Public Document Pack

Overview and Scrutiny Committee Agenda

Tuesday, 19 July 2016
7.00 pm
Civic Suite
Lewisham Town Hall
London SE6 4RU

For more information contact: Timothy Andrew (Tel: 020 8314 7916)

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

Part 1

Item		Pages
1.	Minutes of the meeting held on 10 March and 30 March	1 - 7
2.	Declarations of interest	8 - 10
3.	Response from Mayor and Cabinet to the referral on key planning issues	11 - 14
4.	Response from Mayor and Cabinet to the referral on turning South London Orange	15 - 21
5.	Sustainability and Transformation Plan, Devolution Pilot and One Public Estate Update	22 - 51
6.	London Ambulance Service	52 - 82
7.	Referrals to Mayor and Cabinet	

Members of the public are welcome to attend committee meetings. However, occasionally, committees may have to consider some business in private. Copies of agendas, minutes and reports are available on request in Braille, in large print, on audio tape, on computer disk or in other languages.

Overview and Scrutiny Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Tuesday, 19 July 2016.

Barry Quirk, Chief Executive
Monday 11 July 2016

Councillor Alan Hall (Chair)

Councillor Gareth Siddorn (Vice-Chair)
Councillor Obajimi Adefiranye
Councillor Abdeslam Amrani
Councillor Chris Barnham
Councillor Paul Bell
Councillor Peter Bernards
Councillor Andre Bourne
Councillor David Britton
Councillor Bill Brown
Councillor Suzannah Clarke
Councillor John Coughlin
Councillor Liam Curran
Councillor Brenda Dacres
Councillor Amanda De Ryk
Councillor Colin Elliott
Councillor Carl Handley
Councillor Maja Hilton
Councillor Simon Hooks
Councillor Mark Ingleby
Councillor Stella Jeffrey
Councillor Liz Johnston-Franklin
Councillor Alicia Kennedy
Councillor Roy Kennedy
Councillor Helen Klier
Councillor Jim Mallory
Councillor David Michael
Councillor Jamie Milne
Councillor Hilary Moore
Councillor Pauline Morrison
Councillor John Muldoon
Councillor Olurotimi Ogunbadewa
Councillor Crada Onuegbu
Councillor Jacq Paschoud
Councillor John Paschoud
Councillor Pat Raven
Councillor Joan Reid
Councillor Jonathan Slater
Councillor Luke Sorba
Councillor Eva Stamirowski
Councillor Alan Till

Councillor Paul Upex
Councillor James-J Walsh
Councillor Susan Wise

MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 10 March 2016 at 7.30 pm

PRESENT: Councillors Alan Hall (Chair), Gareth Siddorn (Vice-Chair), Chris Barnham, Andre Bourne, Suzannah Clarke, Liam Curran, Brenda Dacres, Colin Elliott, Maja Hilton, Mark Ingleby, Roy Kennedy, Jim Mallory, David Michael, Jamie Milne, John Muldoon, Olurotimi Ogunbadewa, Crada Onuegbu, Jacq Paschoud, John Paschoud, Joan Reid, Alan Till, Paul Upex and James-J Walsh.

APOLOGIES: Councillors Obajimi Adefiranye, Abdeslam Amrani, Paul Bell, Peter Bernards, David Britton, Bill Brown, John Coughlin, Amanda De Ryk, Carl Handley, Simon Hooks, Ami Ibitson, Stella Jeffrey, Liz Johnston-Franklin, Alicia Kennedy, Helen Klier, Hilary Moore, Pauline Morrison, Pat Raven, Jonathan Slater, Luke Sorba, Eva Stamirowski and Susan Wise.

ALSO PRESENT: Timothy Andrew (Interim Overview and Scrutiny Manager), Robyn Fairman (Head of Strategy), Simon Moss (Policy and Development Manager, Transport), Freddie Murray (SGM Asset Strategy and Technical Support), Barrie Neal (Head of Corporate Policy and Governance), Jonathan Roberts (JRC) and Brell Wilson (Researcher) (Centre for London).

1. Minutes of the meeting held on 25 January 2016

Resolved: that the minutes of the meeting on 25 January be agreed as an accurate record.

2. Declarations of interest

Councillor John Muldoon declared a personal interest in relation to item four as a member of the Labour transport group.
Councillor James Walsh declared a personal interest in relation to item four as the founder of the *Bakerloo line extension.com*.

3. Mayoral responses on devolution and on the London Fire Brigade

3.1 Robyn Fairman (Head of Strategy) responded to questions about the Committee's referral on Devolution. The following key points were noted:

- There had been a long history of partnership working between London boroughs. What was being offered at present was Devolution to the Greater London Authority as part of the discussion about the London Proposition.
- Members were concerned about the seeming lack of public engagement in the proposals for devolution.
- Members were also concerned that there was a 'democratic deficit' in the discussions.
- From a scrutiny perspective, the Committee was interested to understand further how the proposals might be reviewed and decision makers held to account.

Resolved: that the response to the Committee's referrals on the London Fire Brigade and on Devolution be noted.

4. The Future of South London's Suburban Railways

4.1 Brell Wilson (Researcher, Centre for London) and Jonathan Roberts (Jonathan Roberts Consulting) gave a presentation to the Committee (attached to the minutes) setting out the key elements of the paper on ‘turning South London Orange’. The presentation highlighted the key challenges and potential opportunities for transport capacity, future planning and development of capacity in Lewisham and South East London.

4.2 Brell Wilson (Researcher, Centre for London) and Jonathan Roberts (Jonathan Roberts Consulting) responded to questions from the Committee. In the discussion that followed, the following key points were noted:

- The Committee agreed that the Bakerloo Line is a good scheme but acknowledged identifying funds was a difficult task.
- It would be difficult to replicate the formula for developer contributions that had been used to fund the extension of the Northern Line to Battersea. As part of the Nine Elms enterprise zone agreement, the Treasury had agreed to give up business rates in the area for 25 years.
- The developments at Nine Elms also had very high residential and commercial values that were different from those in Lewisham.
- There were concerns about the operation of the Thameslink and Southern franchise. The Mayor of London’s office would be looking at which franchises might be taken over by Transport for London (TfL).
- Members felt that all improvements by TfL should be subject to public consultation.
- There were ongoing issues with the service at the stations on the so-called ‘Catford/Bellingham loop’ line. It was likely that figures for ridership were being undercounted by around 20-50% in official figures. Having reliable numbers on which to base discussions would be an important starting point for any change in services on the loop.
- Improvements to stations tended to generate further pressure on services.
- One of the difficulties of making major improvements on busy lines was the disruption caused by having to close stations during the work.
- There were not particularly strong arguments to develop a second Brighton Mainline. Capacity through Gatwick was not likely to be an issue because demand for services from the airport was more evenly spread outside of peak times.
- Lewisham might want to positon itself to make the best use of any possible future link between Croydon and Canary Wharf.
- Further engagement with the public might help the Council to develop its corporate response to the issues raised and act as the start of a broader public campaign.

4.3 The Committee agreed to share its views with Mayor and Cabinet, as follows:

4.4 The Committee welcomes the detailed work carried out to develop the proposals in *Turning South London Orange*. The Committee also notes the publication that same day of two significant reports from the National Infrastructure Commission on the strategic case for additional large-scale transport in London and the south east[1].

---

[1] Transport for a World City and Review of the Case for Large Scale Transport Investment in London available at: **http://tinyurl.com/je87su3**

4.5 Most significantly, the Committee recognises the specific opportunities for Lewisham including the potential for:

- additional services on the Hayes Line creating a 10 minute Overground service
- additional services between Lewisham and Victoria
- a new interchange at Brockley Station between the East London Line and services between Lewisham and Victoria

4.6 At the same time, TfL and DfT have launched a joint prospectus, which responds to such demands from boroughs. The prospectus outlines a new approach to rail passenger services in London and the south east, and is seen to pave the way for a wider rollout of London Overground services.

4.7 It is envisaged that new Overground routes will be planned as part of the re-franchising of existing routes and services. The first opportunity is therefore likely to be with the re-franchising of the south eastern network in 2018.

4.8 The Committee believes that further engagement with the public and key stakeholders will be necessary to develop future proposals and plans for improving the rail network in order to best serve the interests of south east London in the face of the huge and growing demands on the current south east London rail infrastructure.

4.9 The Committee recommends that Mayor and Cabinet engage with officers to advance a proactive corporate approach to the future of south London's rail services and that this should give particular consideration to the issues identified in *Turning South London Orange* and other key strategic documents such as those reported by National Infrastructure Commission.

4.10 The Committee recommends that the Council should develop plans to address those key points raised with the Committee by the Centre for London, which include:

- a clear statement of the needs and priorities of the Lewisham area
- the feasibility of items identified in the *Turning South London Orange* report and in TfLs proposals
- consultation by the rail industry with stakeholders and identification of all relevant projects
- the optimal time window for project delivery needs to be identified and progressed
- consideration of the options for establishing a joint programme to implant the Lewisham area as a strategic planning priority for future south central and south eastern rail investment projects

4.11 The Committee also recommends that the Council takes a proactive position on the future of rail services on the Thameslink route (through Catford and Bellingham) and ensures that the running of at least four trains an hour forms part of the negotiations (with TfL or others) for the future franchise of the line beyond 2020.

Resolved: That the Committee's views be referred to Mayor and Cabinet.

5. Referrals to Mayor and Cabinet

Resolved: that the Committee's views under item four be referred to Mayor and Cabinet.

The meeting ended at 9.00 pm

Chair: ---

Date: ---

MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 30 March 2016 at 9.12 pm

PRESENT: Councillors Alan Hall (Chair), Gareth Siddorn (Vice-Chair), Obajimi Adefiranye, Abdeslam Amrani, Paul Bell, Peter Bernards, Andre Bourne, David Britton, Bill Brown, Suzannah Clarke, Liam Curran, Brenda Dacres, Amanda De Ryk, Colin Elliott, Carl Handley, Maja Hilton, Simon Hooks, Ami Ibitson, Mark Ingleby, Stella Jeffrey, Liz Johnston-Franklin, Alicia Kennedy, Roy Kennedy, Helen Klier, Jim Mallory, David Michael, Pauline Morrison, John Muldoon, Olurotimi Ogunbadewa, Crada Onuegbu, Jacq Paschoud, John Paschoud, Pat Raven, Joan Reid, Jonathan Slater, Luke Sorba, Eva Stamirowski, Alan Till, Paul Upex, James-J Walsh and Susan Wise.

Apologies for absence were received from Councillor Chris Barnham, Councillor John Coughlin, Councillor Jamie Milne and Councillor Hilary Moore.

1. Election of Chair and Vice-Chair 2016/17

Resolved that Councillor Alan Hall be elected as Chair and Councillor Gareth Siddorn be elected as Vice Chair for the Municipal Year 2016-17.

2. Chairs and Vice Chairs of Select Committees 2016/17

RESOLVED that the proposed proportional allocation of Chairs and Vice-Chairs of Select Committees be approved

3. Appointments to Select Committees 2016/17

RESOLVED that members be appointed to Committees as follows:

Business Panel & O&S (Education) Business Panel (10)	Councillor Alan Hall (Chair) Councillor Gareth Siddorn (Vice-Chair) Councillor Liam Curran Councillor Brenda Dacres Councillor Carl Handley Councillor Jim Mallory Councillor David Michael Councillor Jamie Milne Councillor Hilary Moore Councillor John Muldoon
Public Accounts *(10)*	Councillor Jamie Milne Councillor Chris Barnham Councillor Skip Amrani Councillor Amanda De Ryk Councillor Brenda Dacres Councillor Ami Ibitson Councillor Mark Ingleby

	Councillor Roy Kennedy Councillor Jim Mallory Councillor Crada Onuegbu
Healthier Communities *(10)*	Councillor John Muldoon Councillor Stella Jeffrey Councillor Paul Bell Councillor Colin Elliott Councillor Ami Ibitson Councillor Jamie Milne Councillor Jacq Paschoud Councillor Joan Reid Councillor Alan Till Councillor Susan Wise
Children & Young People *(10)*	Councillor Hilary Moore Councillor Luke Sorba Councillor Chris Barnham Councillor Andre Bourne Councillor David Britton Councillor Simon Hooks Councillor Liz Johnston-Franklin Councillor Helen Klier Councillor Jacq Paschoud Councillor Alan Till
Safer & Stronger Communities *(10)*	Councillor David Michael Councillor Jamie Walsh Councillor Brenda Dacres Councillor Colin Elliott Councillor Stella Jeffrey Councillor Alicia Kennedy Councillor Jim Mallory Councillor John Paschoud Councillor Luke Sorba Councillor Paul Upex
Sustainable Development *(10)*	Councillor Liam Curran Councillor Suzannah Clarke Councillor Bill Brown Councillor Amanda De Ryk Councillor Jamie Walsh Councillor Mark Ingleby Councillor Pauline Morrison Councillor Eva Stamirowski Councillor Pat Raven Councillor Paul Upex
Housing *(10)*	Councillor Carl Handley Councillor Peter Bernards Councillor John Coughlin Councillor Maja Hilton Councillor Simon Hooks Councillor Liz Johnston-Franklin Councillor Olurotimi Ogunbadewa Councillor John Paschoud

	Councillor Joan Reid Councillor Jonathan Slater

Overview and Scrutiny Committee			
Title	Declarations of Interest	**Item No.**	2
Contributor	Chief Executive		
Class	Part 1 (open)		19 July 2016

Declaration of interests

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

1 Personal interests

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

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

2 Disclosable pecuniary interests are defined by regulation as:-

(a) Employment, trade, profession or vocation of a relevant person* for profit or gain

(b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).

(c) Undischarged contracts between a relevant person* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.

(d) Beneficial interests in land in the borough.

(e) Licence to occupy land in the borough for one month or more.

(f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.

(g) Beneficial interest in securities of a body where:-

(a) that body to the member's knowledge has a place of business or land in the borough; and

(b) either
(i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or

(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

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

(3) Other registerable interests

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

(a) Membership or position of control or management in a body to which you were appointed or nominated by the Council

(b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party

(c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25

(4) Non registerable interests

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

(5) Declaration and impact of interest on members' participation

(a) Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take 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)

Overview and Scrutiny Committee			
Title	Mayoral response to the comments of the Overview and Scrutiny Committee on Key Planning Issues		
Key Decision	No		Item No 3
Ward	All		
Contributors	Executive Director for Resources & Regeneration (Head of Business & Committee)		
Class	Part 1 (open)		July 19 2016

1. Summary

This report informs members of the response given at Mayor and Cabinet to a referral in respect of discussions which the Committee presented in February 2016.

2. Purpose of the Report

To report to members the response given at Mayor and Cabinet to recommendations made by the Committee regarding Key Planning Issues.

3. Recommendation

The Committee is recommended to receive the Mayoral response.

4. Background

4.1 The Mayor considered the attached report entitled “Response to the referral by the Overview & Scrutiny Committee on key planning issues” at the Mayor & Cabinet meeting held on May 18 2016.

