

Healthier Communities Select Committee Agenda

Wednesday, 16 July 2014
7.00 pm, Committee room 4
Civic Suite
Lewisham Town Hall
London SE6 4RU

For more information contact: Timothy Andrew (02083147916)

Part 1

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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, 16 July 2014.

Barry Quirk, Chief Executive
Tuesday, 8 July 2014

Councillor John Muldoon	
Councillor Stella Jeffrey	
Councillor Paul Bell	
Councillor Bill Brown	
Councillor Ami Ibitson	
Councillor Alicia Kennedy	
Councillor Jacq Paschoud	
Councillor Pat Raven	
Councillor Joan Reid	
Councillor Alan Till	

Agenda Item 1

Healthier Communities Select Committee			
Title	Confirmation of Chair and Vice Chair of the Healthier Communities Select Committee		
Contributors	Chief Executive (Business and Committee Manager)	Item	1
Class	Part 1 (Open)	16 July 2014	

1. Summary

Further to the Annual General Meeting of Council on 11 June 2014, this report informs the Select Committee of the appointment of a Chair and Vice Chair of the Healthier Communities Select Committee.

2. Purpose of the report

To issue directions to the Select Committee regarding the election of their Chair and Vice Chair.

3. Recommendations

The Select Committee is recommended to:

- (i) Confirm the election of Councillor John Muldoon as Chair of the Healthier Communities Select Committee.
- (ii) Confirm the election of Councillor Stella Jeffrey as Vice Chair of the Healthier Communities Select Committee.

4. Background

4.1 On 11 June 2014, the Annual General Meeting of the Council considered a report setting out an allocation of seats on committees to political groups on the Council in compliance with the requirements of the Local Government and Housing Act 1989.

4.2 The constitutional allocation for both chairs and vice chairs of select committees is:

Labour: 6

5. Financial implications

There are no financial implications arising from this report.

6. Legal implications

Select Committees are obliged to act in accordance with the Council's Constitution.

Background papers

Council AGM Agenda papers 11 June 2014 – available on the Council website <http://www.lewisham.gov.uk/> or on request from Kevin Flaherty, Business and Committee manager (0208 3147369)

If you have any queries on this report, please contact Salena Mulhere, Overview and Scrutiny Manager (020 8314 3380)

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 18 March 2014 at 7.00 pm

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

ALSO PRESENT: Dee Carlin (LCCG/LBL), Joy Ellery (Lewisham and Greenwich NHS Trust), Helen Hammond, Lorna Hughes (LCCG), Salena Mulhere, Georgina Nunney, Dr Danny Ruta (Public Health Lewisham) and Norman McClean (Lewisham and Greenwich NHS Trust)

Apologies for absence were received from Councillor Pauline Beck

1. Minutes of the meeting held on 5 February 2014

The minutes were agreed as a true record.

2. Declarations of interest

Councillor John Muldoon declared a non prejudicial interest as a directly elected governor of SLaM and as a fellow of the RSA which gave a grant to New Cross Library.

3. Response from Mayor and Cabinet: Library and Information Service

The Committee noted the report.

4. Lewisham and Greenwich NHS Trust PFI costs

Joy Ellery and Norman McClean introduced the report. Their key points to note were:

- There are 3 PFI schemes within the current trust, 2 buildings and one equipment PFI at Queen Elizabeth Hospital.
- The current payments per annum are 8.3% of the total trust operating income
- The Riverside PFI cost on the Lewisham site is relatively low at 3.23% of Lewisham's total operating income
- The overall relative value of the two PFIs at the Woolwich site are higher at 14.11% of that sites total operating income – 12.10% being the building PFI and 2.01% being the equipment PFI
- As part of the dissolution of the South London Healthcare Trust< Lewisham and Greenwich Healthcare Trust have received funding from the Department of Health (DOH) of 73 million over the next 5 years to offset the cost of the PFI and the DOH will provide ongoing financial support beyond the 5 years.

In response to questions, the Committee were advised that:

- The costs of the PFI are not capped and are uplifted by RPI on an annual basis
- The Trust has the option to buy the medical equipment covered by that PFI at the end of the contract, which is in September 2016
- The netbook value of the assets of the trust on the two sites were assessed at different times by different valuers – Lewisham site was done 3 years ago. The value of the assets varies as it is a calculation that includes the risk of depreciation and life cycle of buildings. Both sites are now valued by the same valuer
- It is anticipated that next year the trust will break even, taking into account the DOH support with the PFI costs
- The PFI contract for medical equipment includes discussion with the trust if there is the need to re purpose or re-commission specific machines, such as MRI scanners

Cllr Muldoon agreed that further supplementary questions submitted to the Committee by local interested people would be forwarded to the Trust for a response.

RESOLVED: To note the report

5. Public Health Priorities for expenditure in 2014/15

Danny Ruta introduced the report. The key points to note were:

- Public Health was now a function of the local authority.
- The budget allocation for public health in Lewisham from the Department of Health (DoH) was £20 million for 2014/15
- Public health currently manage over 70 contracts and employ a number of staff, all of which transferred over to the local authority
- Prescription costs is a cost pressure, prescription costs as a result of public health intervention (for example nicotine replacement prescribed as a result of the stop smoking services)
- Public health is requesting the council provide an additional £200k to be allocated to the school age nursing service in 2014-15

In response to questions the Committee were advised that:

- This report had also been provided to the Health and Well Being Board
- The request for additional funding for the school age nursing service had not been taken to the CYP Select Committee
- Public health currently have no clear figures regarding the uptake and outcomes of free swimming provision
- £50,000 funding is provided by the GLA for the Well London programme, Public health match this funding provision
- 40% of public health funding is spent on sexual health, including condom distribution and specialist clinics. A needs assessment is currently being carried out in relation to FGM and services and support that may need to be provided
- Lewisham and Greenwich NHS Trust have trained 80-90% of all midwives in recognising and providing support to women in relation to FGM
- There used to be a teenage pregnancy strategy, this is no longer the case, however when the current contracts are reviewed there will be work done to assess if further resources need to be targeted towards teenage pregnancy

- The additional 200K requested for the school nursing programme would enable the provision of a full time nurse in every secondary school and support clusters of primary schools. They are focused on general support so healthy weight, mental health smoking cessation. There are no formal outcome measures assigned to the school nursing programme.

The Committee discussed the evidence given and resolved the following:

RESOLVED: To make a referral to the Mayor and Cabinet that advises that:

The Select Committee endorsed the additional spending suggested for the school nursing programme. However, the Committee recommends that appropriate outcome measurements are established, so that the social and economic value of this investment in the service can be evaluated in the future.

The Committee further notes its concern that there is not always sufficient focus on measuring the outcomes of investment in services in relation to health prevention activities and social care, to enable appropriate analysis of the value of investment in specific services. The Committee recommends that a stronger focus on measuring outcomes should be developed; to ensure that effectiveness as well as social and economic value is achieved.

6. Public Health: Annual Report 2013

Danny Ruta introduced the report. The key points to note were:

- An alternative approach was being taken this year to the statutory requirement to issue an annual report.
- The publication will be in the style of one of Britain's best-selling women's magazines, with the aim of being accessible to the general public, and will focus on the topic of obesity and ways to tackle and prevent it.
- 25,000 copies of this publication will be printed and distributed via children's centres and other locations
- In addition to this publication, the JSNA website will be updated with progress on achieving key Public Health Outcomes and some resources for health professionals (to support weight management) will be published electronically.
- These will be published at the end of April 2014.

In response to the questions the Committee was advised:

- There were no formal mechanisms to evaluate the effectiveness of this approach, although there were competitions for children to enter which would give some idea of the reach of the publication

RESOLVED: The committee noted the report, and advised that it would be helpful if the publications were all made easily available on the Lewisham website.

7. Public Health: Alcohol Identification & Brief Advice (IBA) Training App for frontline staff working in the public sector

Danny Ruta demonstrated to the Committee a training video that has been created to provide healthcare professionals with advice on how to tackle conversations with patients about their alcohol consumption.

RESOLVED: To note the presentation.

8. Premature Mortality Review: Update

Danny Ruta introduced the report. In response to questions Danny Ruta advised:

- Although there are statistics to show that smoking has reduced generally, there is no clear way to be sure of the absolute figures for smokers and reduction in smokers in Lewisham as this is not routinely recorded by all GPs. Consideration is being given by Public Health London to carrying out a health and wellbeing survey.
- Chartwells are building on the Bronze Food for Life accreditation they achieved in 2012
- 12,000 people of the 70,000 eligible have had health checks. 30% of those offered health checks to date have taken up the offer
- Efforts are underway to increase access to basketball in Lewisham for children and young people.

RESOLVED To note the report, and to visit the basketball facilities currently being built in the borough at some point next year.

9. Lewisham Hospital Update

Joy Ellery Introduced the report. They key points to note were:

- The CQC inspected the trust recently and had shared their initial findings with the trust at the end of the inspection.
- The inspection involved an inspection team of around 50 people who were looking at particular Key Lines of Enquiry (KLOEs) that they had chosen to focus on.
- There were two “listening” events organised and promoted by the inspection team, one in each borough – 25 people attended in total. One full day was spent on the Lewisham site and one on the Greenwich site.
- An enormous amount of data was requested by the inspection team before the visit, and an additional 130 pieces of information were requested during the inspection week
- There were no urgent concerns to be addressed on the day of feedback, there were a few issues that arose during the inspection that were corrected immediately.

RESOLVED: To note the report.

10. CEL: Inspection update

The Chair agreed to alter the order of the agenda to take this item after item 4 to allow the officer presenting to leave early.

Helen Hammond gave a verbal update, the key points to note were:

- The service was inspected for one week in February and has been given a grade 2 “good” rating in all areas.
- The inspection report will be circulated to members when it is received
- New funding has been made available to support people with English as a Second Language (ESOL) who are in receipt of Job Seekers Allowance (JSA).

RESOLVED to congratulate CEL on passing the inspection and to note the update given.

11. Dementia Advocacy Group: Committee Visit

Councillor John Muldoon advised the Committee about a visit members of the committee recently undertook with the Lewisham Dementia Advocacy Group. He advised that as a result of the visit, the group had been put in touch with the young mayor and advisors to discuss some intergenerational work, and also with the editor of Lewisham Life to discuss possible future articles to raise awareness of people living with Dementia, services and support that is available as well as raise awareness in the community of ways in which people can support people with dementia.

Councillor Jacq Paschoud advised the Committee that the visit reminded members that “accessibility” is about more than ramps and disabled access toilets – it is about awareness and acceptance and support in the local community. She further advised that the group felt strongly that although personalisation was a positive in many ways, access to group sessions for people with dementia, and their carers, to come together and support each other and share experiences was felt to be something essential that should continue to be supported.

RESOLVED: To note the update given.

12. Select Committee work programme

The Chair moved a motion to suspend Standing orders which was unanimously agreed.

Salena Mulhere introduced the report and invited the Committee to offer any suggestions they felt should be put forward to the incoming Committee in June 2014.

The Committee discussed the suggestion put forward by PAC and agreed to suggest that the development of the local market for Adult Social Care Services and suggested this be put forward to the incoming committee.

The Committee also suggested that the potential of community enterprise hubs and time banks becoming involved in service provision be further considered by the incoming committee.

RESOLVED: To note the report and put forward to the incoming committee the outlined suggestions.

13. Referrals to Mayor and Cabinet

RESOLVED: To refer the views outlined under item 5 to the Mayor and Cabinet.

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Healthier Communities Select Committee			
Title	Declaration of interests		
Contributor	Chief Executive	Item	3
Class	Part 1 (Open)	16 July 2014	

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;

(b) and 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 not 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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Agenda Item 4

Healthier Communities Select Committee			
Title	Response from Mayor and Cabinet to matters referred by the Select Committee		
Contributors	Executive Director for Resources (Business & Committee Manger)	Item	4
Class	Part 1 (Open)	15 July 2014	

1. Purpose of the report

This report informs Members of the response given at Mayor and Cabinet to a referral in respect of recommendations to the Mayor following the discussions held on the officer report *Public Health priorities for expenditure in 2014/15*, considered at the Committee's meeting on 18th March 2014.

2. Recommendation

The Select Committee is recommended to receive the Mayoral response to the recommendations made following their consideration of the officer report on *Public Health priorities for expenditure in 2014/15*

3. Background

3.1 The Mayor considered the attached report entitled *Matters raised by scrutiny – Comments of the Healthier Communities Select Committee on the public health priorities for expenditure in 2014/15* on 25 June 2014.

4. Mayoral response

4.1 The Mayor received an officer report and a presentation from the Cabinet Member and the Executive Director.

4.2 The Mayor resolved that the response shown in the attached report be submitted to the Healthier Communities Select Committee.

Background papers

Mayor & Cabinet minutes June 25 2014

If you have any queries on this report, please contact Kevin Flaherty, Business and Committee Manager, 0208 314 9327

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MAYOR AND CABINET			
Report Title	Matters raised by scrutiny – Comments of the Healthier Communities Select Committee on the public health priorities for expenditure in 2014/15		
Key Decision	No	Item No.	
Ward	All		
Contributors	Executive Director for Community Services, Director of Public Health		
Class	Part 1	Date:	25 June 2014

1. Summary

- 1.1 This report responds to the comments and views of the Healthier Communities Select committee, arising from discussions held on the officer report entitled *Public Health priorities for expenditure in 2014/15*, considered at its meeting on 18th March 2014.

2. Recommendations

The Mayor is recommended to:

- 2.1 Note the response of the Executive Director of Community Services and Director of Public Health which details plans to develop a comprehensive public health outcomes performance management and monitoring framework which will incorporate the priority outcomes of the Health & Wellbeing Strategy.
- 2.2 Agree for the response to be forwarded to the Healthier Communities Select Committee.

3. Response

- 3.1 The Select Committee recommended that appropriate outcome measures are established, with a strong focus on measuring outcomes rather than activities, so that the social and economic value of this investment can be evaluated in the future.
- 3.2 Nationally, public health outcomes are set out within the Public Health outcomes framework. However, it is recognised that most of these indicators are only reported annually or quarterly, for this reason KPIs for key specific public health activities will be used as proxy indicators in order to monitor progress monthly.

- 3.3 In addition, the Health and Wellbeing Board will monitor public health outcomes alongside a range of other indicators taken from the NHS and Adult Social Care outcomes frameworks in order to assess progress against the Health and Wellbeing strategy and the priorities of the Adult Integrated Care Programme.
- 3.4 The Health and Wellbeing Strategy identifies nine priority areas for action over the next 10 years. These are:
1. achieving a healthy weight
 2. increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years
 3. improving immunisation uptake
 4. reducing alcohol harm
 5. preventing the uptake of smoking among children and young people and reducing the numbers of people smoking
 6. improving mental health and wellbeing
 7. improving sexual health
 8. delaying and reducing the need for long term care and support.
 9. reducing the number of emergency admissions for people with long-term conditions.

4. Financial implications

- 4.1 There are no financial implications arising out of this report per se; but there are financial implications arising from carrying out the action proposed in the main report.

5. Legal implications

- 5.1 There are no specific legal implications arising from this response, save for noting that the Council's Constitution provides that the Executive may respond to reports and recommendations by the Overview and Scrutiny Committee.

Background Documents

[Public Health priorities for expenditure in 2014/15 – Report to Healthier Communities Select Committee \(18.03.14\)](#)

If there are any queries on this report please contact Danny Ruta on 020 8314 9094.

Agenda Item 5

Healthier Communities Select Committee			
Title	Community mental health review - update		
Contributor	Scrutiny Manager	Item	5
Class	Part 1 (Open)	16 July 2014	

1. Recommendation

The Committee is recommended to consider the update provided at the meeting on 16 July and direct questions to representatives of South London and Maudsley NHS Foundation Trust (SLaM) present at the meeting.

2. Background

- 2.1 A paper proposing changes to the Lewisham Adult Mental Health Services was brought to the Healthier Communities Select Committee of 29th May 2013. The paper set out a proposed restructure of the community mental health teams provided by SLaM.
- 2.2 The Committee received a further update at its meeting on 23rd October 2013, where the Committee reviewed the proposed changes to community mental health provision at SLaM and resolved to note the round-up of developments. The Committee also resolved that the proposed restructure of the community mental health teams provided by SLaM be welcomed as an enhancement of current services, in line with national policy, and not considered a substantial variation in the provision of services.
- 2.3 Officers from SLaM have been invited to return to the Committee to provide a further verbal update on the changes to community mental health provision.

Background documents

Healthier Communities Select Committee meeting 29 May 2013, community mental health review: papers available online at: <http://tinyurl.com/lrzofy8>

Healthier Communities Select Committee meeting 23 October 2013: community mental health review – update. Papers available online at: <http://tinyurl.com/pgn4w68>

For further information about this report please contact Timothy Andrew (Scrutiny Manager) on 02083147916.

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Agenda Item 6

Healthier Communities Select Committee			
Title	King's College Hospital NHS Foundation Trust Service Proposals		
Contributor	Scrutiny Manager	Item	6
Class	Part 1 (Open)	16 July 2014	

1. Summary

King's College Hospital NHS Foundation Trust is implementing three service moves, which will affect patients from Lewisham. The Trust, and Lewisham Clinical Commissioning Group, do not believe that the changes constitute a substantial service variation. However, representatives from King's will attend the Committee's meeting on 16 July to present the proposals to Members and to answer questions about the potential impact of the proposed changes.

2. Recommendation

The Committee is recommended to review the information provided by King's College Hospital NHS Foundation Trust as well as Lewisham Clinical Commissioning Group's review of the proposals and direct questions to officers in attendance at the meeting on 16 July 2014. The Committee should decide whether it believes that the proposed changes constitute a substantial variation.

3. Background

Proposed service moves:

- Transfer of elective adult inpatient orthopaedics from Denmark Hill & Princess Royal University Hospital (PRUH) to Orpington
- Transfer of elective inpatient gynaecology from Denmark Hill to PRUH
- Transfer of non-complex cataract surgery from Denmark Hill and PRUH to QMH

These three service moves are part of the Trust's plan to address the current shortfall in capacity at its Denmark Hill and Princess Royal University Hospital sites.

Further detail is included in the documents attached.

Background documents and originator

Attached:

Appendix 1(a) and (b):	(a) Letter to Overview & Scrutiny Chairs from Roland Sinker, Chief Operating Officer, King's College Hospital NHS Foundation Trust (b) King's College Hospital NHS Foundation Trust proposed service moves trigger template
Appendix 2:	Lewisham Clinical Commissioning review of King's College Hospital NHS Foundation Trust proposals

For further information about this report please contact Timothy Andrew (Scrutiny Manager) on 02083147916.

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King's College Hospital NHS Foundation Trust

King's College Hospital
Denmark Hill
London SE5 9RS

Tel: 020 3299 9000
Fax: 020 3299 3445
Minicom: 020 3299 9009
www.kch.nhs.uk

24th June 2014

Dear HOSC Chairs

In light of the capacity constraints at both the Denmark Hill and PRUH sites which are impacting on ED and RTT performance on both sites the Trust is proposing to move 3 services:

- Elective inpatient orthopaedic operating from Denmark Hill & PRUH to Orpington Hospital
- Elective inpatient gynaecology operating from Denmark Hill to PRUH
- Non-complex cataract surgery from Denmark Hill and PRUH to Queen Mary's Hospital, Sidcup

We have identified the need to decompress the PRUH and Denmark Hill sites by approximately 50 and 70 beds respectively and have identified a number of initiatives to address this gap which includes reorganising the provision of these services to make the optimal use of the Trust's capacity, and improve quality for patients across inner and outer SE London.

Please find attached a completed trigger template for these service moves. The Trust has thought these moves through carefully to ensure there will be an improvement in the performance of specialties being moved as well as freeing up capacity to enable other elective and emergency demands to be addressed.

These service moves are part of a series of initiatives being undertaken to address the capacity pressures on both our acute sites, and important quality issues that need addressing across SE London as a whole. We recognise that the longer term implications of these service moves need to be considered as part of the SE London Strategy which may impact on the longer term use of Orpington Hospital but it is important that we make the proposed moves as quickly as possible to start to make an impact on RTT and emergency performance, to tackle quality concerns and improve patient access across SE London.

Yours sincerely



Roland Sinker
Chief Operating Officer
King's College Hospital NHS Foundation Trust

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TRIGGER TEMPLATE

Proposed Service Moves:

- Transfer of elective adult inpatient orthopaedics from Denmark Hill & PRUH to Orpington
- Transfer of elective inpatient gynaecology from Denmark Hill to PRUH
- Transfer of non-complex cataract surgery from Denmark Hill and PRUH to QMH

NHS Trust or body & lead officer contacts:	Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:
King's College Hospital NHS Foundation Trust Lead: Roland Sinker, Chief Operating Officer	Lewisham CCG - commissioner Lead: Martin Wilkinson, Chief Officer

Trigger	Please comment as applicable
1 Reasons for the change & scale of change	
What change is being proposed?	<p>1. All elective inpatient orthopaedic activity, with the exception of paediatrics, limb reconstruction and ASA4 (complex) procedures to be transferred from Denmark Hill and PRUH to Orpington Hospital.</p> <p>NB. The full range of clinics, day surgery, rapid access and 24 hour access to emergency orthopaedic services will remain at both Denmark Hill and PRUH.</p> <p>2. Transfer of elective inpatient gynaecology from Denmark Hill to PRUH</p> <p>NB. The full range of clinics, day surgery, ambulatory and 24 hour access to emergency gynaecological services, including those connected to early pregnancy, will remain at Denmark Hill</p> <p>3. All non-complex cataracts currently undertaken at Denmark Hill and PRUH to be transferred to an expanded King's cataract facility at Queen Mary's Hospital, Sidcup</p> <p>NB. All ophthalmology clinics, complex cataract surgery, other ophthalmology related surgery and access to emergency ophthalmology services will remain at Denmark Hill and PRUH.</p>
Why is this being proposed?	These 3 service moves are part of the Trust's plan to address the current shortfall in capacity at the Denmark Hill and PRUH sites. We are facing significant challenges across the whole range of

services. Demand for both secondary and tertiary services continues to grow, and the emergency care pathway in particular is under constant pressure, with emergency bed requirements at both Denmark Hill and the PRUH at record levels.

For some time now we have battled to support the increasing number of emergency admissions, balancing that against elective and tertiary work. However, the emergency growth over the last two years has resulted in very high bed occupancy levels at both the acute sites and the emergency growth has continued in 2014/15.

Our current position is unsustainable in the long-term, therefore it is vital that we review our current model of service delivery and reorganise services to maximise utilisation of capacity across the Trust. By making these changes we will also be able, not only to address the referral to treatment back log, but also ensure that elective work is carried out as planned with minimal cancellations, thereby improving patient experience.

Elective inpatient orthopaedics & gynaecology

These moves will improve access to elective inpatient orthopaedic services and elective inpatient gynaecology services whilst releasing bed and inpatient theatre capacity at Denmark Hill and PRUH to support emergency demand and RTT (referral to treatment) pressures in other specialties which need to remain on site.

Benefits of the moves include:

- A protected elective orthopaedic facility at Orpington and protected elective gynaecology facility at PRUH resulting in zero cancellations due to emergency pressures.
- Ability to make productivity improvements in both services e.g. an increase in the number of cases per list and a reduction in length of stay. This will help address the current RTT backlog.
- Releases elective beds at Denmark Hill, enabling the emergency bed pool to increase, this will help:
 - Reduce the number of ED admitted breaches,
 - Reduce the time patients wait to be admitted from the 'decision to admit'
 - Speed up the turnover of cubicles in Majors thus enabling other patients to be assessed quicker.

Non-complex cataract surgery

This move releases day case theatre capacity at both Denmark Hill and PRUH which will be used to help reduce the demand for inpatient beds.

Released day case capacity at PRUH enables:

- Elective inpatient activity that is suitable for day surgery to move to day surgery
- The creation of rapid access lists in DSU to reduce emergency admissions in general surgery, gynaecology,

	<p>T&O and urology</p> <p>Released day case capacity at Denmark Hill enables:</p> <ul style="list-style-type: none"> ▪ Rapid access operating lists to be established to support emergency ophthalmology pathways. ▪ Ophthalmology to have access to sufficient DSU lists to meet demand and ensure RTT targets are delivered ▪ An increase in rapid access lists for other specialties which reduces their demand for emergency beds
<p>What stage is the proposal at and what is the planned timescale for the change(s)?</p>	<p>Elective inpatient orthopaedics</p> <p>The Trust has been running elective orthopaedic services at Orpington Hospital since October'13.</p> <p>Some Denmark Hill work has been undertaken there as a pilot to reduce waits. During Q4, 114 patients from Denmark Hill had their surgery at Orpington. [Southwark = 40, Lambeth = 38, Lewisham = 11, Greenwich = 6, Bromley = 5, Croydon = 3, Bexley = 2 and Other = 9]</p> <p>The Trust is proposing to move the majority of the remaining elective inpatient orthopaedics to Orpington from mid-July'14.</p> <p>The majority of the PRUH's elective orthopaedic activity is already undertaken at Orpington [NB. prior to October this work was undertaken at Queen Mary's Hospital], it is envisaged that there could be a further small increase.</p> <p>Elective inpatient gynaecology</p> <p>An initial pilot has been running since February 2014, where two lists a week have been moved from Denmark Hill to the PRUH. The Trust is proposing to move all elective inpatient gynaecology operating lists from Denmark Hill to the PRUH in mid-July'14.</p> <p>Non-complex cataract surgery</p> <p>This proposal is at planning stage. The Trust is working towards moving the non-complex cataract activity from Denmark Hill and PRUH to QMH in November'14.</p>
<p>What is the scale of the change? Please provide a simple budget indicating the size of the investment in the service and any anticipated changes to the amount being spent.</p>	<p>There will be no additional cost to commissioners associated with these service moves</p>
<p>How you plan to consult on this? (please briefly describe what stakeholders you will be engaging with and how) . If you have already carried out consultation please specify what you have done.</p>	<p>General</p> <p>We have presented our proposals to the six SE London CCGs and they are supportive of these moves on the basis patients are offered a choice of site and the long term use of Orpington is subject to commissioner review in September'16.</p> <p>The trust has also held two stakeholder meetings, one at Denmark Hill and one at the PRUH. The events were attended by commissioners, trust governors, local authorities, voluntary sector</p>

organisations and patients. These service moves were presented at both events and supported by attendees.

The trust has also met with local Healthwatch colleagues from Lambeth, Southwark and Bromley to discuss these proposals.

The trust will work with patients to ensure that we provide appropriate information about the changes. We will also conduct a short survey to seek the views of a cohort of patients who have used the services so that we can understand what went well and where we may need to make improvements. The Trust will continue to listen to patients and will monitor their experience through the trust's 'How Are We Doing Survey' and the 'Friends and Family Test'. This will provide invaluable information to inform on going service improvements.

If a patient is unwilling to have their procedure undertaken at our preferred site for all three proposed service moves, arrangements will be made to make bed and theatre capacity available to enable the patient to remain at their initial site where there will still be an element of elective work undertaken.

Elective inpatient orthopaedics

For those patients who were already on a waiting list when the opportunity to have their orthopaedic procedure at Orpington Hospital arose, they were contacted and informed about the new service. Patients were assured they would still be operated on by the existing consultant, asked if they would be willing to have their treatment undertaken at Orpington and then offered a date convenient for them.

Orthopaedic patients are now being informed about the choices available to them for their inpatient treatment, including the inpatient service the Trust is running at Orpington Hospital by their consultant at the point they are being added to an inpatient waiting list.

Patients will be able to have their treatment at Denmark Hill and PRUH if they choose to do so, although as a result of the capacity pressures at both sites waiting times are likely to be longer for those exercising this option.

We have been monitoring patient experience regarding the orthopaedic pilot at Orpington:

- "How Are We Doing" survey in April'14 had an overall score of 92 (above the benchmark of 86 and the elective orthopaedic ward at Denmark Hill which scored 90)
- Friends and Family score in April was 80.4.
- There have been no patient complaints since the orthopaedic service commenced at Orpington in October, no infections and the handful of patients who had an unexpected deterioration in their condition safely transferred to the PRUH.
- The service provides holistic care with a strong physiotherapy presence providing enhanced recovery resulting in short lengths of stay

	<p>Elective inpatient gynaecology For those patients who were already on a waiting list when we commenced the pilot to move a few lists to PRUH they were contacted and it was explained this new service existed. Patients were assured they would still be operated on by the existing consultant, asked if they would be willing to have their treatment undertaken at PRUH and then offered a date convenient for them.</p> <p>Gynaecology patients will be informed about the choices available to them for their inpatient treatment at the point they are being added to the waiting list. Patients will be able to have their treatment at Denmark Hill if they choose to do so, although as a result of the capacity pressures waiting times are likely to be longer for those exercising this option.</p> <p>We have been monitoring patient experience regarding the gynaecology pilot:</p> <ul style="list-style-type: none"> ▪ The “How Are We Doing” survey in April’14 had an overall score of 87 (above the benchmark of 86) ▪ The Friends and Family score in April was 78.6 with many positive comments
<p>2 Are changes proposed to the accessibility to services? Briefly describe:</p>	
<p>Changes in opening times for a service</p>	<p>The change in location of elective inpatient orthopaedics, elective inpatient gynaecology and non-complex cataract surgery, will not result in any change to opening times for any aspect of these services.</p>
<p>Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location</p>	<p>No services are being withdrawn.</p>
<p>Relocating an existing service</p>	<p>Elective inpatient orthopaedics Denmark Hill patients will have all outpatient appointments both pre & post-surgery and pre-assessment at Denmark Hill. They will only go to Orpington for their elective inpatient orthopaedic surgery.</p> <p>PRUH patients also attend Orpington for their pre-assessment.</p> <p>Elective inpatient gynaecology Patients initially referred to Denmark Hill will have all outpatient appointments both pre & post-surgery and pre-assessment at Denmark Hill. They will only go to the PRUH for their elective inpatient surgery.</p> <p>Non-complex cataract surgery Patients initially referred to Denmark Hill or PRUH will have all outpatient appointments both pre & post-surgery and pre-assessment at Denmark Hill or PRUH. They will only go to QMH for their cataract surgery</p>
<p>Changing methods of accessing a service such as the</p>	<p>No change to accessing services</p>

appointment system etc.																									
Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	Patients will be assessed regarding need, for example those with learning disabilities, or older people will be assessed on a case by case basis. An equality impact assessment has been completed.																								
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">3 What patients will be affected? (please provide numerical data)</td> <td style="width: 50%; text-align: right;">Briefly describe:</td> </tr> </table>		3 What patients will be affected? (please provide numerical data)	Briefly describe:																						
3 What patients will be affected? (please provide numerical data)	Briefly describe:																								
Changes that affect a local or the whole population, or a particular area in the borough.	<p>Elective inpatient orthopaedics Orthopaedic patients transferring from Denmark Hill to Orpington will predominately be affected in the boroughs of Southwark and Lambeth</p> <p>During Q4 of 2013/14 an average of 102 elective orthopaedic inpatients (excluding paediatrics, limb reconstruction and ASA4s) were treated at Denmark Hill each month, this equates to 46% of the total elective inpatient and day case orthopaedic activity.</p> <p>The number of additional patients planned to move per month for each Borough is:</p> <table border="0" style="width: 100%;"> <tr><td>Lambeth</td><td style="text-align: right;">27</td></tr> <tr><td>Southwark</td><td style="text-align: right;">26</td></tr> <tr><td>Greenwich</td><td style="text-align: right;">6</td></tr> <tr><td>Lewisham</td><td style="text-align: right;">5</td></tr> <tr><td>Bromley</td><td style="text-align: right;">5</td></tr> <tr><td>Bexley</td><td style="text-align: right;">5</td></tr> </table> <p>Elective inpatient gynaecology Gynaecology patients transferring from Denmark Hill to PRUH will predominately be affected in the boroughs of Southwark, Lambeth and Lewisham.</p> <p>During 2013/14 an average of 65 elective gynaecology inpatients were treated at Denmark Hill each month, this equates to 20% of the total elective inpatient and day case gynaecology activity.</p> <p>The number of additional patients planned to move per month for each Borough is:</p> <table border="0" style="width: 100%;"> <tr><td>Southwark</td><td style="text-align: right;">22</td></tr> <tr><td>Lambeth</td><td style="text-align: right;">16</td></tr> <tr><td>Lewisham</td><td style="text-align: right;">10</td></tr> <tr><td>Greenwich</td><td style="text-align: right;">3</td></tr> <tr><td>Bromley</td><td style="text-align: right;">3</td></tr> <tr><td>Bexley</td><td style="text-align: right;">1</td></tr> </table>	Lambeth	27	Southwark	26	Greenwich	6	Lewisham	5	Bromley	5	Bexley	5	Southwark	22	Lambeth	16	Lewisham	10	Greenwich	3	Bromley	3	Bexley	1
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	<p>Non-complex cataracts Cataract patients will predominately be affected in the boroughs of Bromley, Lewisham, Southwark and Lambeth</p> <p>During 2013/14, an average of 330 non-complex cataract cases per month were undertaken at Denmark Hill at PRUH</p> <p>No of patients planned to move per month for each borough is:</p> <table> <tr> <td>Bromley</td> <td>150</td> </tr> <tr> <td>Lewisham</td> <td>65</td> </tr> <tr> <td>Southwark</td> <td>39</td> </tr> <tr> <td>Lambeth</td> <td>30</td> </tr> <tr> <td>Greenwich</td> <td>10</td> </tr> <tr> <td>Bexley</td> <td>10</td> </tr> </table>	Bromley	150	Lewisham	65	Southwark	39	Lambeth	30	Greenwich	10	Bexley	10
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Lewisham	65												
Southwark	39												
Lambeth	30												
Greenwich	10												
Bexley	10												
Changes that affect a group of patients accessing a specialised service	<ol style="list-style-type: none"> 1. Orthopaedic patients 2. Female patients (gynaecology service) 3. Cataract patients 												
Changes that affect particular communities or groups	N/A												
4 Are changes proposed to the methods of service delivery? Briefly describe:													
Moving a service into a community setting rather than being hospital based or vice versa	These services being moved to another hospital												
Delivering care using new technology	N/A												
Reorganising services at a strategic level	<p>These 3 service moves fit with the Trust's overall strategic plan to improve Emergency and RTT performance at both Denmark Hill & PRUH.</p> <p>The transfer of the elective orthopaedic inpatient service to Orpington and elective inpatient gynaecology service to the PRUH will have a positive impact on performance at Denmark Hill as it will release elective beds enabling the emergency bed pool to increase this will help:</p> <ul style="list-style-type: none"> ▪ Reduce the number of ED admitted breaches, ▪ Reduce the time patients wait to be admitted from 'decision to treat' ▪ Speed up the turnover of cubicles in Majors thus enabling other patients to be assessed quicker. <p>The protected beds for the elective orthopaedic patients at Orpington and elective inpatient gynaecology patients at PRUH, means there are no risk of procedures being cancelled due to emergency admissions.</p>												

	<p>Non-complex cataracts The transfer of non-complex cataracts from Denmark Hill and PRUH to Queen Mary's Hospital frees day surgery capacity at both Denmark Hill and PRUH.</p> <p>Released day case capacity at PRUH enables:</p> <ul style="list-style-type: none"> ▪ Elective inpatient activity that is suitable for day surgery to move to day surgery ▪ The creation of rapid access lists in DSU to reduce emergency admissions in general surgery, gynaecology, T&O and urology <p>Released day case capacity at Denmark Hill enables:</p> <ul style="list-style-type: none"> ▪ Rapid access operating lists to be established to support emergency ophthalmology pathways. ▪ Ophthalmology to have access to sufficient DSU lists to meet demand and ensure RTT targets are delivered ▪ An increase in rapid access lists for other specialties which reduces their demand for emergency beds
Is this subject to a procurement exercise that would lead to commissioning outside of the NHS?	No
5 What impact is foreseeable on the wider community? Briefly describe:	
Impact on other services (e.g. children's / adult social care)	None
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	None
6 What are the planned timetables & timescales and how far has the proposal progressed ? Briefly describe:	
What is the planned timetable for the decision making	The situation is urgent and we would like to move quickly
What stage is the proposal at?	<ol style="list-style-type: none"> 1. Elective inpatient orthopaedics: Currently running some elective inpatient adult orthopaedic services at Orpington Hospital 2. Elective inpatient gynaecology: Currently running a pilot 3. Non-complex cataract: Planning stages
What is the planned timescale for the change(s)	<ol style="list-style-type: none"> 1. The Trust is proposing to move the remaining elective inpatient orthopaedic operating from Denmark Hill and PRUH to Orpington in mid-July'14. 2. The Trust is proposing to move inpatient elective gynae services in mid-July 2014. 3. The Trust is proposing to move the non-complex cataract

	activity from Denmark Hill to QMH in November_2014
7 Substantial variation/development	Briefly explain
Do you consider the change a substantial variation / development?	<p>General</p> <p>We don't consider this to be a substantial variation, the service of 3 specialties being moved will be improved, specifically around reduction in waiting times and non-cancellation of procedures. In addition, these 3 service moves will help address emergency and RTT performance at both Denmark Hill & PRUH.</p> <p>The Trust will be encouraging all non-complex cataract patients, elective inpatient gynae patient and elective orthopaedic patients to have their surgery undertaken at our preferred sites, and we will be working with patients to ensure any anxieties are addressed. However, where a patient chooses to remain at their initial site arrangements will be made for them to receive their surgery at Denmark Hill / PRUH.</p> <p>Transport will be provided free of charge to all Lambeth, Southwark and Lewisham patients to ensure the change in location of the service does not impact financially on the patient.</p>
Have you contacted any other local authority OSCs about this proposal?	<p>Yes, all boroughs covered by King's College Hospital:</p> <p>Southwark Lambeth Lewisham Bromley Bexley Greenwich</p>

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Healthier Communities Select Committee			
Title	Appendix 2: Commissioners Review – Kings College Hospital NHS Foundation Trust: Elective Service Move Proposals		
Author	Lewisham Clinical Commissioning Group	Item	6
Class	Part 1 (open)		16 July 2014

Recommendations

The Healthier Communities Select Committee is asked to note the following;

- The review undertaken by Lewisham Clinical Commissioning Group (LCCG) with regard to the potential impact on Lewisham patients and the agreed actions by King's College Hospital Foundation Trust (KCH).
- That LCCG is supportive of the proposals subject to agreed actions including mitigating any potential adverse impact on Lewisham patients.

