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Healthier Communities Select Committee Agenda

Wednesday, 14 January 2015
7.00 pm,
Committee Room 3
Civic Suite
Lewisham Town Hall
London SE6 4RU

For more information contact: Timothy Andrew (02083147916)

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

Part 1

Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Wednesday, 14 January 2015.

Barry Quirk, Chief Executive
Thursday, 8 January 2015

Councillor John Muldoon (Chair) Councillor Stella Jeffrey (Vice-Chair) Councillor Paul Bell Councillor Bill Brown Councillor Ami Ibitson Councillor Alicia Kennedy Councillor Jacq Paschoud Councillor Pat Raven Councillor Joan Reid Councillor Alan Till Councillor Alan Hall (ex-Officio) Councillor Gareth Siddorn (ex-Officio)	

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 2 December 2014 at 7.00 pm

PRESENT: Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Paul Bell, Ami Ibitson, Alicia Kennedy, Jacq Paschoud, Pat Raven, Joan Reid and Alan Till

APOLOGIES: Councillor Bill Brown

ALSO PRESENT: Timothy Andrew (Scrutiny Manager), Alfred Banya (Assistant Director of Public Health), Fran Bristow (Programme Director - Adult Mental Health Development Programme) (SLaM), Kevin Brown (Assistant Director Operations London (South)) (London Ambulance Service), Aileen Buckton (Executive Director for Community Services), Dee Carlin (Head of Joint Commissioning) (LCCG/LBL), Rita Craft (Campaign in Lewisham for Autism Spectrum Housing), Joy Ellery (Director of Knowledge, Governance and Communications) (Lewisham and Greenwich NHS Trust), Matthew Henaughan (Community Resources Manager), Charles Malcolm-Smith (Head of Organisational Development) (Lewisham Clinical Commissioning Group), Corinne Moocarme (Joint Commissioning Lead, Community Support and Care) (Community Services, LBL), David Norman (Service Director Older Adults) (SLaM), Graham Norton (Operations Manager) (London Ambulance Service), Georgina Nunney (Principal Lawyer), Dr Danny Ruta (Director of Public Health) (Public Health Lewisham), Dave Shiress (Health, Housing and Social Care Integration Manager) and David Walton (Community Assets Manager)

1. Minutes of the meeting held on 21 October 2014

Resolved: to agree the minutes of the meeting held on 21 October as an accurate record.

2. Declarations of interest

Councillor Paschoud – non-prejudicial – member of Lewisham Parent Carers Forum, which also includes CLASH.
Councillor Raven – non-prejudicial – member of CLASH
Councillor Muldoon – non-prejudicial – Lead Governor of SLaM NHS Foundation Trust.
Councillor Bell – non-prejudicial – board director of Lewisham Homes
Councillor Kennedy – non-prejudicial – board member of the Marsha Phoenix Trust.

3. Emergency services review update: London Ambulance Service

3.1 Graham Norton (Operations Manager, Lewisham, London Ambulance Service) and Kevin Brown (Assistant Director, Operations, London Ambulance Service) provided an update on the performance of the service; the following key points were noted:

- At a previous meeting of the Committee, Members received information about the London Ambulance Service's (LAS) improvement plans.

- A roster review to ensure adequate staffing cover was completed in September 2014. Work was on-going on implementing improvements to rest breaks; annual leave and active area cover.
- Ambulance crew handovers and waiting times at hospitals had been improved by the implementation of a new policy. Work with the urgent care centre at Lewisham Hospital had also improved.
- The service remained under demand and under pressure. It was on course to receive more than 1.9 million calls this year.
- Changes had been implemented to the control room to allow telephone advice to be given to non-urgent calls and to redirect people with minor injuries to appropriate services.
- Work had taken place with the Metropolitan Police Service to reduce the number of unnecessary calls made for ambulances; this included using fast response vehicles; providing telephone advice and providing access to mental health advice through the call control hub.
- 7.39% of calls from NHS111 had been referred back to the service to provide an ambulance. The service responded to 5299 calls per day. 700 of these were referred to NHS111.
- There was a recognised shortage of staff. The service would be recruiting in Australia and New Zealand to fill vacancies; 250 staff would be recruited by April.
- Plans were being put in place to ensure that new paramedics would be trained. However, it took a minimum of three years to train a paramedic.
- 150 to 180 staff were lost from the service each year.
- There were multiple reasons for the reduction, including, the impact of assaults on staff, housing costs and travel times as well as the high level of demand on the service.
- Fewer recruits felt that being a paramedic was a long term career choice.
- In total 850 to 1000 staff would need to be recruited over the next year to bring the service up to strength and to balance out the number of people leaving.
- Attendance times across London remained close to the national target at 61.75% of priority calls reached within eight minutes, against a target of 75%; in Lewisham the most recent attendance time figure was 64.7%.
- Attendance times had to be viewed in the context of the high levels of demand and the complexity of the urban environment. The service remained close to its maximum levels of utilisation, levels were currently 88%.
- Despite high levels of utilisation, the service had retained high quality standards for treatment of cardiac arrest and stroke.
- Levels of coordination and communication with hospitals and clinical commissioning groups had enhanced good practice.

3.2 Graham Norton (Operations Manager, Lewisham, London Ambulance Service) and Kevin Brown (Assistant Director, Operations, London Ambulance Service) responded to questions from the Committee, the following key points were noted:

- The service continued to work with partners, such as the police to reduce unnecessary calls.
- It also planned to trial new technologies to support patients and aid assessment.
- Call handlers were trained to make critical decisions, with limited information in a short amount of time.
- There was an oversupply of paramedics in Australia and New Zealand.

- The LAS would not drop the standards it expected of employees in order to recruit staff.
- There was no problem with people wanting to become paramedics, but there had been a lack of training places available. It would be three or four years before levels of trainees could catch up with the levels of demand.
- It was difficult to provide a definitive explanation for the yearly increase in calls to the service.
- The population of London was increasing, people were also living longer and people with long term conditions were also living longer in ill health.
- There were a range of factors which predicted rates of survival from cardiac arrest; including better outcomes as a result of changes to CPR and a recent awareness raising campaign.

Resolved: to note the report.

4. Community mental health review: update

4.1 Fran Bristow (Programme Director, Adult Mental Health Development Programme, SLaM) introduced the report; the following key points were noted:

- The report provided an update on the issues raised when the community mental health programme was considered at the Committee's meeting in July.
- Several issues were highlighted by the Committee, including: the compatibility of the changes being proposed with NICE guidance; responses to complaints, with specific reference to an MP enquiry; and the handover process for patients.
- The changes that had been made were in line with NICE guidance.
- New services were being provided as part of the changes, including additional talking therapies; day treatment services and options for self-management.
- The nature of some mental health conditions meant that there were long cycles of illness and relapse.
- Day treatment services were being made available for a longer period in order to avoid instances of relapse and hospitalisation.
- Primary and secondary services were working together. Patients could access specialised care quickly through their GPs when it was required.

4.2 Fran Bristow (Programme Director, Adult Mental Health Development Programme, SLaM), responded to questions from the Committee, the following key points were noted:

- Emergency cases could be referred within 2-4 hours, critical cases could be seen within 24-48 hours and non-urgent cases should be seen within 28 days. SLaM was outperforming its objective for non-urgent cases and most were seen within 7 to 10 days.
- By the end of September, all moves of patients to new teams within SLaM had been completed.
- 299 people were being treated for bi-polar disorder; of these, 295 people were still receiving support from SLaM.
- A number of patients had to be moved between services, in line with the new structure. There had been some anxiety about the changes.
- It would have been difficult to implement changes and develop specialist community services without moving people between teams.

- 46 complaints had been received between 1st April and 30th September 2014.
- Only three of these complains were about moves within SLaM.
- The complaints service kept data about the number of complaints received and their outcomes.
- Each of the complaints raised by people who were moving services had been resolved.
- No serious incidents had been recorded as a result of the changes; but lessons could be learnt about the process of the reconfiguration.
- Complaints were usually responded to within 20 working days. However, the response to Heidi Alexander MP had been delayed because it had originally been dealt with in the wrong department; when it reached the right department, due to the complexity of the case, it took some time to provide a full response.
- All care was overseen by clinical leaders – including consultants, where necessary.
- There had been an increase of mental health conditions across the country; there was no specific upward trend in Lewisham.

4.3 The Committee also discussed the report and raised its concerns about the time it took to respond to the complaint from Heidi Alexander. Members were concerned the amount of time it might take to respond to other complaints.

Resolved: to note the report. The Committee also agreed that the Chair would write to the Chair of SLaM setting out the concerns raised about the complaints process.

5. Autism strategy

5.1 Corrine Moocarme (Joint Commissioning Lead) and Dave Shiress (Housing, Health and Social Care Integration Project Manager) introduced the report; the following key points were noted:

- Previous reports had been submitted to Lewisham's Health and Wellbeing Board, which provided an update on the national Autism Strategy up to July 2014.
- The report included information about the work that had taken place in the last six months, with a particular focus on work to provide accommodation.
- Autism awareness training had been carried out with GPs and the diagnostic rates would be audited.
- Three possible options had been identified for the provision of specialist housing.

5.2 Rita Craft (Chair of the Campaign in Lewisham for Autism Spectrum Housing (CLASH)) addressed the committee; the following key points were noted:

- There were approximately 2000 autistic people living in Lewisham, many of whom were not known to Council services.
- Autistic adults required help to live independently; this help was not being routinely provided in Lewisham.
- Members of CLASH were concerned about what would happen to their autistic children and loved ones in the longer term, if there were no facilities to support independence.

- Funding was available, through the Mayor of London's Care & Support Specialised Housing Fund 2012, but this had not been used to provide specialist housing in Lewisham.
- Lewisham had responded well to the development of the national Autism Strategy by establishing a diagnostic service, a support service for adults with Asperger's as well as developing Drumbeat School, and offering training to health professionals.
- CLASH wanted a specialist employment service and specialist housing for autistic people to build on this work.
- Without a plan for the development of specialist employment and housing opportunities for young people, the costs of support could be high in the long term.
- Those who remained living with their ageing parents, and who were not offered independence skills training would probably need crisis intervention, when those parents became ill, or died, which might become costly for other local services.

5.3 Dave Shiress (Housing, Health and Social Care Integration Manager) responded to questions from the Committee; the following key points were noted:

- Lewisham's new housing strategy was currently being consulted on. It would include a reference to the need for specialist housing, including from people with autism, but this group would not be prioritised over the claims of other groups.
- Funding from the Mayor of London was used to develop Extra Care housing for older people.
- People with low level support needs, who did not meet the fair access to care services criteria used to be supported by supporting people funding, which was no longer available.
- The Burgess Autistic Trust worked with registered social landlords in Bromley to provide specialist housing. This was a reason for optimism, because this arrangement had been shown to work in a neighbouring borough and the potential the Trust would have the capacity to extend this work into Lewisham.
- The Burgess Trust had started its project in Bromley by identifying a suitable empty property to use. In Lewisham there was significant pressure on the budget for temporary accommodation, which made identifying any suitable property difficult.

5.4 The Committee also discussed the importance of supporting all vulnerable groups. Some Members felt that it would not be fair to prioritise specialist autism spectrum housing over the provision of housing for other groups.

Resolved: to note the report, and to refer the Committee's views to Mayor and Cabinet.

6. Leisure contracts

6.1 David Walton (Community Assets Manager) introduced the report; the following key points were noted:

- Usage of the borough's leisure facilities had significantly increased, led by the opening of Glass Mill leisure centre.
- Monitoring information indicated that 45% of regular users had a BeActive card, indicating that the Council was meeting the objective of increasing participation in all parts of the population.

- There had been a number of other recent positive community and social projects.
- It was recognised that the Bridge was the weakest link in the leisure contract.
- Some defects had been identified at Glass Mill, but these were being rectified in line with the contract.

6.2 David Walton (Community Assets Manager) and Aileen Buckton (Executive Director for Community Services) responded to questions from the Committee, the following key points were noted:

- The contract was 'self-monitoring', but the contractor was obliged to report issues to the Council.
- The term 'self-monitoring' referred to the structure of the contract, in practice there were regular formal and informal site visits by the contract monitoring officer.
- Fusion were also responsible for reporting user feedback and responding to complaints.
- The contract was outcome based, so it was up to the contractor to decide how it would meet the specifications requested.
- Action had been taken against the contractor and fines had been applied in a number of instances, where problems had been identified.
- The defects at Glass Mill leisure centre were the responsibility of the developer (Barratt) to rectify and not the leisure contractor (Fusion), but difficulties with new buildings were not uncommon.
- The Bridge leisure centre was nearing the end of its useful life. There was no investment element in the Fusion contract, so some improvement works would take place, but there would not be any major refurbishment of the site.
- Concerns about the quality of the Fusion cleaning contract were recognised and had been raised with the contractor.
- On the list of works to be carried out at the Bridge were: the painting of the sports hall; new gym flooring; air conditioning; repairs to the ceiling above the main pool; retiling in wet areas as well as works to the drains to resolve a longstanding issue.
- Work would be started in the New Year, with much being completed by the end of the financial year. However, a precise timescale for the completion of works could not be given.
- Disabled people should not be turned away from using leisure facilities. Any reported cases should be passed to officers.
- Further work would be carried out to determine why the levels of exercise on referral were low.
- The swimming ability of school age children was a concern. The inability of a proportion of school age children to swim was the result of a combination of a number of factors; officers were working on initiatives to improve swimming ability of children.

6.3 In response to a question about the Committee's ability to review the key performance indicators of the Fusion contract, Georgina Nunney (Principal Lawyer) advised that any review of the contract would have to be considered by the Committee in a closed session, with the press and public excluded.

Resolved: to note the report and to consider an item at a future meeting on the performance of the Fusion leisure contract.

7. Sustainability of community health initiatives

7.1 Alfred Banya (Assistant Director of Public Health) introduced the report; the following key points were noted:

- The Council had sustainability plans in place for initiatives in various areas of the borough, co-terminus with the new neighbourhood model of working.
- It would be important to ensure that future schemes built on the local knowledge that had been developed with the creation of Lewisham's community health initiatives.
- Research by the University of East London had demonstrated the effectiveness of Lewisham's community health initiatives.
- Lewisham's programme was a strong candidate for phase three funding from the Greater London Assembly.

Resolved: to note the report and to refer the Committee's views to Mayor and Cabinet.

8. Lewisham Future Programme: public health consultation

8.1 Aileen Buckton (Executive Director for Community Services) introduced the report; the following key points were noted:

- The Committee was being asked to comment on the consultation process and the proposals themselves.
- The proposals, once they had been consulted on, might represent a substantial change in services.
- Reconfiguration of some services would be required, but this would not impact widely on frontline services.
- The move of Public Health to the local authority had highlighted areas of overlap in the delivery of services.
- It had been recognised that there were some areas of work which should be taken on by others, including the CCG; there were also some services that the Council had not been providing, which it had a responsibility for, and would represent an additional cost.
- It was proposed to end incentives to GPs practices to meet public health outcomes.
- Main grant programme funding would be used to provide advice and information services, aligning the previous funding that had been given by public health.
- The CCG had indicated that it would be able to respond to the consultation within the two week timetable.
- Depending on the outcome of the meeting – officers would be meeting with officers of the CCG to further discuss the proposals.

8.2 Danny Ruta (Director of Public Health) also advised the Committee that it was his responsibility to ensure that the proposed changes would be carefully monitored – and that there would be no detriment to the achievement of public health outcomes.

8.3 Officers were not sure where the funding being saved from the public health budget would be spent; further work would take place after the consultation had been completed.

Resolved: to note the report, and to receive the outcome of the consultation at the Committee's meeting on 14 January.

9. Select Committee work programme

9.1 Timothy Andrew (Scrutiny Manager) introduced the work programme report. The Committee resolved that the Chair would be asked to make decisions about the work programme at agenda planning, incorporating the items agreed during the course of the meeting.

10. Referrals to Mayor and Cabinet

Resolved: to refer the Committee's views under items five and seven to Mayor and Cabinet as follows-

Item 5

10.1 At its meeting on 2 December 2014 the Healthier Communities Select Committee, having heard presentations from officers and received an address from Rita Craft, Chair of the Campaign in Lewisham for Autism Spectrum Housing, resolved to refer the following matter to Mayor and Cabinet:

10.2 The Committee requests that the Mayor consider urgently, provision to meet the housing needs of adults diagnosed with autism spectrum disorder. To this end the Committee recommends that the Mayor engage with CLASH and Lewisham Homes.

Item 7

10.3 The Committee wishes to highlight the value and success of community health initiatives in Bellingham and North Lewisham and it welcomes efforts to extend funding for Well London phase 3.

10.4 The Committee places on record its support for Well London and similar projects and asks the Mayor to do the same. The Committee recommends that Mayor and Cabinet provide all possible support for work on extending the project beyond 2015.

The meeting ended at 10.05 pm

Chair:

Date:

Healthier Communities Select Committee			
Title	Declaration of interests		
Contributor	Chief Executive	Item	2
Class	Part 1 (Open)	14 January 2015	

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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Healthier Communities Select Committee			
Title	Proposal on public consultation to close a specialist NHS Continuing Healthcare Care Home		
Contributor	David Norman, South London and Maudsley NHS Foundation Trust	Item	4
Class	Part 1 (open)	14 January 2015	

1.0 Introduction

1.1 The South London & Maudsley NHS Foundation Trust wishes to bring a proposal for the reduction of specialist care inpatient beds to the Lewisham Healthier Communities Select Committee (LHCSC). The proposed service change is to close the last remaining Specialist Care Unit in Lewisham and transfer activity to available SLaM provision in neighbouring boroughs. The unit in question is Inglemere Specialist Care unit located in Forest Hill.

1.2 If the LHCSC considers this proposal to represent a significant variation then SLaM will carry out a public consultation on service commencing on the 20th January 2015 with an expectation that the outcome of the consultation will be agreed at the SLaM Board meeting on the 28th April. For the purpose of this paper it is assumed that this change will be viewed as a significant variation and therefore a 12 week full public consultation will take place. All previous SLaM specialist care closures have merited public consultation.

1.3 This paper therefore outlines the reasons for the proposed public consultation to be considered by Lewisham Healthier Communities Select Committee. It also provides background information on the current services, mental health needs of older adults in the borough and information on how the change in service can be managed.

1.4 The reasons for this proposed change in NHS service provision are that the numbers of places available in the borough continue to be more than is needed. The demand for places in these specialist units has consistently declined over the last 5 years. The decline in demand is due to changes in the provision of service by SLaM, national policy changes and improved developments in community mental health treatment.

1.5 In the past twelve months new admission rates have been consistently low due to insufficient demand for these NHS specialist placements. There have been 2 new admissions to the unit in the last year and there are currently 7 empty beds. In terms of health need, an assessment of need conducted on patients in Inglemere Specialist Care Unit suggest that approximately only 2 out of 9 patients require this current level of specialist mental health care. 7 patients were assessed as being suitable for another category of healthcare.

1.6 Another factor in proposing a closure the specialist units is that the current service levels in the borough are disproportionately focused at those with higher level mental health needs. Recent evidence based needs assessments indicate there are many more people in Lewisham having low to moderate mental health needs and that sufficient services are not easily available for older people with low to moderate mental health conditions.

1.7 From the proposed closure of 16 beds, NHS funding could be released which would be used to support mainstream health and social care services for older people with mental health difficulties in Lewisham. It would allow the development of earlier intervention services for a larger majority of older people with low to moderate mental health conditions. In addition releasing funding would permit investment to support residential and nursing homes to manage people with dementia to a higher standard.

1.8 Following completion of the public consultation on the proposed closure of Inglemere Specialist Care Unit, all remaining patients who will require ongoing treatment by SLaM will be reassessed and transferred to alternative SLaM provision. Patients and their relatives will be fully involved if patients are assessed as requiring (and being suitable) for alternative placements. Based on this information, each patient's needs will be taken into account before planned moves are made. The proposed changes will only affect a very small number of patients.

1.9 At this point, it is anticipated that there will be minimal redundancies to staff as SLaM will be able to transfer staff affected if the proposal is agreed to alternative services.

1.10 It is acknowledged that this is not an easy proposal to consider closing a specialist care unit, as these decisions involve vulnerable, elderly patients. However SLaM and Lewisham Clinical Commissioning Group (CCG) are experienced in delivering this type of service change smoothly. From a provider perspective it is becoming increasingly difficult to continue to run specialist care homes which are unable to be adequately filled with suitable patients.

1.11 Lewisham CCG agrees with SLaM that there is no longer the demand for a unit in the borough and that the needs of patients' who require specialists care placements can be met within SLaM provision in other boroughs with a new emphasis on shorter stays and care plans that will enable patients' to be transferred to other facilities within the borough.

1.12 Upon considering the details in this paper SLaM and Lewisham CCG would request Healthier Communities Select Committees consideration of the proposals. SLaM and Lewisham CCG would welcome the Committee's views in ensuring oversight scrutiny of these public consultation proposals before the public consultation begins so that they are vigorous enough to ensure the process is proportionate, sufficient and fair.

2.0 Specialist Mental Health Services for Older People in Lewisham

2.1 The Mental Health of Older Adults service in the South London & Maudsley NHS Foundation Trust (SLaM) provides specialist mental health services for people aged 65 and over who suffer from a serious mental health condition. In the main, almost three quarters of the people the service looks after will suffer from an acute organic mental health problem such as dementia and the remainder will have a complex and/or acute functional mental health problem, such as depression, schizophrenia or bi-polar disorder. Some service users will suffer from both conditions, for example a common mental illness such as depression as well as dementia. All service users in the SLaM NHS Specialist Care Units will display challenging complex behaviour that requires a period of skilled mental health intervention to stabilize their condition.

2.2 SLaM mental health older adults services in Lewisham Borough currently provides the following services in Lewisham. Acute inpatient care for 18 patients in a ward located in the Ladywell Unit at University Hospital Lewisham.

2.3 Two Community Mental Health Teams operate in the community to support a maximum of 400 older adults with mental health difficulties in the community.

2.4 Since early 2014, Lewisham CCG has commissioned SLaM to provide a 7 day crisis or Home Treatment Team for older people, with a remit to provide intensive community based support to older people in crisis situations with a view to averting unnecessary admission to an acute psychiatric bed. This team will also provide intensive discharge support for patients who no longer require an inpatient stay.

