%</td>
<td>89%</td>
</tr>
<tr>
<td>SW</td>
<td>87%</td>
<td>88%</td>
<td>87%</td>
<td>84%</td>
<td>88%</td>
</tr>
<tr>
<td>N</td>
<td>94%</td>
<td>87%</td>
<td>80%</td>
<td>84%</td>
<td>89%</td>
</tr>
<tr>
<td>N</td>
<td>93%</td>
<td>92%</td>
<td>73%</td>
<td>84%</td>
<td>89%</td>
</tr>
<tr>
<td>SW</td>
<td>84%</td>
<td>80%</td>
<td>88%</td>
<td>91%</td>
<td>88%</td>
</tr>
<tr>
<td>SW</td>
<td>90%</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
<td>86%</td>
</tr>
<tr>
<td>SE</td>
<td>94%</td>
<td>86%</td>
<td>73%</td>
<td>88%</td>
<td>86%</td>
</tr>
<tr>
<td>SW</td>
<td>84%</td>
<td>92%</td>
<td>71%</td>
<td>84%</td>
<td>85%</td>
</tr>
<tr>
<td>SE</td>
<td>94%</td>
<td>74%</td>
<td>83%</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>N</td>
<td>86%</td>
<td>75%</td>
<td>83%</td>
<td>89%</td>
<td>83%</td>
</tr>
<tr>
<td>N</td>
<td>87%</td>
<td>80%</td>
<td>80%</td>
<td>85%</td>
<td>83%</td>
</tr>
<tr>
<td>SW</td>
<td>94%</td>
<td>70%</td>
<td>80%</td>
<td>87%</td>
<td>83%</td>
</tr>
<tr>
<td>N</td>
<td>90%</td>
<td>85%</td>
<td>78%</td>
<td>77%</td>
<td>83%</td>
</tr>
<tr>
<td>SE</td>
<td>93%</td>
<td>84%</td>
<td>72%</td>
<td>79%</td>
<td>82%</td>
</tr>
<tr>
<td>SW</td>
<td>84%</td>
<td>83%</td>
<td>71%</td>
<td>87%</td>
<td>81%</td>
</tr>
<tr>
<td>N</td>
<td>79%</td>
<td>78%</td>
<td>74%</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>SW</td>
<td>79%</td>
<td>78%</td>
<td>74%</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>N</td>
<td>84%</td>
<td>94%</td>
<td>53%</td>
<td>79%</td>
<td>78%</td>
</tr>
<tr>
<td>SE</td>
<td>86%</td>
<td>94%</td>
<td>65%</td>
<td>76%</td>
<td>78%</td>
</tr>
<tr>
<td>SW</td>
<td>83%</td>
<td>85%</td>
<td>58%</td>
<td>84%</td>
<td>78%</td>
</tr>
<tr>
<td>SW</td>
<td>89%</td>
<td>70%</td>
<td>82%</td>
<td>84%</td>
<td>77%</td>
</tr>
<tr>
<td>SW</td>
<td>87%</td>
<td>76%</td>
<td>72%</td>
<td>74%</td>
<td>77%</td>
</tr>
<tr>
<td>N</td>
<td>81%</td>
<td>96%</td>
<td>59%</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>SW</td>
<td>80%</td>
<td>92%</td>
<td>53%</td>
<td>74%</td>
<td>75%</td>
</tr>
<tr>
<td></td>
<td>SW</td>
<td>SE</td>
<td>SE</td>
<td>N</td>
<td>SE</td>
</tr>
<tr>
<td>---</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>---</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>82%</td>
<td>77%</td>
<td>59%</td>
<td>80%</td>
<td>75%</td>
</tr>
<tr>
<td>SW</td>
<td>75%</td>
<td>65%</td>
<td>65%</td>
<td>89%</td>
<td>74%</td>
</tr>
<tr>
<td>SE</td>
<td>72%</td>
<td>72%</td>
<td>64%</td>
<td>78%</td>
<td>72%</td>
</tr>
<tr>
<td>N</td>
<td>89%</td>
<td>68%</td>
<td>60%</td>
<td>65%</td>
<td>71%</td>
</tr>
<tr>
<td>SE</td>
<td>72%</td>
<td>71%</td>
<td>62%</td>
<td>80%</td>
<td>71%</td>
</tr>
<tr>
<td>N</td>
<td>81%</td>
<td>66%</td>
<td>58%</td>
<td>73%</td>
<td>70%</td>
</tr>
<tr>
<td>SW</td>
<td>76%</td>
<td>62%</td>
<td>62%</td>
<td>78%</td>
<td>70%</td>
</tr>
<tr>
<td>SE</td>
<td>68%</td>
<td>58%</td>
<td>81%</td>
<td>70%</td>
<td>69%</td>
</tr>
<tr>
<td>SE</td>
<td>64%</td>
<td>76%</td>
<td>65%</td>
<td>67%</td>
<td>68%</td>
</tr>
<tr>
<td>SW</td>
<td>74%</td>
<td>80%</td>
<td>49%</td>
<td>68%</td>
<td>68%</td>
</tr>
<tr>
<td>SE</td>
<td>75%</td>
<td>77%</td>
<td>37%</td>
<td>77%</td>
<td>67%</td>
</tr>
<tr>
<td>SE</td>
<td>57%</td>
<td>81%</td>
<td>47%</td>
<td>59%</td>
<td>61%</td>
</tr>
<tr>
<td>SE</td>
<td>73%</td>
<td>40%</td>
<td>58%</td>
<td>62%</td>
<td>58%</td>
</tr>
<tr>
<td>Average</td>
<td>86%</td>
<td>80%</td>
<td>74%</td>
<td>82%</td>
<td>81%</td>
</tr>
</tbody>
</table>
Section B: Commissioning Out of Hours and Accident and & Emergency (A&E) services

GP out of hours services and Accident and & Emergency (A&E) are part of a system of services providing urgent and emergency care 24 hours a day/365 days a year. The following table shows actual contacts per quarter at A&E and GP out of hours services (SELDOC) for Lambeth patients.

<table>
<thead>
<tr>
<th>Analysis of Out of Hours Activity for year 2006/07 (Lambeth)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCT</td>
</tr>
<tr>
<td>Q1</td>
</tr>
<tr>
<td>Q2</td>
</tr>
<tr>
<td>Q3</td>
</tr>
<tr>
<td>Q4</td>
</tr>
<tr>
<td>Grand Total</td>
</tr>
</tbody>
</table>

This table shows that Lambeth patients attended services in the following proportions

<table>
<thead>
<tr>
<th>Analysis of Out of Hours Activity for year 2006/07 (Lambeth)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCT</td>
</tr>
<tr>
<td>Grand Total</td>
</tr>
</tbody>
</table>

Approximately three quarters of all contacts are with A&E and one quarter with SELDOC.

All SELDOC contacts are ‘out of hours’. The following table shows that in A&E, just over two thirds of contacts are ‘out of hours’ and one third within the usual working hours. The majority of attendances are between 9am and 11pm

<table>
<thead>
<tr>
<th>GSTFTT All attendances in and out of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>April to December 2005</td>
</tr>
<tr>
<td>In Hours</td>
</tr>
<tr>
<td>(Monday to Friday 8am to 6pm)</td>
</tr>
<tr>
<td>50 hours</td>
</tr>
<tr>
<td>28,170</td>
</tr>
<tr>
<td>31.3</td>
</tr>
<tr>
<td>Out of Hours</td>
</tr>
<tr>
<td>(Weekends/weekdays 6pm-8am)</td>
</tr>
<tr>
<td>118 hours</td>
</tr>
<tr>
<td>61,804</td>
</tr>
<tr>
<td>68.7</td>
</tr>
</tbody>
</table>

50 hours = 29.76%  118 hours = 70.23%

The remainder of this section describes the commissioning and quality monitoring undertaken by Lambeth PCT in relation GP out of hours services and A&E and addresses the specific questions raised.