5. Mayoral Response

5.1 Having considered an officer report, and a presentation by the Deputy Mayor Councillor Alan Smith, the Mayor resolved that the proposed response to the comments and views of the Sustainable Development Select Committee as set out be approved and reported to the Select Committee

BACKGROUND PAPERS

Mayor & Cabinet minutes 18 May 2016

If you have any queries on this report, please contact Sarah Assibey, Committee Support Officer, 0208 314 8975

Mayor and Cabinet			
Report Title	Response to the referral by the Overview & Scrutiny Committee on key planning issues		
Key Decision	No		Item No.
Ward	All		
Contributors	Executive Director of Resources & Regeneration		
Class	Part 1		Date: 18 May 2016

1. Summary

1.1 This report sets out the Executive Director's response to the recommendations arising from the Overview and Scrutiny Committee's key planning issues presentation, which was considered at the Mayor and Cabinet meeting of 18 May 2016.

2. Purpose

2.1 The Overview and Scrutiny Committee presented the key planning issues presentation and Recommendations to the Mayor at the Mayor and Cabinet meeting on 10 February 2016. The purpose of this report is to set out the Executive Director's response to the recommendations arising from the key planning issues presentation.

3. Recommendations

3.1 The Mayor is recommended to:

(a) Approve the response from the Executive Director for Resource and Regeneration to the Overview and Scrutiny Committee

(b) Agree the content of this report and agree that the matters discussed in this report be reported back to the Overview and Scrutiny Committee.

4. Policy Context

4.1 The contents of this report are consistent with the Council's Sustainable Community Strategy policies 'Empowered and Responsible'.

4.2 The Council's existing planning policies are contained in the Local Plan. The Council's Local Plan comprises the Core Strategy (2011) which sets out the strategic vision for the borough's high streets, the Development Management Local Plan (2014) which sets out the detailed policies used to guide decisions on planning applications in order to implement the strategic vision contained in the Core Strategy and the Lewisham Town Centre Local Plan (2014) which is an area based Local Plan. These documents are in conformity with the Mayor

of London's London Plan and national policy which seek to secure up to 50% affordable housing, subject to viability.

4.3 The Council's Planning Obligations SPD was adopted by full Council on 25th February 2015 and details the likely type and scale of planning obligations for development proposals in the borough, to ensure that the impact of development on infrastructure and services can be adequately mitigated. It also seeks to establish a transparent, fair and consistent process for negotiating, securing and monitoring planning obligations and notes the basis on which a viability review should be undertaken.

5. Background

5.1 On 25 January 2016, the full Overview and Scrutiny Committee considered a report entitled *Key Planning Issues (the Housing and Planning Bill and Financial Viability)* which included a presentation on financial viability from Anthony Lee (BNP Paribas). **Attached at Appendix 1.**

6. Recommendation made by the Overview and Scrutiny Committee

6.1 The referral report recommended at paragraph 3.2 to forward the presentation to Mayor and Cabinet and request that particular consideration be given to the *key messages* slide and the information on the potential impact of starter homes on other affordable housing products. The Sustainable Development and Housing Select Committees have also been asked to consider this. In addition, when more detail is available in relation to the proposals contained within the Housing and Planning Bill the recommendation noted that it will be important for all three of these meeting bodies to consider it.

6.2 **Response:**

The contents of the presentation and the key planning issues slide are noted, in particular the conclusion which highlights that:

- Cutting S106 and AH is not the only way of improving viability
- Planning as an obstacle to growth – land value is also a key factor
- Considering growth will be increasingly important
- Delivering Starter Homes AND mainstream AH will be challenging

Officers note that the position with viability and the delivery of affordable housing continues to be challenging particularly in light of the Housing and Planning Bill. The Head of Planning will continue to monitor the Bill and Starter Homes and update as necessary. The Planning Service will continue to aim for affordable housing in individual schemes to be delivered in a form that is genuinely affordable to Lewisham residents' and at a level which is maximised whilst still delivering the necessary growth and securing high quality design.

7. Legal Implications

7.1 The report sets out for approval the response from the Executive Director to the Overview and Scrutiny Committee on matters raised, there are no direct legal implications on the responses.

8. Financial Implications

8.1 There are no specific financial implications arising from this report per se.

9. Equalities implications

9.1 Lewisham's Comprehensive Equalities Scheme (CES) 2012-16 describes the Council's commitment to equality for citizens, service users and employees.

The CES is underpinned by a set of high level strategic objectives which incorporate the requirements of the Equality Act 2010 and the Public Sector Equality Duty:

- tackle victimisation, harassment and discrimination
- to improve access to services
- to close the gap in outcomes for citizens
- to increase understanding and mutual respect between communities
- to increase participation and engagement

10. Environmental implications

11.1 There are no specific environmental implications from this report.

11. Conclusion

11.1 The recommendation referred to the Mayor from the Overview and Scrutiny Committee has been answered in section 6 of this report and it is proposed that this response is referred back to the committee.

Background documents

If you have any queries on this report, please contact Emma Talbot, Head of Planning, 5th floor Laurence House, 1 Catford Road, Catford SE6 4RU – telephone 020 8314 9051.

Overview and Scrutiny Committee		
Title	Response from Mayor and Cabinet to the Committee's comments on the future of South London's suburban railways	
Contributor	Executive Director for Resources and Regeneration (Head of Business & Committee	Item 4
Class	Part 1 (open)	19 July 2016

1. Summary

This report informs members of the Overview & Scrutiny Committee of the response given at Mayor and Cabinet to the Committee's referral on the future of South London's suburban railways

2. Recommendation

The Committee is recommended to receive the Mayoral response.

3. Background

3.1 At the meeting of Mayor and Cabinet on 1 June 2016, the Mayor considered a report entitled 'Mayoral response to the Overview and Scrutiny Committee on the future of South London's suburban railways'.

3.2 Having considered the officer report, the Mayor agreed that the proposed responses to the comments and views of the Overview & Scrutiny Committee, as set out, be approved and reported to the Committee.

Background papers

Mayor & Cabinet decisions 1 June 2016:

http://councilmeetings.lewisham.gov.uk/documents/g4179/Decisions%2001st-Jun-2016%2018.00%20Mayor%20and%20Cabinet.pdf?T=2

http://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=139&MId=4178

If you have any questions about this report, please contact Kevin Flaherty, Head of Business & Committee 0208 314 9327

MAYOR & CABINET			
Report Title	Mayoral response to the Overview and Scrutiny Committee on the future of South London's suburban railways		
Key Decision	No		Item No.
Ward	All		
Contributors	Executive Director for Resources and Regeneration		
Class	Part 1	Date: 1 June 2016	

1 Purpose

1.1 This report sets out the response to the comments and views of the Overview and Scrutiny Committee, arising from discussions held on the future of south London's suburban railways at the Committee's meeting on 10 March 2016.

2 Recommendations

2.1 It is recommended that the Mayor:

2.2 Notes the response from the Executive Director for Resources and Regeneration, as set out in section 6 of this report, to the comments and views of the Overview and Scrutiny Committee, arising from the Committee's meeting on 10 March 2016, and;

2.3 Agrees that work is undertaken to develop the Council's rail strategy, and;

2.4 Agrees that this report be forwarded to the Sustainable Development Select Committee.

3 Policy Context

3.1 The Local Implementation Plan (LIP) sets out Lewisham's policy objectives for transport and has been developed within the framework provided by the Mayor's Transport Strategy.

3.2 The LIP reflects local policies and priorities and is therefore aligned with the Council's Corporate Priorities and, as a major policy document, the LIP supports all six priorities of the Sustainable Community Strategy.

3.3 The Bakerloo Line Extension is a key component of the long term transport strategy for Lewisham, and would bring a range of economic, environmental and social improvements to the borough. The wider transport benefits of the proposal are formally recognised within the Mayor of London's Transport Strategy, and by Transport for London's East Sub-Region Transport Plan.

3.4 In January 2016, TfL and DfT launched a joint prospectus which outlines "A new approach to rail passenger services in London and the south east", and is seen to pave the way for a wider roll-out of London Overground services.

3.5 In March 2016, the National Infrastructure Commission published two reports on the strategic case for additional large scale transport in London and the south east: Transport for a World City and Review of the Case for Large Scale Transport Investment in London.

4 Background

Bakerloo Line Extension

4.1 Since the inclusion of the Bakerloo Line Extension within the London Mayor's Transport Strategy, the Council has been tracking the options and potential of the proposals to extend the Bakerloo Line.

4.2 During Autumn 2014, TfL held a public consultation on the Bakerloo Line Extension, extending the Bakerloo line from Elephant & Castle station through Southwark towards Lewisham, Bromley and Hayes

4.3 LB Lewisham appointed experts in rail infrastructure and development planning to work on the Council's formal response. The response was also informed by the Sustainable Development Select Committee and the Overview and Scrutiny Committee in December 2014, before being approved by Mayor & Cabinet on 14 January 2015.

4.4 Since then the Council has been in regular discussions with TfL and the GLA to lobby for the extension throughout the borough, to avoid the route terminating at Old Kent Road, and to promote options for improving Lewisham Station.

4.5 In December 2015, TfL announced an extension to Lewisham as a preferred route and committed funds to developing the detailed technical work needed to build a business case for funding.

4.6 The Council continues to lobby to continue the route through the borough to Hayes and the new Mayor of London's manifesto includes a pledge to "work to secure the proposed Bakerloo Line Extension to Lewisham and beyond".

4.7 Beyond Lewisham the route to Hayes remains strong, however there is further work TfL will do with Network Rail to understand the strategic challenges and options as part of the Kent Route Study. Network Rail has commenced the Kent Route Study and will publish a draft of the study for consultation in summer 2016. The work should confirm if an extension beyond Lewisham remains a strong long-term option to address challenges on the rail network, and the Council is working with TfL to ensure adequate safeguards are in place for a future extension. In the shorter term, there is the emerging option of Overground services which would not preclude a future Bakerloo Line Extension.

London Overground

4.8 Following the success of the London Overground services on the East London Line, LB Lewisham has lobbied for further devolution of suburban rail routes into London to improve services and fully integrate journey planning and ticketing systems.

4.9 The Council has played a key role in the recent Centre for London campaign "Turning South London Orange" which lobby's for the extension of London Overground services across the wider south and south-eastern rail network.

4.10 In January 2016, the Centre for London published the report on Turning South London Orange, which seeks to reform suburban rail to support London's next wave of growth. The report describes the increased demand required of the suburban rail network to become, in the words of Isabel Dedring, a "second Underground."

4.11 The report suggests that an ambitious package of upgrades could deliver an orange-standard, high-frequency service in south London, including: improved signalling and train management systems; track layout amendments including flying junctions; improved rolling stock; and better platform management.

4.12 The report does not fully detail the required projects and risks, but does highlight some specific opportunities for Lewisham, including:

- additional services on the Hayes Line creating a 10 minute Overground service
- additional services between Lewisham and Victoria
- a new interchange at Brockley Station between the East London Line and services between Lewisham and Victoria

4.13 At the same time, TfL and DfT launched a joint prospectus which responds to such demands from Boroughs. The prospectus outlines "A new approach to rail passenger services in London and the south east", and is seen to pave the way for a wider roll-out of London Overground services.

4.14 It is envisaged that new Overground routes will be planned as part of the re-franchising of existing routes and services. The first opportunity is therefore likely to be with the re-franchising of the South-eastern network in 2018.

Thameslink

4.15 In 2012, the Department for Transport undertook to let a combined Thameslink franchise, encompassing services operated through the previous Thameslink, Southern and Great Northern franchises. Lewisham worked with both regional and local partners to respond to the consultation, making the best possible case for improving the services and stations affected by the changes, most notably the Catford Loop Line.

4.16 The 7-year Thameslink franchise was awarded to Govia from September 2014 and since then Govia have taken on the services operated by First Capital Connect, the shared services between FCC and South Eastern (including the Catford Loop services) and the services currently operated by Southern (including Gatwick Express branded services).

4.17 The Catford Loop line will benefit from the introduction of new 8-car Siemens Class 700 trains between 2016 and 2018. However, the service level on this route remains poor, with two trains per hour in the off peak. This is a particular disappointment as frequency enhancements were arguably the single most significant improvement sought by the Council and local stakeholders.

4.18 With the relatively recent franchise agreement in place, it is not expected to be able to secure significant improvements in services until the end of the current franchise, and a consideration of Overground services, in 2021.

DLR

4.19 During 2013 the Council worked with TfL to consider the feasibility of extending the DLR to Bromley. The study concluded that the justification of a DLR proposal faces some significant difficulties. The assessment of the business case demonstrates that the benefits are unlikely to exceed the costs of the scheme, while the value associated with the DLR proposal is unlikely to enable the magnitude of development needed to help fund the proposals. Therefore there are no current proposals to extend the DLR in Lewisham.

5 Overview and Scrutiny Committee Recommendations

5.1 The Committee believes that further engagement with the public and key stakeholders will be necessary to develop future proposals and plans for improving the rail network in order to best serve the interests of south east London in the face of the huge and growing demands on the current south east London rail infrastructure.

5.2 The Committee recommends that Mayor and Cabinet engage with officers to advance a proactive corporate approach to the future of south London's rail services and that this should give particular consideration to the issues identified in *Turning South London Orange* and other key strategic documents such as those reported by National Infrastructure Commission.

5.3 The Committee recommends that the Council should develop plans to address those key points raised with the Committee by the Centre for London, which include:

- a clear statement of the needs and priorities of the Lewisham area
- the feasibility of items identified in the *Turning South London Orange* report and in TfLs proposals
- consultation by the rail industry with stakeholders and identification of all relevant projects
- the optimal time window for project delivery needs to be identified and progressed
- consideration of the options for establishing a joint programme to implant the Lewisham area as a strategic planning priority for future south central and south eastern rail investment projects

5.4 The Committee also recommends that the Council takes a proactive position on the future of rail services on the Thamelink route (through Catford and Bellingham) and ensures that the running of at least four trains an hour forms part of the negotiations (with TfL or others) for the future franchise of the line beyond 2020.

6 Response to the Overview and Scrutiny Committee

6.1 The recommendations of the Overview and Scrutiny Committee are welcomed, and they build on the existing approach to the Councils rail strategy which continues to both influence, and evolve in response to, the many emerging policy developments in 2016 such as :

- Turning South London Orange, including a presentation from Centre for London on their ideas for expansion of the Overground;
- TfL and DfT's joint prospectus on "A new approach to rail passenger services in London and the south east";

- The National Infrastructure Commissions reports on “Transport for a World City” and “Review of the Case for Large Scale Transport Investment in London”, and;
- The new Mayor of London’s Manifesto.

6.2 The OSC recommendations support the need for a formal piece of work to develop the Council’s rail strategy in response to these developments. A rail study would be beneficial to test the feasibility of recent Overground proposals in greater detail, to understand the rail capacity implications for the next wave of growth in the borough, and to develop further the Council’s rail strategy and infrastructure priorities.

7 Financial Implications

7.1 There are no immediate financial implications arising from this report, although there will be a cost to carrying out the necessary study. Funding for this study is estimated to be in the region of £50k, but the actual cost will be confirmed once the scoping exercise has been concluded. It is anticipated that these costs will be funded from the LIP.

8 Legal Implications

8.1 The Constitution provides that the Executive respond to reports and or recommendations by the Overview and Scrutiny Committee.

9 Crime and Disorder Implications

9.1 There are no direct crime and disorder implications arising from this response.

10 Equalities Implications

10.1 The Council’s Comprehensive Equality Scheme for 2012-16 will provide an overarching framework and focus for the Council's work on equalities and help ensure compliance with the Equality Act 2010.