2.5 In addition, there is a Mental Health Liaison Service which works within University Hospital Lewisham to assess older adults who may have mental health difficulties.

2.6 These services work closely with primary care services, Social Care & Health Services as part of a whole system approach to support the needs of Older Adults with Mental health difficulties. The main focus of all these services is to support older people to live at home and as independently as possible. This is in line with national policy such as 'delivering care closer to home'.

2.7 In addition, SLaM provides the Lewisham Memory Service which aims to provide a specialist dementia assessment service for the population of Lewisham. NHS Lewisham has also commissioned a support service for people with dementia provided by Lewisham Mind care.

2.8 SLaM also provide the Specialist Mental Health Intervention Team set up in early 2014 with a remit to work with patient's and care providers in residential and day settings. The aim of the team is to undertake assessment and treatment and work with organizations to supporting a reduction of behaviour that challenges, thus reducing the need for unnecessary patient moves providing a better quality of life for patients' living with a diagnosis of dementia. This team has increased the level of support to Care Homes in the borough and is one of the reasons why the activity into Inglemere has reduced, as it has supporting people with difficult behaviours in residential and care home settings. The team is currently supporting approximately 70 service users.

2.9 The remaining element of the specialist mental health services provided by SLaM in Lewisham is the inpatient specialist care service. The SLaM Specialist Care Service is a very small, highly specialized part of mental health of older adults' provision in the borough. The service is only available for NHS patients.

2.10 Reviews of the current mental health services provided by SLaM have concluded the Community Mental Health Teams, Home Treatment Team and Specialist Mental Health Intervention Team are extremely busy and responding to demand has been challenging. The same statement cannot be applied to the specialist continuing care services provided by SLaM. In fact referrals to this service have been reducing over time.

3.0 SLaM Specialist Continuing Care Services for older people with mental health needs in Lewisham

3.1 Patients admitted to the Inglemere Specialist Care Unit are usually well known to mental health services, as they will have been under the care of the specialist services for some time. Admission to this unit will only take place if there are no alternative care options left, mainly due to the patient exhibiting challenging behaviour. The unit does not admit patients under home for life principles, instead the expectation is that once the patient's mental health condition, either a challenging dementia or ongoing psychiatric condition is stabilized and the behaviour is normalized that the patient can be discharged to more suitable long term placement.

3.2 There are currently three Specialist Care Units operated by SLaM across the whole SLaM catchment area. The sister units to Inglemere are Ann Moss Specialist Care Unit in Rotherhithe and Greenvale Specialist Care Unit in Streatham. These services have higher rates of occupancy than Inglemere. Ann Moss has an occupancy level of 90% and Greenvale is 75%. One possible reason for this difference is that currently neither Lambeth nor Southwark CCGs commission Care Home Intervention Teams, although these are currently being developed in both boroughs.

3.3 The quality of care in the SLaM Specialist Care Units is regarded as high. The homes comply fully with Care Standards and have been registered as Independent Hospitals under the Care Standards Act. They therefore have the capacity to take and detain patients under the Mental Health Act.

3.4 Consequently, residents who have stabilised or recovered from serious mental illnesses may find challenging behaviour from other residents quite frightening or disturbing to witness if they remain indefinitely in the SLaM Specialist Care Unit. It is for this reason, a move to a more appropriate unit is essential.

3.5 The key success of the SLaM Specialist Care Units is the specialist mental health knowledge that facilitates being able to safely move on mentally ill patients into a standard care home with nursing for older people with mental health or physical health needs.

3.6 The benefits to patients who are stabilised moving from the SLaM Specialist Care Units to a standard nursing home are as follows. Standard Care Homes are better able to cater for a wider range of a patient's physical and/or mental health. This may possibly be due to a patient requiring more general nursing component due to their primary need being frailty rather than a serious mental health conduction.

3.7 SLaM Specialist Care Units are not registered to provide primary physical healthcare interventions.

3.8 It is not uncommon for a person's primary need to change over time from a primary mental health condition to a physical health condition. Hence a different type of service will be required for the individual person over time.

4.0 NHS Continuing Healthcare for older people with mental health needs

4.1 Access to the SLaM Specialist Care Units is commissioned to meet the needs of clients who meet fully funded NHS Continuing Healthcare eligibility criteria for mental health conditions (also known locally as 'Category One 'Continuing Healthcare). This is an important distinction to note as it differentiates patients with the highest level of NHS healthcare need.

4.2 Eligibility for fully funded NHS Continuing Healthcare is national, very specific and would not apply to the majority of older adults unless they meet clearly defined eligibility criteria. To establish eligibility, in line with the Department of Health's National Framework for Continuing Healthcare, the healthcare needs of each patient have to be individually assessed by a multi-disciplinary team (MDT) of social workers, nurses and doctors. This is evidenced in a 60 page national assessment form for each patient. The recommendation of the MDT is then ratified by the Lewisham Continuing Healthcare Panel. This process has to occur before a person enters any form of NHS Continuing Healthcare care home to ensure that each person receives the right level of care based on their individual assessed need.

4.3 Following placement, a patient will have a review after 3 months and then an annual Continuing Healthcare review to assess if any alterations are needed to their level of care.

4.4 Older adults who meet the eligibility criteria for fully funded NHS Continuing Healthcare mental health placements are placed in private/ standard nursing homes which have been registered as providing mental health care for older adults. However, the older adults placed in the SLaM Specialist Care Units are assessed as requiring a higher level of mental health care. This specialist mental health nursing component is above and beyond the level of mental health care that could be provided in a standard care home with nursing.

4.5 Other types of fully funded NHS Continuing Healthcare placements are for those patients assessed as meeting 'elderly frail' criteria. Older adults however, will require placements either in care homes, (which are funded following a means test by Social Services) or in care homes with nursing where a contribution from the NHS is made towards registered nursing care (i.e. NHS Funded Nursing Care or funded Nursing Care).

5.0 Changes to National Policies and the resulting local impact

5.1 The previous clinical model operated by SLaM was the "Domus" model of care which was developed in the early nineties to provide NHS specialist continuing care services for older people with severe mental health problems. The philosophy of the service was to provide a home for life funded by the NHS, and located in small residential units (the smallest was 12 beds and the largest 16 beds). This service grew out of the major closure programme of the large mental health institutions and the need for long term residents to be placed in a safe environment after years of institutionalized living. In the early 1990s it was seen as an innovative service model, which was underpinned by home for life principles. However, this principle was discarded after 1996 because of changes in National Continuing Care policy and an understanding that there were no clinical benefits to supporting long term institutionalization for patients whose mental

health needs were changing and who required more personalized care that could be provided in different residential settings.

5.2 Historically, Lewisham had 56 NHS Continuing Healthcare beds due to a high demand for the units in the early 1990s. This was reduced to 44 beds with the closure of Church down in 2007, and further reduced to 32 beds with the closure of Dillwyn in November 2010 and then to 16 beds with the closure of Granville Park in 2013. The reason for this decreasing demand is because of changes to national policy, which has influenced local demand (see 5.3 below).

5.3 In 1996, a significant national policy change occurred to the original model of care and then again in 2006 with the revision of NHS Continuing Healthcare Guidance. This essentially removed the home for life policy for new entrants to Continuing Care Homes. A subsequent revision of NHS National Continuing Healthcare guidance in September 2009 again changed the policy context, and clarified the eligibility criteria for patients entering this level of NHS nursing care.

5.4 Other significant national policy drivers that have influenced changes to how care is delivered to older adults are as follows. In 2005, 'Everybody's Business' (2005) aimed to ensure older adults with mental health conditions had access to appropriate physical healthcare needs and to mainstream services based on their need. 'Delivering care closer to home' (2008), placed the focus on health and social care agencies deliver care to older adults in a community setting, ideally at home. 'Personalization' (2008) which requires service users and carers' are given more choice to self-select from a range of service providers for their care needs. Historically, this decision was made by health and social care services on the patient's behalf. Finally a more recent policy driver is the 'National Dementia Strategy' (2009) which highlights a need for earlier intervention services in the community for older people with dementia.

5.5 Other policy drivers have been the creation of the London Procurement Project (LPP) in 2009. This project standardized NHS Care Home contracts across London and introduced quality standards across NHS funded Continuing Healthcare Homes. Consequently this has resulted in care homes allocating beds specifically for patients with Category 1 Continuing Healthcare needs for mental health of older adults. This has facilitated more choice and availability of Care Homes for the Older Adults client group that have mental health conditions. In Lewisham, in addition to SLaM services, there are four other NHS Continuing Healthcare Care Home Providers which are specifically registered to cater for the Category 1 Mental Health Older Adult clients. These four providers have a combined capacity to provide 64 additional beds within Lewisham for NHS fully funded Continuing Healthcare for older adults with mental health problems. This may also explain why demand for the SLaM Care Homes has continued to decrease.

5.6 Following all the policy changes, the demand has altered. The reasons are summarized as follows.

- Impact of a variety of national policy changes. The revised model of NHS Continuing Healthcare is now more responsive to patients changing needs to ensure they are placed in a suitable environment that clinically meets all their individual healthcare requirements.
- The old psychiatric institutions have been replaced by a new model of care, and the number of patients has dried up, this has made the Domus model redundant.

- Since 2000 more mental health intervention has been completed in the community. South London & Maudsley NHS Trust has worked with the NHS Lewisham NHS provider services and the London Borough of Lewisham Social Care services to develop enhanced community service to support people with complex mental health problems in the community for longer.
- More recently, other NHS Care Home providers have entered the local market place due to the London Procurement Project. This has increased availability of Category One NHS Continuing Healthcare Care Homes for older adults with mental health conditions.

5.7 As a result of these changes, the need for the SLaM service has changed. The net impact of these changes has seen a general reduction in the need for the type of provision that the SLaM specialist care units has provided. Consequently, since 2000 the Domus specialist care homes service has never been fully utilised, with a proportion of beds left empty. This pattern has continued despite reducing beds. This is the main reason for the public consultation to close the Inglemere Specialist care home.

6.0 A Case for Change : Reasons for the closure proposal

6.1 The main reasons for the proposed closure of Inglemere Specialist Care Unit is due to;

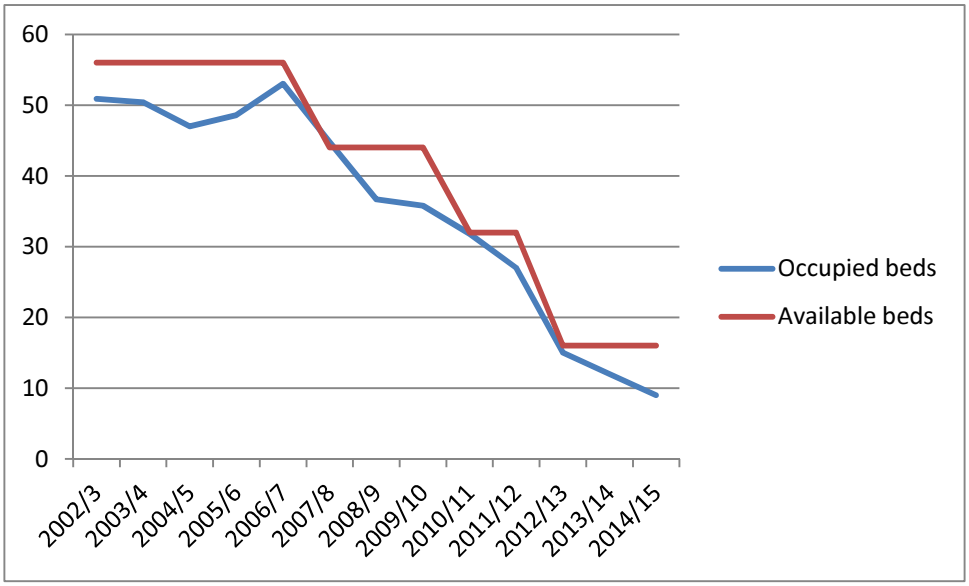
- Decreasing demand for specialist care units.
- An increase of other Continuing Healthcare Care home providers into the local market, which has increased availability of Category 1 NHS Continuing Healthcare beds for Older Adults with Mental Health difficulties via the London Procurement Programme (an increase of approximately 64 additional beds).
- Responding to a range of changes in national policies relating to delivering care to Older Adults.
- Responding to evidenced demographic need in the Borough for more community provision at low to moderate levels for those older adults with mental health difficulties.
- Improved provision at early stages of illness through Specialist Care Home intervention Team.

Each one of these points will be addressed in detail for clarity.

6.2 Decreasing demand for specialist continuing care units. There is no longer an inflow of patients from the closure of the old psychiatric units. Many patients placed from the old institutions in the SLaM Specialist Care units have since died, due to old age. For patients who have not lived in institutional care, advancements in clinical interventions such as medication, therapy and outreach have enabled them live in the community with the support of the SLaM community mental health team. This shift to older adults remaining in the community rather than a residential setting has occurred in Lewisham. These are the main factors which have seen a reduction in demand for patients to be placed in the SLaM specialist care units.

6.3 Since 2002/3 to the present there has been a decline in occupancy in the SLaM mental health of older adults specialist care units funded by Lewisham CCG. Only 9 places are now occupied.

6.4 The decline in usage of these beds over the last 12 years is illustrated in the graph below:



6.5 In the past twelve months Inglemere has operated under capacity and there have been empty beds with only 2 new admissions to the Unit.

6.6 In January 2015,SLaM is required to reassess existing patients who have been in the unit over 12 months against National NHS Continuing Healthcare Guidance. It is anticipated that only a small proportion of the remaining 9 patients in Inglemere will continue to require SLaM treatment and support and therefore the unit will cease to be viable clinically or economically.

6.7 This evidence strongly suggests that that there is insufficient demand for this service, particularly when combined with low admissions rates, a high number of empty beds due to low demand, plus a high proportion of existing residents who did not meet the NHS Continuing Healthcare eligibility criteria (at the point in time they were assessed).It is envisaged that due to natural mortality rates over the winter months, there is the possibility that by spring/summer 2015 the units may be approaching unsafe vacancy levels.

6.8 These are the primary reasons that there is no longer the need for Lewisham CCG to continue to commission 16 beds. Therefore SLaM is considering the option of closing this unit and transferring activity to the remaining units in Rotherhithe and Streatham. This will only directly affect a maximum of 9 patients who are currently in the Inglemere Specialist Care Unit.

6.9 Part of the public consultation will ensure existing residents of the continuing care homes and their relatives are fully informed about options available to them. Nevertheless it is important to note that once the public consultation process is completed all the existing patients will need to be re-assessed to determine their level of need. No decisions will be made about moving residents unless there is clear clinical evidence that this would be beneficial to them. Every effort will be made to avoid undue distress to service users and fully involve relatives. SLaM and NHS are experienced at delivering this type of service change sensitively and smoothly.

6.10 There has been a range of additional national policies which has changed the landscape for providing care for mental health older adults. The focus over the past 20 years has moved from reliance on delivering interventions in an institutional setting to delivering care closer to home, in order to enable people to be more independent and offer them choice and control over which services to choose.

6.11 SLaM, Lewisham CCG and Social Services have responded locally by ensuring that older adults with mental health conditions can safely remain at home. This has been achieved primarily by positive joint working between Social Services and SLaM Community Mental Health Teams, Home Treatment Team and Care Home Intervention Team.

6.12 Evidence based demographic needs assessments for Lewisham indicate that there is a greater need for services for people with low to moderate mental health conditions such as dementia.

6.13 The currently Lewisham CCG service investment in mental health services is disproportionately invested for those with severe mental health conditions. The evidence appears to suggest that re-configuration of NHS investment should be shifted to earlier intervention services.

6.14 The population profile for Lewisham consists of a total of 24,656 older adults over 65 years old. The borough has a relatively younger population compared to the UK average and outer London Boroughs. The age proportion in Lewisham is listed in the table below.

6.15 Recent evidence needs assessments conducted by Healthcare for London have helped to give a better profile of older adults mental health needs in Lewisham. Unfortunately, this data focuses on dementia, not the whole range of mental health conditions found in older adults. Nevertheless, it does indicate that local NHS services need to be re-configured in order to address the mental health care needs that would not be defined as having a serious mental illness.

6.16 Lewisham is estimated to have a total of 1,781 people with Dementia in 2007.

- 55% (952) are estimated to have mild dementia.
- 32% (559) are estimated to have moderate dementia.
- 13% (222) are estimated to have severe dementia.
- 1.2% (48) are estimated to have early onset dementia (early onset are those aged 30+ to 64)

Source: Derived from ‘Dementia UK’ prevalence rates and 2007 GLA populations.

6.17 The table below illustrates projected figures for Lewisham from 2005 to 2021 which show that the older adult population with dementia is predicted to remain stable. Lewisham, unlike the national profile, will see a small decrease in the number of people with dementia up to 2021.

PCT	Estimated number of people with dementia, 2005	Forecast number of people with dementia, 2021	Percentage change 2005 to 2021
Lewisham	1,661	1,657	0%
London total	57,716	65,937	14%

Figure [4]: Forecast numbers of people with dementia in 2021 compared with 2005, for Lewisham PCT[5]

Figure 4: Forecast numbers of people with dementia in 2021 compared with 2005, for Lewisham PCT

6.18 This suggests that the current and future service provision and investment in Lewisham for the dementia client group should be targeted at those with low and moderate dementia. This means that shifting of existing NHS mental health investment away from residential provisions to earlier intervention community provisions may be required to benefit those in need of such services.

6.19 NHS Lewisham hosted a dementia planning event in July 2009 which focused on the need to develop strategies to meet the challenges of the National Dementia Strategy. This event comprised of members of the public, voluntary agencies and the statutory services.

6.20 The conclusion from this event and the feedback was that although there are good quality NHS services for older people in Lewisham there needs to be further modernisation of services to ensure that the wider needs of older people with mental health needs in Lewisham are met. It was also apparent that such modernisation cannot rely on new investment and will need to be funded from existing resources.

6.21 Demand for placements in the continuing care units has continued to decline since 2000. This is due to national policy changes. In addition, there are no longer any admissions from the old mental health institutions following their closure in the 1990s.

6.22 Evidence on decreasing beds in the units since 2002 was presented. This was supported by a joint piece of work between SLaM and NHS commissioners which assessed current residents against national eligibility criteria and found that only 52% (23) of patients have a healthcare need requiring them to be placed in the SLaM specialist units. Low admission rates combined with high empty placements and natural mortality rates could tip the balance and result in the specialist care units operating at unsafe levels.

6.23 Locally, the NHS Continuing Healthcare Home market providing the same category of residential care has expanded due to the London procurement Project. This has a twofold impact of increasing opportunities for the specialist unit to move suitable clients to local care homes once they have stabilised. Additionally, it increases local competition and choice for service users to choose continuing care homes from a variety of providers.

6.24 Finally, demographic needs assessments for the borough suggest that investment for mental health services is required to be invested in earlier intervention services. This would require shifting resources/investment from residential mental health services to community services.

7.0 Proposal

7.1 Based on reasons listed above it is requested that Lewisham Healthier Select Committees agrees a public consultation proposal by South London and Maudsley NHS Foundation Trust to close Inglemere Specialist Care unit specialist continuing care home. If implemented, this would result in access to specialist care placements for Lewisham residents moving to facilities in neighbouring London boroughs (Southwark and Lambeth). If this proposal is agreed, this will have a direct impact on 9 patients in the Inglemere Specialist Care Unit who will need to be found alternative placement if the proposal is accepted.

7.2 Part of the consultation process would involve detailed discussion with the service users' relatives. The proposed changes would only affect a very small numbers of patients.

7.3 Relatives and advocates will be fully involved in these NHS Continuing Healthcare assessments and consulted at every stage of the process. In all aspects of this assessment, where there is a potential change of service for individuals, SLaM will follow NHS best practice guidance on the transfer of frail older patients from long-stay settings. Those residents who lack capacity and/or do not have relatives to support them will be supported by independent mental capacity advocates.

7.4 If the decision is made to close Inglemere Specialist Care Unit, any resident qualifying under home for life principals who is assessed and agreed for alternative placement in a non-NHS home will not be charged for their care. This is because these individuals will continue to qualify under arrangements for home for life principles, because of the length of time they have been living there. In these instances, future care costs will be fully met by the NHS.

7.5 SLaM has significant experience in clinically managing this level of service change for individuals, having managed similar processes from 2000 onwards.

7.6 Transfer of residents will be managed by a specific team of professionals who will assess the needs of residents and take into account factors such as their specific health and social needs and will include discussion with family members where appropriate. They will be supported by the Specialist Care Home Intervention Team who currently works closely with local care providers.

8.0 Financial Issues

8.1 The change in the level of continuing care places funded by Lewisham CCG will release approximately £1.3 million into the commissioning budgets. This will provide an opportunity for Lewisham CCG to fund alternative placement for the patients affected by the proposal and to re-invest the remainder in new services in line with their commissioning intentions.

9.0 Consultation Timetable

9.1 As the SLaM service is a small specialist one, it is suggested that it would be more appropriate to target the public consultation to a narrower stakeholder group. The reason this has been suggested, is that if the proposed closure was presented to a very broad range of people in the borough who are not familiar with specialist

continuing care units, this may create confusion as the units are not standard care homes suitable for the general population of older adults.

9.2 The broad timetable for the public consultation will be as follows (Please see diagram titled 9.8 proposals to close a specialist home).

Process	**Date**
Notify Care Home staff, service users, relatives of proposal for public consultation prior to public publishing of reports by Healthier Communities Select Committee (HCSC)	January 2015
Healthier Communities Select Committee (HCSC) paper for meeting publically published	January 2015
Healthier Communities Select Committee (HCSC) meeting to bring proposal for consideration	January 2015
Feedback from (HCSC) – to incorporate into public consultation before it starts	January 2015
Public Consultation Begins (90 days)	20th January 2015
Formal 1 to 1 meetings with service users, relatives and advocates.	February – March 2015
Adult Joint Strategic Commissioning Group	February/March 2015
Lewisham Clinical Commissioning Group Executive	February 2015
Formal meetings with Staff and Trade Unions – SLaM to conduct	February – March 2015
Ward Councillors consultation	February/March 2015
SLaM Board Consultation	February 2015
End of Public consultation	10th April 2015
Preliminary data analysis of public consultation results	Early April 2015
Feedback to SLaM Board	28th April 2015
Confirm to Healthier Communities Select Committee outcome of formal Consultation	April 2015

10.0 Implications of the Proposal

10.1 If the proposal is agreed and implemented there will be obvious implications for staff. However it is envisaged that minimal redundancies will occur for clinical healthcare staff as there are a number of vacancies within other parts of SLaM.

