

# Healthier Communities Select Committee Agenda

Wednesday, 23 October 2013  
7.00 pm, Committee Room 3  
Civic Suite  
Lewisham Town Hall  
London SE6 4RU

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# Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Wednesday, 23 October 2013.

Barry Quirk, Chief Executive  
Tuesday, 15 October 2013

Councillor John Muldoon (Chair)	
Councillor Stella Jeffrey (Vice-Chair)	
Councillor Pauline Beck	
Councillor Peggy Fitzsimmons	
Councillor Helen Gibson	
Councillor Carl Handley	
Councillor Ami Ibitson	
Councillor Chris Maines	
Councillor Jacq Paschoud	
Councillor Alan Till	
Councillor Alan Hall (ex-Officio)	
Councillor Kevin Bonavia (ex-Officio)	

## MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 4 September 2013 at 7.00 pm

PRESENT: Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Carl Handley, Ami Ibitson, Chris Maines, Jacq Paschoud and Alan Till.

APOLOGIES: Councillors Pauline Beck and Peggy Fitzsimmons; and Philippe Granger (Lewisham Healthwatch).

ALSO PRESENT: Val Fulcher (Lewisham Healthwatch), Georgina Nunney (Principal Lawyer), Joan Hutton (Interim Head of Adult Social Care, Community Services), Jane Miller (Joint Deputy Director of Public Health, Community Services), Joy Ellery (Director of Knowledge, Governance and Communications, Lewisham Healthcare NHS Trust), Carmel Langstaff (Policy and Strategy Manager), Dr. David Abraham (Senior Clinical Director, Lewisham Clinical Commissioning Group (CCG)), Diana Braithwaite (Commissioning Director, Lewisham CCG), Susanna Masters (Corporate Director, Lewisham CCG), Diana Robbins (Lay Member, Governing Body, Lewisham CCG), Lorna Hughes (Head of Engagement, Lewisham CCG), Salena Mulhere (Overview and Scrutiny Manager), Charlotte Dale (Scrutiny Manager) and Roger Raymond (Scrutiny Officer).

### 1. Minutes of the Meeting Held on 9 July 2013

- 1.1 **RESOLVED:** That the minutes of the meeting held on 9 July 2013 be signed as an accurate record of the meeting.

### 2. Declarations of Interest

- 2.1 Councillor Muldoon declared a non-prejudicial interest as an elected Governor of the South London and Maudsley NHS Foundation Trust (SLaM) Council of Governors.

### 3. Lewisham CCG's Engagement Strategy & Strategic Plan (including 'South-East London Community Based Care Strategy')

- 3.1 Diana Robbins, Lay Representative, Governing Body, Lewisham CCG, introduced the Engagement Strategy, and the following key points were noted:

- The CCG is committed to engaging with their residents in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.
- The Engagement Strategy has been developed by the CCG's Public Engagement Group. The Public Engagement Group consists of a number of representatives including the Council and Healthwatch.
- Since the CCG received its authorisation, it has looked to establish a more coordinated approach to engagement.
- The CCG's objective is to communicate better with residents and achieve better health outcomes.

- Ongoing engagement with residents will help to decide what services are needed to meet local health needs.
- It would be part of the process called the Commissioning Cycle. The CCG's engagement must inform this process to have a lasting impact.
- The values of the CCG that underpin their vision are:
  - Work in partnership with other stakeholders and organisations.
  - Be responsive so that the views of the public are reflected in key decisions.
  - Demonstrate integrity and honesty by having open and transparent engagement.
  - Take responsibility by providing leadership in the local health economy.
- The Engagement Strategy contains an Engagement Charter that lists what people can expect from the CCG in respect of engaging with residents.
- The Engagement Strategy includes a 6-step plan for engagement:
  - Create a dialogue with all our communities
  - Support involvement in commissioned services and programmes
  - Engage the public in setting organisational strategy and priorities
  - Involve patients in decisions about their care
  - Provide assurance and public accountability
  - Monitoring and evaluation
- The CCG has appointed a new Head of Engagement, who will devise a detailed workplan to deliver the Engagement Strategy.

3.2. In response to questions from Members, the following was advised:

- Through increased engagement capacity the CCG will continue to engage with 'hard-to-reach' groups and work with partner organisations to involve seldom heard groups.
- The CCG want to create a patients' reference group to engage with on a regular basis, and is working with Healthwatch and others to develop this.
- The Engagement Charter will be amended, reflecting recommendations from groups it has consulted with, including this Committee.

3.3 David Abraham, Senior Clinical Director of Lewisham CCG, introduced the Strategic Plan, and the following key points were noted:

- Lewisham's Joint Strategic Needs Assessment (JSNA) has identified the changing health needs of the Lewisham population that will increase demand on services, including
  - inequalities
  - the ageing population
  - main causes of death and need for health promotion
  - increasing prevalence of long-term conditions such as diabetes and dementia
  - a high prevalence of mental health
  - high rate of low birth weight babies
- Health outcomes for the Lewisham population have been improving but are still not as good as other similar London boroughs to achieve better health outcomes, change is needed.

- The Community-Based Care Strategy is being developed at present, to deliver services better in the community.
- South-East London CCGs are working together to co-ordinate community-based care, which will in turn provide more care in the home and the community, better preventative care and early intervention.

3.4 Joan Hutton, Interim Head of Adult Social Care, commented on the Strategy Plan, and the following key points were noted

- The Council is working with GPs to deliver the Neighbourhood Model of care. This complements the work of the CCG, and they will continue to work with CCG and Housing colleagues in the delivery of health and wellbeing objectives.
- The Council are currently coordinating the development of a Preventative Strategy to target recognised and unrecognised illnesses at the earliest stage.

3.5 In response to questions from Members, the following was advised:

- Officers at the Council and the CCG will be liaising with South London and Maudsley Foundation Trust (SLaM) to ensure their reorganisation plans reflect the 4-Sector Neighbour Model in Lewisham.
- Some benefit services are already being linked to the Neighbourhood Model in the borough.
- Two initiatives in the borough – in North Lewisham and Bellingham – will be brought together strategically in the next year and both are an example of good partnership working with a number of organisations operating together in the borough.
- GPs recognise the need for change, so that GP practices collaborate together to deliver the Community Care-Based Strategy. They also hold meetings in the four Neighbourhood sectors to participate in the commissioning process.
- Supporting carers is a key priority area. There is a Carers Strategy to strategically deal with this challenge.
- The Committee will receive the current figures for 'Appendix 1 – Better Health – Key Health Outcomes' so it can be aware of what the outcomes are being measured against.

3.5 **RESOLVED:** The Committee:

- a) to receive the current figures for 'Appendix 1 – Better Health – Key Health Outcomes'.
- b) noted the report.

## 4. Health & Wellbeing Strategy Delivery Plan

4.1 Jane Miller, Joint Deputy Director of Public Health, Community Services, introduced the report and the following key points were noted:

- The final version of the Lewisham's Health and Wellbeing Strategy will incorporate the comments that were made by the

CCG Board, and this Committee and presented at the Health and Wellbeing Board.

- The full list of nine priority areas of focus for the Health and Wellbeing Board are:
  1. Increase the uptake of immunisation
  2. Prevent the uptake of smoking among children and young people and reduce the numbers of people smoking
  3. Reduce the harm caused by alcohol misuse
  4. Promote healthy weight
  5. Improve mental health and wellbeing
  6. Improve sexual health
  7. Delay and reduce the need for long-term care and support
  8. Reduce the number of emergency admissions for people with chronic long-term conditions
  9. Increase the number of people who survive colorectal, breast and lung cancer for 1 and 5 years.
- It is a 10-year strategy whilst the delivery plan is initially for three years. A review will be undertaken at the end of the three years and this will inform the development of a subsequent delivery plan for the remaining years.
- The Delivery Plan is still at draft stage and will be aligned with other key plans.

#### 4.2 In response to questions from Members, Jane Miller advised:

- The work that was carried out over the summer to improve the immunisation rates in the borough has yet to be evaluated. Public Health will feed back the results to the Committee once complete.
- 14% of residents identify themselves as being limited in carrying out day-to-day activities. The figures quoted are from the census and based on people advising that they have a condition that limits them to some extent in day to day activities, and this is used as a proxy for disability. This information was used to build a picture of the extent of disability within the borough, not to allocate resource nor identify eligibility criteria for services.
- It was agreed that it would be useful to have a shared understanding of disability and that the potential tension between people self-defining as disabled and the eligibility criteria would be borne in mind in the development of the plan.
- There is recognition that there are a various categories of vulnerable people in the borough who have a number of health and social care challenges. The aim of the Preventative Strategy, which is currently being developed, is to address these needs with a focus on promoting the health and wellbeing of the whole population in addition to targeting specific groups with high level needs.
- There is work taking place in the borough to assess how many food banks there are operating in Lewisham, who is accessing them and what food they are providing. Work will also be done to

monitor the nutritional content. The results of this work will be provided to the Committee.

- Members questioned the benefit of the indicator of "number of participants accessing food banks" as an indicator against the objective of "working with communities to improve healthy eating and cooking skills".
- All of the activities and indicators will be reviewed and refined before the delivery Plan is finalised to ensure that they are clear measures to assess whether the objectives of the plan have been met.

- 4.3 **RESOLVED:** a) The Committee to be provided with the evaluation of the work carried out to improve immunisation rates in the borough.
- b) The Committee to receive information about the food banks operating in the borough and the work that is being done with the food banks in relation to nutrition.
- c) The actions and indicators should be reviewed before finalisation to ensure that the indicators are meaningful measures of the effectiveness of the activity to be undertaken.
- d) The Committee noted the report.

## 5. Reablement

- 5.1 Joan Hutton, Interim Head of Adult Social Care, introduced the report and the following key points were noted:

- Legislation such as the Health and Social Care Act 2012 is driving the move towards closer working between health and social care, and a greater focus on an integrated reablement service.
- There is international research that has indicated positive outcomes for reablement services across a variety of outcome measures, including a reduction in future care needs.
- Lewisham at present has a non-chargeable reablement service for a period of up to 6 weeks, after which normal charging rules apply if an ongoing care package is required.
- Evaluation and analysis has indicated that the Lewisham service achieves above the national average with regard to conversion of those not requiring ongoing care or a reduced care package post intervention.
- Currently, the service Lewisham offers is 'in-house', and Lewisham's estimated cost for reablement is £60 per hour.
- Lewisham's adult social care and health partners are jointly considering the options for providing the most effective outcome based service to meet the growing demand of service and demographics. This could involve some outsourcing of services associated with reablement.

- 5.2 In response to questions from Members, the following was advised:

- Reablement staff would continue to receive a London Living Wage, regardless of how the service would be delivered in the future.

- Effective outcomes for the reablement care are agreed with the service users.
- The evaluation of the reablement service has been internal thus far, but there are plans for an external assessment.
- The reablement service has additional costs to consider, for example workers' travel costs across the borough and contract 'terms and conditions'.
- Lewisham are trying to develop initiatives with voluntary organisations to help integrate service users, so they do not feel isolated from the community.
- It is recognised that in delivering this service, social and emotional reablement is also important, alongside physical reablement. It is a factor in their development and will also help to improve their confidence.
- The service primarily caters for older people at present, but is looking to develop the service to encompass younger users, and those who may have disabilities or a mental health illness.

5.3 **RESOLVED:** That the report be noted.

## 6. Lewisham Hospital - Update

6.1 Georgina Nunney, Principal Lawyer, updated the Committee on the outcome of the Judicial Review of the Secretary of State's decision on Lewisham Hospital, and the following points were made:

- Two separate judicial review applications were brought and heard together in the High Court from 2-4 July 2013; in the first case by the London Borough of Lewisham and in the second case by Save Lewisham Hospital Campaign.
- In his judgment, Mr Justice Silber concluded that neither the recommendations of the TSA nor the decision of the Secretary of State reducing the facilities at Lewisham Hospital fell within their powers.
- The Government lodged a formal application on 21 August (the last day on which it could do so) to appeal the decision of Mr Justice Silber to the Court of Appeal.
- The merger of Lewisham Hospital and Queen Elizabeth Hospital is unaffected by the judgment or by the appeal and will proceed on 1 October 2013. The business plan for the new Trust is being finalised and will cover a two year period. It does not include any proposals for changes to emergency or maternity services.