10.2 An Equalities Analysis Assessment has been developed alongside the LIP to ensure that any potential adverse impacts were fully considered and, where necessary, appropriate changes made. The overall findings of the assessment were that the proposals within the LIP do not discriminate or have significant adverse impacts on any of the protected characteristics.

10.3 There are no direct equalities implications arising from this response, however, an assessment of differential impact on equalities would be required at such time as detailed proposals are considered.

11 Environmental Implications

11.1 There are no direct environmental implications arising from this response.

12 Background Papers and originator

12.1 “A new approach to rail passenger services in London and the south east”, TfL and DfT joint prospectus, January 2016: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493754/dft-tfl-rail-prospectus.pdf

12.2 The future of South London's Suburban Railways, report and presentation on Turning South London Orange considered at the meeting of the Overview and Scrutiny Committee on 10 March 2016: http://tinyurl.com/zzj2kjd

12.3 M&C Report, Matter Raised by Overview & Scrutiny Committee – South London Suburban Railways http://councilmeetings.lewisham.gov.uk/documents/s42108/04%20OSC%20referral%20100316.pdf

12.4 National Infrastructure Commission report published March 2016, Transport for a World City (http://tinyurl.com/je87su3): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/506633/Transport_for_a_world_city_-_100316.pdf

12.5 National Infrastructure Commission report published March 2016, Review of the Case for Large Scale Transport Investment in London (http://tinyurl.com/je87su3): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/506632/Review_of_the_case_for_large_scale_transport_infrastructure_in_London_-_100316.pdf

1.1 For further details about the content of this report contact Simon Moss, Transport Policy and Development Manager,simon.moss@lewisham.gov.uk

Overview and Scrutiny Committee		
Title	Sustainability and Transformation Plan, Devolution Pilot and One Public Estate Update	
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group	Item 5
Class	Part 1	19 July 2016

1. Purpose

1.1 This report provides members with a progress update on the NHS South East London Sustainability and Transformation Plan, Lewisham's Devolution Pilot and the One Public Estate initiative (OPE).

2. Recommendations

2.1 The report outlines work undertaken in relation to the Sustainability and Transformation Plan (STP), Lewisham's devolution pilot and the relationship between the pilot and the One Public Estate initiative. Members are asked to note progress in relation to these key initiatives.

3. Strategic Context

3.1 The Care Act places a legal duty on local authorities and organisations in the NHS to work collaboratively to improve health outcomes. Since 2010, Lewisham Council and the Clinical Commissioning Group have been working with our provider partners to develop integrated services for the population of Lewisham to improve health and care outcomes and reduce inequalities.

3.2 Lewisham Health and Care Partners recognise that Lewisham's health and care system needs to change. The current system is not sustainable and we are not achieving the health and care outcomes we should. There are significant health inequalities in Lewisham; too many people live with ill health, high quality care is not consistently available and demand for care is increasing, both in numbers and complexity.

3.3 Planning guidance was published on 22 December 2015 which set out the requirement for the NHS to produce five year Sustainability and Transformation Plans (STP). These are place based, whole system plans driving the Five Year Forward View. The STP:

- Takes a whole system approach to health and social care planning.
- Requires systems to work together to produce a sustainable plan that both meets quality and performance standards and ensures financial sustainability.
- Requires commissioner and provider plans to align activity and finance and achieve the national standards on quality and performance.

- Is the single application and approval process for transformation funding for 2017/18 and thereafter.

3.4 Lewisham is developing an integrated whole system model which fully integrates physical and mental health and social care delivered to the whole population. Health and care partners are focused on the redesign and reshaping of services to transform the way in which residents are encouraged and enabled to maintain and improve their own health and wellbeing, transforming the way in which local health and care services are delivered within the borough, and transforming the way in which people access and are connected to the assets that are available within their own communities and neighbourhoods. The key strands of activity are focussed on prevention and early intervention, community based care delivered through Neighbourhood Care Networks and enhanced care and support. The devolution pilot will focus on the supporting enablers, specifically estates and workforce development that underpin the transformation of the whole system.

3.5 Lewisham Council became a signatory on Tuesday 15 December to a cross-London agreement involving health organisations and local councils that aims to transform services and improve health and wellbeing outcomes in London through new ways of working together and with the public. Parties to the agreement agreed that a small but essential part of this transformation is the devolution of functions, powers and resources from government and national bodies where that can assist, enable or accelerate improvements.

3.6 Lewisham is one of five devolution pilots being developed in London that aim to test the impact of devolving resources, decision-making and powers on accelerating transformation locally. Lewisham's approach to devolution is set out in the London Health and Care Collaboration Agreement (see Appendix 2).

3.7 Since submitting the expression of interest to be a devolution pilot, Lewisham has applied to the Cabinet Office and LGA's 'One Public Estate' (OPE) initiative (see Appendix 3).

4. Developing the STP, the Devolution Business Case and the OPE submission

4.1 While the starting point for the STP has been the CCG-led Our Healthier South East London strategy (OHSEL), the STP has developed this work considerably further both in terms of collective governance and scope of plans across both commissioners and providers across the system. Under national guidance a leadership team has been established from across each part of the health and care system: Amanda Pritchard, CEO Guys and St Thomas NHSFT (overall SRO), Andrew Bland, CO Southwark CCG, Andrew Parson, Chair Bromley CCG and Barry Quirk, CEO Lewisham Council. The strategy for south east London is clinically-led and developed, with over 300 clinicians, nurses, allied health professionals, social care staff,

commissioners and others developing ideas through the six Clinical Leadership Groups (CLGs). Patient and public voices feed directly into the CLGs and support the work streams.

4.2 The STP covers a number of areas not originally within OHSEL such as specialist commissioning (and NHSE specialist commissioning are partners to the plan), mental health and learning disabilities (Transforming Care Partnerships). In addition an important provider productivity strand has developed which seeks to identify significant savings from collective working.

4.3 The STP submission was required by 30 June although planning and assurance processes are on going. The attached briefing document (Appendix 3) sets out the approach to the STP. It is important to note that the collective responsibility for the commitments in the STP. Delivery of the programme will require decisions that benefit the system as a whole – either financially or for quality – which may impact differentially on individual providers or organisations. Following a series of meetings and events with the public, patient representatives and key stakeholders, it is considered likely that the Planned Care work stream will develop proposals that require public consultation. It is currently not expected that the pre-consultation phase for any proposed changes to elective orthopaedic services would begin before mid September 2016.

4.4 A business case is being developed for each devolution pilot, identifying the specific powers and resources for which devolution is sought. This is an iterative process and Lewisham's business case will initially focus on the use of estates to support the delivery of the whole system model of care. It will also include new approaches to workforce development.

4.5 Notification was received in mid-June that Lewisham has been awarded £50,000 to develop the second stage bid to the OPE initiative. If the second stage bid is successful, Lewisham will secure up to £500,000 to support the delivery of the programme.

4.6 OPE is a pioneering initiative delivered in partnership by the Cabinet Office Government Property Unit and the Local Government Association. It provides practical and technical support and funding to councils to deliver ambitious property-focused programmes in collaboration with central government and other public sector partners. The programme has four core objectives:

- Creating economic growth
- More integrated, customer-focused services
- Generating capital receipts
- Reducing running costs

4.7 Lewisham's OPE submission outlined three interdependent schemes:

- Regeneration – activity focussed on shared use of area specific sites that can deliver new homes, employment and fit for purpose assets.

- Collaboration – activity to enable the expansion of community based care services, new models of care at home and primary care development.
- Strategic Estate Planning – activity to maximise the use of existing facilities and co-location of services.

4.8 The detail of the devolution pilot business case in relation to the issues regarding estates will be identified through the OPE process. However, there are two key areas where devolution could provide more local accountability and enable the health and care partnership to better meet the needs of Lewisham residents:

(a) Retention of capital receipts to enable reinvestment in local healthcare assets: at the minute, some capital receipts (including those from sale of NHS Property Services assets, plus non-FT trusts) cannot be retained by the local health economy for reinvestment – this investment is critical both for delivering a sustainable health economy (hence addressing any deficit that may exist) and for delivering best health outcomes to local people.

(b) Regularisation of leases: the regularisation process that all the health estate providers are required to deliver on works in direct opposition to the development of flexible, fully utilised space, as it ties tenants into what are generally inefficient space utilisation. Estate providers therefore need to be able to work with tenants where appropriate to change leased, inflexible space into licensed, flexible space which a range of providers might be able to use across the entire week, including evenings and weekends.

4.9 The delivery of a strategic estates programme will enable new approaches to workforce development. The devolution asks relating to workforce development will also be informed by a detailed examination of the Buurtzorg approach. Officers from across the health and care partnership visited the Netherlands at the end of June to explore the potential of the Buurtzorg model. Having completed the visit, the detail in relation to this area will now be developed. A number of key areas have been identified that devolution could support:

(a) Devolved powers may enable greater flexibility in relation to the development of new roles to work across the health and care system.
(b) The STP highlights opportunities in relation to the consolidation of back office functions. Devolution may provide the flexibilities required to work across organisations.

5. Next Steps

5.1 The initial timetable required each pilot to submit the business case to the London Health Board by June 2016. It was planned that a draft business case would be presented to the Health and Wellbeing Board in July 2016 before being considered by the Healthier Communities

Select Committee, Mayor and Cabinet and the respective governing bodies of the health and care partnership. However, the timetable has since been revised in recognition of the need to align the business case with the Sustainability and Transformation Plan. The deadline for the initial devolution business case is now the 29th July 2016.

5.2 The London Health Board recognises that the development of the business case is an iterative process. The London Health Board has also acknowledged the interdependency between Lewisham's devolution bid and the OPE process. The deadline for submission to the second stage of the OPE initiative is also 29th July 2016.

6. Financial Implications

6.1 £50,000 was awarded to Lewisham Council to develop the second stage OPE submission. If the second stage submission is successful Lewisham will secure up to £500,000 to develop the business case. The financial implications will be considered as part of the development of the business case.

7. Legal implications

7.1 There are no specific legal implications from the work to develop the devolution pilot at this time. The legal implications will be considered as part of the development of the business case and the OPE submission.

8. Crime and Disorder Implications

8.1 There are no specific crime and disorder implications arising from this report or its recommendations.

9. Equalities Implications

9.1 There are no specific equalities implications arising from this report.

10. Environmental Implications

10.1 There are no specific environmental implications arising from this report or its recommendations.

11. Conclusion

11.1 This paper has provided an update on the Sustainability and Transformation Plan and an overview of activity to develop the devolution pilot business case and the One Public Estate submission.

If there are any queries on this report please contact:
Carmel Langstaff, Service Manager - Interagency Development and Integration: carmel.langstaff@lewisham.gov.uk / 020 8314 9579.

South East London: Sustainability and Transformation Plan

Briefing Paper

v1.0

Our Healthier South East London
Improving health and care together

Introduction and context

- Health and care systems were asked to come together to create their own ambitious local blueprint for implementing the 5YFV, covering Oct 2016 to Mar 2021.
- The STP is the "umbrella" plan for south east London
- Although CCGs were developing a transformation strategy previously, the STP process has broadened this and has taken it much further by bringing organisations together to establish a place-based leadership and decision-making structure
- To date, we have established:
  - A single responsible officer supported by a quartet leadership and a strategic planning board to provide direction and oversight
  - Collaborative oversight and decision-making bodies at various levels
  - A single reporting structure bringing transparency across the system
  - A 'single version of the truth' setting out our challenges, including our financial challenge
- This document provides an overview of our STP

Our commitments

Over the next five years we will:

- Support people to be in control of their health and have a greater say in their own care
- Help people to live independently and know what to do when things go wrong
- Help communities to support each other
- Make sure primary care services are consistently excellent and have an increased focus on prevention
- Reduce variation in outcomes and address inequalities by raising the standards in our health services
- Develop joined up care so that people receive the support they need when they need it
- Deliver services that meet the same high quality standards whenever and wherever care is provided
- Spend our money wisely, to deliver better outcomes and avoid waste

A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England

Our Healthier South East London
Improving health and care together

STP Governance

STP SRO and Leadership

- **SRO**: Amanda Pritchard, GSTT
- **CCG**: Andrew Bland, Southwark CCG
- **Council**: Barry Quirk, London Borough Lambeth
- **Clinical Lead**: Andrew Parsons, Bromley CCG

Organisational Governance and Decision Making

- Provider Meeting
- Local Authority Cabinets
- Trust boards
- Committee in Common
- CCG Clinical Strategy Committee
- CCG Governing Bodies [x6]

Collective STP Leadership and Governance

- Patient and Public Advisory Group
- Directors of Strategy

Strategic Planning Group

A senior joint group for strategic decision making, led by the Senior Leadership team.
Chair: Amanda Pritchard
Members: CCG Chairs/COs (x12) Trust CEX, Local Authority rep (x1), NHSE Specialised Commissioning
In attendance: PPAG Chair

- Stakeholder Ref. Group
- Partnership Group

Clinical Executive Group

Guides design work to ensure the STP is clinically Driven
Chair(s): 1 CCG Chair + 1 secondary care lead
Members: CCG Chairs, Provider MDs, NHSE (South London) Medical Director, Public Health Lead

STP Executive Group

Chair(s): Quartet & NHSE (South London) Delivery Director
Members: CCG and provider SROs, programme director, NHSE commissioning leads, local authority representation.

Finance &Technical Group

Drives financial affordability and transformation
Chair(s): CCG DOF and Trust FD
Members: CCG DOFs, Trust FDs

System redesign

- TCP
- U&EC
- Cancer
- Planned
- Mental Health
- CBC
- CYP
- Maternity

Mental health is also a cross cutting theme through the work of all other CLGs.