10.2 There are approximately 24 whole time equivalent staff working in the specialist continuing care unit and if a decision to close this service is made then these posts

will be at risk. However, SLaM anticipates that the majority of staff will be offered suitable alternative employment. The breakdown of grades is provided below:

grade	Whole Time Equivalent (WTE)
7 (acting)	1
6	1
5	6
4	1
3	0
2 HCA	9.82
2 support staff	3.23

10.3 As part of the consultation, staff and their unions will have the opportunity to discuss the proposals. Subject to the outcome of the consultation there will also be a separate staff consultation process to address the employment issues for those affected by the change.

10.4 It is anticipated that there will be continued employment opportunities for the staff affected by this proposal.

10.5 If the decision is made to close the service, the facility will be deemed by SLaM to be surplus to requirement and offered to partner organisations for use. If it is subsequently not required for public sector use it will be placed on the market for sale under current rules on disposal of public assets.

11.0 Conclusion

11.1 SLaM is consulting on a proposal to close the Inglemere Specialist Care Unit and to transfer the activity to alternative provision in Lambeth and Southwark. This proposal is supported by Lewisham CCG.

11.2 The justification for this proposal is the reduced usage of this service which has been a result of changes in service delivery to older people with mental health needs, changes in the eligibility criteria for these placements created by the national continuing care criteria, and commissioning of other care homes by NHS Lewisham and Adult and Social Care Services. The impact of these changes has resulted in underutilization of the SLaM service which has led to resources not being deployed to their best effect. The proposed changes will only affect a very small number of patients. SLaM and Lewisham CCG are very experienced in delivering this type of service change.

12.0 Impact Assessment

Attached.

Appendix 1

Circulation and consultation

Consultative Bodies
Healthier Communities Select Committee
Adult Strategic Partnership Board
Ward Councilors
Health Watch

Statutory Sector Organizations
Lewisham Adult and Social Care Services
NHS Lewisham
University Hospital, Lewisham

Internal Stakeholders
Relatives of current residents

Trades Unions
GMB
Unison
RCN

Voluntary Sector Groups
Alzheimer's Society
Lewisham Age Concern
Mind Care
Lewisham Carers'
Lewisham Pensioners Forum

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South London and Maudsley NHS
NHS Foundation Trust

PART 1: Equality relevance checklist

The following questions can help you to determine whether the policy, function or service development is relevant to equality, discrimination or good relations:

- Does it affect service users, employees or the wider community? Note: relevance depends not just on the number of those affected but on the significance of the impact on them.
- Is it likely to affect people with any of the protected characteristics (see below) differently?
- Is it a major change significantly affecting how functions are delivered?
- Will it have a significant impact on how the organisation operates in terms of equality, discrimination or good relations?
- Does it relate to functions that are important to people with particular protected characteristics or to an area with known inequalities, discrimination or prejudice?
- Does it relate to any of the following 2013-16 equality objectives that SLaM has set?
    1. All SLaM service users have a say in the care they get
    2. SLaM staff treat all service users and carers well and help service users to achieve the goals they set for their recovery
    3. All service users feel safe in SLaM services
    4. Roll-out and embed the Trust's Five Commitments for all staff
    5. Show leadership on equality though our communication and behaviour

Name of the policy or service development: Re-organisation of SLaM-MHOA Specialist Continuing Care provision on the basis of reduced demand

Is the policy or service development relevant to equality, discrimination or good relations for people with protected characteristics below?

Please select yes or no for each protected characteristic below

Age	**Disability**	**Gender re-assignment**	**Pregnancy & Maternity**	**Race**	**Religion and Belief**	**Sex**	**Sexual Orientation**	**Marriage & Civil Partnership** *(Only if considering employment issues)*
Y	Y	N	N	Y	Y	N	N	N

If yes to any, please complete Part 2: Equality Impact Assessment

If not relevant to any please state why:

Date completed: 6TH January 2015
Name of person completing: Helen Kelsall
CAG: MHOA&D
Service / Department:

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

PART 2: Equality Impact Assessment

1. **Name of policy or service development being assessed?** Re-organisation of SLaM-MHOA&D Specialist Care provision in Lewisham on the basis of reduced demand.

2. **Inglemere Specialist care Unit**

3. **Name of lead person responsible for the policy or service development?**

Lead: David Norman, Service Director, Mental Health of Older Adults & Dementia

Others involved: Daniel Harwood, Helen Kelsall.

- Clinical staff working in the Inglemere Specialist Care unit

- Colleagues in Lewisham Commissioning and Continuing Care Panels

- Service users and their representatives including relatives and advocates where appropriate

4. **Describe the policy or service development**

What is its main aim? SLAM and Lewisham CCG are seeking to redesign the current Specialist Care services so that they can meet the current need for the small number of older people with mental health needs who require specialist care because their continuing care needs are so complex that no other providers locally have the capacity to provide this level of care.

This will also entail SLaM to fully implement the NHS Continuing Care Framework 2009 and assess current residents in SLaM units Inglemere Specialist Care Unit and support the discharge of those service users who no longer meet the criteria for these beds because their needs have changed.

The impact of this change will be that NHS Lambeth will not need to commission the current level of continuing care provision that it is and SLaM will therefore wish to re-organise current services accordingly. The net impact of this will be a reduction of continuing care beds provided by SLaM and this will result in savings in staffing and resources being re-invested by Lewisham CCG through its QIPP programme.

What are its objectives and intended outcomes?

1.4 Service Objectives
What are the main changes being made?

- **Reduction in specialist care beds and a no longer any provision of specialist care beds in Lewisham. Beds will be available out of borough.**

- **What is the timetable for its development and implementation? 6 months aiming for closure June 2015.**

5. What evidence have you considered to understand the impact of the policy or service development on people with different protected characteristics?

(Evidence can include demographic, ePJS or PEDIC data, clinical audits, national or local research or surveys, focus groups or consultation with service users, carers, staff or other relevant parties).

- The Lewisham Joint needs assessment has identified that Lewisham has a population of approximately 285 thousand of this population only 8.8. % of patients' is over 65 in comparison with the national figures of 15.9%.
- In Lewisham they consider more women over 65 receive service and higher number of white men in Inglemere specialist care unit we have a higher number of men receiving services but they meet the demographic of white.
- Evidence suggests that SLAM currently provides a greater number of continuing care beds per head of the local population(s) as compared with the national average and including other London boroughs (see main assessment). This is mainly as a result of history with SLaM Continuing Care provision mainly being established as long ago as the 1990s as a result of the closure of Tooting Bec and Cane Hill Hospitals and the need to establish facilities to support a large number of institutionalised older people being discharged from that hospital. Since then the clinical and commissioning processes for access to a continuing care placement have changed radically, most recently through the introduction of the NHS Continuing Framework in 2009, which requires all residents in continuing care facilities to be reviewed using national assessment criteria in order to assess for eligibility under the framework.
- This process has effectively removed the home for life entitlement for residents in these units. Coupled to this, the application of the criteria in the current care pathways from acute mental health services to continuing care placement has resulted in less referral to SLaM provision with higher numbers of patients being correctly referred to care homes in Lambeth and beyond. There is no evidence therefore that demand for SLaM beds will increase.
- We have used data relating to local population, service use and service evaluations from both the Trust and other MH units. This data covers a number of the equality protected grounds, however there are gaps in terms of current data collection (for example in relation to disability) and these are addressed in the action plan which accompanies this EIA.

6. Have you explained, consulted or involved people who might be affected by the policy or service development?

(Please let us know who you have spoken to and what developments or action has come out of this) Staff consultation – staff working within the SLaM units have been made conversant with the NHS Continuing Care Framework and the changes that this will have on future provision. This has involved discussions with individual staff in regular supervision and in groups in wider fora such as team briefings and management team meetings.

- User consultation – when the Decision Support Tool and Health Need Assessment processes take place, those service users who have capacity and their relatives have the process explained to them and are expected to participate and contribute in the reviews.

- Carers consultation – As above. The SLaM units have carers groups and any changes to the way these units operate are discussed in these meetings.

-We also intend to carry out a public consultation and Staff consultation as part of this process.

7. Does the evidence you have considered suggest that the policy or service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics?

(Please select yes or no for each relevant protected characteristic below)

Age	**Positive impact: Yes**	**Negative impact:**

Please summarise potential impacts: The service provides specialist support for people aged 65 and over. A breakdown of the current age range of service users in the SLaM MHOA facilities is given below:

Ages of patients' at Inglemere SCU	GENDER
68	Male
71	male
74	male
78	female
79	male
82	male
86	female
97	male
100	female

Disability	**Positive impact:**	**Negative impact:**

Please summarise potential impacts:

We are aware that most service users accessing our services have long term mental health conditions and therefore meet the definition of disability. In addition this group presents a high risk of vulnerability and therefore effective Safeguarding arrangements are paramount. We believe that the number of service users with additional identified disabilities is higher than recorded as the disability will be detailed in the case notes narrative.

In relation to mobility, all the services whether managed directly by SLAM MHOA or commissioned by the NHS and Local Authority are required to be registered by the CQC and must therefore meet current requirements in respect of disabled access and facilities, in particular bathroom and WC facilities. Therefore it is the norm for these services to be able to provide necessary adjustments to enable facilities to be accessible for service users.

The majority of service users impacted by this change will suffer from a primary diagnosis of dementia, which is a progressive condition that affects the memory functions in the brain leading to confusion, disorientation, loss of personality and sometimes aggressive and dis-inhibited behaviour.

Diagnosis

All patients' at Inglemere have a diagnosis of dementia one has a secondary diagnosis of depression.

All patients' and their carers' have access to independent mental capacity advocates.

Gender re-assignment	**Positive impact:**	**Negative impact:** NO

Please summarise potential impacts: We have no patients' who have undergone gender reassignment and we have no data from Lewisham borough.

Race	**Positive impact:**	**Negative impact:**

Please summarise potential impacts:

Our ethnicity mix is aligned to the Lewisham needs assessment of higher percentage of patients' being white .

Ethnicity Break down of patients' at Inglemere

Asian Other -0

Black African-0

Black Caribbean - 1

Other Ethnic Groups-0

Pakistani/British Pakistani-0

White British - 6

White Irish-0

White Other - 1

Pregnancy & Maternity	**Positive impact:**	**Negative impact:**

Please summarise potential impacts: Not applicable

Religion and Belief	**Positive impact:**	**Negative impact:**

Please summarise potential impacts:

All services outlined above will focus on developing care plans for individual service users and these will record religious preference and where a service user or their family expects to be supported in religious observance, this will be accommodated in the care plan with an expectation that care staff will support this. We would not expect any patient move to have a negative impact for a patient wishing to meet their spiritual needs.

Sex	Positive impact:	Negative impact:
Please summarise potential impacts: We have higher proportion of men to women. This is not in line with the joint needs assessment that t women represent a higher percentage of receiving services in Lewisham. No group would be disadvantaged by closure as alternative options for care can be offered to both men and women the distance to Lewisham would be dependent on the individuals different mental health needs. As ongoing nhs specialist care services are out of borough		
Sexual Orientation	**Positive impact:**	**Negative impact:**
Please summarise potential impacts: We record sexual orientation at patient agreement. No patient at Inglemere has identified as Gay lesbian or transgender. No impact		
Marriage & Civil Partnership *(Only if considering employment issues)*	**Positive impact:** Yes or No	**Negative impact:** Yes or No
Please summarise potential impacts: N/a		
Other (e.g. Carers)	**Positive impact:** Yes	**Negative impact:** No
Please summarise potential impacts: Impact for carers is they may be required to travel greater distances to visit their relatives. This will be mitigated by involvement in choosing suitable alternative care homes.		

8. Are there changes or practical measures that you can take to mitigate negative impacts or maximise positive impacts you have identified?

YES: *Please detail actions in PART 3: EIA Action Plan*

9. What process has been established to review the effects of the policy or service development on equality, discrimination and good relations once it is implemented?

(*This may should include agreeing a review date and process as well as identifying the evidence sources that can allow you to understand the impacts after implementation)*

All patients' will be followed up by slam services for review of placement and suitability via care home support team.

Date completed: January 2015
Name of person completing:
CAG: MHOA-D
Service / Department: Inglemere speciliast care unit

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

PART 3: Equality Impact Assessment Action plan

Potential impact	Proposed actions	Responsible/ lead person	Timescale	Progress
Carers needing to travel greater distances to see their relatives/ next of /kin /significant other	*Identify clear transport options for individuals who may be affected.* *Full carers assessments for all relevant parties* *Ensure all benefits and allowances are offered to meet this need.*	Helen Kelsall	ongoing	

Date completed: January 2015
Name of person completing:
CAG:
Service / Department:

Please send an electronic copy of your completed action plan to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

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Healthier Communities Select Committee		
Report	Lewisham Clinical Commissioning Group report on primary care	
Authors	Dr Marc Rowland, Chair, Lewisham Clinical Commissioning Group (LCCG); Dr Jackie McLeod, Clinical Director, Primary Care Lead, LCCG; Martin Wilkinson, Chief Officer, LCCG	Item 5
Class	Part 1 (open)	14 January 2015

1. Purpose

The purpose of the brief paper is to provide the committee with an overview of developments taking place both nationally and locally with regard to primary care. The paper focuses specifically on Lewisham Clinical Commissioning Groups (LCCG) Primary Care Development Strategy and progress made towards implementation. Nationally there are two developments that will have an impact on how local primary care services (GP practice services) are commissioned, delivered and more so how the quality of services will be improved to meet the needs of the local population; (i) Primary Care Co-commissioning; and (ii) Strategic Commissioning Framework for Primary Care Transformation in London.

2. Recommendations

2.1 Members of the Healthier Communities Select Committee are recommended to;

2.1.1 Note LCCGs progress on delivering its Primary Care Development Strategy and the associated Better Care Fund programme;

2.1.2 Note LCCGs intention to submit an expression of interest for 'joint commissioning arrangements' with NHS England for general practice services under new proposed co-commissioning developments for 2015/16 – subject to its Governing Body approval on 8th January 2015. That a trajectory for the implementation of 'delegated commissioning arrangements' from April 2016 will be developed subject to a further decision at a later stage.

2.1.3 Comment on the Strategic Commissioning Framework for Primary Care Transformation in London.

3. Lewisham Clinical Commissioning Group Primary Care Development Strategy

3.1 Lewisham Clinical Commissioning Group (LCCG) shared its Commissioning Intentions for 2014/15 and 2015/16 with the committee in February 2014. LCCG states in its commissioning intentions that it will;

- *Support GP practices to ensure high quality of care for all by levelling up standards and reducing variation between practices.*
- *Work with local providers to ensure optimisation of planned care services by commissioning effectively.*

3.2 LCCG Primary Care Development Strategy details how the CCG plans to meet its statutory responsibilities in supporting and driving improvement in the quality of primary care services. The CCG is responsible for improving the quality of local GP services, working closely with NHS England. However, GP services are currently commissioned and contracted by NHS England.

3.3 LCCG, unlike its predecessor organisation the PCT, has an unique working relationship with local GPs, as it is also a membership organisation of all GP

practices in Lewisham, which creates new opportunities to gain the added value from clinical lead commissioning.

3.4 Primary care delivery tends to be centred on general practice as 90% of activity takes place in this setting, supported by practice nurses, community services and health visitors. It is widely recognised in London that general practice is under significant and growing pressure due to population growth, widening health inequalities and patients with increasingly complex needs.

3.5 Lewisham population size is estimated to be 284,325. Lewisham has a young population with 25.4% of the population being under the age of twenty. The Lewisham population is projected to grow across all age groups over the next five years. For this period the largest percentage growth rate is in the 20-64 year old age group.

3.6 There are 41 GP practices in Lewisham providing primary care services out of 44 surgeries (sites) and are arranged in four neighbourhood groups (See Appendix 1). This pragmatic geographical grouping has been in place in Lewisham for more than four years and has enabled the development of relationships between practices resulting in agreeing collective goals and improvements. More recently these neighbourhoods are now aligned to local authority services, notably social care – specifically the neighbourhood community teams.

3.7 LCCGs vision for primary care is to ensure the systematic development of primary an community care to produce; (a) a network of advice, support, education physical/mental health and social care hubs embedded in activated communities; and (b) work together to maximise health and well-being of the population, with access to specialist and diagnostic services when needed.

3.8 The LCCG Primary Care Development Strategy centres on four key high impact changes for Primary Care, in summary;

1. Proactive Care	*Work to ensure that 'every contact counts', seeing each contact with a patient as an opportunity to address preventative health needs, to provide brief interventions or to sign post the patient to other services within network.*
2. Accessible Care	*Support people to access care appropriately by working to simplify access points so that people can easily navigate the system and care in a timely way.*
3. Co-ordinated Care	*Identify people that will benefit from co-ordinated care and a care plan.*
4. Continuity of Care	*On identifying patients care plans will be co-designed with patients and carers. Ensuring that patients have a named skilled professional accountable for their care.*

3.9 The strategy looks to the existence of Integrated Health and Social neighbourhood community teams wrapped around a registered list held by GP practices.

3.10 Lewisham Healthwatch kindly supported LCCG with a public engagement event held on 25th September 2014 on primary care, which has informed the CCGs Primary Care Development Strategy.

4. Improving the quality and patient experience of Primary Care

4.1 *Benchmarking Primary Care*
As a part of the LCCGs responsibility for improving the quality of primary care services (specifically GP practice services) national benchmarking data (GP National Patient Survey) is reviewed on a monthly basis by the CCG in addition to gaining 'soft intelligence' from Lewisham Healthwatch on patient views.

4.2 The national GP patient survey provides information to patients, GP practices and Commissioning organisations on a range of aspects of patients' experience of their GP services and other local primary care services. The survey provides information on patients' overall experience of primary care services and their overall experience of accessing these services. The results of the survey are publically available and published on a quarterly basis. The next survey results will be released in January 2015.

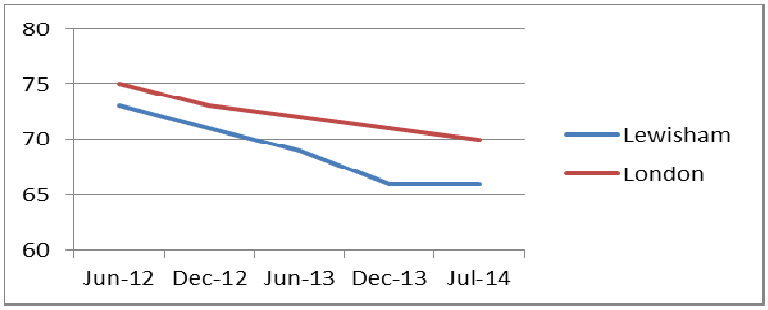
4.3 The total number of respondents to the July 2014 patient survey for Lewisham was 4383. In Lewisham, the GP patient survey for July 2014 evidenced that Lewisham General Practices are performing 'better' than the London average in the majority of indicators;

- Helpfulness of receptionists at GP surgeries
- Satisfaction with time spent with GP
- Feeling listened to by GP
- Confidence in GP
- Patient's feel supported with their long-term condition
- Satisfaction with opening hours
- Having a very good or good overall experience of the GP experience

4.4 Indicators whereby Lewisham General Practices performed 'below' the London average in July 2014 were;

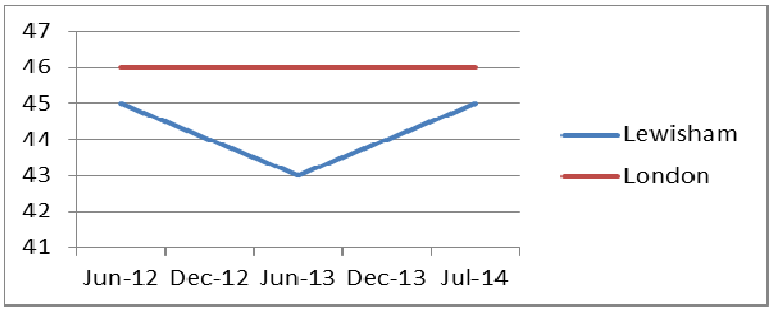
- **Ease of getting through to someone at the GP surgery on the telephone:** Chart 1 below depicts Lewisham GP practices performance of 66% against the London average at 70% at July 2014. However, as the chart depicts there is a downward trend in Lewisham and on average in London. More so 84% (3781 – Lewisham Respondents) of people who answered this question stated that they normally contract their GP practice using the phone;

Chart 1: GP Survey July 2014 – Lewisham – Ease of getting through on the phone (percentage)



- **Patients knowing how to contact out of hours:** Chart 2 overleaf depicts Lewisham GP practices performance of 45% against the London average 46% at July 2014, however it is important note that patients knowledge of out of hours service has increased when compared figures for 2014 are compared to 2013;

Chart 2: GP Survey July 2014 – Lewisham – Patients knowing how to contact out of hours



4.5 LCCG has commenced a programme to support practices in improving access. The initial focus of this work will be 'patients getting through to the practice on the telephone'. Areas that are being investigated include the role of technology in supporting improved patient access (e.g. intelligent phone systems, on-line booking). In addition, the CCG are reviewing the outcomes of the Primary Care Foundation programme commissioned by the CCG to support GP practices in improving access by addressing improving operational systems and processes as well as sharing best practice.

4.6 LCCG will be launching a targeted public communication programme focussed on raising awareness of GP out of hours services (provided by South East London Doctors – SELDOC), which is planned for the next edition of the Lewisham Life free local magazine, due for publication in early 2015. This follows on from the 'A&E won't kiss it better' campaign where greater emphasis was placed on messages around accessing GP out of hours services. This emphasis was largely gleaned from intelligence provided by the Lewisham Healthwatch Patient Reference Group in September 2014, where local people were unaware of how to access GP out of hours services.