6.2 In response to questions from Members, the following was advised:

- Integration of Lewisham Hospital and Queen Elizabeth Hospital is on schedule, and the name of the new Trust from 1 October 2013 will be Lewisham and Greenwich NHS Trust.
- Lewisham Healthcare NHS Trust has operationally taken over the running of the wards at Queen Elizabeth Hospital. It will take over the 'back office' operations on 1 October 2013.



- King College Hospital will acquire Princess Royal Hospital (PRU) from 1 October 2013. PRU will become a new additional site of Kings College Hospital.
- Some of the cost of the PFI will be accrued by the new Lewisham and Greenwich NHS Trust, and the new Trust will look to receive some transitional costs to ensure that the PFI costs are manageable.
- In terms of staff recruitment to the new Trust, a strategy was put in place to evaluate what members of staff were required for the new Trust, and assigned staff accordingly. If the vacancy could not be filled by existing staff, members of staff were recruited to the vacancies as necessary.
- The new Trust would look to proceed to Foundation Status after the new organisation and structure has been operational for long enough to access that its services would match the criteria for Foundation Status.
- The Director of Knowledge, Governance and Communications, Lewisham Healthcare NHS Trust would look at what costs, if any, the new Trust would be inheriting from other health organisations.

6.3 **RESOLVED:** That the report be noted

## 7. Health Scrutiny Protocol (Revised)

7.1 Salena Mulhere, Overview and Scrutiny Manager introduced the report. The following key points were made:

- In 2008, the Healthier Communities Select Committee (HCSC) developed and agreed a protocol with local commissioners and providers as to how the various bodies would interact with the Committee as it exercised its statutory duties.
- With the changes brought in by the Health and Social Care Act 2012 being implemented from April 2013, it was recommended that the Committee's Health and Social Care Scrutiny Protocol be updated in light of these changes to ensure ongoing effective relationships with local commissioners and providers and Lewisham Healthwatch.
- A draft revised Health and Social Care Scrutiny Protocol has now been completed with input from the CCG, Lewisham Healthcare NHS Trust and Healthwatch.

7.2 In response to questions from Members, the following was advised:

- There should be a change to the Protocol, which recognises that due to Best Practice and national guidance, some changes may occur to services.
- The consultation processes of the Unsustainable Provider Regime (UPR) should be added to the Protocol, in light of the Trust Special Administrator (TSA) consultation and report on South London Healthcare Trust.
- With the introduction of the Health and Wellbeing Board, it was suggested that an amendment be added, that states the Health and

Wellbeing Board's Strategy and Delivery Plan should be made available to the Committee for pre-decision scrutiny before they are finalised and agreed by the Board

- SLaM are one of the original signatories to the original Protocol, and it is hoped that they will remain signatories to the Protocol. Attempts to secure their input were ongoing.

7.3 **RESOLVED:** That the Protocol be agreed, subject to the amendments agreed at the meeting. The final Protocol will be presented to the Committee as an Information Item once agreed and signed off by partner organisations.

## **8. Improving Health Services in Dulwich and Surrounding Areas - consultation by the Southwark Clinical Commissioning Group - INFORMATION ITEM**

8.1 The Committee noted the papers from Southwark CCG on the conclusions of their consultation. The Committee also thanked Southwark CCG officers for coming to the 16 April meeting to engage with the Committee and attending the Forest Hill Local Assembly.

## **9. Emergency Services Review - Discussion of Recommendations**

9.1 Salena Mulhere, Overview and Scrutiny Manager introduced the report. The following key points were made:

- The Overview and Scrutiny Committee agreed that its select committees will carry out a review of emergency services in Lewisham. The Healthier Communities Select Committee was tasked with determining impact of the changes to emergency services in London as they relate to health services in the borough.
- The Committee held two evidence sessions:
  - in May, the Committee heard from the Operations Manager for Lewisham, of the London Ambulance Service, about the provision of services across the borough and also about a London-wide consultation on the future development of the Trust's services.
  - in July the Committee heard from the Lewisham Clinical Commissioning Group and Lewisham Healthcare NHS Trust about Hospital Accident and Emergency Provision in Lewisham.
- The Committee are now tasked with any agreeing recommendations based on the evidence they have received. These recommendations, and those all of the other Select Committees, will be forwarded to the Overview and Scrutiny Select Committee with a full report for consideration and sign-off.

9.2 In response to questions from Members, the following was noted:

- The Chair proposed a number of recommendations based on the evidence that the Committee had received, to which all the Committee agreed.

- They also asked for an additional recommendation that recognised that projected future population growth should be factored into service planning.

9.3 **RESOLVED:** That the Committee agreed the following recommendations for the Emergency Services Report:

- a. The fact that Lewisham hospital has had numerous LAS patients diverted to it from neighbouring trusts in recent months should be noted. Capacity and activity at neighbouring A&E departments, as well as Lewisham, should be closely monitored by Lewisham CCG before any changes to accident and emergency provision are proposed or implemented at Lewisham hospital.
- b. The CCG has a key role in ensuring that appropriate urgent care and out of hours services are available. The Council and CCG need to work closely together to ensure that all the necessary care pathways are in place, and appropriately utilised, to ensure undue and inappropriate pressure is not placed on Accident and Emergency units.
- c. The Council should continue to work closely with Lewisham Healthcare NHS Trust to ensure appropriate and timely discharge from hospital takes place where patients have social care needs.
- d. Out of Hours care and urgent care both need to be comprehensive, easily accessible and well publicised to enable the public to choose the most appropriate care setting for their needs.
- e. National campaigns, such as the recent “Choose well” campaign, need to be supported and reinforced locally. Clear, appropriate guidance should be given to people locally, about the most appropriate local service to access if they have an urgent medical need outside of GP hours, when they are making routine contact with health services.
- f. More public information on the Norovirus is needed to support people to self-manage the illness where appropriate and to help prevent the spread of the disease and the closure of hospital wards.
- g. The CCG should work with the Lewisham and Greenwich NHS Trust to understand the high number of patients attending A&E who require specialist referral to the mental health team. The CCG should then review the appropriate care pathways, particularly the out of hours availability of services, to ensure that there is an appropriate level of service provided.
- h. Projected future population growth should be factored into service planning.

## 10. **Select Committee Work Programme**

10.1 Salena Mulhere, Overview and Scrutiny Manager introduced the report. The following key points were made:

:

- Following the last meeting, there were no additional changes to the agenda for this meeting. However, there were some additional items added to the October meeting, agreed by the Chair:
  - Adult Safeguarding Report
  - Extra Care Housing Plans
  - Community Mental Health Review incl. SLaM – Update
  - Uptake on School Meals 2012-2013 (Premature Mortality Review) - Information Item
  
- The Budget Savings Item will also remain on the agenda for the October meeting. There may be further changes to the October meeting, dependant on whether there are Budget Savings scheduled for that meeting and how substantive they are.

10.2 **RESOLVED:** the Committee noted the Work Programme.

## 11. **Matters to be referred to Mayor & Cabinet**

11.1 There were no items referred to Mayor and Cabinet.

The meeting ended at 9.10pm.

Chair:

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Date:

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# Agenda Item 2

<b>Committee</b>	Healthier Communities Select Committee	<b>Item No.</b>	2
<b>Title</b>	Declarations of Interest		
<b>Wards</b>			
<b>Contributors</b>	Chief Executive		
<b>Class</b>	Part 1	<b>Date</b>	23 October 2013

## Declaration of interests

Members are asked to declare any personal interest they have in any item on the agenda.

### 1 Personal interests

There are three types of personal interest referred to in the Council's Member Code of Conduct:-

- (1) Disclosable pecuniary interests
- (2) Other registerable interests
- (3) Non-registerable interests

### 2 Disclosable pecuniary interests are defined by regulation as:-

- (a) Employment, trade, profession or vocation of a relevant person\* for profit or gain
- (b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).
- (c) Undischarged contracts between a relevant person\* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.
- (d) Beneficial interests in land in the borough.
- (e) Licence to occupy land in the borough for one month or more.
- (f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person\* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.
- (g) Beneficial interest in securities of a body where:-
  - (a) that body to the member's knowledge has a place of business or land in the borough; and
  - (b) either
    - (i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or
    - (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person\* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

\*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

### (3) Other registerable interests

The Lewisham Member Code of Conduct requires members also to register the following interests:-

- (a) Membership or position of control or management in a body to which you were appointed or nominated by the Council
- (b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party
- (c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25

### (4) Non registerable interests

Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

### (5) Declaration and Impact of interest on members' participation

- (a) Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take no part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**
- (b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph (c) below applies.
- (c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.
- (d) If a non-registerable interest arises which affects the wellbeing of a member, their family, friend or close associate more than it would affect those in the local area

generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.

- (e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

**(6) Sensitive information**

There are special provisions relating to sensitive interests. These are interests the disclosure of which would be likely to expose the member to risk of violence or intimidation where the Monitoring Officer has agreed that such interest need not be registered. Members with such an interest are referred to the Code and advised to seek advice from the Monitoring Officer in advance.

**(7) Exempt categories**

There are exemptions to these provisions allowing members to participate in decisions notwithstanding interests that would otherwise prevent them doing so. These include:-

- (a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)
- (b) School meals, school transport and travelling expenses; if you are a parent or guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor;
- (c) Statutory sick pay; if you are in receipt
- (d) Allowances, payment or indemnity for members
- (e) Ceremonial honours for members
- (f) Setting Council Tax or precept (subject to arrears exception)

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<b>Healthier Communities Select Committee</b>		
<b>Report Title</b>	The Older People's Housing Strategy update and plans for Extra Care	
<b>Key Decision</b>	No	Item No. 3
<b>Ward</b>	All	
<b>Contributors</b>	ED for Customer Services, ED for Community Services	
<b>Class</b>		Date: 23 <sup>rd</sup> October 2013

## 1. Summary and Purpose

- 1.1. This report provides the background and context for the development of an Older People's Housing Strategy and the new build extra care housing which is being developed in the borough.
- 1.2. A presentation will be made available on the evening of the meeting, which will provide more detail on the new build extra care schemes.

## 2. Policy Context

- 2.1 Addressing issues relating to the quality and quantity of housing stock in the borough relates directly to the Council's Sustainable Communities Strategy (clean, green and liveable) and to the Council's corporate priorities (decent homes for all).

## 3. Recommendations

- 3.1. It is recommended that the committee notes the contents of the report and that further updates will be provided.

## 4. Developing a Strategy for Older People

- 4.1. A strategy for older people's housing is currently being developed with the aim of ensuring that there are a range of housing options for older people in Lewisham whether they are: active and pre-retirement; retired, independent and active; more frail and in need of support. We want to help people to maintain their independence for as long as possible and we want people's homes to be:

- suitable for their changing needs
- attractive, spacious and well located
- safe and secure
- affordable
- warm in the winter, comfortable in the summer

- 4.2. The Older People's Housing Strategy will take into consideration all available information on where people currently live, the accommodation choices they make, and the other services they access. The strategy is intended to look at the Housing needs of all older people within the borough – irrespective of whether an person owns their own property, or rents from the Council, Housing Association or a private landlord.

The strategy will cover:

- Key facts about older people in Lewisham and their housing choices
  - A new model for older people's specialist housing
  - Access to information and advice
  - Aids and adaptations
  - Initiatives to support older people in general needs housing
- 4.3. To date, the focus has been on gathering intelligence and developing the vision for specialist housing. The Council has run a series of consultation events to engage with older people about the emerging vision for specialist housing, and this has been well received. These events include a specific meeting for Positive Ageing Council Members and partners to discuss the main themes of the Older People's Housing Strategy, and short presentations and table discussions at community centres and tea groups from the Positive Ageing Council mailing directory. Officers have also attended Lewisham Pensioners Forum to discuss the strategy.
- 4.4. The next steps for the development of the strategy are:
- further consultation to better understand the needs and housing aspirations of older people in general needs housing
  - further joint working with partner organisations
  - improving the interface between health, social care and housing

## **5. Existing Older People's Housing**

- 5.1. In Lewisham there are 1138 units of Sheltered Housing for Social Rent, of which 483 units are with Lewisham's Housing stock. There are 183 units of sheltered housing for lease.
- 5.2. There are currently 135 Extra Care Units in the borough, of which 55 are council-owned. The other 80 units are owned and managed by Housing21.
- 5.3. In October 2013 there were 158 older people in residential care placements, with a further 170 older people in nursing care(excluding NHS Fully Funded Care).
- 5.4. In addition to the existing sheltered and extra care units, there are an additional 17000 units of council and housing associated housing which are designated for older people, but which operate on a general needs model.
- 5.5. The council-owned sheltered and extra care housing requires substantial investment to bring it up to modern standards, and in some cases this may not be achievable. As part of the delivery of the Older People's Housing

Strategy, a comprehensive asset strategy will be developed, and initial feasibility is underway.