B1. GP Out of Hours

a. Current Service
South East London Doctors’ Co-op (SELDOC) provides the GP out of hours service to all GP practices and therefore the total population of Lambeth, Southwark and Lewisham. SELDOC is a company limited by guarantee owned and managed by Lambeth, Southwark and Lewisham GPs. The service is provided by call handlers/reception staff and Lambeth, Southwark and Lewisham GP members. SELDOC do not use nurses or locum GPs. SELDOC is based at Dulwich hospital which is being extensively refurbished. They currently occupy decant temporary accommodation while the building work is going on. Patients contact the service by telephone and their needs are assessed by a GP – a very small number may then be advised to call an ambulance/go to A&E. The majority have their problem dealt with by telephone (this might include arrangements for urgent medicines to be collected from a local pharmacy). A small proportion who need to be seen by GP are invited to a consultation at the base and a similar proportion who need to be seen by a GP but are not mobile, are visited at home. Details of every consultation are sent to the patient’s own GP by 9.00am the following morning. All calls are recorded and electronic records kept of each contact so that details will already be on the system for patients who have called more than once.

b. **New GMS contract**

The introduction of the new contract changed the relationships between GPs and out of hours services in several ways.

a) GP practices (not individual GPs) were given the choice of opting in or out of 24 hour responsibility for their patients. In the event of opting out, responsibility for out of hours care would pass to PCTs.

b) In the event of opting in, GPs may sub-contract delivery of out of hours services to another provider e.g. a co-op or commercial provider but they retain overall responsibility 24/7. (Previously, they could delegate delivery and responsibility.) This means that under the new contract opted in GP practices are responsible for the quality of the care provided under a sub-contract.

c) Funding for the out of hours element of general practice was set at 6% of the global sum given to a practice for the provision of general medical services (or the PMS equivalent). Opted out practices therefore lose this funding which is then used by PCTs to buy or provide care.

d) A new set of quality requirements was put in place and recommendations made to PCTs on monitoring. This followed a national exercise in which all out of hours providers were accredited against national standards through an external multi-disciplinary visit.

Nationally, the majority of practices have opted out and responsibility for provision of out of hours care has fallen to PCTs.

c. **Lambeth position**

In Lambeth, there are only 10 out of 54 practices who have chosen to opt out. The position is similar in Lewisham and Southwark but very different from the rest of the country. Lambeth is very fortunate that GPs have chosen to retain 24 hour responsibility and remain committed to their own co-op.

SELDOC therefore remains a provider which is owned and managed by local GPs to provide a service to their patients. The elected Council and Board are therefore responsible for providing a service which meets the national quality requirements.

Lambeth PCT has a 3 year rolling contract with SELDOC to provide services to the patients of i) the opted out practices and ii) unregistered patients. Lambeth PCT is lead commissioner for Southwark and Lewisham.

SELDOC has always operated as an urgent care service – the presumption being that patients should be encouraged to use their own practice in-hours unless their need is clinically urgent. The majority of contacts are by telephone (about 60%), 20% of patients...
are seen at the Dulwich base and 20% receive a home visit. The proportions have remained largely unchanged in 10 years of operation. Contacts per year are about 55,000 for LSL but have been declining for several years.

d. **Quality monitoring**
Responsibility for monitoring the quality of sub-contracted out of hours services by opted in practices rests with the practice. In Lambeth (and Lewisham/Southwark), PCTs have agreed with practices through the Local Medical Committees (LMC) that PCTs would take on this responsibility on behalf of practices and combine with monitoring the commissioned element. From the GP practice perspective, good quality out of hours services should result in:

- patients’ urgent needs being addressed quickly
- patients’ needs being addressed in one contact
- very speedy information on the contact being received in the practice
- an alternative to A&E for urgent care needs for patients

Monitoring is carried out, as recommended by the Dept of Health, through quarterly reports and meetings of the Quality Monitoring Group against the national quality requirements. The monitoring group includes representatives from the PCTs including a Medical Director, a Director of Primary Care, a complaints manager, a PCT pharmacy lead and an LMC representative. The Quality requirements include a requirement to operate a complaints policy which is in line with NSH complaints procedures. A complaints report is given to the Monitoring Group each quarter. Minutes of the Monitoring Group go to each PCT’s Clinical Governance Group.

We also conduct an annual site visit. The last visit, the first to the new premises, was on May 9th 2007. The visit group consisted of the Quality Monitoring Group with the addition of two lay people. The visit was based on SELDOC’s first self-assessment against Standards for Better Health.

At the August 2007 meeting of the Quality and Monitoring Group, SELDOCs proposals for development action were broadly agreed and these will be made into an Action Plan to be received at the next meeting and monitored until the next visit (May 2008).

**B2 A&E Services**

a. **Current Services**
Lambeth PCT is the lead commissioner for Guy’s and St. Thomas’ Foundation Trust (GSTFT) and is the host commissioner for GSTFT A&E Department. Southwark PCT is the host for King’s College Hospital Foundation Trust (KCHFT). The host arrangement means that Lambeth PCT pays for all patients attending GSTFT A&E irrespective of their place of residence or GP registration. Payment is made under the national tariff for A&E. The majority of Lambeth patients attend A&E at GSTFT and KCHFT and St. Georges Hospital with very small numbers attending elsewhere. Slightly more Lambeth patients go to KCHFT than GSTFT. Lambeth patients contribute just over a quarter of all attendances at GSTFT A&E. NHS London are currently reviewing the hosting arrangements for A&E and it is likely that this will end in 2008/09 with a 2 year transitional process. This means that Lambeth PCT will pay for all Lambeth A&E attendances wherever they are seen.

GSTFT A&E is on the St. Thomas’ site and includes an Urgent Care Centre (UCC) for patient with less serious problems that is staffed by GPs and Emergency Nurse Practitioners (ENPs) with A&E Consultant leadership. The service also includes the Nurse led Minor Injuries Unit (MIU) on the Guy’s site.
b. **Arrangements for assessment and treatment of patients in A&E**

*How are individuals attending at A&E assessed and managed through the system i.e. what is the clinical contact and who is responsible for deciding who a patient needs to see.*

With the exception of patients attending the MIU at Guy’s and the Emergency Nurse Practitioners (ENP) service in A&E at St. Thomas’ all patients are assessed and reviewed by a doctor who will decide upon a treatment plan for patients. Ultimate responsibility for all patients lies with the consultant in charge of each area or the on-call consultant.

When a patient arrives in A&E (with the exception of Ambulance arrivals) they are seen at triage by a nurse who will assess their medical needs and stream them into the most appropriate clinical area. Once in main A&E, Resus or the UCC they will be assessed by a doctor who will work with the nursing staff to deliver treatment.

Ambulance arrivals are either taken straight into Resus or main A&E where they are handed over by LAS to the nurse in charge of the area, they will then be assessed by a doctor and treated.

MIU and the ENP service are nurse led services and treat minor injuries. If a patient needs medical input they are moved to St. Thomas’ A&E from MIU at Guy’s and reviewed by a doctor who will either take over their care or advise the ENPs on treatment.

**What arrangements are in place for staff from primary care to deal with walk-ins at A&E who are not emergencies.**

Guy’s and St. Thomas’ have an in house GP led service in the UCC. This is staffed by GPs from Lambeth and Southwark and they see and treat non-emergency patients.

**B3 Analysis of urgent and emergency care attendances**

*What analysis of patient change has been undertaken on out-of-hours attendances and self referrals to A&E over this period, and how does this compare to attendances at A&E for major trauma/illness over the same timescale. Is there rising demand in A&E attendances and how is this being dealt with.*

Attendances are monitored at all providers. Since 2006/07, Lambeth PCT has set targets for GP practices to reduce A&E attendances through a range of actions including intensive case management of patients at risk of admission, review of frequent attenders to ensure that needs are being met and review of practice access arrangements. The following tables show that:

- total attendances have been increasing since 2001 at KCHFT and since 2003 at GSTFT. In both cases, attendances levelled in 2006/07
- there is very little change in the proportions within A&E. At KCHFT the proportion of minors patients has increased slightly and at GSTFT there was a dip in the numbers at UCC but this increased again in 2006.
- At GSTFT, paeds accounted for 16% of all attendances in 2006 including the Minor Injuries Unit.
- SELDOC contacts have been dropping every year since 1998/99 and the introduction of NHS Direct. *N.B NHS Direct data is not available in the same format from 2004/05.
- Lambeth contacts to SELDOC in 2006/07 accounted for 32% of all contacts which is in proportion to the Lambeth population.
- The proportion of patients dealt with by telephone advice only, home or base visit has remained very stable since SELDOC was set up.
- The Lambeth profile was similar to the ‘all contacts’ profile in 2006/07.
A&E and GP Out of Hours data