4.7 *Care Quality Commission (CQC)*
As part of the Care Quality Commission operating framework Intelligent Monitoring reports are developed on all providers. The GP Intelligent Monitoring Reports (first published 18th November 2014 and re-published on 5th December 2014) are based on 37 indictors, which builds CQC intelligence to derive the risk and then enable the CQC to make decision about when, where and what to inspect. Band 6 is low (lower risk) and Band 1 is high (higher risk).

4.8 The GP intelligent monitoring looks at a range of indicators to create priority bands for inspection including QoF, GP patient survey, HES and NHS Comparators.This information is used to ask questions about the quality of care offered by NHS GP practices, but are never used on their own to make final judgments. This is because there are various factors that require consideration when interpreting the intelligent monitoring banding a GP practice may currently be in.

4.9 Lewisham GP practices fared well in reports, with only 3 practices falling into band 1 and the majority of GP practices being in the upper bands 4-6. LCCG will be working with NHS England Primary Care Contracting teams to support those practices.

4.10 *Lewisham Neighbourhood Primary Care Improvement Scheme (LNPCIS)*
To support delivery of the Primary Care Development Strategy, LCCG launched its Lewisham Neighbourhood Primary Care Improvement Scheme (LNPCIS) in September 2014, which is a direct invest of 3/4 million pounds to GP practices. Building on previous schemes designed and managed by LCCG, the LNPCIS has

been structured to support a reduction in emergency admissions with a specific focus on long term conditions.

4.11 The aim of the scheme is to support GP practices to;

- Increase self-management for people with long term conditions and improve outcomes
- Enable a positive impact on access to primary care services
- Build on collaborative working within neighbourhoods in Lewisham
- Reduce variation between practices

4.12 The scheme supports GP practices in 'neighbourhoods' to work together to improve the quality and reduce variation in the delivery of services and care to patients with diabetes, COPD, hypertension and cancer (improving early detection). There is also a focus on driving up seasonal flu and pneumococcal vaccination coverage rates across neighbourhoods. Early figures for 2014/15 in Lewisham indicates that the number of vaccinations for flu has increased in comparison to the same period in 2013/14 for; (i) those who are 65 years (+1.4%) and over; (ii) those under 65 years and at risk (+1.9%); and (iii) pregnant women (+8.9%). This element of the scheme will continue until 31st March 2015.

4.13 The CCG will be reviewing the outcomes of the scheme in January 2015 with the intention of extending the scheme into 2015/16.

4.14 *Referral Support Service (RSS)*

LCCG implemented a 2 year Referrals Support Service pilot for Lewisham in July 2014. The RSS is used to; support appropriate referrals from GP practices to secondary care (specialist outpatient services), develop a body of expertise and guidance about local services, improve the quality of referrals and provide evidence to inform commissioning needs. An effective referrals support service ensures a close relationship between all levels of the health system and helps to ensure that people receive the best possible care closet to home. It also supports with increasing capacity and reducing pressures on GP practices.

4.15 As a direct result of the implementation of RSS - during the first 5 months of the pilot Choose & Book usage amongst Lewisham GP practices increased from 7% (one of the lowest rates in the country) to over 25%. Choose & Book supports a better patient experience due to greater certainty of appointment, and a better experience throughout the NHS. Choose & Book enables patients at the point of consultation with their GP to; (i) choose any hospital in England funded by the NHS (this includes NHS hospitals and some independent hospitals) for their care; (ii) choose the date and time of their appointment that is convenient for them; (iii) experience greater convenience and certainty; and (iii) there is a reduced risk that correspondence gets lost in the post as most of the communication is done via computers.

4.16 *Primary Care and Mental Health Update*

4.17 *Dementia*

LCCG are currently working with Primary Care, South London and Maudsley (SLaM), Lewisham & Greenwich Health Trust and the Voluntary sector to improve dementia care in the borough for our residents and patients.

4.18 A local Dementia Action plan has been developed by our Joint Commissioning Team comprised of CCG and Local Authority staff outlining a series of projects to improve the dementia diagnosis rates within primary care, ensure our memory clinic has enough resources to support an increase in diagnosed patients, an increase in

local awareness of Dementia through the provision of training for frontline public sector staff as Dementia Friends and development of a local Dementia Action Alliance comprised of local businesses and the Public Sector to improve the lived environment for local residents and patients that have been diagnosed with Dementia.

4.19 The initial stages of the plan are to support our local GPs to increase the rate of diagnosis within our estimated population of individuals that potentially have Dementia from 52.6% (November 2014) to 58.1% by March 2015. The increase in screening is intended to support an earlier identification of Dementia to ensure that the right support is made available to Dementia sufferers that will lead to an improved quality of life.

4.20 The second stage of the plan will be to ensure that waiting times for the Memory Clinic are reduced to no more than 12 weeks from screening to assessment to ensure timely access to appropriate support. By the end of the current financial year we expect to have achieved our local proposed target of 58.1% diagnosis rate, have no waiting times longer than 12 weeks from screening to assessment and have launched our Dementia Action Alliance and have offered Dementia Friends training to all CCG and Local Authority Social Care staff.

4.21 *Improving Access to Psychological Therapies (IAPT)*
Improving Access to Psychological Therapies service (IAPT) is currently working to achieve locally agreed targets for the service over the course of the current financial year. These targets were developed at a national level and for recovery rates, waiting times and access rates. Locally the Lewisham Clinical Commissioning Group has agreed with the provider SLaM that the service will achieve a sustained level of recovery of 40% for all those who complete treatment. The IAPT service at the end of Q2 of this financial year was achieving a 43% recovery rate which is in line with the average London IAPT recovery rate. The Joint Commissioning Team are also monitoring the average waiting times for patients seeking treatment, the average time as of November 2014 currently stands at 34 days from the point at which a patient decides to access the service to the point when they are seen.

4.22 It has been agreed with the IAPT service that by the end of the current financial year the service will have access rates that reflect 15% of all of the people in need within the borough (This target is also set at a national level). Currently the service is under target in this area however the service has planned to increase access via specialist group work interventions, this approach has been successful in other boroughs and is considered to be an effective method of achieving the 15% (of those individuals in need) by the end of the current financial year.

4.23 *Patients Transferring to Primary Care*
The new Adult Mental Health Model redesign process has reorganised the three locality based teams into the new primary care four neighbourhood structure. In addition to the re-location of some staff under this new model a number of local clients will also transfer to new teams or be discharged to primary care if they have a lower level of need.

4.24 The process of discharge primarily for clients within the psychosis pathway that have complex needs or have been long standing clients will be managed by the newly created Low Intensity Treatment Team (LiTT). The LiTT will facilitate the seamless transition of clients that require some additional support from Community Mental Health Teams (CMT) to Primary Care.

4.25 The service currently has 90 people transferred to it from the CMHTs and it is anticipated that people will stay within the service between 9-18 months. The team is currently deferring new referrals to enable the development of effective engagement and support of the first 90 clients. The team will take on next cohort of clients from January 2015 and it is expected to reach the full cohort of 200 by spring 2015. The transition of clients to Primary care is expected to begin in June 2015 at a rate of 15 per month and this process will be jointly managed with GP practices via the support planning process.

4.26 *Sexual Health Services in Primary Care*
The NHS England GP contract includes the provision of some standard sexual health services including basic contraception services (e.g. contraception pill, injectable contraception), HIV testing and cervical smear taking. In addition, Lewisham Council commission GP practices to provide additional sexual health services under a Public Health Enhanced Service (PHES). These services attract additional payments for practices. The two main sexual health services delivered under the PHES are; (i) Long Acting Reversible Contraception (LARC); and (ii) chlamydia and gonorrhoea screening.

4.27 Insertion and removal of coils and contraceptive implants is commissioned through the LARC PHES. These are contraception methods which last from 3-5 years. Twenty practices are commissioned to provide this service. Additional qualifications and training are required in order to fit these types of contraception.

4.28 Thirty four GP practices provide chlamydia and gonorrhoea screening to their registered patients aged 15-24 years as part of the national chlamydia screening programme. This additional payment will be withdrawn from 2015/16 since this is now embedded in practice.

4.29 Public health also supplies condoms, pregnancy tests and “instant” HIV tests to practices. A training programme on sexual health and HIV is run across Lambeth, Southwark and Lewisham and supports the commissioned provision.

4.30 As part of the sexual health strategy the primary care provision of sexual health services is being reviewed, and it is likely that there will be a move to a neighbourhood model of provision with better links to pharmacies.

4.31 *Lewisham Integrated Medical Optimisation Service (LIMOS)*
The Lewisham Integrated Medical Optimisation Service otherwise known as ‘LIMOS’ was nominated for Health Service Journal Managing Long-term Conditions award in 2014. This piece of work has been developed and delivered in collaboration with LCCGs Medicines Management team and London Borough of Lewisham and Lewisham and Greenwich NHS Trust. It supports patients with long term conditions to manage their own medicines to enable them to stay in their own home for as long as possible. The service has prevented over 60 A&E attendances in the last 6 months, and stopped almost 100 unnecessary medicines as well as shown a reduction in the need for social services support for medicines administration. LIMOS was shortlisted as one of 11 finalists from over 200 applications.

5. Primary Care (GP Practices) Co-commissioning

5.1 In May 2014 NHS England invited expressions of interest (EoI) from CCGs to explore co-commissioning arrangements. Following discussions with the six (Bexley, Bromley, Greenwich, Lambeth and Lewisham), CCGs in SEL and the LMC, an expression of interest was submitted by the six Governing Bodies in June 2014 committing to further exploration in particular with the CCG membership.

5.2 The stated overall aim co-commissioning is to develop better integrated out-of-hospital services based around the diverse needs of local populations.

5.3 Co-commissioning is one of a series of changes set out in the *NHS Five Year Forward View* and articulates the need to address traditional barriers in the how care is provided. It calls for out-of hospital-care to become a much larger part of what the NHS does, and for services to be better integrated around the patient. Co-commissioning is a key driver by enabling commissioning budgets and plans to be aligned or more formally delegated depending of the level of co-commissioning and therefore provides greater opportunity to deliver population wide commissioning beyond those services currently commissioned by the CCG.

5.4 The CCG commenced engagement with its membership in November and December to ascertain the level of support for co-commissioning arrangements in addition to understanding some of the complexities and practicalities.

5.5 In November 2014, NHS England produced additional guidance on Co-commissioning and next steps. Consequently, across the SEL there have been collective workshops where CCGs have discussed the practical tasks and decisions required to support assurances required by NHS England. Additional workshops for SEL are planned for February 2015.

5.6 CCGs are required to submit EoI and provide assurances to NHS England on 30th January 2015 for *'joint commissioning arrangements'* with NHS England.

5.7 Three standard models the co-commissioning of primary care have been offered to CCGs by NHS England;

Greater involvement in primary care decision-making	Joint commissioning arrangements	Delegated commissioning arrangements

5.8 *Model 1 – Greater Involvement in Primary Care Decision-Making*
Under this model CCGs would be enabled to collaborate more closely with their area teams to ensure the strategic alignment across of decisions across the local health economy. Both parties will also need to engage with local authorities, local HWB and communities in primary care decision making.

5.9 *Model 2 – Joint Commissioning Arrangements*
This model enables one or more CCGs to assume responsibility for jointly commissioning primary medical services with their area team via a joint committee arrangement. This model is designed to give CCGs and area teams an opportunity to more effectively plan and improve the provision of out-of-hospital services and would enable pooling of funding for investment in primary care.

5.10 The functions covered in this option include;

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breech/remedial notices and removing a contract);
- Newly designed enhanced services;
- Design of local incentives schemes as an alternative to QOF;
- The ability to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payments (e.g. returner/retainer schemes).

5.11 In joint commissioning arrangements individual CCGs and NHS England always remain accountable for meeting their own statutory duties with regard to Primary Care Commissioning.

5.12 It is for both parties to agree the full membership of their joint committees, however the guidance states that in the interests of transparency and the mitigation of conflicts of interest a local Healthwatch representative and a local authority representative of the HWB will have the right to join the joint committee as non-voting attendees.

5.13 *Model 3 – Delegated Commissioning Functions*
This model offers CCGs the opportunity to assume full responsibility for commissioning general practice services, whilst NHSE will legally retain liability for the performance of primary medical care commissioning. To that end NHSE will require robust assurance that their functions will be effectively carried out. Similar to model 2 above the functions to be included are;

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breech/remedial notices and removing a contract);
- Newly designed enhanced services;
- Design of local incentives schemes as an alternative to QOF;
- The ability to establish new GP practices in an area;
- Approving practice mergers; and
- Making decision on 'discretionary' payments (e.g. returner/retainer schemes).

5.14 With regard to the governance of this model it is recommended that CCGs establish a primary care commissioning committee. CCGs will be required to ensure that the committee is chaired by a lay member and have a lay and executive majority.

5.15 The committee is asked to note that following extensive engagement with the CCG membership (GP practices) Lewisham CCG will be recommending to its Governing Body on 8th January 2015 that an EoI is submitted to NHS England for *'joint commissioning arrangements'* of general practice services for 2015/16 with a trajectory *for 'delegated arrangements'* in 2016/17.

6. Strategic Commissioning Framework for Primary Care Transformation in London

6.1 The Strategic Commissioning Framework for Primary Care Transformation in London was published at the end of November 2014. The framework builds on work already undertaken and aims to support further development of local plans and to complement and enhance other service requirements and standards such as those published by the Care Quality Commission (CQC). At the core of the Framework is a specification for general practice that sets out the new patient offer. The specification is arranged around the three aspects of care that matter most to patients;

1. ***Proactive care:*** Better access primary care professionals, at a time and through a method that's convenient and with a professional of choice.
2. ***Accessible care:*** Greater continuity of care between NHS and other health services, named clinicians, and more time with patients who need it.
3. ***Co-ordinated care:*** More health prevention by working in partnerships to reduce morbidity, premature mortality, health inequalities, and the future burden of disease in the capital. Treating the causes, not just the symptoms.

6.2 These three care areas are supported in LCCGs Primary Care Development Strategy (Section 3.8) and Better Care Fund as well demonstrating synergies with the South East London Strategy.

6.3 In line with the CCGs statutory responsibilities an engagement programme on the Framework was launched for CCGs members on 10th December 2014. On the 12th December 2014 full details and a summary of the Framework was distributed to all members. In addition, a questionnaire requesting members views on the framework.

6.4 A Roadshow on the Framework for all four neighbourhoods will commence in January 2015. It is the CCGs intention to collate member's responses and submit to the London Board prior to the re-refresh of the Framework, which is due for re-release in April 2015.

6.5 Wider engagement with key local stakeholders includes Healthier Communities Select Committee and Health & Well Being Board as a part of discussions on Primary Care Developments. In addition, the CCG will be submitting a briefing paper to the Lewisham Medical Committee Liaison Meeting on 21st January 2015.

6.6 A summary of the Framework can be found at Appendix 2.

6.7 Therefore, the committee is asked to consider the following questions in relation to the Framework; (i) Confirm that the *Framework* covers the correct areas; (ii) Are there other areas that should be considered in the *Framework* that currently aren't?; and (iii) How could the *Framework* be strengthened?

7. Financial Implications

There are no specific financial implications arising from this report.

8. Legal Implications

There are no specific legal implications arising from this report.

9. Crime and Disorder Implications

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

10. Equalities Implications

There are no specific equalities implications arising from this report, however addressing health inequalities is a key element of the Lewisham Clinical Commissioning Group and Lewisham Borough Council's 'joint' Commissioning Intentions for Integrated Care in Lewisham 2015 to 2017.

11. Environmental Implications

There are no specific environmental implications arising from this report.

Background Documents

Lewisham CCG Primary Care Development Strategy
Link: http://www.lewishamccg.nhs.uk/about-us/Who-we-are/Pages/governing-body-papers.aspx

Care Quality Commission (CQC)
GP Intelligent Monitoring Reports
Link: http://www.cqc.org.uk/download/a-to-z/gp-imonitoring-november-2014

Everyone Counts: Planning for Patients 2013/14
Outlines the incentives and levers that will be used to improve services from April 2013, the first year of the new NHS, where improvement is driven by clinical commissioners.

Link: http://www.england.nhs.uk/everyonecounts/

NHS Five Year Forward View
The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery.
Link: http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Contacts

Diana Braithwaite, Commissioning Director, Lewisham CCG; Email: diana.braithwaite@nhs.net
Kenny Gregory, Joint Commissioning Lead – Adult Mental Health, London Borough Lewisham Council and Lewisham CCG; Email: kennethgregory@nhs.net
Ruth Hutt, Public Health, London Borough of Lewisham; Email: ruth.hutt@nhs.net
Mike Salter, Medicines Management, Lewisham CCG; Email: msalter@nhs.net

Appendix 1: GP Practices in Lewisham - Neighbourhoods

North Lewisham Practices

1 Mornington
2 Queens Road
3 Kingfisher MC
4 Clifton Rise
5 New Cross Health Centre
6 Grove Medical Centre
7 Vesta Road
8 Amersham Vale Training Practice
9 Deptford Surgery
10 Dr Batra Surgery
11 Deptford Medical Centre

Central Lewisham Practices

12 Belmont Hill
13 Lewisham Medical Centre
14 Burnt Ash Surgery
15 Morden Hill
16 St Johns Medical Centre
17 Lee Road
18 Brockley Road
19 Hilly Fields Medical Centre
20 Honor Oak
21 Triangle
22 Rushey Green
23 Woodlands Health Centre
24 Nightingale
25 Hurley Group Practice

South East Lewisham Practices

26 South Lewisham
27 Torridon Road
28 Baring Road
29 ICO Moorside Clinic
30 Downham Family Practice
31 Winlaton
32 ICO Chinbrook
33 Parkview
34 ICO Marvels Lane Health Centre
35 Muirkirk Road
36 ICO Boundfield Road Medical Centre
37 Oakview

South West Lewisham Practices

38 Jenner
39 Sydenham Green
40 Woolstone Medical Centre
41 Sydenham Surgery
42 Wells Park
43 Bellingham Green
44 Vale Medical Centre

Appendix 2: Summary – Strategic Commissioning Framework for Primary Care Transformation (MS PowerPoint)

Glossary of Terms

APMS: Alternative Provider Medical Services
C&B: Choose & Book
COPD: Chronic Obstructive Pulmonary Disease
CQC: Care Quality Commission
GMS: General Medical Services
IAPT: Improving Access to Psychological
PMS: Personal Medical Services
RSS: Referral Support Service
QOF: Quality Outcomes Framework

NHS
Lewisham
Clinical Commissioning Group

Strategic Commissioning Framework for Primary Care Transformation in London

Lewisham CCG – Stakeholder Engagement

January 2015

Briefing V3.0

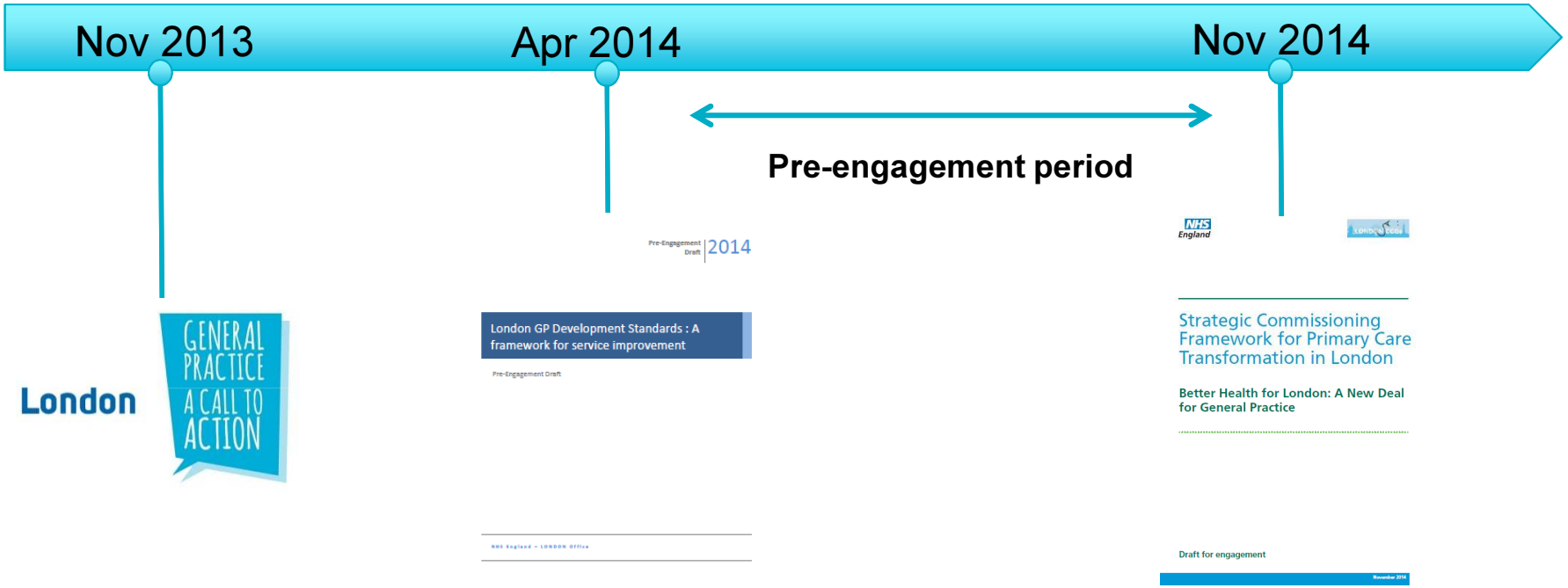
There is significant focus on the need for change in Primary Care

Both the Five Year Forward View and the London Health Commission report set out several objectives for Primary Care:

- **Stabilise core funding for general practice and review how resources are fairly made available**
- **Give CCGs more influence over the NHS budget – investment: acute to primary & community**
- **Provide new funding through schemes such as the Challenge fund – innovation, access**
- **Expand as fast as possible the number of GPs, community nurses and other staff.**
- **Design new incentives to tackle health inequalities**.
- **Expand funding to upgrade primary care infrastructure and scope of services**
- **Help the public deal with minor ailments without GP or A&E**
- **Potential new care models** such as Multispecialty Community Providers (MCPs) and Primary & Acute Care Systems (PACS)

- **Increase the proportion of NHS spending on primary and community services**
- **Invest £1billion in developing GP premises**
- **Set ambitious service and quality standards for general practice**
- **Promote and support general practices to work in networks**
- **Allow patients to access services from other practices in the same network**
- **Allow existing or new providers to set up services in areas of persistent poor provision**

London has also been working on how some of the challenges faced by general practice could be mitigated



The ***Call to Action*** outlined some of the challenges of General Practice in London..