## **6. New build extra care in Lewisham**

- 6.1. In the short-term the Council wants to take advantage of opportunities to develop specialist housing for older people which is well-designed and accessible.
- 6.2. The Council is working on a new model for extra care which is mixed dependency and community focused.
- 6.3. Through these developments, the Council expects to see improved outcomes in the following areas:
  - Improved independence
  - Reduction in numbers and duration of hospital admissions
  - Help to stay at home for longer
  - Reduced social isolation
- 6.4. 189 new units of extra care will be built in the borough by the end of 2016.

### **Marine Wharf**

- 6.5. In June 2014, a new build extra care scheme is due to complete at Marine Wharf, SE16. This scheme has been developed by Berkeley Homes, who have partnered with Notting Hill Housing Trust. The scheme is made up of 78-units of extra care.

### **Chiddingstone**

- 6.6. Lewisham has been awarded nearly £2.5 million from the Mayor of London's Care and Support Specialised Housing Fund to develop a flagship 51-unit extra care scheme in Lewisham Park by 2016. The Council will partner with a registered provider to deliver the scheme, and further details on the procurement and delivery of the scheme will be made available in further updates.

### **Hazelhurst**

- 6.7. Phoenix Community Housing Trust have also been awarded £2.6 million from the same grant funding programme towards the development of a £9.3 million 60-unit extra care scheme on the Hazelhurst site, near Beckenham place park. Phoenix have submitted a bid to the Council for £2.1 million in support of the scheme, which is due to complete by the end of 2016. If successful, this will be funded from section 106 funds set aside for affordable housing projects.

## 7. Financial implications

- 7.1. The purpose of this report is to advise members on the development of an Older People's Housing Strategy and the new build extra care housing which is being developed in the borough. As such, there are no direct financial implications to agreeing the recommendation in section 3.1.
- 7.2. The Council's financial commitment to the New Build Programme, set out in 6.6 and 6.7 will be considered as part of the Council's normal budget process, and reported to members at the appropriate stage.

## 8. Legal & Human Rights Implications

- 8.1. The European Convention on Human Rights states in Article 8 that "Everyone has the right to respect for his private and family life, his home and correspondence". The Human Rights Act 1998 incorporates the Convention. Whilst it does not, however, necessarily mean that everyone has an immediate *right* to a home, (because Article 8 is a "qualified" right and therefore is capable in certain circumstances, of being lawfully and legitimately interfered with,) the provision by an Authority of a relevant strategy for older people's housing does engage Article 8 principles.
- 8.2. The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 8.3. In summary, the Council must, in the exercise of its functions, have due regard to the need to:
  - eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
  - advance equality of opportunity between people who share a protected characteristic and those who do not.
  - foster good relations between people who share a protected characteristic and those who do not.
- 8.4. The duty continues to be a "have regard duty", and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.
- 8.5. The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled "Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice". The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are

legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: <http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-codes-of-practice-and-technical-guidance/>

8.6. The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty

8.7. The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at:

<http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/>

## **9. Equalities Implications**

9.1. An equalities analysis assessment will be carried out on the Older People's Strategy. There are potential equalities implications regarding the consultation process which will be considered.

## **10. Environmental Implications**

10.1. The environmental implications of new build schemes will be taken into consideration.

## **11. Crime and Disorder Implications**

11.1. There are no specific crime and disorder implications resulting from this report.

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# Agenda Item 4

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Title	Community Mental Health Review Update and general SLaM update		
Key Decision	No		Item No. 4
Class	Part 1	Date: 23 October 2013	

## 1. Summary

- 1.1 The attached reports provide (a) information on a proposed restructure of the community mental health teams provided by South London and Maudsley NHS Foundation Trust (SLaM); and (b) a general round-up of developments at SLaM.

## 2. Recommendations

- 2.1 The Committee is invited to:

1. Consider whether the proposed restructure of the community mental health teams provided by South London and Maudsley NHS Foundation Trust (SLaM) constitutes a substantial development or substantial variation in the provision of services; and if so, formally comment on the proposals.
2. Note the round-up of developments at SLaM.

## 3. Policy context

- 3.1 When a responsible health authority has under consideration any proposal for a substantial development, or substantial variation in the provision of a health service in Lewisham, the Healthier Communities Select Committee must be consulted; the proposed date for making the decision provided, and the date by which the responsible health authority requires a response from the Committee; so that the Committee can comment, or make a recommendation, on the proposals.
- 3.2 Following consultation with the Committee, and service users as required, the health authority must consider the comments made and notify the Committee of its decision on the proposal.

## 4. Financial, Legal and Equalities implications

These are contained within the body of the attached reports.

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# Community Mental Health Review Update

## 1. Background

A paper proposing changes to the Lewisham Adult Mental Health Services was brought to the Healthier Communities Select Committee of 29<sup>th</sup> May 2013. The paper sets out a proposed restructure of the community mental health teams provided by South London and Maudsley NHS Foundation Trust (SLaM).

### 1.1 Main changes

The main changes proposed were:

- A move away from the current three locality structure to a four locality diagnosis specific structure, bringing the catchment areas for each team into line with the four primary care neighbourhoods. This will allow a better interface between primary and secondary care supporting the agenda to improve physical health care for people with mental health problems reducing the widely reported inequalities in this area. It will also allow better access to the community care funds and neighbourhood investment funds to people with mental health problems further reducing stigma and discrimination faced by this group.
- A restructured Assessment & Brief Treatment and Support & Recovery service (appendices 1&2). The three key areas of focus within the new model are:
  1. Relapse prevention;
  2. Improving the capacity and competency of assessment and crisis resolution services;
  3. To provide new pathways for people not requiring secondary services.
- An addition of staffing into the current Home Treatment Team to allow for the urgent assessment of people referred from GPs between 5-8pm and on Saturday mornings. This will mean people in crisis can be seen at home or in the GP surgery as they would be between 9-5 Monday to Friday, rather than requiring referral to Accident and Emergency for assessment.
- A borough wide multi-professional Early Intervention team co-located together in one team base, rather than the current model with team members spread across a number of different bases. This does not require additional staffing resources, but does require a move of services between buildings, to allow the staff base and clinical space required for this service.
- An increase to the borough wide Enhanced Recovery team who provide placements assessment, monitoring and support to people placed in specialist health placements outside of SLaM Services and in residential accommodation funded through the London Borough of Lewisham. This requires a move of 3 staff from current generic teams into this team to allow the team capacity to work with all those people who require the service.

### 1.2 Assumptions

The enhanced community support requires an investment in the teams, both in terms of an increased financial commitment of £1m from SLaM and also enhanced training for staff. Where ever possible health staff being released in one area will be redeployed into another area subject to the skills and experience being a good match to requirements. There are no current plans to change the staffing

establishments for Local Authority staff. All staff may be required to change where they are based and the team they are based in.

The revised model as stated above focuses on relapse prevention and so a reduction in the reliance on bed based services. It should be noted that it is not anticipated that any change in the use of beds will be seen in the first 18 months as service users will require support using the increased interventions to be provided before their relapses reduce.

### **1.3 Future bed requirements**

There are two separate strands of work in progress in relation to future bed use:

- i. Improvement of the communal entrance area and garden at the Ladywell Unit to improve safety and security for all using the building. Also redecoration of the wards to improve the physical environment. This work should keep the building fit for purpose for the next 5 years
- ii. A four borough Commissioners review of bed use across all SLaM boroughs. It is noted that any changes to commissioning of beds for people with mental health problems in the borough would need to be fully considered by this committee prior to agreement.

The meeting noted the report of the changes and that there would be a formal stakeholder engagement process. This update provides further detail of the formal stakeholder engagement process and seeks agree the next steps.

## **2. Formal stakeholder engagement**

The Healthier Communities Select Committee of 29<sup>th</sup> May 2013 noted the review had been carried out with consultation with the GPs and the CCG. It noted there would be a formal stakeholder engagement process. Engagement work is focusing people who currently use the service and their family members and on staff working within the service and interface services such as General Practice.

### **2.1 Engagement events undertaken**

Since that meeting 7 engagement events have been arranged for service users and carers (appendix 3). An engagement event for staff was held on 16<sup>th</sup> September.

### **2.2 Future events**

- A borough wide stakeholder event for all Lewisham primary & secondary care staff and residents of the Borough has been scheduled for 19<sup>th</sup> November.
- Monthly meetings between the CCG & SLaM will continue focusing on the role out of the changes. These will ensure good communication between primary and secondary care and allow for planning of individual service users moves within the teams.
- Service User and Carer representation will be sought for the workstream meetings around the development and roll out of the clinical and operational models
- Staff representation will be sought for the workstream meetings around the development and roll out of the clinical and operational models
- Service User and carer representation will be sought for interview processes

- Individual meetings with Service users and carers will be held with their care co-ordinators to ensure people are clear about the impact of changes on them
- The implementation plan would include individual meetings with each service user and where appropriate their carer to ensure they have a clear and planned transfer between services.
- A further series of service user & carer and staff briefing events will be set up to support engagement
- Newsletters and web based information will be available on each step of the changes

### **3. Staff consultation**

It is proposed that formal consultation with staff within the service commences on the changes to the service from 1<sup>st</sup> December. The consultation would run for 1 month and include a presentation on the service changes set out in appendices 1&2. It would also include formal meetings with staff and staff side representatives for all staff affected by the changes. Written feedback will be provided to all questions raised at the end of the 1 month period. This process would be in line with SLaM Human Resources policy and allow changes to the service to be implemented from 1<sup>st</sup> April 2014.

### **4. Benefits of the change**

The proposed change will allow:

- Access to a greater range of services, including a wide range of talking therapies
- Urgent out of hours (Mon-Friday 8-8 and Saturday morning) assessments in primary care.
- Smaller caseloads per care co-ordinator
- More joined up working between primary and secondary care, improving communication and the availability for physical health care assessments and treatments for people with mental health problems
- Support for people to move back to primary care, once stable and considered low risk of relapse
- Support and training for primary care services in the care and treatment of people with serious mental illness
- A formal research evaluation to demonstrate the effectiveness of the model before further changes are suggested

Because the changes will provide an enhanced service it is suggested a longer engagement and consultation process would delay the improvements to the service and benefits to those who use them.

### Assessment and Brief Treatment (ABT) teams

#### Current Structure

The Lewisham ABT teams are three small teams split across three sectors. They do time limited work and any service user that needs an allocated worker will be referred into the Support and Recovery service. This model of ABT working differs significantly from that now provided by equivalent services in the other boroughs served by SLAM, as the relatively small level of staffing in the ABT teams does not allow them to provide longer term or specialised treatment for non-psychotic conditions such as depression, anxiety disorders, traumatic stress disorder or personality disorder (to those cases requiring a level of input which cannot be provided by the recently formed Lewisham Integrated Psychological Therapies Service (IPTT), which also provides talking therapy treatments for these conditions).

The benefits of the condition specific care pathways being delivered in other boroughs to patients with these conditions cannot be offered in Lewisham, and the positive aspects of SLAM's reconfiguration into Clinical Academic Groups cannot be fully realised.

Each of the three current sectors relates to a defined group of GP practices but the three sectors do not map onto the four GP neighbourhoods. Thus currently each of teams in the three sectors must develop its own working relationships with the practices in its area, without being able to take advantage of the networks and opportunities for face to face contact available at neighbourhood level.