1. Commissioner Review

2.1 Southwark Commissioning Group is the lead commissioner for KCH. However, Lewisham Clinical Commissioning Group (LCCG) is an associate commissioner and therefore the proposals were reviewed by LCCG along with other impacted the CCGs; Bromley, Southwark and Lambeth – in addition to the South East London CCG's Clinical Strategy Committee.

2.2 LCCG along with neighbouring CCGs considered the proposal and submitted a commissioner responses on 20th May 2014 and again on 15th June 2014. LCCG Clinical Directors along with its Strategy and Development Committee reviewed the proposals and considered the potential impact on Lewisham patients. There are 4 key areas for consideration raised by LCCG, which are consistent with neighbouring CCGs;

- A&E and Referral to Treatment (RTT) Performance: The proposals demonstrably recover the A&E and RTT performance concerns.
- Patient Choice & Transport: Extended choice is evident and that this made apparent to patients at the point of referral. There are equitable arrangements for patients and transport for Lewisham residents.
- Quality: The proposals must demonstrate how quality will be assured if patients choose to maintain their treatments at Denmark Hill.
- Commissioner Review: The proposals are time limited with articulated exit plans, which support a commissioner led review of the temporary use of the Orpington site by September 2015.

2.3 Based on activity levels for 2013/14 overall the numbers of affected Lewisham patients is 905 per annum. This compares to patients levels in Bromley of 1,500, Southwark 1,157 and Lambeth 957. The vast majority of Lewisham patients with regard to volumes again (predicated on 2013/14 activity levels) will be impacted by the transfer of non-complex cataract surgery from Denmark Hill and PRUH to QMH.

2.4 KCH has responded (05.06.14) to the joint commissioner concerns and as stated in section 2.2 commissioners submitted recommendations (13.06.14) recognising where assurances have been provided by the Trust;

A&E and RTT performance and quality improvement

1.1. It is considered that the proposed service moves will impact positively on the Trust's ability to secure the urgently required improvements in RTT and A&E performance, noting that current recovery plans assume the assessed positive impact of these proposed service moves on performance. It is also recognised that the plans support the wider transformation of services across the Trust's sites that will be vital in securing robust and resilient staffing and improved quality and outcomes for the future.

Choice and communication

1.2. Choice is extended in that the impact on patients of the proposed service moves is clearly quantified and understood and that the choice offer to patients will be clear and transparent. Consequently, KCH has provided the following assurances;

- A clear engagement and communication process with patients and GP referrers is planned with KCH committed to working with commissioners on this process.
- That the choice offer available to patients will be clearly communicated to GPs and patients, with patients choosing to remain at the DH site for their treatment able to do so.
- For all moves the KCH assessment is that travel times will either be improved or marginally affected for all.

Commissioner led review

1.3. KCH has recognised the need for the future longer term use of the Orpington site to be considered in the context of the development of the South East London Strategy and has committed to a commissioner led review of Orpington arrangements in September 2015 to support final decisions on the longer term use of the site to be implemented by October 2016.

2. Conclusions

3.1 There is an urgent need for KCH to implement a number of proposed internal service moves to support quality and performance improvement, the Trust's PRUH transformation programme, the optimal utilisation of the Trust's sites and the decompression of the PRUH and DH sites is recognised.

3.2 In implementing the proposed service moves KCH has committed to ensuring that patients will be offered clear choices and can choose to remain on the DH site for inpatient treatment if they wish. Communication and engagement mechanisms are being put in place to support the implementation of the service moves, noting the overall numbers of patients impacted by the moves is relatively small. It is therefore considered that, subject to appropriate communication and engagement processes being agreed, formal consultation on the service moves is not required.

3.3 Commissioners are assured that the proposed service moves retain flexibility for the longer-term use of the Orpington site to be reviewed and any required changes implemented.

Agenda Item 7

Healthier Communities Select Committee			
Title	Consultation on Lambeth, Southwark and Lewisham three borough Sexual Health Strategy		
Contributor	Elizabeth Clowes, Assistant Director, Commissioning, LB Lambeth	Item	7
Class	Part 1 (Open)	16 July 2014	

1. Summary

This report summarises the contents of the Lambeth, Southwark and Lewisham Sexual Health Strategy, which was launched in April 2014 for a period of consultation, including presentation at boroughs' relevant scrutiny or health committees.

The strategy is based on a public health needs assessment, it covers analysis of investment and service delivery and makes recommendations regarding a direction of travel for shifting investment from clinic-based services to community provision and prevention and promotion.

The strategy has been developed with input from stakeholders, and consultation has included engagement with Clinical Commissioning Groups (CCGs) and specific focus groups with young people, MSM (men who have sex with men) and black and ethnic minorities.

2. Purpose

The Lewisham Healthier Communities Select Committee is invited to review and comment on the contents of the strategy.

3. Recommendations

The Committee is asked to 1) Endorse the main principle of the strategy, and 2) make any further comment on its content or the subject matter.

4. Policy context

- 4.1. From April 2013, as a result of the Health and Social Care Act 2012, the responsibility for population based health improvement through the provision of Public Health specialist advice, strategic responsibility and the commissioning of a range of health improvement services transferred to local authorities. The duties are covered by Part 2 of the Local Authorities (Public Health Functions and Entry into Premises by local Healthwatch representatives) Regulations 2013, which sets out specific duties regarding public health advice services, weighing and measuring of children, health checks, and sexual health services and protecting the health of the local population.
- 4.2. These duties were transferred from Primary Care Trusts (PCTs) and the interventions and services commissioned cover all the population for universal access as well as targeted services, and include specialist targeted areas such as sexual health and substance misuse services.

4.3 Lambeth Council is the host for a small sexual health commissioning team which operates across Lambeth, Southwark and Lewisham (as was the arrangement in the PCT). The commissioning service is governed by a three borough Board, chaired by Kerry Crichlow, strategic commissioning director for adults and children's services in Southwark. Lewisham Council is represented by Ruth Hutt, public health consultant, and commissioners of children's services. The Council is responsible for commissioning open access GUM provision, sexual health prevention and promotion, community contraception, and sexual health in pharmacies and primary care. The 3-borough team also commissions termination of pregnancy services and HIV care and support on behalf of the Clinical Commissioning Groups.

5. Background

- 5.1 Lambeth, Southwark and Lewisham have some of the poorest sexual health in the country. Lewisham is ranked 17 out of 326 local authorities with 4066 acute STIs diagnosed in residents of Lewisham, a rate of 1468.2 per 100,000 residents (2012). In 2011, the diagnosed HIV prevalence in Lambeth was 13.9 per 1,000 population aged 15-59 years compared to 2 per 1,000 in England. For Southwark and Lewisham, diagnosed HIV prevalence was 11.7 and 7.8 per 1,000 population aged 15-59 years respectively. 35% of diagnoses of acute STIs were in young people aged 15-24 years in Lambeth. For Southwark, 38% of diagnoses of acute STIs were in young people and 48% of diagnoses in Lewisham.
- 5.2 Under 18 conception numbers and rates have recently been published (February 2014). This data shows a continued reduction in teenage conceptions in both Lambeth and Southwark. However, in Lewisham the trend is increasing; the under 18 conception rate has reduced by 47.5% since the 1998 baseline to 42/1,000 15-17 year olds. This represents a slight increase on the 2011 rate which was 39.9/1000. Under 16 conception rates in Lewisham are lower than Lambeth and Southwark at 6.9 per 1,000. However, a smaller proportion of them end in abortion, 58.9% compared to over 70% in Lambeth and Southwark. Bellingham and Rushey Green wards in Lewisham have the highest abortion rates, and Rushey Ward has the highest rate of repeat abortion.
- 5.3 There are no accurate statistics available regarding the profile of the lesbian, gay, bisexual and transgender (LGBT) population either in Lewisham, London or Britain as a whole. Sexuality is not incorporated into the census or most other official statistics. The Greater London Authority based its Sexual Orientation Equality Scheme on an estimate that the lesbian and gay population comprise roughly 10% of the total population. This would make the lesbian and gay population of the borough roughly 20,000, although whether this includes bisexual or transgender individuals is unclear. About 0.4% of Lewisham households comprise same sex couples in civil partnerships (Census 2011). This is more than double the average for England.
- 5.4 Young people between 15 and 24 years old experience the highest rates of acute STIs. In Lewisham, 48% of diagnoses of acute STIs were in young people aged 15-24 years. The age profile is shown in figure 3. In 2011, 1507 adult residents received HIV-related care: 909 males and 598 females. Among these, 36% were white, 43% black African and 9.4% black Caribbean. With regards to exposure, 37% probably acquired their infection through sex between men and 59% through sex between men and women

6. Strategy

- 6.1 Against this background, the Commissioning Board had a priority to develop a three-borough sexual health strategy, to tackle high levels of need and set clear prevention and promotion programmes in place. The strategy builds on previous LSL strategies, achievements and work of Modernisation Initiative; there was an initial stakeholder engagement day in September 2013, which helped to build the local strategic priorities. Following extensive commissioning and public health engagement, a draft strategy was finalised and launched for consultation in April 2014.
- 6.2 The strategy sets out the local HIV and sexual health landscape, assessing previous strategies, financial resources and sexual health services in Lambeth, Southwark and Lewisham, as follows:
- Promotion and prevention
 - Sexual health services/GUM/psychosexual
 - Primary Care
 - HIV Care and support
 - Termination of pregnancy (abortion)
 - Young peoples services & teenage pregnancy
- 6.3 The strategy sets out the following vision and strategic priorities:
- Embedding good sexual health and wellness as part of a wider health agenda
 - Actively promoting good sexual health and healthy safe relationships, not just the absence of disease
 - Reducing the stigma attached to sexually transmitted infections (STIs)
 - Focusing on those statistically most at risk thereby reducing health inequalities
 - Reducing the rates of unplanned pregnancy and repeat terminations, especially for under 18 year olds
 - Reducing rates of undiagnosed STIs and HIV
 - Aligning strategic priorities with the intentions of our local CCGs
 - Developing the workforce to deliver integrated and improved services
 - Shifting the balance of care to community-based services that are accessible and responsive to the needs of service users
- 6.4 The strategy is in consultation until the end of July 2014: it is available on local websites, CCGs have been included in consultation, and specific focus groups have been held in each borough for MSM, black and ethnic minorities and young people, as these three groups were highlighted in the strategy as requiring particular focus. Scrutiny committees in each borough are also being consulted, prior to presenting findings at each Health and Well Being Board in October.
- 6.5 An action plan has been developed to deliver the strategy, which will be overseen by the three boroughs Commissioning Board.

7. Financial implications

- 7.1 Over the last few years NHS and local authority services budgets have consistently had to find cost-efficiencies whilst the demand for their services have grown. Although public health budgets transferred to local authorities have been ring fenced for at least

two years from April 2013, given the present economic climate it is imperative that all locally commissioned sexual health services are cost effective and deliver measurable outcomes. To achieve this LSL sexual health commissioning team will work with local partners to avoid duplication and to commission and deliver evidence based, needs led, responsive sexual health services.

- 7.2 In 2013/14, Lewisham Council invested a total of £6,402m in sexual health services; this represented £5,930m in clinical services, £212,000 in prevention, and £259,000 in primary care. A total of over £25m was invested across Lambeth, Southwark and Lewisham, mainly in clinical services. With the lifetime cost of HIV treatment estimated at £276,000 the health economics argument to invest in sexual health services to prevent such infections and, for example, unintended pregnancy are clear, and a direction of the strategy is to shift resources to prevention and promotion.

8. Legal implications

- 8.1. From April 2013, as a result of the Health and Social Care Act 2012, the responsibility for population based health improvement through the provision of Public Health specialist advice, strategic responsibility and the commissioning of a range of health improvement services transferred to local authorities. The duties are covered by Part 2 of the Local Authorities (Public Health Functions and Entry into Premises by local Healthwatch representatives) Regulations 2013, which sets out specific duties regarding public health advice services, weighing and measuring of children, health checks, and sexual health services and protecting the health of the local population. The sexual health strategy covers the duties relating to sexual health services.

9. Crime and disorder implications

There are no specific crime and disorder implications

10. Equalities implications

- 11.1 The strategy sets out areas where there is further work to undertake regarding assessing population needs, for instance, emerging populations. Improving access to sexual health services and advice for all communities is a theme of the strategy, and focus groups have been held with MSM and ethnic minority residents. The feedback from these residents will help to shape future models of care. A full impact assessment is being undertaken alongside the emerging consultation feedback.

11. Environmental implications

There are no specific environmental implications.

12. Conclusion

- 13.1 The Healthier Communities Committee is invited to consider the main elements of the report, provide feedback, and any further additional points regarding local sexual health needs and services.

Background documents and originator

Attached: Lambeth, Southwark and Lewisham Sexual Health Strategy

Elizabeth Clowes, EClowes@lambeth.gov.uk (02079264781)



Sexual Health Strategy 2014-2017

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Executive Summary

Context

Sexual health is a national and local public health priority. Lambeth, Southwark and Lewisham (LSL) have the highest rates of sexually transmitted infections, HIV and teenage conception rates in London and the UK. Promoting sexual health is complex. Improving access to, and the quality of, local sexual health services, can result in better sexual health outcomes and better value for money with respect to treatment. This requires an evidence-based commissioning approach, based on strong stakeholder engagement.

Public Health responsibility now sits with Local Authorities. LSL have taken a joint approach to commissioning sexual health services within a tri-borough agreement. The strategy is from 2014-17 and is in line with national, London and local sexual health priorities, policy and targets.

Vision

The vision is to improve sexual health in LSL by building effective, responsive and high quality sexual health services, which effectively meet the needs of our local communities. A range of world class, needs-led services will target those most vulnerable in our boroughs. We will work towards our vision by:

- Embedding good sexual health and wellness as part of a wider health agenda
- Actively promoting good sexual health and healthy safe relationships, not just the absence of disease
- Reducing the stigma attached to sexually transmitted infections (STIs)
- Focusing on those statistically most at risk thereby reducing health inequalities
- Reducing the rates of unplanned pregnancy and repeat terminations, especially for under 18 year olds
- Reducing rates of undiagnosed STIs and HIV
- Aligning strategic priorities with the intentions of our local CCGs
- Developing the workforce to deliver integrated and improved services
- Shifting the balance of care to community-based services that are accessible and responsive to the needs of service users

We will ensure the service user voice is central, including supporting the work of the LSL Service User Reference Group (SURG).

Epidemiology

STI rates are high and continue to rise, particularly amongst MSM, young people and the Black African community. HIV prevalence is high and rising amongst MSM. These three groups are the priority overall for our work in LSL. Other, emerging vulnerable groups will require targeted interventions.

Finance

Public health commissioning responsibilities and associated resources transferred to local authorities in April 2013. Local authorities currently face an extremely challenging financial environment whilst cost-pressures from sexual health clinics (GUM services) continue to grow, with clinical activity rising year on year. This is not financially sustainable. It is therefore imperative to focus on ensuring sexual health services become more cost effective and on channelling resources into prevention in order to drive clinical costs down whilst improving health outcomes.

Prevention

Currently, the largest proportion of funding is spent on clinical services. There is a need for greater investment in prevention to reduce the need for clinical services, thereby delivering cost savings and better health. We will shift investment into evidence-based prevention, and embed it into all services. We will

build on existing evidence and NICE guidance to commission or re-commission new prevention initiatives and lead a new 3-year programme of HIV prevention for London, complementary to local initiatives. Locally, we will work collaboratively with substance misuse commissioning to maximise shared intervention opportunities. We will coordinate with prevention commissioned at London and national levels.

Reshaping of services

Reshaping provision of services (sexual health promotion, integrated sexual health clinics and HIV care and support services) is a priority in order to ensure that they meet the needs of our diverse population. Key to this is identifying optimum location of sites, consolidating resources, and shifting non-complex activity to self-management, pharmacy and primary care. Sexual health services will focus on: complex cases; outreach to vulnerable groups; clinical governance for the whole system; Patient Group Directions (PGDs) and training. We will continue to contract primary care for sexual health services, working with CCGs to develop and monitor sexual health LES.

We also recognise the importance of supporting innovation and making best use of new technologies to improve our sexual health services and ensure best value. We will support the development of SH24, a virtual, holistic, sexual health service linked to specialist services that aims to provide an online sexual health service available 24/7 at home or 'on the go'.

We will work towards a re-balance of specialist & mainstream support for people living with HIV and ensure on-going evaluation of care & support services. We will explore a range of alternative delivery models. We will promote HIV testing, working with partners to ensure opportunities for HIV testing in acute and community settings are maximised whilst also exploring options for home sampling and testing for high risk groups.

There is a need to further modernise psychosexual services to create seamless pathways that make best use of capacity and skills.

Termination of pregnancy

There are high rates of termination of pregnancy in LSL. We will prioritise reducing repeat terminations. We will work with providers to broaden approaches that focus on the wider determinants of health, for example, where possible, introducing alcohol brief interventions. We will also, conduct research into ward level analysis in relation to repeat terminations.

Teenage pregnancy and young people

Under-18 conception rates in Southwark and Lewisham, although high, have been falling. In Lewisham the rate is rising. It is important that the reduction of under-18 conceptions remains a priority across LSL, and we will work with health and youth services and Teenage Pregnancy Co-ordinators across LSL to ensure this. We will focus particularly on young people under 16. We will continue to improve access to Long Acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC) through extending primary care and pharmacy provision. We will work with faith communities to deliver information about teenage pregnancy.

STI infection rates amongst young people are high. We will maintain or increase Chlamydia diagnosis and screening, and prioritise Chlamydia prevention. We will continue to support the GP champion role, which has proved valuable in developments such as Chlamydia screening.

Safeguarding young people is central to our strategy and the services we commission. Only by reaching out to the most vulnerable young people will we improve their sexual health in LSL. We will explore options for developing a pilot focused on women and girls experiencing violence.

We will review the WUSH strategy, and strengthen work in schools and in youth settings. We will introduce an LSL-wide condom distribution scheme and GP scheme.

We will ensure all staff are competent to support new delivery models, to make every contact count and to improve the service user's journey and experience.

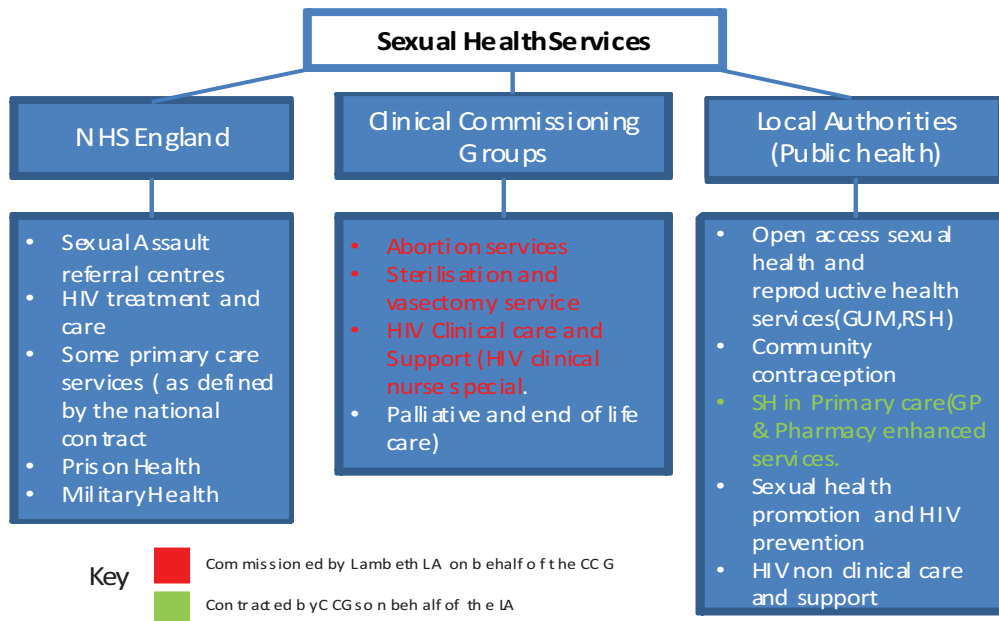
1. Introduction

1.1 Background

Sexual health is an important public health priority, at both national and local levels. The London boroughs of Lambeth, Southwark and Lewisham (LSL) have the highest rates of sexually transmitted infections, HIV and teenage conception rates in London and the UK. Sexual health and wellness is a complex issue, with many social, economic and cultural factors linked to it. Improving and developing local sexual health services, and making sure that people know how to access them and what they offer, can result in better sexual health in our residents and economic savings in treatment. Improving health and wellness across LSL is a complex challenge that will require a clear strategic commissioning approach, based on the best evidence and strong stakeholder and user engagement.

Following the Health and Social Care Act 2012, Public Health responsibilities were transferred to Local Authorities. Since 1st April 2013, LSL have been responsible for commissioning most sexual health services and interventions. Other elements of sexual health service provision are commissioned by Clinical Commissioning Groups (CCG) or by NHS England, as shown below in Figure 1.

Figure 1: Sexual Health Services Commissioning Responsibility



LSL have taken a joint approach to commissioning sexual health services within a tri-borough agreement. Lambeth Council hosts the tri-borough sexual health commissioning team. The transfer of responsibility to the Local Authorities for commissioning, combined with this tri-borough approach, provides opportunities to achieve better outcomes and value for money in two main ways:

- Some groups of people are statistically more vulnerable to having poor sexual health including people with problematic substance use, homeless people and vulnerable young people. Commissioning from within the Local Authority gives us better opportunities to link with the commissioners for these other

health and social issues, so that people who are more likely to have poor sexual health can receive more targeted information and support.

- Commissioning across the three areas means we can offer a choice of services and achieve better value for the money we have to spend.

Since 2013 Lambeth Council has also hosted the scaled down Pan London HIV Prevention Programme. Local funds, released from the programme, have enabled investment in an additional commissioning post with a sole focus on prevention. LSL have tried to prevent the fragmentation of sexual health commissioning by ensuring that Local Authority and CCG commissioning is collaborative and integrated. One of the ways in which this is done is that the Local Authority based sexual health commissioning team provides strategic commissioning oversight for HIV care and support, termination of pregnancy and vasectomy on behalf of Lambeth, Southwark and Lewisham CCGs. It also commissions prevention, health promotion and open access sexual and reproductive health clinical services, on behalf of the three local authorities.

1.2 Purpose of the strategy

This tri-borough strategy sets out the strategic priorities for the improvement of the sexual health of residents of the London boroughs of LSL, and explains on what evidence these priorities have been decided. In order to do this, it provides an overview of the range of locally commissioned sexual health services and identifies the gaps in sexual health provision and how these translate into local sexual health priorities.

It builds on previous work, including local sexual health strategies, the Sexual Health Modernisation Initiative programme and the South East London Sexual Health and HIV Network. It has been developed through engagement with our partners and is informed by their views. Our key partners are:

- Lambeth, Southwark and Lewisham Clinical Commissioning Groups
- Lambeth, Southwark and Lewisham Local Authorities
- Acute NHS Trusts
- Community, primary care and third sector providers
- Service users

1.3 Definitions of sexual health and prevention

The World Health Organization (1975) defines sexual health as:

“A state of physical, emotional, mental and social well being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

Prevention can be defined as:

‘Actions directed to preventing illness and promoting health to reduce the need for secondary or tertiary health care’ (Mosby, 2009).

There are three tiers to prevention: primary, secondary and tertiary. These are explained in Table 1 below, with examples for activities relating to HIV and sexual health:

Table 1: Definition and overview of the 3 levels of prevention

	Definition
Primary Prevention	Prevention of disease through the control of exposure to risk factors (eg <i>“not getting HIV in the first place”</i>) Traditionally most population-based health promotion activities are primary preventive measures Examples: provision of free condoms; behaviour change
Secondary Prevention	The application of available measures to detect early departures from health and to introduce appropriate treatment and interventions (eg <i>“getting tested regularly and if you test positive getting on treatment to prevent it damaging your immune system and reduce the risk of passing it on”</i>) Examples: promoting demand and increasing supply of HIV testing, in order to diagnose early and thus reduce morbidity and mortality (individual health benefit), whilst limiting onward transmission through reduced infectivity (prevention benefits of anti-retroviral medications)
Tertiary Prevention	The application of measures to reduce or eliminate long-term impairments and disabilities (<i>“making sure you get the care and support needed to ensure living with HIV as a long-term condition doesn’t cause extra problems for your health and wellbeing”</i>) Examples: ART access; clinical HIV LTC management; self-management; effective social and emotional support services; some type of “positive prevention”; sexual health promotion with diagnosed patients

Sources: Steinberg, P. (2011) House of Lords submission for HIV in the UK

1.4 Vision

Our vision is to improve sexual health in Lambeth, Southwark and Lewisham by building effective, responsive and high quality sexual health services, which effectively meet the needs of our local communities. These will provide a comprehensive and efficient range of dynamic and needs-led services that work in synergy with those diverse populations, targeting the most vulnerable and at-risk. They will be driven by innovation, collaboration and partnership work, ensuring that we create world class sexual health services in an area of high need that will promote overall positive sexual health and well-being in our communities.

1.5 Principles

The strategy enshrines some key principles as follows:

- Recognising prevention of sexual ill health and unplanned pregnancy as key local priorities that affect the health and wellbeing of residents
- Targeting resources in order to meet the needs of those who are most at-risk or experience barriers to accessing information and services including: young people; men who have sex with men (MSM); black and minority ethnic (BME) communities
- Involving service users in all aspects of the strategy development, implementation (for example, involving service users in procurement processes) and review
- Ensuring meaningful service choice, accessibility and confidentiality through effective commissioning and service information
- Utilising technology to improve and reshape services, including the prioritisation of self-management (where appropriate)
- Building in regular service evaluation and strategic review to align with emerging needs
- Making every contact count in the services we commission
- Sharing learning from all we do across Lambeth, Southwark and Lewisham

1.6 Aims

We will work towards our strategic vision by delivering on the following aims:

- Embedding good sexual health and wellness as part of a wider health agenda
- Actively promoting good sexual health, not just the absence of disease and delivering better prevention
- Reducing the stigma attached to sexually transmitted infections and sexual health
- Focusing on those statistically most at risk of poor sexual health thereby reducing health inequalities
- Reducing the rates of unplanned pregnancy and repeat terminations, especially for under 18 year old conceptions
- Reducing rates of undiagnosed sexually transmitted infections and HIV
- Aligning strategic priorities with the intentions of our local CCGs, other Council strategies and Joint Health and Wellbeing Strategies to ensure commissioning and provision of a comprehensive range of world class, cost effective, integrated sexual health services ranging from self -management to complex and specialist care
- Developing the workforce to deliver integrated and improved services
- Commissioning to improve cost-effectiveness and outcomes

1.7 Scope

The strategy covers the next 3 years, 2014-2017, and will have a tri-borough approach drawing out borough differences where appropriate and including an outcome based commissioning plan. Progress will be regularly reviewed and assessed by the LSL Programme board to ensure that it remains fit for purpose. The scope may be influenced by changes in government and national policy.

Outside of the scope of the strategy are services for sexual assault referrals and HIV treatment services, which are the responsibility of NHS England. The Health and Social Care Act 2012 gives CCGs a statutory duty to assist and support NHS England to secure continuous improvement in the quality of primary medical services.

1.8 Sexual health challenges – the national picture

In 2012 there were an estimated 98,400 (93,500-104,300) people living with HIV in the UK. Almost a third (30%) of people newly diagnosed with HIV were born in the UK. For those diagnosed in 2011 and 2012, the most common route of acquiring HIV was through sex between men (54% of new diagnoses). Sex between men and women was the second most common route of infection accounting for 1,130 (43%) of new diagnoses in London (down from 59% in 2003). As such, HIV prevalence is highest amongst MSM. There are, however, other key groups that are statistically more at risk of HIV infection, in particular black African and Caribbean populations, people who inject drugs and sex workers. Almost three quarters of those diagnosed with HIV in 2011 were male (74%). The number of new diagnoses of HIV is higher among people from more deprived areas, and there are more cases amongst MSM, BME and in people who have been exposed to HIV whilst abroad.

Overall, MSM have some of the highest rates of sexual ill health. Data suggests that 51% of cases of HIV were acquired through sex between men, and new diagnoses in MSM have risen year on year since 2007. It also shows that 54% of men with syphilis and 24% of men with gonorrhoea had had sex with other men (Health Protection Agency, 2004). However, in heterosexually acquired cases of HIV, it was females who had the highest infection rates (58%). Almost one third of heterosexually acquired cases of HIV in the UK in 2011 (31% n=317 adjusted) were probably

infected in the UK. An estimated 21,900 people living with HIV were unaware of their infection in 2012¹.

Young people under the age of 25 years experience the highest STI rates, making up 64% of Chlamydia and 54% of genital warts diagnoses in heterosexuals². New gonorrhoea diagnoses rose 21% overall and by 37% in the MSM population. Over 1.7 million Chlamydia tests were undertaken and over 136,000 diagnoses were made in 2012. High gonorrhoea transmission rates are contributing to the growing global threat of antibiotic resistant gonorrhoea³. A national public health priority will be to ensure that treatment resistant strains of gonorrhoea do not persist and spread, along with its complications.