Productivity

Chair(s): SRO productivity (Trust FD)
Members: Trust implementation leads

- Back Office
- Procurement
- Estates
- Clinical Support
- CIPs
- Workforce

Enablers

- Estates
- Workforce
- IM&T
- Commissioning and payment

Programme PMO

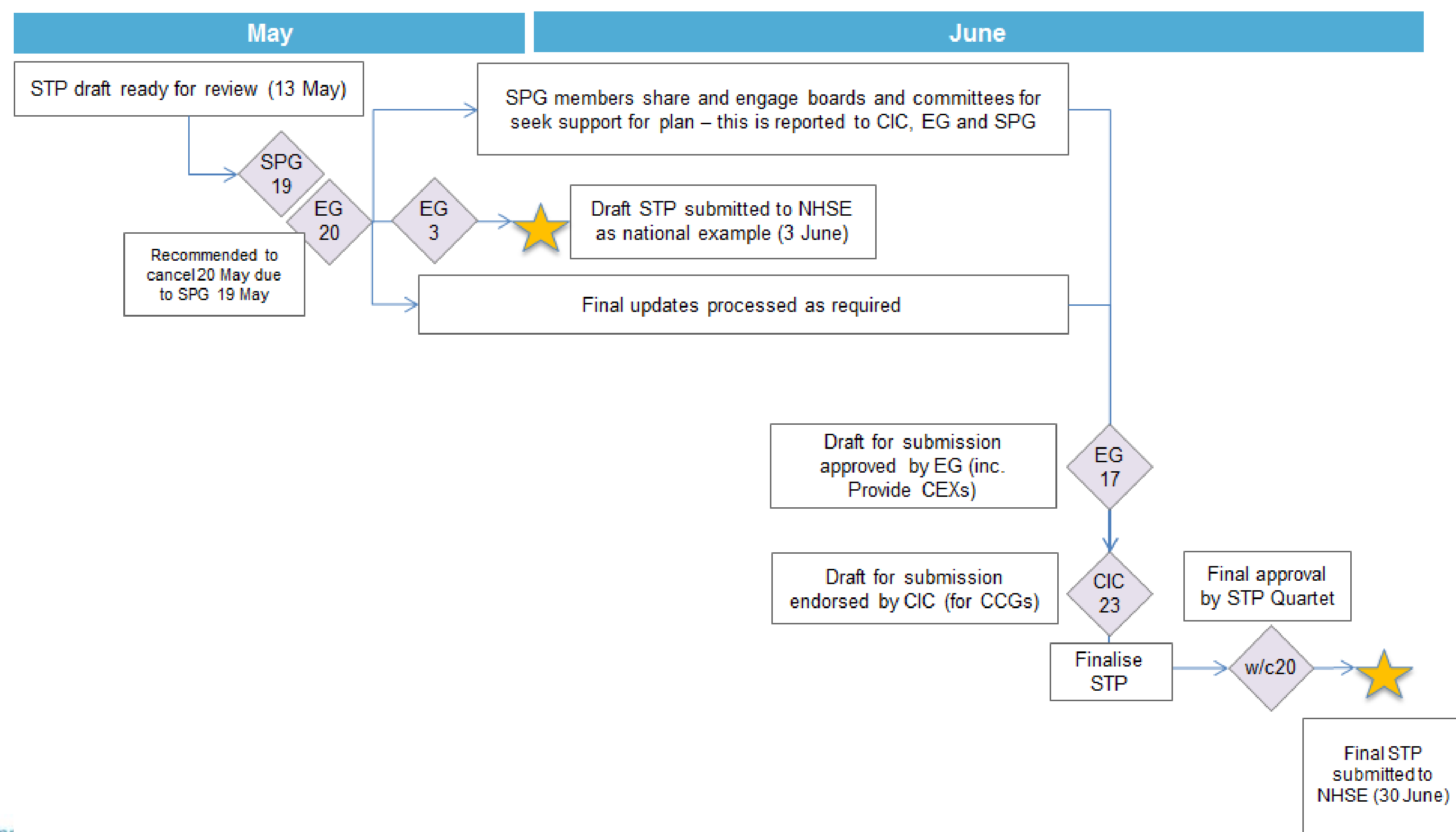
Key: Programme Decision Making | Programme Governance | Advisory and engagement

A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England

STP: Sign off process for June submission

The STP will be submitted on 30 June in advance of national discussions in July. NHSE have said that there is no need for formal board or governing body approval at this time.

Page 30



STP: Plan on a page

Our challenges

- **Demand for health and care services is increasing.**
- **There is unacceptable variation in care, quality and outcomes across SEL.**
- **Our system is fragmented resulting in duplication and confusion.**
- **The cost of delivering health and care services is increasing.**

Our five priorities and areas of focus

1 Developing consistent and high quality community based care (CBC) and prevention

- Promoting self-care and prevention
- Improved access and co-ordination of care
- Sustainability of workforce and estates
- Co-operative structures across parts of the system
- Financial investment by the system
- Contracting and whole population budgets

2 Improve quality and reducing variation across both physical and mental health

- Integration of mental health
- Reduce pressure on and simplify A&E
- Implementation of standards, policies and guidelines
- Collaborate to improve quality and efficiency through centres of excellence (e.g. EOC)
- Standardise care across pathways

3 Reducing cost through provider collaboration

- Standardise and consolidate non-clinical support services
- Optimise workforce
- Capitalise on collective buying power
- Consolidate clinical support services
- Capitalise on collective estate

4 Developing sustainable specialised services

- Joint commissioning and delivery models
- Strategic plan for South London
- London Specialised Commissioning Planning Board
- Managing demand across boundaries
- Mental health collaboration

5 Changing how we work together to deliver the transformation required

- Effective joint governance able to address difficult issues
- Incorporation of whole commissioning spend including specialist
- Sustainable workforce strategy
- Collective estates strategy and management
- New models of collaboration and delivery

The impact of our plans

Priorities 1 and 2:

- Reduction in A&E attends and non-elective admissions
- Reduced length of stay
- Reduced re-admissions
- Early identification and intervention
- Delivery of care in alternative settings

(Net savings c.£110m)

Priority 3:

Cross-organisation productivity savings from joint working, consolidation and improved efficiency.

(Net saving c. £230m)

Priority 4:

- Increased collaboration
- Reduced duplication
- Management of flow

(Need to address £190m)

Priority 5:

- Aligned decision-making resulting in faster implementation
- Increased transparency and accountability

Our Healthier South East London
Improving health and care together

STP: Summary of our priorities

1. Developing consistent and high quality community based care (CBC) and prevention

Investment in CBC is essential to transform our system and move towards lower cost, higher value care delivery. Over the next five years we will continue to support the development of LCNs to establish coherent, multi-disciplinary networks that work at scale to improve access as well as manage the health of their populations. This will include fully operational federations and networks; adopting population based budgets and risk-based contracts; and fully integrating IM&T across organisations and pathways. Fully operational LCNs will deliver our new model of care - adopting population based budgets and risk based contracts, supported by sustainable at scale delivery of primary care and enabled by fit for purpose estate and integrated IM&T across their organisations and the pathways the deliver

2. Improve quality and reducing variation across both physical and mental health

We have identified a range of initiatives across our system to improve consistency and standards by working collaboratively. Our main areas of focus are:

- reducing pressure on A&E by providing high-quality alternatives (through CBC), simplifying access and developing a truly integrated offer;
- collaborating to improve value within planned care pathways, including the development of centres of excellence. We are starting with orthopaedics before expanding to other specialties;
- integrating mental health across health and care services adopting the mind/body approach

3. Reducing cost through provider collaboration

Our acute and mental health providers have identified opportunities for reducing the costs of delivering care in 5 priority areas; clinical and non-clinical support services, workforce, procurement and estates. Our immediate step is developing businesses cases for each opportunity and delivering quick wins payroll, workforce and non-clinical sourcing. Over the next 5 years we will continue to look for opportunities in other areas.

4. Developing sustainable specialised services

We wish to develop world class and sustainable specialised services that meets the needs of patients both locally and across England. Specialised services are a significant part of SEL health economy and provide services at a local, regional and national level – a third of patients come from outside of SEL. The size of this service has an impact on the sustainability of our system both in terms of financial sustainability and the quality of other services. Specialised services offer great potential for pathway reconfiguration and service consolidation to support quality improvement and better value for money. We are supporting NHSE to establish a London-wide board.

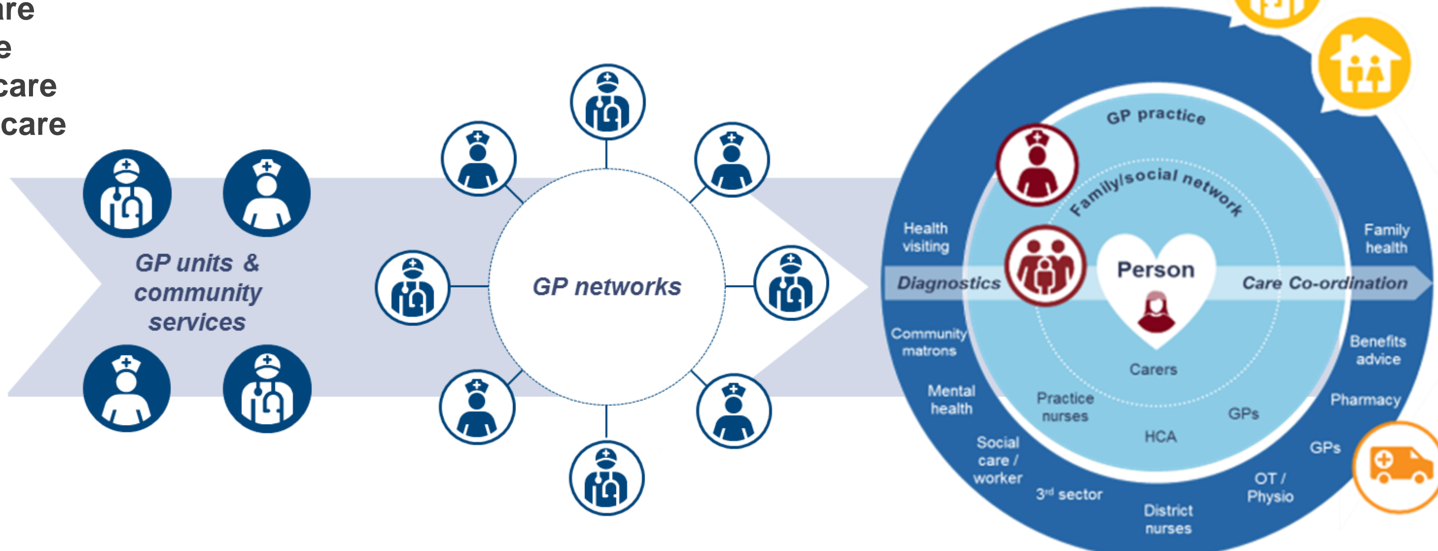
5. Changing how we work together to deliver the transformation required

To deliver this plan we must establish the right governance, secure appropriate resources and address system incentives. This transformation will mean having to think differently and more radically. Crucially our structures must allow us to make difficult decisions and investment in transformation for the benefit of the system rather than our own organisations. Our immediate priority is developing the appropriate infrastructure to deliver our plan, agreeing roles and functions across the system. We are learning from our acute care collaboration vanguard between Guy's and St Thomas' and Dartford and Gravesham.

1. Investment in CBC is essential to transform our system and move towards lower cost, higher value care delivery

Primary and community care (defined in its broadest sense) will be provided at scale by Local Care Networks and drawing on others from across the health, social care and voluntary sector to provide:

- **Accessible care**
- **Proactive care**
- **Coordinated care**
- **Continuity of care**



Enablers supporting the transformation

The Local Care Networks are the super enabler for integration of services

IM&T, Commissioning Framework, Workforce, Estates, Leadership

Our Healthier South East London
Improving health and care together

2. We have identified a range of initiatives across our system to improve consistency and standards by working collaboratively

Clinical Leadership Group	High level summary of the model of care	Estimated savings
Community based care	• Delivery of local care networks	£48m
Urgent and emergency care	• Improving access in Primary Care, in hours and out of hours, to unscheduled care. • Specialist advice and referral. • An enhanced single "front door" to the Emergency Department.	£71m
Planned care	• Standardisation of planned care pathways. • Enhanced diagnostics. • Elective care centres.	£41m
Children and young people's care	• Children's integrated community teams. • Short stay paediatric assessment units.	£13m
Maternity	• Early assessment by the most appropriate midwife team. • Access to assessment clinics. • Culture of birthing units.	£6m
Cancer	• Primary prevention including early detection. • Provider collaboration in treatment of cancer. • Enhanced end of life care.	£10m
	Net savings after 40% reinvestment **£113m**	**Gross Total £189m**

A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England

Integrating mental health is a key area of focus across our priorities

Community based care

- Integrated mental and physical health in CBC by aligning services, developing multi-professional working, supporting people with housing and meaningful occupation including employment and increase training of teams within LCNs
- Building mental health into our approach for capitated budgets and risk sharing
- Incorporating mental health into our population health management approach
- Increase early access in primary care
- Tackling wider determinants of health in children and their families
- Improved services for people with dementia

Improving quality and reducing variation across both physical and mental health

- Embed an integrated mind/body approach to support both the physical and mental health of patients and service users
- Deliver quality improvement methodologies across the provider landscape
- Improving timely access to specialist mental health support in the community
- Increase diagnosis rates for people with mental health conditions
- Develop access to crisis care for children and adults
- Explore how we can achieve the four hour target for mental health
- Ensure sufficient and appropriate capacity is available to meet future demand

Improving productivity through provider collaboration

In addition to our collaborative productivity work we are:

- Establishing a pan-London procurement approach and legal support across south London
- A joint approach across providers in south London to managing the budget for forensic provision and potentially specialist mental health services for children
- Collaborative approaches to estates planning to support new models of care and more integrated working

Optimising specialised services

- Establish a joint approach to taking on the specialised commissioning budget
- Collaborative work will be further developed between the three south London mental health trusts to develop a joint approach to taking on the specialised commissioning budget for forensic support

Standardised care across pathways

- Ensure a standardised approach to Making Every Contact Count
- Encourage open and positive discussion about mental health and wellbeing across settings.
- Promote excellence in relation to mental health across all services and conditions
- Increase early identification and early intervention for mental health needs

3. Our acute and mental health providers have identified opportunities for reducing the costs of delivering care in 5 priority areas

Our Healthier South East London
Improving health and care together

4. We wish to develop world class and sustainable specialised services that meets the needs of patients both locally and across England

We have been working collaboratively with NHSE to develop the specialised content for the STP. We now have a greater understanding of the challenge, the future programme of work and the need to work with colleagues in South London to ensure sustainable and high-quality services.

Involvement to date in developing the STP

- An indicative high-level estimate (in a 'do-nothing' scenario) on the projected specialised commissioning funding gap for the April STP submissions (based on a top-down approach). Updated modelling outputs will be ready for inclusion in the June
- A portfolio of transformation projects, as part of the Healthy London Partnership, is being developed to improve quality, consistency and efficiencies in specialised services. Initial London projects are focusing on: neuro-rehabilitation; CAMHS Tier 4; HIV services and paediatric and neonatal transport

Development of a London-wide programme board

- Given the scale and challenge of specialised commissioning there needs to be a specific London-wide focus on specialised services
- A new regional Specialised Commissioning Planning Board is being set up to include all five STP 'system leaders', representatives of specialised providers and national and neighbouring regional specialised commissioners to set strategic direction and priorities

Sustainable services across South London

- There are potential opportunities for reviewing current service provision across South London and discussions have started between NHSE, and SEL & SWL STP leads

5. To deliver this plan we must establish the right governance, secure appropriate resources and address system incentives

- **Balancing system benefit and impact on individual organisations** to make decisions that are in the best interest of patients and sustainability of the system
- **Aligning transformation funding to the objectives of the STP** by building processes to ensure that investment across the system supports our collective vision
- **Investing in shared planning and delivery** to ensure that a collaborative approach runs throughout the programme with the appropriate resources
- **Align system incentives** that drive population health and value and shared risk.
- **Have an ongoing dialogue with our stakeholders** through existing and new communication channels
- **A system-wide delivery plan and agreed measures** to monitor the implementation of the STP
- **Working collaboratively across London** with existing partners including HLP
- **Adopting new models of collaboration and delivery** by collaborating and learning lessons from local and national vanguards

Improving productivity and closing the local financial gap

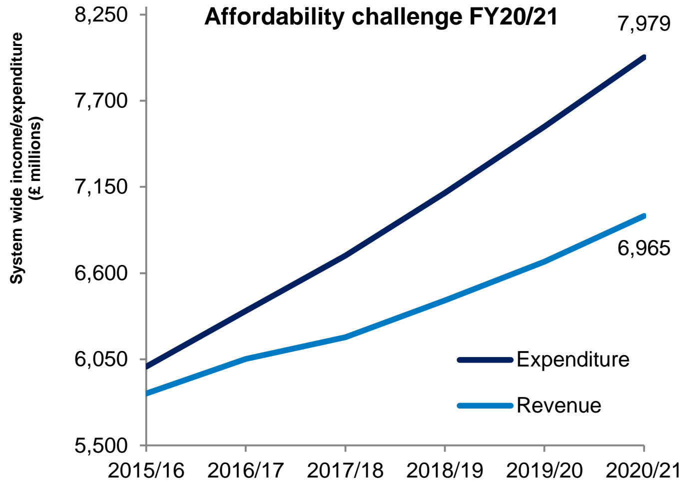
Our financial challenge

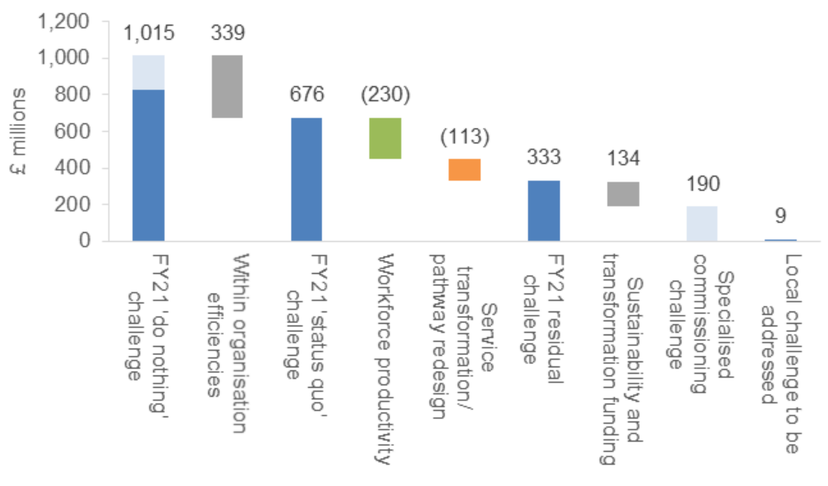
- The ‘do nothing’ affordability challenge faced by the south east London health economy is £1,015m by 2020/21. NHS England (Specialised) have estimated an indicative £190m five year affordability challenge for specialised commissioning.