The current Home Treatment Team can be described as providing a medical and psychosocial service focussing on being a substitute for hospital admission for people in crisis and on facilitating early discharge from hospital. The team also provides a service to those patients who are being initiated on medications in the community and in those cases can visit as many as four times a day to monitor the effects and side-effects. They work along side the community teams delivering high intensity interventions, visiting where necessary several times per day to service users in crisis and who are becoming unwell who would otherwise need admission, as well as support to their carers.

#### Proposed Restructure

The initial referral for a mental health assessment is arguably the most important part of the system to get right. This is in terms of an individual, along with their family wanting a better experience, the referrer wanting a more responsive service with better communication, Services needing to gatekeep the resources available and commissioner wanting quality outcomes that are value for money.

Enhancing the 'front-end' assessment function by redesigning the assessment and home treatment services to work more closely together will make it easier and quicker for GPs (and others) to refer patients into the system, strengthen the trust's ability to

manage demand for services and ensure that patients are directed to the most appropriate mental health service to meet their needs.

It is also important that once a person is assessed as needing a secondary mental health service for Mood, Anxiety or Personality Disorders they receive an effective evidenced based treatment. The assessment services have always been good at engaging people and stabilising their distress, however up until now evidence based treatments in community teams have been mainly for people with psychotic illnesses.

The Home Treatment Team (HTT) in Lewisham has concentrated on gatekeeping in-patient beds by providing an alternative to admission and facilitating speedy discharge from hospital. Enhancing the services will allow the HTT but become a much more integrated part of the range of responses available to primary care for urgent same-day assessments and early support to people who are showing signs of becoming unwell.

Enhancing the assessment, treatment and HTT services will improve the experience, manage the demand and deliver evidenced based treatments and interventions. Key features would include:

- Improved access to mental health assessments for primary care referrals including extended/out of hours services linking to practice opening times
- Improved patient experience by working closely with service user advisory groups to design and develop better services with a more skilled workforce
- Closer working between the Assessment team and the Home Treatment Team to provide a single seamless front facing service will allow more people to remain in primary care, gatekeeping entry into secondary mental health services.
- Improving the quality of the assessment by reviewing the skill mix of the assessment teams. The most experienced staff would be deployed in the assessment and triage function to formulate best treatment approach and ensure patients are seen in the most appropriate setting for their needs.
- Delivering talking therapies that adhere to NICE guidance and are outcome focused and evidence based to people with serious non-psychotic mental health problems such as treatment resistant depression significant trauma and personality disorders.
- Working closely with the Local Authorities to provide a stronger re-ablement function to facilitate, where appropriate, the management of those patients with social care needs in primary care.

## **Outcomes**

The outcomes expected from the redesign of these services will be as follows and an evaluation framework will be developed in partnership with the Mood, Anxiety Disorder and Personality Disorder service user advisory group to monitor the progress:

- A reduction in the number of people entering secondary mental health services
- A reduction in the number of people with non-psychotic presentations using in-patient beds

- A better experience for people using assessment and treatment services
- A better experience for GPs and primary care teams
- Efficient and effective working with reablement services

## **The Services**

The current assessment and brief treatment teams need to become more expert in assessment, formulation and planning and there also needs to be specialist treatment services delivering evidence based treatment to people with non-psychotic conditions who have complex health and social care needs. Alongside this will be the new MIND service providing reablement as well as a Service User Network.

### **Assessment Service**

Pre-consultation meetings with service users, carers and GPs have identified the need to provide more intensive support to people in primary care as well as developing appropriate training packages and developing better ways of providing advice and consultation.

The enhanced assessment service will consist of:

- Consultant psychiatrist,
- Consultant nurses with specific skills in assessment and psychological treatments, Psychologists
- Social workers
- Administrator

This restructure will provide more senior health roles. The service will consist of four sub teams that map onto the four neighbourhood health networks in the borough. The Home Treatment Team will support the service to provide same day assessment for people needing to be seen urgently out of hours.

The key elements to the service will be:

- Assessment
- Formulation
- Planning
- Medication
- Short term stabilisation and engagement
- Behavioural activation
- Access to talking therapies services
- Reablement
- Safeguarding

### **Home Treatment Service**

The Home Treatment Team will provide an improved crisis response along-side the assessment service to primary care and also prevent hospital admission through provision of intensive non hospital based care for those who are relapsing or at risk of relapse, by intervening at an earlier stage through improved in-reach and earlier co-working with other teams at an earlier point. It is proposed to recruit extra staff to ensure the delivery of a responsive service to both primary and secondary care need.

The new model will differ from current operations in being required to deliver, in partnership with the assessment service, a front end service to GPs and in providing increased activity associated with gate keeping and bed substitution, which will be central to reducing the numbers of in-patient beds required. This function will require very close working arrangements with providing outreach to treatment teams engaging service users at the right point before they become too unwell to be home treated.

Home treatment will continue to work closely with the bed co-ordination system to help support in-patients back into the community and to provide home support solutions to reduce the incidence of delayed discharges.

### **Mood, Anxiety and Personality Disorder Treatment Service**

The new treatment services will provide evidence based talking therapies alongside key working and dual diagnosis working within a multidisciplinary community team for people with complex presentations. The treatment service will also oversee a Service User Network providing on-going structured, supervised support in the community.

The treatment services will provide to all of elements of the assessment service but combined with targeted therapeutic interventions either provided within the teams or with co-working across the talking therapies services. The key elements to the service will be:

- Assessment
- Formulation
- Planning
- Medication
- Long term stabilisation and engagement
- Behavioural activation
- Access to talking therapies with key worker
- Therapy by key worker
- Psycho-education
- Dual diagnosis support
- Reablement
- Personal Budgets
- Safeguarding

It is proposed to develop a number of pathways for:

- depression and bipolar disorder
- anxiety, trauma, post traumatic stress disorder (PTSD) and hoarding
- personality disorders

Of these three main pathways roughly:

- 50% have a depressive / bi-polar disorder
- 25% have an anxiety disorder
- 25% have a personality disorder

The structure will have 'hub' specialists providing therapy and key working and will also provide clinical supervision and training to less experienced 'spoke' key workers in the community teams. The teams will provide mental health act assessments, carer's assessment and retain the safeguarding role as well as be able to liaise effectively with local authority personalisation services.

### **Training and Supervision**

Training and supervision of staff will take place in house.

### **Team and Caseload size:**

The new assessment teams will not carry a traditional caseload, the emphasis will be on assessment and planning. Based on the current level of referrals the clinical team will be working with up to 20 service users at any one time and will need to assess and discharge or transfer 3 to 4 people per week.

The new treatment team will work with caseloads of up to 25 people per wte staff member with specialist workers in a range of evidence based talking therapies carrying smaller case of up to 12 people whilst also providing supervision to key workers. Based on treatment caseloads in other boroughs it is anticipated that there will be 14 wte equivalent staff key working with approximately 300 people.

The enhanced home treatment teams will need an extra 5 wte staff to provide out of hours cover to primary care as well providing home treatment to an additional 100 patients per year.

The Service User Network project will need 3 wte staff to contribute to the Trust wide offer of peer led support.



# Psychosis Recovery Services

### Current Structure

The current Recovery and Support Teams are split across three sectors and work with a people with a range of diagnoses who require long term support, care co-ordination and treatment. This model is significantly different from that now provided within the other boroughs service by SLaM and they do not benefit from the condition specific care pathways provided elsewhere.

Each of the current teams relate to a defined geographical area, in line with the current assessment and brief treatment teams, however these localities do not match the four GP neighbourhoods that have been developed across Lewisham.

### Proposed Restructure.

Psychosis is a Long Term Condition which may have a relapsing and remitting course. There is some evidence that using specific early warning sign focussed interventions leads to a significant reduction in the number of people who relapse compared with usual care, although the *time* to relapse does not differ between these two groups. Similarly the risk of rehospitalisation is significantly lower with early warning sign interventions compared with usual care although the *time* to rehospitalisation does not differ between these two groups (Training to Recognise the Early Signs of Recurrence in Schizophrenia, Cochrane Review 2013).

At the moment Service Users with a diagnosis of psychosis in Lewisham fall into four groups:

- |   |       |
|---|-------|
| 1. No admissions in past 3 years                | (55%) |
| 2. One admission in past 3 years                | (23%) |
| 3. Two admissions in past 3 years               | (12%) |
| 4. Three or more admissions in the past 3 years | (11%) |

For Service Users who relapse there are a range of interventions set out within NICE guidelines, research and best practice reports to treat and prevent relapse. The intention within the new model would be to develop the range and volume of interventions available and to provide them earlier, so reducing both the number and severity of relapses. The interventions include:

- Antipsychotic medication
- CBT for Psychosis
- Family Interventions
- Vocational interventions

There are also a range of activities that support people in their lives by ensuring that they are able to manage and maintain their activities of daily living and achieve their recovery goals, these include:

- Assessment of need and eligibility for services and development of recovery and support plans to meet identified needs
- Assessment, procurement and monitoring of funded support packages
- Assessment of risk and implementation of plans to minimise their impact
- Child and adult safeguarding assessments and formulation and delivery of care plans in relation to identified risks
- Education and support in relation to lifestyle, for example, the impact of drug use on psychosis, this includes motivation interviewing
- Interventions and education which promote medication concordance
- Administration of medication including depot injections and blood monitoring
- Physical health checks
- Monitoring for early warning signs of relapse and putting actions in place to reduce risk of major relapse at this point (this may include review and alteration to medication regimes, increased contact for people who are socially isolated, daily supervised medication or assessment and introduction of a specific personalised support package).

At times people will also require more intensive interventions involving up to twice daily visits for a period of time provided within the Home Treatment Team. A proportion of Service Users are admitted to in-patient care.

Current staffing resources (both in terms of numbers and qualification/experience) limit the range, number and frequency of the interventions that can be undertaken, this leads to a focus on crisis management rather than proactive early intervention and hence impact on the availability to reduce the number and severity of relapses.

The proposal is to enhance the staff resources (both numbers and skills) and operate with smaller caseloads such that care co-ordinators are more proactive, able to deliver more interventions more frequently, and better able to direct the focus of activity promptly to those in greatest risk of relapse.

Current care co-ordinator caseloads are high so people in crisis may receive increased visits at the expense of those who are at less risk of relapse at that time. The teams also have limited access to medication advice, review and changes to medication regimes. There is also limited availability of Cognitive Behavioural Therapy (CBT) for Psychosis and Family Interventions, so not all people who would benefit are able to receive them. Vocational input to teams is minimal which means either assessments of need or interventions, or both, are missing.

The Promoting Recovery teams would have systems in place to allow the Care Co-ordinators to focus on non-crisis work for set times in the week and other times when they actively manage patients in crisis or showing early signs of relapse. The Care Coordinators need to have comprehensive assessments and formulations of their patients' needs with a resultant plan to address them. This is likely to involve a combination of interventions including medication, psychology and vocational interventions as well as looking at social care needs and liaison with other services. Crisis work slots will involve more working across the team so the Service Users are held by the team as well as having input from the Care Co-ordinators. This will include

a small group of Service Users in each team receiving daily supervised medication either through their attendance at the team base or via daily visits.

The team will consist of:

Consultant Psychiatrist  
Team Leader  
Psychologist  
Occupational Therapist  
Social Worker  
Nursing staff  
Administrators

Care co-ordinators will come from a range of disciplines and will have a caseload of no more than 20 per WTE staff member

Overall the Promoting Recovery teams will aim to move the Service Users 'up a group' so that people in group 4 would move to group 3, group 3 to 2, 2 to 1 and group 1 will be in primary care.

### **Low Intensity Treatment Team (LITT)**

A new service (Low Intensity Treatment Team, LITT) will be developed to support people who are stable and at low risk of relapse having had no admissions in the last 3 years to prepare for discharge to primary care. The team will provide:

- A medication service
- An assessment and implementation of support of packages that help support the Service User to remain well
- A service to provide support and advice to primary care to enable them to take back responsibility for on-going care and treatment where appropriate

50% of current Service Users fall into the cohort of people who are stable and at low risk of relapse. Of this group 40% cannot be discharged because of the complexity of their medications, 40% have on going social care needs that require them to remain within services with the current model of provision and 20% (10% of total caseload) can be supported through the LITT team back into primary care.