Ethnicity has an effect on the level of risk of poor sexual health between particular groups of people. For example, there is a higher prevalence of STIs among African and Caribbean communities and a lower prevalence among Asian communities, when compared with the white British population (Shahmanesh et al., 2000; Low et al, 2001).

National data also shows wide variations in the rates of abortion and conception amongst women from more deprived areas in England. The most deprived areas also have the highest overall rates of abortion for women of all ages, even when the high conception rates are considered (National Centre for Health Outcomes Development, 2006). Recent evidence has shown a trend of increased abortion in teenagers in affluent areas, compared to teenagers in deprived areas (National Centre for Health Outcomes Development, 2006b).

The rise in STIs and under 18 conception rates in England suggests that significant numbers of people (specifically young people, people from BME groups and MSM) are still engaging in risky activities. However, some of this increase in the number of STIs may be attributed to improved testing and data collection methods, rather than increased prevalence.

To address and respond to the increase in STIs and HIV, a number of national strategies and frameworks have been implemented. The most recent national strategies and guidance are shown below in Table 2.

¹ HIV in the United Kingdom: 2013 report Public Health England :November 2013

² Sexually transmitted infections and Chlamydia screening in England, 2012. HPR 7(23), 7 June 2013: HIV/STIs (following pages).

³ Public Health England. "Gonorrhoea Resistance Action Plan for England and Wales", February 2012.

Table 2: Recent relevant sexual health strategy and policy

White paper /Policy	Year	Key Messages
DH Healthy Lives, Healthy People	2010	<p>Advocated the reconfiguration of the NHS, with Commissioning Board acting on behalf of Public Health England or lead by local authorities through a ring-fenced grant.</p> <p>Devolving functions to the local level, wherever possible, local authorities will take primary responsibility for health improvement, and take responsibility for some specific preventative services.</p>
DH Equality and Excellence: Liberating the NHS	2010	<p>Provided the opportunity to reshape the way in which sexual ill health in England was to be addressed. It provided the possibility to re-assess current sexual health promotion and prevention work and look at areas where it has and has not been effective. It offered the opportunity to decommission areas that had been ineffectual and to commission new evidenced-based and outcome focused services.</p>
DH Public Health Outcomes Framework	2013-2016	<p>Refocus on achieving positive health outcomes and reducing inequalities in health for the national population. It set out a vision to improve and protect the nation's health and wellbeing, and to improve the health of the poorest fastest.</p> <p>Within this document public health indicators were set. Four relate to sexual health:</p> <ul style="list-style-type: none"> -Reduction in violent crime (including sexual violence). -Under 25 year Chlamydia diagnostic target 2400 positives per 100,000 young persons -Reduction in under 18 conceptions -Reduction in the number of people presenting with late stage HIV.
DH Framework for improvement of sexual health	2013	<p>Set the ambition to:</p> <ul style="list-style-type: none"> • Reduce inequalities • Build open and honest culture; informed and responsible choices • Recognise sexual ill health affects all parts of the community often when unexpected. <p>This white paper's objectives were to:</p> <ul style="list-style-type: none"> • Build knowledge and resilience amongst young people • Rapid access to high quality services • People remain healthy as they age • Priorities prevention • Reduce the rates of STIs amongst people of all ages • Reduce the onward transmission of HIV and avoidable deaths • Reduce unintended pregnancy amongst all women of fertile age • Continue to reduce the rates of under 16 and 18 teenage conceptions <p>More details of recommendations from national documents can be found in Appendix 1.</p>

1.9 Sexual health challenges – the London picture

Sexual ill health is a major challenge in London, which had the highest number of sexually transmitted infections (STIs) recorded in England. London continues to have one of the highest rates of teenage pregnancy in Western Europe and the highest rates of abortions and repeat abortions across all age ranges in the UK. In 2012, there were 2,832 new HIV diagnoses in London clinics, an increase of 8% from 2011 (when there were 2,615 new diagnoses). Among those born abroad, 32% were born in Africa. In 2012, 48% of all new HIV diagnoses in England occurred in

London. The number of new HIV infections in London continues to rise. This increase in the number of new diagnoses reverses the downward trend seen between 2003 and 2011, which was thought to be due to changing patterns in migration.

1.10 National targets & priorities

Improved sexual health is a strategic priority at both national and local levels. A number of national public health indicators and targets are in place in order to provide oversight of sexual health improvement.

Previous national and local strategies had a focus on the achievement of the following national targets:

- Reduction in under 18 conceptions
- Increases in Chlamydia screening
- Improvement in GUM 48 hour waiting times
- Improvement in % of abortions completed under 10 weeks gestation (i.e. rather than later)

LSL has made excellent progress on all of these targets and has consistently achieved the highest numbers of Chlamydia screens in the country. Teenage pregnancy rates have also seen notable reductions. Local progress toward these targets is shown in Table 8 below.

The LSL strategy will be informed by, and ensure measurable progress against, national targets and priorities.

Table 3: Local performance against national indicators and targets

Objective	Measure Overall	Target	Present Position	RAG Rating
Reduce the under 18 conception rate	No of conceptions per thousand of the population aged 15-17 yrs	Reduce by 50% the under 18 conception rate by 2010 from the 1998 baseline	Lambeth:	Green
			Southwark:	Green
			Lewisham:	Red
Chlamydia diagnostic public health indicator	Rate per 100, 000 under 25 year old diagnosed Chlamydia positive as a result of opportunistic screening	2400 per 100,000 Chlamydia positive under 25 year old	Lambeth:	Green
			Southwark:	Green
			Lewisham:	Green
Reduce rate of late HIV diagnosis	Late HIV diagnoses as an overall percentage of new HIV diagnoses	Reduce late diagnosis of HIV to 15% by 2010/2011	Lambeth:	Green
			Southwark:	Green
			Lewisham:	Red
Reduce late abortions	Percentage of Abortions performed under 10 weeks gestation as a percentage of all NHS funded abortions	70 percent of abortion performed under 10 weeks	Lambeth:	Green

Source: Sexual Health Balanced Scorecard 2010 and ONS 2013

1.11 Sexual health challenges – the local picture

1.11.1 Lambeth

There are currently 303,100 Lambeth residents. This has increased by 19,000 from 284,000 since 2001 (source: national census data 2001). Lambeth is extremely ethnically diverse- - ‘the world in one borough’. It has the highest proportion in the country of:

- Portuguese born people
- South American born people
- Mixed race white and black African born people (the proportion of mixed race people has increased from 4% to 7%)
- People from multiple mixed ethnic backgrounds
- People from non-Caribbean and non-African black backgrounds

Lambeth has the second highest proportion of black Caribbean people (although this has reduced from 12% to 10%) in the country and the highest number of Rastafarians.

Lambeth is a young borough. It has the second highest proportion of single people in the country, and the second lowest proportion of married couples (although it is the 6th highest in terms of civil partnerships in the country).

The borough has the highest number of young house-sharers in the country, reflecting a change in the actual accommodation on offer in the borough (49% of properties are converted/shared flats - up from 45%) and a higher proportion of private renters (up from 18% to 28%).

1.11.2 Southwark

Southwark’s population was estimated as 288,283 in the 2011 Census - an increase of 18 per cent since 2001 (against the revised 2001 Mid Year Estimate) and the latest Mid Year Estimate (2012) published on June 26th estimated the population to 293,530.

Southwark has a young population, with 58% of its population aged 35 or under. It is densely populated, with the 9th highest population density in England and Wales at 9,988 residents per square kilometre.

Southwark is ethnically diverse. The borough has the highest proportion of residents born in Africa in the country (12.9%), as well as significant populations from Latin America, the Middle East, South East Asia and China. Seventy five per cent of reception-age children are from BME groups. Over 120 languages are spoken in Southwark. In 11% of households nobody has English as a first language.

Southwark has high levels of inequality. The median income of council tenants (which make up 31.2% of all households) is £9,100, which is five times less than the median income of homeowners in the borough.

1.11.3 Lewisham

Lewisham’s population of about 284,000 people is relatively young, with one in four residents aged under 19 years. The population aged 60 years and over represents one in eight people in the borough. This contrasts with England as a whole, where between one in four and one in five people is over 60 years old.

Males comprise 49% of Lewisham’s population, females 51%. These proportions are not expected to change in the next few years.

Lewisham is the 15th most ethnically diverse local authority in England, and two out of every five residents are from a Black and Minority Ethnic background. The largest BME groups are black African and black Caribbean. In total, black ethnic groups are estimated to make up 30% of the population of Lewisham.

There are no accurate statistics available regarding the profile of the lesbian, gay, bisexual and transgender (LGBT) population either in Lewisham, London or Britain as a whole. Sexuality is not incorporated into the census or most other official statistics. The Greater London Authority based its Sexual Orientation Equality Scheme on an estimate that the lesbian and gay population comprises roughly 10% of the total population. This would make the lesbian and gay population of each borough roughly 30,000, although whether this includes bisexual or transgender individuals is unclear. About 0.4% of Lewisham households comprise same sex couples in civil partnerships (Census 2011). This is more than double the average for England.

1.11.4 Across Lambeth, Southwark and Lewisham

The LSL populations are young and ethnically diverse. Lambeth and Southwark have the highest estimated concentration of MSM population in London and in UK. The MSM population is estimated at 15% of the total population. All three boroughs have high concentrations of people from BME groups.

The demography of LSL explains some of the poor sexual health across the three boroughs. Some population groups have higher levels of sexual health risk and need, and more likelihood of experiencing barriers to accessing prevention, testing and treatment than the general population. These groups, concentrated in all three boroughs, are:

- Young people
- Migrants from countries with relatively high HIV prevalence
- MSM
- Homeless people
- Refugees and asylum seekers
- People who experience domestic violence

Poor sexual and reproductive health is associated with individual risk taking behaviours among 15-59 years old population as well as socioeconomic determinants. Nationally the following groups have been shown to have higher rates of acute STIs: young people (15-24 years); MSM (for syphilis and gonorrhoea) and black Caribbean ethnic groups. Amongst MSM, an estimated more than 50% consume illegal drugs at some point in time (compared to an estimate of 12% in wider population), which is in itself a behaviour statistically linked to risky sexual behaviour.

Unplanned pregnancies reflect unmet needs relating to contraception. The risk of unplanned pregnancy in younger women (under 18) is associated with being the child of a teenage mother, alcohol consumption and social and economic deprivation. There is evidence from abortion statistics that an increasing number of women aged 25 years and older have unplanned and unwanted pregnancies.

GUM clinics show a strong positive correlation between rates of STI and the index of multiple deprivation across England. The relationship between STIs and socioeconomic deprivation is influenced by a range of factors such as the provision of, and access to, health services, education, health awareness, health-care seeking behaviour and sexual behaviour. Table 3 below shows population groups in LSL that are statistically at higher risk of poorer sexual health.

Table 4: Population groups at higher risk of sexual health issues- number of people

	Lambeth	Southwark	Lewisham
Total population 2011	304,000	289,000	277,000
MSM 16-44y (estimate: 15%)	12,963	12,088	10,032
15-24 y	39,429	44,311	32,712
Black African	35,187	47,413	32,025
Women in child bearing age (15-49 Y)	95,319	89,932	80,429
Living in 20% nationally most deprived	111,732	104,068	101,46
Look after children 2013 ⁴	500		565
Refugees & asylum seekers			
Service users with learning difficulties (GP LD registers)	1,032	659	786
Service users with severe mental illness (GP SMI register)	4,614	3,619	3,693

1.11.5 Infections

The full report of a recent local epidemiological needs assessment is available on Lambeth, Southwark and Lewisham Councils' websites. The report provides useful information to underpin strategic decision-making. Key sexual health issues for LSL raised by the needs assessment can be summarised as follows:

1. STI rates across Lambeth, Southwark and Lewisham have continued to rise locally. This is an expected outcome of increasing access to sexual health services and improved testing methods following the Modernisation Initiative and previous sexual health strategy.
2. In 2012, Lambeth was ranked 1st out of 326 local authorities (i.e. has the highest rates) in England for acute STIs in 2012. 9,773 acute STIs were diagnosed in residents of Lambeth (a rate of 3209.7 per 100,000 residents). Southwark was ranked 3rd with 6,350 acute STIs diagnosed in residents of Southwark (a rate of 2199.4 per 100,000 residents). There have been coding errors in Lambeth and Southwark, this suggests that Lambeth and Southwark have similar STI rates. Lewisham was ranked 17th with 4,066 acute STIs diagnosed in residents of Lewisham (a rate of 1468.2 per 100,000 residents)

Table 5: Rates of STIs and HIV in LSL residents in 2011 and 2012

STI Rates per 100,000 population	England		Lambeth		Southwark		Lewisham	
	2011	2012	2011	2012	2011	2012	2011	2012
Year								
Acute STI	791.2	803.7	2620.2	3209.7	2191.0	2199.4	1291.7	1468.2
Chlamydia	351.2	371.6	1031.0	1642.5	919.4	895.0	687.5	915.4
Gonorrhoea	39.0	45.9	337.8	410.5	251.5	294.4	89.3	107.6
Syphilis	5.4	5.4	73.8	70.9	42.9	53.0	15.8	17.0
Genital warts	141.6	134.6	262.9	247.3	229.6	223.4	135.8	141.2
Genital herpes	58.0	58.4	127.6	124.5	111.8	117.4	42.4	41.9

Sources: PHE LASER reports 2011 and 2012

3. Recent analysis of sexual health provision within LSL indicates that Community RSH and GUM

⁴http://atlas.chimat.org.uk/IAS/metadata/view/geofeature?id=_208&pid=4&norefer=true
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services are doing well in supporting equitable access as reflected in the diversity of sexual health service users. Table 5 details user profile.

Table 6: Sexual health service user profile

Service	Lambeth	Southwark	Lewisham
GUM	59% men: <ul style="list-style-type: none"> • 22.3% under 25 • 66% 25-44, • 50% MSM • 58% born in UK • 7% born in Africa 	50% men <ul style="list-style-type: none"> • 29 % under 25 • 61% 25-44 • 23% MSM • 55% born in UK • 12.5% born in Africa 	56% men <ul style="list-style-type: none"> • 22% under 25 • 65% 25-44 • 40% MSM • 56.4% born in UK; • 10.5% in Africa
RSH	31% under 25; 49% white; 26% black; 17% men (28% in Vauxhall)		42% under 25; 22% male

- The rate of Chlamydia diagnoses per 100,000 young people aged 15-24 years in Lambeth in 2012 was 6,131.9, which was much higher than expected. The rate of Chlamydia diagnoses per 100,000 young people aged 15-24 years in Southwark was 3,306, which was lower than would be expected and is probably due to a coding error. The rate of Chlamydia diagnoses per 100,000 young people aged 15-24 years in Lewisham was 4178.9 in 2012. Chlamydia numbers and rates for Lambeth and Southwark should be viewed with caution due to a probable coding error and cannot be compared to previous years due to the addition of laboratory data, screening data and GUM clinic data.
- Human Papillomavirus (HPV) diagnoses are showing a reduction in numbers nationally. Locally, the numbers have plateaued, correlating with the introduction of the HPV vaccination in schools.
- The National Sexual Attitudes and Lifestyle survey 2011 shows that gonorrhoea infections are mainly associated with groups at higher risk in relation to poor sexual health. In LSL, diagnoses of gonorrhoea continue to be high, which is probably due to the numbers of residents from high-risk populations (primarily MSM and BME communities).
- HIV prevalence continues to rise both nationally and locally. It is estimated that, in London, one in five people who have HIV are unaware of their diagnosis. Lambeth and Southwark have the highest prevalence of HIV in the UK. Groups most affected in LSL are Black African people and MSM.

Table 7: HIV Prevalence

HIV	London 2011	Lambeth 2012	Southwark 2012	Lewisham 2012
Numbers	31,147			
Prevalence (per 1000 15-59 year olds)	5.4	13.9	11.7	7.8
Late diagnosis %	44%	39%	45%	52%
New diagnosis (numbers)	2,637	251	214	118
Estimated undiagnosed %	1 in 5 cases of HIV	-	-	-

8. In 2011, the diagnosed HIV prevalence in Lambeth was 13.9 per 1,000 population aged 15-59 years (compared to 2 per 1,000 in England). For Southwark and Lewisham, diagnosed HIV prevalence was 11.7 and 7.8 per 1,000 population aged 15-59 years respectively.
9. In Lambeth, between 2009 and 2011, 39% (95% CI 35-43) of HIV diagnoses were made at a late stage of infection⁵ compared to 50% (95% CI 49-51) in England. This compares to 45% (95% CI 41-50) in Southwark and 52% (95% CI 46-57) in Lewisham.
10. The number of new HIV infections in London continues to rise. In 2012, there were 2,832 new HIV diagnoses in London clinics, an increase of 8% from 2011, when there were 2,615 new diagnoses. This increase in the number of new diagnoses reverses the downward trend seen between 2003 and 2011, which was thought to be due to changing patterns in migration. New diagnoses in men who have sex with men have risen year on year since 2007. In 2012, 48% of all new HIV diagnoses in England occurred in London. Almost a third (30%) of people newly diagnosed with HIV in 2012 were born in the UK (where country of birth was reported). Among those born abroad, 32% were born in Africa.
11. Almost three quarters of those diagnosed with HIV in 2011 were male (74%). However, in heterosexually acquired cases, it was females who predominated (58%). Almost one third of heterosexually acquired cases in 2011 (31% n=317 adjusted) were probably infected in the UK. This is higher than in 2010 (29%), but numbers are lower (n=335). The 2011 figure is almost double the number of heterosexuals infected in the UK in 2002. The most common route of acquiring HIV in those diagnosed in 2011 and 2012 was through sex between men (54% of new diagnoses). Sex between men and women was the second most common route of infection accounting for 1,130 (43%) of new diagnoses in London; this is down from 59% in 2003. As such, HIV prevalence is highest among men who have sex with men (MSM). However there are other key at-risk groups for HIV, in particular black African and Caribbean populations, as well as people who inject drugs and sex workers.
12. Over the last few years there have been a number of outbreaks of infections in MSM. These include Hepatitis A, shigella and LGV. More detailed research has shown that some infections are related to high risk sexual activity associated with substance use. The research has shown that many of these men have concomitant STIs, HIV and other infections e.g Hepatitis C. There has been a national response recently to shigella outbreaks, which we will draw on locally. Other outbreaks in future will have a rapid response via locally re-commissioned prevention and health promotion services
13. Young people have the highest rates of Chlamydia. In 2012, of the three boroughs, Lewisham had the highest percentage of diagnoses of acute STIs in young people aged 15-24 years (48%) followed by Southwark (38%) and Lambeth (35%).

1.11.6 Conceptions

Lambeth, Southwark and Lewisham have high conception rates relative to London and England. Between 2009-2011 conception rates were highest in Lewisham, followed by Southwark and then Lambeth. The biggest difference in fertility within a borough (ie. between wards) is found in Southwark. Under 18 conception rates over the same period are not statistically different between the 3 boroughs. All 3 boroughs have relatively high teenage pregnancy rates. However, these have fallen significantly over the last 15 years.

2012 Under 18 conception numbers and rates have recently been published (February 2014). This data shows a continued reduction in teenage conceptions in both Lambeth and Southwark. Table 1 shows how all three boroughs have shown dramatic reductions in teenage conception rates over the last fifteen years.

⁵ i.e. with a CD4 count <350 cells/mm³ within 3 months of diagnosis
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For Lambeth, the under 18 conception rate (15-17 years old) has reduced by 65.4% (from its highest in 2003) to 33.2 /1000 girls aged 15-17 in 2012. In 13-15 year olds, the rate has dropped by 23.5% to 7.8/1000 and 75% of these ends in abortion.

In Southwark, the under 18 conception rate has reduced by 63.5% since the 1998 baseline to 31.8/1000 15-17 year olds. In 13-15 year olds, the rate has dropped by 41.1% since 2008-2010 to 7.6/1000 and 72.6% of these ends in abortion.

In Lewisham, the under 18 conception rate has reduced by 47.5% since the 1998 baseline to 42/1,000 15-17 year olds. This represents a slight increase on the 2011 rate which was 39.9/1000. Under 16 conception rates in Lewisham are lower than Lambeth and Southwark at 6.9 per 1,000. However, a smaller proportion of them end in abortion, 58.9% compared to over 70% in Lambeth and Southwark.

Table 8: Performance Against Statistical Neighbours for under 18 conception rates.

LA	1998		2012		Change
	Number	Rate	Number	Rate	1998-2012
Inner London					
Tower Hamlets	222	57.8	93	24.3	-58.0
Hackney and City of London	273	77.1	118	28.8	-62.6
Newham	296	59.9	145	24.1	-59.8
Haringey	227	62.3	142	33.1	-46.9
Lewisham	319	80.0	197	42.0	-47.5
Lambeth	365	85.3	142	33.2	-61.1
Southwark	318	87.2	134	31.8	-63.5

Figure 2: Under 18 conception rate per 1,000 females aged 15-17, 1998-2012

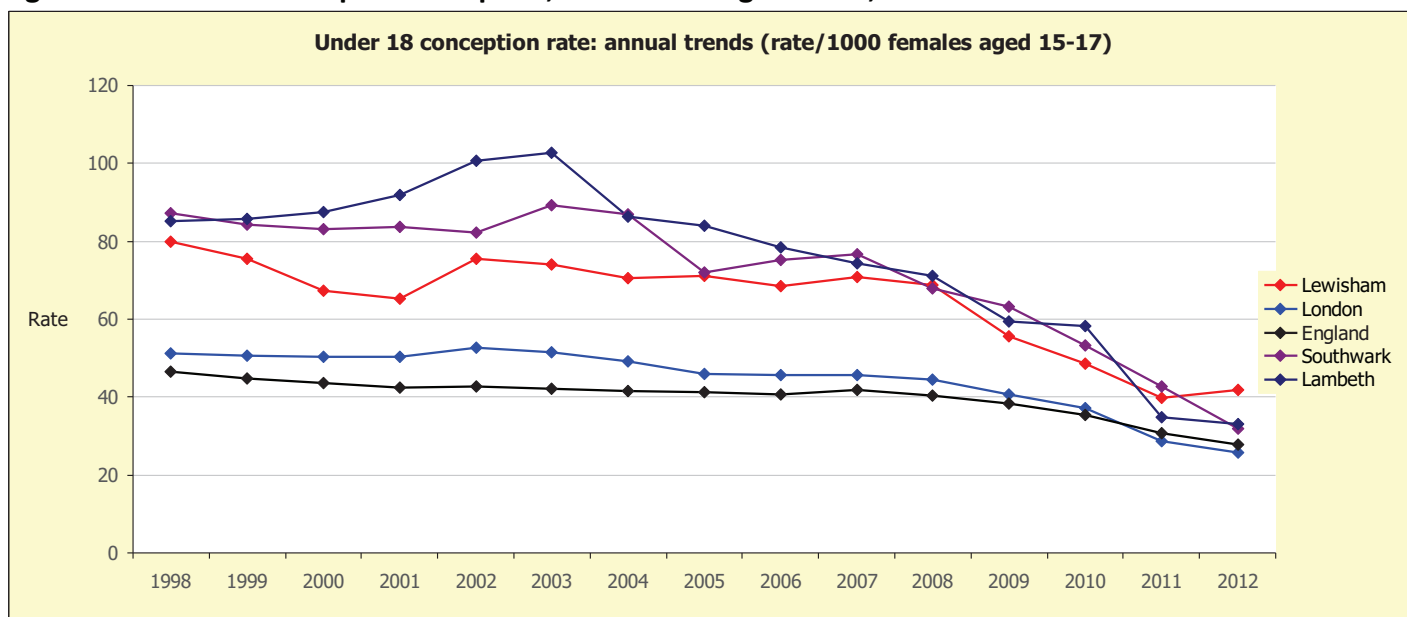


Table 9: Teenage Pregnancy rates 2012

Conception Rates / % of abortions	London	Lambeth	Southwark	Lewisham
Under 16 conceptions per 1000 persons (2010-12)	5.5	7.8	7.6	6.9
15-17 Conception per 1,000 in girls	25.9	33.2	31.8	42.0

aged (2012)				
% of under 18 yr conceptions ended in abortion	62.2%	64.8%	63.4%	61.4%

Source: ONS 2014

1.11.7 Abortions

All three boroughs have high abortion rates relative to England and London. There was a plateau in the rates in 2011, but they appear to have reduced further in 2012. In 2012 Lewisham had the second highest abortion rate in London. For under 18s it had the highest rate in London, significantly higher than Lambeth and Southwark. The highest rate was in Camberwell Green ward in Southwark. Rates were also high in Coldharbour ward in Lambeth, Brunswick Park, faraday, Peckham, and Livesey wards in Southwark, and Bellingham and Rushey Green wards in Lewisham.

Table 10: Abortion Rates 2012

Abortion Rates	London	Lambeth	Southwark	Lewisham
Number		2,066	2,144	1,893
Rate (15-44yrs)	22.4	24.7	25.7	27.4
Under 18 rate	15	19	19	26
Repeat abortions (%) all ages		44	46	47

1.11.8 Repeat Terminations

All three boroughs have high rates of repeat termination. Repeat abortion rates are highest in Lewisham (47%), followed by Southwark (46%) and Lambeth (44%). This compares to 37% in London. In women under 25 years old, 37% in Lewisham and 33% in Lambeth and Southwark attended for a repeat abortion in 2012. This compares to 27% in London. The map below shows repeat abortions by electoral ward. The highest rate was in Camberwell Green ward in Southwark. Rates were also high in Tulse Hill and Coldharbour wards in Southwark, Brunswick Park, Peckham, and South Bermondsey ward in Southwark, and Rushey Green ward in Lewisham.

1.10.9 Ethnicity and abortion

There appears to be considerable variation in abortion rates by ethnic group. An analysis of abortions performed by local providers between 2008 and 2013 (excluding privately funded abortions) shows that the rates are much higher in the Black and 'other' ethnic groups. The reasons for this are not currently well understood and may relate to barriers to accessing contraceptive services. These may include: a lack of awareness of contraceptive methods available; cultural acceptability of the available methods; logistical issues such as location and opening times; and language barriers.

1.11.10 Summary

The priority groups for our work in LSL are

- MSM
- Black African communities
- Young people

We also know that other groups within the LSL population are vulnerable to poor sexual health and will also be the subject of targeted interventions. These are:

- People with mental health difficulties
- Black Ethnic populations
- People with learning difficulties

- Lesbian, gay, bisexual and transgender people
- Sex workers
- Injecting drug users
- Homeless people
- Prisoners
- Asylum seekers
- Older people

Sexual health needs are not evenly spread across the three boroughs. Thus we will adopt a granular approach, addressing need on a highly localised basis, for example, at ward level, to target specific needs and communities.

Key messages from the needs assessment
STI rates are high and continue to rise, particularly amongst MSM, young people and Black ethnic populations.
HIV prevalence is high, with rates amongst MSM continuing to rise.
Under-18 conception rates in Southwark and Lambeth, although high, have been falling.
Under-18 conception rate in Lewisham has risen in the last year.
Termination of pregnancy rates are high, with particular concern focused on repeat terminations.
The priority groups for our work in LSL are: <ul style="list-style-type: none"> • MSM • Black African Communities • Young people
Other new and emerging vulnerable groups will require targeted interventions.

2. Previous LSL strategies

2.1 Previously, each of the boroughs of LSL have developed their own sexual health strategies: Lambeth (2006-2010); Southwark (2006-2009); and Lewisham (2008-2011). They have been reviewed against their original aims, outcomes and gaps, in order to inform this strategy.

The aims across the previous Lambeth and Southwark strategies were:

- Reduction in health inequalities through improvements in information and services developed in partnership with Lambeth and Southwark Modernisation Initiative.
- Stabilisation and eventual reduction in STIs and teenage conception rates in Lambeth.
- Progress to achieving national regional and local targets and indicators, through service investment and re-design and investment in services.
- Developing person-centred services that are non-stigmatising and empower people to manage their own sexual health.

The aims of the previous Lewisham strategy were:

- Increase in life expectancy
- Reduction in health inequalities, in particular addressing the needs of the population groups who are at highest risk of sexual ill health
- A greater emphasis on prevention and health promotion.
- Reduction in prevalence of undiagnosed HIV and STIs
- Provision of a comprehensive network of services across the whole pathway.
- Reduction of stigma associated with HIV and STIs.
- Provision of accessible services and care, closer to people's homes.

Despite the progress some key challenges, for example, integrating sexual health services, remain which are picked up in this strategy.

3. Financial resources

3.1 Over the last few years NHS and local authority services budgets have consistently had to find cost efficiencies, whilst demand for services has grown. Although public health budgets transferring to local authorities have been ring fenced for at least two years from April 2013, it is imperative given the current climate that all sexual health services are cost effective and deliver measurable outcomes. In order to achieve this the LSL sexual health commissioning team will work with local partners to avoid duplication and to commission and deliver high quality, evidence based, needs led, responsive sexual health services.

3.2 Whilst local authority budgets have been significantly reduced, public health budgets have an element of growth allocated for 2013/14. This growth, however, is consumed by spend resulting from over-performance within sexual health clinics (GUM services), activity being paid for on the basis of payments by results (PbR), which is not sustainable in the long term. Furthermore, it has resulted in a reduction in resources available for prevention and health promotion. Neither PbR nor block contracting, which is currently the main mechanism for paying for Reproductive and Sexual Health (RSH) services, appear to be satisfactory for commissioning services in the long term, particularly for the planned integrated GUM/RSH services. Since 2008, work has taken place to deliver a London-wide integrated sexual health tariff and initial indications are that this may be the optimum way forward for paying for sexual health services. Along with other London commissioners, LSL will examine the options and benefits of adopting an integrated tariff. This system would have to be considered carefully and, if adopted, operate within an agreed system that will take account of changing costs⁶. The LSL Sexual Health Board will also consider setting targets for switching funding into preventative services.

3.3 Respective budget allocations 2012/13

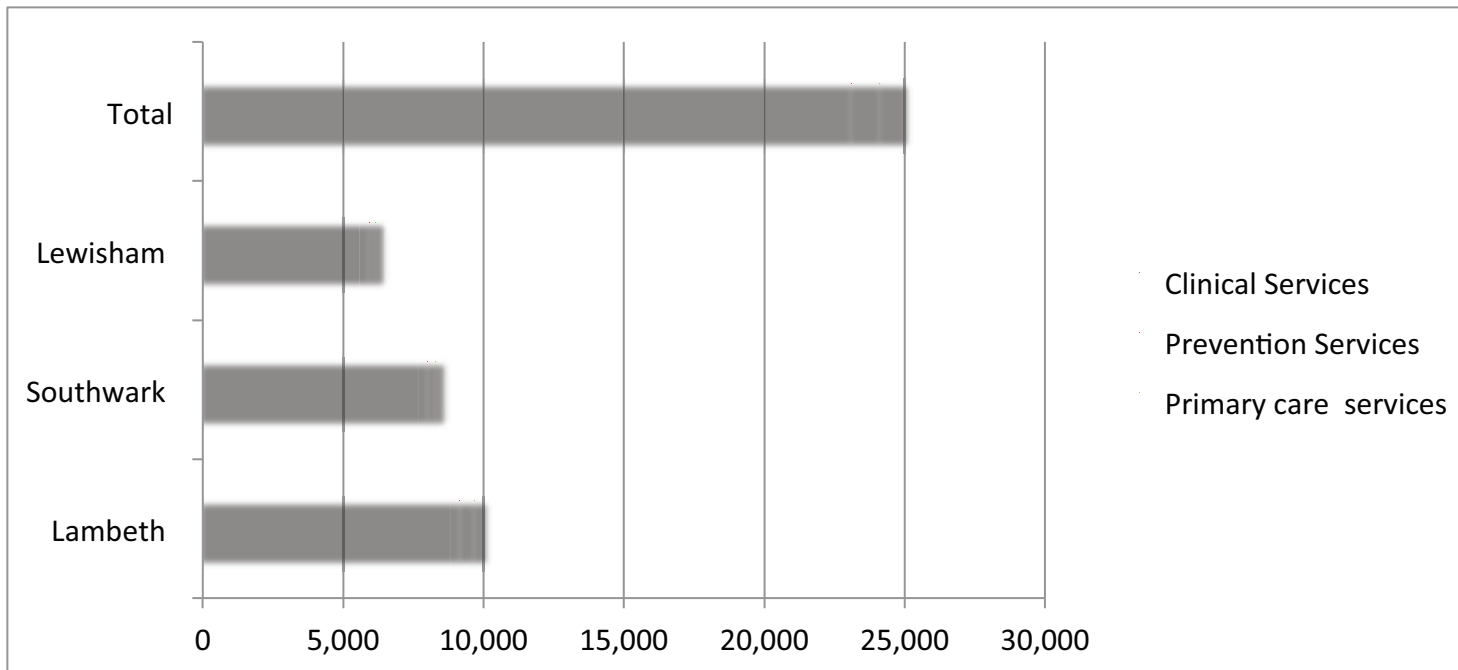
Appendix 2 shows the respective 2012/13 sexual health budgets for the LSL boroughs and highlights a variance in investment across boroughs and across prevention and treatment/care.

Lambeth has the highest level of sexual ill health across the three boroughs which is reflected in funding allocation. Lambeth's sexual health budget for clinical services was £9,152,086 compared to Southwark's at £8,010,817 and Lewisham's at £5,930,825.