Figure 1: GSTFT total annual attendances

Table 1: GSTFT attendances by adults/paeds A&E
* paeds = children <16 years old

<table>
<thead>
<tr>
<th></th>
<th>A&amp;E</th>
<th></th>
<th>UCC</th>
<th></th>
<th>MIU</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>adult</td>
<td>paeds</td>
<td>adult</td>
<td>paeds</td>
<td>adult</td>
<td>paeds</td>
</tr>
<tr>
<td>2003</td>
<td>60113</td>
<td>15497</td>
<td>26905</td>
<td>31</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td>2004</td>
<td>74623</td>
<td>16445</td>
<td>18327</td>
<td>26</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td>2005</td>
<td>89458</td>
<td>18925</td>
<td>9108</td>
<td>27</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td>2006</td>
<td>87596</td>
<td>20497</td>
<td>10453</td>
<td>54</td>
<td>19230</td>
<td>2047</td>
</tr>
</tbody>
</table>
Figure 2: KCHFT attendances by area of A&E

Number of patients seen by area of department 2001 - 2006

![Bar chart showing attendances by area of A&E from 2001 to 2006.](chart1.png)

Figure 3: Proportions of patients seen in each area of A&E - KCHFT

% of patients seen by area of department 2001 - 2006

![Chart showing proportions of patients seen in each area from 2001 to 2006.](chart2.png)
Figure 4: SELDOC contacts by year with NHS Direct

Figure 5: SELDOC actions: % per year
Table 2: Lambeth contacts to SELDOC 2006/07 (32%)

<table>
<thead>
<tr>
<th></th>
<th>Advice only</th>
<th>Home visit</th>
<th>Base visit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lambeth</td>
<td>10521</td>
<td>2833</td>
<td>3006</td>
<td>16360</td>
</tr>
<tr>
<td>All</td>
<td>34134</td>
<td>9890</td>
<td>10073</td>
<td>54097</td>
</tr>
</tbody>
</table>
Health & Adult Services Scrutiny Sub-Committee

Update on Crescent Lodge Dental Practice

Recommendation:
That the Committee note the report.

Report Presenter:
Murray King, Lambeth PCT
This page is intentionally left blank
Update for Lambeth Health Overview and Scrutiny Committee on Crescent Lodge Dental Practice

This short paper updates the Health Overview and Scrutiny Committee on the Crescent Lodge dental practice and the tender process following the decision by the partners at Crescent Lodge to give notice on their NHS contract. The Committee have previously received a paper outlining the key elements of the new NHS Dental Contract.

The Determination Panel to consider the future of the dental contract at Crescent Lodge met on 12 July 2007. The decisions of the panel, and the progress against each decision is set out below.

1. Crescent Lodge should be visited again by PCT managers to ask if they would reconsider their decision and possibly to offer a reduced contract value.

   Two PCT managers visited the practice on 24 July 2007. The practice were not open to the idea of remaining within the NHS. The ramifications of them leaving were spelt out and discussed and the practice were given a week to consider their position.

2. Five local dental practices should be offered additional Units of Dental Activity (UDAs) to increase NHS dental service provision in the area.

   Agreements have been signed with five local practices to provide additional capacity for new patients from 1st October 2007.

3. If the approach to Crescent Lodge is unsuccessful, the remaining UDA activity should be tendered, with a view to securing a new service within “a short walk” of Clapham High Street.

   The practice did not respond to the PCT letter. A tender document is now prepared and an advert is due to be included in the British Dental Journal with a tight turn around time by the end of October 2007. A panel will be established to consider bids, with input from the LDC and a Council representative, if available.

4. If the tender is unsuccessful (e.g. because of lack of premises) redistribute the balance of the UDAs amongst a further three or four local practices but time limit the variations, thus maintaining the opportunity to repatriate the UDAs to Clapham in the future through the future health capital developments (e.g. Mary Seacole House, Clapham Park).

   Discussion has taken place with other practices, who are prepared in principle to accept more work on a short term basis.
5. Communicate this determination to patients, Health Scrutiny Committee, Lambeth patients Forum and Local councillors. Write to all Lambeth resident patients to confirm this decision and offer choice.

A communications plan is attached.

6. Accelerate action for one local practice whose service is not at an acceptable level, since the practice would be ideally placed for the offer of additional UDAs.

The PCT’s Dental Advisor is continuing to work with this practice on a range of clinical and administrative matters.

7. Recalculate the actual funding available based on like loss of Patient Charge Revenue income prior to final offers and allocation of variations of contracts.

The Patient Charge Revenue work is in hand with the PCT’s Finance Department

Murray King
September 2007
## Crescent Lodge dental practice tender: communications plan

<table>
<thead>
<tr>
<th>Plan</th>
<th>Detail</th>
<th>Action Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief PALS / Complaints</td>
<td>Keep PALS and Complaints briefed on the listed of practices that have been commissioned to take on new patients</td>
<td>Completed</td>
</tr>
<tr>
<td>Patient List</td>
<td>Obtain the patient list from DPD</td>
<td>Completed</td>
</tr>
<tr>
<td>Validate Patient List</td>
<td>This list should exclude patients who come from a very long distance (e.g. Leeds, the Isle of Wight etc)</td>
<td>Completed</td>
</tr>
<tr>
<td>Patient Letter</td>
<td>Write out to patients informing them of the 5 practices available to take on new patients and PALS numbers to call if outside Lambeth</td>
<td>Letter agreed and will posted by 1 October 2007</td>
</tr>
<tr>
<td>Send letter to Patient</td>
<td>SELSSP commissioned to provide this service</td>
<td>To be completed by 12 October 2007</td>
</tr>
<tr>
<td>Update Overview and Scrutiny Committee</td>
<td>Briefing paper sent to Committee and further update</td>
<td>October meeting</td>
</tr>
<tr>
<td>Copy Letter to PALS / Complaints, Director of Primary Care Services, 5 dentists locally commissioned and local PCTs dental dept.</td>
<td>For information about what the letter contains.</td>
<td>To be completed by 12 October 2007</td>
</tr>
<tr>
<td>Local Advertising</td>
<td>Place an advert in the local press/newspaper listing the 5 dentists taking on patients, and some brief information about NHS charges, and advertise PALS number</td>
<td>To be completed after the patient letter has been sent.</td>
</tr>
</tbody>
</table>

26 September 2007
This page is intentionally left blank
Health and Adults Services Scrutiny Sub-Committee 10 October 2007

NHS Health Trusts Proposed Service Changes
All Wards

Report authorised by: Dave Burn, Head of Scrutiny

Executive summary

This report provides a progress update on issues already identified by the committee to be a ‘substantial variation’ in the provision of existing health services, and informs the committee of any new notification of service changes in local health service provision.

Summary of financial implications

There are no resource implications arising from this report.

Recommendations

That the Sub Committee

(1) Note the publication of Healthcare for London: A Framework for Action and the proposed first stage pan-London formal consultation on the models of care and delivery models set out in A Framework for Action (section 2).

(2) Consider whether the consultation on the models of care represents a substantial service variation or service development for Lambeth and the borough population and whether the committee considers Lambeth should be represented on a London wide Joint Overview and Scrutiny Committee to scrutinise the proposals (section 2).

(3) Note the project update on A Picture of Health for South East London (section 3).

(4) Note the Guys and St Thomas proposals re consultation on the future of the Poisons Unit and consider whether to request any further information or submit any comments (section 4).
### Consultation

<table>
<thead>
<tr>
<th>Name of consultee</th>
<th>Directorate or Organisation</th>
<th>Date sent to consultee</th>
<th>Date response received from consultee</th>
<th>Comments appear in report para:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tony Otokito</td>
<td>Core Finance</td>
<td>26.09.07</td>
<td>27.09.07</td>
<td>6</td>
</tr>
<tr>
<td>Alison McKane</td>
<td>Legal and Democratic Services</td>
<td>26.09.07</td>
<td>27.09.07</td>
<td>5</td>
</tr>
</tbody>
</table>

**Entered in Consultation and Events Diary?** No

### Report history

<table>
<thead>
<tr>
<th>Date report drafted:</th>
<th>Report deadline:</th>
<th>Date report sent:</th>
<th>Report no.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.09.07</td>
<td>27.09.07</td>
<td>27.09.07</td>
<td>102/07-08</td>
</tr>
</tbody>
</table>

**Report author and contact for queries:**

Elaine Carter, Lead Scrutiny Officer  
020 7926 0027  ecarter@lambeth.gov.uk

### Background documents

Paper on Poisons Information Service – Guys and St Thomas’ NHS Foundation Trust  
August 2007
NHS Health Trusts Service Changes - Substantial Variations

1. Context

1.1 An NHS Trust is required to consult the local health Overview and Scrutiny Committee (OSC) when the Trust has under consideration any proposals for a substantial development of the health service in the area of a local authority or a substantial variation in the provision of such service. NHS bodies should consult with health OSCs at an early stage to agree whether a proposal is substantial and enable the scrutiny committee to decide whether it wishes to be involved in the Trust’s formal consultation process. Public consultation by the NHS Trust including any formal consultation with health OSC would normally be a minimum of 12 weeks.

