

Overview and Scrutiny Committee Supplementary Agenda 1

Monday, 22 January 2018

7.00 pm

Civic Suite

Lewisham Town Hall

London SE6 4RU

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This meeting is an open meeting and all items on the agenda may be audio recorded and/or filmed.

Part 1

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Overview and Scrutiny Committee		
Title	Sustainability and Transformation Plans in London	
Contributor	OHSEL Programme Board / Lewisham CCG	Item 3
Class	Part 1 (open)	22 January 2018

Lateness: This report was not available for the original dispatch due to the date the agenda for the committee meeting was agreed.

Urgency: This report cannot wait until the next meeting of the Overview and Scrutiny Committee as this will not take place until 8 March 2018 and the information included in the report will be out of date.

1. Purpose

- 1.1 To provide the Overview and Scrutiny Committee with information on Sustainability and Transformation Plans in London and the local plan, Our Healthier South East London (OHSEL).
- 1.2 To ask the Committee to note the information below provided by the OHSEL team, via Lewisham Clinical Commissioning Group (CCG).
- 1.3 To ask the Committee to note the following appendices to the report:

Appendix 1 – Sustainability and Transformation Plans in London (the King’s Fund and the Nuffield Trust)

Appendix 2 – King’s College Hospital update

Appendix 3 – Healthier Communities Select Committee response to the OSC referral regarding the New Cross Walk-In Centre

Appendix 4 – Letter from the Save Lewisham Hospital Campaign regarding the New Cross Walk-In Centre

2. Recommendations

- 2.1 The Overview and Scrutiny Committee is recommended to note the content of this report and the appendices

3. Update from OHSEL

Winter planning

- 3.1 Decisions on NHS funding are for politicians at a national level. It is clear that the NHS in SE London, as elsewhere, has come under considerable pressure this winter.

- 3.2 OHSEL co-ordinates the implementation of winter plans at a SEL level through its SEL A&E Delivery Board and Oversight Group, with a specific focus on SEL-wide activities that will support the delivery of winter plans for each of the local A&E Delivery Boards, as well as ensuring opportunities for system-wide support for individual sites are considered and implemented where appropriate. Activities from this group are taken forward either by the appropriate local A&EDB, or by the SEL Urgent and Emergency Care Programme Team.
- 3.3 The Bexley, Greenwich and Lewisham (BGL) A&E Delivery Board meets monthly, with winter planning a standing agenda item to ensure that area's plans are effectively co-ordinated and that its systems and checklists are in a state of readiness. The BGL A&E Delivery Board Winter Readiness Checklist was submitted to NHS England on 8th September 2017. Winter plans are also being supported through the national NHS Winter Room in NHS England, which monitors performance nationally throughout winter and provides additional support for frontline organisations based on the data collected.
- 3.4 Urgent and emergency care pathways have been continually assessed to ensure the best collaboration between acute, LA and community services, strengthened 24/7 mental health liaison, and progress towards 7 day working across the system including discharge and support from social services.
- 3.5 Robust plans are in place with our local out of hours provider, SELDOC. Each winter and ahead of each bank holiday, demand and capacity assumptions are assessed to ensure that there is sufficient capacity for peak periods. In addition, agreement has now been reached for SELDOC and GP Hubs to offer video consultations for patients attending ED. SELDOC have also had consistently high fill rates for GP slots which offers assurance that they will be able to appropriately manage demand.
- 3.6 The local health & social care system have implemented a medically optimised data base, which holds one lists for all patients that are in an acute bed but medically fit for discharge. This is shared with CCG/LA colleagues and used as the focus for the twice weekly diamond meetings to manage complex flow of patients.

OHSEL update

- 3.7 Key developments include:
- **Julie Lowe** has been appointed as the new permanent STP Programme Director. Julie, who had been seconded to the programme as Chief Operating Officer for the past nine months, replaces Mark Easton whose interim contract ended at the end of 2017. We would like to thank Mark for the enormous contribution he has played in the development of the STP over the past two years.
 - **Dr Jack Barker** has been appointed as the STP's Chief Clinical Information Officer for . This builds on his current role at King's College Hospital. He will

work closely with John-Jo Campbell, OHSEL's new Chief Information Officer. John-Jo currently holds this role at Lewisham and Greenwich NHS Trust and Lewisham Clinical Commissioning Group.