There is a difference in the investment levels for the three boroughs between prevention (total for LSL is £993,320) and clinical services (total for LSL is £23,093,728). This lower level of investment in prevention is misaligned with the strategic focus of the current strategy, which is to promote sexual wellbeing and prevent sexual ill health. Taking into account need, Lambeth spent significantly more on prevention (£513,505) than Southwark (£267,719) and Lewisham (£212,096). This difference in spend is also reflected in primary care where Lambeth allocation (£422,265) is almost double that of Southwark (£287,055) and Lewisham (£259,157). There are specifically commissioned sexual health services within some GP practices in the boroughs, whilst sexual health falls within the overall primary care remit (and some surgeries offer additional sexual health services according to their staff specialties). Direct spend on HIV prevention and sexual health promotion, however, is a small proportion compared to that spent on clinical services, as Figure 3. below illustrates:

Figure 3: Relative spend in £million on clinical, prevention and primary care services in LSL 2013-13

⁶ e.g. reductions in staff costs as skill mix changes, increases in prescribing costs



Both Lambeth (£264,921) and Southwark (£276,419) fund Brook to provide a young person specific sexual health service and GSTT to provide Wise Up to Sexual Health (WUSH) (Lambeth - £261,635.00 and Southwark £ 78,000.00 contributions), a sexual health service for vulnerable young people. Despite Lewisham’s relatively young population, there are no specific locally commissioned young people services in the borough.

The LSL CCG funding for sexual health services commissioned by Lambeth Council is shown in Appendix 3. Lambeth has the highest overall cost for both termination of pregnancy (TOP)/vasectomy services and HIV care/support (£ 3,067,151) compared to Southwark (£1,870,929) and Lewisham (£1,880,674).

Nevertheless, Lewisham has the highest spend with Kings College Hospital for TOPs and vasectomies via BPAS (£296,000 and £ 11,718) respectively, compared to Lambeth (£229,000) As a result of historical commissioning arrangements, Southwark CCG pay £15,000 for the central booking service that covers all of LSL.

The health economics argument for greater investment in sexual health services to prevent, for example, unintended pregnancy and abortion, both of which result in greater costs downstream for health and social care services, illustrates that prevention is better than cure. For example:

- Preventing unplanned pregnancy through NHS contraception services has been estimated to save the NHS over £2.5 billion a year.
- Preventing STIs such as Chlamydia dramatically reduces the costs associated with pelvic inflammatory disease and preventable infertility.
- Increased access for women of reproductive age to long acting reversible contraception (LARC) and prompt access to emergency contraception LARC methods (e.g. intrauterine devices, injectable contraceptives and implants) has been proven to be cost effective.
- Increasing the number of less complex and cheaper medical abortions over surgical abortions could reduce waiting times, produce a better experience for service users, increase local access and drive down costs.
- The average lifetime treatment cost for an HIV positive individual is calculated at approximately £276,000. The monetary value of preventing a single onward transmission is estimated to be between £0.5 and £1million in terms of individual health benefits and treatment costs.

Key message

Currently, the largest proportion of funding is spent on clinical services. There is a need for greater investment in prevention to reduce the need for clinical services, delivering cost savings for health and social care services and better health for all.

It is notable that the current financial frameworks for RSH and GUM present challenges to both provider and commissioner: RSH services are block contracted, and the GUM services commissioned through activity-based PbR. The challenges are particularly problematic where there is an integrated service (see 5.3 below). There is a clear need to explore alternative approaches to contracting for services with providers, whilst aiming to contain costs.

What we will do

We will explore a range of alternative service models, including online services and other technical innovations.

We will aim to shift investment into evidence-based prevention, given the downstream savings that will be delivered in health and social care services.

We will examine options for streamlining and rationalising contracting mechanisms with GUM and RSH providers, including an analysis of the issues and potential benefits or otherwise of adopting a London-wide integrated tariff for funding sexual health services.

We will assess the type of sexual health service provision required from general practice and pharmacy and carry out a cost benefit analysis to ascertain the balance of services to be delivered in different settings.

4. Sexual health services in LSL⁷

4.1 Sexual health promotion

Previous strategies have recognised the importance of actively promoting good sexual health and safer sex. In 2007, a number of health promotion services were commissioned to target the most at-risk groups in our communities. These include Black African communities (the SAFER Partnership and African Health Forum), young people (school-based and youth work, in partnership with Teenage Pregnancy programmes) and MSM (the Pan London HIV Prevention Programme). A local NHS sexual health promotion team, providing specialist training, campaigns and resources in Lambeth and Southwark, has complemented this programme.

Key messages

Reshaping provision of sexual health promotion services, to ensure that they meet the needs of our diverse population, is a priority.

What we will do

We will reprioritise and reshape the commissioning of sexual health promotion and HIV prevention as an underlying principle of all services, including those that provide screening, treatment and care.

We will commission modernised, evidence-based sexual health promotion and HIV prevention services that seek to change behaviour and reduce risk-taking activity particularly amongst MSM, BME communities and vulnerable young people

We will work collaboratively to maintain and expand the provision of prevention approaches within non-sexual health settings, such as drugs and alcohol services, hostels and other settings with populations who have high levels of sexual health need.

4.2 HIV prevention

London local authorities account for 18 out of the 20 local authorities with the highest diagnosed prevalence rate of HIV in the country. The epicentre of this epidemic is in Lambeth, with the highest prevalence of diagnosed HIV in the UK (14 per 1,000 adults aged 15-54). Southwark has the second highest prevalence (11.2 per 1,000) and Lewisham has a lower prevalence (7 per 1,000). Our strategy will build on and complement the newly commissioned services that will form the London-wide HIV prevention programme 2014-17.

4.2.1 HIV prevention: expanding testing

Due to the effectiveness of antiretroviral drug treatments, most people with an HIV diagnosis can expect a near normal life expectancy, if diagnosed promptly and they enter into the established HIV care pathway. The costs associated with HIV treatment are high (see above), and are growing, as life expectancy for people with HIV (PLHIV) extends and as greater numbers of people are diagnosed with the infection.

Much progress has been made in recent years in changing attitudes to HIV testing. National testing guidelines for the UK were issued in 2008⁸ and endorsed by the National Institute of Clinical Excellence (NICE) in 2011⁹. This guidance recommends that expanded HIV testing be conducted in

⁷ See Appendix 3 for overview of sexual health services in Lambeth, Southwark and Lewisham

⁸ BHIVA, BASHH, BIS. UK National Guidelines for HIV testing, 2008

⁹ NICE. Increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among men who have sex with men, 2011.

areas of high HIV prevalence defined as $\geq 2/1000$ persons aged 15-59¹⁰. As boroughs with HIV prevalence far above this threshold, we will continue to focus resources on increasing access to HIV testing.

Evidence indicates that minimum standards for efficient and acceptable HIV testing include:

- Community engagement and involvement
- Planning services – assessing local need
- Planning services – developing a strategy and commissioning services in areas of identified need
- Promoting HIV testing for black African communities
- Reducing barriers to HIV testing for black African communities
- Healthcare settings: offering and recommending an HIV test
- HIV referral pathways.

What we will do

We will make every contact count by expanding HIV testing into wider community settings. This will include pharmacies, health checks and other non-clinical settings (particularly those targeted at key at-risk groups), and will enable us to diagnose HIV early, link patients to treatment and care, and reach those who do not use traditional NHS sexual health services.

We will work with CCG partners to ensure opportunities for HIV testing in acute medical settings are maximised.

We will examine the cost benefits of promoting and providing home sampling and home testing kits to at-risk groups.

We will increase awareness of the availability of HIV testing, de-stigmatise the process of testing, and promote the benefits of testing/treatment for people if diagnosed with HIV, as a critical component of HIV prevention in London. This will mean reshaping current HIV Prevention and Health Promotion services.

4.2.2 HIV prevention: reducing risky behaviour

In order to prevent onward transmission of HIV, testing strategies must be accompanied by behavioural interventions. The purpose of these must be to:

- Change behaviour, prevent or reduce harm arising from sexual activity and minimise the risk of infection or ill health.
- Promote the uptake and benefits of testing and screening.
- Signpost patients into sexual health services and understand what happens there.

There is specific concern around increasing sexual risk taking behaviours in MSM associated with recreational drug use and correlated with a rise in HIV and STI diagnoses. In LSL we have begun to address this through our work related to “chemsex”, beginning in 2013-14 with research into this emerging problem.

What we will do

We will build on the “chemsex” research and other evidence to commission new local prevention initiatives for MSM in LSL.

We will lead a new three-year programme of HIV prevention for London.

We will ensure that the London programme complements local initiatives aimed at changing risk-taking sexual behaviour.

We will re-commission HIV prevention for Black Africans in line with NICE guidance on HIV testing and on a refreshed evidence base for population/individual interventions.

¹⁰ BHIVA, BASHH; BIS. UK National Guidelines for HIV testing. 2008
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We will extend HIV prevention through taking a more integrated approach to substance misuse and sexual health commissioning.

We will improve coordination and collaboration across the range of prevention and promotion activities commissioned at regional (London) and national (PHE) levels. We will develop links with HIV Prevention England to coordinate local plans for HIV prevention interventions.

4.2.3 What works in HIV prevention?

The London HIV Prevention Needs Assessment 2013 identified that a number of behavioural interventions intended to raise awareness of risk and result in less harmful activity are effective, including those outlined in Table 9 below:

Table 11: Effective behavioural interventions identified in London HIV Prevention Needs Assessment 2013

Adult males	Educational interventions (particularly information/knowledge)
Adult females	Educational, supportive and media interventions
MSM	Limited effectiveness for motivational interventions, Evidence for group educational prevention, media interventions and PrEP.
BME groups	Behavioural interventions including 1-to-1 and group work
PLHIV	Motivational interventions for reducing risky sexual behaviour
PwID	Opioid substance therapy and education/supportive interventions
Sex Workers	Supportive, education, media and testing/screening effective

4.2.4 The 2014-2017 London wide programme

An interim programme, envisaged to run up to nine months, will operate whilst the new programme is being designed and commissioned. The interim programme will comprise of:

- A continuation of the Pan-London condom distribution scheme for MSM;
- An outreach programme, targeted at MSM, providing service and basic sexual health information and signposting provided in all gay venues and prioritising sites of greatest need.

The new London-wide programme is due to start before the end of 2014 and will be aimed at MSM and Black Africans. The new programme will comprise of:

- A Pan- London condom distribution scheme
- An outreach programme targeted at MSM
- A media and campaign work stream

A steering group, led by Director of Public Health for Camden and Islington, will oversee implementation of the new programme and will ensure it is fully linked in with wider work across London on sexual health. The steering group will work with LSL HIV and Sexual Health Commissioning team, including the new London-wide prevention strategic role, to shape the commissioning intentions for the programme and for the three individual work streams. The development of new commissioning aims and intentions for the programme will include consultation with stakeholders and experts. LSL HIV and Sexual Health Commissioning team will oversee the procurement of the new programme.

4.3 Integrated sexual health services

4.3.1 The last ten years have seen a drive to modernise the range of sexual health and contraceptive services into 'integrated sexual health services'. This was driven by the five-year sexual health modernisation initiative (2004-2009) in Lambeth and Southwark, and by local sexual health strategies and commissioning plans. Local community sexual health integrated services now provide level 2 STI management and level 3 contraceptive provision. Also, Lewisham has had a level 3 community based GU service since November 2012, integrated into the Lewisham community SRH service (which also provides level 3 contraception). Kings College Hospital provides level 3 sexual health provision and level 3 contraceptive provision. These services provide a one-stop shop for STI screening and contraception in one attendance. Outreach services are also provided to Brixton prison in Lambeth and pilot for contraceptive provision to community drug and alcohol team in Southwark. This has involved service consolidation in a number of sites, resulting in longer, consistent opening hours and the development of capacity and capability to provide basic and intermediate STI and complex contraception services. Integrated sexual health services are also popular with service users as needs are logically connected. Community sexual health services in LSL have been shown to be good at meeting the sexual health needs of key priority groups, particularly younger people and BME populations. In 2012-13, the community sexual health services reached 8% of 15-24 years old residents in Lambeth and Southwark and black residents were twice more likely to use the service.

In 2011, Southwark and Lambeth community sexual health services were brought together under one management structure into GSTT as part of its community directorate. Community services will be merged with GSTT GUM services to create an integrated service in 2014.

Lewisham community sexual health service is now part of the new Lewisham & Greenwich Trust, created in October 2013, which also includes the GUM service at Queen Elizabeth Hospital in Woolwich.

Challenges for continuing with the modernisation of community sexual health include:

- The need to change opening times so that services are open for longer on fewer sites as opposed to fragmented opening times on multiple sites, which is frustrating for service users and time-consuming for staff
- Service improvement to tackle waiting times and speed up processes, particularly as appointment times in integrated services tend to be longer
- Training for staff to deliver newly configured services (there are particular challenges in terms of recruiting, training and retaining dual-trained staff).
- A focus on self-management

Key messages

More cost effective services for all can be achieved by shifting more sexual health provision into primary care and community pharmacy, enabling us to increase specialist provision within community and integrated sexual health services and develop self-management options.

What we will do

We will work with providers to review clinical skill mix, to ensure the service user's journey and experience is improved.

We will work with providers to ensure their workforces are appropriately trained and standards continuously improve.

We will work with providers to consolidate sites and resources, creating fewer, more accessible sites, and shift activity to self-management, pharmacy and primary care.

We will work with providers to increase staff capacity and pilot new models of nurse led service delivery and patient pathways, in order to improve the patient journey.

4.4 Genito Urinary Medicine (GUM) Services

4.4.1 GUM services are provided by Guys and St Thomas' (GSTT) and Lewisham and Greenwich NHS Trust at the Waldron Health Centre. The Lydia Clinic at St Thomas' Hospital moved to new premises in Bankside at Burrell Street in 2012. The Lloyd Clinic at Guy's Hospital remains mainly as a nurse-led walk-in service. GUM staff are gradually being trained to provide contraceptive services to pave the way for the merger with community sexual health services.

Use of GUM services in LSL has doubled, or in the case of Southwark tripled, since 2008 (see Appendix 4). The profile of users of GUM differs between the boroughs. Of those using the GUM and resident in Lambeth there are high levels of men and MSM whilst there are higher number of people born in Africa among Southwark residents.

LSL residents tend to attend GUM services outside of the boroughs. Less than half of Lambeth residents attended Lambeth or Southwark based GUM clinic (St Thomas, King's or Guy's hospital). In Lewisham the main reason is the absence of GUM services in Lewisham. (see Appendix 4 for detail on GUM service use)

Continuous modernisation of GUM services includes a focus on:

- Separating walk-in and complex appointment-based activity.
- Training staff to work in STI care and contraception.
- Shift non-complex cases into community and primary care settings, this includes medical gynaecology (PID and menorrhagia), as well as training primary care staff and providing a clinical governance role with supporting local guidelines and PGDs.
- Speeding up transit times.
- Modernisation and redesign of care pathways, e.g., for psychosexual services.

4.4.2 Modernising sexual health services and self-management

Modernising sexual health services includes introducing patient self-management, which can be cost-effective and popular with service-users. Self-management includes:

- Making services more accessible, for example shifting to community or schools settings (e.g. now that EHC is available in community pharmacy, very few women access it via specialist services).
- Self-booking appointments without the need to go through an additional healthcare provider (e.g. TOP self-referral and booking).
- 'Vending machines' in clinics for routine needs that do not require a consultation (e.g. pregnancy tests, condoms, Chlamydia screening)
- Self-booking kiosks in services.
- Introducing user-friendly testing technology, which is administered by the service user, either urine based or involving self-taken swabs.

Online testing for STIs such as Chlamydia and Gonorrhoea testing via the "check yourself" website. Although self-management offers major advantages for both sexual health services and service users there are key challenges to overcome before implementation, including assessing the cost-effectiveness and whether service-users would prefer to see a health professional even when offered self-management.

Locally Lambeth and Southwark are developing SH24, a virtual, holistic, sexual health service that will use technology to empower users and improve efficiency and access.

SH24 will

- Expand access to clinical services: contraception and diagnosis and management of sexually transmitted infections via a web based service (24 hours a day) linked to telephone and specialist clinic support
- Provide better access to information, risk assessment, sexual health promotion and self management for all groups, including those who find it difficult to access mainstream services
- Provide a service which places the user at the heart of their care with user held records and tools for self management
- Deliver efficiencies by allowing less complex cases to use the on line service freeing up clinic time for people with more complex needs
- Deliver value for money through provision of a web based service at a lower cost per contact

SH24 will be delivered through a community interest company (SH24 CIC) representing a partnership between public health, specialist sexual health services, the Design Council and sexual health commissioners.

The service development will adopt a design led approach to ensure a focus on users needs throughout, with protocols developed to manage risks and ensure robust safeguarding.

What we will do

We will work towards a new service model whereby basic, uncomplicated needs are met in the community, with sexual health services focusing on complex cases, clinical governance for the whole system and training.

We will develop self-management options, which do not require attendance at a clinic, including making good use of new technologies.

We will assess the potential for improving efficiency in sexual health services by adjusting the mix of staff skills and roles.

We will develop new resources and information to promote access to services.

4.5 Psychosexual Services

4.5.1 King’s College Hospital and GSTT provide psychosexual and sexual function services along with some provision in Lewisham and GSTT integrated sexual health services. South London & Maudsley Mental Health Foundation Trust (SLAM) also provides a comprehensive tertiary service. Commissioners and providers have reviewed these services via the South East London (SEL) Network and have developed clear pathways of matched care with clarity about what should be delivered in primary, secondary and tertiary care. These services are funded with a variety of block contract and a range of tariff arrangements and the current redesign project will ensure that patients are able to access the right service at the right cost. There remains work to be done to clarify funding sources for these services across the CCGs and Local Authorities. It is recommended that the review undertaken in SEL of psychosexual services is implemented, and mental health and sexual health commissioners align their plans and funding streams.

Key Messages

There is a need to further modernise psychosexual services to create seamless pathways that make best use of capacity and skills.

There is a need to move more of the non-complex caseload (including medical gynaecology) to primary

and community care settings nearer to home, which would require GUM providing an increased role in clinical governance, supporting local training guidelines and Patient Group Directions (PGDs).

What we will do

We will work with sexual health providers to ensure capacity is maintained and every contact counts.

We will explore optimal GUM and integrated sexual health contracting mechanisms with providers, including an analysis of adopting a variable tariff.

We will explore and pilot with GUM and integrated sexual health providers opportunities for outreach to vulnerable hard to reach groups.

We will work with GUM and integrated sexual health providers, CCG and service users to agree the optimum location of sites for community and integrated sexual health services and wrap-around primary care provision.

We will continue to work with local stakeholders towards a new service model whereby basic, uncomplicated needs are met in the community by self-management, primary care and pharmacy with sexual health services focusing on complex cases and out reach to vulnerable groups, clinical governance for the whole system and training. This will include supporting the development of the SH24 service.

We will collaboratively assess potential for improving efficiency through workforce review and adjusting the mix of staff skills and roles.

4.6 Primary care: general practice and community pharmacy services

4.6.1 There remains a national and local drive to increase access to sexual health and contraception in primary care, in order to make it easier for residents with non complex sexual health needs to access services closer home or work. Primary care is extremely accessible to the local community and is well accessed by many who may be at risk of HIV. Approximately 75-80 % of contraception is provided in primary care, and over a third of women found to be Chlamydia positive were identified from screening in primary care.

LSL have a long history of providing sexual health services in primary care. For example, LSL have adopted the Birmingham Sexual Health In Practice (SHIP) model for training in providing sexual health in primary care whereby GPs and practice nurses train others in a peer-led model that has been proved to be effective.

LSL have a range of Local Enhanced Service (LES) arrangements with general practices for activity that goes above and beyond the requirements of their national contractual arrangements (e.g. basic contraception). This has included the provision of LARC and complex STI care. The LES contracts do not apply to Local Authorities and new contractual arrangements are in development and aligned to the commissioning landscapes of the CCG. To prevent any fragmentation of provision, it will be vital to maintain dialogue with the CCGs and the primary care contracting function of NHS England. The range of LES commissioned in primary care in LSL are shown in Table 8, along with the number of practices signed up LES by borough.

Table 12: General practice sexual Local Enhanced Services

General practice	Lambeth Practices	Southwark Practices	Lewisham Practices
Chlamydia screening	-	45	37
LARC	32	17	14
Sexual health	3	-	-

More information on local provision of LARC, Chlamydia screening and EHC can be found in Appendix 5.

Key Messages

Primary care remains a key setting for sexual health delivery.

More work needs to be done to match service delivery points with areas of high deprivation and need.

We will review our approach to developing and contracting local enhanced service delivery.

What we will do

We will continue to explore options for widening access to sexual health services through primary care, including reviewing options presented by the development of the SH24 service.

We will support the GP champion role, which has proved valuable in developments such as Chlamydia screening.

We will continue to improve access to LARC and EHC through primary care provision.

We will continue to contract with primary care for sexual health services, working with CCGs to develop and monitor sexual health LES.

We will agree priorities for primary care development and how training fits with incentives (e.g. condom schemes) and with any payment arrangements. Pathways may include aligning SHIP training to basic sexual health service provision with a progression to STIF and specific training to fit sub-dermal implants and IUD/S.

We will support the development of new information and resources, including SH24, that will improve access to services and signpost service users to the most appropriate and effective services.

We will review LES and assess feasibility and cost efficiency of integrated sexual health LES, bringing together LES for LARC, Chlamydia, HIV testing and sexual health.

4.6.2 Community Pharmacy

Community pharmacy has played an important role in the local sexual health economy in LSL, starting with the provision of EHC and continuing with successful Chlamydia and gonorrhoea screening programmes. A number of pharmacies are also commissioned to provide oral contraception for women with no medical complications and the evaluation of this service has shown it to be popular with women.

The current sexual health services provided in community pharmacies in LSL via LES contracts in LSL is illustrated in Table 11 below

Table 13: Community pharmacy sexual health LES LSL

Community pharmacy	Lambeth	Southwark	Lewisham
Chlamydia treatment	4	26	0
Emergency Hormonal contraception	41	31	19
Oral contraception	3	3	4

There is scope to develop the role community pharmacies can play in sexual health and there is a willingness on the part of pharmacists to engage in this. Pharmacies can provide services closer to home, and many people chose to self-manage their sexual health with the help of local community pharmacies. They are seen as providing convenient and easy access, which is seen by many as more important than the anonymity of a specialist service.

Key message

Primary care is an under-used resource for localised sexual health. Providing sexual health services in community pharmacies and General Practice can increase access for priority groups and is popular with service users.

What we will do

We will continue to explore options for widening access to sexual health services through community pharmacy, including reviewing options presented by the development of the SH24 service.

We will assess which services are best provided in community pharmacy, how these will be funded and what development and training support will be made available in relation to their provision. The availability of HIV & other STI testing will be a priority.

We will support the skilling up of pharmacy staff in delivering sexual health services.

We will set up a sub-group of the LSL SH Commissioning Board to develop sexual health primary and pharmacy-based service provision and to examine public health needs data, service efficiency, cost benefits and user satisfaction to ensure a range of appropriate service provision can be commissioned and contracted from 2015.

We will strengthen clinical governance arrangements through the SEL Network and agree arrangements with CCG Medicines Management Committees.

4.7 HIV Care and Support

4.7.1 HIV treatment services are now commissioned by NHS England under the national specialised services portfolio. LSL have specialist HIV outpatient clinics at St Thomas' Hospital (Harrison Wing), King's College Hospital (Caldecot Centre) and Lewisham Hospital (Alexis Clinic). Following the disestablishment of South London Healthcare Trust and the formation of Lewisham and Greenwich NHS Trust, the Lewisham service has merged with the Trafalgar Clinic at Queen Elizabeth Hospital.

NHS England is carrying out a review of London HIV treatment services with a view to modernising services. Increasingly there will be a need to involve GPs in HIV care as patients get older and manage multiple long-term conditions. NHS England will set out what will be required of HIV services in supporting GPs.

In LSL, an HIV Care and Support review conducted in 2011/12 recommended a new service model for HIV support services, including a focus on self-management, and increasing the use of mainstream services in addition to maintaining specialist services for the relevant cohort. Recommendations from the review are currently being implemented. For more detail on the review see Appendix 6.

The Service User Reference Group (SURG) was developed to support the HIV Care & Support Review in 2010 and is facilitated by the South East London Sexual Health and HIV Network. It continues to work on issues of concern in HIV care and members have developed their role to get involved in other initiatives and in providing training. It has been highlighted as an example of good practice in user involvement in Lambeth and the model has been adopted for the London HIV Service Review.

What we will do

We will work towards a re-balance of specialist and mainstream care/support for people living with HIV in LSL to deliver improved services.

We will ensure the service user voice is central in the development of new care and support services, through ongoing engagement and co-production. This will include continuing to support and develop the

work of SURG.

We will ensure there is on-going evaluation & development of the evidence base for our care and support services.

4.8 Termination of Pregnancy (TOP) services

4.8.1 'The purpose of a termination service is to provide terminations which are timely and safe depending on the personal health and circumstances of the individual service user, to reduce further unintended pregnancies and repeat termination and to promote better sexual health among service users'. (DH Service Specification, TOPs, Feb 2012)

LSL experiences a high volume of terminations of pregnancy, with Lewisham having the highest rates in England. Activity is high and volatile with approximately 6000 procedures performed annually. LSL currently has high levels of repeat terminations.

The LSL Sexual Health Commissioning Team commission TOPs on behalf of Lambeth, Southwark and Lewisham CCGs and reports into the LSL sexual health programme board. This successful collaborative commissioning arrangement has been in place for over 6 years.

In LSL, TOPs services are commissioned from four providers: Marie Stopes International (MSI); British Pregnancy Advisory Service (BPAS); Lewisham & Greenwich NHS Trust and King's College Hospital (KCH). MSI and BPAS provide the majority of terminations (90%). Access to Termination is managed through a commissioned Central Booking Service. Two specialist TOPs pathways are commissioned from KCH (10% of total activity): one pathway is for late gestations of >19 weeks and the other for terminations for women with complex medical needs.

Key messages

Reducing rates of repeat TOPs are a priority for LSL.

4.8.2 All commissioned TOPs providers are required to deliver to the Department of Health nationally mandated service specification for TOPs. This contains national and locally agreed Key Performance Indicators (KPIs), quality indicators, outcome targets and an annual service improvement plan. Care pathway for TOPs includes STI testing, including HIV testing as part of the implementation of national testing guidance (2008). As such it contributes to the reduction of HIV late diagnosis. It also includes access to all LARC methods, with a view to reducing repeat TOPs. Providers must deliver a quality service informed by the Royal College of Obstetricians and Gynaecologists Guideline for the Care of Women Requesting Induced Abortion.

For the past 5 years, all of these services have been meeting the national target of 70% of TOPs being performed at less than 10 weeks. This suggests that there is timely access for residents to TOP. More recently, MSI have opened a centre in Lewisham and are scoping out the potential for a site near Waterloo. All TOP providers have offered basic sexual health screening for Gonorrhoea, Chlamydia, Syphilis and HIV since the previous SH strategies have been implemented. The Waldron EMA service, however, are the only providers offering IBA Alcohol screening to all clients attending their service. The intervention screening approach follows NICE guidance and identifies higher risk drinkers and signposts appropriately. All three boroughs have high repeat TOP rates and to address this, contraceptive follow up post abortion is now commissioned from BPAS and MSI and will be reviewed. There are challenges in reducing levels of repeat terminations in LSL, given the relatively high levels of violence against women and girls in the borough. There is also an over-representation of BME groups among those accessing TOPs services and those accessing repeat terminations. More work needs to be undertaken, in order to

ascertain the reason for this. There is, for example, some evidence that BME groups may be more likely to access local NHS TOPs services whilst other populations may access private clinics.

What we will do

We will conduct research into ward level analysis for repeat terminations and improve age-profiling to help identify trends and tackle trends for the most vulnerable girls and young people

We will work with providers and prioritise the prevention of repeat terminations.

We will increase access to LARC.

We will broaden the prevention remit of TOP services to include the broader determinants of health, for example, where possible, introducing alcohol brief interventions.

We will work with TOP services to explore options for developing a pilot intervention focused on working with women and girls experiencing violence.

4.9 Young people’s sexual health services and teenage pregnancy

Key messages

Safeguarding young people is central to our strategy and the services we commission.

Only by reaching out to the most vulnerable young people will we improve their sexual health in LSL.

4.9.1 WUSH (Wise Up to Sexual Health) is commissioned to provide targeted sexual health interventions to vulnerable young people in Lambeth and Southwark and to provide high quality sexual health services for all young people in Lambeth. The remit includes college and schools work. Brook is also commissioned to provide integrated sexual and reproductive health services and provides free and confidential sexual health advice, services and information for under 25s. This includes emergency contraception, condoms, pregnancy testing, referral for termination of pregnancy and STI screening. Brook also supports the pan London under 25s “Come Correct” ‘C Card’ condom distribution scheme in Lambeth. Lewisham is also a member of the Come Correct scheme, although has no specific local resource for this. All providers are Department of Health’s “You’re Welcome” accredited to ensure they are Young People friendly. Contraception is commissioned across a variety of settings across Lambeth, Southwark and Lewisham and this includes Long Acting Reversible Contraception, Oral Contraception and Emergency Hormonal Contraception. Teenage Pregnancy services are commissioned outside the LSL Sexual Health Commissioning Team. Individual borough Teenage Pregnancy strategies and interventions are aligned with LSL Sexual Health Commissioning Plans.

As part of the response to the sexual health needs of young people in Lambeth and Southwark a sexual health outreach service for young people was established; it was branded as WUSH – Wise Up to Sexual Health - following a consultation with young people. WUSH objectives are to promote good sexual and reproductive health and prevent sexual ill health for all Lambeth young people through providing accessible high quality sexual health services and to provide targeted sexual health interventions to vulnerable young people. A review of the service was undertaken in 2013 (see Appendix 6), and the results and recommendations can be found in section 10.3 of this document.

What we will do

We will review and refresh the WUSH service strategy and resourcing in the context of wider sexual health and young people’s strategy.

We will support development of work with young people that focuses on sexual health within the context of the wider determinants of health.

Teenage pregnancy rates in LSL are to be found in Section 1.10 of this strategy

4.9.2 Lambeth Teenage Pregnancy Programmes

Lambeth has implemented an evidence-based teenage pregnancy programme to address prevention and provide support to teenage parents under the leadership of a strategic partnership across health and the local authority. The interventions are:

- A holistic Health and Wellbeing Programme.
- A targeted Boys and Young Men's Programme
- A Teens and Toddlers Programme.
- A Continuing Professional Development Programme for teachers, school nurses and other teaching staff
- The Schools Health Education Unit (SHEU) survey is completed in Lambeth schools every 2 years

Interventions to improve the health and wellbeing of young people in Lambeth continue to be effective; and it is important to ensure the work is sustainable in the tight financial climate. Under-18 conceptions ending in abortion continue to be high therefore there needs to be an emphasis on ensuring contraceptive services are meeting the needs of young people.

4.9.3 Southwark Teenage Pregnancy:

The range of interventions commissioned in Southwark in order to reduce under-18 conceptions, provide support to teenage parents and improve the general health and wellbeing of young people areas follows:

- Health Huts deliver a service in schools, youth service and other settings
- Straight Talking service for parents
- SRE lessons in schools.
- Young peer educators.
- Young Women's worker,
- Parenting programme for the most vulnerable parents
- Southwark condom campaign Training to Southwark staff and the voluntary sector

4.9.4 Lewisham Teenage Pregnancy:

Between 2010 and 2013 Lewisham implemented a teenage pregnancy strategy, which focused on four main areas:

- Sex and relationships education
- Access to prevention services
- Promotion, marketing and communication
- Support for young parents.

Since 2011, there have been significant changes within local government. Some of the services previously targeted at young people (such as Sure Start +) are now provided through targeted mainstream services such as children's centres. In addition to this over the same time period there has been an increase in the number of looked after children in the borough (who are at particularly high risk of teenage pregnancy) and a reorganisation of the youth support services which has meant that the level of input into the teenage pregnancy programme has reduced. In 2012, there has been a rise in teenage pregnancy rates in Lewisham compared to 2011. Since December 2013 the strategic responsibility for teenage pregnancy in Lewisham sits with public health and there is no longer a teenage pregnancy co-ordinator in the borough.

Sexual health services report anecdotally that there appears to be an increase in the number and complexity of vulnerable young people (particularly women) accessing their services. The experience of the Family Nurse Partnership, which has operated a caseload of 100 under 19s from early pregnancy since 2010, is similar.

Lewisham Council commissions the following interventions to support the teenage pregnancy agenda:

- School nurses run sessions in a youth centres to offer young people an opportunity to access support outside of school and mainstream service provision
- SRE delivered by sexual health and school nurses to secondary schools.
- Work with young fathers
- Drop in sessions run by the young persons midwife to support young parents.
- Pilot work with pharmacies around the provision of free condoms to young people through the C Card scheme.
- Sexual health training for foster carers and front line staff working with young people.

Following the reorganisation of the youth service, additional workforce development is planned including sexual health training and mental health training for youth service staff.

What we will do

We will explore work with local faith communities to deliver information about Teenage Pregnancy through existing provider networks.

We will sustain and develop community involvement.

We will continue to strengthen links and working partnerships with commissioners responsible for Teenage Pregnancy across Lambeth, Southwark and Lewisham.

We will strengthen and develop work in schools and in youth service settings to ensure high quality SRE is delivered to young people

4.9.5 Chlamydia screening

It is estimated that complications associated with Chlamydia costs the NHS at least £100 million annually (Chief Medical Officer’s Experience Advisory Group). Much of this cost arises because early infection is largely asymptomatic and a large proportion of cases remain undiagnosed which leads to the later development of serious complications in untreated women

The National Chlamydia Screening Programme (NCSP) was established in 2003 to provide opportunistic screening and treatment for Chlamydia in young people under the age 25 years. Lambeth Southwark and Lewisham were amongst the boroughs in the first phase of the national roll out of this programme and are amongst the highest performing boroughs in terms of screening coverage and positivity. All three boroughs have mainstreamed Chlamydia screening into core services in line with national best practice and will continue to invest in measures to ensure screening coverage remains high and continues to improve.