1.2 The regulations do not define what constitutes a ‘substantial development’ or ‘variation’ but guidance recommends that local NHS organisations should aim to reach a local understanding with the health OSC on this issue. Generally the degree of impact of the change upon patients, carers and the public who use, or have the potential to use, a service should be considered. Issues for specific consideration include:

- Changes in accessibility of a service
- Patients affected (if change affects only a small group patients it may still be regarded as substantial)
- Method of service delivery

1.3 When NHS consultations on service changes affect people of more than one local authority, all the relevant health OSCs must be notified and each OSC consulted must decide whether it consider the proposals to be ‘substantial’ for the borough. Those health OSCs that do consider the proposal to be substantial must form a joint health OSC to deal with the consultation and to respond on behalf of their communities.

1.4 Health OSCs do not have to take part in joint committees, even if they are one of several local authorities consulted by the NHS body on a service change. The committee may choose not to participate for a number of reasons e.g.

- It does not consider that the proposed service variation or development is substantial to the community
- The proposed variation affects only a very small number of people in the area
- It is not considered to be the best use of limited health scrutiny resources
- The OSC consider that another authority that is participating in the joint committee can adequately represent the needs and concerns of their communities

1.5 A standing item on the Health and Adult Services Scrutiny Sub Committee provides members with an update on any on-going consultations that the committee and the relevant NHS body have previously identified as substantial, and also informs the committee of any recent notifications of proposed service changes in local health provision.

2.1 The report *Healthcare for London: A Framework for Action* was commissioned by NHS London from Professor Sir Ara Darzi and published on 11 July 2007. The report sets out the range of challenges facing the health service in London now and in the future – including demographic change, inequalities in health and healthcare across the capital, greater patient expectations, scientific advances – and argues that in order to deliver the kind of high quality care Londoners need and deserve and to meet future demand, a fundamental change is needed in the way healthcare in London is delivered.

2.2 Arising from the review a new model of healthcare is proposed, key to which is the establishment of a network of ‘polyclinics’ and a major restructuring of responsibilities in acute hospital care. A summary of the proposals is set out below.

2.3 The review adopted five principles which underpin its recommendations:

I. Services should be tailored to individual needs and choices

II. Routine healthcare should be provided locally if possible but where necessary specialist services should be centralised

III. There should be true integration of care and partnership working at every level to prevent people falling into the gaps between services, including working across disciplines and with local authorities and the voluntary sector

IV. Prevention is better than cure and promotion of good health should be embedded in all NHS activity

V. There should be a focus on reducing health inequalities and meeting the needs of a diverse population

2.4 The report states that that in London there is a stark divide between primary care (mainly provided by small GP practices) and secondary care (large hospitals, some of which operate on multiple sites). Building on an examination of the clinical ‘care pathways’ needs of different client groups - such as maternity and new born care; urgent care; long term conditions; - a new model for healthcare provision is proposed enabling more care to be provided at home or in a local community setting and requiring fewer but more advanced and specialised hospitals to provide for the more complex care. Healthcare for London sets out a model comprising seven levels of provision:

a. **Care at Home.** The review identifies that far more healthcare should be provided at home with NHS staff going into people’s homes to help keep people out of hospital. The range of care to be provided at home will encompass ‘cradle to the grave’ and include more home births, rehabilitation support following surgery, continuing care for long term conditions and support to prevent admission to or enable discharge from hospital.

b. **Polyclinics.** The report proposes that new facilities - Polyclinics – should be developed that can offer a far greater range of services than are currently
provided by GP practices and will be the place where the vast majority of routine healthcare needs are delivered. A Polyclinic would serve a population of around 50,000. GP practices would be based at Polyclinics – staff would typically include 25 GP’s - but the range of activities that could be available would be extensive encompassing urgent care, routine surgery, mental health services, pharmacy, outpatients appointments and diagnostics and also include other health and social care professionals such as dentistry, opticians, midwives and social workers. The report puts forward a number of options on the organisational relationship between Polyclinics and GP services and the location of such clinics in a community.

c. **Local Hospitals** will provide non-complex inpatient and day surgery and carry out the bulk of routine operations. They will have a 24/7 urgent care centre acting as a ‘front door’ to A&E facilities. Local hospitals will act in a network of care with a major acute hospital. Patients needing specialised care would be transferred to the major acute hospital.

d. **Elective Centres** will focus on particular types of high-throughput surgical procedures such as knee replacement, cataract operations etc.

e. **Major Acute Hospitals** will provide for the more specialised and complex clinical needs. They will house an A&E taking the most seriously ill patients and offer a full range of medical and surgical interventions.

f. **Specialist hospitals** will provide complex surgery and medicine related to their speciality and related outpatient services. There are currently six specialist trusts identified in London as well as a number of specialist hospitals which are part of major acute trusts.

g. **Academic Health Science Centres** would bring together internationally recognised and integrated research, clinical practice and teaching with clear funding streams and programmes that combine research and clinical work. The report suggests that London does not yet have any AHSCs.

2.5 The NHS has announced that there will be formal public consultation process on the proposals. The first stage will focus on the proposed models of care and delivery of care set out in *Healthcare for London: A Framework for Action*. The first stage consultation is scheduled to commence in November 2007 and run through until February 08. At this stage the specifics of the first stage consultation are not known. A Joint Board of PCTs across London has been established to develop the consultation proposals and to be undertaken on a pan-London basis and it is expected that the draft content will be agreed at a meeting on 19 October.

2.6 The second-stage consultation on the application of the models of care to health services in London will be subject to the outcome of the first-stage consultation. A timetable for the second stage has not yet been proposed. It is likely that second-stage consultations will take place at different levels – pan-London, sector (a cluster of PCTs), or individual PCT/borough level – reflecting the nature of changes being put forward.
2.7 In accordance with the requirement to consult with Health Overview and Scrutiny Committees, and the circumstances in which service changes affect the population of more than one local authority area, Health OSCs in London have been invited by the NHS to form a Joint Committee to respond to the consultation.

2.8 Informal discussions are taking place across boroughs on the practical and logistical arrangements on how a Joint Committee might operate, potentially across up to thirty two London boroughs but possibly wider. Further information is also being sought from NHS London on the terms of reference for the consultation and the application of the regulations relating to access to information, etc to non-participating OSCs. However in view of the short timescale to the start of the first stage consultation the committee is asked to consider as to how and at what stage scrutiny could best add value to the consultation on Healthcare for London: Framework for Action and give an in principle decision as to whether Lambeth should be represented if a Joint Health Scrutiny Committee is formed.

3. A Picture of Health for South East London

3.1 This review was initially set up to consider the sustainability and delivery of NHS services in six south east London boroughs (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark). A number of briefing events for chairs and vice chairs of Health OSCs and Patient and Public Involvement Forum Chairs in the effected boroughs have been held. A major pre-consultation programme earlier this year, ‘The Big Ask’, set out why and how PCTs were seeking to develop and improve healthcare services in the future and sought views on the case for change.

3.2 During the review the development of new clinical models has increasingly focussed on the four outer London PCTs and an integrated service model for those hospital services currently provided at Bromley Hospital Trust, Queen Elizabeth Hospital, Queen Mary Sidcup and University Hospital Lewisham. The four district general hospitals in south east London are deemed ‘financially challenged’.