In April a draft publication was released, which outlined **a new patient offer.**

Since then there has been **considerable engagement** to **further strengthen this offer**, and understand the necessary **considerations for delivering it.**

The Strategic Commissioning Framework

The result is a draft *Strategic Commissioning Framework*, aiming to support transforming primary care in the capital

- A new vision for General Practice
- A new Patient offer described in a general practice specification
- A description of considerations for making it happen

A new vision for General Practice in London

Patients and clinicians alike have told us about the importance of three areas of care. This forms the basis of the new patient offer (also called the specification)

Accessible Care

Better access primary care professionals, at a time and through a method that's convenient and with a professional of choice.

Coordinated Care

Greater continuity of care between NHS and other health services, named clinicians, and more time with patients who need it.

Proactive Care

More health prevention by working in partnerships to reduce morbidity, premature mortality, health inequalities, and the future burden of disease in the capital. Treating the causes, not just the symptoms.

What is the… Accessible Care Specification for the Service Offer

The Accessible care specifications for service offer describes changes to enable patients to feel confident that they **can access general practice in a way which meets their needs**

The expert panel that developed these was chaired by **Dr Tom Coffey,** a GP Partner at Brocklebank Group and Chair of NHS Wandsworth CCG.

Patient choice	Patients are given a choice of access options and can decide on the consultation most appropriate to their needs
Contacting the practice	Patients can make appointments with only one click, call or contact and can access more services online
Continuity of care	Patients have a named GP who is accountable for their care and can book appointments up to 4 weeks ahead. Practices provide flexible appointment lengths as appropriate
Routine opening hours	Patients can access pre-bookable routine appointments 8 am – 6.30 pm Monday to Friday and 8 am – 12 pm on Saturdays
Same day access for urgent conditions	Patients with urgent conditions can access a consultation on the same day within routine surgery hours
Emergency care	Practices have systems to ensure patients receive appropriate care and in appropriate time in the case of emergencies
Extended opening hours	Patients can access primary care 8am – 8pm every day in their local area for immediate, urgent and unscheduled care

..But what does this mean for patients?

"I will be able to book ahead with my GP, at least four weeks ahead"

"I will only have to make one call or click in order to make an appointment"

Patient

"I will be able to have consultations via telephone, email or skype"

What is the… Coordinated Care Specification for the Service Offer

The Coordinated Care specifications for service are about outlining a way that clinicians, patients, and others come together to better **help patients achieve their desired health outcomes**

The expert panel that developed these was chaired by **Dr Rebecca Rosen,** a senior fellow in Health Policy at the Nuffield Trust and a General Practitioner in Greenwich

Case finding and review	Practices identify patients who would benefit from coordinated care and proactively review them on a continuous basis
Care planning	Patients identified for coordinated care have a care plan
Patients supported to manage their health and well-being	Practices create an environment in which patients have the tools, motivation and confidence to take responsibility for their health and wellbeing
Named clinician	Patients needing coordinated care have a named GP/lead clinician and team from which they routinely receive their care
Multi-disciplinary working	Patients needing coordinated care receive multidisciplinary reviews

..But what does this mean for patients?

"I will be supported to manage my own health with greater confidence, knowledge and responsibility"

Patient

"My care will be coordinated, rather than fragmented and transitions between services will be seamless"

What is the… Proactive Care Specification for the Service Offer

The Proactive Care standards aim to outline how general practice can better support patients in **staying well**

The expert panel that developed these was chaired by **Dr Nav Chana**, a GP and senior partner at the Cricket Green Medical Practice, Mitcham

Proposed standards	Description
Co-design	Primary care works with patients, their families and communities to co-design approaches to improving health and wellbeing
Developing assets and resources for improving health and wellbeing	Primary care works with others to develop assets and resources that will empower people to remain healthy and connected with their community
Personal conversations focused on individuals' health goals	Patients are routinely asked about wellbeing and their capacity and goals for improving their health
Health and wellbeing liaison and information	Patients have access to wellbeing liaison and information helping them to achieve health and wellbeing
Patients not currently accessing primary medical care	Primary care reaches out to people who have difficulty accessing services or would benefit from greater access. Practices have a plan for unregistered people

..But what does this mean for patients?

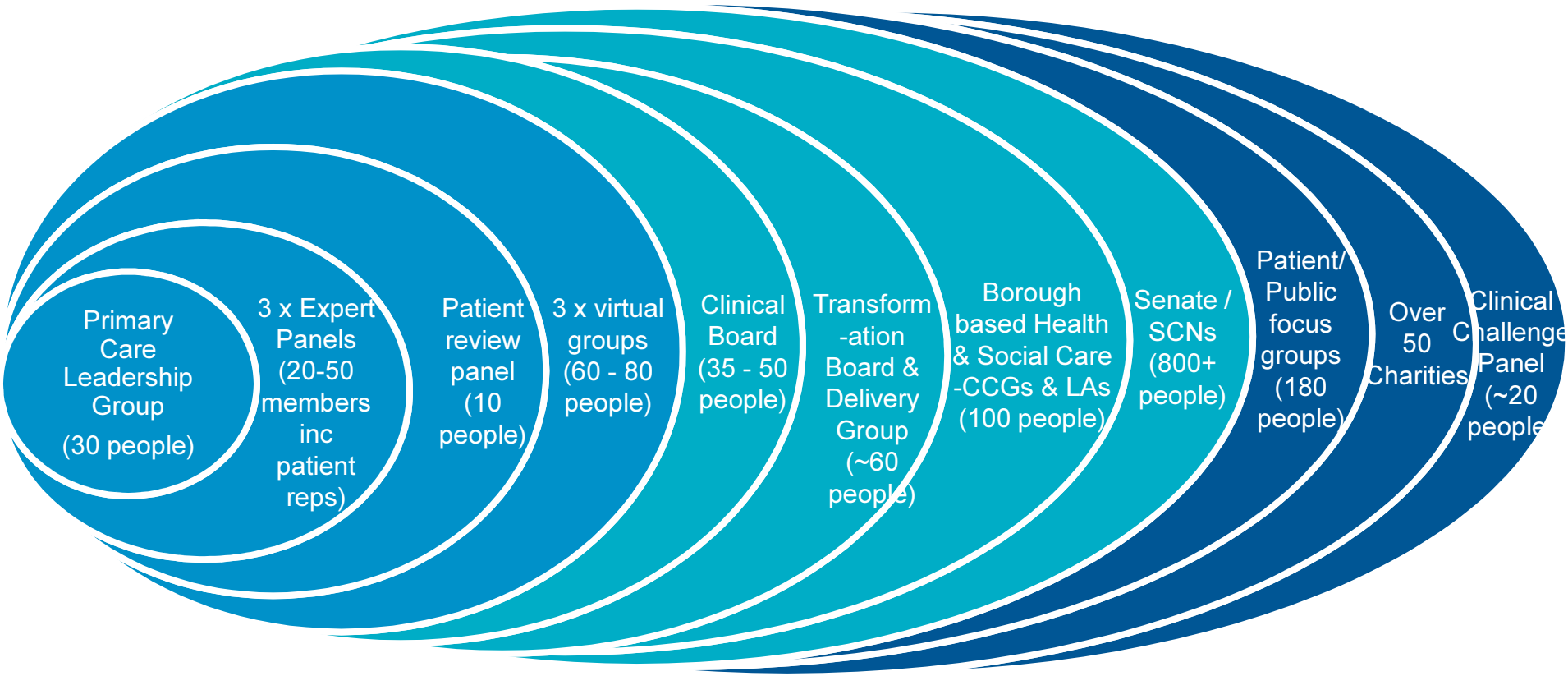
"I will have information tailored to my needs on when, where and how to access health and wellbeing support in my community"

Patient

"My local practices will work with our local communities to discuss the population's health needs and co-design new services in the community that support people to stay well

..Which has been widely tested

Following an initial development stage, the specification has been tested with a widening range of patients, clinicians and other stakeholders. Around **1,500** people have now been involved in testing this.



The *Strategic Commissioning Framework* which has been released for engagement reflects the feedback gathered from the above discussions.

The Framework includes several areas of focus to support delivery of the specification

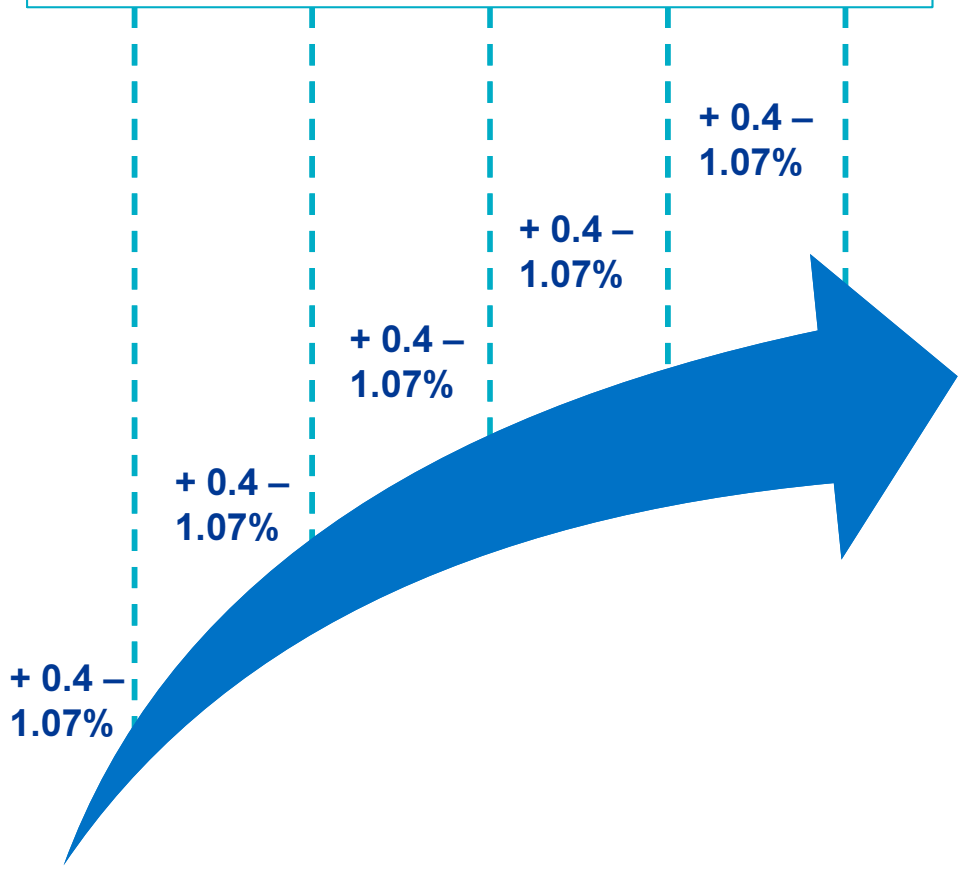
Models of Care	• This area proposes collaborating across groups of practices, and with other partners
Commissioning	• This area outlines the importance of supporting commissioners to work together and support to CCGs taking on co-commissioning
Financial Implications	• This includes the estimated cost shift towards Primary Care required to deliver the new specifications, and the year on year funding shift to achieve this (see next slide)
Contracting	• This area looks at contractual considerations of delivering the specifications e.g. contracting at a population level
Workforce Implications	• This area looks at the need for the right roles and skills in a practice and as part of a wider team
Technology Implications	• This area looks at the ways technology could be used to deliver the specifications and maximising its use to support empowerment and innovation
Estates Implications	• This area references the findings of the London Health Commission in terms of the variability of Primary Care estate and recommendation for investment
Provider Development	• This area outlines the importance of supporting providers to deliver the specifications and some of the potential areas for development
Monitoring and Evaluation	• This area outlines ways in which tools (largely already existing) can be used to support faster adoption of best practice, as well as for commissioner assurance

The specification will require investment…

A **high level estimation** of the cost of delivering the new service has been made. This will be further developed in parallel to the engagement phase, but indicates what a gradual shift in funding might look like, and an overall year on year cost increase

Years 1 – 5

Example gradual shift in funding towards Primary Care



Years 6 +

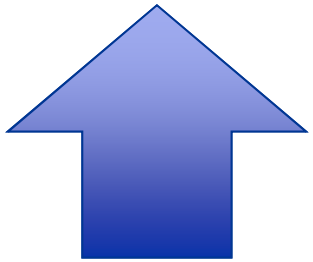
Annual costs of providing the new service offer

Overall shift of **2 – 5.36% of total health spend today**

An annual cost of **£310 – 810m**

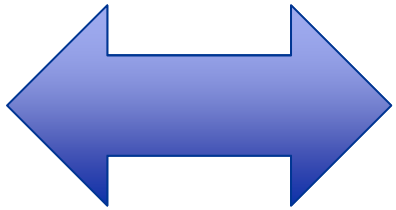
…and changes to the workforce..

The *Framework* also outlines that to deliver the specification, a larger and more diverse workforce is required.



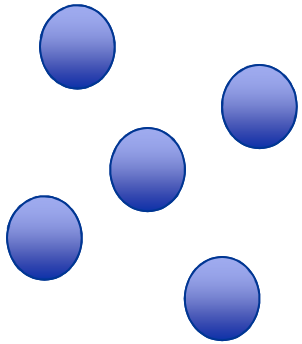
INCREASE EXISTING ROLES..

We will need more GPs and nurses to deliver the change

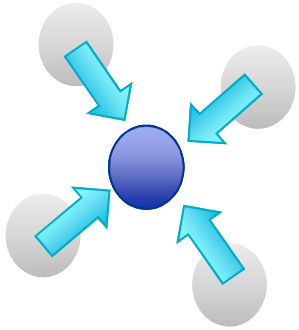


BROADEN THE TEAM..

There will need to be more new roles to support the clinicians



…AT A PRACTICE LEVEL



..OR ACROSS SEVERAL PRACTICES

Next Steps

The next stage of engagement has begun, and is expected to continue until April 2015. This document will be refreshed and reissued at the end of that period.

- ✓ Transforming primary care: *General practice – A Call to Action* was published to start a debate.
- ✓ A set of specifications for General Practice was led by expert GPs, building on the national vision for primary care.
- ✓ The Specifications were tested over the summer with a wide range of patients, the public, charities and independent clinicians as the other aspects of the Strategic Commissioning Framework were developed
- ✓ The developing Strategic Commissioning Framework, was shared at the end of November 2014
- There will be a period of **further planning and engagement** by CCGs and their partners, with NHS England, **from December 2014 to March 2015**
- **Implementation** is expected to start from **April 2015** and will take place over **the next 5 + years**

Lewisham CCG – Local Stakeholder are being asked to consider…

1. • Confirmation that the *Framework* covers the correct areas?
2. • Are there other areas that should be considered in the *Framework* that currently aren't?
3. • How could the *Framework* be strengthened?

Lewisham CCG – Engagement

Lewisham CCG will commence engaging with members during December 2014 through to January 2015, to enable timely submission of membership comments/feedback into the reissues Framework scheduled for April 2015.

The developing Strategic Commissioning Framework, was shared at the end of November 2014

10th DECEMBER 2014: Lewisham CGG Launch Engagement of the framework with Members

12th DECEMBER 2014: Lewisham CGG Launch Framework and questionnaire via **GPi** – responses/comments received by **30th January 2014**

JANUARY 2015: Framework Roadshow for Neighbourhoods
Healthier Communities Select Committee/Health & Well Being Board/Lewisham Healthwatch

21st JANUARY 2015: Lewisham LMC Engagement

Implementation is expected to start from **April 2015** and will take place over **the next 5 + years**

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Healthier Communities Select Committee			
Title	Lewisham Future Programme		
Contributor	Scrutiny Manager	Item	6
Class	Part 1 (open)	14 January 2015	

The following papers are included under this item:

- Adult Social Care Charging Consultation
- Public Health savings proposals – outcomes of consultation (to follow)
- Future of Day Care Services (to follow)
- Savings updates (to follow)
    - Cost effective care packages
    - Reductions on costs of learning disability provision
    - Changes to sensory services provisions
    - Review of services to support people to live at home
    - Reduction and remodelling of Supporting People housing and floating support services

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Healthier Communities Select Committee			
Title	Consultation on changes to charges and contributions to adult social care services		
Contributor	Executive Director for Community Services	Item	6
Class	Part 1 (open)	14 January 2015	

1. Summary and purpose of report

1.1 This report invites comments from Members of the Healthier Communities Select Committee on the proposals to amend the Council's policy on charging for home care and non-residential care services and on extending charging to users with learning disabilities in supported accommodation.

1.2 On 12 November, the Mayor considered a number of proposals to address an anticipated General Fund revenue budget deficit of £85m over the next three years. At that meeting, the Mayor agreed that officers should consult on proposals to change the way people in Lewisham are charged for adult social care services.

1.3 At an earlier meeting on 21 October, Members of the Healthier Communities Select Committee approved the proposed consultation arrangements which set out how officers would seek the views from users, carers, providers and stakeholders on the proposed changes.

1.4 As part of the formal consultation, Members of the Healthier Communities Select Committee are now asked to comment on the proposals. The Committee's views will form part of the consultation outcome report.

2. Recommendation

2.1 Members of the Select Committee are invited to comment on the specific proposals set out in the consultation document which is attached at Annex 1.

3. Budget background

3.1 The detail of the budget situation was set out in the report: Lewisham Future Programme 2015/16 Revenue Budget Savings Report, which was presented to Scrutiny Committees throughout October and to the Mayor on 12 November.

3.2 That report set out the budget challenges faced by the Council and outlined a range of savings proposals to enable a balanced budget for 2015/16 to be put forward to Council in February 2015. The proposals presented to Healthier Communities Select Committee and to the Mayor included the proposals to amend the Council's policy on charging for home care and non-residential care services (A5) and on extending charging to those LD users in supported accommodation (A2).

4. Policy context

4.1 The focus for Adult Social Care services continues to be on the provision of safe and high quality care to those with eligible needs whilst achieving a reduction in

spend. The Council also needs to ensure that it makes the best use of limited resources whilst offering residents access to high quality services that meet their eligible care or support needs in a personalised way.

4.2 In allocating resources to adult social care services, the Council seeks to ensure that those with the greatest need receive the community care services they need to maximise their independence and to enable them to live in their own homes in their local communities wherever possible.

4.3 If a client is deemed eligible for statutory social care services under FACS, a package of care may be put in place. In accordance with the Council's policy on charging, an assessment is carried out to determine whether or not the client has the financial means to contribute to the cost of their care.

4.4 In providing services to adults with social care needs, the Council must comply with the current legislation and guidance issued by the Department of Health and other relevant bodies.

4.5 This includes Fair Access to Care Services (FACS); Fairer Charging Policies for Home Care and other non-residential Social Services – Guidance for Councils with social services responsibilities and Fairer Contributions Guidance – calculating an individual's contribution to their personal budget. In accordance with guidance issued by the Department of Health, before deciding whether or not to implement a change to the charging policy, a consultation must be carried out. The consultation paper, containing background information, details of the proposals and a questionnaire, is attached at Annex 1.

4.6 From April 2015, the Council must also meet the new obligations and provisions introduced by The Care Act. The recently published Care and Support Statutory Guidance published under the Act sets out a new framework for charging for care.

5. Consultation proposals

5.1 The attached consultation paper sets out ten proposed changes to the Council's policy on contributions and charging for adult social care. In proposing these changes the aims are:

- To increase total income as a contribution to the Council's overall savings target
- To remove anomalies in the charging policy where some services are charged for and some are not; and
- To bring charging for care at home more in line with charging for residential care.

5.2 The proposals include changes to: the income support buffer; the net disposable income; the maximum charge; charging for supported accommodation, respite care provided at home and transport; introducing charges for services provided to carers; charges for day centre attendance and meals. The consultation is also suggesting that charges for services are implemented from the first day services are provided.

5.3 Members are invited to comment on each of the ten proposed changes. A record of the comments made by Members will be included in the consultation outcome report.

6. Financial Implications

6.1 The Lewisham Future Programme 2015/16 Revenue Budget Savings Report sets out the financial issues that need to be taken into account in order for the Council to set a balanced budget in 2015/16.

6.2 The savings proposals attached to that report included a proposal to consult on changes to the Council's adult social care charging policy to achieve a saving of £275k and an additional saving of £50k in relation to charges for LD clients using supported living services.

6.3 All costs relating to the consultation have been met from the Strategy, Improvement and Partnership budget, Adult Social Care and Joint Commissioning budgets within Community Services. The funding set aside also included provision to respond to individual demands, for example for advocacy and translation.

7. Legal implications

7.1 Section 17 of the Health and Social Services and Social Security Adjudications Act 1983 (HASSASSA Act 1983) gives Local Authorities a discretionary power to charge adult recipients of non-residential services provided such charges are reasonable and they have regard to the Government's "Fair Access to Care Service" national guidance.

7.2 The Council must also comply with guidance issued by the Department of Health and other relevant bodies. This includes Fairer Charging Policies for Home Care and other non-residential Social Services – Guidance for Councils with social services responsibilities and Fairer Contributions Guidance – calculating an individual's contribution to their personal budget.

7.3 The guidance on Fairer Charging Policies recommends that consultation with users and carers about charging policies and increases or changes in charges should follow good practice advice. The advice set out in the Cabinet Office guidance states that timeframes for consultation should be proportionate and realistic to allow stakeholders sufficient time to provide a considered response and where the consultation spans all or part of a holiday period policy makers should consider what if any impact there may be and take appropriate mitigating action.

7.4 The guidance adds that the amount of time required will depend on the nature and impact of the proposal and might typically vary between two and 12 weeks.