- We held two well attended **stakeholder events** for executive and clinical leaders, and non-executive directors, governors and lay members. We had constructive discussions on progress so far with our STP, with a strong focus on improving community based care built around more integrated clinical pathways. There were also updates on the commissioning review in SEL and early thinking on developing accountable care based on existing borough level care networks
- We held a workshop with **Healthwatch partners** just before Christmas where we discussed how to get a better narrative and engagement on key priority issues of community based care and workforce.
- The south east London Elective Orthopaedic Network has now appointed a medical director – Peter Earnshaw, Consultant Orthopaedic Surgeon at Guy's and St Thomas' Hospital.

Accountable care update

3.8 Following NHS England's request for expressions of interest to take part in the second wave of accountable care pilots, OHSEL's initial discussions were positive, and since then we have been working with stakeholders to develop our proposals. This included a briefing to the Joint Health and Overview Scrutiny Committee prior to Christmas.

3.9 We agree that we want to participate in the pilot for three main reasons:

- The SEL health and care system is one of the most complex in the country. The commissioner and provider portfolios within our STP do not neatly map on to each other as they do in other parts of the country, and the breadth of the partnerships brought together within our STP is highly complex.
- Although we are well-advanced with the development of integrated and accountable care in a number of areas across south east London, we believe we would be able to accelerate this work and underpin our transformation and financial recovery objectives if we accessed additional support through the programme.
- We believe south east London organisations and its leadership community can demonstrate commitment to working together coherently and tackling difficult issues collectively.

3.10 A lot of good local work is already going on with integrated care in south east London, and we see the next phase as building from the bottom up on this, by putting a consistent framework around a very complex group of systems. The building block of our approach remains the borough, but we recognise the need

to work at sub-borough and multi-borough level, as appropriate, to create a system of systems.

- 3.11 We will be working closely with our stakeholders to ensure we understand that concerns there are around the concept of accountable care.
- 3.12 As part of this, we will be producing public facing materials and case studies to widen understanding of some of the excellent integrated and community based care initiatives already taking place in SEL.
- 3.13 We can assure everyone that there is nothing about this process which is about privatisation, in fact, the principle behind accountable care, in spite of a term which can be misleading, is to bring different parts of the system together and move away from a competition model which we don't believe is the best way to manage our NHS.
- 3.14 We expect to hear the outcome of our application later in January 2018 and we will ensure there are further updates as the picture develops.

Financial position

- 3.15 We have modelled the SEL system to illustrate what would be required to move back into financial surplus on a recurrent basis by 2021. The purpose of this is to indicate the extent of financial stretch required to get the system back into surplus, and forms part of the ongoing discussions with regulators about the overall financial health of the SEL system. Individual organisations remain accountable to regulators for their position.
- 3.16 Our latest model, based on the assumptions adopted, shows that our “do nothing” challenge (the extent to which the growth in costs and activity outstrips the increase in funding) is approximately £600m. This is broadly consistent, with the profile included in our original STP plan, and the reduction in the size of the financial gap reflects the progress we have made.
- 3.17 The conversion in our model of this do nothing deficit into a surplus by 2021, is however dependent on a number of key assumptions as follows:
 - NHS organisations achieve annual cost improvements (through CIP and QIPP programmes) of 2% to 2.5% pa, equating to £463m over three years;
 - On top of this STP collaborative and service transformation savings of £121m are achieved (approximately 0.75% pa);
 - Additional funding is secured to reduce the residual SEL specialist commissioning funding gap (£28m);
 - The current year forecast outturn as at Month 5 is achieved;
 - The above savings are delivered recurrently such that reliance on non-recurrent items does not make worse the underlying position.

The resulting trajectory to surplus is broadly consistent with the profile in our October 2016 STP submission.