3.3 A Joint Health Scrutiny Committee comprising two scrutiny members from each of the six borough has been set up (the chair and vice chair of this committee have been appointed as the Lambeth representatives) and the Joint Committee held its first formal meeting on 17 September. At that meeting the Joint Committee was advised by the NHS Project Board that there has been a re-focus for the project and that the service modelling will now concentrate solely on the four outer London boroughs with a perceived minimal impact on Lambeth and Southwark. This decision followed an independent review of the project and the need to address urgent issues in Bexley, Bromley, Greenwich and Lewisham and in the light of the Darzi review/Healthcare for London report. The Picture of Health options for change have not yet been decided and the business case still needs to be agreed and signed off by NHS London. It is anticipated that public consultation will start in December and run through until March 2008.
3.4 The Joint Committee has requested information on patient flows across the six boroughs and that an analysis of any clinical change include impact on Guys and St Thomas and Kings. Pending further information the Joint Committee remains constituted as a six borough JC and the committee will consider the membership matter further when it meets again in late October.

4. **Consultation on the future options for the Guy’s and St Thomas’ Poisons Information Service**

4.1 Guys and St Thomas NHS Foundation Trust is consulting stakeholders on the future of the Guy’s and St Thomas Poisons Unit (GTPU). The trust wishes to bring the consultation to the attention of the committee, but does not consider that it is a substantial issue for the committee. An options paper was circulated to committee members on 18 September 2007 providing information on the history and background of the GTPU, the scope of the current service and setting out the four future options which have been identified and seeking views.

4.2 In brief, the unit provides 24 hour poisons information to a range of professionals throughout the country. Until 2005 the service was part of a contract commissioned by the Health Protection Agency on behalf of the Department of Health. However a new National Poisons Information Service contract was commissioned in 2005 based on four units (Edinburgh, Newcastle, Birmingham, Cardiff) and as a result the core NHS poisons information advice work at GTPU is unfunded. Whilst the unit has diversified and other services do provide significant additional income this is not sufficient to cover the costs of providing the existing 24 hour service and in the financial year 2006/07 the GTPU ran at an operating loss. Following an internal review, Guy’s & St Thomas’ NHS Foundation Trust has concluded that the current arrangements are not likely to be sustainable in the long term and is therefore to begin a process of consultation on the options for the future.

4.3 Members may wish to request further information and decide whether to submit any comments on the options. If the committee would wish to hear more about the service and the options a representative from Guys and St Thomas can be invited to the next meeting of the Health and Adult Services Scrutiny Sub Committee. The consultation closes on 7 December 2007.

5. **Legal Comments**

5.1 Regulation 4 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 ("the Functions Regulations") states:-

a. Subject to the following provisions of this regulation, where a local NHS body has under consideration any proposal for a substantial development of the health service in the area of a local authority, or for a substantial variation in the provision of such service, it shall consult the overview and scrutiny committee of that authority.

b. Paragraph (1) shall not apply with respect to –
i. any proposal to establish or dissolve an NHS trust or a Primary Care Trust (unless the establishment or dissolution involves a substantial development or variation as referred to in paragraph (1) above; or
ii. any proposal for a pilot scheme within the meaning of section 4 of the National Health Service (Primary Care) Act 1997.

c. Paragraph (1) shall not apply to any proposals on which the local NHS body concerned is satisfied that a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff; but, in any such case, the local NHS body shall notify the overview and scrutiny committee immediately of the decision taken and the reason why no consultation has taken place.

d. Subject to any directions issued under regulation 10 [see paragraph 5.2 below], an overview and scrutiny committee which has been consulted by a local NHS body pursuant to paragraph (1) may make comments on the proposal consulted on by such date as may be specified by the local NHS body.

e. In any case where an overview and scrutiny committee is not satisfied that—
   i. consultation on any proposal referred to in paragraph (1) has been adequate in relation to content or time allowed; or
   ii. where paragraph 3 applies, the reasons given by the local NHS body are adequate;

it may report to the Secretary of State in writing who may require the local NHS body concerned to carry out such consultation, or such further consultation, with the overview and scrutiny committee as s/he considers appropriate.

f. Where further consultation had been required under paragraph (5), the local NHS body shall, having regard to the outcome of such further consultation, reconsider any decision it has taken in relation to the proposal in question.

g. In any case where an overview and scrutiny committee considers that the proposal would not be in the interests of the health service in the area of the committee's local authority, it may report to the Secretary of State in writing who may make a final decision on the proposal and require the local NHS body to take such action, or desist from taking such action, as he may direct.

5.2 Under the Health and Social Care Act 2001 Directions to Local Authorities (Overview and Scrutiny Committees Health Scrutiny Functions), where a local NHS body consults more than one overview and scrutiny committee pursuant to regulation 4 of the Functions Regulations on any proposal it has under consideration for a substantial development of the health service or for a substantial variation in the provision of such service, the local authorities of those overview and scrutiny committees shall appoint a joint overview and scrutiny committee for the purposes of the consultation and only that joint overview and scrutiny committee may

I. Make comments on the proposal consulted on to the local NHS body under regulation 4(4) of the Functions Regulations; or

II. Require the local NHS body to provide information about the proposal under regulation 5 of the Functions Regulations; or

III. Require an officer of the local NHS body to attend before it under Regulation 6 of the Functions Regulations to answer such questions as appear to be necessary for the discharge of its functions in connection with the consultation.
6. Financial Comments

6.1 There are no additional financial implications for the Council in this report and the participation of the health Overview and Scrutiny Committee (OSC) in NHS trust consultation processes will be met from within the OSC budget.
This page is intentionally left blank
Executive Summary
The Health & Adult Services Scrutiny Sub-Committee has requested that a range of performance data be provided by Adult and Community Services and the PCT for information monitoring purposes. The performance items identified are all priorities under the Local Area Agreement (LAA).

1. Older people helped to live at home (Lambeth Adult and Community Services)
2. Choice and control block LAA (Lambeth Adult and Community Services)
   - Direct Payments
   - Carer’s Assessments
   - Admissions to Nursing/Residential Care for over 65s
   - Delivery of Equipment
3. Health risks – tobacco control (Lambeth PCT)

Recommendation
(1) That the Health & Adult Services Scrutiny Sub-Committee note the performance indicators provided.

Appendices
1. Older People Helped to Live at Home (report 103/07-08)
2. Direct payments (report 104/07-08)
3. Carer’s Assessments (report 105/07-08)
4. Admissions to Nursing/Residential Care for over 65s (report 106/07-08)
5. Delivery of Equipment (report 107/07-08)
6. Performance Summary (report 108/07-08)
7. Tobacco Control (report 98/07-08)
Indicator name: Older People Helped to Live at Home

**Indicator Definition:** The number of older people helped to live at home (i.e., receiving community-based services) per 1,000 population aged 65 or over. This does not include users solely of community occupational therapy equipment unless delivered on the last day of the reporting period.

**Indicator Ref:** PAF C32 (BVPI 54)

**Rationale For This Performance Indicator**

This is an important measure of the amount of low level care provided. Lambeth has strong performance in this area and as part of the government's 'Modernising Social Services' initiative, helping older people to live at home is part DOP's key area for service development.

<table>
<thead>
<tr>
<th>Target 2007/08</th>
<th>106</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>Outer London</td>
</tr>
<tr>
<td>Top Quartiles 2005/06</td>
<td>100</td>
</tr>
</tbody>
</table>

**Analysis**

The current number of Older People helped to live at home has reduced slightly from the previous month to 2,506 clients which equates to 106.5 per 1,000 population. The outturn projection is now in line with our target for year and Lambeth would maintain a 5 blob PAF banding.

**Management Actions**

To increase the numbers of older people helped to live at home Lambeth are improving the availability of direct payments for older people. Also Lambeth will be increasing the number of extra care housing tenancies available.
This page is intentionally left blank
Indicator name: Direct Payments

Indicator Description: Adults and older people receiving direct payments at 31 March per 100,000 population aged 18 or over (age standardised).

Indicator Ref: PAF C51 (BVPI 201)

Rationale For this performance indicator
This indicator shows how effective councils are at implementing direct payments. One way to give people greater control over their lives is to give them the money and enable them to make their own decisions about how their care is delivered. Direct payments are giving service users new freedom and independence in running their own lives.