Closing the affordability challenge

- Organisational efficiencies contributing £339m to reducing the gap (this represents 1.6% p.a.).
- Service transformation / pathway redesign will contribute a further £113m (this figure is net of investment)
- Collaborative productivity will reduce provider expenditure by £230m (net of recurrent investment)
- The net result of all savings after the estimated cost of implementation has been considered leaves an affordability gap of £333m

- **Indicative Sustainability and Transformation Funding of £134m has been announced by NHS England**





Transforming health and social care in Lewisham: Improving outcomes for our whole population

Since 2010, Lewisham Council and the Clinical Commissioning Group (formerly the Primary Care Trust) have been working with their provider partners to develop integrated services for the population of Lewisham to improve health and care outcomes and reduce inequalities.

Through this work the Council and the CCG have recognised the importance of seeking new ways of working and delivering new models of care, developing these in partnership with our health and care providers and with the public. As signatories to the London Health and Care Collaboration Agreement the Council and the CCG are committed to achieving the ten *Better Health for London* aspirations which are included in the Agreement.

The *Better Health for London* aspirations in the Agreement mirror the aims and objectives Lewisham's own Health and Care Partners want to achieve for our local population. Accordingly, in partnership with our main providers, Lewisham Council and CCG are keen to work with central government and national partners to test the opportunities offered by devolution to increase the scale and pace of health and care integration locally. As a devolution pilot we will continue to:

- Focus relentlessly on whole population health and wellbeing outcomes and efficiencies including cost containment over the next five years;
- Measuring what matters and reporting on progress to the relevant governing bodies;
- Using evidence when designing local programmes and embedding evaluation and learning into whole system model of care delivery and sharing this nationally;
- Establishing and communicating clear governance structures and processes for locally developed powers and providing clear accountability.

Our ambition

Lewisham Health and Care Partners have a common aim for health and care across the borough. Together, our aim is to deliver a viable and sustainable 'One Lewisham Health and Social Care System' to improve health and wellbeing outcomes and reduce inequalities. We want to achieve better health, better care, stronger communities within the borough and achieve better value for the money spent within health and social care locally - the Lewisham pound.

In order to achieve this, we are developing a whole system model which fully integrates physical and mental health and social care, delivered to the whole population. Our long history of joint commissioning and collaborative working means we are advanced on this journey. We know however that achieving our ambition requires a significant shift in the way that health and care within the borough is supported and delivered. We also recognise the benefits of integration with other local services, such as employment support, which we see as a real benefit of devolved working.

In agreeing to be a devolution pilot, we will continue to seek to work in new and different ways. As a pilot, we will work together with regulators, other parts of the NHS and Government to tackle barriers to integration, and increase the pace of delivering our whole system change.

Our journey so far

Our partnerships are strong and mature. For the last six years we have jointly commissioned services for both adults and children's health, social care and early intervention.

Lewisham Health and Care Partners have worked together to develop and deliver integrated

services for the adult population since the integration of acute and community health services in 2010. The Council and the CCG have co-designed and jointly governed the integration of adult health and care, employing s75 arrangements and more recently the Better Care Fund. In partnership we have developed and delivered:

- integrated pathways across primary, secondary and community care,
- multi-disciplinary teams at neighbourhood level bringing together district nurses, community matrons, social work staff and therapists and aligned with community mental health staff
- a single point of access for district nursing and adult social care
- development of GP neighbourhood clusters, and
- the design and procurement of a virtual patient record.

For children and young people, we have a mature Children's Partnership arrangements with joint commissioning well embedded. Services across health and early intervention are aligned on a children's centre neighbourhood model – for example the co-location of children centre, health visiting and midwifery staff has been implemented ahead of the transfer of 0-5 commissioning responsibilities to LA's; similar co-location is in place for health and social care services for children with complex needs; and early intervention support for emotional wellbeing and mental health are being developed through Children's IAPT and Headstart.

In 2015, Lewisham restated its commitment to delivering a whole system model of care covering the whole population including children and young people.

Over the next two years we intend to expand and accelerate our programme

We are exploring options for expanding joint commissioning across the whole system (financial modelling, contracting and reimbursement models and governance and accountability models).

We are working together with staff and users to design our Neighbourhood Care Network, based on the footprints of the four current general practice neighbourhood federations, health and social care neighbourhood community teams, community mental health teams and Lewisham's children's centres. This is in line with our work collectively across south east London through *Our Healthier South East London (OHSEL).* We are exploring how best to integrate our highly effective employment support services for people with complex needs (including mental and physical ill health) with our health and social care systems.

We want to accelerate our work on integration over the next 2 years prioritising integration activity initially for adults over the age of sixty, those with severe mental health issues, those children with complex needs and on children's health and early intervention services, whilst ensuring activity across the system also supports the priorities set out in the OHSEL strategy.

We will continue to develop the local governance and leadership arrangements for the whole system model of care in Lewisham (building on the existing governance Boards for Adults integration and Children and Young People).

Challenges experienced in developing integrated health and social care, and our asks to support delivery of the pilot

Our experience since 2010 tells us that a number of key enablers are needed in order to deliver successful integration. Locally we have made inroads into these areas, however we have a number of specific asks in order to remove barriers to delivery.

Workforce: The establishment of the neighbourhood community teams is supported by a workforce development programme to remove the barriers to joint working and shared decision-making across organisations and professional groups.

Our asks:

- **Develop new workforce models and enhanced roles to support new models of care, including joint health and care roles working with Health Education England, Skills for Care and professional bodies amongst others.**

Estates: LHCPs have been working together to review the estate assets and understand the current pattern of use and lease/ownership arrangements. This has identified opportunities for using assets more efficiently across the whole system but a number of challenges to this have also been highlighted.

Our asks:

Working with NHS Property Services, CHP, London partners and sub-regional strategic estates boards to facilitate the release of primary care and hospital estates to support the development of new models of care and release relevant resources for transformation.

- **This needs to include flexibility around the financial treatment of assets and retention of capital receipts locally**
- **To develop local agreements around the shared use of estate.**

Aligned incentives and reimbursement, and funding structures: The partners recognise that financial incentives will need to be aligned to reinforce the change in behaviours and practices needed to deliver the whole system. Work has started around risk stratification and the initial financial modelling that will underpin the design of capitation in the next year to ensure that this is robust and flexible.

Our asks:

- **Specific focused expertise on request and tailored to local needs from NHS Improvement and NHS England to achieve flexibilities around tariffs and new payment models to support new models of care, beyond current flexibilities.**
- **Multi-year funding cycle across health and care that provides LHCPs with visibility and to enable upfront investments with a view to making longer-term savings or remain cost-neutral over the funding period.**
- **Transformation funding at an agreed level over a multi-year period from NHS England to support double running of services as implementation commences and any specialist support we may need to develop new commissioning capabilities.**
- **Transformation funding from NHS England to match resources committed locally. In particular we would ask for resources to accelerate the roll out of Connect Care, our virtual patient record system, across all parts of Lewisham Health and Care system to support the planning and delivery of care.**

Together, Lewisham Health and Care Partners will continue to work towards the delivery of One Lewisham Health and Social Care System. As partners we wish to explore, through this pilot, ways in which the freedoms and flexibilities offered by devolution could assist and enhance our work and help us reach our goal.

Signatories to the London Health and Care Collaboration Agreement and the Lewisham Health and Care Partners Pilot:

Sir Steve Bullock, Mayor of Lewisham
Lewisham Council

Dr Marc Rowland, Chair
Lewisham Clinical Commissioning Group

NHS Lewisham Clinical Commissioning Group

Lewisham Health and Care Partners Pilot supported by:

Tim Higginson, Chief Executive
Lewisham and Greenwich NHS Trust

Lewisham and Greenwich NHS
NHS Trust

Dr Matthew Patrick, Chief Executive
South London and Maudsley NHS Foundation Trust

South London and Maudsley NHS
NHS Foundation Trust

One Public Estate – Expression of Interest Phase 4

London Borough of Lewisham One Public Estate Programme, OPE Phase 4 bid – Expression of interest (EOI)

Lead/organisation: London Borough of Lewisham

Sponsor: Barry Quirk, Chief Executive, London Borough of Lewisham

1.0 Introduction

This is a combined expression of interest led by London Borough of Lewisham (LBL) on behalf of; Lewisham CCG (CCG); Lewisham and Greenwich NHS Trust (LGT); South London and Maudsley NHS Trust (SLaM); the Lewisham GP Federation; and Community Health Partnerships (CHP). The partners are fully committed in principle to working collaboratively to deliver the work strands described here within.

LBL, together with stakeholders, are either leading on or involved with 3 key property-focused initiatives with governance arrangements as follows:

- Lewisham Regeneration Initiatives – with the aim of identifying and bringing forward opportunities and strategic sites to support place-making and growth in terms of housing and employment, alongside the service and financial benefits which arise through better use of public assets.
- Adult Integration Programme – programme which aims to achieve greater integration of adult social care and health services in order to improve access to, and equality of health across the Borough of Lewisham, and encourage out-of-hospital care and greater independence.
- Lewisham CCG – Strategic Estate Planning in Lewisham delivering new models of care with a focus on collaboration between key organisations to provide better located and more efficiently utilised facilities, that manages and can better cope with demographic change and population growth across the Borough.

Following various public sector stakeholder events, it has become clear that all three projects have OPE benefits and synergies and there are obvious opportunities, for all parties to pool property assets rather than work in isolation.

The key common drivers for all of the above programmes are integrated health and social care, regeneration, place-making and new housing delivery, collaboration, co-location and shared use of assets and improved health outcomes from the provision of better pathways and facilities. This complements the work already undertaken by the Local Enterprise Partnership (LEP).

If the expression of interest is successful, the stakeholders will bring the above groups together to form an OPE Partnership Board who will commit to submitting a final services and assets delivery plan for 29th July 2016.

The public sector property portfolio in Lewisham has been mapped. This data is used regularly by stakeholders as evidenced by various workshops undertaken by the CCG, LGT, CHP, LBL, and SLaM, and has been used as a key source of data for this Phase 4 EOI.

The partners have agreed to focus on key priority outcomes for the programme such as sharing resources, flexible working opportunities, and implementation of joint public sector projects. In addition, the delivery of housing and jobs are key. Financially the benefits of realising capital receipts and/or revenue generating models will be developed in order to strategically create overall public sector revenue savings.

1.1 The stakeholders have adopted a number of key principles:

- Stakeholders are willing to engage and collaborate honestly, and respect the 'system' costs and benefits. They will be flexible in terms of priorities, and property transactions undertaken between parties.
- No stakeholder is detrimentally disadvantaged in terms of cost and resources.
- Not all benefits will be in monetary terms, or equally shared.
- Decision making will not compromise the operational efficiencies and individual objectives of partners.

1.2. LBL are also stakeholders, together with four other local authorities, in a separate bid being led by London Borough of Bexley in respect of a piece of work around depot strategy. The two bids are separate both in terms of the stakeholders involved and types of work streams proposed.

2.0 Phase 4 of the London Borough of Lewisham One Public Estate - Programme

2.1 The three programmes need central support to bring them together to transform services as follows:

OPE Regeneration Initiatives
The Lewisham Regeneration Strategy – People, Prosperity and Places sets out the Council's vision for the regeneration of Lewisham until 2020, and outlines the new and emerging opportunities from which the residents, current and new, will benefit. This sets out:

- The links to the Council's wider strategic aims;
- The main development corridor and links that are the building blocks for regeneration both large and small across the borough;
- The ways in which the Council is working to drive growth and transformation of the borough, particularly through the use of its own assets.

Lewisham's population is due to increase from 286,000 to 318,000 by 2021, and 352,000 by 2031. The Council's LDF Core Strategy (until 2026) sets out the key growth areas encompassing Deptford, New Cross and Lewisham and Catford Town Centres, and during this period provision is being made for over 17,000 new homes as well as new retail and leisure space in the borough's highest profile town centres – Lewisham and Catford. The Council is continuing to develop its strategic vision for the growth corridor connecting Lewisham with Catford, with further significant regeneration to come on top of what has already been delivered.

One Public Estate – Expression of Interest Phase 4

Under the OPE initiative it is likely that the Council and its partners will seek to identify strategic sites which could deliver significantly both in general regeneration terms and on other objectives set out in this document, but with a focus on delivering housing units and a more sustainable commercial environment, and increased employment opportunities.

The partners are focusing on a number of key areas and will include further detail at the next submission.

Collaboration/Integration – Adult Integration
Lewisham has a well-established adult social care (ASC) and health integration programme. It aims to achieve:

- Better health – by providing access to healthier life choices and styles
- Better care – through providing personalised and co-ordinated health and social care services which promote living independently and in a home of choice whenever possible
- Strong communities – sustaining resilient and caring communities through support of community organisations, volunteers, families and carers to care for the most vulnerable and one another

The programme is governed through a partnership board which includes LBL, including Public Health, LGT, SLaM, Lewisham CCG and the Federation of General Practitioners.

Lewisham GP's are formally federated and work both borough wide and in four designated neighbourhoods. Virtual multi-disciplinary community-based teams of Social Workers, Therapists, District Nurses and Physiotherapists are aligned to each neighbourhood.

The partnership between these teams and GP's is now embedded in and shaping an expanding network of primary care services and local community opportunities to help residents retain their health and independence and only be admitted to hospital when essential.