Table 14: The number of tests, annual coverage and positivity for LSL

Borough	Number of Chlamydia test in GUM	Number of Chlamydia tests in other settings	Total number of tests	Number of positives all settings	Testing rate – test per 100 of target population
Lambeth	5806	14771	20577	1969	63
Southwark	6014	13938	19952	1868	51
Lewisham	1840	15010	16850	1539	52

Sources: HPA Lazer report 2011

What we will do

Although LSL are already achieving well above the national indicator for Chlamydia screening we will

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contain to maintain or increase diagnosis and screening coverage.

We will prioritise interventions that prevent Chlamydia in recognition of the considerable downstream cost- savings this can offer.

4.9.6 Condom Distribution Schemes

The condom distribution schemes operating in LSL are as follows:

- LSL GP condom and pregnancy testing scheme
- LSL scheme providing condoms and lubricant to Voluntary and Community Sector organisations and local NHS organisations
- Pan London “Come Correct” C-Card Scheme for under 25’s (Lambeth and Lewisham)
- Safer Partnership scheme for Black Africans
- Pan- London HIV Prevention Programme Scheme for MSM

A review of the free condom distribution schemes operational in Lambeth, Southwark and Lewisham was conducted in summer 2013. For further details of the schemes and findings from the review see Appendix 6.

What we will do

We will adopt a phased approach to introducing an LSL-wide condom distribution scheme and LSL-wide GP scheme.

5. Cross-cutting issues

5.1 Workforce and Training

Given the sexual health needs of the population in LSL and the high STI and HIV rates and ever increasing numbers accessing sexual health services, there is a clear need to focus on service improvement. Services need to be more efficient and prevention-focused to meet the increasing need and to drive it down. Maintaining and developing the competencies of the workforce in both sexual health and mainstream services is key to modernising services, making them more efficient.

Key messages

Developing the skills of clinicians in non-sexual health services to offer certain sexual health services will widen access and help ensure early intervention.

Changing the skills mix of clinicians in sexual health services will make these services more efficient, for example moving to nurse-led prescribing models, thereby reducing need for consultant time.

Promoting better sexual health can be achieved by training all those in contact with service users to raise the issue of prevention - 'making every contact count' - and to signpost or refer on as appropriate.

What we will do

We will improve efficiency and cost effectiveness of sexual health services by reviewing service users pathways with a view to improving the skills mix of staff.

We will review the need for training to better support the increasing use of Patient Group Directives (PGDs) so that staff from a broad range of disciplines can offer contraception and sexual health services.

We will review the need for training to better support the delivery of sexual health services in primary care and community pharmacy.

We will support the development of sexual health training for non-clinical staff and the workforce in mainstream services, with a particular focus on prevention.

5.2 Improving services for vulnerable people

Recent service reviews (See Appendix 6) and feedback from providers indicate that increasing numbers of highly vulnerable people are presenting routinely to sexual health services in LSL. These include young people, homeless people and women who are experiencing violence. Many present with sexual health needs and subsequently are found to have multiple and complex other needs. Frequently, serious safeguarding issues also emerge during the service user's contact with services.

Referrals to sexual health services from mainstream services working with vulnerable people are also increasing and frequently include safeguarding issues. For example, homeless hostels have been referring a disproportionately high number of women to sexual health services, most of whom are also victims of sexually exploitation. Vulnerable people also experience difficulties in accessing sexual health services, most usually accessing at the point of crisis, rather than earlier on when prevention would be most effective.

Key messages

We are currently missing opportunities to widen access to sexual health services, and particularly preventative services, for the most vulnerable populations in the boroughs. For example, extending sexual health services in pharmacies and primary care will increase access for those most in need.

We are missing opportunities to 'make every contact count', supporting the workforce in mainstream services to raise sexual health and prevention at every opportunity and those in sexual health services to raise non-sexual health issues.

What we will do

We will work with providers to widen access to sexual health services and prevention for the most vulnerable populations in the boroughs.

We will work with TOP services to explore options for developing a pilot intervention focused on working with women and girls experiencing violence.

We will work with providers of homeless, mental health and disability services to determine effective prevention and support for vulnerable service users.

We will evaluate the Southwark CTAB pilot in substance misuse clinics, and consider rolling this out across the sector.

We will work towards an integrated approach to services, which encompasses "making every contact count".

5.3 Reaching emerging populations

There is evidence that new immigrant populations have poorer sexual health. Indications are that recent migrants to LSL are at a greater risk of acquiring HIV and STIs than more established populations.

Further data gathering and analysis is required to determine which emerging populations are most in need (and to define that need) in order to inform appropriate service promotion and interventions. It is likely that interventions will need to be wide-ranging, encompassing more effective promotion of services and the development of new resources and targeted intensive interventions.

What we will do

We will work with our public health team to gather data and analyse the needs of emerging populations to inform our commissioning intentions.

6. Plan for consultation on this strategy and next steps

This strategy has been developed with wide stakeholder engagement. We are committed to ensuring that service user and other stakeholder views continue to shape its final version, implementation and review.

The draft strategy will be launched at a stakeholder event in April 2014. Focus groups will be held with key target groups that are a priority within this strategy i.e. young people; people from Black African communities; and MSM.

We will consult with the Health and Social Care Scrutiny panels in each borough.

We will consider and address all feedback and report the outcome of the consultation, plus the final strategy, to each borough's Health and Wellbeing Board by the end of June, subject to any restrictions on timescale imposed by local elections.

A commissioning plan, which will include measurable outcomes developed from our aims, will be produced following approval of the final strategy.

We welcome and will consider any feedback on this strategy. Please email all feedback to: SHconsultation@lambeth.gov.uk

This strategy will be available on each borough and CCG website.

Glossary for LSL Sexual Health & HIV Strategy

1. Commissioning:

AQP	Any Qualified Provider – an arrangement whereby GPs particularly can choose from an approved list of providers. Has been applied to some London TOP services (not LSL).
CCG	Clinical Commissioning Group – the local GP-led NHS commissioning bodies.
CQUIN	Commissioning for Quality and Innovation - in NHS commissioning, an arrangement whereby a percentage of funding is withheld subject to quality criteria being met.
CSU	Commissioning Support Units – NHS bodies (3 in London) set up to support CCGs with practical aspects of contract management, finance, data management, etc.
LES	Local Enhanced Service – NHS arrangement whereby GPs and Community pharmacies are paid for activity above and beyond their main contracts, e.g. for GPs to provide costlier long acting methods of contraception rather than the contraceptive pill.
LETB	Local Education & Training Board – responsible for commissioning all pre and post graduate education and training for NHS providers. There are 3 in London; south London has Health Education South London.
NHS England	Responsible for the general primary care contract and for commissioning specialised services including HIV treatment.
QIPP	Quality, Innovation, Productivity, Prevention – headline aims for all providers but often attached to financial savings.
QOF	The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management, but resourcing and then rewarding good practice.

2. Services / provider issues:

BBV	Blood-borne viruses – it is often helpful to deal with HIV issues alongside other blood-borne viruses such as hepatitis B and C
BPAS	British Pregnancy Advisory Service – TOP provider
Cascaid	LSL HIV mental health team based at South London & Maudsley NHS FT.
Clinical Governance	– is a range of activities whereby the NHS addresses issues of quality and risk in clinical services. It can include training, audit and the development of guidelines and policies. In the sexual health context, specialist services have a clinical governance role in relation to primary care and therefore develop guidelines and teaching programmes. Clinicians are available to give advice to generalist clinicians on sexual health clinical issues.
EHC	Emergency Hormonal Contraception. Often referred to as the ‘morning after pill’. Widely available from community pharmacies.

GUM	Genito-Urinary Medicine – usually in acute (hospital) settings and funded via the GUM PbR tariff. Increasingly, services are working in an ‘integrated’ way, i.e. providing STI and contraception services together.
GSTT	Guy’s & St Thomas’ NHS Foundation Trust
HPE HIV Prevention England	– nationally commissioned HIV prevention activity mainly for MSM
KHP	King’s Health Partners – the local Academic Health Science Centre; a partnership of GSTT, King’s, SLAM & King’s College London. It is primarily concerned with ensuring the results of research find their way into service delivery and training & education. Also encourages collaboration where this makes sense.
LARC	Long Acting Reversible Contraception – includes implants and IUD/S (intra-uterine devices/systems also known as coils). More effective than other methods and cheaper long term.
MSI	Marie Stopes International –TOP provider.
MSM	Men who have Sex with Men – a term used to describe men who identify as gay or bisexual and also those who do not (including those who identify as heterosexual) but have sex with other men. The term defines the sexual route through which men may be exposed to the risk of HIV, rather than the sexual orientation by which the individual may self-define.
PEP	Post Exposure Prophylaxis – a dose of HIV antiretroviral medication administered after someone is known to have been at direct risk either sexually, or occupationally (egg a healthcare worker)
PbR	Payment by Results i.e. the pricing mechanism for all hospital-based activity. The name is misleading, as it is really payment by activity. There is a GUM PbR tariff – currently recommended to be £ xxx for a first attendance and 3xx for follow up. These are NHS arrangements and the tariff for GUM is no longer mandatory.
PGD	Patient Group Direction – an arrangement whereby a healthcare worker can administer a treatment under very specific circumstances only, egg, a non-prescribing nurse providing antibiotics in cases of uncomplicated Chlamydia. Also used in community pharmacy, egg for Chlamydia treatment.
PLHPP	Pan London HIV Prevention Programme
PrEP	Pre Exposure Prophylaxis – still undergoing clinical trials, this is an approach to HIV prevention whereby a dose of HIV antiretroviral medication is administered before any potentially risky activity, e.g. unprotected sex
PSHE	Personal Social Health and Education
Psychosexual	A range of services designed to improve sexual function by way of medical and/or psychological interventions. There are delivered by both sexual health and mental health services, as well as in the private sector.
RSH / SRH	Reproductive and Sexual Health / Sexual & Reproductive Health services – community based sexual health services formally known as ‘family planning’. Their focus was primarily on contraception and their staff were from an Obstetrics and Gynaecology background but this has changed as they now do a lot of STI screening and work with men also. In some areas they are known as CASH (Contraception & Sexual Health) services.

SH24	An initiative funded by the Guy's & St Thomas' Charity to provide online sexual health services in Lambeth & Southwark.
SRE	Sex & Relationships Education.
TOP	Termination of Pregnancy (abortion) services.

3. Professional bodies:

BASHH British Association of Sexual Health & HIV

BHIVA British HIV Association

Faculty of Sexual & Reproductive Healthcare (of the Royal College of Obstetricians & Gynaecologists)

4. Teaching:

DFSRH Diploma of the Faculty of SRH – involves e-learning, 5 taught sessions and a clinical placement.

HEI Higher Education Institution. In LSL, this usually means King's College London though the University of Greenwich and South Bank University are also used.

SHIP Sexual Health In Practice – a peer led training programme for GPs and practice nurses developed in Birmingham & now provided by the Network in LSL and Bromley.

STIF Sexually Transmitted Infection Foundation course.

5. National bodies

NICE National Institute for Health & Care Excellence

PHE Public Health England – now includes the surveillance and data functions of the former Health Protection Agency (HPA)

6. Data:

CTAD Chlamydia Testing Activity Dataset

GUMCAD GUM Clinic Activity Dataset. This is being developed further in recognition of the fact that a lot of STI diagnoses are made outside GUM settings.

PACT Prescribing Analysis and Cost Tabulation data from general practice is a national data set, which analyses prescribing data in terms of cost and number of items (volume). At an organisational level, PACT is used to monitor and control prescribing cost and to set prescribing budgets.

SOPHID Survey of Prevalent HIV Infections Diagnosed.

Appendix 1: National recommendations

Reducing the burden of HIV and STIs requires a sustained public health response based around early detection, successful treatment and partner notification, alongside promotion of safer sexual and health-care seeking behaviour.

Local authorities are responsible for providing comprehensive, open access sexual health services. The prioritisation and provision of appropriate services can be shaped locally via Joint Strategic Needs Assessments, and guided by the Public Health Outcome Framework and Framework for Sexual Health Improvement.

Local epidemiological STI and HIV data can be employed to inform service commissioning and provision, and to make the case for prioritisation of sustained investment in prevention and control interventions, targeting populations most at risk.

Every effort should be made to eliminate local barriers to testing, made available free and confidentially at easily accessible services. Alongside the effective clinical response, promoting safer sexual behaviour among individuals – including condom use and regular testing – remains crucial.

HIV

The Public Health Outcomes Framework includes an indicator to assess progress in achieving earlier HIV diagnoses. Locally, Joint Strategic Needs Assessments can be used to prioritise and inform the provision of appropriate HIV testing services, to deliver against this indicator.

In local authorities with a diagnosed HIV prevalence greater than 2 per 1,000, implementation of routine HIV testing for all general medical admissions and for all new registrants in primary care is recommended.

Chlamydia

The Public Health Outcomes Framework includes an indicator to assess progress in controlling chlamydia in sexually active young adults. This recommends local areas achieve an annual chlamydia diagnosis rate of at least 2,300 per 100,000 15-24 year old resident population.

The chlamydia diagnosis rate reflects both screening coverage levels and the proportion of tests that are positive at all testing sites, including primary care, sexual and reproductive health and genitourinary medicine services. Areas achieving or above the 2,300 diagnosis rate should aim to sustain or increase, with areas achieving below it aiming to increase their rate.

Gonorrhoea

Reducing gonorrhoea transmission, and ensuring treatment resistant strains of gonorrhoea do not persist and spread remains a public health priority. The Gonorrhoea Resistance Action Plan for England and Wales (April 2013) makes recommendations on ensuring prompt diagnosis, prescribing guideline adherence, identifying and managing potential treatment failures effectively, and reducing transmission.

Sexual health messages for the general public

Prevention messages should be promoted to all sexually active men and women, highlighting that individuals can significantly reduce their risk of catching or passing on HIV or an STI by:

- Always using a condom correctly and consistently when having sex with casual or new partners, until all partners have had a sexual health screen.
- Reducing their number of sexual partners and avoiding overlapping sexual relationships.

Engaging high-risk groups

Prevention programmes engaging specific groups at highest risk of HIV and STI infection should continue, including clinicians taking every opportunity to recommend:

- Sexually active under 25 year olds should be screened for chlamydia every year, and on change of sexual partner.
- Men who have sex with men having unprotected sex with casual or new partners should have a HIV/STI screen at least annually, and every three months if changing partners regularly.
- People from black African and black Caribbean communities should have a HIV test, and a regular HIV and STI screen if having unprotected sex with new or casual partners.

Appendix 2: LSL Sexual health budgets 2012/13

Budgets for sexual health services commissioned by Local Authorities				
Sexual health service areas	Lambeth	Southwark	Lewisham	Total
Clinical services				
GUM	£5,777,297.00	£5,148,722.00	£1,976 000.00	
RSH/Integrated SHS	£2,830,342.00	£ 2,487,051.00	£3,611,745.00	
Brook	£ 235,341.00	£ 272,716.00	-	
WUSH	£ 261,635.00	£ 78,000.00	-	
SE London Sexual Health Network	£ 15,000.00	£ 12,328.00	£ 10,700.00	
Chlamydia screening online testing	£ 7,000.00	£ 4000.00	£ 13,380.00	
Guy's & St Thomas's; King's College Chlamydia Lab costs	£ 25,471.00	-	£ 319 000.00	
TDL	-	£ 8,000.00	-	
Total	£9,152,086.00	£8,010,817.00	£5,930,825.00	£23,093,728.00
Prevention Services				
HIV Pan London prevention services	£ 75,249.00	£72,571.00	£59,451.00	
SAFER Partnership WS1 (AAF, NAZ Project, Ethnic Health Foundation)	£ 67,347.00	£56,336.00	£ 54,766.00	
SAFER Partnership WS2 (African Culture Promotions)	£ 17,118.00	£14,320.00	£ 13,920.00	
SAFER Partnership WS3 (SHAKA Services)	£ 43,485.00	£36,376.00	£ 35,362.00	
African Health Forum	£ 11 322.00	£ 9,471.00	£ 9,207.00	
Health promotion team	£ 162,142.00	-	-	
Freedoms condom scheme (C-Card and community)				Capped at £95,000.00
GP pregnancy test and Condom scheme				Capped at £63,000 across LSL
Brook C card scheme(Lambeth) / C card (Lewisham) / Condom scheme(Southwark)	£ 56,304.00		£ 10,000.00	
Brook Sexual Health service	£264,921.00	£ 276,419.00	-	
Pharmacy condom scheme	£ 2000.00	-	-	
Total	£ 513,505.00	£267,719.00	£212,096.00	£993,320.00
Primary care services				
GP Sexual health LES	£ 143,200.00	-	-	
GP LARC LES	£ 138,765.00	£112,524.00	£29,000.00	
GP Chlamydia screening	-	£ 54,575.00	-	
Community Pharmacy sexual health LES(EHC, Oral contraception)	£ 82,300.00	£ 119,956.00	£170,157.30	

Chlamydia treatment				
HIV testing in primary care	£ 45,000.00	-	£ 45,000.00	
GP champion	£ 13,000.00	-	£ 15,000.00	
Total	£ 422,265.00	£287,055.00	£259,157.30	£968,477.00
Overall budget	£10,087,856.00	£8,565,591.00	£ 6,402,078.00	£25,055,525.00

Budgets for sexual health services commissioned on behalf of LSL CCGs,				
	Lambeth	Southwark	Lewisham	
TOP services				
BPAS	£428,848.00	£ 354,622.00	£312,115.00	
MSI	£ 451,170.00	£ 405,032.00	£ 418,764.00	
LHNT	-	£ 10,199.00	-	
KCH	£229,000.00	£126,000.00	£296,000.00	
Vasectomy (BPAS)	£ 3906.00	£ 5208.00	£ 11,718.00	
Central booking service	-	£ 15,000.00	-	
Total	£1,112,924.00	£916,061.00	£1,038,597.00	£3,052,582.00
HIV Care and support				
Mildmay	£ 313,075.00	£ 114,073.00	£102,644.00	
SLHIVP	£ 302,256.00	£ 243,602.00	£144,232.00	
AAF Peer support	£ 3,019.00	£ 2,525.00	£ 2525.00	
CASCAID	£ 455,510.00	£ 387,738.00	£376,931.00	
Positively Parenting and Children	£ 84,453.00	£ 70,645.00	£ 68,676.00	
GSTT CNS	£ 180,583.00	£ 151,285.00	£ 147,069.00	
Total	£ 1,954,227.00	£ 969,868.00	£ 842,077.00	£3,766,172.00
Overall budget	£3,067,151.00	£1,885,929.00	£1,880,674.00	£6,818,754.00

Appendix 3: Sexual health services in Lambeth, Southwark and Lewisham

Table 1 – Overview of Provision of Sexual Health Services

Provider->	Self-mgt	VCSSO	School	GP	Pharmacies	RSH	Acute Trust/GUM
Reproductive health							
Condom distribution	X	Come Correct C-Card Scheme	WUSH	X	X	X	X
Pregnancy testing	X	Brook		X	X	X	X
Termination of pregnancy referral	X	Brook		X		X	X
Termination of pregnancy							X
Emergency contraception		Brook (check provision)		X	X	X	X
Contraception - hormonal		Brook/ Marie Stopes, BPAS		X	X (3 OC pilots -PGD)	X	X
Contraception-IUD & implant		Brook/ Marie Stopes, BPAS		X		X	X
Gynecological treatment				X		X	
cervical cytology				X		X	
STI acute							
Health promotion/ prevention of infection	X	X		X	X	X	X
Testing STI (CT & GC) - asymptomatic	X	Brook		X	X (attached to EHC LES)	X	X
Testing STI symptomatic		Brook		X		X	X
Partner notification	X	X		X	X	X	X
Warts Treatment				X		X	X
HIV							
HIV testing	THT pilot	Brook/ TOP services		X		X	X
HIV treatment							X
HIV PEPSE							X
HIV information/		SEL					
Information/ health promotion / behavioural interventions							
	X	Michael Fellowship		X	X	X	X
STI Prevention							
HPV vaccination			School nurses				
Targeted & specialist services							
Young people	X??	Brook / Well Centre				X (STIs)	

MSM		Pan London				X	
Prison							
IVD users						pilot	
Violence		Haven / Brook/ GAIA		X			X
Sex workers		Streatham agencies					
Asylum seekers/refugees						X (3 borough)	
Homeless						X (3 borough)	

Sexual health services in LSL are provided by: general practices; pharmacies; community reproductive and sexual health services (RSH); Genito Urinary Medicine(GUM) services or equivalent provided by Acute Trusts; and community and voluntary sector organisations (CVSO). Some services are also provided within school. All services are open access for health protection reasons.

Appendix 4: GUM Service use in LSL 2008 and 2012

The information below is based on data contained in GUMCAD2 , the Genitourinary Medicine Clinic Activity Dataset version 2 . It is an anonymised patient-level electronic dataset collecting information on diagnoses made and services provided by GUM clinics and other non-GUM commissioned sexual health services.

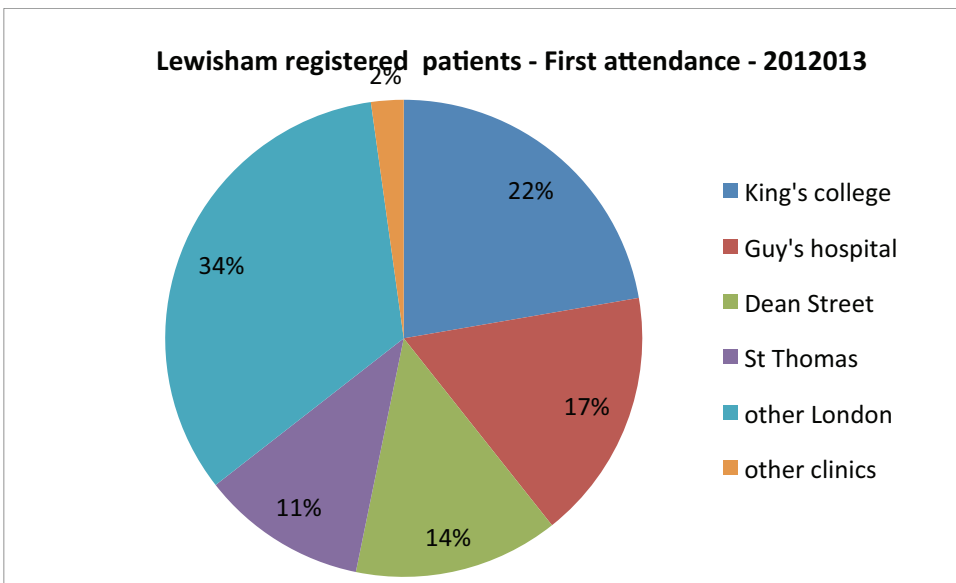
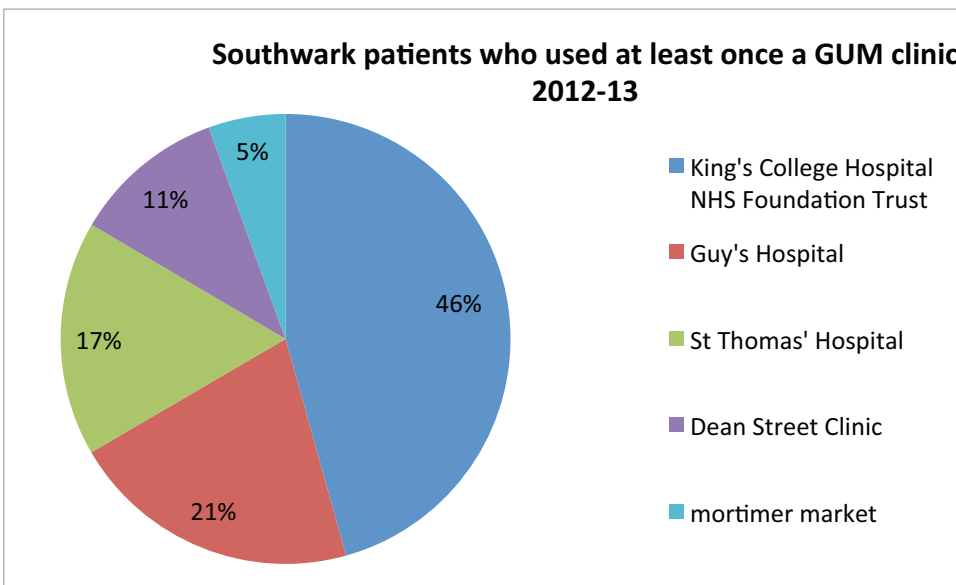
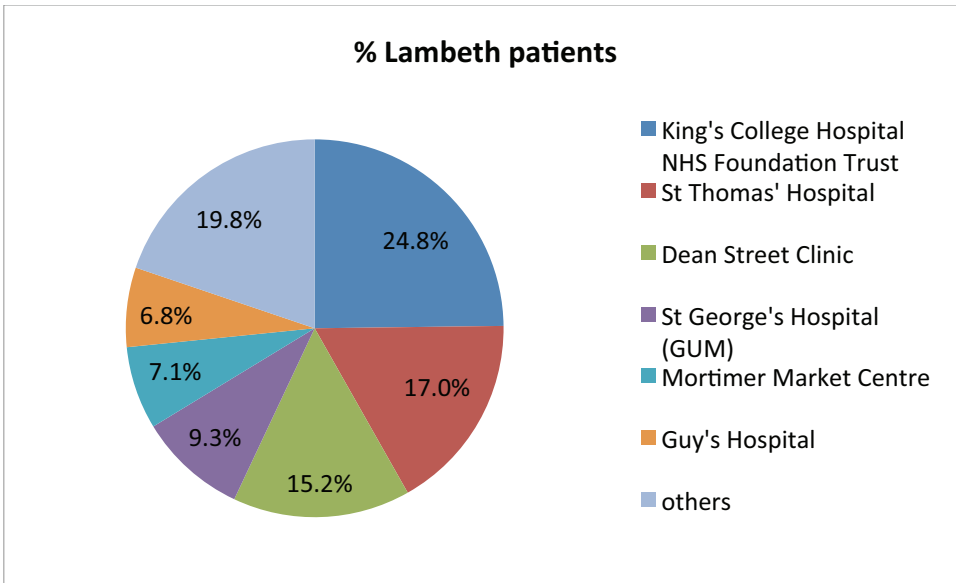
Activity is attributed to “PCT” based on postcode of patient’s GP. If not available, it is based on patient’s postcode, and if not available it is attributed based on the hospital location

The overall coverage of GUM services for 2012-13 was 6.3 % of all age population resident in LSL. GUM service coverage was higher in Southwark (8.1%) compared to Lambeth (7.8%) and lowest in Lewisham (2.9%). The variability of GUM coverage between the boroughs is the result of various factors: there is no GUM clinic in Lewisham; there are differences in the size of the population at risk; and different patterns of use of existing sexual health services.

Volume of service 2012-13

2012	Lambeth	Southwark	Lewisham
Patients with at least one contact	23,749	23,270	8,105
First attendances (new episodes)	33,362	27,160	10,934
All attendances	46,981	43,117	15,934
2008	Lambeth	Southwark	Lewisham
Patients with at least one contact	12,007	7,558	4,179
New attendances	17,263	10,943	5,832
Total attendances	26,968	17,865	9,520
Change 2008 to 2012	Lambeth	Southwark	Lewisham
% increase patients	97.8%	207.9%	93.9%
% increase new attendances	59.7%	90.8%	53.6%
% increase all attendances	74.2%	141.3%	67.4%

The tables below illustrate GUM service use by LSL residents both in and out of borough.



Appendix 5: Local Provision of Long Acting Reversible Contraception (LARC), Chlamydia Screening and Emergency Hormonal Contraception (EHC)

LARC

National estimates suggest that around a third of all pregnancies are unplanned. The effectiveness of contraceptive methods such as the oral contraceptive pill are dependent on correct and consistent usage. In 2005 NICE advocated the effectiveness of long-acting reversible contraceptive (LARC) in reducing unplanned pregnancy and teenage conception. LARC methods, once fitted, do not require daily compliance. A vital part of the availability and access to LARC is patient awareness and the availability of trained competent staff. There is currently a gap in knowledge regarding the number of staff trainers and trained staff in LARC methods.

Chlamydia Screening

In 2010-11 the local enhanced service contracts were revised to reflect the increased national chlamydia screening programme target of 35%. GP's in Lambeth were unable to achieve 35% coverage, with the maximum average level being 14% screening coverage of registered 15-24 year olds. Following a Lambeth evaluation in April 2011 of the portfolio of sexual health LES the GP Chlamydia LES contracting ended and the hours reduced within the sexual health LES. The money saved from this was re invested in Long Acting Reversible Contraception (LARC) LES, an area where demand had increased.

EHC

Lambeth, Southwark and Lewisham like several other inner London Boroughs have much higher rates of unplanned pregnancy, and repeat abortions than the national average.^{1,3} These boroughs have high levels of social deprivation which can negatively impact on contraceptive knowledge and access to community sexual health services and emergency hormonal contraception (EHC). Emergency Hormonal Contraception is cost-effective method in reducing unintended pregnancies (Trussell et al,1997, Glasier et al 1998). Early access to EHC provides a safe method for women in preventing pregnancy following unprotected sexual intercourse. In an attempt to tackle high conception and TOP rates in LSL much has been done to improve and increase access to EHC. However these services still require review and evaluation to ensure that they are best meeting the changing needs of the resident populations. Free EHC is available to LSL residence via Community pharmacies', General practice, A/E, TOP service and integrated sexual health services. Lambeth also leads the way in terms of HIV care in general practice with two pilots currently being delivered.

Appendix 6: Recent reviews

1 Summary of HIV Care and Support Review, 2012

A review of all LSL HIV Care and Support provision (specialist support services for people living with HIV which are separate to HIV drug treatment services) was undertaken in 2011/12 to ensure that services are modernised to reflect the changing needs of HIV Positive patients in light of treatment advances & disease pattern changes. The organisation is currently in the Implementation phase of the programme.

The review process included a Project Steering Group & Service User Reference Group, a refresh of the local epidemiology, a review of Needs and an Evidence Review, Service Review, development of Service model & Commissioning Intentions, 3 month full Public Consultation including Focus Groups, Consultation Events and Surveys and final recommendations and transition plan.

Transition Planning Principles include working towards a re-balance of specialist & mainstream service provision for PLHIV, transition leading to improvements for users, ensuring service user voice is central through ongoing engagement and co-production, adopting a collaborative commissioning approach, planning for the future as HIV is increasingly a mainstream general public health issue in LSL and therefore needs careful attention to planning services and funding streams and a commitment to providing seamless pathways. Transition will rely on re-investment of existing resources into HIV Pathway development, ensure there is a fair price for services, mitigate against loss of specialist skills and destabilisation of the health system and there will be on going evaluation & development of the evidence base.

The current portfolio consists of: Specialist Mental Health Services for People Living with HIV: CASCAID services within SLAM, HIV Community Specialist Nurses, Specialist inpatient / day patient Service for People Living with HIV with neurocognitive impairment: Mildmay, Peer Support Services, South London HIV Partnership services and HIV Care and Support for Families and Children infected/affected by HIV. The total cost = £3 million.

2 Summary of Review of Condom Distribution Schemes, 2013

A review of condom distribution schemes operational in Lambeth, Southwark and Lewisham was conducted in summer 2013. The schemes operating in LSL are as follows:

- GP condom and pregnancy testing scheme operational in Lambeth, Southwark and Lewisham. In Lambeth and Southwark the scheme targets anyone attending GP practices (depending on method of distribution this may include non-registered patients). In Lewisham the scheme targets young people under 25 and those most at risk of HIV and STIs.
- Lambeth, Southwark and Lewisham Community scheme provides condoms and lubricant to Voluntary and Community Sector organisations and local NHS organisations for distribution to service users.
- Lambeth C-Card Scheme distributes condoms and lubricant to young people under 25. Brook Lambeth administer the scheme, identify Easy Access Points (EAPs) from where condoms are distributed and train staff at EAPs to distribute condoms. Young people visit EAPs, register, receive an SRE intervention and are given condoms and condom card. At repeat visits activity and demographic details are collected against the card. The Lambeth C-card scheme was positively evaluated in 2012 (Evaluation of Lambeth Come Correct Condom Distribution Scheme, 2010-212. Lambeth PCT, Rosa Weisskopt, 2012)
- Lewisham C-a card scheme is managed by managed by Health Improvement Programme Manager (Sexual Health). Young people register for scheme online or at distribution points. The Health

Improvement Programme Manager trains staff at distribution points, administers scheme and manages logistics

- Safer Partnership scheme distributes condoms to BME community via businesses (barbers, hairdressers, nail bars, clubs, cab offices) and community venues
- Pan- London HIV Prevention Programme Scheme distributes condoms MSM via clubs, bars, SOPs and community venues

Both Lambeth and Lewisham C-Card scheme are part of the Pan-London Come Correct scheme. This allows young people to access condoms in all boroughs within Come Correct scheme
Southwark Teenage Pregnancy team also distribute condoms at Health Huts or at events primarily.

Although not included in the Review condoms are also distributed by: GUM and RSH services; pharmacies providing emergency hormonal contraception; and South London and Maudsley Trust community drug services.

Findings from the Review

The review found that there were potential savings offered by merging schemes, progressing towards one LSL-wide C-Card scheme targeting young people and adults at risk of HIV and STIs. Centralising into one LSL-wide scheme offers better value for money, especially given opportunity for economies of scale, as well as improved monitoring and reporting. It also allows for the introduction of robust quality assurance systems across all three boroughs to ensure condoms are distributed equitably and reach those most in need. The Review also recognised that, to avoid duplicating data collection systems GPs would be not join C-card scheme, instead GP schemes could be incorporated into LES contracts to ensure robust quality assurance.