7.5 The Care Act rewrites much of the existing adult social care legislation. The new requirements of the Care Act do not come into force until 2015. The consultation has followed current legislative requirements and all proposals are in line with the new requirements of the Care Act.

8. Equalities Implications

8.1 The consultation seeks to ensure that there is meaningful consultation with those who might be affected by any change. Where necessary, support is being provided to ensure access to the consultation. Support includes the provision of accessible venues, translation services where requested, advocacy services where required, and a BSL interpreter at the consultation meetings. The information pack is available in large print and made accessible to those with learning disabilities. An audio version is also be available on request.

9. Environmental Implications

9.1 Although the information pack has been printed and sent to current service users, the consultation documents are also available online to download. Where possible, officers and facilitators are travelling to meet users at suitable locations such as day centres to avoid unnecessary travel by users and their carers.

10. Conclusion

10.1 Consultation must take place on the proposals set out in the paper at Annex 1 before any changes can be implemented and any potential savings realised. Comments from Committee Members are invited on these proposals.

If there are any queries on this report please contact Sarah Wainer, Head of Strategy, Improvements and Partnerships on 020 8314 9611 or by email on sarah.wainer@lewisham.gov.uk.

Charges and contributions to adult social care services

Consultation

24 November 2014 to 25 January 2015

Information and questionnaire

Lewisham

If you are reading this on behalf of a service user and they need a more accessible version please fill in the sheet below or contact us by telephone.

You can ask for this information and questionnaire in:

- easy-to-read version
- another language
- audio
- Braille.

If you need any of these or if you would like help completing the questionnaire, please fill in the sheet below and send it to us using the pre-paid envelope provided.

Strategy and Policy Team
Community Services Directorate
Fifth Floor West
Laurence House, 1 Catford Road
Catford SE6 4RU

I require a large print version (size 16 font) ☐

I require a jumbo print version (size 18 font) ☐

I require a copy in Braille ☐

I require a copy translated into another language ☐

[please name language] .....

I require an easy-to-read version ☐

I require an audio version ☐

My name: .....

My address: .....

..... Postcode .....

My telephone number: .....

If you have any difficulty understanding the information in this pack please call 020 8314 8100 and leave a message with your contact details and we will get back to you.

Charges and contributions to adult social care services

24 November 2014 to 25 January 2015

Councils across the country have to make savings because of a reduction in funding from the Government. Lewisham Council has to make savings of £85 million over the next three years, which means reducing the budget by a third – or £1 in every £3. The amount of savings to be made means that we must consider many different options.

One of these options is to consider how and where we can make changes to the services we provide so that we save money while keeping the same level of quality. We are considering options for all council services, including adult social care.

This consultation is an opportunity for you to give your opinion on how a saving to adult social care services can be made. It offers the chance to consider a number of specific proposals that we have explored to help meet our savings targets. We welcome other points of view and different proposals or ideas.

In Lewisham, some people who get social care services pay for, or contribute to, the cost of their care and support. To make sure this is fair, we have rules on how we charge for services and how we calculate the contributions you make.

We are considering changing these rules and we would like to hear your views on the different proposals given in this paper. These changes could affect people who receive home care, day care, and those who choose to have a direct payment. Services such as residential care, equipment and adaptations to your home are not affected.

Where possible we have used plain and simple English. However, we have had to use some words and phrases that may be unfamiliar to you. You can find a glossary that explains these words and phrases on page 17.

It is very important that we hear from you and we welcome any comments you would like to make on this subject. We have written to all service users who may be affected by these changes asking them to complete this questionnaire.

We are inviting other local organisations, including voluntary and advocacy groups in Lewisham, to comment on these proposals.

How can I take part in the consultation?

Online – go to www.lewisham.gov.uk/asccharges

By post – please fill in the enclosed questionnaire and send it back to us in the pre-paid envelope provided.

By attending an event – you can hear about the proposed changes and discuss them with Council officers by attending one of the public events we are holding.

- 10am–12 noon, 18 December 2014, Mulberry Centre, 15 Amersham Vale, New Cross, SE14 6LE
- 7–9pm, 15 January 2015, Civic Suite, Catford Road, Catford SE6 4RU

Both of these are accessible buildings and have hearing loops and the events will be signed in British Sign Language. If you would like to attend please contact us to register by phone on 020 8314 8100 or by email to adultcare@lewisham.gov.uk

Lewisham Speaking Up, the independent advocacy group for people with learning disabilities living in Lewisham is also holding a special BIG self-advocacy group where people can attend to learn more and have their say at:

- 10.30am–12.30pm, 16th January 2015, Deptford Albany, Douglas Way, Deptford SE8 4AG

It would be helpful if you would register to attend to give us an idea of the number of people who want to attend. You can let us know by calling 020 8692 1862 or email: info@lsup.org.uk . If you can't tell us in advance, then just turn up on the day.

By email – you can send any views or any queries by email to adultcare@lewisham.gov.uk

By using an advocate – Lewisham is home to a wide range of community groups which can provide support and advice to those needing it, whether or not they receive social care services. The following section lists a number of these community organisations who have offered to provide additional support or advice to our service users or their families during this consultation. They have each provided an outline of the sort of support they offer.

- **Carers Lewisham** supports unpaid carers in the London borough of Lewisham aged 5 upwards. We provide a range of services including advice, information, emotional support, breaks, opportunities to meet other carers, time out from caring activities such as relaxation days and wellbeing sessions; coping strategies, specialist support for parent carers, carers of people with dementia or mental health problems, older carers and carers who are caring for someone who is nearing the end of their life. Our aim is to build healthy caring communities.

  Lewisham Carers Centre, Waldram Place, Forest Hill, SE23 2LB
  Telephone: 020 8699 8686
  Email: info@carerslewisham.org.uk
  Website: www.carerslewisham.org.uk

- **Victim Support** is here to help anyone affected by crime, not only victims and witnesses, but their friends, family and any other people involved. Because we're an independent charity, you can talk to us whether or not you reported the crime to the police. If you want, we can support you without the involvement of the criminal justice system, and we won't contact them about you unless we feel someone is at risk. We are here just to support you. - See more at: www.victimsupport.org

  Local contact number: 020 8854 1113 (Monday–Friday 9am–5pm)
  National Supportline: 0845 30 30 900

- **Lewisham Ethnic Minority Partnership (LEMP)** is a network of organisations and individuals that disseminates information, offers support, guidance and signposting, as well as provides opportunities for BME community groups to air their views, aspirations and opinions as well as to network with others.

  Elsa Pascal
  2nd Floor Showroom, H E Olby, 307-313 Lewisham High Street, Lewisham SE13 6NW
  Telephone: 020 8690 0013
  Email: lemp@btconnect.com

- **Centre for Vietnamese elders**, carers & people with health problems. Offers access to advice on benefits, language support, health care, and housing. Also health advice drop-in, health talks and mobile optician. Our carers support project provides advice, counselling, help with applications, training, social activities, outings, short breaks. Lunch club two days a week. Games, trips, cultural events, festivities.

  Federation of Refugees from Vietnam in Lewisham (FORVIL)
  Evelyn Community Centre, Wotton Road, Deptford, SE8 5TQ
  Telephone: 020 8694 0952, Fax: 020 8469 0364
  Email: forvilandproject@yahoo.co.uk
  Website: to www.forvil.org.uk

- **METRO** is a leading equality and diversity charity, providing health, community and youth services across London and the South East as well as national and international projects. METRO works with anyone experiencing issues related to gender, sexuality, diversity or identity and has five areas of work: METRO Youth; METRO Sexual and Reproductive Health; METRO HIV; METRO Mental Health and Wellbeing; METRO Community Services in Lewisham include: LGBT Equalities work; counselling and mental health crisis advice and support for LGBT people; LGBT mental health drop-in; youth group and service for LGBT 16-25 year olds; schools work; hate crime and domestic abuse service for LGBT people.

  Telephone: 020 8305 5000
  Email: info@metrocentreonline.org
  Website: www.metrocentreonline.org

- **170 Community Project's Advice Service** offers general advice and information, help with application forms, advice and casework in welfare benefits and assistance and representation at appeal hearings. We have a specialist housing caseworker and a Spanish speaking advice worker.

Appointments follow initial contact and home visits are offered to housebound residents. We also have access to computers and assistance with benefits claims online. Our service is free, confidential and independent.

170 Community Project, 170 New Cross Road, New Cross SE14 5AA.
Telephone: 020 7732 9716
Email: admin@170cp.org.uk

- **Lewisham Pensioners Forum**. Our main aim is to make sure that the views and thoughts of people 50+ are heard. We provide a means for individuals and groups to influence local and national government where decisions made impact on everyday life of ALL pensioners. Core office hours: 10am to 2pm Monday to Thursday.

  The Saville Centre, 436 Lewisham High Street, Lewisham SE13 6LJ
  Telephone: 020 8690 7869
  Email: kerrysmith2@btconnect.com lpforum@btconnect.com
  Website: www.lewishampensionersforum.org

- **Voluntary Services Lewisham** supports vulnerable isolated Lewisham residents by providing direct services delivered by volunteers. We run a befriending service at home and over the telephone. We operate Access Lewisham a community transport scheme for people unable to use public transport. We run happiness and wellness programs and operate seven mental health drop-ins and run seasonal projects such as gardening DIY and the Christmas project. All our projects and services aim to reduce isolation and stop Lewisham residents' health deterioration.

  300 Stanstead Road, Forest Hill SE23 1DE
  Website: www.vslonline.org.uk
  Email: info@vslonline.org.uk
  Telephone: 020 8291 1747

- **The 999 Club** runs a day centre in Deptford, an advice and advocacy service, and a winter night shelter. A variety of outside agencies, including NHS nurses, the Samaritans, CRI, Street Rescue, attend the day centre to meet clients. The centre is open 11am–4pm on Monday, 9.30am–4pm Tuesday–Friday.

  21 Deptford Broadway, Deptford SE8 4PA.
  Telephone: 020 8694 5797.
  Contact: Paul Hughes.
  Email: Paul@999club.org

- **Community Connections** supports vulnerable adults who are resident in Lewisham to improve their social integration and wellbeing by accessing local community resources. Facilitators will identify local services that meet the needs and interests of the individuals supported and help them to access these services such as clubs, lunch groups, activities or just a place to socialise. We can also provide support to local voluntary and charity sector organisations to develop services and cross-support activities.

  For more information on how you can refer, please contact us on:
  Email: communityconnections@ageuklands.org.uk
  Telephone: 020 8314 3244
  Website: http://cclewisham.wordpress.com/

- **Age UK** operates an information and advice service. We provide information, advice and support to people who are 60 and over on a wide range of topics such as:
  - welfare benefits (pension credit, housing benefit, council tax reduction, and attendance allowance)
  - help with applications and form filling.
  - benefit checks
  - housing issues
  - consumer issues
  - care in the Community
  - debt issues
  - tax issues

  We offer drop in sessions on Tuesdays and Fridays between 10am and 12 noon. We do home visits (through a referral process), and outreach sessions at the Deptford Library twice a month.

  10 Catford Broadway, Catford SE6 4SP
  Email: nathalie.riga@ageuklands.org.uk
  Website: www.ageuk.org.uk/lewishamandsouthwark
  Twitter: @AgeUKLS
  Dedicated advice line Monday to Friday 10am–1pm Telephone: 020 8690 9050.
  Our reception is open Monday to Friday 10am–1pm Telephone: 020 8690 9060.

- **Mencap** offers casework support for parent/carers and adults with a learning disability include: telephone advice, information, advice and advocacy focusing on direct payment, social welfare benefits (ESA, DLA, Income Support, IB, etc.), housing, respite care, day centre, reviews of services, community provision, appeals and complaints (covering education, community provision), health and support with NHS, fair access to services, charging etc. We provide evening clubs for adults with a learning disability age 18 and above.

  Lewisham Mencap, 72 Lee High Road, Lewisham SE13 5PT;
  Telephone: 020 8852 4100

- **Lewisham Bereavement Counselling** offers a professional counselling, advice and information service to any bereaved client living in the borough of Lewisham. Counselling sessions are held either in clients' own homes if they wish or if not suitable, venues outside the home usually a GP surgery though not necessarily their own. The sessions are weekly for up to a maximum of six months if needed and are free of charge to elderly people. Anyone can refer themselves or be referred by anyone else.

  Telephone: Pamela Austin on 020 8699 5080
  Email: lewishambereavement@btinternet.com
  Deptford based office hours are Tuesdays–Thursdays 10.30 am–6.30pm, but counselling can take place at any time.

- **Lewisham Speaking Up**, the independent advocacy group for people with learning disabilities living in Lewisham can be contacted by people looking for support to take part in the consultation.

  Telephone: 020 8692 1862
  Email: info@lsup.org.uk

Lewisham Speaking Up is also holding a special BIG self-advocacy group on 16 January from 10.30am till 12.30pm at the Deptford Albany where people can attend to learn more and have their say about the consultation. Register to attend please – 020 8692 1862 or email: info@lsup.org.uk

- **The DPC (Disabled People's Contact)** is a social contact day centre for disabled and/or vulnerable older people which meets on Tuesdays, Wednesdays and Thursdays. It facilitates friendships and provides support and a sense of community to those who otherwise would be isolated by their personal circumstances. Transport to and from the centre, a nutritious three course meal and various activities designed to promote and improve physical and mental health are provided.

  Deptford Methodist Mission – Disabled People's Contact
  1 Creek Road, Deptford SE8 3BT
  Telephone: 020 8692 5599
  Website: www.disabledpeoplescontact.org.uk

- **Lewisham Citizens Advice Bureau** is an independent registered charity and provide free, confidential and impartial advice to everyone, regardless of race, gender, disability or sexuality. We exist to serve the needs of people who live or work within or near the London borough of Lewisham. Our twin aims are:
  - to provide the advice people need for the problems they face

  and, equally:
  - to improve the policies and practices that affect people's lives, both locally and nationally.

  Lewisham CAB Service Ltd
  Correspondence address ONLY: Duke House, 3rd Floor, 84–86 Rushey Green,
  Catford SE6 4HW.
  Telephone: 020 8699 4360

What if I need more information on the consultation?

Please call **020 8314 8100** and leave a message or email us at **adultcare@lewisham.gov.uk**.

When does the consultation end?

The consultation will end on 25 January 2015 so please send us your views in time to reach us by then.

What happens next?

When the consultation has finished we will produce a report on the outcome of the consultation and make a decision on which of the changes, if any, should be made.

Seeing the results

You will be able to see the results:

- on our website at **www.lewisham.gov.uk**
- by emailing **adultcare@lewisham.gov.uk**

We expect to have the results available in February 2015.

Please note that the questionnaires are anonymous so we will not be able to identify you by your response.

Section 1 – Lewisham Council's current charging policy

How we currently charge you for the services you receive

All local councils follow the Department of Health's guidance on how we charge you for the services you receive. This guidance says that we must make sure that we have a reasonable and fair charging policy for the services we provide. This is known as "fairer charging" and, in the case of personal budgets, is known as "fairer contributions".

How we currently work out your charges

A social care assessment is completed to decide what your needs are, and a means test (also called a financial assessment) is carried out to determine how much, if anything, you should pay towards the services identified to meet your needs. This financial assessment looks at your income, savings and expenses, and the cost of the services you receive.

Currently we aim to protect people on low incomes and have introduced a level of financial protection. If your income is lower than the basic rate of income support levels plus 35% (the 'Income Support Buffer') you are exempt from charging, unless you have savings over a certain limit. This is more generous than the buffer used by most other councils.

When calculating what you should pay, our current approach is to take into account 90% of your "net disposable income" (income less expenses and allowances).

When working out whether or not to charge for a service, we take into account any expenses you have because of a disability or frailty. This is known as disability related expenditure (DRE).

Our current rules mean that nobody is charged more than £500 each week, excluding meals on wheels which are charged for separately. If you have more than £23,250 in savings or if you choose not to declare your finances to us, then you will be charged the full cost of your services up to a maximum of £500 each week plus the cost of any meals you receive from us.

Under our current rules, carers are not charged for any services provided to them. We also do not currently charge for transport we provide or for services provided in supported accommodation.

There are shortly to be changes in the law affecting the way that services are charged for. The recently published Care and Support Statutory Guidance published under the Care Act 2014 sets out a new framework for charging for care. The principles are that the approach to charging for care and support needs should:

- ensure that people are not charged more than it is reasonably practicable for them to pay;
- be comprehensive, to reduce variation in the way people are assessed and charged;
- be clear and transparent, so people know what they will be charged;
- promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control;
- support carers to look after their own health and wellbeing and to care effectively and safely;
- be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet their needs;
- apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings;
- encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so; and
- be sustainable for local authorities in the long-term.

The Care and Support Statutory Guidance published under the Care Act 2014 states that local authorities cannot charge for the following services:

- Intermediate care, including reablement, which must be provided free of charge for up to six weeks.
- Community equipment (aids and minor adaptions).
- Care and support provided to people with Creutzfeldt-Jacob Disease.
- After-care services/support provided under section 117 of the Mental Health Act 1983.
- Any service or part of service which the NHS is under a duty to provide.
- More broadly, any services which a local authority is under a duty to provide through other legislation may not be charged for under the Care Act 2014.
- Assessment of needs and care planning to meet these may also not be charged for, since these processes do not constitute "meeting needs".

These are the same exclusions as under existing guidance.

Additionally, we do not currently charge for the following services:

- supported accommodation
- respite provided at home
- transport we provide
- carers' services.

Section 2 – Proposed changes

As a Council we have looked at all of our services including adult social care to consider where savings could be made. This section is about the proposals for changing the way people in Lewisham are charged for services. Please note that the terms 'charges' and 'contributions' are both used to mean the amount of money that you might have to pay towards the cost of the services you receive.

If we do not make any of the proposed changes set out in this consultation and instead continue only to increase charges by the rate of inflation, it would mean that greater savings would need to be made in other areas of the Council's services.

Our three aims in proposing these changes have been

- to increase total income as a contribution to our overall savings target
- to remove anomalies in our charging policy where some services are charged for and some are not
- to bring charging for care at home more in line with charging for residential care.

Proposed change 1:

This proposes a reduction in the income support buffer (from 35% to 25%) to bring Lewisham in line with most other councils. This will mean that some service users who currently are not charged for their services will be charged in future. The proposed change will also increase charges for some service users who are currently charged.

Proposed change 2:

In working out how much to charge you or how much contribution you should make, the Council must make sure that you are left with enough money for everyday things. This is called 'protected income' and it aims to provide you with a reasonable standard of living. Anything above this amount is called 'net disposable income'. Lewisham currently takes 90% of your net disposable income into account when calculating your charge. This proposal would take 100% of your net disposable income into account when calculating how much you should contribute to the costs of your care, bringing us into line with most other councils.

Proposed change 3:

Currently if you live at home and receive a social care service, the most you could be asked to contribute (excluding meals) is £500 each week. This is currently Lewisham's maximum charge. At the moment, only a very few people are charged this amount and most pay a lot less. This proposed change would remove this maximum charge so that service users with high levels of capital would pay the full cost of their services (as they would if they were in residential care).

Proposed change 4:

There are some social care services that are currently provided free of charge. This proposed change would introduce charging for supported accommodation. This would remove the anomaly in the current policy where home care and residential care are chargeable but supported accommodation is not.

Proposed change 5:

This proposal would introduce charges for respite care provided at home. Department of Health guidance states that these services are provided to the service user not their carer. This proposed change removes the anomaly in the current policy where some forms of respite are chargeable and some are not.

Proposed change 6:

This proposal would introduce charges for transport that we provide.

Proposed change 7:

This proposal would introduce charges for services provided to carers with a charge based on household income above a minimum level together with the value of the services given.

Proposed change 8:

This proposal would increase charges for day centre attendance by the rate of inflation. Charges for this service are currently lower than the full cost of the service. We propose to increase these by 2.5% from 1 April 2015.

Proposed change 9:

This proposal would increase charges for meals we provide by the rate of inflation. Charges for this service are currently lower than the full cost of the service. We propose to increase these by 2.5% from 1 April 2015.

Proposed change 10:

As from 1 April 2015, we propose to start charging you for services you receive from the first day you receive them. In the past we have not backdated any charges.

Section 3 – The impact of proposed changes

In the following section we first describe some typical service users, then show how some of the proposed changes would impact on their charges.

Case study 1 – Sanjay
Sanjay is a single person aged 35 living with his parents. He goes to a day centre twice a week which costs £80. His income is £174.25 each week. This income is made up of Income Support (with disability premium and enhanced disability premium) and disability living allowance (care component middle rate).

He spends £9.00 a week on transport fares for his carer, which is a disability related expense (DRE).

His income support buffer (at 35%) is currently £161.73. If proposed change 1 was introduced to reduce the buffer to 25%, it would be £149.75.

To work out how much Sanjay should pay towards the cost of attending the day centre we subtract the income support buffer and the disability telated expenditure from his total income. Currently we only take 90% of the balance, which is called net disposable income.

How the proposed changes would affect Sanjay

Detail	Current (£)	Proposed (£)
His income each week	174.25	174.25
Less: income support buffer each week	-161.73	-149.75
Less: disability related expenditure each week	-9.00	-9.00
Net disposable income (NDI) each week	**3.52**	**15.50**

Currently, Sanjay pays 90% of his net disposable income of £3.52 which is **£3.16** a week, towards the cost of his day centre attendance.

If all of the proposed changes are considered, Sanjay would have a new charge of **£15.50** each week. If not all of the proposals are introduced Sanjay may pay less than £15.50.

Case study 2 – Ethel
Ethel, aged 80, lives alone and receives one hour of domestic care a week which costs £15.30 and 7 hours of personal care a week which costs £107.10.

Her income is £263.90 a week made up of state retirement pension, pension credit (including the disability premium) and the lower rate of attendance allowance. She owns her own home and has full help with her council tax. Her buildings insurance and maintenance charges are £17.60 a week. She spends £14.50 a week on a gardener and the purchase of a stair lift (disability related expenditure).

Her pension credit buffer (at 35%) is currently £200.27. If proposed change 1 was introduced to reduce the buffer to 25% it would be £185.44.

To work out how much Ethel should pay towards the cost of her home care, we subtract the pension credit buffer, household expenditure and disability related expenditure (DRE) from her total income. Currently we only take 90% of the balance, which is called net disposable income.