Further work is required on the model to reconcile to individual organisation projections, review certain assumptions and to refresh for Q3 outturn forecasts.

Mayor's STP report

- 3.18 The report didn't cite OHSEL's finance and beds position although was sceptical of the position across London. We would note that there are no plans in our proposals to reduce the numbers of acuter or mental health beds.

NHS England (London) position

- 3.19 *"NHS reform plans are working in London. Despite continued population rise in the capital, emergency admissions rose by only 0.4% last year – much less than across the rest of the country. There is widespread agreement about the need for prevention and out-of-hospital care, but under new tests and before any new plans are confirmed, NHS organisations will have to demonstrate they have enough beds to provide safe, modern and efficient care."*

Specifically on beds issue:

- 3.20 *"London STPs are well positioned to tackle issues relating to hospital bed numbers. Hospitals are facing contradictory pressures. On the one hand, there's a huge opportunity to take advantage of new medicines and treatments that increasingly mean you can be looked after without ever needing hospitalisation. So of course there shouldn't be a reflex reaction opposing each and every change in local hospital services.
"But on the other hand, more older patients inevitably means more emergency admissions, and the pressures on A&E are being compounded by the sharp rise in patients stuck in beds awaiting home care and care home places. So there can no longer be an automatic assumption that it's OK to slash many thousands of extra hospital beds – unless and until there really are better alternatives in place for patients.
"That's why before any major service change is given the green light, evidence will be required to prove there is still going to be sufficient hospital beds to provide safe, modern and efficient care locally".*

4. Financial implications

- 4.1 There are no financial implications arising from this report per se.

5. Legal implications

- 5.1 There are no direct legal implications arising from this report.

Agenda Item 7

Overview and Scrutiny Committee	
Report Title	INFORMATION REPORT: Public access – police station changes
Author	Geeta Subramaniam-Mooney – Head of Public Protection and Safety
Date	22nd January 2018 Item 7

Lateness: This report was not available for the original dispatch due to the date the agenda for the committee meeting was agreed.

Urgency: This report cannot wait until the next meeting of the Overview and Scrutiny Committee as this will not take place until 8 March 2018 and the information included in the report will be out of date.

1.0 **Background:**

Following the report published by MOPAC as a result of the recent public consultation on the Public Access and Engagement Strategy this paper details the front counter provision for Lewisham.

For some time MOPAC and the Police have been speaking to the public and asking them how they want to access services. The feedback includes that they need to be able to contact police in a way that's flexible and more convenient to them, few people now visit a front counter with just eight percent of crime now reported there. It is clear police services need to be more accessible and enhance engagement whilst enabling police to focus resources where they're most needed. By closing around 30 of the most underused buildings the Police could save around £10 million in running costs a year. The Police would also raise around £170 million to spend on improving the technology that enables officers to remain out in their communities, and improve the retained buildings. This will allow the Police to deliver the Government's funding cuts without cutting deeper into the front line

Responses were received through an online survey, email, post and at public meetings held in every Borough. Around 2,600 people and organisations responded via the survey, email and post, and around 1,500 people attended the public meetings.

There's no question that these have been difficult decisions to make, and police recognise and have considered the concerns of residents who have taken part in the consultation process to share their views.

This paper aims to

- To inform which of the current front counters closed / have changes.
- To reassure of the many ways in which communities can engage with police.
- To provide an update on the Dedicated Ward Officer (DWO) hubs

2.0 The way the public want to contact the police is changing

There's a demand to access services digitally due to the added convenience and flexibility.

At 22 of current front counters staffed by Public Access Officers (PAO's) one or less crime reports were made a day.

Redesigning services to be focused on what people want and need, so services are more accessible, enhance engagement, and make the best use of digital technology.

The Polices' ambition is to ensure the experience of connecting with police through digital channels will be as helpful, personal and reassuring as approaching an officer on the street.