Recommendations:

It is recommended that between 2014-16 a phased approach is adopted to introducing an LSL-wide C-card and LSL-wide GP scheme. This will comprise of

- Reviewing LSL Community schemes and drawing up simple criteria for membership of the scheme as an interim measure until new adult C-card in place
- Adopting an LSL-wide young people's C-card scheme and reviewing fit with adult C-card scheme.
- Reviewing best models for a joint adult and young people's C-card scheme and adopting an adult and young-people's scheme
- Adopting an LSL-wide GP scheme

This process will have the added benefit of synergy with the approach of developing a Pan-London condom distribution programme recommended by the London London-wide HIV Needs Assessment (2013), should the latter be adopted

In addition this work will be strengthened by

- Continuing to review SLAM scheme
- Reviewing GUM/RSH Condom Provision

3 A Review of Wise Up to Sexual Health (WUSH), 2013

As part of the response to the sexual health need of young people in Lambeth and Southwark a sexual health outreach service for young people was established; it was branded as WUSH – Wise Up to Sexual Health - following a consultation with young people. WUSH objectives are to promote good sexual and reproductive health and prevent sexual ill health for all Lambeth young people through providing

accessible high quality sexual health services. As part of the Reproductive and Sexual Health Service (RSH), within the community services directorate at Guy's and St Thomas's Foundation Trust, the WUSH team is to provide good quality clinical services to young people in Lambeth and Southwark in a variety of settings in order to improve the sexual health and wellbeing of vulnerable and 'at risk' young people. The service provides clinical outreach sessions in schools and out of school settings and further education (FE) colleges. It offers intensive one to one work with children in care and other vulnerable young people, referrals are made directly into the service from RSH, social care and from schools and out of school settings. The service also offers training to professionals (e.g. midwives, FE tutors etc.) and provides sexual health education to young people in FE and alternative education settings. WUSH Service Costs are £274K (Lambeth - £196K; Southwark - £78K).

The WUSH service model has been operational in Lambeth since 2007. The move of sexual health commissioning responsibility from the NHS to the local authority provided an ideal opportunity to evaluate the impact and effectiveness of the sexual health outreach service for young people in Lambeth and determine whether the current model is the most effective for achieving maximum impact (reducing unplanned teenage pregnancy and sexual ill health) and on-going sustainability.

An evaluation by an independent consultant team was undertaken in 2013 and the major focus of the findings was around the need to re-focus the priorities of the service and to target more effectively.

Key findings from the evaluation of the WUSH service were:

- WUSH's specialist expertise, clinical services and flexibility is rated highly by professionals who work with the service. However, given the need, the service is spread too thinly and, inevitably, can only reach a minority of young people in Lambeth and Southwark
- The expectations placed on WUSH are ambitious given the resources GSTT are devoting to it and given the current staff complement.
- In some WUSH service areas there is a mismatch between the levels of competency and the services provided e.g. some of the roles do not require highly qualified clinical staff (e.g. teaching, condom distribution).
- There is a need for sexual health services in schools, however, WUSH, in its current form, is not best suited to provide this.
- WUSH's 1 to 1 service is very highly rated by other professionals working with the service; however, it is labour intensive and may dominate the future service offer.
- WUSH aim to take in account broader health and social care outcomes for young people. Sexual health targets alone do not reflect the current service offer.
- WUSH needs to be better promoted, the move into GSTT may have made the service less visible.
- It is unclear who the key target groups for WUSH are – currently the focus is moving towards the most vulnerable young people.
- The size of service puts it at risk when there is staff sickness/ absence.

Key recommendations from the evaluation of the WUSH service were:

- WUSH service strategy and resourcing should be reviewed and refreshed in the context of wider sexual health and young people's strategy
- A new model for school drops-ins should be developed. This could include training up appropriate staff or young people to distribute condoms and could take the form of general health advice drop-

ins and be promoted as such. The role that schools nurses could play in providing access to sexual health in schools should be agreed

- Explore the feasibility for commissioning sexual health clinical services for young people that sit within a holistic model of service provision, bringing together commissioners in children's services and sexual health services (as a minimum – there is also scope for including other commissioners e.g. mental health and substance misuse).
- If a holistic model is not feasible then schools nursing, health visiting services and other sexual health services contracts should be reviewed to ensure that these services are actively engaged in delivering an integrated offer for young people that includes sexual health.
- WUSH intensive support / 1 to 1 service should be reviewed in the context of a developing a wider service strategic plan. Service specifications for the service should be fully detailed in the SLA.
- Although there is a need for SRE sessions in colleges this should not be a priority for the current WUSH team. If it is to be delivered as part of the service then workers should be recruited with competencies in delivering SRE and there is no necessity for these to be clinical staff.
- WUSH's development would be helped by a review of SRE provision; including a focus on what Brook are delivering, and where the gaps may exist.
- WUSH should continue to deliver sexual health training with professionals
- The development of a service strategy for WUSH should include a promotional strategy.

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Agenda Item 8

Healthier Communities Select Committee			
Title	Lewisham Healthwatch annual report		
Contributor	Scrutiny Manager	Item	8
Class	Part 1 (Open)	16 July 2014	

1. Recommendation

The Committee is recommended to consider the content of the attached report and direct questions to representatives of Healthwatch in attendance at the meeting on 16 July.

3. Background

- 3.1 Healthwatch is the consumer champion for health and social care. Arrangements for the creation of Healthwatch were set out by the Health and Social Care Act 2012 and local areas were required to ensure that a local Healthwatch had been set up by April 2013.
- 3.2 Local Healthwatches are independent organisations. However, Councils hold the contracts for local Healthwatch arrangements, and are required to ensure that their local Healthwatch operates effectively.
- 3.3 The annual report provides an overview of the work of Lewisham Healthwatch in the previous year. As well as identifying issues and areas for further work, it summarises the outcomes of work carried out to date.

Background documents

Lewisham Healthwatch annual report is attached

Local Healthwatch, health and wellbeing boards and health scrutiny: Roles, relationships and adding value, Centre for Public Scrutiny available online at: <http://tinyurl.com/abe52e3>

For further information about this report please contact Timothy Andrew (Scrutiny Manager) on 02083147916.

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Annual Report



2013 – 2014



Health in Lewisham

Population 284,000

Health Issues

17,900 children live in poverty in the borough

Almost a ¼ of year 6 children are obese, higher than the national average

Life expectancy is lower than the national average for men and women

Rates of sexually transmitted infections and smoking related deaths are worse than the England average

Good News

More people are eating healthier

Fewer young people are being admitted to hospital due to alcohol related harm than the England average

More women are not smoking during pregnancy and more babies are being breastfed

The rate of hip fractures is better than the England average

Priorities in Lewisham include lifestyle and behaviour change, tackling obesity, alcohol and smoking. For further information see www.lewishamsna.org.uk

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FOREWORD

Welcome to the first annual report of Healthwatch Lewisham April 2013 to March 2014.

It is not always easy to get your voice heard and I am delighted to be Interim Chair of an organisation that is creative about how it supports and empowers individuals to speak up about health and social care issues that affect them and the people in their community. Healthwatch Lewisham has worked hard to be fully set up and deliver a comprehensive community engagement programme in its first year. I know this will provide great grounding for all the future work and challenges ahead.

The staff and governance structures are now firmly in place and the staff team, along with a wonderful group of volunteers, have been carrying out vast amounts of community engagement and responding to issues raised by carrying out research, Enter and View visits and through formal escalation processes as appropriate.

With changes in the health and social care sector ongoing, the work of Healthwatch Lewisham will continue to be vitally important in supporting individuals and organisations to influence the planning and commissioning of health and social care services in Lewisham. I would encourage you to be part of the answer by signing up to Upbeat, following us on Twitter @HWlewisham, or attending a bi-monthly reference group meeting as advertised on our website <http://www.healthwatchlewisham.co.uk>.

I know that Healthwatch Lewisham will carry on engaging with people and organisations across our community, to identify areas of concerns but also to highlight good practice in health and social care to help see improvements and celebrate good news.

I hope you enjoy reading the outcomes and achievements of Healthwatch Lewisham so far.

Chris Freed
Interim Chair



MISSION AND VALUES

Mission

Healthwatch Lewisham is an inclusive network that enables people and organisations in Lewisham to have a say and influence the planning, commissioning and delivery of health and social care services to improve the health and well-being of patients, service users and members of the public.

We Value

- ❖ Equality and diversity
- ❖ Inclusion
- ❖ Public engagement & participation
- ❖ Transparency
- ❖ Accountability
- ❖ Effectively representing the voices of patients, service users and residents of Lewisham



"I can't tell you how much I appreciated our chat last night.

As I said the last place I really wanted to be after a day's training was at the local assembly - but my strong sense of duty dragged me there!

The meeting was tedious, on the whole, but you brought it alive, but most of all after our chat about my mother's situation and applying to the local authority for long-term residential care, you were so supportive and understanding, and for the first time in a few weeks I felt a glimmer of hope, and felt supported in this lonely journey. I'm so grateful to what you and your team are doing to support and advocate for those without voices. I shall be shouting about you from the rooftops!"

Local resident

INTRODUCTION

Welcome to the first annual report of Healthwatch Lewisham, the local consumer champion for health and social care in the borough.

The Health and Social Care Act 2012 set out that local Healthwatch will be established in April 2013 in every local authority area in England.

Each local Healthwatch is an independent organisation, able to employ its own staff and involve volunteers, so it can become an influential and effective voice of the public. The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. As a member of Health and Wellbeing Board, Healthwatch will provide evidence based reports to influence commissioning.

This year has been a privilege and a challenge as we aim to understand and champion the views and wishes of people living in Lewisham for good quality, safe, appropriate and effective health and social care services. Our main challenge has been the time taken to set up Healthwatch including the governance structure and completing staff recruitment. We are delighted that Chris Freed has stepped in as interim chair while we undertake formal recruitment for a Chair. Our staff team consists of Miriam Long, Manager and Community Engagement team: Marzena Zoladz, currently on maternity leave; Jade Fairfax; Simone Riddle and Gary Davis.



One of our main achievements has been to develop the collaboration with our South East London Healthwatch partners. This has built on the previous work undertaken by LINK and has developed to support collaborative working across the region.

We are pleased through this collaboration to have developed joint Enter and View policies, training and visits.

Community engagement has been the main aspect of our work. We have been busy carrying out over 100 community engagement and outreach activities to over 3,000 individuals at Local Assemblies, public events, health and social care settings and community groups, providing face to face and written information. This work helped develop our priorities which include: access to primary care; mental health; enablement and integrated care. We are pleased with our work with young people especially our Youth Champions.



Marketing and Communication

Marketing and communication is a major factor in making sure that Healthwatch is known across the borough. Healthwatch Lewisham is part of the Healthwatch England network and has a Healthwatch trademark licence to use the Healthwatch logo in all our publications. Over 1500 people subscribe to Update, the Healthwatch Lewisham monthly electronic bulletin and as of 31 March 2014 we had 467 Twitter followers. Healthwatch articles have been written for the Voluntary Action Lewisham bulletin and newsletter, Lewisham Pensioner's Gazette and Lewisham Homes publication. The Healthwatch website is continually updated with health and social care news and resources, Healthwatch leaflets have been distributed throughout the borough at local libraries, GP practices, shops and public venues and a further 10,000 have been reprinted in March due to demand.



Healthwatch Lewisham Reference Group

Healthwatch Lewisham has a reference group which meets every two months to discuss Healthwatch priorities and is open to the public for people to bring issues and concerns and help inform the work.

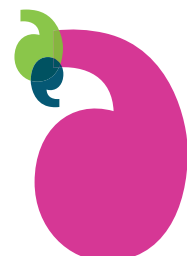
Current membership includes service users, and professionals from the public, private and the Community and Voluntary Sector.

29 people attended the reference group meeting on 17 March. The meeting focused on Access to Primary Care. Healthwatch Lewisham facilitated discussion around primary care and a health professional delivered a workshop on getting the best out of your GP appointment. The group's agenda planning is led by members and includes feedback from engagement work. The reference group has two sub groups, a data analysis group that meets monthly to analyse Healthwatch comments and feedback and a reading group of volunteers who read and analyse Healthwatch documents.

Healthwatch Lewisham has been fortunate to have the support of 17 volunteers during the year who have worked with us to engage with local people; gather patient and service user experiences; analyse feedback, record data and represent at various meetings. I would like to thank all our fantastic volunteers and staff team who make our work possible.

This annual report is an overview of our work however; more information is available from the Healthwatch office and on our website on www.healthwatchlewisham.co.uk

Miriam Long
Manager





healthwatch
Lewisham

Wellvember Fayre

Have your say and find out more about your health and social care services

Care bingo
Facepainting
Treasure Hunt
Raffle Buffet
Massage Music
Art workshop
Prizes

Monday
25 November
4pm - 8pm

All welcome
Free!!

Lewisham Town Hall
Civic Suite SE6 4RU

You Told Us



Access to GP's is a real issue for the young people transient communities and non-English speakers

There is a gap in enablement support for people who do not meet the criteria for care services

Carers often feel they are not included in care planning and are left to cope in their caring role

Services need to communicate better with patients, service users, carers and each other in order to provide adequate integrated care

People who use mental health services and their carers told us that medication is not always the right solution. Stress caused by environment and circumstance is a key factor in mental ill health. Services and staff need to work with service users and carers to explore the root cause of people's ill health and behaviours.

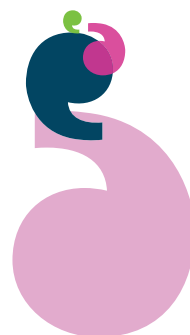


COMMUNITY ENGAGEMENT

Lewisham is a richly diverse borough, so we have tailored community engagement to specifically meet the needs of local people including seldom heard groups. We engage with the community and voluntary sector mainly through the Adult Health and Social Care Forum where we facilitate discussion and gather feedback on services relating to our priorities.

Healthwatch Lewisham's overriding aim is to engage with Lewisham's diverse community and the voluntary sector so an initial task was to identify which local groups are aligned to Healthwatch priorities as well as identifying statutory commissioners and providers.

Healthwatch Lewisham has focused on identifying our work priorities, reflecting the key issues local people face. We have engaged with young people; older people; homeless people; people from black and ethnic minority and refugee communities; Carers and people who receive health and care services.



Our priorities were identified by the Healthwatch team during engagement with local communities between July – October 2013. Our main priorities were then approved by attendees of the Healthwatch Lewisham's Wellvember Fayre on 25.11.2013:

Access to primary care

- Healthwatch will engage with commissioners to improve access resulting in better health outcomes for local people including carers, young carers and older people who do not have English as their first language.
- Healthwatch will engage with commissioners and service providers to promote people to be able to manage effectively their own conditions at home.

Mental health services

- Healthwatch will engage with commissioners to promote the development of prevention services.
- Healthwatch will monitor mental health services across the borough taking into account service user and carer feedback.

Enablement

- Healthwatch will research health and care service experiences of elderly people and report findings and recommendations to commissioners
- Healthwatch will engage with commissioners and service providers to help make sure that older people get the care they need following hospital treatment and reduce the number of older people going to A&E because they don't get the care they need at home.

Integrated care

- Healthwatch will engage with commissioners and service providers to present recommendations so that people with complex health and social care needs are supported to live at home and receive joined up care and support from services and teams working closely with their GP.



Priority 1: Access to Primary Care

Access to Primary Care is one of Healthwatch Lewisham's priorities identified by local people in Lewisham.

Healthwatch Lewisham has been focusing community engagement around Access to Primary Care to get a picture of what local people think works well in Lewisham, and what needs improving. We work with the Clinical Commissioning Group (CCG) which responded to Healthwatch and previously the Local Involvement Network's concerns about access.

Residential Homes

Community engagement has been carried out in local residential homes to look at the difficulties that older people in care face when accessing primary care. Feedback was generally positive about accessing primary care however issues were raised to Healthwatch Lewisham around patients that are being referred to hospital and their appointment times being set too early (approx. 07:00) which means waking elderly people up at inappropriate times in the early hours of the morning for hospital transport. This feedback has been raised by Healthwatch Lewisham to the Future Learning and Action Group (FLAG) of the CCG and is being looked into.

Older People's Groups

Engagement has taken place with older peoples groups such as the Positive Ageing Council and Pensioners Forum to gather their experiences of primary care in Lewisham.

Black Minority Ethnic and Refugee Groups

Healthwatch Lewisham works closely with a Vietnamese Group and Turkish group around accessing primary care. Key themes have been identified including the need for language and communication support and escalated to Healthwatch England; relevant feedback will also be reported to the Health and Wellbeing Board (HWBB), Lewisham Clinical Commissioning Group and NHS England, as appropriate.

Healthwatch Lewisham together with the Vietnamese and Turkish Group has translated Healthwatch information and surveys to help gather peoples' experiences.

Local Assemblies

Healthwatch Lewisham have worked with local people at the Rushey Green, Evelyn, Forest Hill and Perry Vale local assemblies through one-to-one sessions and focus groups to discuss what works well and what needs improving in terms of access to primary care.

Home Library Service

Healthwatch Lewisham works with the Home Library Service; the service, run by the library, which is available to residents and their carers who, through age, disability or illness, are not able to visit a library. Healthwatch Lewisham staff and 3 volunteers join the library on their daily rounds, a minimum of three times a week. We ask residents who use this service about their views on health and social care including their thoughts of accessing primary care. All feedback from visits is recorded and a Home Library and Healthwatch Lewisham report will be available in June 2014, which will be reported to the CCG.

Key issues identified

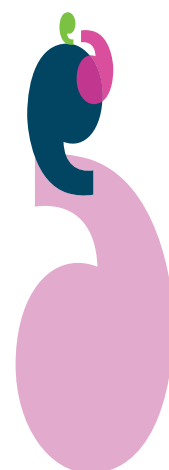
- ❖ Access and appointments
- ❖ Attitude and Communication

Outcome

Healthwatch to work together with practices to make sure they act on patient's feedback



Priority 2: Mental Health



Mental Health and Homelessness

Some groups are more vulnerable to homelessness because they have particular support needs. This includes people with a mental illness or addiction.

The Government rough sleeping figures for England indicated 2,414 people slept rough on any one night in England (Autumn 2013). Around 543 people slept rough on any one night in London and 6,437 different people slept rough over a year in London (April 1 2012-March 31 2013). The hidden homeless figure is estimated at 400,000. *Source: Thames Reach.* In Lewisham there were 551 registered homeless households and 921 households in temporary accommodation (April 2010 – March 2011). *Source: Office for National Statistics.*

Healthwatch Lewisham is represented at the Homeless Forum which is always vibrant, well attended and proactive. Meetings highlight that disadvantaged people are “under attack” from many angles. The lack of affordable housing, the reduction in front line support services, the reduction in benefits or the complete cessation of such and the lack of second tier health services impacts on mental health and increases the demand for more costly acute services.

Homeless people by their very nature are transient and therefore do not have a permanent fixed abode. If they are resident in a hostel then they normally have access to a local GP but cannot avail themselves of 2nd tier services such as mental health services until they have been a resident for six months. This can lead to non-diagnosis of severe mental health problems and lack of access to front line support services such as advocacy or psychological therapies.

Within Lewisham there is a very large homeless hostel which takes referrals from 4 boroughs including Lewisham. This is a much needed service but does create problems of cross boundary provision of direct support. For instance someone may reside in Lewisham at the hostel for a long period but is no longer able to go to support services in their original borough of residence and is not always able to access local Lewisham services.

Through our engagement Healthwatch has identified the following areas of concern regarding mental health services:

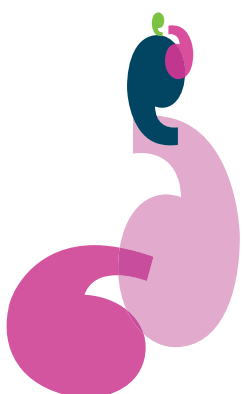
- Children and Young People mental health services have long waiting times between initial referral and intervention.
- Older adult services need to be equipped to manage dementia. The dementia training provided by MIND is excellent in raising awareness of dementia. Healthwatch recommends that all staff and family Carers have access to this training and follow on support.
- Carers of people who have substance misuse issues are hidden carers with different needs and issues from other carers. Their needs are often missed by service providers.

Healthwatch aims to take this work forward in 2014 to identify solutions and recommendations.

Dementia

Symptoms of dementia will usually get gradually worse. Over time, people with dementia need help to cope at home and they may eventually need residential care in a nursing home. *Source: NHS Choices*

There has been a GP Screening programme which while an excellent initiative, does not solve the problem of referral to appropriate services. Local Authority providers, traditionally, provide mental health treatments aimed at achieving an ultimate recovery or “re-enablement”. With regards to Dementia, this is not possible as it is a degenerative disease of the brain and the aim of services should be in managing the condition and maintaining the person’s dignity and quality of life.



Priority 3: Enablement & Integrated Care

Healthwatch has engaged with lots of people around the borough about their experiences of enablement and integrated care services including at local assembly meetings; End of Life Care Event; St Andrew's Church Fayre and the North Lewisham Stakeholder Event. The team presented Healthwatch at the Ageing Healthy event at Lewisham Hospital; Community Health and Social Care Forums; Proactive Primary Care Training, and have developed links with Community Connections.

Key issues identified

- ❖ Lack of support upon returning home from hospital
- ❖ Lack of knowledge about community services available for people returning home from hospital
- ❖ Domiciliary care - need for extra support other than support workers
- ❖ Coordination of services – letters to outpatients
- ❖ District nursing
- ❖ Falls – early intervention
- ❖ Lots of support out there, it's knowing about it – JOY etc
- ❖ Need to map existing provision
- ❖ Promoting independent living
- ❖ Importance of staying fit and well



Outcomes

Healthwatch is a member on the Community Connections Steering Group, and as a result Healthwatch Lewisham has been asked to recruit and support volunteers to chair local neighbourhood clusters to identify local health and social care needs which can feed back to Healthwatch, Community Connections and the local communities.

Having identified issues within District Nursing System, Healthwatch Lewisham is to undertake interviews with district nursing patients to ensure their views and experiences are being taken into consideration, following an audit to look to remodel the system.





CHILDREN & YOUNG PEOPLE

One in four Lewisham residents is under 19 years old. So it is really important that children and young people have a say in how local services are run. Healthwatch Lewisham has been finding innovative ways to engage with young people.



Know your rights, know your doctor



Healthwatch Lewisham has developed tools to work with young people to obtain their views while raising awareness about what to expect when going to the doctor in relation to quality of care. The tools support Healthwatch England's focus on consumer rights to health or social care service and recent work undertaken by the Lewisham Clinical Commissioning Group, discovering what quality means in health care.

We have used these tools during round table discussions and surveys with Young Carers and the Lewisham Young Mayor's Team to find out experiences young people have at the doctors to support our work around 'access to primary care'.

Issues identified include:

- Young people prefer to make appointments by speaking to someone directly; either over the phone or directly at the reception
- Reception staff attitude was raised as an issue
- The majority did not know where they can go to make a complaint
- Feeling involved in the care of their family was important

Outcomes

Initial findings were presented at the Lewisham Children and Young People's Forum.

There is a young people's area on the website with a link to the survey, and a list of resources around young people and mental health. This section will be developed over the coming months.

Through the workshop's development Healthwatch has been invited to work with two groups of young people at Baseline, XLP youth clubs, and the Horniman Youth Panel.

Healthwatch Young Volunteers

We currently have seven young people who are Healthwatch Youth Champions, six of whom are also trained to undertake Enter and View Visits with our team. After their initial training visit to an older people's residential home they wrote a list of recommendations in order to improve the environment for the home's residents.

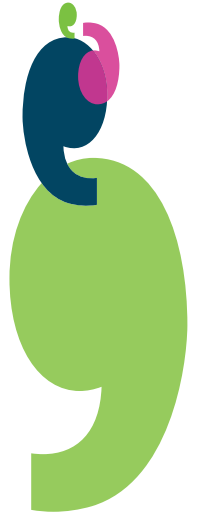


Healthwatch Lewisham Supporting HeadStart

Lewisham was approached by the Big Lottery Fund as one of twelve areas in the country to consider how best to improve resilience in young people aged 10 – 14 years.

The key areas of focus for the Big Lottery's HeadStart Programme:

- Building resilience to prevent the onset of mental health conditions
- Four focus areas: family, school, digital and access to services
- Multi-agency leadership
- Early intervention and prevention
- Involvement of the voluntary and community sector
- Young people led services
- Ongoing consultation with parent / carers and young people
- Anecdotal and statistical evidence to demonstrate need
- Innovation



The Stage 2 application form has been submitted for development funding for up to £500,000, and if successful the final Stage 3 deadline is 23rd June 2015 which could potentially bring £10million to the borough from 2016 to 2020.

Healthwatch Lewisham is a key partner in the bid and has been involved in its development since the initial stages of the planning process. Involvement includes attending two stakeholder planning workshops, ongoing meetings, organising a consultation workshop at the Children and Young People (CYP) Forum, and reporting back to our members and the wider community. We joined the HeadStart Steering Group in April.

Children & Young People's Forum

Healthwatch was elected on to the CYP Forum steering group in January 2014. We delivered a consultation workshop at the forum in March, where professionals and local community groups discussed the role Healthwatch should play to support HeadStart; improve mental health services; support the Community and Voluntary Sector (CVS) sector and the young people they work with.

Engaging with Parents

We currently undertake community engagement activities to engage with parents. This has included 'bounce and rhyme' events at libraries, parent forums and drop-in sessions at Kaleidoscope and parent coffee mornings. Kaleidoscope is a centre that provides services for local children and young people whose health, education or social needs are special. We are developing alliances with partners such as the Parent Partnership Service; Contact a Family, and Lewisham Autism Support.





Engagement at Kaleidoscope

Healthwatch Lewisham was invited in partnership with other organisations to carry out community engagement with service users and parents at Kaleidoscope with different partner organisations starting in January 2014.

This involved serving hot drinks in the kitchen; approaching people in the waiting area to tell them about the drop in service offered at Kaleidoscope; explaining what Healthwatch and the other support organisations do, inviting people to tell us about their experiences of health and social care services either by completing our 'personal story form' or by telling us verbally.

What families told us:



Quality of treatment overall is good and staff are friendly

Coordination of services needs improving

The main issue is waiting times to get a referral and to be seen which are variable and can be very lengthy

Support for families affected by autism is inadequate.



Outcome

Approximately 60 additional families now know about Healthwatch Lewisham and what services we offer as a result of the engagement undertaken at Kaleidoscope over the past four sessions. A report was written and presented to the Kaleidoscope User Group on the 19th of March. The report was well received, shared between partners, and Healthwatch was invited to continue drop-in sessions twice a month over the next scheduled period and will present a final report at the end of engagement activity, planned to be at the end of June 14.

Partnership building – we work alongside voluntary organisations at the drop-in. Healthwatch has now been invited to participate at future Parent Partnership Service coffee mornings as a result of the Kaleidoscope drop-in.

ENTER & VIEW



As an independent consumer champion of health and social care in Lewisham, Healthwatch Lewisham is able to visit local health and social care services.

Under the Health and Social Care Act 2012, Healthwatch can carry out an Enter and View visit to any publicly funded health and social care provider. These visits can be agreed in advance or can be unannounced spot checks. Healthwatch Lewisham carefully plan Enter and View visits with a clear purpose in mind to help improve health and social care services.

Enter and View visits are carried out by trained Healthwatch staff and volunteers. As well as speaking to people using the service, Healthwatch observe how the service is delivered and the general environment in which it takes place.

Enter & View Training

Healthwatch Lewisham created and delivered a training package specifically for young people to become Enter and View Authorised Representatives. Young Enter and View volunteers will help carry out peer led research in paediatric hospital services and also carry out visits in residential homes to promote intergenerational interaction.

South East London Healthwatch Network

Healthwatch Lewisham has developed a strong collaborative way of working together with Healthwatch Bexley, Healthwatch Bromley, Healthwatch Greenwich, Healthwatch Lambeth and Healthwatch Southwark.

Joint Enter & View Visits

In February 2014, Healthwatch Lewisham created and delivered a training package for 16 South East London Healthwatch volunteers wishing to become Enter and View Authorised Representatives.

Following the dissolution of South London Healthcare NHS Trust (SLHT), local Healthwatch from South East London agreed to work closely together to monitor the transition of services. The South East London Healthwatch Network, developed as a result of LINK legacy, meets on a bi-monthly basis and partners have agreed a programme of Enter and View visits to monitor the merger of services.

On 7 February 2014 the South East London Healthwatch Network carried out Enter and View visits to the Emergency Departments of Lewisham Hospital, Queen Elizabeth and Darenth Valley; a joint comparative report was written and sent to providers in April 2014. In line with the Health and Social Care Act 2014, this report, along with the provider's response was published in May 2014.

A joint Enter and View visit was carried out again by the South East London Healthwatch Network to look at Maternity Services across the boroughs. A joint comparative report has been sent to the providers in May 2014 and will be published, along with the provider's response in June 2014.

The South East London Healthwatch partners will be carrying out visits to Day Surgery and Out Patient Departments across the hospitals in the South East London boroughs over the following months.



Lewisham Enter & View Visits

After a Care Quality Commission (CQC) report on the Ladywell Unit was published in January 2014 showing standards of 'caring for people safely and protecting them from harm' not being met, Healthwatch Lewisham carried out a visit to all of the wards on the Ladywell Unit.

The aim of the visit was to assess patient experience in the wards, investigate the level of care and to monitor if previous recommendations (identified by LINK) had been actioned. This report will be sent to South London and Maudsley Trust (SLAM) in May 2014; the report along with their response will be published on our website in June 2014.

Over the coming months Healthwatch Lewisham will be carrying out Enter and View visits to GP surgeries following feedback from patients on issues such as access. Enter and view visits are also planned for learning disability care provision following the redesign of provision.



INFORMATION & SIGNPOSTING

- **Information and signposting on your health and social care services**
- **Tell you who to contact when things go wrong**



The Healthwatch team responds to signposting requests via the information telephone line and email. A list of useful contacts for most common requests has been produced and is used for quick reference. This is a working document with contacts added to as identified by the team. The list includes details of whom to signpost to e.g. PALS, NHS England, NHS SEL Commissioned Services, LBL Social Care Complaints, LBL Social Care Information Line (SCAIT), Home Visiting Dental Service, Voice Ability, Disability Law Service, etc.

We signpost people to community services that offer support e.g. Community Connections; Home Library Service; Diabetes Support Group; National Child Birth Trust; Debbie Ubee Trust etc. using our networks and database.

Most common queries continue to be about access to primary care, mainly GP access. On average we receive 6 calls per day requesting information and or signposting. Simple enquires can be addressed in a few minutes however some are serious issues that require some research to find the right organisation to signpost to.

The team signpost to NHS Choices and My Health London and use these sites to search for specific services as requested by people who do not have access to the internet or are unable to search these sites themselves. Callers are signposted to Voice Ability for advocacy support relating to any complaints; signposted direct to NHS England and to local hospital PALS; LBL Complaints department; Adult Social Care Teams and other relevant advice and advocacy services as appropriate.

RECOMMENDATIONS AND FOLLOW UP ACTIONS



We have spent our first year finding out people's views and experiences of our health and care services.

Now is the time to take these forward and to make a real difference to the way services are run.

Following a presentation of people's views at the Practice Manager's Forum, we have been invited to gather patient experience at GP surgeries and to attend the forum regularly and report patient feedback.

Following feedback on district nursing services, the services is being reviewed with the support of Healthwatch.

Healthwatch Lewisham provides monthly reports to the CCG and will report outcomes in our bulletins and website.


Healthwatch Lewisham reported the following health and housing issues and concerns relating to social housing to Lewisham Public Health:

Contamination in lifts and public spaces, contributing to poor health.

Quality of housing is poor, repairs are not carried out leading to damp conditions and mice infestation

Parents said that housing conditions aggravate children's asthma.

We have discussed these issues with health and care commissioners and will be reporting outcomes later in the year.



Care.data consultation extended following recommendation from London Healthwatch organisations.