### **Training and supervision**

Training and supervision of staff will take place through a combination of in house training and through courses commissioned from local provider universities. Low Intensity Psychological Interventions training and medication management training will be provided via King's College and supervision will be provided in house to maintain and further enhance skills within each team.

## Appendix 3

### Service user/carer engagement meetings Sept & Oct 2013.

Meeting	Date	Time	Venue Details
<b>Lewisham Users Forum (LUF)</b>	Tues 17 <sup>th</sup> Sept.	SLaM slot will be: 3.15 until 3.45	Salvation Army Hall Albion Way Lewisham SE13
<b>LUF 'Hear Us' Event</b>	Tues 24 <sup>th</sup> Sept	12.00 – 3.00 SLaM slot 12.15-12.45	Civic Suite 1 Catford Road Catford SE6 4RU Tel: 020 8314 7000
<b>Speedwell CMHT service users</b>	Mon 30 <sup>th</sup> Sept	2 - 4.30	Compass Centre 32/34 Watson Street Deptford SE8 4AU Tel: 020 8694 6519
<b>Carers</b>	Mon 30 <sup>th</sup> Sept.	5.00 – 7.30	Carers Lewisham Waldram Place, Forest Hill SE23 2LB Tel: 0208 699 8686
<b>Family Health Isis Members – social gathering</b>	Weds 2 <sup>nd</sup> Oct	To attend the social gathering 2 – 4 pm	The Lee Centre 1 Aislibie Road Lee SE12 8QH
<b>Lewisham Joint Consultation Partnership Board</b>	Thurs 3rd Oct	1 – 4	Ladywell Unit.
<b>Southbrook Road &amp; Northover CMHT service users</b>	Fri 4 <sup>th</sup> October	2 - 5	Civic Suite 1 Catford Road Catford SE6 4RU Tel: 020 8314 7000

## **General round-up of developments: South London and Maudsley NHS Foundation Trust (SLaM)**

### **Executive Summary**

This paper presents a general round-up of developments at SLaM. A paper with a detailed update on the Community Adult Mental Health Review will be presented separately. The general operating conditions in Lewisham, as in other boroughs served by SLaM, are that mental health services continue to experience high levels of demand.

### **New Chief Executive at SLaM**

Dr Matthew Patrick has been appointed Chief Executive of SLaM, taking up his post on 14 October. Dr Patrick was previously Chief Executive of the Tavistock and Portman NHS Foundation Trust, a role he has held since March 2008. He trained as an adult psychiatrist at the Maudsley and Bethlem Royal Hospitals and for many years combined clinical work and developmental research. Over the past four years Dr Patrick has contributed to national mental health policy and strategy, including the development of the Improving Access to Psychological Therapies (IAPT) programme; the development of the New Horizons mental health policy; and the government's Mental Health Strategy, No Health Without Mental Health. More recently he has led on work around the development of e-mental health and has been actively involved in the development of mental health within Academic Health Science Centres.

### **New Director of Nursing at SLaM**

Neil Brimblecombe has been appointed Director of Nursing at SLaM. Neil began his career as a mental health and community nurse in London during the mid 1980s. He successfully progressed through positions with Hertfordshire Partnership Trust, ultimately reaching the post of Head of Mental Health Nursing. In 2003, he joined the National Institute for Mental Health as a Deputy Director, combining this national role with his job in Hertfordshire, and later moved to the Department of Health as substantive Director of Nursing. Neil has worked at South Staffordshire and Shropshire NHS Foundation Trust since 2007, initially as Executive Director of Quality and Professional Practice and, since 2010, as Chief Operating Officer / Director of Nursing.

### **Ladywell Unit refurbishment**

SLaM is investing in refurbishing its Lewisham inpatient unit to ensure that it is fit for purpose over the coming years. The Ladywell Unit on the Lewisham Hospital site will have improvements to the communal entrance area and garden to improve safety and security and the wards will be redecorated to improve the patient environment.

### **SLaM and C4 make groundbreaking documentary series on mental health**

SLaM's Lewisham community mental health team based at Speedwell in Deptford will feature in a new landmark C4 series exploring and demystifying the most profound decisions involved in treating the mentally ill.

'Bedlam' is a four-part observational documentary series taking an in-depth and unprecedented look at mental health in Britain today, with exclusive access to a wide

range of services, patients and staff at South London and Maudsley NHS Foundation Trust (SLaM). This is the most comprehensive access producers have ever had to any NHS mental health trust in the country.

Each of the four films tackles a different aspect of mental health:

- Community mental health. Cameras follow Speedwell community mental health team to illustrate that the lion's share of our work takes place in a community setting, looking after more than 35,000 people with mental health issues.
- Triage. Cameras are allowed in to Lambeth Hospital's Triage ward for the first time. In a postcode with the highest rates of psychosis in Europe, this is the A&E of mental health, where patients are at their most unwell.
- Anxiety. The Bethlem Royal Hospital's national unit treats the most anxious people in the country - the top 1% - with a success rate of three in four patients.
- Older Adults. The number of older people with mental health problems is to increase by a third over the next 15 years to 4.3 million. This episode features the older adults ward at the Maudsley Hospital.

Broadcast is scheduled for October and November 2013 on Channel 4. For more information visit [www.slam.nhs.uk/bedlam](http://www.slam.nhs.uk/bedlam).

### **Clinical Academic Groups (CAGs)**

SLaM services are organised into directorates known as CAGS, led by a senior clinician, senior academic and senior service manager.

#### Psychosis, Psychological Medicine, Mood and Personality CAGS

SLaM's three principal adult mental health services (CAGs) are working together to invest in and redesign community adult mental health services. This is described in detail in the *Community Adult Mental Health Review Update* paper.

#### Behavioural and Developmental Psychiatry (BDP)

BPD has won a grant to deliver Mental Health Liaison and Diversion services to the Boroughs of Southwark, Lewisham and Croydon within Police Stations.

#### Mental Health of Older Adults (MHOA)

The MHOA service is developing crisis support services across seven days and support to care homes and day services in line with the service redesign following the closure of Granville Park Specialist Care Unit in November last year.

#### Child and Adolescent Mental Health Services (CAMHS)

Children and Young People's Improved Access to Psychological Services (CYIAPT) will make talking therapies – cognitive behavioural therapy (CBT) – available more widely to young people across the boroughs served by the Trust from January 2014. The service is also supporting the voluntary sector to develop parenting programmes and outcome measures as well as developing CBT skills and patient reported outcome measures for use in-house.



## Launch of new organisation

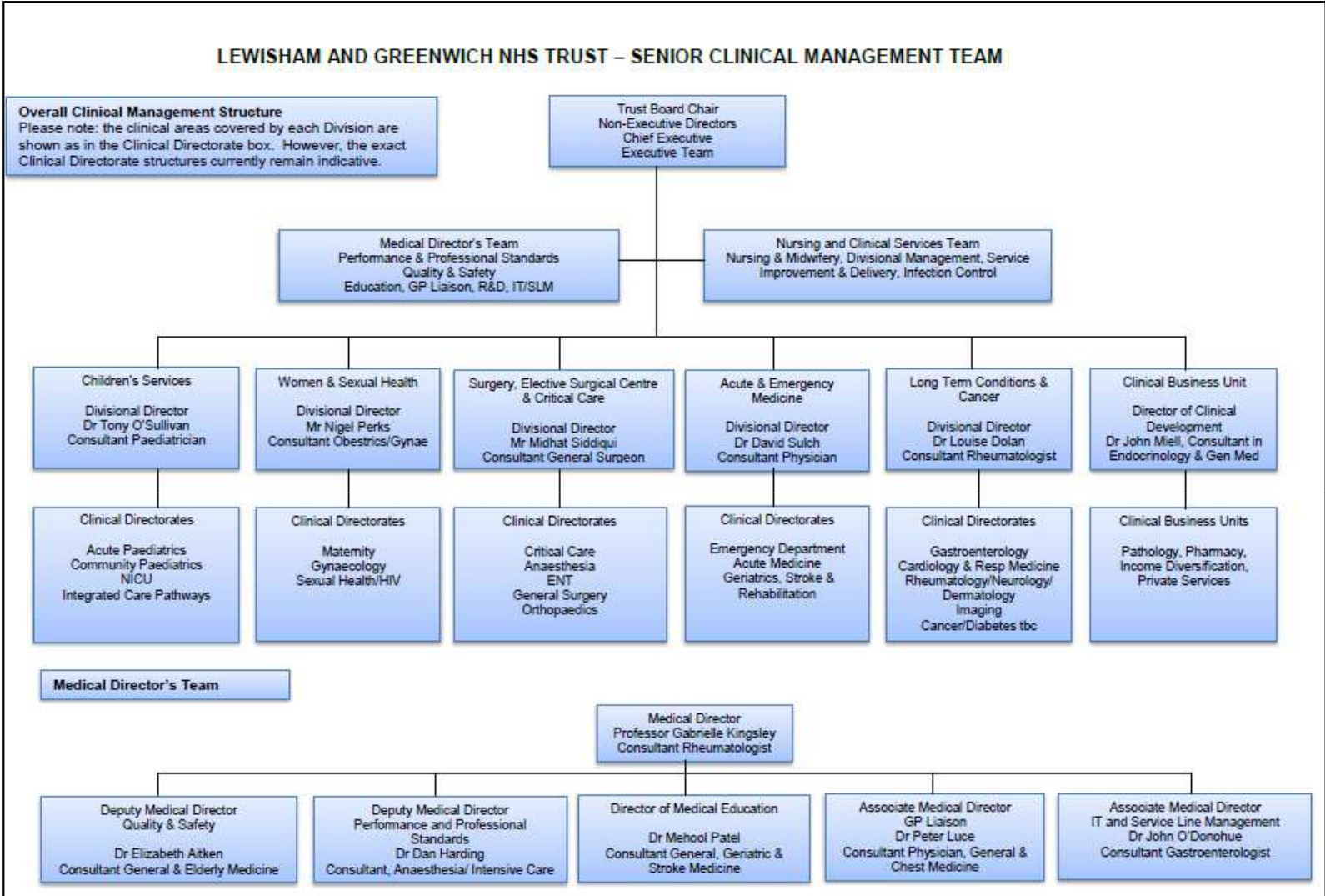
The new organisation was launched formally on 1 October 2013. Services have not changed following the merger and patient care is unaffected.

Preparatory work to launch the new organisation included:

- Putting in place the clinical and corporate structures we need to run a safe and sustainable Trust from day 1.
  - Clinical leaders were appointed to the Trust as divisional directors (in a designate capacity before 1 October).
  - Divisional directors are clinicians with a significant practising role. Their clinical roles will be reduced to allow effective time to undertake their management roles.
  - QEH based clinical staff were transferred to the Trust on day 1 by a 'lift and shift' process. There was a pre-transfer selection process for corporate staff previously employed by SLHT
- Our business plan and Post Transaction Integration Plan (PTIP) were agreed by our Board and reviewed by the Trust Development Authority in August.
- We are hosting a Legacy Management Office (LMO) to deal with any matters relating to SLHT which cannot be dealt with by the other receivers.







## Strategic objectives of the new Trust

Our business plan identifies our strategic objectives:

1. Provide consistently safe, high quality, patient-focused services
2. Create a strong, unified, sustainable and well-governed organisation
3. Strengthen and extend effective relationships with all our partners for the benefit of local people
4. Promote a caring workforce through good quality leadership and excellence in education
5. Secure the future of the organisation as a clinically-led, independent, and commercially viable Foundation Trust



## Public engagement

Patient care is not changing following the merger. We are engaging with local people to let them know it is 'business as usual' at Queen Elizabeth Hospital and Lewisham Hospital.

In particular, there has been much speculation about the Government's plans to downgrade Lewisham's maternity and emergency services in two to three years' time.

- These plans were overturned in July 2013 following appeals by the Save Lewisham Hospital campaign and Lewisham Council.
- The Government is appealing this decision and the hearing is set for 28 and 29 October.
- There is a clear distinction between the Government plans for service change and the organisational change (i.e. the merger).

In the longer term, we plan to work with GPs, partners and local people to improve and develop our services.