Already seeing the reach of digital channels

- 70 percent of crimes are reported on the phone. Three-quarters are to the non-emergency number 101, launched in 2011.
- 5,000 Twitter enquiries have been dealt with by MetCC, which includes serious crime, since the unpublicised launch of Digital 101 in July 2016.
- 300 online crime reports are dealt with by MetCC daily.
- 350 online enquiries are dealt with by MetCC daily.
- The demand for reporting crime and engaging with police digitally is expected to increase.

Options for people without internet access

London remains the region with the highest proportion of recent internet users in 2017, with 93 percent of Londoners having used the internet in the last three months, and nationally the use of the internet by older people is on the increase [Source: Office of National Statistics]. Evidence shows that 95 percent of Londoners with internet access are open to accessing any part of our service online [Source: MediaCom (2016) Testing a new Met Police digital platform].

The Telephone and Digital Investigation Unit launched in September to deal with a significantly higher volume of reports and initial investigations. This will provide a far quicker service for people reporting over the phone and online, and will ensure that the front line are able to focus on priority crimes and helping those most in need of our help.

Early figures show very little difference in uptake of online crime reporting across age groups.

The ambition is to have digital access points at our remaining front counters for anyone without internet access at home.

There is also the option to access the internet at a local library.

Anyone who needs a police officer can request one to attend.

3.0 Visibility of police in the community is also increasing

There are already in place two dedicated ward officers (DWOs) and one PCSO for each ward, who know and are known to the communities they serve.

Equipping officers with mobile technology will bring reporting services to the playground, at the shopping centre, wherever it's convenient for the public. DWOs will have new 'hubs' (or back offices) based in their wards where they can change and pick up items needed before heading out on duty, rather than waste time returning to a police station.

DWOs will hold a minimum of a one hour community contact session per week per ward, for those members of the community preferring face-to-face contact. For wards identified as having over 60 minutes travel time to the nearest front counter, an enhanced session will be held twice a week at a Safer Neighbourhood base or fixed place.

4.0 The future of police stations

There will be one 24 hour front counter per borough, for us it is Lewisham Station.

Public Access Officers (PAO) provide a valuable role and will work from where they're needed most with access to the tools to help them manage demand, such as digital access points in police station foyers to make reporting quicker.

Up to 25 of the remaining stations will be updated based on current conditions to improve facilities and the environment for staff and the public.

Police are looking for opportunities to share facilities with emergency services partners.

5.0 Dedicated ward officer hubs

Where there is not a police building on or within close proximity to a DWO's ward, we'll be creating additional 'hubs' for them – small back offices where they can pick up their kit - to enable them to spend more time in the communities they police.

These new hubs will be created at locations that supports community policing. All Borough Commanders will be engaging with their local communities to identify suitable locations.

The hubs will be accessible 24/7 and located either within existing Met buildings or suitable partnership buildings, such as with: Blue Light partners; local authorities; hospitals; or with commercial services where there's an appropriate relationship.

Borough Commanders will take into consideration DWOs existing collaborations with partner agencies and their safer neighbourhood colleagues when assessing locations, as well as specific local requirements. Safer Neighbourhood bases will not close until a suitable alternative DWO hub is in place, unless exceptional circumstances arose (such as notice was given by a landlord).

Over the next 3 years 150 hubs will be rolled out.

DWOs and PCSOs are dedicated to building relationships and getting to know the people and the area they serve, working alongside a dedicated community officer. All will be fully mobile and issued with tablets to enable them to operate throughout the community and report crimes immediately whilst in the community.

There will be 1,258 DWOs working across the capital, with a clear commitment that they may only be abstracted for other duties outside their ward for the high-demand events, such as Notting Hill Carnival and New Year's Eve, and any exceptional circumstances that London faces.

6.0 There are many options for people to access police services:

- Police have redesigned their digital services, with the public now able to do much more online such as report a crime or get a response through Twitter.

- Police have enhanced their telephone services so crime can be reported and initially investigated over the phone, with live call transfer coming to the 101 call centre (MetCC) to further speed up the process.
- Officers will be equipped with the mobile technology to bring services to the public, enabling them to be more visible in the community.
- By the end of 2017, every London ward will have two dedicated ward officers and one PCSO.
- Contact sessions will be run in wards so the public can report crime, get crime prevention information and other advice.
- A 24 hour front counter will be available in each borough with enhanced digital facilities to enable a more efficient service.
- Where there is not a police building on or within close proximity to a Dedicated Ward Officers' (DWO) ward, police will create additional 'hubs' to enable officers to remain out in the communities they police at locations that support operational policing.