Actual number of clients receiving direct payments in 2006/07 by Division

<table>
<thead>
<tr>
<th></th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of OP</td>
<td>64</td>
<td>63</td>
<td>64</td>
<td>64</td>
<td>64</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of PD</td>
<td>96</td>
<td>96</td>
<td>97</td>
<td>101</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of ALD</td>
<td>41</td>
<td>41</td>
<td>41</td>
<td>43</td>
<td>42</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Carers</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Analysis
A total of 206 clients and 4 carers received a direct payment in August 2007. The physical disabilities division accounts for 48% of all clients receiving direct payments. All clients that have received a community assessment and are eligible for community-based services are entitled to a direct payment. There has not been a significant increase in the number of direct payments taken up and this will prove to be critical as we need to provide an additional 6 direct payments per month across the age groups in order for us to meet the 150 target. Current performance would reduce our PAF banding from 4 to 3 Blobs.

Management Actions
The increase in resources for this area is expected to further improve performance. Lambeth is looking to commission live-in care services in order to provide value for money in intensive packages and this service will be available to clients in receipt of direct payment. Following the Direct Payment Review there is a commitment to simplify processes and procedures. The report was published at the end of January 2006 recommends the Project group also implement the following:
- Provision of a payroll service
- Increase in the hourly rate
- Review of assessment process to ensure direct payments are first choice rather than an option.
This page is intentionally left blank
Indicator name: **Carer's Assessments**

**Indicator Description:** The number of carers assessed and reviewed

**Indicator Ref:** Local PI

**Rationale For This Performance Indicator**

For both practice and planning reasons, it is important for councils to know and record whether service users have family or other carers. The presence of family carers will often have a bearing on what services are provided to users. Carers themselves might need support, and assessments will enable councils and the department of health to gauge the extent to which carers legislation is being implemented.

### Carers Assessments by Service Area

<table>
<thead>
<tr>
<th></th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older People</td>
<td>51</td>
<td>85</td>
<td>88</td>
<td>73</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Disabilities</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>0</td>
<td>4</td>
<td>25</td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Analysis**

This indicator measures the number of carers assessment episodes completed in the reporting month. Performance has increased in August. Of the 102 recorded in August 2007, 41 were separate carer assessments. This is an area that Lambeth must improve upon. This has a direct impact on the performance for PAF C62 - services that are provided following a carers assessment or review. Carers assessments are currently vastly under-reported on Framework and it remains a key agenda item on all of the service specific performance boards.

**Management Actions**

In order to increase the number of carers assessments and reviews, targets will be set for individual teams and these will be monitored on a monthly basis. Managers are to ensure that systems are in place to capture all carers that are assessed, including those provided by voluntary organisations.
This page is intentionally left blank
Indicator Description: Older People aged 65 or over admitted on a permanent basis in the year to residential or nursing care

Indicator Ref: AO/C72

Rationale For This Performance Indicator

While admission to a care home is appropriate for some people, it can be inappropriate for a significant number of adults. With the help of effective community-based respite or rehabilitative services, they can be enabled to live at home or to return home.

Analysis

This performance indicator measures the number of admissions of older people to supported permanent residential and nursing care during the year. This is a key threshold indicator and is an important measure of the independent living agenda. In August there were 23 permanent admissions to residential and nursing care a reduction on the previous month. We have seen an unseasonably high number of admissions over the past 3 months which now brings us just over the target set. We need to see a decline in admissions during the second quarter to place us in a 5 Blob PAF banding.

Management Actions

As part of the re-tendering of the domiciliary care contract, there will be special training for staff to provide home care for clients with sensory and hearing impairments. It is hoped that preventative and rehabilitative strategies in partnership with health services, will lead to falling numbers of permanent admissions to residential and nursing care.
This page is intentionally left blank
Indicator name: **Equipment Delivered within 7 working days**

**Indicator Description:** Percentage of items of equipment and adaptations delivered within 7 working days

**Indicator Ref:** PAF D54 (BVPI 56)

**Rationale for this performance indicator**
Equipment and adaptations can make a huge difference to the quality of life of service users, in many cases enabling them to remain in the familiar surroundings of home. The speed at which these items are delivered is an important factor in determining user satisfaction of the service.

<table>
<thead>
<tr>
<th>Month</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
<td>83%</td>
</tr>
<tr>
<td>May</td>
<td>83%</td>
</tr>
<tr>
<td>Jun</td>
<td>83%</td>
</tr>
<tr>
<td>Jul</td>
<td>83%</td>
</tr>
<tr>
<td>Aug</td>
<td>81%</td>
</tr>
<tr>
<td>Sep</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td></td>
</tr>
<tr>
<td>Jan</td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td></td>
</tr>
</tbody>
</table>

**Target 2007/08** 85

<table>
<thead>
<tr>
<th>Top Quartiles 2005/06</th>
<th>National</th>
<th>Outer London</th>
<th>Inner London</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>91%</td>
<td>93%</td>
<td>87.5</td>
</tr>
</tbody>
</table>

**Analysis**

The delivery of equipment is a key BVPI for the department and also one of the most challenging. This indicator is very hard to report on due to the fluctuations in performance as new delivery dates for ordered equipment are uploaded onto framework daily. Performance for monthly outturns for this indicator will be revised in order to ensure that the most recent data set is being used for the accurate analysis of performance. We can see a further reduction in August of the number of pieces of equipment delivered within 7 working days the current outturn is 72% which brings the year to date figure down to 81%. Performance is suffering in this key area, delays are attributed to staff shortages at Lambeth stores.

**Management Actions**

The recent restructuring of the OT service will see the role of the 'Trusted Assessor' extended to all case co ordinator posts in order to ensure lower tariff aids and adaptations needs are dealt with more promptly. In-depth analysis is being carried out to establish the exact cause of delay and an action plan will be put in place to improve performance.
This page is intentionally left blank
### ACS PERFORMANCE MONITORING SUMMARY

#### OBJECTIVE 1
**Delivering Better Outcomes for Customers**
- Total Number of PIs: 16
  - with GREEN Flag: 10
  - with AMBER Flag: 1
  - with RED Flag: 5

#### OBJECTIVE 2
**Providing Services Closer to home**
- Total Number of PIs: 2
  - with GREEN Flag: 2
  - with AMBER Flag: 0
  - with RED Flag: 0

#### OBJECTIVE 3
**Promoting Partnerships**
- Total Number of PIs: 2
  - with GREEN Flag: 1
  - with AMBER Flag: 0
  - with RED Flag: 0

#### OBJECTIVE 4
**Maximising use of resources**
- Total Number of PIs: 4
  - with GREEN Flag: 0
  - with AMBER Flag: 0
  - with RED Flag: 0

#### OBJECTIVE 5
**Developing people and organisational effectiveness**
- Total Number of PIs: 3
  - with GREEN Flag: 1
  - with AMBER Flag: 1
  - with RED Flag: 1

### SERVICE PRIORITIES

<table>
<thead>
<tr>
<th>SERVICE PRIORITY</th>
<th>OBJECTIVE</th>
<th>REFERENCE</th>
<th>PI REFERENCE</th>
<th>SHORT DEFINITION</th>
<th>TARGET 2007/08</th>
<th>CURRENT MONTH</th>
<th>PERFORMANCE</th>
<th>YTD PERFORMANCE</th>
<th>PAF BAND</th>
<th>YTD PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Delivering Better Outcomes For Customers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RED</td>
<td>PAF CS1</td>
<td>Direct Payments per 100,000 population</td>
<td>150</td>
<td>115.08</td>
<td>115.80</td>
<td>114.46</td>
<td>113.62</td>
<td>115.87</td>
<td>117.05</td>
<td>115.80</td>
</tr>
<tr>
<td>GREEN</td>
<td>PAF C32</td>
<td>Older People helped to live at home</td>
<td>106.0</td>
<td>106.5</td>
<td>106.5</td>
<td>105.4</td>
<td>106.0</td>
<td>105.8</td>
<td>107.2</td>
<td>106.5</td>
</tr>
<tr>
<td>RED</td>
<td>Local PI</td>
<td>Number of Carers Assessed</td>
<td>1200</td>
<td>102</td>
<td>438</td>
<td>N/A</td>
<td>51</td>
<td>93</td>
<td>115</td>
<td>77</td>
</tr>
<tr>
<td><strong>Providing Services closer to home</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GREEN</td>
<td>PAF C72</td>
<td>Admissions to Residential and nursing care for over 65s</td>
<td>79.00</td>
<td>75.2</td>
<td>83.63</td>
<td>25.5</td>
<td>38.2</td>
<td>56.1</td>
<td>75.2</td>
<td>83.63</td>
</tr>
<tr>
<td><strong>Promoting Partnerships</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMBER</td>
<td>PAF D54</td>
<td>Equipment Delivery within 7 working days</td>
<td>85%</td>
<td>72%</td>
<td>81%</td>
<td>83%</td>
<td>84%</td>
<td>84%</td>
<td>80%</td>
<td>72%</td>
</tr>
</tbody>
</table>

---

Page 71
Tobacco Control Report for Health and Adult Services Scrutiny Sub Committee (September 2007)

1. Background Information

Smoking remains the leading cause of death and preventable ill health worldwide. Smoking shows a strong socioeconomic gradient, with rates lowest amongst professional groups and highest amongst semi skilled workers. Since the 1970’s smoking rates have steadily decreased amongst the more affluent, this has not been replicated amongst the disadvantaged (Carter et al, 2004).