Lewisham CCG – Strategic Estate Planning
One of the principle threads of the Strategic Estate Planning is to identify and develop Local Care Networks across the Borough, and a more financially sustainable model would support successful completion of this work. The development of LCNs will be the mechanism by which Lewisham responds to the need to change how services are organised and delivered locally. The services available will be proactive, accessible, coordinated and provide continuity; with a flexible, holistic approach to ensure every contact counts. This will be primary care delivered to geographically coherent populations, at scale, whilst still encouraging self-reliance. In Lewisham there are four emerging LCNs; North Lewisham, Central Lewisham, South East Lewisham, and South West Lewisham. There are 4 GP federations, where all practices are members.

One Public Estate – Expression of Interest Phase 4

2.2 Scope of each project

The biggest opportunities for Lewisham will materialise if all the stakeholders work together. This collaboration will consequently unlock new homes, capital, revenue savings and jobs. It will be prudent to merge the following initiatives into one programme, under the OPE and the central support will enable the key stakeholders to form a formal partnership that will unlock complex and politically sensitive site opportunities.

(i) OPE Regeneration Initiatives	(ii) Collaboration/Integration – Adult Integration	(iii) Lewisham CCG – Strategic Estate Planning
• This work will focus on area specific sites with a view to unlocking and bringing delivery forward for regeneration and redevelopment. This will seek to identify opportunities to deliver new homes, employment, fit for purpose operational assets, financial benefits and other key place-making objectives. • Through greater integration and collaborative working between partners, it will also seek to deliver opportunities for co-location (both front line and back office), shared use of assets and integrated service provision. For example the CCG are already negotiating to take occupation of part of the Local Authority HQ.	The OPE programme would allow purposely designed or renovated spaces in each 'neighbourhood' to support this programme through: • Priority space for expansion of emergency community based care services, avoiding unnecessary hospital admission; • Space to facilitate new models of hospital discharge and care at home with innovative use of modern technology and aids; • Provision of four 'neighbourhood touch down spaces' for professionals and volunteers/carers alike, close to the neighbourhood networks and resources and to where the residents live. • To support preventative, whole population primary care service development; and • Adapted space for Community engagement and initiatives where they are most needed e.g. Children's Centres.	• This project will initiate the confirmation of the Local Care Networks in Lewisham. LCNs are not intended to be specific buildings, however it is inevitable that hubs (physical assets) will be needed for services and staff. • Priority will be given to reviewing the options for location (using existing public sector land or buildings), physical co-location, better utilisation, dealing with unfit for purpose accommodation in the Borough, maximising the use of existing purpose built facilities, enabling out-of-hospital care, and ensuring that primary and community care infrastructure provide, for example but not exclusively; adequate IT and development, 7-day-access. • An early win would be Waldron Health Centre, building on the work already done to date to achieve colocation of health and LA services, more efficient use the building, and a better understanding of how it will fit within an LCN, and neighbourhood model.

One Public Estate – Expression of Interest Phase 4

2.3 Partners and governance

Each project is linked back to an existing programme/initiative/strategy, led by a senior officer from the relevant organisation namely:

(i) **Lewisham CCG – Strategic Estate Planning** – Martin Wilkinson, Chief Officer, NHS Lewisham CCG
(ii) **Collaboration/Integration – Adult Integration** – Tim Higginson, Chief Executive, Lewisham and Greenwich NHS Trust, (and SRO for Estates Stream)
(iii) **OPE Regeneration Initiatives** – Barry Quirk, Chief Executive, London Borough of Lewisham

If the EOI is successful, a Lewisham OPE partnership will be set up, incorporating all of the above workstreams, with an appropriate governance structure.

Stakeholders identified for each project:

(i) OPE Regeneration Initiatives	(ii) Collaboration/integration – Adult Integration	(iii) Lewisham CCG – Strategic Estate Planning
London Borough of Lewisham Lewisham and Greenwich NHS Trust South London and Maudsley NHS Trust NHS Trust	London Borough of Lewisham Lewisham and Greenwich NHS Trust Lewisham CCG South London and Maudsley NHS Trust GP Federations	London Borough of Lewisham Lewisham and Greenwich NHS Trust Lewisham CCG South London and Maudsley NHS Trust GP Federations Community Health Partnerships (CHP)

2.4 Financial

Funding will be critical in order to progress and set up project teams to deliver these three initiatives. Without further support and resource these projects will take significantly longer to deliver and run the risk of not proceeding. Workstreams will be required such as; feasibility studies, needs assessments, data analysis, site appraisals, and internal and external consultation. The total bid across all three projects amounts to £500,000.

The following brings together the three projects, showing funding requirements and phased activity.

Workstream's required to achieve the three key property-focused initiatives; - OPE Regeneration Initiatives - Collaboration/integration – Adult Integration - Lewisham CCG – Strategic Estate Planning
Funding required: £500,000
• **The workstreams have already developed various site opportunities across Lewisham, however specific surplus sites cannot be declared, or agreed, until the strategy for the LCNs has been completed.** • Undertake stakeholder engagement and needs analysis for the LCNs. Appraise potential sites / locations for LCN and engagement. Workshop arranged in May 2016. • Identify and provide 'neighbourhood touchdown spaces', with potential link to LCN and hub model. • Feasibility/option appraisals to confirm core public sector assets that can deliver the four OPE core objectives. • Agree surplus land with SLaM, LA, LGT, the GP Federations, and CHP. • Promote community care and out-of-hospital initiatives through development and utilisation of IT innovations. • Agree physical co-location opportunities for administrative and HQ functions, and community engagement initiatives, across the public sector. • Develop models for generating capital receipts or revenue generating options. • Agree strategy with all stakeholders. • Declare surplus land and market. • Deliver full programme, i.e. site decant, architectural surveys, legal support, planning appraisals etc. • Confirm housing numbers to be delivered. • Generate either capital receipts or revenue streams.

2.5 Deliverable/outputs/benefits

Deliverables, outputs ad benefits to be delivered by the three key property-focused initiatives; - OPE Regeneration Initiatives - Collaboration/integration – Adult Integration - Lewisham CCG – Strategic Estate Planning
Deliverables & Outputs • This exercise will go some way to contributing to the Councils target of a minimum of 17,000 new homes. • A programme for site disposal and related capital and revenue generating benefits. We will have a clear service provision for LCNs that define location, size, and occupants.

- Development of facilities and technology, and greater integration of services within the four designated neighbourhoods that will support service drivers.

Benefits

- A plan for surplus estate, consequently delivering housing, improved healthcare facilities, capital receipts, revenue savings and jobs.
- Overall running costs will reduce for the public sector estate in Lewisham.
- A fully utilised estate, fit-for-purpose estate, in the right location and providing the right services.
- Public sector integration and communication, including administrative and clinical accommodation.

2.6 Project plan

Each project has identified a high level project plan.

Project plan for proposed workstreams
0-3 months - Feasibility studies to deliver LCNs and neighbourhood touchdown spaces (perhaps in the same place). - Differentiate above initiatives with wider regeneration projects, and confirm collaboration. Focus on complementary opportunities. - Continued stakeholder consultation - Review GP Practice space utilisation results and feed into feasibility work - Confirm potential surplus sites by 29th July 2016, in time for the submission of the final services and assets delivery plan. **3-6 months** - Identify potential funding options for surplus assets, and sharing opportunities. **6-18 months** - Undertake pre-application meetings where appropriate and release surplus land and market - Set up full programme for implementation and delivery for above workstreams. - Public and staff consultation **18 months+** - Capital receipt or revenue generating initiatives confirmed/generated.

3.0 CONCLUSION

A huge amount of work has already been undertaken. Collaboration is underway, however needs to be continued and developed to extract specific opportunities.

There will be huge benefits to the Borough of Lewisham, by bringing all three workstreams together under one programme. OPE funding will enable these workstreams to operate in parallel to maximise emerging opportunities and bring forward delivery timescales.

LBL are excited about new opportunities to create a far more unified One Public Service in Lewisham that delivers growth in terms of housing and jobs. This will benefit to patients and residents.

Savings to the public purse, and an improved economy, will result from this project.

Improvement to patient service delivery and consequential benefits to the acute sites through improved community care will be inevitable.

The practical support from the Local Government Association and Government Property Unit will be essential to unlock barriers, sharing good practice, providing bespoke expert analysis, and assist in developing economic benefit cases for action.

Appendix 1

Capital Receipts (or generate revenue streams)	A number of public sector assets could potentially be surplus to requirements. However the specific sites cannot be confirmed until the LCN strategy has been approved and more work has been carried out on other projects to give a more accurate estimate of the full scale of opportunity. The application for OPE monies will enable the partners to do this.
Reduced Running Costs	Similarly as above, further work is required to determine the Reduced Running Costs by July 29th.
Jobs Created (FTE)	As above.
New Homes	As above.

Overview and Scrutiny Committee		
Title:	London ambulance service response times in 2016: update	
Author:	Scrutiny Manager (Healthier Communities Select Committee)	19 July 2016

1. Background

1.1 In September 2015, the Public Spending in Lewisham Working Group found that, between July 2014 and July 2015, the ambulance response times for Category A (immediately life-threatening) calls in Lewisham in were below target – and below the response times in neighbouring boroughs.

1.2 The Working Group recommended that the London ambulance service '*focus its attention on understanding and addressing the reasons behind this discrepancy, and report their findings to the Overview and Scrutiny Committee*.'[1]

1.3 In May, the Chair of the Committee asked for a short briefing on London ambulance response times up to April 2016. Since then, the London ambulance service has published data for May and June 2016 as well.

2. Recommendation

2.1 It is recommended that:

The Committee notes the content of the report – and the additional information from the London Ambulance Patients' Forum – and directs questions to officers in attendance at the meeting on 19 July.

3. Response times – January to April 2016

3.1 Between January and April 2016, 57.5% of ambulance responses to category A incidents in Lewisham were within the target time of eight minutes. This was more than ten percentage points below the target of 70% and the best performing area in south-east London – Lambeth (68%).

Category A (immediately life-threatening) response times: target 70% within eight minutes

	Jan-16	Feb-16	Mar-16	Apr-16	Average
NHS Lambeth CCG	68.5%	63.3%	67.1%	72.9%	68.0%
NHS Southwark CCG	66.7%	62.5%	68.3%	72.5%	67.5%
NHS Greenwich CCG	59.7%	57.1%	58.1%	68.0%	60.7%
NHS Bexley CCG	56.2%	54.0%	55.5%	66.7%	58.1%
NHS Lewisham CCG	**57.0%**	**54.6%**	**56.4%**	**62.1%**	**57.5%**
NHS Bromley CCG	55.7%	51.7%	54.8%	59.1%	55.3%
LAS Total	61.1%	56.6%	58.2%	64.8%	

Source: London Ambulance Service NHS Trust

1 The Public Spending in Lewisham Working Group, *Public Spending in Lewisham*, September 2015

4. Response times – January to June 2016

4.1 As the table below shows, like most other areas across London, response times in Lewisham have improved over the course of the year. In January, 57% of ambulance responses to category A incidents were within eight minutes – by June this figure was 64.8%. The average across London for January was 61.1% – by June this was 65.2%. See full table in appendix.

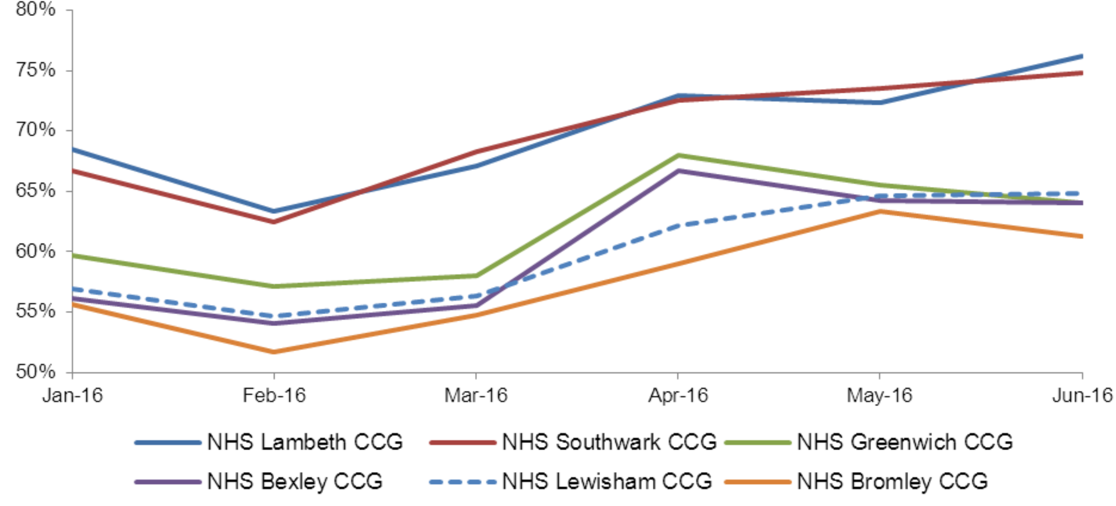
Category A (immediately life-threatening) response times: target 70% within eight minutes

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Average
NHS Lambeth CCG	68.5%	63.3%	67.1%	72.9%	72.3%	76.2%	70.1%
NHS Southwark CCG	66.7%	62.5%	68.3%	72.5%	73.6%	74.8%	69.7%
NHS Greenwich CCG	59.7%	57.1%	58.1%	68.0%	65.6%	64.0%	62.1%
NHS Bexley CCG	56.2%	54.0%	55.5%	66.7%	64.2%	64.0%	60.1%
NHS Lewisham CCG	**57.0%**	**54.6%**	**56.4%**	**62.1%**	**64.7%**	**64.8%**	**59.9%**
NHS Bromley CCG	55.7%	51.7%	54.8%	59.1%	63.4%	61.2%	57.6%
LAS Total	61.1%	56.6%	58.2%	64.8%	65.3%	65.2%	

Source: London Ambulance Service NHS Trust

4.2 The latest data also shows that the average in Lewisham has increased from 57.5% (over January to April) to 59.9% (over January to June). The number of on-target responses was 64.8% in the month of June – this is less than 0.5% below the London average for that month.

4.3 As the chart below highlights, Lewisham also had the third highest average in south-east London in June. However, the gap between Lewisham and second-placed Southwark was 10%.



5. Best and worst response times across London

5.1 Across London, between January and June 2016, the highest proportion of ambulance response times within the target time was in Merton – 77.9%. This is 13 percentage points higher than Lewisham.