Lewisham and Greenwich   
NHS Trust

**Working together to improve  
local healthcare**



Lewisham and Greenwich NHS Trust is a new Trust, bringing together  
Lewisham Healthcare and Queen Elizabeth Hospital.

Health services have not changed following the merger,  
and patient appointments are unaffected.

For further information, please visit our new website, or call 020 8314 0481  
[www.lewishamandgreenwich.nhs.uk](http://www.lewishamandgreenwich.nhs.uk)

# Performance

The data below relates to performance before 1 October 2013.

A&E four hour wait (the standard is 95%)

- 95.74% for Lewisham for quarter 2 (July to September)
- 93.54% for Queen Elizabeth Hospital
- Infection control performance
  - Lewisham: 0 cases of MRSA and 4 cases of C-diff ( quarter 2)
  - QEH: 1 case of MRSA and 4 cases of C-diff
- 18 week wait target for outpatient appointments (standard is 95%)
  - Lewisham: 99.1% (April), 99% (May), 98.9% (June), 99.2 (July), 92.7% (August)
  - QEH: 95.6% (April), 94.1% (May), 94.4% (June), 95.7% (July), 97.6% (August)

We are expecting an inspection from the CQC this year.

On 1 October, we recently extended the Friends and Family test for patients of maternity, adult outpatients and day care surgery services.



# Staff engagement

We are running a programme of staff engagement across the organisation, including:

- A cultural audit, interviewing staff in Lewisham and Greenwich as part of our organisational development plan
- Briefing sessions (since summer this year)
- Welcome sessions and a staff welcome pack
- Launching a new intranet

From next month, we will be running engagement sessions on our staff values and associated behaviours.



# Our values – 1 of 2

## ***Respect and Dignity***

- Respect our patients and our colleagues
- Actively engage patients, carers and staff in decision making at every level

## ***Commitment to Quality of Care***

- Provide high quality, safe and effective care
- Effective and efficient use of resources to deliver excellent patient experience
- Be open and transparent in terms of our performance

## ***Compassion***

- Put patients, their families and carers at the heart of everything we do  
Listen and respond to feedback from patients, GPs and other stakeholders



# Our values – 2 of 2

## *Improving Lives*

- Deliver the right care, at the right place, at the right time
- Encourage innovation in all that we do

## *Working together for patients*

- Work creatively with local partners to secure benefits for local people
- Support our staff and ensure they have access to the education, training and development opportunities they need to do their job well

## *Everyone Counts*

- Respectful of everyone's views
- Open-minded and willing to change and do things differently



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# Agenda Item 6

HEALTHIER COMMUNITIES SELECT COMMITTEE			
<b>Report Title</b>	Update on Outcomes of Premature Mortality Review - School Meals Uptake - Information Item		
<b>Key Decision</b>	No	Item No.	6
<b>Ward</b>	All		
<b>Contributors</b>	Head of Resources and Performance, Children and Young People		
<b>Class</b>	Part 1	Date:	October 23rd 2013

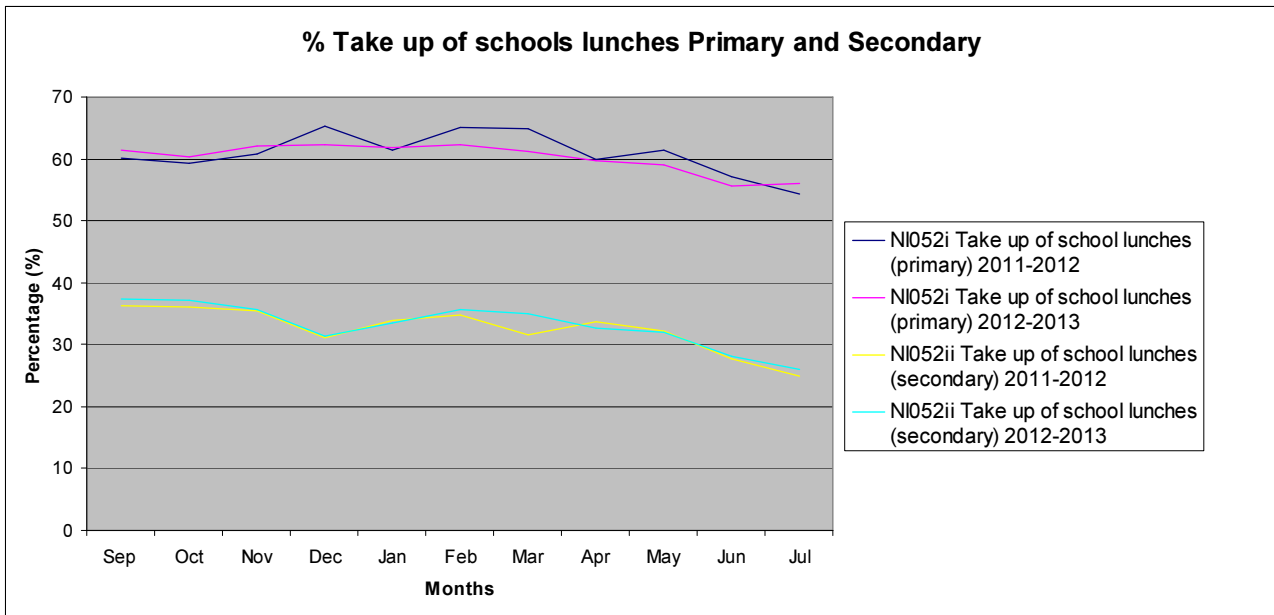
## 1. Summary

1.1 This short note provides comparable information relating to the take up of total school meals and free school meals.

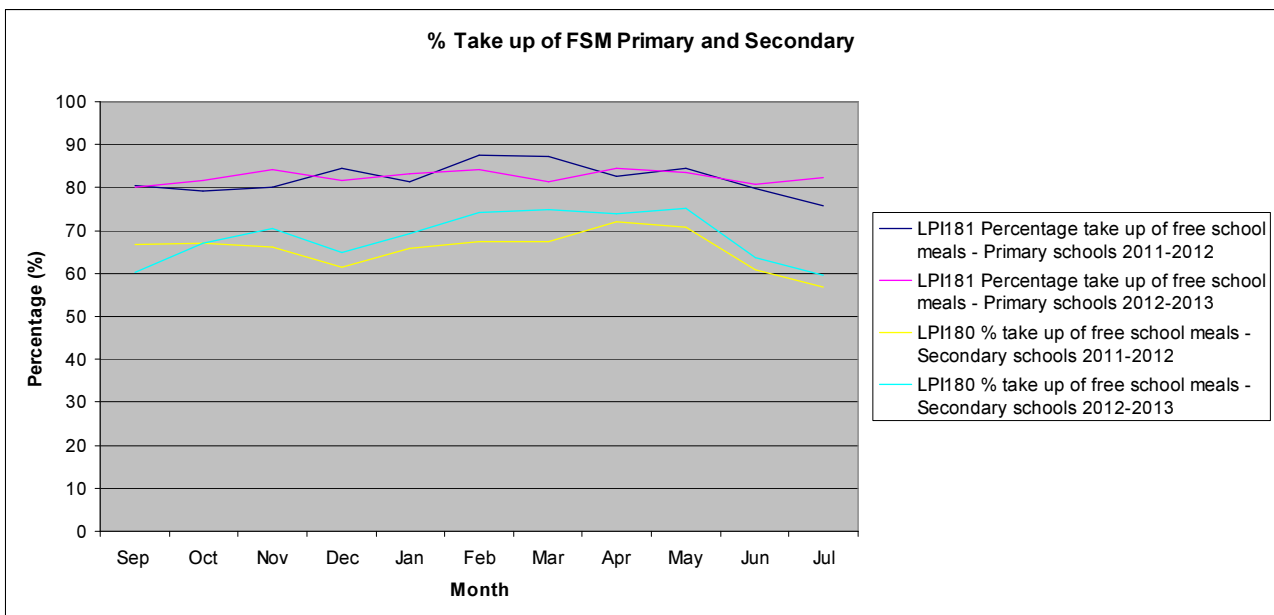
<b>Total Take up of School Meals</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>July</b>
NI052i Take up of school lunches (primary) 2011-12	60.1	59.3	60.7	65.2	61.5	65.0	64.8	59.9	61.4	57.1	54.3
NI052i Take up of school lunches (primary) 2012-13	61.4	60.4	62.0	62.3	61.8	62.2	61.1	59.7	59.1	55.7	56.0
NI052ii Take up of school lunches (secondary) 2011-12	36.3	36.1	35.5	31.2	34.0	34.8	31.6	33.8	32.3	27.7	25.0
NI052ii Take up of school lunches (secondary) 2012-13	37.3	37.1	35.7	31.3	33.5	35.7	34.9	32.7	32.0	28.2	25.9

<b>Total Take up of Free School Meals (FSM)</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>July</b>
LP181 % take up of free school meals (primary) 2011-12	80.3	79.1	80.2	84.6	81.5	87.7	87.2	82.6	84.6	79.8	75.8
LP181 % take up of free school meals (primary) 2012-13	80.2	81.8	84.3	81.7	83.1	84.2	81.5	84.6	83.5	80.8	82.2
LP180 % take up of free school meals (secondary) 2011-12	66.8	67.0	66.0	61.4	65.7	67.4	67.3	72.1	70.8	60.9	56.8
LP180 % take up of free school meals (secondary) 2012-13	60.4	67.1	70.4	64.9	69.1	74.1	74.9	74.0	75.1	63.8	59.7
N1052 take up of school lunches 2012-2013	52.7	52.1	52.8	54.5	52.9	55.8	55.5	52.0	52.6	48.2	45.5
N1052 take up of school lunches 2011-2013	54.1	53.5	54.2	53.1	53.5	54.4	53.4	51.8	51.0	47.5	47.0

1.2 The table above shows monthly percentage take up of both paid school meals and free school meals (FSM) for both primary and secondary for school years 2011 – 2012 and 2012 – 2013. The figures are taken from the monthly management report showing the percentage uptake against monthly school roll.



1.3 The table above demonstrates the school year and seasonal variances of overall school meals.



1.4 The table above demonstrates the school year and seasonal variances for FSM. As noted above there has been an increase in school meal uptake over the last two school years.

## 2. Further information

2.1 The national average for school meal take up based on 2011 – 2012 figures are:

Primary Schools: 46.3%

Secondary Schools: 39.8%

2.2 School meal take up in Lewisham is currently:

Primary Schools: 63 - 66%,  
Secondary Schools: 36.7%

2.3 Partnership working with Chartwells and the schools continues in order to maintain this upward trend and take our primary schools school meal uptake further above the national average and exceed the national average in secondary schools.

2.4 There are exciting times ahead with the Government recently publishing their School Food Plan [www.schoolfoodplan.com](http://www.schoolfoodplan.com) and the recent policy statement whereby all Key Stage 1 school children will have the opportunity to have a free school meal from September 2014. Local authorities are seeking further guidance from the Department of Education in relation to the implementation of the KS1 Free School Meal offer and other initiatives to increase school meal take up.

#### **Background documents**

There are no background papers.

If there are any queries arising from this report, please contact Matthew Eady, Service Manager, Pupil Benefits, Catering and Estate Management on 020 8314 6491

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# Agenda Item 7

<b>Committee</b>	Healthier Communities Select Committee	<b>Item No</b>	7
<b>Report Title</b>	Select Committee Work Programme		
<b>Contributors</b>	Scrutiny Manager		
<b>Class</b>	Part 1	<b>Date</b>	23 October 2013

## 1 Purpose

- 1.1 To advise Members of the select committee of the work programme for the municipal year 2013/14.

## 2 Summary

- 2.1 At the beginning of the municipal year, each select committee drew up a draft work programme for submission to the Business Panel for consideration.
- 2.2 The Business Panel considered the proposed work programmes of each of the select committees on 14 May 2013 and agreed a co-ordinated overview and scrutiny work programme, avoiding duplication of effort and facilitating the effective conduct of business.
- 2.3 However, the work programme is a “living document” and as such can be reviewed at each select committee meeting so that members are able to include urgent, high priority items and remove items that are no longer a priority.