How the proposed changes would affect Ethel

Detail	Current (£)	Proposed (£)
Her income each week	263.90	263.90
Less: pension credit buffer each week	-200.27	-185.44
Less: household expenses each week	-17.60	-17.60
Less: disability related expenditure each week	-14.50	-14.50
Net disposable income (NDI) each week	**31.53**	**46.36**

Currently, Ethel pays 90% of £31.53 which is **£28.37** a week.

If all of the proposed changes were introduced, Ethel would have a new charge of **£46.36** each week. If not all of the proposals are introduced Ethel may pay less than £46.36.

Case study 3 – Melvin

Melvin has savings of £30,000 so is assessed to pay the maximum charge for his services. Under our current rules the maximum charge is £500 a week. He receives services costing £200 a week. Because of the level of his savings, he is charged the full charge of his services and pays £200 each week because this is below the maximum charge of £500 each week. None of the proposals would affect Melvin if the level of his services remain as they are.

Case study 4 – Roberta

Roberta has savings of £35,000 so is also assessed to pay the maximum charge for her services. She attends a day centre and receives home care. The full charge for services would be £550 each week but she is currently only charged £500 each week which is the maximum charge we apply. If proposed change 3 is adopted, Roberta would be asked to pay £550 each week.

Case study 5 – Ade

Ade is in supported accommodation costing £1,500 each week. His income is £174.25 a week. This income is made up of income support (with disability premium and enhanced disability premium) and disability living allowance (care component middle rate).

He spends £8.00 a week on disability related expenditure (DRE).

His income support buffer (at 35%) is £161.73. If proposed change 1 was introduced to reduce the buffer to 25% it would be £149.75.

Currently, the Council does not charge for services provided in supported accommodation. Ade is therefore not currently charged.

How the proposed changes would affect Ade

Detail	Current (£)	Proposed (£)
His income each week	Not currently charged	174.25
Less: income support buffer each week		-149.75
Less: disability related expenditure each week		-8.00
Net disposable income (NDI) each week		**16.50**

Currently, the Council does not charge for services provided in supported accommodation. Ade is therefore not currently charged.

If all of the proposed changes are introduced, Ade would now be charged £16.50 each week. If not all of the proposals are introduced Ade may pay less than £16.50 each week.

Case study 6 – Susan

Susan is looked after by her daughter but receives respite care at home costing £100 each week. Currently we charge for residential respite care but not respite care provided in a service user's home, so we do not charge Susan for this care.

Proposed change 6 proposes including respite at home as a chargeable service, which is in line with recent advice from the Department of Health that respite at home is not to be treated as a Carer's Service. This means that we propose financially assessing Susan to see how much, if anything, she should pay towards her respite.

Susan currently receives income of £239.25, which is made up of employment support allowance and DLA care. Out of this she spends £37.66 per week on council tax and rent. Her fuel bills are also higher than average so we have allowed her £21.63 a week as a disability related expense.

Her income support buffer (at 35%) is £161.73. If proposed change 1 was introduced to reduce the buffer to 25% it would be £149.75.

Currently, the Council does not charge for respite services provided at home. Susan is therefore not currently charged.

How the proposed changes would affect Susan

Detail	Current (£)	Proposed (£)
Her income each week	Not currently charged	239.25
Less: income support buffer each week		-149.75
Less: household expenses		-37.66
Less: disability related expenditure each week		-21.63
Net disposable income (NDI) each week		**30.21**

If all of the proposed changes are introduced, Susan would be charged **£30.21** each week. If not all of the proposals are introduced Susan may pay less than £30.21 each week.

Proposed change	Sanjay	Ethel	Melvin	Roberta	Ade	Susan
Proposed change 1 – to reduce income support buffer from 35% to 25%	Sanjay's charge will increase by £12.34 each week if we also take proposed change 2 or £10.19 if not.	Ethel's charge will increase by £17.99 each week if we take proposed change 2 or £13.35 if not.	No change	No change	See proposed change 4 below	See proposed change 5 below
Proposed change 2 – increase net disposable income charged to 100%	If we do not take proposed change 1, Sanjay's charge will increase by 36p each week.	If we do not take proposed change 1, Ethel's charge will increase by £3.16 each week.	No change	No change	See proposed change 4 below	See proposed change 5 below
Proposed change 3 – remove maximum weekly charge	No change	No change	No change	Roberta's charge will increase by £50 each week (or £155 if she has not yet had 2014/15 annual review)	No change	No change
Proposed change 4 – charge for supported accommodation	No change	No change	No change	No change	Ade will start to pay £16.50 each week if we also take proposed changes 1 and 2.	No change
Proposed change 5 – charge for respite care provided at home	No change	No change	No change	No change	No change	Susan will start to pay £30.21 each week if we also take proposed changes 1 and 2. She will pay £27.18 if we only take proposed change 1 or £18.23 if we only take proposed change 2.

Section 4 – glossary of unfamiliar words and phrases

Adult social care services	Some examples of adult social care services are day care, home care, meals on wheels, transport and respite care. These are services that are commissioned or provided by the Council that are available to help and support vulnerable adults.
Assessment	Two different types of assessment can take place: **1.** when you, your family and a social worker looks in detail at your social needs and decides how best your needs can be met **2.** when a council officer looks at your finances and works out what you should be charged or what contribution you should make to the services you receive.
Direct payments	A direct payment is where we give you money to pay directly for your own care, instead of making the arrangements ourselves.
Disability related expenditure	These are specific expenses that service users have as a result of an illness, disability or frailty.
Fairer charging	This is a term used to describe the way in which a council can set its charges for social care services and the way in which it can assess how much a person should pay towards the cost of those services. In making any changes to charges, councils must follow the fairer charging guidance that has been issued by the Government.
Fairer contributions	This is a term used to describe the way in which a council can set its charges for social care services and the way in which it can assess how much a person should pay towards the cost of those services. In making any changes to charges, councils must follow the fairer charging guidance that has been issued by the Government.
Income support buffer	Government guidance says that after your contribution has been calculated, the amount you should be left with should always be at least 25% more than the basic level of income support or 25% more than the basic level of pension credit if you are over 60.
Net disposable income	This term refers to the amount of your income that we can take into account when working out what charges or contribution you should make. It takes into account your income, less your income support buffer, less your disability related expenditure, less your household expenditure. Any remaining amount is called your net disposable income.
Personal budget	If you are eligible for social care support following an assessment of need, you will be told the amount of money we think is required to meet your needs. This is called a personal budget. You may decide to use this money to arrange or manage your own services.
Reablement (also called enablement)	Reablement (also called enablement) services are services offered to adults who need short-term intensive help to regain the skills they need to live more independently.

Section 5 – the questionnaire

If you have access to the internet you can complete this questionnaire online by going to www.lewisham.gov.uk/asccharges Alternatively, you can return it by post by detaching this section and sending it to us in the pre-paid envelope provided.

This section asks you how you feel about the ten proposed changes we are considering. You can tell us how you feel about each change by placing a tick in the box next to the statement that best reflects your views.

As well as the ten proposed changes, there are open questions which ask you for your suggestions for other ways make savings.

Are you: (please tick all that apply)

- ☐ a service user
- ☐ a friend or family member of a service user
- ☐ a carer of a service user
- ☐ a voluntary organisation or advocate group.
- ☐ a Lewisham resident
- ☐ Other (please specify) _____

An explanation of each proposal is given in sections 2 and 3.
You may want to read the explanation again before ticking a box.

If we do not make changes to charges and contributions to adult social care are there any other changes the Council can make to meet our saving requirements?
Please write your response below.

Proposed change 1 – the income support buffer should be changed from 35% to 25%.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

Proposed change 2 – 100% of your net disposable income should be taken into account when calculating how much you should be charged

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

Proposed change 3 – the limit on the maximum amount you could be asked to contribute should be removed

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

Proposed change 4 – charges should be introduced for supported accommodation

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

Proposed change 5 – charges should be introduced for respite care provided at home

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

Proposed change 6 – charges should be introduced for transport we provide

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

Proposed change 7 – charges should be introduced for services provided to carers with a charge based on household income above a minimum level and the value of the services given

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

Proposed change 7 – charges should be introduced for services provided to carers with a charge based on household income above a minimum level and the value of the services given

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

Proposed change 8 – charges for day centre attendance should be increased by 2.5% from 1 April 2015 so that they reflect inflation and the real cost of delivering these services

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

Proposed change 9 – charges for meals we provide should be increased by 2.5% from 1 April 2015 so that they reflect inflation and the real cost of delivering these services.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

Proposed Change 10 – As from 1 April 2015, we propose to start charging you for services you receive from the first day you receive them. In the past we have not backdated any charges.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

Are there any other ways we could change the adult social care charging policy to contribute to our saving requirements?

Please write your response in the box below.

Will any of these changes affect you or your family?

☐ Yes ☐ No

If so, please tell us how. Please write your comments in the box below.

If you have any other comments or suggestions about the proposed changes, please write them in the box below.

About you

We would like to ask a few questions about you so that we can evaluate the responses to this survey in greater detail. We want to do this so we can better understand what residents say to us, and so we can use that understanding when we make decisions.

However, you do not need to answer any of these questions.
Any information that you do provide will remain strictly confidential in accordance with the Data Protection Act.

Gender

☐ Male ☐ Female ☐ Rather not say Other (please specify) _____

Age

Please select your age group

☐ Under 18 ☐ 18–24 ☐ 25–29 ☐ 30–34 ☐ 35–39 ☐ 40–44 ☐ 45–49
☐ 50–54 ☐ 55–59 ☐ 60–64 ☐ 65–74 ☐ 75+ ☐ Rather not say

Ethnicity

What is your ethnic group?

White

☐ English/Welsh/Scottish/Northern Irish/British
☐ Irish ☐ Gypsy or Irish Traveller
☐ Any other White background (please specify)

.....

Mixed/multiple ethnic groups

☐ White and Black Caribbean ☐ White and Black African
☐ White and Asian
☐ Any other mixed/multiple ethnic background (please specify)

.....

Asian/Asian British

☐ Indian ☐ Pakistani
☐ Bangladeshi ☐ Chinese
☐ Any other Asian background (please specify)

.....

Black/African/Caribbean/Black British

☐ Caribbean ☐ African
☐ Any other Black/African/Caribbean background (please specify)

.....

Other ethnic group

☐ Arab
☐ Any other ethnic group (please specify)

.....

Rather not say ☐

Disability

Under the Equality Act 2010, a person is considered to have a disability if they have a physical or mental impairment which has a sustained and long-term adverse effect on their ability to carry out normal day-to-day activities. People with HIV, cancer and multiple sclerosis (MS) are also included.

Do you consider yourself to be a disabled person?

☐ Yes ☐ No ☐ Rather not say

Please state the type of impairment that applies to you.

People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other' and specify the type of impairment.

☐ Physical impairment, such as difficulty using your arms or mobility issues which mean using a wheelchair or crutches

☐ Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment

☐ Mental health condition, such as depression or schizophrenia

☐ Learning disability/difficulty, such as Down's syndrome or dyslexia or cognitive impairment, such as autistic spectrum disorder

☐ Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy

☐ Other (please specify)

Sexual orientation

How would you define your sexual orientation?

☐ Straight/heterosexual

☐ Gay/lesbian

☐ Bisexual

☐ Other (please specify)

☐ Rather not say .....

Religion/belief

What is your religious belief?

☐ None

☐ Christian (all denominations)

☐ Buddhist

☐ Hindu

☐ Jewish

☐ Muslim

☐ Sikh

☐ Any other religion/belief (please specify) .....

☐ Rather not say

Please put your finished questionnaire in the pre-paid envelope and post it to us in time for it to arrive by **25 January 2015**.

Thank you for giving us your views. The results of this public consultation are expected in February 2015 and will be available on our website or by emailing a request to **adultcare@lewisham.gov.uk**.

Healthier Communities Select Committee			
Title	Lambeth, Southwark and Lewisham Sexual Health Strategy Action Plan		
Contributor	Executive Director for Community Services, Director of Public Health.	Item	7
Class	Part 1 (for information)	14 January 2015	

1. Purpose

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

1.2 The Strategy and subsequent Action Plan are based on a public health needs assessment, 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.

1.3 The strategy was 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. Recommendation

Members of the Healthier Communities Select Committee are recommended to note the contents of the Action Plan.

3. Policy context

3.1 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.

3.2 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.

3.3 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). Lambeth is also host for the London-wide HIV prevention programme,

which is high-level and high-profile, and led by the London Directors of Public Health.

3.4 The commissioning service, hosted by Lambeth, 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 from the shared services team. 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.

3.5 London local authorities account for 18 out of the 20 local authorities with the highest diagnosed prevalence rate of HIV in the country. In 2013, the diagnosed HIV prevalence in Lewisham was 8.2 per 1,000 population aged 15-59 years (compared to 2 per 1,000 in England). In Lambeth it was 14.7 per 1,000 population aged 15-59 years and in Southwark it was 12.6 per 1,000. Recently released Public Health figures show increases in serious STIs such as gonorrhoea, with treatment-resistant strains becoming an increasing problem. Gonorrhoea rates have doubled in Lewisham over the last 5 years.

4. Background

4.1 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.

4.2 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

4.3 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

4.4 The Action Plan describes key actions and timescales for delivery of commitments made with the strategy

5. The Action Plan

5.1 The Action Plan is attached as an Appendix.

6. Financial Implications

6.1 In 2014/15 the Public Health grant for Lewisham was £20.08M. Sexual Health expenditure accounts for 36% of the public health grant.

6.2 In 2013/14, Lewisham's budget for clinical services was £6.992M, with cost pressures of £300k in demand-led Genito-Uninary Medicine (GUM clinic presentations). A total of over £29m was spent on sexual health services across Lambeth, Southwark and Lewisham, mainly on clinic- based GUM services

6.3 As part of the Lewisham Futures Programme a savings proposal of up to £322k was set against sexual health. Delivering this level of saving may make the implementation of aspects of the Action Plan very challenging. A final decision regarding the level of investment in sexual health by Lewisham Council will be made in February 2015

7. Legal Implications

7.1 There are no specific legal implications arising but it should be noted that, with effect from 1 April 2013, local authorities are required to ensure that comprehensive, open access, confidential sexual health services are available to all people who are present in their area whether resident in their area or not.

7.2 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area

8. Crime and Disorder Implications

8.1 There are no Crime and Disorder implications arising from this report.

9. Equalities Implications

9.1 An Equalities Impact Assessment has been undertaken and is being further developed to incorporate the detailed response to the consultation.

10. Environmental Implications

10.1 There are no environmental implications arising from this report.

11. Conclusion

11.1 The consultation on the Strategy endorsed the overall direction of travel. The Action Plan incorporates responses to the Strategy Consultation. Delivery on key actions described in the Action Plan for 2014-2015 are already underway.

Background Documents

Lambeth, Southwark and Lewisham Sexual Health Strategy 2014-2017
Lambeth, Southwark and Lewisham, Sexual Health Epidemiology, 2013/14

Both documents are available at:
http://www.lambeth.gov.uk/consultations/lambeth-southwark-lewisham-sexual-health-strategy-consultation

If there are any queries on this report please contact Elizabeth Clowes, Assistant Director, Commissioning, Social Inclusion, Lambeth Integrated Commissioning Team, EClowes@lambeth.gov.uk

LSL Sexual Health Strategy Action Plan

1 Introduction

This Action Plan is aligned with the Lambeth Southwark and Lewisham Sexual Health Strategy 2014-2017, Southwark and Lewisham Sexual Health Epidemiology Report 2013 and local NHS commissioning strategies . The Action Plan details key actions and timescales for delivery of the commitments made within the Lambeth Southwark and Lewisham Sexual Health Strategy, 2014-2017.

2 The Lambeth Southwark and Lewisham Sexual Health Strategy

Lambeth, Southwark and Lewisham (LSL) have the highest rates of sexually transmitted infections, HIV and teenage conception rates in London and the UK. The LSL Sexual Health Strategy 2014-17 outlines how LSL will tackle the high levels of need in the three boroughs and set clear prevention and promotion programmes in place.

The strategy describes 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

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

The strategy is based on a public health needs assessment (Lambeth, Southwark and Lewisham Sexual Health Epidemiology 2013) conducted and written by Lambeth, Southwark and Lewisham Public Health teams. The Strategy 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.

3 Key messages from LSL Lambeth, Southwark and Lewisham Sexual Health Epidemiology Report

The Lambeth, Southwark and Lewisham Sexual Health Epidemiology Report 2013, conducted and written by Lambeth, Southwark and Lewisham Public Health teams, includes a detailed analysis on sexual health need within the three boroughs. In particular the Report highlights:

- 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 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.

Based on the local epidemiology identified in the LSL Sexual Health Epidemiology Report the priority groups for work in LSL are:

- MSM
- Black Ethnic populations
- Young people
- Other new and emerging vulnerable groups will require targeted interventions.

4 Other local strategies and plans

The LSL Sexual Health Strategy 2014-2017 and this Action Plan align with a number of other local strategies and plans. Wherever possible, commissioners will work in partnership with collegues delivering on these aligned strategies to strengthen work. It is anticipated that aligned strategies include those listed in Appendix 1. This list is illustrative of the scope of sexual health. As such it is envisaged that a range of additional local and national stategy and policy will influence partnership working to deliver on the work outlined in the LSL Sexual Health Strategy.

5 The LSL Action Plan

Year 1: 2014- 2015

No.	Strategic priority	Actions/Commissioning Intentions	Date completed
1	Invest in prevention and reshape the commissioning of sexual health promotion to deliver improved health outcomes	Develop commissioning plan and specification for procuring LSL-wide Sexual Health Promotion targeted at Black African communities and MSM. Programme to include: • HIV Prevention • LSL wide condom distribution • Expanding access to HIV testing • Direct interventions with individuals/communities • Focus on working with faith leaders and faith organisations • Focus on substance mis-use (eg 'chemsex') • Prioritisting the most vulnerable (ie the most vulnerable within identified priority groups) • Responding to emerging local need in LSL as it arises (eg STI outbreak - Shigella) and specific local needs (eg FGM)	January 2015
		Consultation with stakeholders, including community sector organisations, on procurement of LSL-wide Sexual Health Promotion and HIV Prevention Programme.	March 2015
		Continue to invest in and manage the London HIV Prevention Programme	Ongoing
		Support and link in with local work on Hepatitis including in partnership with substance misuse	Ongoing
		Support and link in with local work on female genital mutilation (FGM) including the joint Southwark and Lewisham plan for and Lambeth Violence Against Women and Girls. Ensuring all commissioned work, where appropriate, takes into account Multi-agency Practice Guidelines: Female Genital Mutilation (HM Govt 2014).	Ongoing

2	Work towards a new model for sexual health services, whereby basic needs are met in the community, freeing up services to focus more in those most in need. This will include identifying optimum contracting mechanisms.	Participate as full partner in the London GUM Collaborative Commissioning Partnership to develop contacting mechanisms, basic service specification and inform contract negotations (to be undertaken by North East London CSU) to inform final contract position for London GUM services 2015 onwards.	March 2015
		Meet with key stakeholders to review model for sexual health services. Model to be aligned with outcomes from review of primary care and commissioning plan for sexual health promotion programme.	March 2015 and ongoing into 2016
		Online sexual health service procured and service live (Lambeth and Southwark)	January 2015
3	Create more cost-effective services by shifting more sexual health provision into primary care and community pharmacy.	Review of primary care in LSL by Primary Care Board Sub-group to include: mapping of current contracts and activity • needs assessment • workforce development • opportunities for development.	February 2015
		Options appraisal for developing sexual health services in community pharmacy	March 2015
		Commissioning plan for sexual health services in community pharmacy	March 2015
		Pilot of HIV testing in pharmacies scoped	March 2015
4	Deliver improved services for people living with HIV by implementing the recommendations of the HIV Care and Support Review (2011/2012	Commission new peer support service	January 2015
		Review of CASCAID (SLAM) service specification	March 2015
5	Reduce rate of TOPS especially repeat TOPS	Review contracts for 2015-2016	January 2015

6	Safeguard young people and reach out to the most vulnerable to improve their sexual health	Re-focus WUSH specification in line with WUSH evaluation	
		Procure LSL wide C-card scheme for young people	March 2015
7	Engage with stakeholders and service users	Review and strengthen current engagement mechanisms, including reviewing LSL networks and forums with focus on engagement with community sector organisations	March 2015
		Consult with Stakeholders, including community sector organisations, on commissioning and procurement of LSL-wide Sexual Health Promotion and HIV Prevention.	March 2015

Year 2: 2015 - 2016

No.	Strategic priority	Actions/Commissioning Intentions	Date completed
1	Invest in prevention and reshape the commissioning of sexual health promotion to deliver improved health outcome	LSL-wide sexual health promotion programme for African communities and MSM procured. Programme aligned with substance misuse strategy and services and LHPP	October
		Continue to invest in and manage the London HIV Prevention Programme	Ongoing
		Review and implement/support expansion of HIV testing into: • Acute medical settings (with CCG) • Home testing • Primary care (informed by primary care review and pilot) • Identified community settings	Ongoing until March 2016