For young people, statistics have demonstrated that in London, 1 in 10 children aged between 10 and 15 smoke and that one third of all 16 to 24 year olds are also regular tobacco users (SmokeFree London & London Health Observatory, 2004).

Smoking behaviour in Lambeth is based on national and London based studies. In Lambeth 4 in 100 over 16 years old adults smoke, representing approximately 75,300 smokers. This high prevalence is associated with other factors, which are also high in Lambeth such as socio-economic deprivation, youthful population and ethnic diversity.

Smoking contributes to health inequalities both in Lambeth compared to England and within Lambeth itself. In the case of the Lambeth population, smoking is more likely to be common in:

• Men
• Young adults
• Afro-Caribbean
• Population living in deprived areas

Smoking remains the single most preventable risk factor for the major killers in Lambeth, therefore significantly affecting life expectancy.

Table 1. Local and National Policy Drivers

<table>
<thead>
<tr>
<th>National Policy Drivers</th>
<th>Local Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The Wanless Report</td>
<td>- Lambeth First Improvement Plan.</td>
</tr>
<tr>
<td>- Health Inequalities a programme for action (2003)</td>
<td>- Themed Partnership Floor Target Action Plans</td>
</tr>
<tr>
<td>- Preventative aspects of NHS Cancer plan.</td>
<td>(Lambeth FTAP, 2006/07)</td>
</tr>
</tbody>
</table>
2. Tobacco Control Structures

Lambeth PCT, working with partners adopts a broad range of evidence based strategies to address smoking related concerns within the borough. We realise that in order to decrease prevalence single measures such as smoking cessation can only reduce prevalence by 1%. By implementing a borough wide Tobacco Control strategy which employs a complementary range of measures, there is a greater chance of achieving a reduction in prevalence and meeting our local targets. The aim of the strategy is to reduce smoking prevalence in Lambeth and address health inequalities.

The measures within the strategy cover four key areas (which also reflect the LAA targets), they are as follows: Young people (stopping them from starting), Consumption (enforcement e.g. smuggling, underage sales), Environmental Tobacco Smoke (e.g. SmokeFree Projects) and Smoking Cessation.

Table 2: Smoking Prevalence Reduction Measures

<table>
<thead>
<tr>
<th>Environmental Tobacco Smoke [ETS]</th>
<th>Consumption reduction</th>
<th>Uptake Reduction</th>
<th>Smoking Cessation Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 4%</td>
<td>1% price increase = 0.3% prevalence reduction</td>
<td>Greater awareness = 2%</td>
<td>Up to 1%</td>
</tr>
<tr>
<td></td>
<td>Regulation of tobacco e.g. labelling = 0.5%</td>
<td>Advertising bans 2.5%</td>
<td></td>
</tr>
</tbody>
</table>

(Department of Health, 1998)

The Lambeth Tobacco Control Alliance, a multi-agency group consisting of statutory, voluntary and community and business partners developed the Lambeth Tobacco Control Strategy. The strategy is championed by the Health and Social Care Partnership and has been endorsed by Lambeth First.

3. Local Area Agreement Target Update

3.1 Stretch Target/Indicator Commentary

HCOP 7: Reduce premature mortality rates and reduce inequalities in premature mortality rates between wards/neighbourhoods with a particular focus on reducing the risk factors for heart disease, stroke and related diseases (CVD) (smoking, diet and physical activity.

a) The proportion of 4 week quitters still quit at 1 year (52 week) analysed by ethnicity, sex and ward

A delivery plan has been developed for this target, which has been scrutinised by the Executive group of the Lambeth Tobacco Control Alliance. The aim of which was to outline steps, which could lead to an increase in the percentage of smokers setting a quit date and remaining, quit at 52 weeks after this date.
The evidenced rationale for this target is encompassed within the high proportion of smokers who relapse between 4 and 52 weeks after their quit date. This is particularly evident in smokers who find it more difficult to quit than the general population. A baseline of 52-week quitters was established between May and July 2007.

b) The number of BME Quitters setting a quit date

A delivery plan has been developed for this target, which has been scrutinised by the Executive group of the Lambeth Tobacco Control Alliance. Evidence from a recent Health Equity Audit conducted in Lambeth in 2005 demonstrated that being of Afro Caribbean origin, living in transient accommodation, and being an asylum seeker all increased the likelihood of one being a smoker. It also demonstrated that black smokers were less likely to access services, set a quit date or complete treatment.

c) Illegal Sales

A delivery plan in relation to this indicator has also been developed (which has been scrutinised by the Executive group of the Lambeth Tobacco Control Alliance).

This has based on the need to drive down/ regulate the number of retailers that are prepared to sell tobacco to children under the legal age for sale (currently 16 but rising to 18 from 1st October 2007) and illegal tobacco sales.

3.2. Stretch Target/Indicator Statistical Update

The table below represents our position as of September 2007 in relation to all Tobacco related targets in the Local Area Agreement.

<table>
<thead>
<tr>
<th>No.</th>
<th>Indicator</th>
<th>Q1 2007-08</th>
<th>Year 1 2007-08 Target</th>
<th>Year 2 2008-09 Target</th>
<th>Year 3 2009-10 Target</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indicator = Developing shared intelligence on health risks in Lambeth – starting with tobacco control</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Number of smokers who set a quit date and are abstaining from smoking by 52 weeks after quit date</td>
<td>15.4%</td>
<td>Without reward = Baseline value</td>
<td>Without reward = Baseline value</td>
<td>Without reward = Baseline value</td>
<td>Q1 forms the baseline for this target</td>
</tr>
<tr>
<td></td>
<td>With reward = Baseline +2%</td>
<td>With reward = Baseline +8%</td>
<td>With reward = Baseline +7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Number of BME smokers who set a quit date and have quit by 4 weeks</td>
<td>179</td>
<td>Without reward = 264</td>
<td>Without reward = 448</td>
<td>Without reward = 70</td>
<td>A stop smoking campaign is currently underway specifically targeting</td>
</tr>
<tr>
<td></td>
<td>With reward = 528</td>
<td>With reward = 569</td>
<td>With reward = 610</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Other LAA indicators

<table>
<thead>
<tr>
<th>No.</th>
<th>Indicator</th>
<th>Q1 2007-08</th>
<th>Year 1 2007-08 Target (Without reward)</th>
<th>Year 2 2008-09 Target (Without reward)</th>
<th>Year 3 2009-10 Target (Without reward)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Smoking status among people aged 15-75 years old as recorded in GP records (out of total 15-75 years on GP register). (subject to change according to QOF revision)</td>
<td>35%</td>
<td>35%</td>
<td>34%</td>
<td>34%</td>
<td>This information is taken from General Practice registers</td>
</tr>
<tr>
<td>2.</td>
<td>Number of four week smoking quitters with 20% of them to be from the two most deprived wards, 60% of smokers with a quit date to be men</td>
<td>480</td>
<td>2670</td>
<td>To be confirmed</td>
<td>To be confirmed</td>
<td>A stop smoking campaign is currently underway specifically targeting BME and deprived communities to access the Lambeth Stop smoking</td>
</tr>
</tbody>
</table>
A Smoke Free Schools project is working with schools to meet the target.