6.0 For Lewisham

There was a public consultation meeting held on the 26th September 2017 through the Safer Neighbourhood Board structures. This was attended by MOPAC and the borough commander. The main issues raised from the public included:

- Where would local police teams be based
- Making contact easier ie improving the website/ providing better contact numbers for neighbourhood teams
- Could there be input on where the hubs might be located

Front counters: the 24/7 front counter will remain at Lewisham Police Station.

The front counters at Catford and Deptford closed in **December**. The rest of the building at Catford will subsequently be disposed of, but the rest of the building at Deptford will be retained. Signage has been put in place detailing alternative 24/7 front counter addresses and there is a working phone outside Catford station providing 999 and 101 options. There have been no complaints or issues raised since the changes and closure.

Making these changes in Lewisham will save the Met more than £260k per year – the equivalent of five police constables.

7.0 Introduction of Community Contact Sessions

The London wide Public Consultation raised a number of key concerns;

- Would the loss of a police station or front counter equate to the loss of a police presence in the immediate community?
- Would such closures result in a lack of face to face contact with MPS officers?
- With the closures, how far would Londoners have to travel in order to visit a Police Station?

To answer these concerns, Community Contact Sessions will be introduced from January 2018. They will be an opportunity for members of the community who prefer face-to-face contact, to sit and speak with a Dedicated Ward Officer (DWO).

At each Community Contact Session members of the public will be able to report crime, receive crime prevention advice and be signposted to other MPS services or the services offered by partner agencies. Community Contact Sessions can take the form of; Street Briefings, Surgeries, Cuppa with a Copper, community events or property marking sessions. The effectiveness of these sessions will be monitored.

8.0 How Often Will The Community Contact Sessions Be Held?

There will be two types of Community Contact Sessions;

TYPE 1 – STANDARD COMMUNITY CONTACT SESSION

These Community Contact Sessions will take place at least once per week for at least an hour in every ward across London starting in January 2018.

DWO's will recommend the dates, times and location of each Contact Session, consulting with Ward Panels and Safer Neighbourhood Boards. Sessions could for example be held at iconic sites or those with a high footfall, in response to an increase in a particular crime type or community concern or in conjunction with events held by partners. The Community Contact Sessions will be advertised in advance locally on the ward Twitter & Facebook pages, as well as on local forums and in key community locations such as libraries & leisure centres.

TYPE 2 – ENHANCED COMMUNITY CONTACT SESSION

Due to the distance from these communities to the nearest Police Station front counter, DWO's will be asked to conduct two sessions a week for at least an hour, on ONE WARD in or near these communities.

As opposed to Standard sessions these dates, times & locations will be fixed – each session will be at a specific venue, at a specified date/times, starting from January 2018.

DWO's will recommend the dates, times and location of each Contact Session, consulting with Ward Panels and Safer Neighbourhood Boards.

Sessions could for example be held at iconic sites or those with a high footfall, in response to an increase in a particular crime type or community concern or in conjunction with events held by partners.

The Community Contact Sessions will be advertised in advance locally on the ward Twitter & Facebook pages, as well as on local forums and in key community locations such as libraries & leisure centres.

9.0 How Will I Know When My Community Contact Session Will Take Place?

Dedicated Ward Officers will advertise the dates, times and locations of all Community Contact Sessions across a number of platforms including;

- TWITTER
- FACEBOOK
- Library / Community Notice Boards
- Neighbourhood Pages on MPS Website
- Safer Neighbourhood Board Meetings
- Ward Panel Meetings

The Borough Commander and Senior Leadership team are happy to meet and discuss any of these changes

For further details please contact Geeta Subramaniam-Mooney, Head of Public Protection and Safety , 0208 314 9569.