## 3 Recommendations

- 3.1 The select committee is asked to:

- note the work programme attached at **Appendix B** and discuss any issues arising from the programme;
- specify the information and analysis required in the report for each item on the agenda for the next meeting, based on desired outcomes, so that officers are clear on what they need to provide;
- note all forthcoming executive decisions, attached at **Appendix C**, and consider any key decisions for further scrutiny.

## 4. The work programme

- 4.1 The work programme for 2013/14 was agreed at the meeting of the Committee held on 16 April 2013 and considered by the Business Panel on 14 May 2013.
- 4.2 Following the last meeting, it was agreed that the adult safeguarding report scheduled for this meeting would be moved to the February meeting.

An updated work programme is attached.

- 4.3 The Committee is asked to consider the work programme and consider if any urgent issues have arisen that require scrutiny and if any existing items are no longer a priority and can be removed from the work programme. Before adding additional items, each item should be considered against agreed criteria. The flow chart attached at **Appendix A** may help members decide if proposed additional items should be added to the work

programme. The Committee's work programme needs to be achievable in terms of the amount of meeting time available. If the committee agrees to add additional item(s) because they are urgent and high priority, Members will need to consider which medium/low priority item(s) should be removed in order to create sufficient capacity for the new item(s).

## 5. The next meeting

5.1 The following substantive items are scheduled for the next meeting:

Agenda Item	Review Type	Priority
<b>1. Library and Information Service</b>	Performance Monitoring	Medium
<b>2. Public Health update including:</b> <ul style="list-style-type: none"> <li>- <b>Public Health 2012/13 Annual report</b></li> <li>- <b>Expenditure in 2014/15 (incl. sustainability of community health projects and initiatives)</b></li> <li>- <b>Establishing a SE London urban public health collaborative across Lambeth, Southwark and Lewisham</b></li> <li>- <b>Interim evaluation of the North Lewisham Plan</b></li> </ul>	Standard review	High
<b>3. Lewisham Hospital – Update</b>	Standing item	High
<b>4. The Francis Report – progress on recommendations</b>	Standard review	Medium

5.2 The Committee is asked to consider if any specific information and analysis is required for each item, based on the outcomes the Committee would like to achieve, so that officers are clear on what they need to provide for the next meeting.

## 5. Financial Implications

5.1 There are no financial implications arising from this report.

## 6. Legal Implications

6.1 In accordance with the Council's Constitution, all scrutiny select committees must devise and submit a work programme to the Business Panel at the start of each municipal year.

## 7. Equalities Implications

7.1 There may be equalities implications arising from items on the work programme and all activities undertaken by the select committee will need to give due consideration to this.

## 8. Date of next meeting

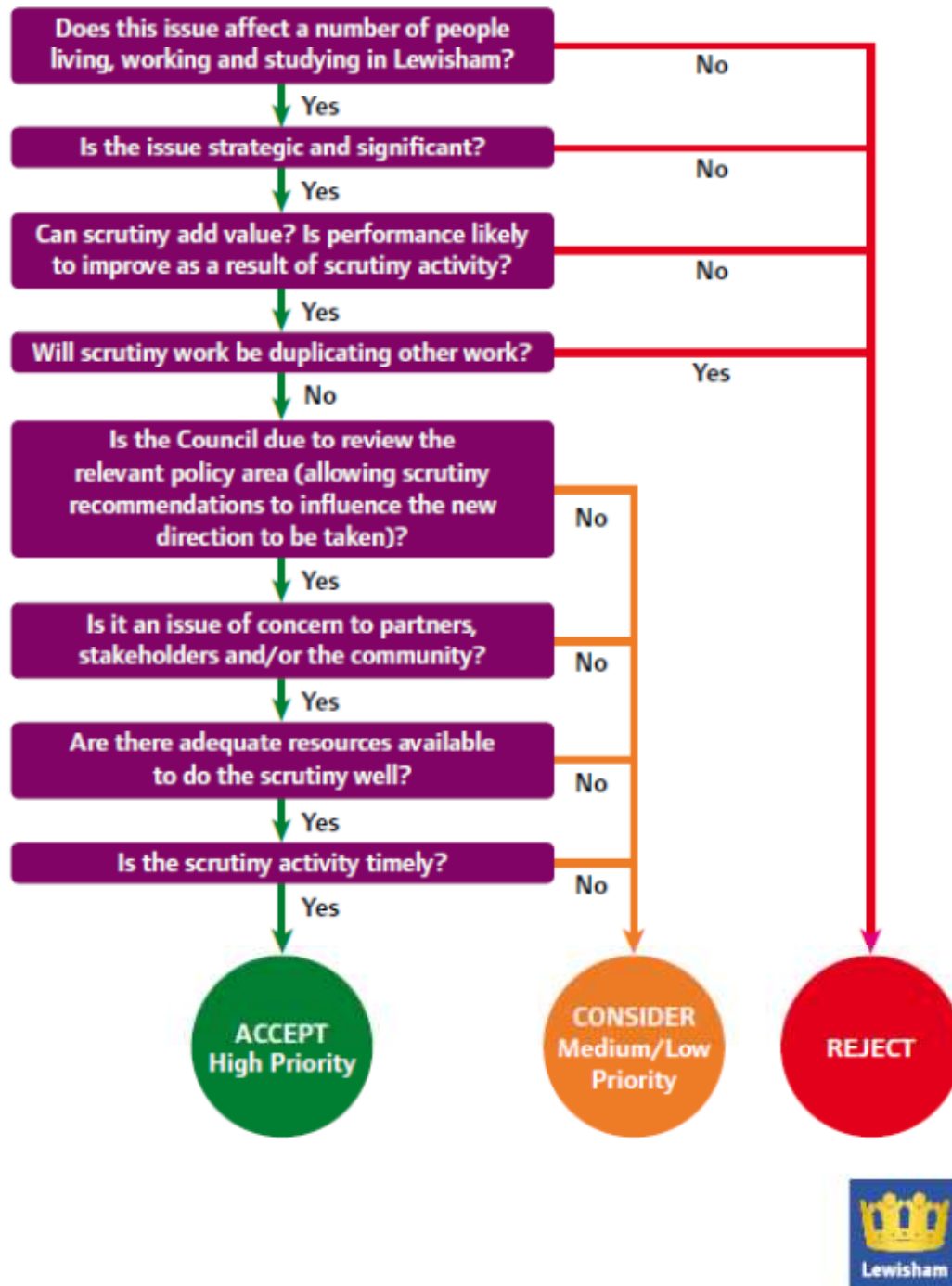
8.1 The date of the next meeting is Wednesday 11 December 2013.

## 9. Background Documents

Lewisham Council's Constitution

Centre for Public Scrutiny: the Good Scrutiny Guide – a pocket guide for public scrutineers

## Scrutiny work programme – prioritisation process



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Healthier Communities Select Committee

Work Item	Type of review	Priority	Strategic Priority	Delivery deadline	April	May	July	Sept	Oct	Dec	Feb	March
Confirmation of Chair and Vice Chair	Constitutional requirement	High	CP10	April								
Changes in light of the Health and Social Care Act 2012 Report	Standard Review	High	SCS 5, CP1, 8, 9, 10	April								
Community Education Lewisham	Performance Monitoring	High	CP9	February								
Health & Wellbeing Strategy and Deliver	Standard Review	High	CP9, 10	July			Response from Health & Well Being Board					
Health Scrutiny Protocol (Revised)	Standard Review	High	CP10	May								
Lewisham CCG's Engagement Strategy & Strategic Plan (including 'South-East London Community Based Care Strategy')	Standard Review	Medium	CP1, 8, 9, 10	Sept								
Emergency Services Review	Standard Review	High	SCS5, CP1, 8, 9, 10	July								
HIV Services/Sexual Health Services	Standard Review	Medium	CP8, 9	May								
Community Mental Health Review	Standard Review	High	CP8, 9	May								
Lewisham Hospital update	Standing Item: to keep abreast of all changes and implications	High	SCS5, CP1, 8, 9, 10	Ongoing								
NHS Trust Quality Accounts	Consultation	High	CP9,10	May								
New Cross Gate Healthy Living Centre	Standard Review	Medium	CS5, CP1, CP8	May								
Outcomes Based Commissioning and Outcomes Based Practice for Adult Social Care.	Standard Review with consultation event	Medium	CP8, 9	July			Plus an afternoon engagement event					
Leisure Contracts Update	Standard Review	Medium	SCS5, CP9	July								
'Extra Care' Housing Plans	Standard Review	Medium	CP6, 8, 9	Sept								
Healthwatch Annual Report	Standing Item	High	CP1,8,9	March								

Neighbourhood working with GP's		Medium	CP1, 8, 9, 10	July								
CQC Local Compliance Manager Update & Lewisham Healthcare NHS Trust inspection report update and Mental Health Adult Placement inspection report update/Adult Safeguarding Report	Standard Review	High	CP8, 9, 10	Sept								
Improving Health Services in Dulwich and Surrounding Areas – consultation by the Southwark Clinical Commissioning Group	Standard Review	High	SCS 5, CP8, 9	April								
NHS 111 – Update	Standard Review	High	SCS5 CP7,8,9	May								
Library and Information Service	Performance Monitoring	Medium	CP9	Dec								
Savings Proposals 2014/15	Standard Review	High	CP10	Oct/Nov								
QIPP - Items from 2013/14 Plans	Standard Review	Medium	CP10	Feb								
Reablement	Standard Review	Medium	CP8, 9	Sept								
Update on Outcomes of Premature Mortality Review	In-depth review follow up	High	SCS5, CP9	Mar								
Learning Disabilities and Healthcare Services	Standard review	Medium	CP8, 9	Feb								
The Healthier Catering Commitment Scheme	Standard review	Medium	SCS5, CP1, CP9	Feb								
expenditure in 2014/15 (incl. Sustainability of Community Health Projects and Initiatives)	Standard review	High	CP1, 9, 10	Dec								
Public Health 2012/13 Annual Report	Standard review	Medium	CP1, 9, 10	Dec								
The Francis Report - progress on recommendations	Standard review	Medium	SCS5, CP1,8,9	Dec								
Establishing a South East London urban public health collaborative across Lambeth, Southwark and Lewisham	Standard review	Medium	CP9, 10	Dec								
Interim Evaluation of the North Lewisham Plan	Standard review	Medium	CP9, 10	Dec								

	Item completed
	Item ongoing
	Item outstanding
	Proposed timeframe
	Carried over from last year
	item added

Meeting Schedule		
1)	Tues	16/04/2013 (dsp. 4 April)
2)	Weds	29/05/2013 (dsp. 16 May)
3)	Tues	09/07/2013 (dsp 27 June)
4)	Weds	04/09/2013 (dsp. 27 August)
5)	Weds	23/10/2013 (dsp. 15 October)
6)	Weds	11/12/2013 (dsp. 3 December)

7)	Weds	05/02/2014 (dsp. 28January)
8)	Tues	18/03/2014 (dsp. 6 March)

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**MAYOR & CABINET AND SCRUTINY  
PROGRAMME OF BUSINESS**

**Programme of Business for October 2013 - February 2014**

Meeting date	Committee	Item	Directorate	Lead Officer
October				
Tuesday, 22 Oct 2013	Safer Stronger Communities Select Committee	Integration of refugees	Community Services Directorate	Timothy Andrew
Tuesday, 22 Oct 2013	Safer Stronger Communities Select Committee	Lewisham race equality organisation update	Community Services Directorate	Liz Dart
Wednesday, 23 Oct 2013	Mayor and Cabinet	Appointment of LA Governors		Frankie Sulke
Wednesday, 23 Oct 2013	Mayor and Cabinet	Appropriation of land adjacent to Deptford Station for planning purposes		Janet Senior
Wednesday, 23 Oct 2013	Mayor and Cabinet	Complaints Annual Report 2012/13		Kevin Sheehan
Wednesday, 23 Oct 2013	Mayor and Cabinet	Discretionary rate relief - new policy		Aileen Buckton
Wednesday, 23 Oct 2013	Mayor and Cabinet	Consultation on the enlargement of Coopers Lane Primary School from 2 to 3FE and Forster Park Primary School from 2 to 3FE		Frankie Sulke
Wednesday, 23 Oct 2013	Mayor and Cabinet	Management Report		Janet Senior
Wednesday, 23 Oct 2013	Mayor and Cabinet	Military Covenant		Janet Senior
Wednesday, 23 Oct 2013	Mayor and Cabinet	Parking Annual Report		Kevin Sheehan
Wednesday, 23 Oct 2013	Mayor and Cabinet	Re-constitution and New Instrument of Government John Stainer		Frankie Sulke
Wednesday, 23 Oct 2013	Mayor and Cabinet	Response to Healthier Communities Select Committee on Outcomes Based Commissioning and Outcomes Based Practice for Adult Social Care		Aileen Buckton
Wednesday, 23 Oct 2013	Mayor and Cabinet	Response to Housing Select Committee on the emergency services Review		Kevin Sheehan
Wednesday, 23 Oct 2013	Mayor and Cabinet	Response to Overview & Scrutiny Business Panel - Central Lewisham Opportunity Site		Janet Senior