MEET OUR VOLUNTEERS

Healthwatch Subcommittee

Chris Freed, Interim Chair, Co-opted from VAL Committee

Brian Fisher, Representative from health and social care sector

Val, Fulcher, Representative from health and social care sector

Philippe Granger, Co-opted from VAL Committee

Taiwo Oyekan, Co-opted from VAL Committee

Enter & View Volunteers

Denver Garrison

Desmond Hodgson

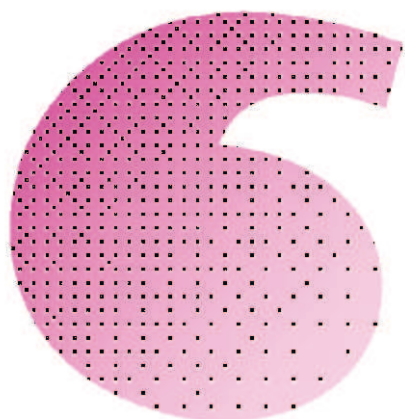
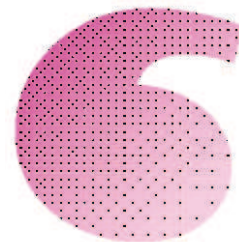
Diana Robbins

Elsa Pascal

Jennifer Gillard

Sally Niblett

Margo Sheridan



Community Engagement

Nnenna Nzeh

Denver Garrison

Desmond Hodgson

Margo Sheridan

Elsa Pascal

Youth Champions

Sara Dimtsu

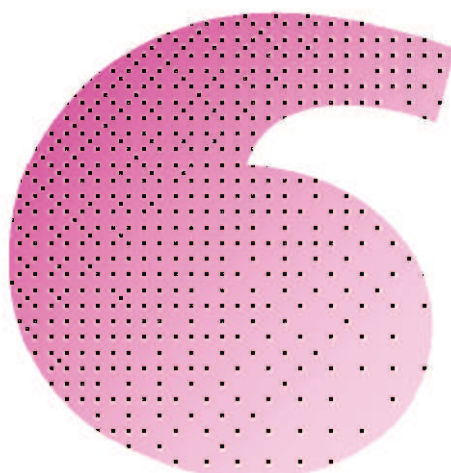
Saffron Worrell

Leia Garwood-Stevenson

Sarah McGinley

Kenya Fantie

Havza Hussein



Data Analysis

Diana Robinson

Jen Gillard

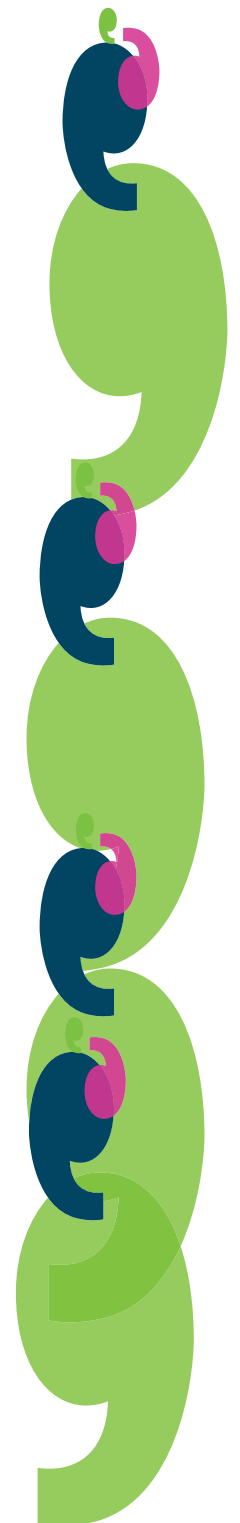
Denver Garrison

Sally Niblett

Desmond Hodgson

INCOME AND EXPENDITURE

Income	
Local Authority	145,604
Brought Forward	9,624
Other Income	1,000
Total Income	156,228
Expenditure	
Premises	7,344
Staff Costs	85,518
Volunteer Training and Expenses	641
Office Costs	
Telephone	1,115
Postage, Printing & Stationery	1,297
Photocopying	105
Equipment	5,440
Depreciation	718
Project Costs	
Marketing & Publicity	3,334
Community Engagement/Partnering	1,288
Support and Management Costs (Voluntary Action Lewisham)	10,791
Consultancy	7,826
Fees & Charges	
Insurance	572
Bank Charges	109
DBS Arrangement Fees	281
Total Expenditure:	126,379
Total	
Income	156,228
Expenditure	126,379
Balance Carried Forward	29,849



WHAT PEOPLE SAY ABOUT US



"I wanted to give you an update on the issue around GP referrals which you sent along to us last month. We had been contacted by the NHS England E-Referrals team, which was hoping to learn more about the experiences of the Local Healthwatch network around automated referrals systems. We were able to pass the issue in your area along to them to help inform their work and understand some of the concerns around the system.

Thank you again so much for escalating this issue to us and helping us to make sure people's concerns are included in NHS England policies on E-Referrals."

Healthwatch England

Thank you, for the nice spotlight from Healthwatch Lewisham on the Lewisham Mental Health Connection - including our launch barbecue on 24th June.

Equinox

*I find **Upbeat** extremely useful and informative for 170's clients*

170 Community Project

I found the Healthwatch volunteers very helpful, they walk around the reception area introducing themselves to parents/carers talking to them about Healthwatch what services they offer and also how other projects/groups at the kaleidoscope Drop-in session can support parents/carers. Make cups of teas/coffees as well as talking to parents/carers while they are waiting for help/advice from the drop-in adviser and sometime keeping their children busy...

Contact a Family

Our local Healthwatch has been instrumental when developing our local Big Lottery: Fulfilling Lives HeadStart bid, which aims to build resilience amongst the 10 - 14 target age group, to prevent the onset of mental health issues. Alongside other statutory and voluntary sector partners, Healthwatch has been involved in strategic planning meetings, consultation events and are represented on our HeadStart Lewisham Steering Group. We will continue to work with Healthwatch for the foreseeable future, when improving emotional health and well-being amongst Lewisham families.

Joint Commissioning and Strategy Team,
Children and Young People's Directorate,
London Borough of Lewisham.

I would say Healthwatch have fitted in well within the Resource Space, working within the framework / ethos of the drop in service. HW have contributed to the running of the space, providing important information and feedback opportunities to parents / carers as well as contributing resources to the space. HW have participated in service review meetings and have provide valuable monitoring reports that have been used to feedback on the space to the wider Kaleidoscope community.

HW have been a great addition to the resource Space.

Kaleidoscope Drop in Service

“We are pleased to report that we continue to enjoy a very productive working relationship with our local Healthwatch. We have welcomed the support that Healthwatch has provided to the Trust during 2013/14, helping us to monitor, measure and improve quality. This has included 2 Enter and View visits, support with our PLACE assessments and mock CQC visits, and membership of our Patient Experience Strategy Committee. We look forward to working with Healthwatch Lewisham during 2014/15”

Lewisham and Greenwich Healthcare Trust



“What I like about Healthwatch Lewisham

I like working with nice people and both my manager and staff at VAL have been really nice and supportive.

I enjoy working in a role that’s varied and challenging. I get to do many tasks from marketing, admin, community outreach, and more. I can spend a whole day working in the office, and the next, out and about meeting people, doing presentations and networking.

Healthwatch is a new organisation and I enjoy being part of the development stage being able to contribute to how it’s shaped.

There is a real meaning to the work so I feel that when I do something here it will contribute to make things better for others.

A lovely bunch of volunteers support HWL and it’s great to work alongside them and be inspired by their passion and time commitment to the values of HW.

The challenging bit is that there are lots of good ideas on how to improve HWL however there is only a small team of staff and volunteers and we need to prioritise so not all the ideas can be implemented. Also HWL remit is so wide that despite best intentions we need to prioritise and focus on a selection of areas.

I also value the fact that I work in my local borough finding out about its issues, organisations and communities. Needless to mention my commute time to work is best I ever had in my life!”

Staff Member

Healthwatch Lewisham has worked with Lewisham Parent Partnership service since meeting at the monthly drop in service that is held at Kaleidoscope Children’s Centre. We have continued to work closely together and were invited to our monthly coffee morning sessions. Simone Riddle the community engagement officer met with our parents and carers who were very keen to engage with her on a wide number of issues. Having Healthwatch at our coffee morning sessions is very useful because they are a further service to our parents. Simone listens to each parent and takes on board their views and concerns and advises them accordingly. Parents have commented that they feel that their concerns have been listened to.

Lewisham Parent Partnership Service
Bellingham Children’s Centre

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Miriam Long, Healthwatch Manager

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Marzena Zoladz, Community Engagement Officer

Gary Davis, Community Engagement Officer

Emma Ward, Community Engagement Officer (July – November 2013)



Healthier Communities Select Committee			
Title	Better Care Fund – Update		
Contributor	Executive Director for Community Services	Item	9
Class	Part 1 (Open)	16 July 2014	

1. Purpose of report

The purpose of this briefing is to provide an update to the Healthier Communities Select Committee in relation to the Better Care Fund.

2. Background

The Better Care Fund (BCF) was announced as part of the 2013 Spending Round. Lewisham submitted its BCF plan on 4 April 2014.

3. Update

- 3.1 NHS England has recently notified all CCGs of the requirement to resubmit their Operational Plans for 2014/15 and 2015/16, including their submission for the Better Care Fund.
- 3.2 NHS England has stated that the BCF plans, submitted on 4 April, have been subject to an assurance process led by Area Teams together with Local Government regional peers. NHS England has said that while the assurance process demonstrated some improvement on the draft plans submitted in February, it also showed that further work is required on many local plans, particularly around the metrics and finance data, and on the extent of provider engagement in the planning process. In light of this, Ministers have confirmed that no BCF plans would be formally signed off in April and that further time should be taken for CCGs and Councils, working with Health and Wellbeing Boards (HWBs), to refine their plans during June.
- 3.3 Additional guidance was meant to have been issued by the end of the first week of June, along with clarification on next steps and timetable, with the data required by 27 June; this additional guidance and information is still awaited at the time of writing this report.
- 3.4 The Department of Health has issued a press notice, which announced that £1 billion of the BCF would be allocated to local areas to spend on out-of-hospital services according to the level of reduction in emergency admissions they achieve. The press notice states that local areas will agree their own ambition on reducing emergency admissions and they will be allocated a portion of the £1 billion performance money in the fund in accordance with the level of performance against this ambition. The remains of the money from the performance pot not earned through reducing emergency admissions will be used to support NHS-commissioned local services, as agreed by Health and wellbeing Boards.

- 3.5 On 8 July ADASS subsequently issued a press notice expressing concern about the further conditions placed on the BCF and of any reduction in the funding of social care as a result of this change.
- 3.6 Revised guidance for local areas to shape the further development of local Better Care Fund plans will be set out shortly. This will include information on the revised performance payment scheme, as well as specific areas where local plans need to be strengthened through providing further detail on local plans.

4. Next steps

It is proposed that a further update taking into account any changes and information provided from additional government guidance, will be presented to the Healthier Communities Select Committee in September 2014.

For further information, please contact Aileen Buckton, Executive Director for Community Services on 020 8314 8675.

Healthier Communities Select Committee		
Title	Select Committee work programme 2014/15	
Contributor	Scrutiny Manager	Item 10
Class	Part 1 (open)	16 July 2014

1. Purpose

To ask Members to agree an annual work programme for the Healthier Communities Select Committee.

2. Summary

This report:

1. Informs Members of the meeting dates for this municipal year.
2. Provides the context for setting the Committee's work programme.
3. Provides a provisional work programme for 2014/15 based on items that the Committee is required to consider by virtue of its terms of reference as well as: suggestions from the Committee in the previous administration; the need to follow up previous recommendations and reviews; and suggestions from officers.
4. Invites Members to decide on a programme of work for the 2014-15 administration, based on discussion and suggestions put forward at the meeting.
5. Informs Members of the process for Business Panel approval of the annual work programme.
6. Outlines how the work programme will be monitored and developed.

3. Recommendations

The Select Committee is asked to:

- Note the meeting dates and terms of reference for the Healthier Communities Select Committee.
- Consider the items suggested for the work programme, as listed at appendix B.
- Consider adding additional items to the work programme, taking into consideration the criteria for selecting topics; the background; and suggestions already put forward.
- Note the key decision plan, attached at appendix G, and consider any key decisions for further scrutiny.
- Agree a work programme for the municipal year 2014/15.
- Note how the work programme will be developed and monitored over the coming year.

4. Meeting dates

4.1 The following Committee meeting dates for the next municipal year were agreed at the Council AGM on 11 June 2014:

- 16 July 2014
- 3 September 2014
- 21 October 2014
- 2 December 2014
- 14 January 2015
- 24 February 2015

5. Context

5.1 The Committee's terms of reference are set out in appendix A. The Committee has a responsibility for carrying out the duties of the Overview and Scrutiny Committee as they relate to the provision of service by and performance of health bodies providing services for local people.

5.2 The Committee regularly scrutinises the work of Lewisham's Community Services directorate, which includes adult social care, joint commissioning, community education, the library & information service and public health. The Committee also has a role in questioning local providers and commissioners – including Lewisham and Greenwich NHS trust, South London and Maudsley NHS foundation trust and Lewisham's clinical commissioning group.

5.3 The Committee works with Healthwatch Lewisham and Lewisham's Health and Wellbeing board to improve services for local people.

Lewisham's Health and Wellbeing board

5.4 Health and Wellbeing boards were established as part of the Health and Social Care act 2012. Their role is to assess the health and wellbeing needs of local residents, develop a set of priorities and coordinate work to deliver on those priorities. The board is currently made up of representatives from:

- Lewisham Council, including the Mayor; the Cabinet Member for Community Services; the Executive Director for Community Services and for Children and Young People as well as the Director for Public Health.
- Lewisham and Greenwich NHS trust
- NHS England
- Local housing providers
- The Community and Voluntary Sector

5.5 The Health and Wellbeing board has developed a strategy, based on the finding of the Joint Strategic Needs Assessment. The strategy has three overarching aims:

- To improve health
- To improve efficiency
- To improve care

5.6 Its nine priorities are for action over the next ten years are:

- 1: Achieving a Healthy Weight
- 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years
- 3: Improving Immunisation Uptake
- 4: Reducing Alcohol Harm
- 5: Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking
- 6: Improving mental health and wellbeing
- 7: Improving sexual health
- 8: Delaying and reducing the need for long term care and support.
- 9: Reducing the number of emergency admissions for people with long term conditions

Healthwatch

5.7 Healthwatch is a consumer champion in health and care. It was also established by the health and social care act – and it is tasked with ensuring that local people have an active role in holding health and social care providers to account. Lewisham Healthwatch is facilitated by Voluntary Action Lewisham and led by a board of local people. Lewisham Healthwatch’s strategic aims are:

- Identifying concerns and risks and challenging others to take action;
- Advancing consumer rights and responsibilities;
- Promoting the design and delivery of services around the needs of a person;
- Developing the potential of the Healthwatch network.

Adult social care

5.8 Adult Social Care aims to help people aged 18 or over to continue to live as independently as possible within the community. The division incorporates:

- Assessment and Care Management teams
- Joint Health and Social Care (Therapies)
- Joint Health and Social Care (Prevention)
- Integrated Neighbourhood Teams
- Safeguarding and Quality Assurance
- Adults with a Learning Disability and Specialist Sensory Assessment teams.
- Prevention and Early Intervention services
- Day Opportunities

5.9 People thought to be in need of social care are assessed against a set of eligibility criteria, if their need reaches the criteria they are assigned a Personal Budget or Direct Payment to spend on meeting their needs. People can use their personal budget to receive support services such as home care, day care, respite care or breaks for Carers, as well as less traditional support options, such as employing a personal assistant, or accessing a range of bespoke community support options. Support is also provided for people to access residential and nursing care, where this offers the most appropriate type of support to meet their needs.

Joint commissioning

- 5.10 The Local Authority is the lead commissioner for Health and Social Care in Lewisham. This arrangement is supported by a legal agreement between the Local Authority and Lewisham Clinical Commissioning Group.
- 5.11 The Joint Commissioning Team is responsible for the commissioning of health and social care services for vulnerable adults including people with mental health problems, people with learning disabilities, older adults and people with a physical disability.

Public health

- 5.12 Public Health is concerned with the overall health and well-being of populations and communities. It involves identifying health risks and developing plans and programmes to improve the health of the population as a whole.
- 5.13 The Health and Social Care Act of 2012 gives local authorities the responsibility for improving the health of their local populations and says that local authorities must employ a Director of Public Health. The Director is currently supported by a ring-fenced budget. Directors of Public Health are required to publish annual reports that chart local progress against a national Public Health Outcomes Framework.

Libraries and community education

- 5.14 The Lewisham Library and Information Service operates from seven buildings that the Council owns and manages, and from five community venues in which a peripatetic library service is available to residents.
- 5.15 Community Education Lewisham (CEL) operates out of three sites: Brockley Rise, Granville Park and Grove Park, all of which are council owned and managed by Lewisham Property Services. CEL offers a wide range of adult learning across the borough. Services are designed to welcome adults, many of whom may not otherwise take part in education or training. Courses provide accessible entry routes for new or returning learners and progression routes for existing learners.

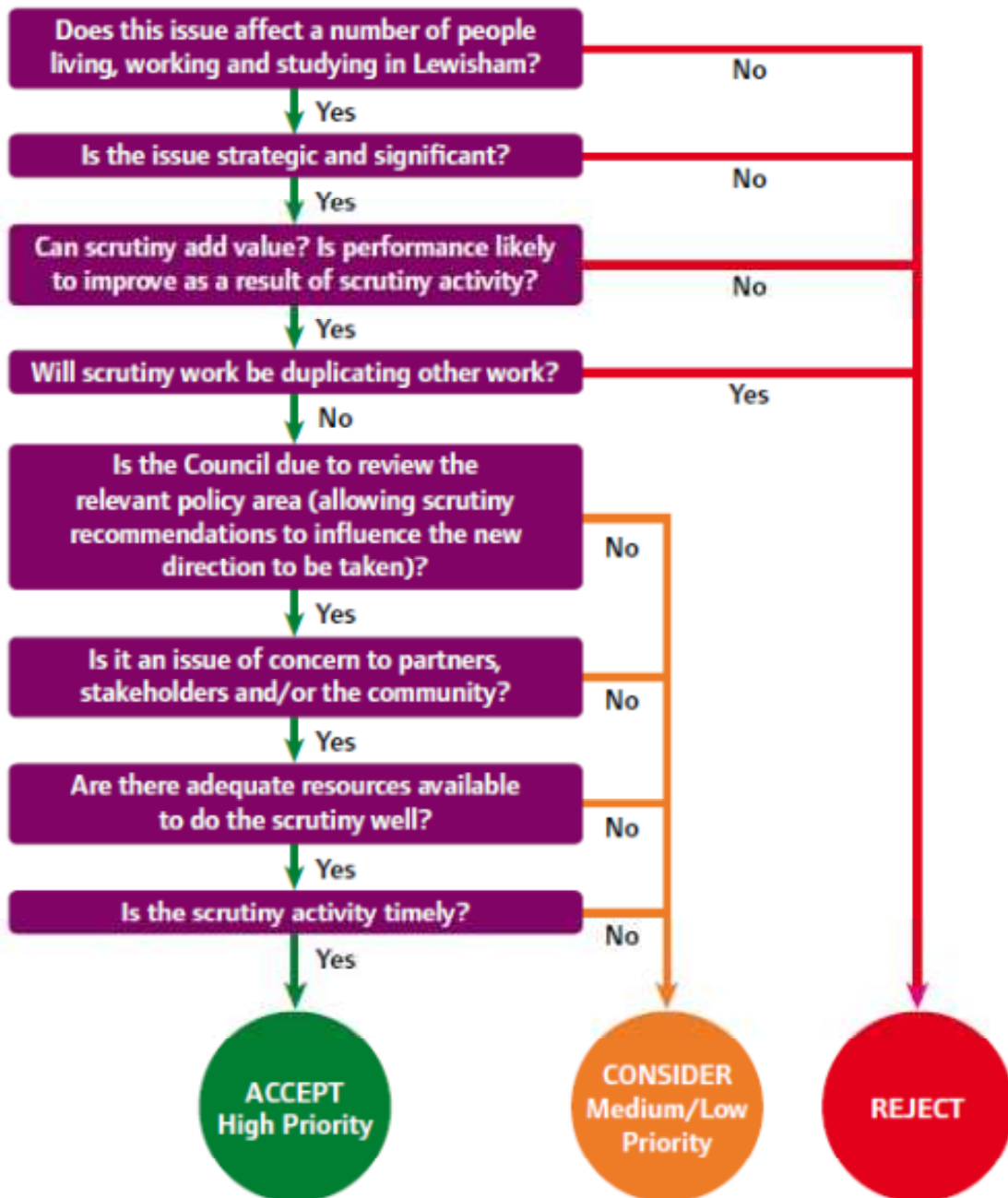
Further information about the work of these teams is in appendix C

6. Deciding on items to add to the work programme

- 6.1 When deciding on items to include in the work programme, the Committee should have regard to:
- items the Committee is required to consider by virtue of its terms of reference;
 - the criteria for selecting topics;
 - the capacity for adding additional items;
 - the context for setting the work programme - the key services, programmes and projects which fall within the committee's remit;
 - suggestions already put forward.

6.2 The following flow chart, based on the Centre for Public Scrutiny (CfPS) advice for prioritising topics for scrutiny should help members decide which items should be added to the work programme:

Scrutiny work programme – prioritisation process



7. Different types of scrutiny

7.1 It is important to agree how each work programme item will be scrutinised. Some items may only require an information report to be presented to the Committee and others will require performance monitoring data or analysis to be presented. Typically, the majority of items take the form of single meeting items, where members:

- (a) agree what information and analysis they wish to receive in order to achieve their desired outcomes;
- (b) receive a report presenting that information and analysis;
- (c) ask questions of the presenting officer or guest;
- (d) agree, following discussion of the report, whether the Committee will make recommendations or receive further information or analysis before summarising its views.

7.2 For each item the Committee should consider what type of scrutiny is required and whether the item is high or medium/low priority (using the prioritisation process). Allocating priority to work programme items will enable the Committee to decide which low and medium priority items it should remove from its work programme, when it decides to add high priority issues in the course of the year.

In-depth review

7.3 Some items might be suitable for an in-depth review, where the item is scrutinised over a series of meetings. Normally this takes five meetings to complete:

- Meeting 1: Scoping paper (planning the review)
- Meetings 2 & 3: Evidence sessions
- Meeting 4: Agreeing a draft report and recommendations
- Meeting 5: Signing off the final report.

7.4 If the Committee wants to designate one of its work programme items as an in-depth review, this should be done at the first meeting of the municipal year to allow sufficient time to carry out the review. A scoping paper for the review will then be prepared for the next meeting.

Rapid review

7.5 A rapid review is similar to an in-depth review; however, the evidence gathering is carried out at just one meeting, with the majority, or potentially the whole, of the meeting dedicated to the review. This should allow for a quicker completion of the review. A rapid review might be useful in a number of situations:

- A committee wants to carry out more than one review as part of its work programme;
- There is limited space within the work programme for a full in-depth review;
- The topic is one that has emerged as important during the course of the year and requires more attention than a standard item would bring, but does not warrant a full in-depth review;

- There is a need for a quicker turnaround than an in-depth review would allow;
- There is a very narrow focus for the review.

- 7.6 A rapid review will normally be carried out over the course of a three meeting cycle:
- Meeting 1: Discussion of scoping paper during work programme discussion
 - Meeting 2 Evidence session
 - Meeting 3: Agreeing a draft report and recommendations
- 7.7 As with the in-depth review process, a scoping paper describing the review and its aims will be produced ahead of the meeting. Depending on the timing of committee meetings and the urgency of the review, the scoping paper should usually be considered by the committee during the work programme discussion. The committee might also ask the Chair to work with the scrutiny manager following the meeting in order to finalise requirements for the evidence session. The terms of reference in the scoping paper for a single meeting review will, by necessity, focus on a much narrower area than for an in-depth review.
- 7.8 Sources of evidence for a rapid review will include the same types as for an in-depth review. As with an in-depth review, a report will be produced for consideration at the next available committee meeting. Draft recommendations, based firmly on evidence gathered for the review, could then be discussed at the same meeting and the final report, with recommendations, could be agreed by the committee. The Mayor would then be asked to respond, in the same way as for an in-depth review.

8. The Committee's areas of focus in the 2010-14 administration

- 8.1 The Healthier Communities Select Committee had an important role to play in the oversight and development of a number of areas of strategic importance over the last 4 years. The Committee carried out an in depth review into Preventing Premature Mortality; contributed to the cross-cutting Emergency Services Review; made a number of recommendations for improvement to services, via referrals to Mayor and Cabinet and partner organisations; and fulfilled its statutory duty under Section 7 of the Health and Social Care Act 2001, by scrutinising a number of proposals for substantial variations in the provision of local health services. The work of the Committee, and the evidence-based recommendations it made, had a direct impact on the development of both policy and service delivery in a number of areas. Below are some examples of the Committee's work:
- 8.2 Health and social care scrutiny protocol

In consultation with partners, the Healthier Communities Select Committee developed a comprehensive Health and Social Care Scrutiny Protocol. The protocol covers (a) how the Committee discharges its responsibilities and interacts with local NHS bodies, the Local CCG and Lewisham Healthwatch; and (b) what is expected of partners within those interactions. The protocol underpins all the interaction that the Committee has with partners and it has helped

consolidate relationships between the Committee and the health bodies it scrutinises.

8.3 Preventing premature mortality

In light of the publication of the white paper “Healthy Lives, Healthy People” in 2010, which set out the Government’s long term vision for the future of public health in England, the Committee decided to examine the action being taken to help people in Lewisham live healthier, longer lives and assess its efficacy and sufficiency. The Committee focused its work on the lifestyle issues primarily responsible for early deaths: smoking, unhealthy diets and lack of physical activity; and identified areas where more could be done to support, encourage and enable people to learn about and develop healthier lifestyles. The Committee made a series of recommendations which were adopted by the Council, schools and the local NHS and which helped shape local ‘Stop Smoking’ campaigns; enforcement action in regard to illegal sales of tobacco; and work to encourage healthy eating in schools. A further update on the implementation of the Committee’s recommendations forms a separate agenda item at this meeting.

8.4 University Hospital Lewisham

In 2012, the Committee met jointly with the Overview and Scrutiny Committee and Mayor & Cabinet to respond to the consultation on the report of the Trust Special Administrator (TSA) for the South London Healthcare NHS Trust, which included proposals affecting University Hospital Lewisham. Local residents, Hospital staff, GPs and the Council were very concerned about the proposals to no longer provide emergency care at the hospital and either reduce or remove critical care for women requiring hospital admission during pregnancy or an obstetric-led delivery. The result was a collective, robust response to the report, which challenged the assumptions and processes employed by the TSA. When the Secretary of State for Health subsequently accepted the TSA proposals, the Council took part in a judicial review of the decision, which was decided in Lewisham’s favour. A subsequent appeal by the Secretary of State was dismissed.

8.5 Adult social care

The Committee hosted an afternoon tea for residents using Adult Social Care Services. This allowed service users to meet with councillors in a relaxed setting and freely discuss their experiences of the care and support services they receive. Feedback from this event was provided to relevant service managers so that the views of service users could help shape the services being provided.

9. **Provisional 2014/15 work programme**

9.1 The Scrutiny Manager has drafted a provisional work programme for the Committee to consider, which is attached at appendix B. This includes:

- those items that the select committee is required to consider by virtue of its terms of reference
- monitoring of the recommendations of recent in-depth reviews

- items suggested by the Committee in the course of the previous year- and at the last meeting of the previous municipal year.
- items considered essential by senior Council officers
- the Lewisham Future programme

Suggestions from the committee

9.2 At its last meeting of the 2013/14 municipal year, the committee put forward the following suggestions for scrutiny topics for this year:

- The transition from child to adult social care
- Performance information for adult social care
- Development of the local market for adult social care services
- The potential of community enterprise hubs and time banks to be involved in service provision.

Suggestions from officers

9.3 The following are additional suggestions from officers:

- Adult social care integration programme

In response to the Government's stated ambition to make joined up and coordinated health and social care the norm by 2018, the Health and Wellbeing Board agreed in 2013 to increase the scale and pace of integrated working across health and social care in Lewisham and established the adult integration care programme.

The programme is being delivered jointly between Lewisham Council and Lewisham Clinical Commissioning group. The programme has three strategic objectives:

- Better Health - to make choosing healthy living easier;
- Better Care - to provide the most effective personalised care and support where and when it is most needed;
- Stronger Communities - to build engaged resilient and self-directing communities.

The programme is being delivered across a number of workstreams, which are monitored by the Adult Social Care integration programme delivery group.

9.4 It is up to the Committee to agree this provisional work programme and decide which additional items should be added.

The Lewisham Future programme

9.5 Through the Lewisham Future Programme the Council must save a further £95m from its £285m budget in the four years from 2014/15 to 2017/18. In order to achieve the savings, the Council has embarked on a series of thematic and cross-cutting reviews to fundamentally review the way it delivers services. This will mean that savings will be delivered over longer time periods and will need to be agreed and taken as and when they are identified. Officers have committed to

regular interactions with Members in order to facilitate scrutiny of the specific savings proposals arising from the major change programmes. The Select Committee will need to retain capacity in its work programme to consider these as is necessary.

10. Approving and monitoring the work programme

- 10.1 In accordance with the Overview and Scrutiny Procedure rules outlined in the Council's constitution, each select committee is required to submit their annual work programme to the Overview and Scrutiny Business Panel. The Business Panel will meet on 29 July 2014 to consider provisional work programmes and agree a co-ordinated Overview and Scrutiny work programme, which avoids duplication of effort and which facilitates the effective conduct of business.
- 10.2 The work programme is a 'living document' and as such will be reviewed at each meeting of the committee. This allows urgent items to be added and items which are no longer a priority to be removed. Each additional item added should first be considered against the criteria outlined above. If the committee agrees to add additional item(s) because they are high priority, it must then consider which medium/low priority item(s) should be removed in order to create sufficient capacity for the new item(s). The Committee has six scheduled meetings in its municipal year and its work programme needs to be achievable in terms of the amount of meeting time available.
- 10.3 At each meeting of the Committee there will be an item on the work programme presented by the scrutiny manager. When discussing this item, the committee will be asked to consider the items programmed for the next meeting. Members will be asked to outline what information and analysis they would like in the report for each item, based on the outcomes they would like to achieve, so that officers are clear on what they need to provide.

11. Financial implications

There may be financial implications arising from some of the items that will be included in the work programme (especially reviews) and these will need to be considered when preparing those items/scoping those reviews.

12. Legal implications

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.

13. Equalities implications

- 13.1 The Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. 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.

13.2 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.

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

14. Crime and disorder implications

There may be crime and disorder implications arising from some of the items that will be included in the work programme (especially reviews) and these will need to be considered when preparing those items/scoping those reviews.

Background documents

Lewisham Council's Constitution

CfPS: The Good Scrutiny Guide – a pocket guide for public scrutineers

Appendices

Appendix A – Committee's terms of reference

Appendix B – Provisional work programme

Appendix C – Areas of the Council significant to the select committee

Appendix D – CfPS criteria for selecting scrutiny topics

Appendix E – How to carry out reviews

Appendix F – Terms of reference of the Health and Wellbeing Board

Appendix G – Key decision plan (June-October 2014)

Appendix A

The following roles are common to all select committees:

(a) General functions

To review and scrutinise decisions made and actions taken in relation to executive and non-executive functions

To make reports and recommendations to the Council or the executive, arising out of such review and scrutiny in relation to any executive or non-executive function

To make reports or recommendations to the Council and/or Executive in relation to matters affecting the area or its residents

The right to require the attendance of members and officers to answer questions includes a right to require a member to attend to answer questions on up and coming decisions

(b) Policy development

To assist the executive in matters of policy development by in depth analysis of strategic policy issues facing the Council for report and/or recommendation to the Executive or Council or committee as appropriate

To conduct research, community and/or other consultation in the analysis of policy options available to the Council

To liaise with other public organisations operating in the borough – both national, regional and local, to ensure that the interests of local people are enhanced by collaborative working in policy development wherever possible

(c) Scrutiny

To scrutinise the decisions made by and the performance of the Executive and other committees and Council officers both in relation to individual decisions made and over time

To scrutinise previous performance of the Council in relation to its policy objectives/performance targets and/or particular service areas

To question members of the Executive or appropriate committees and executive directors personally about decisions

To question members of the Executive or appropriate committees and executive directors in relation to previous performance whether generally in comparison with service plans and targets over time or in relation to particular initiatives which have been implemented

To scrutinise the performance of other public bodies in the borough and to invite them to make reports to and/or address the select committee/Business Panel and local people about their activities and performance

To question and gather evidence from any person outside the Council (with their consent)

To make recommendations to the Executive or appropriate committee and/or Council arising from the outcome of the scrutiny process

(d) Community representation

To promote and put into effect closer links between overview and scrutiny members and the local community

To encourage and stimulate an enhanced community representative role for overview and scrutiny members including enhanced methods of consultation with local people

To liaise with the Council's ward assemblies so that the local community might participate in the democratic process and where it considers it appropriate to seek the views of the ward assemblies on matters that affect or are likely to affect the local areas, including accepting items for the agenda of the appropriate select committee from ward assemblies.

To keep the Council's local ward assemblies under review and to make recommendations to the Executive and/or Council as to how participation in the democratic process by local people can be enhanced

To receive petitions, deputations and representations from local people and other stakeholders about areas of concern within their overview and scrutiny remit, to refer them to the Executive, appropriate committee or officer for action, with a recommendation or report if the committee considers that necessary

To consider any referral within their remit referred to it by a member under the Councillor Call for Action, and if they consider it appropriate to scrutinise decisions and/or actions taken in relation to that matter, and/or make recommendations/report to the Executive (for executive matters) or the Council (non-executive matters)

(e) Finance

To exercise overall responsibility for finances made available to it for use in the performance of its overview and scrutiny function.

(f) Work programme

As far as possible to draw up a draft annual work programme in each municipal year for consideration by the overview and scrutiny Business Panel. Once approved by the Business Panel, the relevant select committee will implement the programme during that municipal year. Nothing in this arrangement inhibits the right of every member of a select committee (or the Business Panel) to place an item on the agenda of that select committee (or Business Panel respectively) for discussion.

The Council and the Executive will also be able to request that the overview and scrutiny select committee research and/or report on matters of concern and the select committee will consider whether the work can be carried out as requested. If it can be accommodated, the select committee will perform it. If the committee has reservations about performing the requested work, it will refer the matter to the Business Panel for decision.

The following roles are specific to the Healthier Communities Select Committee:

(a) To fulfil all of the Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers in relation to health matters given to the Council's Overview and Scrutiny Committee by any legislation but in particular the Health and Social Care Act 2001, the NHS Act 2006 as amended, the Health and Social Care Act 2012 and regulations made under that legislation, and any other legislation in force from time to time. For the avoidance of doubt, however, decisions to refer matters to the Secretary of State in circumstances where a health body proposes significant development or significant variation of service may only be made by full Council.

(b) To review and scrutinise the decisions and actions of the Health and Wellbeing Board and to make reports and recommendations to the Council and/or Mayor and Cabinet.

(c) To review and scrutinise in accordance with regulations made under Section 244 NHS Act 2006 matters relating to the health service in the area and to make reports and recommendations on such matters in accordance with those regulations

(d) Require the attendance of representatives of relevant health bodies at meetings of the select committee to address it, answer questions and listen to the comments of local people on matters of local concern.