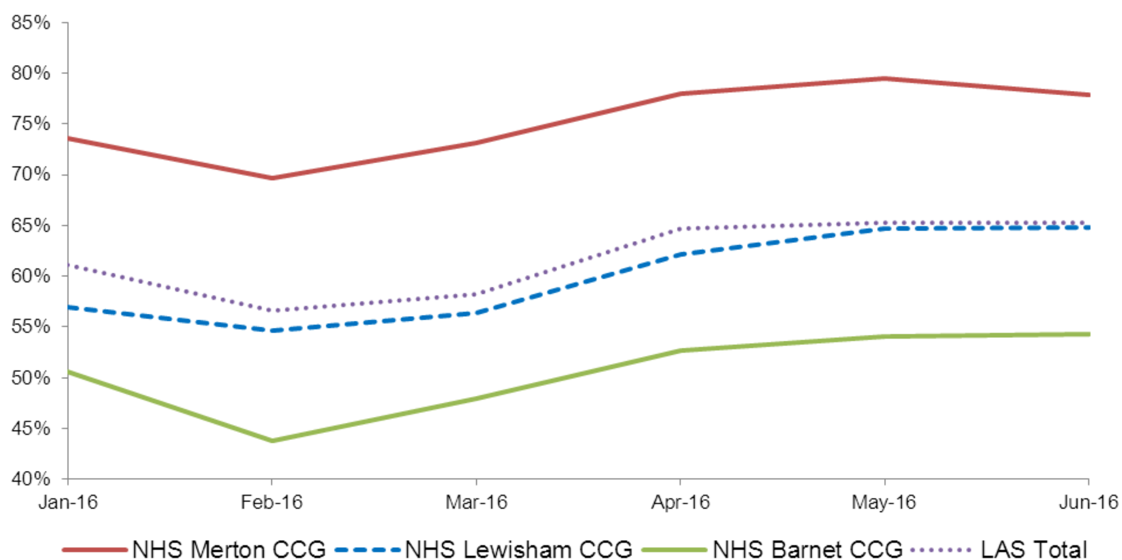
5.2 From January to June, the number of on target response times in Merton increased by around four percentage points. Over the same period, the number of on-target response times in Lewisham increased by nearly eight percentage points. Only Southwark (8.1%) and Havering (9.8%) had larger increases – see appendix for full table.

Category A (immediately life-threatening) response times: target 70% within eight minutes

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Average
NHS Merton CCG	73.6%	69.7%	73.2%	78.0%	79.5%	77.9%	75.3%
NHS Lewisham CCG	57.0%	54.6%	56.4%	62.1%	64.7%	64.8%	59.9%
NHS Barnet CCG	50.6%	43.8%	48.0%	52.7%	54.1%	54.4%	50.6%
LAS Total	61.1%	56.6%	58.2%	64.8%	65.3%	65.2%	

Source: London Ambulance Service NHS Trust

5.3 Between January and June, Barnet remains the area with the lowest proportion of ambulance response times within the target time – with 50.6%. This is more than nine percentage points lower than Lewisham.



For further information please contact John Bardens, Scrutiny Manager, on 02083149976 or email john.bardens@lewisham.gov.uk,

Appendix – data for whole of London, ranked by average for 2016

Category A (immediately life-threatening) response times (target 70% within eight minutes)

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Average
NHS Merton CCG	73.6%	69.7%	73.2%	78.0%	79.5%	77.9%	75.3%
NHS Kingston CCG	68.0%	64.1%	68.8%	77.5%	72.6%	72.1%	70.5%
NHS Central London CCG	72.4%	63.6%	67.5%	70.9%	71.8%	75.4%	70.3%
NHS Lambeth CCG	68.5%	63.3%	67.1%	72.9%	72.3%	76.2%	70.1%
NHS Hammersmith and Fulham CCG	68.3%	62.9%	67.3%	74.3%	73.0%	74.0%	70.0%
NHS Southwark CCG	66.7%	62.5%	68.3%	72.5%	73.6%	74.8%	69.7%
NHS Wandsworth CCG	67.8%	60.9%	69.3%	72.2%	71.7%	73.3%	69.2%
NHS Camden CCG	66.9%	61.3%	66.4%	72.1%	69.7%	71.8%	68.1%
NHS Tower Hamlets CCG	66.6%	63.5%	60.6%	70.7%	72.6%	71.3%	67.5%
NHS Sutton CCG	66.7%	58.8%	63.6%	70.9%	69.8%	68.3%	66.4%
NHS West London CCG	63.3%	59.6%	63.6%	70.7%	68.2%	67.3%	65.4%
NHS Havering CCG	59.9%	60.7%	58.0%	67.0%	66.4%	69.7%	63.6%
NHS City and Hackney CCG	61.8%	58.3%	56.1%	66.6%	65.7%	68.3%	62.8%
NHS Islington CCG	63.7%	56.1%	56.4%	65.6%	66.5%	67.5%	62.6%
NHS Greenwich CCG	59.7%	57.1%	58.1%	68.0%	65.6%	64.0%	62.1%
NHS Hillingdon CCG	60.5%	59.9%	59.9%	63.8%	63.4%	63.5%	61.8%
NHS Newham CCG	62.4%	57.0%	56.1%	65.6%	64.5%	65.1%	61.8%
NHS Richmond CCG	58.5%	55.4%	60.8%	66.7%	64.3%	62.1%	61.3%
NHS Hounslow CCG	61.3%	56.5%	57.3%	65.3%	63.4%	63.7%	61.3%
NHS Barking and Dagenham CCG	61.2%	58.8%	54.3%	63.1%	64.9%	63.9%	61.1%
NHS Bexley CCG	56.2%	54.0%	55.5%	66.7%	64.2%	64.0%	60.1%
NHS Lewisham CCG	**57.0%**	**54.6%**	**56.4%**	**62.1%**	**64.7%**	**64.8%**	**59.9%**
NHS Ealing CCG	59.6%	55.0%	56.8%	61.8%	62.4%	60.3%	59.3%
NHS Redbridge CCG	61.5%	57.4%	53.5%	58.5%	60.9%	60.9%	58.8%
NHS Brent CCG	56.2%	54.1%	56.8%	59.2%	64.3%	59.8%	58.4%
NHS Harrow CCG	56.9%	55.3%	53.1%	60.8%	58.9%	63.9%	58.2%
NHS Bromley CCG	55.7%	51.7%	54.8%	59.1%	63.4%	61.2%	57.6%
NHS Croydon CCG	55.7%	51.8%	54.4%	58.6%	58.9%	59.2%	56.4%
NHS Waltham Forest CCG	55.0%	51.7%	48.9%	54.4%	61.1%	60.5%	55.2%
NHS Enfield CCG	54.9%	46.1%	47.1%	55.5%	56.6%	54.1%	52.4%
NHS Haringey CCG	56.1%	44.4%	45.7%	53.3%	56.8%	52.1%	51.4%
NHS Barnet CCG	50.6%	43.8%	48.0%	52.7%	54.1%	54.4%	50.6%
Average	61.1%	56.6%	58.2%	64.8%	65.3%	65.2%	

Source: London Ambulance Service NHS Trust

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

DRAFT

THE FORUM'S STRATEGY FOR THE LONDON AMBULANCE SERVICE

AND URGENT AND EMERGENCY CARE IN LONDON

2016-2019

Patients' Forum Ambulance Services (London) Ltd

Patients' Forum Ambulance Services (London) Limited
Registered in England. Company Limited by Guarantee. Company Number: 6013086.
Registered office: 6 Garden Court, Holden Road, Woodside Park, LONDON, N12 7DG

CONTENTS

WORKING THE LAS … … … … … … … … PAGE 3

REPRESENTATION OF LAS COMMITTEES… … … … …
PAGE 3

GOAL 1 – … … … … … … … … … … … PAGE 4
AMBULANCE QUEUEING MUST STOP AND A&E HANDOVER WAITS SUBSTANTIALLY REDUCED

GOAL 2- … … … … … … … PAGE 6
THE SUCCESSFUL DEVELOPMENT OF MENTAL HEALTH CARE AND ADVICE BY THE LAS WILL BE FURTHER DEVELOPED

GOAL 3 – … … … … … … … … … … … PAGE 8
END OF LIFE CARE

GOAL 4 – … … … … … … … … … … … PAGE 10
EQUALITY AND INCLUSION

GOAL 5 – … … … … … … … … … … … PAGE 12
LAS AS A PROACTIVE NEGOTIATOR FOR PLANNED URGENT AND EMERGENCY CARE

GOAL 6 – … … … … … … … … … … … PAGE 14
COMMISSIONERS MUST ENSURE THAT URGENT AND EMERGENCY CARE IN LONDON IS COORDINATED, PLANNED, SAFE AND ACCESSIBLE WHEN NEEDED - PATIENTS MUST HAVE ACCURATE INFORMATION ABOUT ACCESSING THESE SERVICE

APPENDIX ONE – PROTECTED CATEGORIES … … … … 16

APPENDIX TWO - FORUM OFFICERS IN 2015 … … … … 17

APPENDIX THREE - OBJECTS OF THE PATIENTS' FORUM AMBULANCE SERVICES (LONDON) LTD … … … … … … … 18

APPENDIX FOUR - OUR MISSION STATEMENT … … … … 18

APPENDIX FIVE - THE FORUM'S PRIORITIES … … … … 20

APPENDIX SIX – CORRESPONDENCE WITH NHS ENGLAND AND THE TRUST DEVELOPMENT AUTHORITY (TDA) REGARDING AMBULANCE QUEUING… 22

APPENDIX SEVEN – LETTER TO SANDRA ADAMS, REGARDING EQUALITY AND INCLUSION IN THE LAS … … … … … … … 26

OUR SIX GOALS TO CHANGE EMERGENCY AND URGENT CARE IN LONDON

WORKING WITH THE LONDON AMBULANCE SERVICE

The Forum is active on nine LAS Committees as well as contributing to LAS Trust Board meetings by raising key issues regarding the improvement of services. Our members contribute to discussions on LAS policy, strategy and risk. The Forum and LAS collaborate to promote and encourage effective and positive involvement of patients and the public in LAS services, to develop high quality emergency and urgent care in London. The Forum is a 'critical friend' of the LAS.

The LAS supports the Forum by providing indemnity cover for our Members when they take part in service monitoring. They also provide meeting rooms, refreshments and photocopying of Forum papers.

FORUM REPRESENTATIVES ON LAS COMMITTEES 2016

- Clinical Audit and Research Steering Group — Natalie Teich
- Clinical Development and Professional Standards — Angela Cross-Durrant
- Improving Patient Experiences ... … … … Malcolm Alexander
- Equality and Inclusion … … … … … Kathy West
- Community First Responders … … … Sister Josephine Udie
- Infection Prevention and Control … … … Malcolm Alexander
- Mental Health … … … … … Malcolm Alexander
- Patient and Public Involvement … … … Malcolm Alexander
- Safeguarding … … … … … … Angela Cross-Durrant
- Quality Governance Committee … …… … Denied Access

GOAL 1

AMBULANCE QUEUEING MUST STOP AND A&E HANDOVER WAITS SUBSTANTIALLY REDUCED IN 2016

Cat A demand is high and growing, which puts considerable pressure on the LAS and A&E departments. The Cat A, 8-minute/75% target is being met for only at the most 65% of calls. Handover waits at A&Es should not exceed 15 minutes, but may exceed one hour in some A&Es, e.g. North Middlesex, Queens Romford, King's College and Northwick Park. Patients cannot get safe and effective care if they are waiting in ambulances for treatment or laying in the road waiting for an ambulance that is queuing outside and A&E department. The following approaches have been tried and have failed to solve the problem.

- Hospitals are fined by commissioners for each patient waiting to enter A&E in excess of 60 minutes
- Hospital Liaison Officers work during peak periods to ease the flow of ambulances
- Intelligent Conveyance systems are used, where the hospital seeks to move patients to other hospitals if it is safe to do so

A major consequence of malfunctioning of the system in London is the total delay time for patients, e.g. a Cat C patient who has fallen may wait 2 for an ambulance, 1 hour outside A&E and 4 hours inside A&E. For an elderly vulnerable person this is harmful and inconsistent with high quality care.

Alternative care pathways used by the LAS are often inadequate because they are not immediately available and consequently the LAS front line crew take patients to hospital as the default position – even if this is not in the best interests of patients.

COMMISSIONING RECOMMENDATIONS

- **The closure of A&E departments must be stopped because that approach makes the situation much worse.**
- **The number of beds must be increased to meet demand.**
- **Effective discharge must be introduced into those areas that are currently failing – we know that some in some areas multi-agency collaboration is working.**

- **Alternative care pathways must be immediately available e.g. for patients with serious mental health problems, patients who have fallen and for people with dementia who do not require hospital based care.**

HOURS WASTED IN AMBULANCE QUEUES ACROSS LONDON

MONTH - 2015	30-59 MINUTE WAITS	60+ MINUTE WAITS	HOURS WAITED
December 2014	4152	726	2802
January 2015	2902	494	1945
February	2171	342	1427
March	2661	221	1551
April	2064	199	1231
May	1528	161	925
June	1468	81	815
July	1629	108	922
August	1762	196	1077
September	2147	264	1337
October	2341	140	1310
November	2797	365	1763
December	3165	476	2058
TOTAL HOURS AMBULANCE QUEUES	**------**	**-----**	**19163 hrs**

Handover Waits 2014-2015 – Data from Brent CCG – LAS Commissioners

GOAL 2

THE SUCCESSFUL DEVELOPMENT OF MENTAL HEALTH CARE AND ADVICE BY THE LAS WILL BE FURTHER DEVELOPED

The Forum has repeatedly pressed the LAS and Commissioners for improvements to mental health care provided by LAS, and we are now seeing mental health care being firmly embedded in the culture and objectives of the organisation. Significant advances include a programme of training for staff and the development within the LAS clinical hub of a cohort of experienced mental health nurses, who will eventually provide 24/7 advice (currently 3 mental health nurses, but team will increase to 6). Demands are also being made on London's mental health hospitals and local mental health teams, to provide rapid and effective access to their services for patients in crisis.

The LAS should provide more effective and rapid care for patients with suicidal ideas. The response is in some cases too slow and the key objectives of parity of esteem are not being met, causing in some cases death and serious harm.

Significant advance have been made with the transport of patients being assessed for admission under the Mental Health Action. The system is meeting need in the pilot areas and must be extended to the whole of London as soon as possible. This approach meets the requirement of the parity of esteem duty. However, the response to patients who are sectioned under s136 must be substantially improved and should include the rapid deployment of paramedics and/or nurses who are expert in the care of people suffering a mental health crisis. In our experience rapid, sensitive, expert care at a time of mental health crisis is often transformative. Access to places of safety and mental health beds must also be substantially improved to ensure that patients in crisis do not remain an ambulances whilst crew search across London for a place of safety.

The crowded state of many A&E departments makes admission to A&E for a person suffering a mental health crisis a very poor and potentially harmful option. We strongly recommend that all mental health trusts are commissioned to provide rapid response teams to provide care for people suffering from a mental health crisis in order to prevent inappropriate admissions to A&E.

COMMISSIONING RECOMMENDATIONS

A) **Risks to the lives of patients, and ‘parity of esteem’, require that patients who have suicidal thoughts must get an emergency response from the LAS. Services should be commissioned to ensure that the considerable risks for patients with suicidal ideas or who have attempted suicide are mitigated – especially at times when the LAS is under considerable pressure.**

B) **Commissioners should ensure that the transport of patients detained under s136 of the Mental Health Act to a ‘place of safety’ is undertaken sensitively, expertly and in the shortest possible time, with the leadership of clinical staff skilled in the care of people in a mental health crisis. The current system results in more severely ill people waiting longer for transport to a place of safety. The excellent NETS system for people assessed in their home for detention under the MHS should be extended to the whole of London as soon as possible.**

C) **Mental Health Trusts must ensure that they have sufficient beds, staff and facilities for people in a mental health crisis, who are brought to the hospital by ambulance. Turning ambulances away when they are trying to admit patients in crisis must be stopped.**

D) **A&E Departments must have MH liaison teams active and ready to receive and care for people in MH crisis.**

E) **The findings of the Independent Commission on Mental Health and Policing set up in 2012 must be implemented so that a dedicated response from specially trained paramedics and nurses is provided for the care of patients in mental health crisis in a public place or in private premises. Commissioners should emphasize through the contract that restraint is only used in the most exceptional circumstances.**

Independent Commission on Mental Health and Policing
Recommendation 23 – Implementation Within 12 months (by 2013)
NHS England should work with Clinical Commissioning Groups, Health and Wellbeing Boards and the CQC to ensure that:
a) No person is transferred in a police van to hospital;
b) Funds are made available through an appropriate dedicated response for mental health,
for instance provision of a dedicated paramedic in a car; and
c) Demand management systems of the LAS be reviewed, and changes implemented in
order to ensure parity of esteem between mental and physical health.