2	Work towards a new model for sexual health services, whereby basic needs are met in the community, freeing up services to focus more in those most in need. This will include identifying optimum contracting mechanisms.	Work with sexual health services to review model for delivery of sexual health services. Scope to include: • Integrated services (including tariff) • Clinical skills mix identify how best to support workforce development • Service pathways • Self- management • Sites To be informed by: learning from Modernisation Initiative; learning from service reviews Stakeholder consultation event held	October 2015
3	Create more cost-effective services by shifting more sexual health provision into primary care and community pharmacy.	Options appraisal for sexual health services in General Practice completed	April
		New pharmacy sexual health services procured and new programme live	October 2015
		HIV testing pilot live	April 2015
		New general practice sexual health services procured and new programme live	December 2015
4	Deliver improved services for people living with HIV by implementing the recommendations of the HIV Care and Support Review	Work with CNS service to remodel and respecify service to focus on those most in need. Review pathways to ensure robust signposting and referral.	July 2015
		Review assessment, advice and advocacy, counselling and family support services and re-procure or re-shape new services	July 2015
5	Reduce rate of TOPS especially repeat TOPS	Negotiate alcohol IBA as standard offer with TOPs	April 2015
		Strengthen and develop pathway for post TOP contraception especially 25-35 and under 18	April 2015
		Conduct research at ward level on repeat TOP to better profile need and trends	July 2015
		Develop and commission pilot focused on women and girls experiencing violence	July 2015
		Review acute TOP and vasectomy activity to understand variance in funding by borough	July 2015
6	Safeguard young people,	Undertake a strategic review of commissioning of young people's sexual health	August 2015

	reaching out to the most vulnerable to improve their sexual health	services across LSL	
		Develop commissioning plan based on young people's review to include focus on: • sexual health promotion, including work with local faith communities, Teenage Pregnancy and SRE in schools and non-school setting • clinical services • working with teengage pregnancy programmes • the most vulnerable young people	September 2015
	Engage with stakeholders and service users	Implement and support strengthened engagement mechanisms, including reviewing LSL networks and forums and use to inform service evaluation and commissioning strategy	April 2015 and ongoing

Year 3: 2016 -2017

No.	Strategic priority	Actions/Commissioning Intentions	Date completed
1	Invest in prevention and reshape the commissioning of sexual health promotion to deliver improved health outcome	Year 2 of LSL-wide sexual health promotion programme for African communities and MSM	March 2017
		Continue to support implementation of expansion of HIV testing into: • acute medical settings (with CCG) • Home testing • Primary care (informed by primary care review and pilot)	Ongoing
		Continue to invest in and manage the London HIV Prevention Programme	Ongoing
2	Work towards a new model for sexual health services, whereby basic needs are met in the community, freeing up services to focus more in those most in need. This will include identifying optimum contracting	Agree model for delivery of sexual health services and develop specification for new services	April 2016
		Review of SH24 online sexual health service completed and plans for onward commissioning finalised	June 2016

	mechanisms.		
3	Create more cost-effective services by shifting more sexual health provision into primary care and community pharmacy.	Review sexual health services being delivered in primary care to inform commissioning for 2017-2020	September 2016
4	Deliver improved services for people living with HIV by implementing the recommendations of the HIV Care and Support Review	Work with CNS service to remodel and respecify service to focus on those most in need. Review pathways to ensure robust signposting and referral.	September 2016
		Review new Assessment, Advice and Advocacy, Counselling and family support services	September 2016
5	Reduce rate of TOPS especially repeat TOPS	Respeficify TOP services for 2017-2020 to take into account research and reviews from Year 2	October 2016
6	Safeguard young people and reach out to the most vulnerable to improve their sexual health	Young people's services for 2017-2020 re-procured or res-shaped based on young people sexual health services strategic review – new programme live	April 2017
7	Engage with stakeholders and service users	Review engagement mechanisms and ensure fit for purpose for 2017-2020	December 2016

Appendix 1: Examples of aligned strategies

- Lewisham Drug and Alcohol Strategy at http://www.lewisham.gov.uk/myservices/socialcare/health/Drugs-and-alcohol/Pages/Drug-and-alcohol-strategy.aspx
- Lewisham CCG and LB Lewisham Achieving a healthier and happier future for all, Health and wellbeing strategy at http://www.lewisham.gov.uk/myservices/socialcare/health/improving-public-health/Documents/Health%20and%20Wellbeing%20Strategy.pdf
- Violence Against Women and Girls – Guide, Lambeth Council at http://lambeth.gov.uk/social-support-and-health/abuse-and-violence/violence-against-women-and-girls-guide
- Lewisham Children and Young People's Plan at http://www.lewisham.gov.uk/myservices/socialcare/children/Pages/Children-and-Young-Peoples-Plan.aspx
- Lambeth Mental Health Commissioning Strategy at http://lambeth.gov.uk/social-care-and-support/mental-health-commissioning-strategy
- Lambeth Carers Strategy at http://lambeth.gov.uk/social-care-and-support/carers-strategy
- Lambeth Community Plan at http://lambeth.gov.uk/sites/default/files/ec-community-plan-2013-16.pdf
- NHS Lambeth Clinical Commissioning Group Healthier Together: Five Year Strategy: 2014/15 to 2018/19 at
- http://www.lambethccg.nhs.uk/news-and-publications/publications/Documents/Current%20plans%20and%20strategies/NHS%20Lambeth%20CCG%20Five%20Year%20Strategy%20Healthier%20Together%202014-15-18-19.pdf
- Strategic Plan of the Lambeth Safeguarding Children's Board 2012- 2017 at http://moderngov.lambeth.gov.uk/documents/s52795/Strategic
- Valuing carers in Southwark at http://www.southwark.gov.uk/downloads/download/3605/our_draft_carers_strategy
- Southwark's Children and Families' Trust Children and Young People's Plan 2013-2016 at http://www.southwark.gov.uk/site/scripts/google_results.php?q=childrens+plan
- Southwark CCG LB Southwark Joint Mental Health Strategy at http://moderngov.southwark.gov.uk/documents/s41324/Mental%20Health%20Strategy%20-%20SCCG.pdf
- Southwark Health and Wellbeing Board and the Safer Southwark Partnership, Southwark's Alcohol strategy 2013 to 2016 at http://www.southwark.gov.uk/downloads/download/3449/2013-2016_alcohol_strategy

It is envisaged that a range of additional local and national stategy and policy will influence partnership working to deliver on the work outlined in the LSL Sexual Health Strategy.

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Healthier Communities Select Committee			
Title	Select Committee work programme		
Contributor	Scrutiny Manager	Item	8
Class	Part 1 (open)	14 January 2015	

1. Purpose

To advise Members of the proposed work programme for the municipal year 2014/15, and to decide on the agenda items for the next meeting.

2. Summary

2.1 At the beginning of the new administration, each select committee drew up a draft work programme for submission to the Business Panel for consideration.

2.2 The Business Panel considered the proposed work programmes of each of the select committees on 29 July 2014 and agreed a co-ordinated overview and scrutiny work programme. However, the work programme can be reviewed at each Select Committee meeting so that Members are able to include urgent, high priority items and remove items that are no longer a priority.

3. Recommendations

3.1 The Committee is asked to:

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

4. The work programme

4.1 The work programme for 2014/15 was agreed at the Committee's meeting on 16 July 2014.

4.2 The Committee is asked to consider if any urgent issues have arisen that require scrutiny and if any existing items are no longer a priority and can be removed from the work programme. Before adding additional items, each item should be considered against agreed criteria. The flow chart attached at **Appendix A** may help Members decide if proposed additional items should be added to the work programme. The Committee's work programme needs to be achievable in terms of the amount of meeting time available. If the Committee agrees to add additional item(s) because they are urgent and high priority, Members will need to consider

which medium/low priority item(s) should be removed in order to create sufficient capacity for the new item(s).

5. The next meeting

5.1 The following reports are scheduled for the meeting on 14 January 2014:

Agenda item	Review type	Link to Corporate Priority	Priority
SLaM: specialist care changes	Standard item	Active, healthy citizens	High
Development of the market for adult social care services	Standard item	Active, healthy citizens	Medium
Public Health performance dashboard	Performance monitoring	Active, healthy citizens	Medium
Community education Lewisham annual report	Performance monitoring	Active, healthy citizens	Medium
Leisure contract KPIs	Performance monitoring	Active, healthy citizens	Medium
Adult safeguarding	Standard Item	Active, healthy citizens	High
Implementation of the Care Act	Standard item	Active, healthy citizens	Medium

5.2 The Committee is asked to specify the information and analysis it would like to see in the reports for these item, based on the outcomes the committee would like to achieve, so that officers are clear on what they need to provide for the next meeting.

6. Financial Implications

There are no financial implications arising from this report.

7. 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.

8. Equalities Implications

8.1 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.

8.2 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.

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

9. Date of next meeting

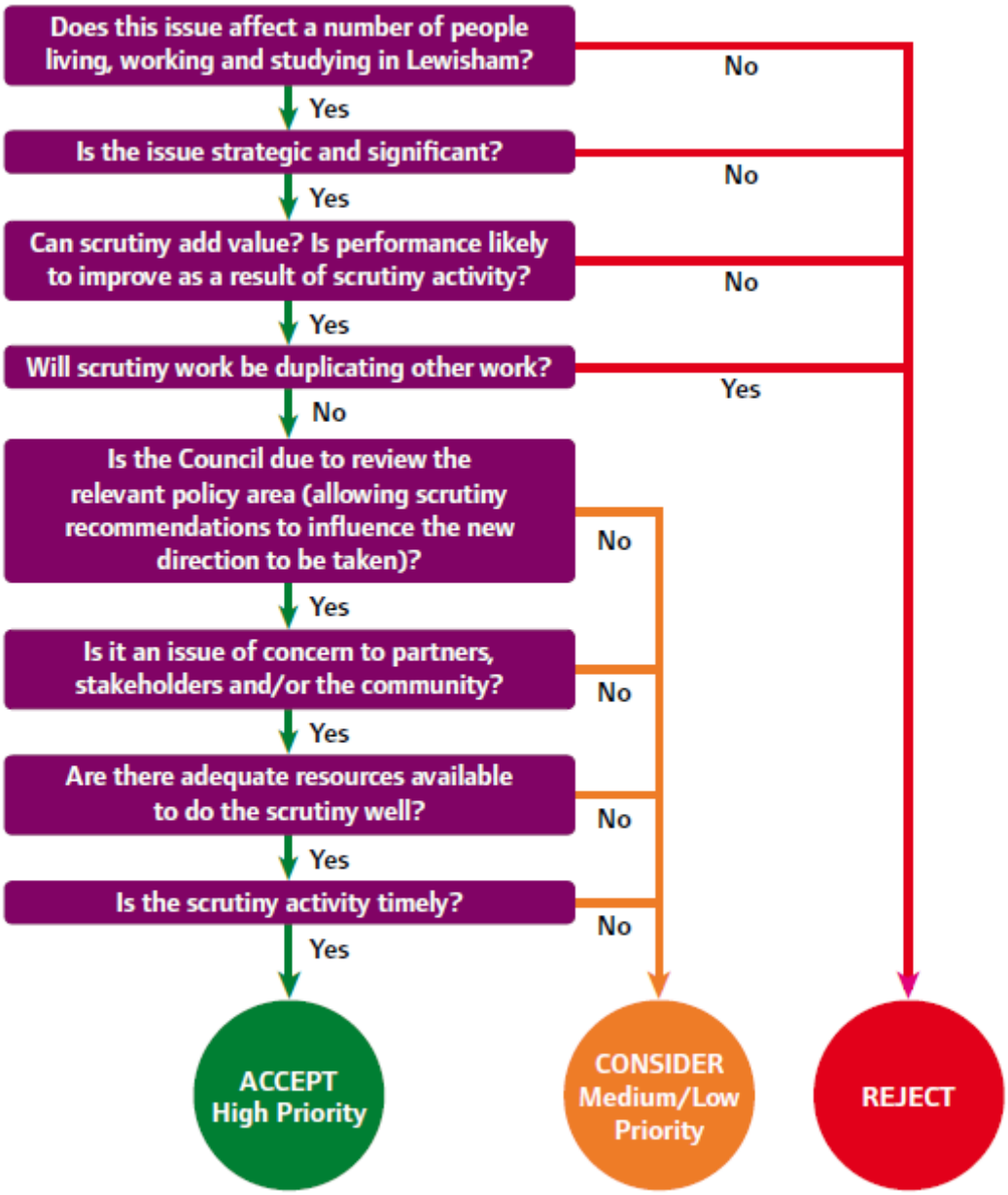
The date of the next meeting is Tuesday 24 February 2015

Background Documents

Lewisham Council's Constitution

Centre for Public Scrutiny: the Good Scrutiny Guide

Scrutiny work programme – prioritisation process



Healthier Communities Select Committee work programme 2014/15 — **Programme of work**

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 (LFP)	Standard item	High	CP9	On-going						
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 and action plan	Information item	Medium	CP9	Jan					Information	
Better care fund update	Standard item	Medium	CP9	Jul						
Community mental health review: update	Standard item	High	CP9	Dec						
King's: elective services proposals	Consultation	High	CP9	Feb						
Sustainability of community health initiatives	Standard item	Medium	CP9	Dec						
South East London five year commissioning strategy	Standard item	Medium	CP9	Sep						
Lewisham hospital update	Standard item	Medium	CP9	On-going		Nursing	Resilience		Improvement plan	
Emergency services review	Standard item	High	CP9	Dec			Resilience	LAS		
Delivery of the Lewisham Health & Wellbeing priorities	Performance monitoring	High	CP9	Oct						
Health and social care integration	Standard item	High	CP10	On-going						
Autism strategy and Campaign in Lewisham for Autism Spectrum Housing	Standard item	Medium	CP10	Dec						
Leisure centre contract	Performance monitoring	Medium	CP9	Dec						
Primary care strategy	Standard item	Medium	CP10	Jan						
LFP: Outcome of the public health proposals consultation	Consultation	High	CP9	Jan						
LFP: adult social care consultation	Consultation	High	CP9	Jan						
Future of day care services	Consultation	High	CP9	Jan						
SLaM specialist care changes	Consultation	High	CP9	Feb						
Development of the local market for adult social care services	Standard item	Medium	CP9	Feb						
Public Health performance dashboard	Standard item	Medium	CP9	Feb						
Community education Lewisham annual report	Performance monitoring	Medium	CP9	Feb						
Leisure contract KPIs	Performance monitoring	Medium	CP9	Feb						
Adult safeguarding	Standard item	High	CP9	Feb						
Implmentation of the Care Act	Standard item	Medium	CP9	Feb						
CQC update	Standard review	Medium	CP9	2015/16						
Transition from children's to adult social care	Standard review	Medium	CP9	2015/16						

	Item completed
	Item on-going
	Item outstanding
	Proposed timeframe
	Item added

Meetings					
1)	Wed	16 July	4)	Tue	02 December
2)	Wed	03 September	5)	Wed	14 January
3)	Tue	21 October	6)	Tue	24 February

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FORWARD PLAN OF KEY DECISIONS

Forward Plan January 2015 - April 2015

This Forward 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**
November 2014	**Council Tax Reduction Scheme Review**	Wednesday, 17/12/14 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
November 2014	**2015-16 Council Tax Base and 2015/16 NNDR Base**	Wednesday, 14/01/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
November 2014	**2015-16 Revenue Budget Savings**	Wednesday, 14/01/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
December 2014	**Acquisition of Property**	Wednesday, 14/01/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
November 2014	**Annual Complaints Report**	Wednesday, 14/01/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Joe Dromey, Cabinet Member Policy & Performance		
November 2014	**Approval public consultation Lewisham River Corridors**	Wednesday, 14/01/15	Janet Senior, Executive Director for Resources &		

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**
	Improvement Plan SPD	Mayor and Cabinet	Regeneration and Councillor Alan Smith, Deputy Mayor		
November 2014	**Bakerloo Line Extension Consultation**	Wednesday, 14/01/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
March 2014	**Community Infrastructure Levy Adoption version**	Wednesday, 14/01/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
December 2014	**Day Care Services**	Wednesday, 14/01/15 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member Health-Well-Being-Older People		
September 2014	**Draft Flood Management Strategy**	Wednesday, 14/01/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
December 2014	**Enforcement Lettings Agent Redress Scheme**	Wednesday, 14/01/15 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Damien Egan, Cabinet Member Housing		
December 2014	**Heathside & Lethbridge Phase**	Wednesday,	Kevin Sheehan,		

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	4 Land Appropiation	14/01/15 Mayor and Cabinet	Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
November 2014	**Housing Acquisition Programme Update**	Wednesday, 14/01/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
November 2014	**Housing Grounds Maintenance**	Wednesday, 14/01/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
December 2014	**Instruments of Government Multiple Schools**	Wednesday, 14/01/15 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
September 2014	**Introduction of a Borough 20mph zone**	Wednesday, 14/01/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
December 2014	**Leathersellers Federation Instrument of Government**	Wednesday, 14/01/15 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for		

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			Children and Young People		
December 2014	**Lewisham Homes Property Acquisition**	Wednesday, 14/01/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
December 2014	**Local Authority Governor Appointments and Nominations**	Wednesday, 14/01/15 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
December 2014	**London Councils Grants Scheme**	Wednesday, 14/01/15 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		
November 2014	**New Homes Better Places Phase 3**	Wednesday, 14/01/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
March 2014	**Planning Obligations SPD Adoption Version**	Wednesday, 14/01/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		

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December 2014	**Re-configuring Community Based Healthy Eating Initiatives**	Wednesday, 14/01/15 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member Health-Well-Being-Older People		
September 2014	**Regeneration Scheme Leaseholder buybacks**	Wednesday, 14/01/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
September 2014	**Award of Street advertising and Bus Shelter Contract**	Wednesday, 14/01/15 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
December 2014	**Delegation of Authority to use LOHAC in 2014/15**	Wednesday, 14/01/15 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
November 2014	**Delivery of Dementia Advice and Information Service Contract**	Wednesday, 14/01/15 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member Health-Well-Being-Older People		
December 2014	**Variation of Contract Award Haseltine Primary School**	Wednesday, 14/01/15 Mayor and Cabinet (Contracts)	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin,		

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			Cabinet Member for Children and Young People		
November 2014	**2015-16 Council Tax Base and 2015/16 NNDR Base**	Wednesday, 21/01/15 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
November 2014	**Council Tax Reduction Scheme Review**	Wednesday, 21/01/15 Council	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
December 2014	**Extension of Statutory Public Funerals Contract**	Tuesday, 27/01/15 Overview and Scrutiny Business Panel	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member Health-Well-Being-Older People		
December 2014	**Procurement of the Removals, Storage and Delivery Service**	Tuesday, 27/01/15 Overview and Scrutiny Business Panel	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
December 2014	**Savings Proposals Delegated to Executive Directors for Community Services, Customer Services and Resources and Regeneration**	Tuesday, 27/01/15 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration, Aileen Buckton, Executive Director for Community		

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			Services, Frankie Sulke, Executive Director for Children and Young People and Councillor Kevin Bonavia, Cabinet Member Resources		
December 2014	**Award of contract for works at Holbeach Primary School**	Tuesday, 27/01/15 Overview and Scrutiny Education Business Panel	Janet Senior, Executive Director for Resources & Regeneration and Councillor Paul Maslin, Cabinet Member for Children and Young People		
December 2014	**Award of contract for works at Kender Primary School**	Tuesday, 27/01/15 Overview and Scrutiny Education Business Panel	Janet Senior, Executive Director for Resources & Regeneration and Councillor Paul Maslin, Cabinet Member for Children and Young People		
December 2014	**Contract Award Launcelot Primary school**	Tuesday, 27/01/15 Overview and Scrutiny Education Business Panel	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
December 2014	**Savings Proposals Delegated to Executive Director CYP**	Tuesday, 27/01/15 Overview and Scrutiny Education Business Panel	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young		

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			People		
November 2014	**Budget 2015-16**	Wednesday, 11/02/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
September 2014	**Church Grove Custom Build**	Wednesday, 11/02/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
August 2014	**Customer Service centre out of hours switchboard Procurement**	Wednesday, 11/02/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
September 2014	**Deptford Southern Sites Regeneration Project**	Wednesday, 11/02/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
December 2014	**New Homes Better Places funding Update**	Wednesday, 11/02/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
December 2014	**Phoenix Community Housing Board**	Wednesday, 11/02/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and		

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			Councillor Damien Egan, Cabinet Member Housing		
March 2014	**Review of Blackheath Events Policy 2011**	Wednesday, 11/02/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
June 2014	**Surrey Canal Triangle - Compulsory Purchase Order Resolution**	Wednesday, 11/02/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
December 2014	**Voluntary Sector Accomodation**	Wednesday, 11/02/15 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		
November 2014	**Award of Highways Public Realm Contract Coulgate Street**	Wednesday, 11/02/15 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
November 2014	**Prevention and Inclusion Team Contract**	Wednesday, 11/02/15 Mayor and Cabinet (Contracts)	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		

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November 2014	**Procurement of the School Catering Contract service**	Wednesday, 11/02/15 Mayor and Cabinet (Contracts)	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
December 2014	**Savings Proposals Delegated to Executive Directors for Community Services, Customer Services and Resources and Regeneration**	Tuesday, 17/02/15 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration, Aileen Buckton, Executive Director for Community Services, Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
December 2014	**Savings Proposals Delegated to Executive Director CYP**	Tuesday, 17/02/15 Overview and Scrutiny Education Business Panel	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
November 2014	**Budget Update 2015-16**	Wednesday, 18/02/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		

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November 2014	**2015/16 Budget Report**	Wednesday, 25/02/15 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
December 2014	**Asset Management Strategy (Highways)**	Wednesday, 04/03/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
December 2014	**Catford Town Centre CRPL Business Plan 2015/16**	Wednesday, 04/03/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
June 2014	**Housing Strategy 2015 - 2020**	Wednesday, 04/03/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
November 2014	**Pay Policy Statement**	Wednesday, 04/03/15 Mayor and Cabinet	Andreas Ghosh, Head of Personnel & Development and Councillor Kevin Bonavia, Cabinet Member Resources		
September 2014	**Strategic Asset Management Plan 2015-2020**	Wednesday, 04/03/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith,		

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			Deputy Mayor		
November 2014	**Award of Design and Build Contract Phase 1 Grove Park Public Realm Project**	Wednesday, 04/03/15 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
September 2014	**Prevention and Inclusion Contract Extension and Commissioning Recommendation**	Wednesday, 04/03/15 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member Health-Well-Being-Older People		
September 2014	**Prevention and Inclusion Framework Contract Award**	Wednesday, 04/03/15 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member Health-Well-Being-Older People		
November 2014	**Procurement of the School Kitchen Maintenance Contract**	Wednesday, 04/03/15 Mayor and Cabinet (Contracts)	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
December 2014	**Annual Lettings Plan**	Wednesday, 25/03/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		

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November 2014	**School Admissions 2015-16**	Wednesday, 25/03/15 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
December 2014	**Catford Town Centre CRPL Business Plan 2015/16**	Thursday, 26/03/15 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
December 2014	**Pay Policy**	Thursday, 26/03/15 Council	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		