(e) To fulfill all of the Council's Overview and Scrutiny functions in relation to social services provided for those 19 years old or older including but not limited to services provided under the Local Authority Social Services Act 1970, National Assistance Act 1948, Mental Health Act 1983, NHS and Community Care Act 1990, Health Act 1999, Health and Social Care Act 2001, NHS Act 2006, Health and Social Care Act 2012 and any other relevant legislation in place from time to time.

(f) To fulfil all of the Council's Overview and Scrutiny functions in relation to the lifelong learning of those 19 years or over (excluding schools and school related services).

(g) To receive referrals from the Healthwatch and consider whether to make any report/recommendation in relation to such referral (unless the referral relates solely to health services for those aged under 19 years of age, in which case the referral from the Healthwatch should be referred to the Children and Young People Select Committee

(h) To review and scrutinise the Council's public health functions.

(i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to:-

- people with learning difficulties
- people with physical disabilities
- mental health services
- the provision of health services by those other than the Council
- provision for elderly people
- the use of Section 75 NHS Act 2006 flexibilities to provide services in partnership with health organisations
- lifelong learning of those aged 19 years or more (excluding schools and school related services)
- Community Education Lewisham
- Libraries
- other matters relating to Health and Adult Care and Lifelong Learning for those aged 19 years or over

(j) Without limiting the remit of the Select Committee, to hold the Executive to account for its performance in relation to the delivery of Council objectives in the provision of adult services and health and lifelong learning.

NB In the event of there being overlap between the terms of reference of this select committee and those of the Children and Young People Select Committee, the Business Panel shall determine the Select Committee, which shall deal with the matter in question.

Appendix B - Provisional Work Programme 2014/15

Work item	Type of item	Priority	Strategic priority	Delivery deadline	16-Jul	03-Sep	21-Oct	02-Dec	14-Jan	24-Feb
Lewisham future programme	Standard item	High	CP9	Jul						
Confirmation of Chair and Vice Chair	Constitutional req	High	CP9	Jul						
Select Committee work programme	Constitutional req	High	CP9	Jul						
Healthwatch annual report	Standard item	Medium	CP9	Jul						
Sexual health strategy	Standard item	Medium	CP9	Jul						
Better care fund update	Standard item	Medium	CP9	Jul						
Community mental health review: update	Standard item	High	CP9	Jul						
King's: elective services proposals	Standard item	High	CP9	Jul						
South East London five year commissioning strategy	Standard item	Tba	CP9	Sep						
In-depth review	In-depth review	Tba	CP9	Feb		Scope	Evidence	Evidence	Recs	Report
(or) rapid review (x2)	Rapid review	Tba	CP9	Feb		Scpoe	Evidence	Report& scope 2	Evidence	Report
Lewisham hospital update	Standard item	Tba	CP9	Sep						
Emergency services review: update	Standard item	Tba	CP9	Sep						
Health & Wellbeing Strategy and delivery plan	Performance monitoring	Tba	CP9	Sep						

Transition from children's to adult social care	Standard item	Tba	CP9	Oct						
Development of the local market for adult social care services	Standard item	Tba	CP9	Oct						
Public Health 2013/14 annual report	Standard item	Tba	CP9	Dec						
CQC Local Compliance Manager update	Standard item	Tba	CP9	Jan						
Leisure centre contract	Performance monitoring	Tba	CP9	Dec						
Library and Information Service	Performance monitoring	Tba	CP9	Feb						
Community Education Lewisham annual report	Performance monitoring	Tba	CP9	Feb						

Shaping Our Future: Lewisham's Sustainable Community Strategy 2008-2020		
	Priority	
1	Ambitious and achieving	SCS 1
2	Safer	SCS 2
3	Empowered and responsible	SCS 3
4	Clean, green and liveable	SCS 4
5	Healthy, active and enjoyable	SCS 5
6	Dynamic and prosperous	SCS 6

Corporate Priorities		
	Priority	
1	Community Leadership	CP 1
2	Young people's achievement and involvement	CP 2
3	Clean, green and liveable	CP 3
4	Safety, security and a visible presence	CP 4
5	Strengthening the local economy	CP 5
6	Decent homes for all	CP 6
7	Protection of children	CP 7
8	Caring for adults and older people	CP 8
9	Active, healthy citizens	CP 9
10	Inspiring efficiency, effectiveness and equity	CP 10

Appendix C – Key areas of the Council for HCSC

Adult social care

Head of Service - Joan Hutton

Teams:

- Assessment and Care Management teams
- Joint Health and Social Care (Therapies)
- Joint Health and Social Care (Prevention)
- Integrated Neighbourhood Teams
- Safeguarding and Quality Assurance
- Adults with a Learning Disability and Specialist Sensory Assessment teams.
- Prevention and Early Intervention services
- Day Opportunities

The Work of the Division

Adult Social Care aims to help people aged 18 or over to continue to live as independently as possible within the community. We believe this is best achieved by working in partnership with other agencies to ensure that a person's needs can be identified and appropriate services put in place to meet these needs.

We carry out an assessment of needs and, if the assessed needs fit our eligibility criteria, people are assigned a Personal Budget or Direct Payment to spend on meeting their needs. People can use their personal budget to receive support services such as home care, day care, respite care or breaks for Carers, as well as less traditional support options, such as employing a personal assistant, or accessing a range of bespoke community support options. We also support people to access residential and nursing care, where this offers the most appropriate type of support to meet their needs.

If the assessed needs do not fit our eligibility criteria, people are supported to access a range of lower level preventative support options, designed to increase their independence and delay their need for more intensive social care support.

Whilst the Council provides some social care services itself, the majority are commissioned through the independent, community and voluntary sector. We therefore have an important role to play in ensuring that we have a range of quality providers offering services that meet the needs of the local population. We also have a range of support services such as safeguarding and quality assurance, contract monitoring and joint commissioning.

Assessment and Care Management

We are working closely with both the Clinical Commissioning Group (CCG) Lewisham and Greenwich Healthcare Trust (LGHT) and Public Health (now part

of the Council) to establish closer working arrangements and better communication across social care and health services.

Adult social care services are being reconfigured to deliver more accessible information and advice and effective Enablement services, which are short term intensive support that can delay the need for on-going care and support people to self manage when this is appropriate.

Four Neighbourhood teams have been established consisting of a core team of practitioners from community health and adult social care to work with GP practices and other community services to provide team working around the individual and multi disciplinary working. The vision for case management and key working within the multi-agency teams will be realised over a period of time. This will mean that the most appropriate practitioner will take the lead for each case involving other practitioners as and when necessary.

An improved approach to safeguarding and quality assurance of assessment service delivery has been established to ensure we protect adults from risk and that there is consistency of good practice and performance.

Two of the teams within the adult social care structure have jointly funded senior management posts and are working on the further integration of structures and posts. These teams are:

Joint Health and Social Care (Therapies)

This service area is led by a jointly funded service manager post and covers some acute health services as well as the Physiotherapy and Occupational Therapy Services, Speech and Language Therapies, Brymore Rehabilitation Beds and Bromley Neuro Team.

Joint Health and Social Care (Prevention)

This service area provides Information, Advice and Prevention services. There will be further refinement to joint working practice to reduce the number of people being admitted into hospital and to ensure that those people who do need hospital treatment are not delayed in returning home. Delivering high quality Enablement services so that people regain as much independence as possible is delivered by the staff working in this part of the service.

The Access and Information Team (SCAIT) is in the process of joining with the District Nurse Call Centre staff to form a central point of access so that people can be referred to the correct provision. In addition, and in accordance with the requirement for services that are preventative within the Care Bill, they provide high quality information advice and signposting to residents of the borough regarding Social Care, Health (including Public Health) and Community based services.

They also work with people identified as needing enablement services following a discharge from hospital or to prevent a hospital admission. A personalised

package of support for up to six weeks can be provided within the home or within a bed based facility so that optimum levels of independence can be realised. For those people who will need on-going support following this targeted intervention then a full overview assessment and support plan will be completed by these teams before the service user is transferred over to the most relevant Neighbourhood team.

Integrated Neighbourhood Teams

The four geographical Neighbourhood teams who work closely with GP practices across the borough are now established. The teams focus on preventing hospital admission, early identification of high risk service users with long term conditions and general care management.

Individualised support plans are provided using Personal Budgets, Direct Payments and Personal Health Budgets as the mechanism for the delivery of individual outcomes associated with the assessed needs of individual service users and carers.

The Community Connections neighbourhood development staff are also to be located within these teams. Community Connections is a preventative community development programme delivered by a consortium of voluntary sector organisations. It supports people to access opportunities in their community to maintain their independence.

Safeguarding and Quality Assurance

This team leads on the strategic and statutory safeguarding requirements by working alongside, and as part of, the Adult Safeguarding Board which will shortly become a statutory requirement for the Council. The team also has a focus on Quality Assurance, performance management, internal case audits and safeguarding practice across the whole adult social care system.

Adults with a Learning Disability and Specialist Sensory Assessment

These teams provide more specialist assessment and support to adults some of which may transition from Children's services. The Learning disability assessment team works in partnership with specialist LD health practitioners to support adults with a learning disability to reach their full potential.

Prevention and Early intervention Services

There are a range of services that support people to sustain and improve well-being. These include the Linkline/ telecare, special duty, shared lives, sheltered housing floating support and Enablement/ reablement. These services work closely with the integrated Neighbourhood teams and community connections to support people to remain as independently as possible within their own communities.

Day Opportunities

There are also a range of day opportunities that are provided to support people with Learning disabilities, older adults with dementia and working age adults with complex physical and sensory disabilities.

The Care Bill

The above gives a summary of the teams that are in place to deliver adult social care on behalf of the Council. Lewisham is well placed for implementation of the Care Bill as it is part of the London Care Bill Leads network and has established the Adult Integrated Care Programme and workstreams where work will be undertaken to implement the Care Bill requirements. Further information about the way adult social care works can be found within the Local Account which provides a comprehensive overview of services we provide to adults in Lewisham. The Local Account will be available on the Lewisham website shortly.

Libraries and Community Education

Libraries, Information and Broadway Theatre

The Lewisham Library & Information Service operates from seven buildings that the Council owns and manages, and from five community venues in which a peripatetic library service is available to residents.

The Service has sought increased integration with other council departments to better respond to current and future corporate priorities. Lewisham libraries are supporting the eAdmission process (for primary schools entrants), the Registrar, the Parking permit distribution, the Be Active scheme (Community Health Improvement Service – Health Checks and Shape Up Programmes), online applications to the Local Support Scheme (previously the Social Fund) and working with the Universal Credit Pilot team.

In the last few years, at a strategic level, Lewisham has joined the London Libraries Consortium, has introduced a new Library Management System, has introduced Collection HQ, a new piece of software that will analyse Lewisham's collections of stock comparing them to those of the rest of the country, and has restructured the Service. At an operational level, Lewisham has opened the refurbished Torridon Road Library co-located with a Children's Centre, decommissioned Wavelengths Library and opened the new Deptford Lounge, has decommissioned and re-commissioned the service provision for five community buildings and is working to launch an additional one in Evelyn, and has introduced the new scalable and replicable Community Library model.

The Broadway Theatre is a beautiful, Grade II listed art deco building housing two magnificent auditoria. The main Theatre seats 800, and the intimate Studio Theatre in the basement seats 90. The majority of events (around 80%) at the Broadway Theatre are 'hires' - excluding the pantomime season. However, the Studio Theatre programme is almost exclusively drama and musical productions produced in-house along with young, newly qualified professionals. The Theatre

also regularly hosts school and community group productions and over 16000 performers take to its stages each year - the great majority of these are children appearing in productions as diverse as the Holocaust memorial, dance showcases and pantomime.

Community Education Lewisham (CEL)

CEL offers a wide range of adult learning across the borough. Services are designed to welcome adults, many of whom may not otherwise take part in education or training. Courses provide accessible entry routes for new or returning learners and good progression routes. As well as acquiring new knowledge and skills, learners develop confidence, motivation and raised aspirations, as well as gaining health and social benefits. CEL also works across the borough to improve learners' progression into employment and provides courses for Jobcentre Plus. CEL aims to be community led and responsive to need across the borough and has an overarching goal: 'to be an outstanding Learning Community'.

CEL receives funding from the Skills Funding Agency (SFA) to provide adult education. This constitutes the bulk of CEL's income together with a small amount of fee income, which is usually around £400k to £500k per annum.

CEL operates out of three sites: Brockley Rise, Granville Park and Grove Park, all of which are council owned and managed by Lewisham Property Services. CEL also delivers a range of provision in community settings across the borough by working in partnership with Libraries and community groups.

In February 2014 CEL was given an overall rating of Good by OfSTED. Their report can be viewed here

<http://www.ofsted.gov.uk/provider/files/2346289/urn/53137.pdf>

Joint Commissioning

Head of Service - Dee Carlin

Teams:

- Mental Health Commissioning
- Complex Care and Learning Disabilities Commissioning
- Community Care and Support Commissioning

The work of the division

The Local Authority is the lead commissioner for Health and Social Care in Lewisham. This arrangement is supported by a legal agreement between the Local Authority and Lewisham CCG.

The Joint Commissioning Team is responsible for the commissioning of health and social care services for vulnerable adults including people with mental health problems, people with learning disabilities, older adults and people with a

physical disability. The team is currently being restructured to ensure that it is fit for purpose to deliver both Local Authority and CCG priorities.

There are lead commissioners for each of the key commissioning areas and each commissioner has a small team responsible for delivering a number of commissioning functions including needs assessment, service design, commissioning and procurement, contract monitoring and quality assurance and service redesign

Lead Commissioner for Mental health

Responsible for commissioning of all adult mental health services including psychological therapies in primary care, acute in-patient services, community mental health services, and services for older adults with mental health problems.

Current priorities for the team include the redesign of community mental health services and ensuring that mental health services are included in the wider integration programme between health and social care.

Lead Commissioner for Complex Care and Learning disabilities

This team is responsible for commissioning accommodation based services for people with learning disabilities and also for the commissioning and quality assurance of residential and nursing home placements for older adults and adults with a physical disability. The team also works with clients and their families to ensure that they are able to access placements that appropriately meet their needs. The team also commissions a number of health services for people with complex needs. This team is also responsible for commissioning services for people who are eligible for fully funded NHS care.

Lead Commissioner Community Care and Support

This team leads on the commissioning of services to support people to live in their homes, this includes domiciliary care services, equipment, meals on wheels, and voluntary sector services, and the team also commissions services to support people who require end of life care. The team will work closely with the new integrated neighbourhood teams to ensure that we commission services for people in the community that are high quality, personalised, outcome focused and cost effective

All of the commissioning teams work in close partnership with the Adult Social Care teams and the CCG commissioning team.

Upcoming issues:

- Implementation of new community mental health model to improve access to services and responsiveness
- Integration of mental health services for adults and older adults to ensure alignment with the wider integration programme

- Recommissioning of domiciliary care services to focus on delivering improved outcomes for service users
- Recommissioning of contract for nursing home placements to ensure we have sufficient access to high quality value for money services
- Commissioning of care provision for new extra care housing schemes coming on line over the next 12 months
- Redesigning our offer to Carers to ensure that we meet the requirements of the Care Bill
- Complete the implementation of the joint commissioning restructure to ensure that it is fit for purpose to deliver Local Authority and CCG strategic priorities

Public Health

Head of Service - Danny Ruta

Teams:

- Cancer, Health Intelligence, JSNA, Older People, Healthy Weight and Physical Activity
- CVD, Tobacco Control and Stop Smoking, Prevention of Alcohol and Drug-Related Harm, Health Inequalities
- Child and Maternal Health, and Health Protection
- Area-Based Community Development for Health
- Mental Health and Sexual Health

The work of the division

Public Health is concerned with the overall health and well being of populations and communities. It involves identifying health risks and developing plans and programmes to improve the health of the population as a whole.

Public Health functions, once the responsibility of national and local government alone, were, from 1974 divided at local level between those functions delivered by local authorities and those delivered by the local NHS. The Health and Social Care Act of 2012 gives local authorities the responsibility for improving the health of their local populations and reunites many of those functions separated since 1974. The Act says that local authorities must employ a Director of Public Health. The Director is currently supported by a ring-fenced budget. The Act requires Directors of Public Health to publish annual reports that chart local progress against a national Public Health Outcomes Framework.

All local Lewisham public health functions, including the commissioning of relevant services, became the responsibility of the London Borough of Lewisham in April 2013. The Public Health Division, the members of which moved to the Council as part of this change, is responsible for the majority of public health functions that were previously the responsibility of the local NHS. Other local public health functions, those that remained within local government in 1974, are the responsibility of several teams and are usually delivered by environmental health officers employed by the Council.

As required by the Health and Social Care Act 2012, and to support the work of the Health and Wellbeing Board, the Council, CCG and the NHS England have developed a Joint Strategic Needs Assessment, with an additional responsibility to produce a joint Health & Wellbeing Strategy to meet the needs identified. Lewisham's Health and Wellbeing Strategy is available for Members, and the Joint Strategic Needs Assessment can be accessed via: www.lewishamjsna.org.uk.

There are three domains of Public Health: Health Protection; Health Improvement and Health Service Public Health (maximising the impact of the Health Service on the Public Health). The Public Health Division works closely with Lewisham Clinical Commissioning Group (CCG) on this last domain, providing advice and support to the CCG in its work of commissioning local health services and ensuring quality improvements in these and other services. National guidance is to the effect that about 40% of a local Public Health team's work is spent on this domain. Increased emphasis on Health Improvement and improving the wider determinants of health should be one of the main benefits of moving Public Health back to local government. Health Protection, which includes screening, the control of communicable disease, toxic hazards and the impact of radiation, as well as issues like air quality, is shared with other teams within the Council and with various national bodies.

The Public Health budget allows the Council to deliver a comprehensive range of mandatory and discretionary public health functions.

Public Health mandatory functions include:

- Access to sexual health services
- National Child Measurement Programme
- NHS Health Check Programme
- Local Health Protection Plan
- Public health advice to NHS Commissioners/CCG

Public Health discretionary functions include:

- Tobacco control and stop smoking services
- Alcohol and drug misuse services
- Public health services for children and young people.
- Interventions to tackle obesity such as community lifestyle and
- Weight management services
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- Public mental health services
- Dental public health services
- Accident injury prevention
- Local initiatives on workplace health
- Local initiatives to reduce excess deaths as a result of seasonal
- Mortality
- Behavioural and lifestyle campaigns to prevent cancer and long-term
- Conditions

- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion

Future areas of focus (2014-15)

- Reduce cancer mortality
- Improve maternal health and the health of children under five.
- Reduce drug & alcohol misuse
- Advice/Support to CCG
- Housing and health
- Improve community safety and offender health
- Health protection
- Workplace health
- Health improvement training
- Public health intelligence / Joint Strategic Needs Assessment
- Reduce smoking
- Health of school age children
- Healthy weight and physical activity
- Reduce cardiovascular disease mortality
- Improving sexual health
- Reduce domestic violence
- Improve public mental health
- Public health contracts review
- Public health support of the Adult Integrated Care Programme

Further information

Lewisham's Health and Wellbeing Strategy is available for members, and the Joint Strategic Needs Assessment can be accessed via: www.lewishamjsna.org.uk

Healthier Communities Select Committee: key partners

- Lewisham Clinical Commissioning Group
- Lewisham and Greenwich NHS Trust
- South London and Maudsley NHS Foundation Trust
- Healthwatch

Further information about these organisations can be found in the Healthier Communities Select Committee briefing information made available at the Committee's training session on 2 July 2014, please contact Timothy Andrew (Scrutiny Manager) for copies.

Appendix D – Criteria for selecting topics

The Centre for Public Scrutiny (CfPS) has developed a useful set of questions to help committees prioritise items for scrutiny work programmes:

General questions to be asked at the outset

- Is there a clear objective for scrutinising this topic – what do we hope to achieve?
- Does the topic have a potential impact for one or more section(s) of the population?
- Is the issue strategic and significant?
- Is there evidence to support the need for scrutiny?
- What are the likely benefits to the council and its customers?
- Are you likely to achieve a desired outcome?
- What are the potential risks?
- Are there adequate resources available to carry out the scrutiny well?
- Is the scrutiny activity timely?

Sources of topics

The CfPS also suggest that ideas for topics might derive from three main sources: the public interest; council priorities; and external factors. These are described below.

Public interest

- Issues identified by members through surgeries, casework and other.
- Contact with constituents.
- User dissatisfaction with service (e.g. complaints).
- Market surveys/citizens panels.
- Issues covered in media

Internal council priority

- Council corporate priority area.
- High level of budgetary commitment to the service/policy area (as percentage of total expenditure).
- Pattern of budgetary overspend.
- Poorly performing service (evidence from performance indicators/ benchmarking).

External Factors

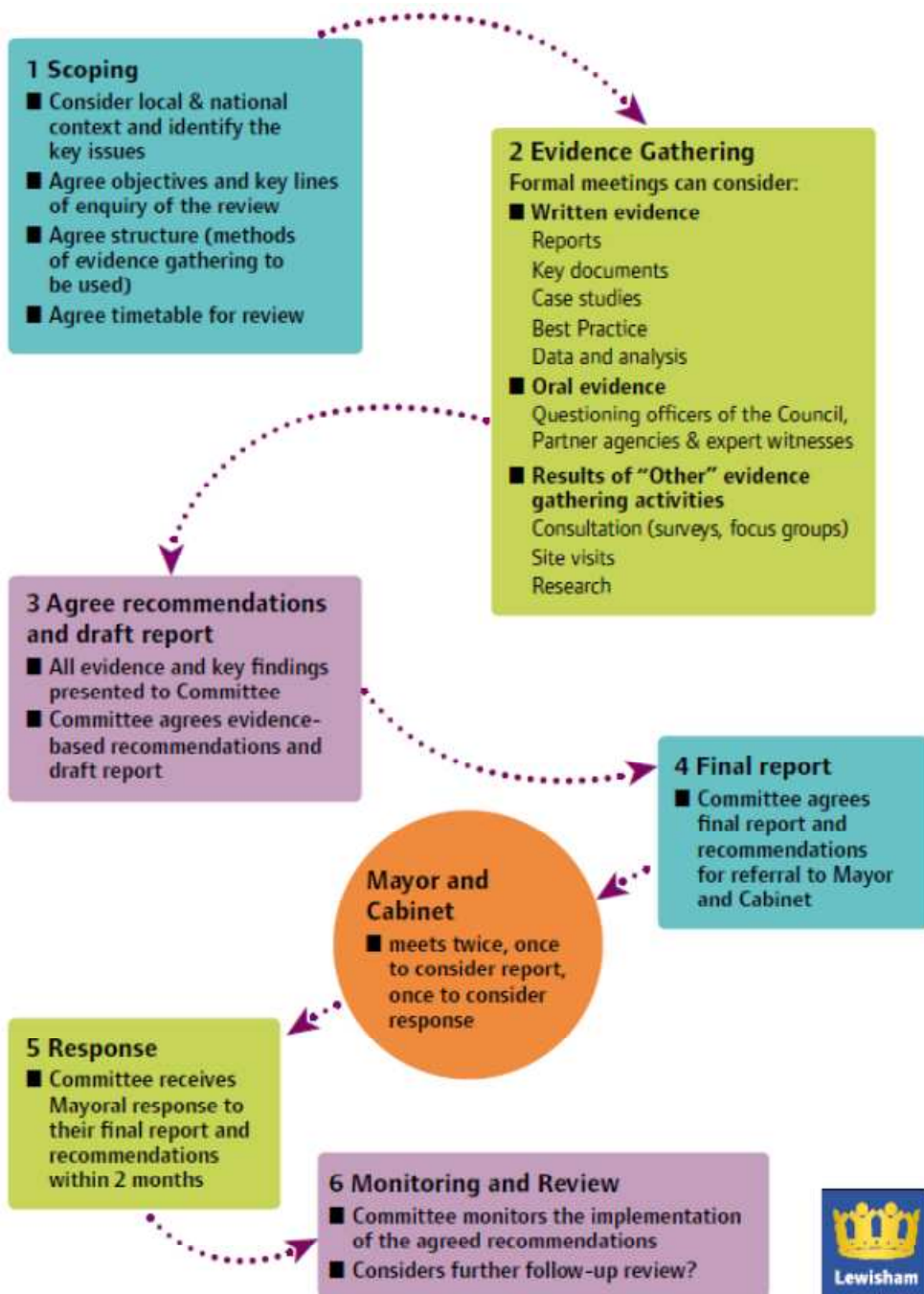
- Priority area for central government.
- New government guidance or legislation.
- Issues raised by External Audit Management Letters/External Audit reports.
- Key reports or new evidence provided by external organisations on key issue.

Criteria to reject items

Finally, the CfPS suggest some criteria for rejecting items:

- issues being examined elsewhere - e.g. by the Cabinet, working group, officer group, external body;
- issues dealt with less than two years ago;
- new legislation or guidance expected within the next year;
- no scope for scrutiny to add value/ make a difference;
- the objective cannot be achieved in the specified timescale.

How to carry out an in-depth review



Appendix F – Health and Wellbeing board terms of reference

- To carry out statutory functions of the Health and Wellbeing Board under the Health and Social Care Act 2012, as amended from time to time, regulations thereunder and all other relevant statutory provision. Activities of the Health and Wellbeing Board include, but may not be limited to, the following:-
- To encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area
- To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services
- To encourage persons who arrange for the provision of health related services in its area to work closely with the Health and Wellbeing Board
- To prepare joint strategic needs assessments (as set out in Section 116 Local Government Public Involvement in Health Act 2007), in respect of which the Council and each partner clinical commissioning group will prepare a strategy for meeting the needs included in the assessment by the exercise of the functions of the Council, the NHS Commissioning Board or the clinical commissioning groups
- To give its opinion to the Council on whether the Council is discharging its duty to have regard to any joint strategic needs assessment and any joint health and wellbeing strategy prepared in the exercise of its functions
- To exercise any Council function which the Council delegates to the Health and Wellbeing Board, save that it may not exercise the Council's functions under Section 244 NHS Act 2006 (statutory consultee in relation to substantial variations in service etc)

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FORWARD PLAN OF KEY DECISIONS

Key Decision Plan June 2014 - October 2014

This Key Decision Plan sets out the key decisions the Council expects to take during the next four months.

Anyone wishing to make representations on a decision should submit them in writing as soon as possible to the relevant contact officer (shown as number (7) in the key overleaf). Any representations made less than 3 days before the meeting should be sent to Kevin Flaherty, the Local Democracy Officer, at the Council Offices or kevin.flaherty@lewisham.gov.uk. However the deadline will be 4pm on the working day prior to the meeting.

A "key decision"* means an executive decision which is likely to:

- (a) result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates;
- (b) be significant in terms of its effects on communities living or working in an area comprising two or more wards.

FORWARD PLAN – KEY DECISIONS						
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials	
May 2014	Adoption Service Statement of Purpose and Children's Guides	Wednesday, 25/06/14 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
May 2014	Agreement to bid for funding from the Heat Network Development Unit	Wednesday, 25/06/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Rachel Onikosi			
February 2014	Extra Care Service at Kenton Court and Somerville	Wednesday, 25/06/14 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best			
May 2014	Fostering Service Statement of Purpose and Childrens Guides	Wednesday, 25/06/14 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
June 2014	Instruments of Government for the Brindishe Federation	Wednesday, 25/06/14 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
June 2014	Instruments of Government St Mary's	Wednesday, 25/06/14 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
June 2014	Proposal to enlarge Sir Francis Drake Primary School to 2 Forms of Entry	Wednesday, 25/06/14 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
May 2014	Surrey Canal Sports	Wednesday,	Janet Senior, Executive			

FORWARD PLAN – KEY DECISIONS						
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials	
	Foundation - Funding Allocation	25/06/14 Mayor and Cabinet	Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor			
June 2014	Transfer of Trinity Primary School to Southwark Diocesan Board of Education	Wednesday, 25/06/14 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
May 2014	Drug and Alcohol commissioning - Permission to Tender	Wednesday, 25/06/14 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Janet Daby			
May 2014	Recommissioning of 7 Supported Living Services and 3 Residential Care Services for Adults with Learning Disabilities	Wednesday, 25/06/14 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best			
June 2014	Award of Contract Brindishe Lee Primary School	Tuesday, 08/07/14 Overview and Scrutiny Education Business Panel	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
June 2014	Award of Contract Coopers Lane Primary School	Tuesday, 08/07/14 Overview and Scrutiny Education Business Panel	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
June 2014	Award of Contract Willow Way Decant Accommodation Adamsrill Primary School	Tuesday, 08/07/14 Overview and Scrutiny Education Business Panel	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			

FORWARD PLAN – KEY DECISIONS						
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials	
June 2014	Award of Contract Hasetline Primary School	Tuesday, 08/07/14 Overview and Scrutiny Education Business Panel	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
June 2014	Award of Contract John Ball School	Tuesday, 08/07/14 Overview and Scrutiny Education Business Panel	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
June 2014	Award of Contract for Bulge Classes September 2014	Tuesday, 08/07/14 Overview and Scrutiny Education Business Panel	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
June 2014	Kitchen Equipment Procurement	Tuesday, 08/07/14 Overview and Scrutiny Education Business Panel	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
June 2014	School Kitchen Upgrade Works	Tuesday, 08/07/14 Overview and Scrutiny Education Business Panel	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
May 2014	Empty Homes Contract Round 2	Tuesday, 08/07/14 Overview and Scrutiny Business Panel	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan			
May 2014	Laurence House Roof Replacement Works - Contract Award	Tuesday, 08/07/14 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor			

FORWARD PLAN – KEY DECISIONS						
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials	
June 2014	Application to become an accredited Timewise council	Wednesday, 16/07/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Joan Millbank			
June 2014	Application to Establish Neighbourhood Forum Crofton Park and Honor Oak Park	Wednesday, 16/07/14 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank			
March 2014	Community Infrastructure Levy Adoption version	Wednesday, 16/07/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor			
May 2014	Energy Policy	Wednesday, 16/07/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Rachel Onikosi			
June 2014	Financial Forecasts 2014/15	Wednesday, 16/07/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia			
May 2014	House on the Hill - High Needs Student Provision	Wednesday, 16/07/14 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
May 2014	Introduction of a Street Naming & Numbering Charging Service	Wednesday, 16/07/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor			

FORWARD PLAN – KEY DECISIONS						
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials	
June 2014	Lewisham Homes Business & Delivery Plan	Wednesday, 16/07/14 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan			
June 2014	Medium Term Financial Strategy (Financial Survey) 2015-18	Wednesday, 16/07/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia			
May 2014	Non Housing Asset Register	Wednesday, 16/07/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor			
June 2014	Options for the provision of permanent school places	Wednesday, 16/07/14 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
March 2014	Planning Obligations SPD Consultation Version	Wednesday, 16/07/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor			
June 2014	Surrey Canal Triangle - Compulsory Purchase Order Resolution	Wednesday, 16/07/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor			
June 2014	Award a contract for the enlargement of Adamsrill	Wednesday, 16/07/14	Frankie Sulke, Executive Director for Children and			

FORWARD PLAN – KEY DECISIONS						
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials	
	Primary school	Mayor and Cabinet (Contracts)	Young People and Councillor Paul Maslin			
June 2014	BME Older Adult Day Services	Wednesday, 16/07/14 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best			
June 2014	Calabash Concierge Service	Wednesday, 16/07/14 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best			
June 2014	Functional Family Therapy at Youth Offending service	Wednesday, 16/07/14 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Janet Daby			
May 2014	Violence Against Women and Girls Commissioning - permission to Tender	Wednesday, 16/07/14 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Janet Daby			
June 2014	Award of contract for works to enable St Winifred's Infants to admit 15 additional pupils	Tuesday, 29/07/14 Overview and Scrutiny Education Business Panel	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
June 2014	Award of contract for works to enable Lucas Vale to admit 30 additional pupils	Tuesday, 29/07/14 Overview and Scrutiny Education Business Panel	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
June 2014	Construction of the primary phase at Prendergast Ladywell Fields College	Tuesday, 29/07/14 Overview and Scrutiny Education	Frankie Sulke, Executive Director for Children and Young People and			

FORWARD PLAN – KEY DECISIONS						
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials	
June 2014	Council Tax Reduction Scheme	Business Panel	Councillor Paul Maslin			
June 2014	Council Tax Reduction Scheme	Wednesday, 03/09/14 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia			
May 2014	New Homes, Better Places: Phase 2 Programme	Wednesday, 03/09/14 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan			
June 2014	Resurfacing Works Contract Award	Wednesday, 03/09/14 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor			
June 2014	Campshill Road Extra Care Scheme	Wednesday, 01/10/14 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan			
December 2013	Asset Rationalisation Programme 2013/14 and Strategic Asset Management Plan 2014/15	Wednesday, 01/10/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor			
June 2014	Heathside and Lethbridge phase five	Wednesday, 01/10/14 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan			
June 2014	Annual Parking Review	Thursday, 23/10/14	Kevin Sheehan,			

FORWARD PLAN – KEY DECISIONS						
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials	
		Mayor and Cabinet	Executive Director for Customer Services and Councillor Rachel Onikosi			
March 2014	Planning Obligations SPD Adoption Version	Thursday, 23/10/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor			
May 2014	Education Contract Awards ICT Specialist Service Provider Framework	Thursday, 23/10/14 Mayor and Cabinet (Contracts)	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin			
May 2014	Kenton Court and Somerville Extra Care Schemes: Update	Wednesday, 12/11/14 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan			
June 2014	Housing Strategy 2015 - 2020	Wednesday, 03/12/14 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan			
March 2014	Review of Blackheath Events Policy 2011	Wednesday, 21/01/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi			

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