<table>
<thead>
<tr>
<th>No.</th>
<th>Indicator</th>
<th>Q1 2007-08</th>
<th>Year 1 2007-08 Target</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Infant health &amp; inequalities: smoking during pregnancy</td>
<td>6.9%</td>
<td>5.64%</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Smoking status among the population aged 16 and over as recorded in General Practice registers</td>
<td>58.6%</td>
<td>80%</td>
<td></td>
</tr>
</tbody>
</table>
This page is intentionally left blank
Executive Summary

This report sets out the work programme for the Health and Adult Services Scrutiny Sub Committee for 2007/08 as currently devised. Members are asked to consider the work programme and prioritise/agree any further items for inclusion.

Recommendations

(1) That the sub committee considers and prioritises the proposals that have been suggested for scrutiny and agrees a work programme for the 2007/08 municipal year.

(2) That the sub committee propose scrutiny members to lead on committee items and commissions as required.

Funding

There are no resource implications arising from this report.

Consultation

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Organisation</th>
<th>Date Sent/Received</th>
<th>Date Cleared/Received</th>
<th>Comments included in report at para:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tony Otokito</td>
<td>Corporate Finance</td>
<td>15/6/07</td>
<td>19/5/07</td>
<td></td>
</tr>
<tr>
<td>Alison McKane</td>
<td>Legal Services</td>
<td>15/6/07</td>
<td>19/5/07</td>
<td></td>
</tr>
</tbody>
</table>

Consultation for the work programme has been conducted at several levels with members and officers of the council and health trusts

Report History

Decision type: Final Version Drafted on: 26.9.07

Report drafted by and contact for enquiries: Elaine Carter, Lead Scrutiny Officer 020 7926 00278  ecarter@lambeth.gov.uk

Report History

Deadline: Date sent: Date Published:

Elaine Carter, Lead Scrutiny Officer 020 7926 00278  ecarter@lambeth.gov.uk
## PRE MEETING PLANNING

<table>
<thead>
<tr>
<th>Min. No</th>
<th>Lead Officer</th>
<th>Report Title &amp; Key Points</th>
<th>Outcome &amp; Actions Arising</th>
<th>Responsible Officer</th>
<th>Deadline</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACS</td>
<td>Adult and Community Services Budget consultation – charging and eligibility criteria</td>
<td>Report and recommendations to Cabinet 30/7/07</td>
<td>Elaine Carter</td>
<td>Done</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACS</td>
<td>Public Question – Carers and carers strategy</td>
<td>Info on projects &amp; funding streams, and spend/work on capacity building in the borough to be circulated</td>
<td>ACS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLAM</td>
<td>Older Adults Continuing Care Outcome of consultation re merger Greenvale/Knights Hill</td>
<td>Merger to proceed. Potential future follow up on strengthening of community services.</td>
<td>SLAM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLAM</td>
<td>Mental Health Crisis Services – Implementation Plan Update</td>
<td>Next JC to be scheduled approx Sept, visit to Kings A&amp;E to be sought. Follow up on implementation.</td>
<td>Elaine Carter</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 28 JUNE 2007

<table>
<thead>
<tr>
<th>Min. №</th>
<th>Lead Officer</th>
<th>Report Title &amp; Key Points</th>
<th>Outcome &amp; Actions Arising</th>
<th>Responsible Officer</th>
<th>Deadline</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee</td>
<td>ACS Budget Consultation - findings and commentary to Cabinet</td>
<td>Recs agreed. (See 20/6/07)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Chair/SCS | Work Programme 2007/08 | 1. Priorities to be fed back by members.  
2. PCT to provide end of life briefing/Marie Curie programme  
3. PCT to provide summary of dental contract and impact of Crescent Rd | | | 1. ongoing  
2. Done  
3. Done |

### 10 OCTOBER 2007

<table>
<thead>
<tr>
<th>Min. №</th>
<th>Lead Officer</th>
<th>Report Title &amp; Key Points</th>
<th>Outcome &amp; Actions Arising</th>
<th>Responsible Officer</th>
<th>Deadline</th>
<th>Status</th>
</tr>
</thead>
</table>
| Lambeth PCT Angela Dawe/Linda Jessop | • A&E and GP issues  
Discussion to focus on GP access and out of hours services  
Attendance at A&E – Consultant/GP/nurse led services and referrals  
GP contract/Patient records | | | | | |
<table>
<thead>
<tr>
<th>Min. No</th>
<th>Lead Officer</th>
<th>Report Title &amp; Key Points</th>
<th>Outcome &amp; Actions Arising</th>
<th>Responsible Officer</th>
<th>Deadline</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Divisional Directors ADS</td>
<td>• Update on budget issues 07/08. What service changes have taken place since the budget setting for adult services in Feb 07 and proposals agreed by Cabinet in July</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lambeth PCT</td>
<td>• Update on NHS dental services/ Crescent Lodge Practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elaine Carter</td>
<td>• Proposal for commission on alcohol and alcohol abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACS</td>
<td>• Standing Item - (1) Performance Issues  o Older People helped to live at home  o Choice and control block LAA  o Health risks – tobacco control</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PCT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elaine Carter</td>
<td>• Standing Item – (2) Substantial Variation Notifications (SVN)  o Dharizi/Healthcare for London  o Picture of Health (update)  o Poisons Unit G&amp;StT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 28 November 2007

<table>
<thead>
<tr>
<th>Min. №</th>
<th>Lead Officer</th>
<th>Report Title &amp; Key Points</th>
<th>Outcome &amp; Actions Arising</th>
<th>Responsible Officer</th>
<th>Deadline</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Valerie Dinsmore</td>
<td>Local Involvement Network (LINKS). Update on proposal for Lambeth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elaine Carter</td>
<td>Healthcare Commission Outcomes of Annual Health Check</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>David Norman/George Marshman</td>
<td>Future of Day Care Provision Older Adults (SLAM &amp; ACS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>As 10/10</td>
<td>Standing Items (1) P.I’s; (2) SVN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 11 December 2007

<table>
<thead>
<tr>
<th>Min. №</th>
<th>Lead Officer</th>
<th>Report Title &amp; Key Points</th>
<th>Outcome &amp; Actions Arising</th>
<th>Responsible Officer</th>
<th>Deadline</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ACS</td>
<td>ACS Budget 08/09. Consultation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACS</td>
<td>Monitoring of increased charges for social care services. Information on levels of people who no longer access services or decline assistance due to higher charges.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 11 DECEMBER 2007

<table>
<thead>
<tr>
<th>Min. No</th>
<th>Lead Officer</th>
<th>Report Title &amp; Key Points</th>
<th>Outcome &amp; Actions Arising</th>
<th>Responsible Officer</th>
<th>Deadline</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACS</td>
<td></td>
<td>Voluntary Sector Cuts. Update on impact of ACS budget proposals 07/08</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACS</td>
<td></td>
<td>Tendering Voluntary Sector Contracts Update</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 6 MARCH 2008

<table>
<thead>
<tr>
<th>Min. No</th>
<th>Lead Officer</th>
<th>Report Title &amp; Key Points</th>
<th>Outcome &amp; Actions Arising</th>
<th>Responsible Officer</th>
<th>Deadline</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACS</td>
<td></td>
<td>Self Directed Care Strategy (and direct payments)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACS</td>
<td></td>
<td>Protecting vulnerable adults –CSI issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ruth Wallis</td>
<td></td>
<td>Director of Public Health Annual Report. Presentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 24 APRIL 2008

(Date may be subject to change)

Health and Adult Services Scrutiny Sub-Committee
Work Programme Report 10/10/07
<table>
<thead>
<tr>
<th>Min. No</th>
<th>Lead Officer</th>
<th>Report Title &amp; Key Points</th>
<th>Outcome &amp; Actions Arising</th>
<th>Responsible Officer</th>
<th>Deadline</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NHS Trusts</td>
<td>(Annual Health Check)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CURRENT COMMISSION**

- Services for people with sickle cell and thalassaemia

**UNPROGRAMMED ITEMS**

- Joint Committee (Lambeth/Southwark) – Crisis Care Review.
  - Further meeting to be arranged to follow up on implementation of proposals/impact of closure of EC. To include visit to Kings A&E.
- Joint Committee – A Picture of Health.
  - Across 6 boroughs. Chair and vice chair HASSC appointed as members. Formal consultation proposals expected September 07.
- Alcohol & Alcohol Abuse – subject for future commission. Focus to be discussed further with trusts

Further items identified/prioritized by committee for potential scrutiny
- Integration of health and social care services/joint commissioning/budgets
- Maternity Services, and patient choice
- New ways of providing services in a community setting