Meeting date	Committee	Item	Directorate	Lead Officer
Wednesday, 23 Oct 2013	Mayor and Cabinet	Response to Public Accounts Select Committee on Cross Borough Working		Janet Senior
Wednesday, 23 Oct 2013	Mayor and Cabinet	Response to Sustainable Development Select Committee on Air Quality.		Kevin Sheehan
Wednesday, 23 Oct 2013	Mayor and Cabinet	Response to Sustainable Development Select Committee: business development review		Janet Senior
Wednesday, 23 Oct 2013	Mayor and Cabinet (Contracts)	Adult Social Care - Block Contract Extension		Aileen Buckton
Wednesday, 23 Oct 2013	Mayor and Cabinet (Contracts)	Corporate energy contracts - review 2013		Janet Senior
Wednesday, 23 Oct 2013	Mayor and Cabinet (Contracts)	Contract Extension: Lewisham Park Housing Association		Aileen Buckton
Wednesday, 23 Oct 2013	Healthier Communities Select Committee	Community Mental Health Review	Community Services Directorate	
Wednesday, 23 Oct 2013	Healthier Communities Select Committee	Lewisham Hospital - update	Community Services Directorate	
Wednesday, 23 Oct 2013	Healthier Communities Select Committee	Update on Outcomes of Premature Mortality Review	Children and Young People Directorate	
Wednesday, 23 Oct 2013	Healthier Communities Select Committee	'Extra Care' Housing Plans	Customer Services Directorate	
Wednesday, 30 Oct 2013	Housing Select Committee	Housing Matters update	Customer Services Directorate	
Wednesday, 30 Oct 2013	Housing Select Committee	Key housing issues	Customer Services Directorate	
Wednesday, 30 Oct 2013	Housing Select Committee	Impact of housing benefit cap on Lewisham residents	Customer Services Directorate	
Thursday, 31 Oct 2013	Sustainable Development Select Committee	Build the Lenox	Resources and Regeneration Directorate	Timothy Andrew
Thursday, 31 Oct 2013	Sustainable Development Select Committee	Parking policy monitoring and update	Customer Services Directorate	Ralph Wilkinson

Meeting date	Committee	Item	Directorate	Lead Officer
Thursday, 31 Oct 2013	Sustainable Development Select Committee	Revenue budget savings proposals	Resources and Regeneration Directorate	Conrad Hall
November				
Wednesday, 6 Nov 2013	Children and Young People Select Committee	Savings 2013/14	Children and Young People Directorate	
Monday, 11 Nov 2013	Public Accounts Select Committee	Council tax reduction scheme	Resources and Regeneration Directorate	
Monday, 11 Nov 2013	Public Accounts Select Committee	Management report	Resources and Regeneration Directorate	
Monday, 11 Nov 2013	Public Accounts Select Committee	Revenue and Capital Budget Monitoring	Resources and Regeneration Directorate	
Wednesday, 13 Nov 2013	Mayor and Cabinet	Asset Rationalisation Update		Janet Senior
Wednesday, 13 Nov 2013	Mayor and Cabinet	Backr- an employment support network		Kevin Sheehan
Wednesday, 13 Nov 2013	Mayor and Cabinet	Budget Strategy 2014-15		Janet Senior
Wednesday, 13 Nov 2013	Mayor and Cabinet	Changes to the Fixed Penalty Notice Charges		Kevin Sheehan
Wednesday, 13 Nov 2013	Mayor and Cabinet	Excalibur - Phase 3 CPO		Kevin Sheehan
Wednesday, 13 Nov 2013	Mayor and Cabinet	Mercator Road - New Build Scheme		Kevin Sheehan
Wednesday, 13 Nov 2013	Mayor and Cabinet	New Homes Better Places		Kevin Sheehan
Wednesday, 13 Nov 2013	Mayor and Cabinet	Older People's Housing Strategy		Kevin Sheehan
Wednesday, 13 Nov 2013	Mayor and Cabinet	Response to Safer Stronger Communities SC - Transforming Rehabilitation		Aileen Buckton
Wednesday, 13 Nov 2013	Mayor and Cabinet	Rewiring Public Services		Janet Senior



Meeting date	Committee	Item	Directorate	Lead Officer
Nov 2013				
Wednesday, 13 Nov 2013	Mayor and Cabinet	Young Mayors Budget		Janet Senior
Wednesday, 13 Nov 2013	Mayor and Cabinet (Contracts)	Award of Highways Maintenance and Planned Works Contract		Janet Senior
Wednesday, 13 Nov 2013	Mayor and Cabinet (Contracts)	Contract Award for works to provide decant accommodation for Adamsrill Primary School		Frankie Sulke
Tuesday, 19 Nov 2013	Safer Stronger Communities Select Committee	Promoting a sense of belonging	Community Services Directorate	Liz Dart
Tuesday, 19 Nov 2013	Safer Stronger Communities Select Committee	Update on main grants programme funding	Community Services Directorate	Liz Dart
December				
Tuesday, 3 Dec 2013	Children and Young People Select Committee	Generation Play Clubs update	Children and Young People Directorate	
Tuesday, 3 Dec 2013	Children and Young People Select Committee	Nursery Education and Childcare Review	Children and Young People Directorate	
Tuesday, 3 Dec 2013	Children and Young People Select Committee	Secondary school placements planning	Children and Young People Directorate	
Wednesday, 4 Dec 2013	Mayor and Cabinet	Consultations on the proposals to enlarge Holbeach Primary school from 2 to 3 fe and John Ball Primary school from 2 to 3 FE		Frankie Sulke
Wednesday, 4 Dec 2013	Mayor and Cabinet	Council Tax Reduction Scheme for 2014-15		Kevin Sheehan
Wednesday, 4 Dec 2013	Mayor and Cabinet	Management Report		Janet Senior
Wednesday, 4 Dec 2013	Mayor and Cabinet	Planning Service Annual Monitoring 2012-13		Janet Senior
Wednesday, 4 Dec 2013	Mayor and Cabinet	Response to Housing SC - low cost home ownership		Kevin Sheehan

Meeting date	Committee	Item	Directorate	Lead Officer
2013				
Wednesday, 4 Dec 2013	Mayor and Cabinet	Response to OSBP - Council Tax Reduction Scheme		Kevin Sheehan
Wednesday, 4 Dec 2013	Mayor and Cabinet	Social Value Policy		Aileen Buckton
Wednesday, 4 Dec 2013	Mayor and Cabinet	To approve a licensed deficit for Trinity Secondary School		Frankie Sulke
Wednesday, 4 Dec 2013	Mayor and Cabinet (Contracts)	Award of contracts to cover consultancy services to the Primary Places Programme		Frankie Sulke
Wednesday, 4 Dec 2013	Mayor and Cabinet (Contracts)	Contract Award for works to enable the expansion of Adamsrill Primary School.		Frankie Sulke
Wednesday, 4 Dec 2013	Mayor and Cabinet (Contracts)	Contract Award for works to construct a Primary Phase at Prendergast Ladywell Fields College		Frankie Sulke
Wednesday, 4 Dec 2013	Mayor and Cabinet (Contracts)	Main grants extension		Aileen Buckton
Wednesday, 4 Dec 2013	Mayor and Cabinet (Contracts)	Request for authority to Award a contract for the enlargement of John Stainer Primary from 1 to 2 FE		Frankie Sulke
Wednesday, 4 Dec 2013	Housing Select Committee	Brockley PFI mid year review	Customer Services Directorate	
Wednesday, 4 Dec 2013	Housing Select Committee	Key housing issues	Customer Services Directorate	
Wednesday, 4 Dec 2013	Housing Select Committee	Lewisham Homes mid year review	Customer Services Directorate	
Wednesday, 4 Dec 2013	Housing Select Committee	Proposed rent and service charge increases	Customer Services Directorate	
Tuesday, 10 Dec 2013	Sustainable Development Select Committee	Highways	Customer Services Directorate	Ian Ransom
Tuesday, 10 Dec 2013	Sustainable Development Select Committee	Air quality action plan	Customer Services Directorate	Dave Trew
Tuesday, 10 Dec	Sustainable	Build the Lenox	Resources and	John Miller

Meeting date	Committee	Item	Directorate	Lead Officer
2013	Development Select Committee		Regeneration Directorate	
Tuesday, 10 Dec 2013	Sustainable Development Select Committee	Plans for extension of the DLR	Resources and Regeneration Directorate	Simon Moss
Tuesday, 10 Dec 2013	Sustainable Development Select Committee	Road safety and cycling	Resources and Regeneration Directorate	Simon Moss
Tuesday, 10 Dec 2013	Sustainable Development Select Committee	Update on Bakerloo line discussions	Resources and Regeneration Directorate	Simon Moss
Wednesday, 11 Dec 2013	Healthier Communities Select Committee	Interim Evaluation of the North Lewisham Plan	Community Services Directorate	
Wednesday, 11 Dec 2013	Healthier Communities Select Committee	Lewisham Hospital - update	Community Services Directorate	
Wednesday, 11 Dec 2013	Healthier Communities Select Committee	Library and Information Service	Community Services Directorate	
Wednesday, 11 Dec 2013	Healthier Communities Select Committee	Prioritisation process for Public Health expenditure in 2014/15 (incl. Sustainability of Community Health Projects and Initiatives)	Community Services Directorate	
Wednesday, 11 Dec 2013	Healthier Communities Select Committee	Public Health 2012/13 Annual Report	Community Services Directorate	
Wednesday, 11 Dec 2013	Healthier Communities Select Committee	Savings Proposals 2014/15	Community Services Directorate	
Wednesday, 11 Dec 2013	Healthier Communities Select Committee	The Francis Report - progress on recommendations	Community Services Directorate	
January				
Thursday, 9 Jan 2014	Public Accounts Select Committee	Annual complaints report	Resources and Regeneration Directorate	
Wednesday, 15 Jan 2014	Mayor and Cabinet	Business Growth Strategy		Janet Senior
Wednesday, 15 Jan 2014	Mayor and Cabinet (Contracts)	Discretionary Rate Relief Awards over £10,000		Aileen Buckton

Meeting date	Committee	Item	Directorate	Lead Officer
Tuesday, 21 Jan 2014	Safer Stronger Communities Select Committee	Local assemblies review	Community Services Directorate	Liz Dart
February				
Wednesday, 5 Feb 2014	Healthier Communities Select Committee	CQC Local Compliance Manager Update & Lewisham Healthcare NHS Trust inspection report update and Mental Health Adult Placement inspection report update/Adult Safeguarding Report	Community Services Directorate	
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Commissioned Youth Provision Contract award		Frankie Sulke
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Family Intervention Project		Frankie Sulke
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Supporting People Contract Pagnell Street and Edward Street		Aileen Buckton
March				
Wednesday, 5 Mar 2014	Housing Select Committee	Newham landlord licensing scheme	Customer Services Directorate	
Wednesday, 5 Mar 2014	Housing Select Committee	In depth review into low cost home ownership report and follow up	Customer Services Directorate	
Wednesday, 5 Mar 2014	Housing Select Committee	Developing Lewisham's housing assets: upgrading existing stock	Customer Services Directorate	
Wednesday, 5 Mar 2014	Housing Select Committee	Review of the housing complaints process	Customer Services Directorate	
Wednesday, 5 Mar 2014	Mayor and Cabinet	Management Report		Janet Senior