GOAL 3

END OF LIFE CARE

‘End of Life Care’ has been prioritised by the LAS and Commissioners for a CQUIN. It is most important to ensure that the wishes of people who have a terminal illness, or who are close to death, are clearly communicated to the LAS, respected by the organisation and carried out to the letter. It is essential that the specific choices and wishes described in Advance Care Plans (ACP) by people requiring end of life care are flagged on the LAS Command Point system directly by Connect my Care (CmC), and effectively communicated to front line staff.

In November 2015, CmC launched a new IT system to improve access to care plans 24/7. Since 2012 when the CmC system was started, 25,000 electronic advanced care plans have been produced in London, but this number is low compared with the number of people who might wish to develop an ACP. The new CmC IT system reduces the time it takes to create and update CmC ACP. The next phase for CmC includes increasing interoperability with GPs, the LAS, community services and acute and urgent care IT systems, leading eventually to a seamless service.

Although considerable progress has been made we would like commissioners to ensure that CmC and the LAS Command Point system are working effectively so that advance care plans, containing clear information about the patients’ wishes, are transmitted from CmC to the LAS and to front line staff. Plans which are unclear must be subject to referral back to CmC or GPs to ensure that staff carry out patients’ wishes – sometimes within short time scales. The communication system between GPs and front line paramedics must also be enhanced for automatic transmission.

Data regarding the compliance with patients requests through CmC should be published to demonstrate that the system is working effectively. We strongly support the proposals to develop the NETS system for the transport of patients requiring end of life care.

RECOMMENDATIONS TO COMMISSIONERS

1) **Commission the NETS service to provide an efficient, timely and sensitive service for people requiring end of life care.**

2) **Ensure that the LAS, CmC and GPs are collaborating and listening to patients and families, to enable Advance Care Plans to accurately reflect patients wishes and be rapidly transmitted to front line crews.**

3) **Establish KPIs that require data to be available to monitor collaboration between partners in the CmC systems and evidence of successful completion of CmC request to the LAS regarding ACPs for patients at flagged addresses.**

4) **Require training of front line clinical staff ensure that they are fully aware of the importance of fulfilling the patients' requirement described in ACPs.**

GOAL 4

EQUALITY AND INCLUSION

The CQC identified serious concerns about the effectiveness of the LAS in relation to its responsibility to show due regard to the duties which arise from the Equality Act 2010, the

Public Sector Equality Duty and EDS2 (Equality Delivery System). This requires the LAS to eliminate discrimination, advance equality of opportunity and foster good relations for people with protected characteristics. Performance has been poor, although there are some notable and very positive exceptions, e.g. staff included within the LGBT protected characteristic. The Forum has raised this issue repeatedly with the LAS over a period of 10 years with very little progress. There is strong evidence that without a concerted approach by Commissioners that little progress will be made and the lack of focus on diversity and inclusion prevents the skills, abilities, culture, ethnicity, sex, disabilities of all staff being adequately valued.

An example of performance in relation to the protected characteristic of race is shown below for paramedic recruitment: Data for 2014-16 are awaited.

Year	Total no Paramedics	Total no of Paramedics of "BME" 'heritage'	% "BME"	"BME" paras as % staff on frontline (direct patient contact)	"BME" paras as % of total workforce
2003/4	685	22	3.21	Not Known	0.54
2004/5	734	26	3.54	1.07	0.65
2005/6	832	26	3.13	0.99	0.62
2006/7	816	27	3.31	1.00	0.62
2007/8	836	32	3.83	1.19	0.74
2008/9	881	31	3.52	1.04	0.70
2009/10	917	34	3.71	1.01	0.68
2010/11	1025	41	4.00	1.22	0.83
2011/12	1385	64	4.62	1.98	1.38

2012/13	1648	93	5.64	2.97	2.01
2013/14	1611	95	5.90	3.09	2.04

Recruitment of BME staff in London has failed because there is no strategic recruitment plan focussed on the recruitment of BME staff and no concerted effort to recruit young people from school six forms and six from colleges and encourage them to take up a career as a paramedic.

COMMISSIONING RECOMMENDATIONS

1) Commissioners need to agree a detailed work programme with the LAS to ensure compliance with the Equalities Act and EDS2, and to ensure due regard is shown to meeting the needs of patients and staff with protected characteristics.
2) The LAS should be required to have ‘whole systems approach’ for each protected characteristic and provide regular feedback from ‘equalities champions’ who are designated for each protected characteristic.
3) Recruitment of BME staff in London will only succeed if significant resources are put into recruitment from school six forms and six from colleges and attempts made to encourage them to choose a career as a paramedic.
4) Assurances are needed that accurate staff records are kept for example in relation to ethnicity, disabilities/related health issues and other protected characteristics so that progress can be measured, appropriate resources allocated, policies updated and changes made

GOAL FIVE

LAS AS A PROACTIVE NEGOTIATOR FOR PLANNED URGENT AND EMERGENCY CARE

A major problem with the current organisations of urgent and emergency care is the lack of accountability for the way in which services work across London. Consequently, the LAS provides care and presumptive diagnosis for patients and often takes them to hospital even they know this is not the best clinical decision and want to provide appropriate and adequate clinical care. The services paramedics need access to often don't exist or are available tomorrow or the day after that. Immediate transfer of patients to right service, the rights team and the right care first time is currently a distant ambition. The consequence of our badly planned system is that many patients are traumatised by receiving inappropriate hospital care and some die as a result though hospital acquired infection.

The LAS is dependent upon the leadership, good will and commitment of CCGs to provide alternative and appropriate care services. The Forum believes the LAS needs to become a leader in these negotiations not just a grateful recipient. The LAS needs to have the power to require that the right clinical service is available to paramedics when they see patients, not as a matter of luck but as a requirement. The LAS must be able to stipulate, in relation to the needs of the patients they see, what type of clinical outreach services should be available locally and at what time of day. This may refer to patients with mental health problems, dementia, falls and many other conditions. The LAS should be in partnership with CCGs and hospitals and care should be jointly planned to meet need, and joint audit of outreach clinical services by CCGs and the LAS should be a priority.

CASE STUDY
An example is the service provided for patients who fall. Many people are designated Category C status when they call 999, have suffered a fall either at home, in the street or on the road. Some of these patients will have fractured bones, or suffered soft tissue trauma, that need to be assessed by paramedics. Unfortunately, these patients are not regarded as priorities and may wait several hours for assessment and treatment. The consequences of long waits can be severe, e.g. people lying on pavement or road, especially in winter, are at risk of further injuries, trauma and infection. People lying on their own floors for many hours at home, especially if elderly, are at greater risk of pneumonia or urinary tract infections. Patients taken to hospital, as the safest option, may suffer from infections caught in hospital and disorientation.

A solution to all these problems is the development of ‘locally based falls teams’, which can provide care for patients quickly and make sure they are in the safest possible environment until paramedics arrive. A competent falls team can cancel an ambulance response based on their assessment, take over care following a paramedic assessment, and ensure effective discharge arrangements if a person is admitted to hospital. Thus, an effective, highly trained falls team can provide safe care, as close as possible to the person’s home or site of their fall, as well as providing continuity of care. Falls teams are funded by some CCGs but not all and what they offer varies across London.

RECOMMENDATION TO THE LAS COMMISSIONERS AND THE LAS

The LAS should become a leader in negotiations for the provision of alternative and appropriate clinical services in the community. The LAS must have the power to require that the right clinical service is available to paramedics when they see patients, as a requirement. The LAS must be able to stipulate, in relation to the needs of the patients they see what type of clinical outreach services should be commissioned and available locally and at what time of day. This might refer to patients with mental health problems, dementia, falls and many other conditions. The LAS should be in partnership with CCGs and hospitals and care should be jointly planned to meet need. Joint audit of these outreach clinical services by CCGs and the LAS should be a priority.

GOAL SIX

COMMISSIONERS MUST ENSURE THAT URGENT AND EMERGENCY CARE IN LONDON IS COORDINATED, PLANNED, SAFE AND ACCESSIBLE WHEN NEEDED - PATIENTS MUST HAVE ACCURATE INFORMATION ABOUT ACCESSING THESE SERVICE

For years the public has been told that the urgent and emergency care system is becoming better planned, coordinated and effective. The 111 service was offered a solution to many of the weaknesses of the system, but irresponsible commissioning of the service has led to London have a number of poorly coordinated and poorly planned 111 services that have not earned the confidence of patients or clinicians. The failure to plan services effectively leads to increasing numbers of people calling 999 to peaks of use in May as well as in the winter months.

The urgent and emergency care system in London is confusing for patients and staff, and leads many to take what they believe is the safest option when they are sick: going to A&E. Many patients go to A&E because it is quicker and more reliable than primary care – even where the clinical quality of primary care is excellent.

The Forum has highlighted the extent of this confusion on many occasions, but instead of getting easier to use, the system gets more confusing, leading to more unnecessary visits to A&E. The problem is the poor integration and communication between different parts of the system:

> *A Forum member fell in the street on a Saturday evening causing severe pain to his ribs. The pain increased and he thought he had fractured a rib, so he phoned his GP on Sunday morning and was told to contact 111. They told him he should visit an Urgent Care Centre (UCC), but didn't transfer any information from their patient assessment to the UCC. When he got to the UCC they told him that they couldn't x-ray his chest because they had no facilities for that type of x-ray, and if the urgent doctor had thought an x-ray was necessary, he would have to travel two miles to the nearest A&E. He waited two hours to see a doctor in the UCC and was told that an x-ray was not necessary because there was no evidence of a fracture. The doctor said she could not write a clinical note to the patient's GP, because there was no system available to communicate directly with the GP, so she asked the patient to write a note himself to his GP.*
>
> ***The Forum member told us that had he gone to A&E he would have got a better, quicker and safer service.***

Unecessary pressures on the LAS and A&E departments will continue and A&E filled with people not needing emergency care until efficient, integrated, well organised and publicized patient centred UCC and GP care is available to all.

Currently, there are eleven 111 bases in London and numerous UCCs offering a range of different services at different times. The 111 Directory of Services (DoS) does not provide consistent information across London and there is no guarantee that the services they recommend will be open and available. Patient experience data about 111 services is negligible.

UCCs and GPs should be the bedrock of provision for effective urgent care. The provision of accurate information about these services directly to the public is essential and should be done through every available means: messaging, letter box, bus stops, stations, supermarkets etc., etc. People will go to dedicated urgent care centres if such centres are competent, effective and reliable. Why wait hours in unreliable UCC, when you can go to a reliable A&E? Why go to A&E if you have access to highly effective local UCCs and GPs?

RECOMMENDATIONS TO COMMISSIONERS:

A) THE LAS SHOULD NO LONGER BE THE DEFAULT, GO TO SERVICE, BECAUSE OF THE FAILURE OF CCGS AND NHS ENGLAND TO ORGANISE EFFECTIVE URGENT AND PRIMARY CARE SERVICES.

B) A SINGLE 111 SERVICE SHOULD BE COMMISSIONED IN LONDON AS PART OF THE LAS.

C) 111 SERVICES IN LONDON MUST BE ABLE TO DIRECT PEOPLE TO THE RIGHTS SERVICE USING A SINGLE ACCURATE PAN-LONDON DIRECTORY OF SERVICES AVAILABLE THROUGHOUT THE NHS AND TO THE PUBLIC SO THAT PATIENTS AND CARERS CAN ACCESS THE RIGHT CARE FIRST TIME.

D) INFORMATION ABOUT ACCESS TO URGENT CARE AND 111 SERVICES MUST BE EASILY AVAILABLE TO THE PUBLIC BY EVERY AVAILABLE MEANS, E.G. TWEETS AND E-MESSAGING, PUBLIC PLACES, BUS STOPS, STATIONS, DIRECT PERSONAL COMMUNICATIONS ETC.

APPENDIX ONE – PROTECTED CATEGORIES

AGE

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

DISABILITY

A person has a disability if s/he has a physical or mental impairment that has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

GENDER AND REASSIGNMENT

The process of transitioning from one gender to another.

MARRIAGE AND CIVIL PARTNERSHIP

In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. Same-sex couples can alternatively have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act 2010).

PREGNANCY AND MATERNITY

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

RACE

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality, (including citizenship) and ethnic or national origins.

RELIGION AND BELIEF

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

SEX

A man or a woman.

SEXUAL ORIENTATION

Whether a person's sexual attraction is towards his or her own sex, the opposite sex or to both sexes.

APPENDIX TWO - FORUM OFFICERS IN 2015

Company Secretary	John Larkin Registered Office: 6 Garden Court, Holden Road, Woodside Park, N12 7DG
President of the Patients' Forum	Dr Joseph Healy drjhealy@yahoo.com
Chair	Malcolm Alexander patientsforumlas@aol.com Tel: 0208 809 6551/ 07817505193
Vice Chair	Sister Josephine Udie sisterjossi@hotmail.com
Vice Chair	Angela Cross-Durrant acrossdurrant@yahoo.co.uk
Executive Committee Member	Lynn Strother lstrother@ageuklondon.org.uk
Executive Committee Member	Kathy West kathy.west1@ntlworld.com
Executive Committee Member	Leslie Robertson (Resigned June 2015)

APPENDIX THREE

OBJECTS OF THE PATIENTS' FORUM AMBULANCE SERVICES (LONDON) LTD

Members of the statutory Patients' Forum formed the Company alongside the London Ambulance Service, as a not-for-profit company with exclusively Charitable Objects. The statutory Patients' Forum was abolished on 31 March 2008.

The Company is committed to act for the public benefit through its pursuit of wholly charitable initiatives, comprising:

(i) The advancement of health or the saving of lives, including the prevention or relief of sickness, disease or human suffering; and

(ii) The promotion of the efficiency and effectiveness of ambulance services.

The Company is dedicated to the pursuit of its Objects as a small unregistered Charity with a view to registration with the Charity Commission, as and when appropriate.

APPENDIX FOUR - OUR MISSION STATEMENT

The Patients' Forum is an unregistered Charity that promotes the provision of ambulance services and other health services that meet the needs of people who either live in London, or use services provided in London.

The Charity aims to influence the development of better emergency and urgent health care and improvements to patient transport services, by speaking up for patients and by promoting and encouraging excellence. It will:

(1) Optimise working arrangements with London Ambulance Service and other providers and commissioners of urgent and emergency care.

(2) Work with other networks that champion patient and user groups.

(3) Develop our campaigns for better and more effective ambulance services, by petitioning for more effective and consistent approaches to service provision that reduce deaths and disability.

(4) Work towards better systems for all patients and carers to communicate their clinical conditions effectively to ambulance clinical staff, and receive effective and timely responses.

(5) Promote the development of compulsory quality standards for Patient Transport Services.

(6) Promote research to assess the clinical outcomes for the 25% of Category A (emergency) patients that did not get an ambulance within eight minutes.

(7) Work with partners to develop better services for the care and transport of people with severe mental health problems and their carers that respect their wishes and meet their needs. The Forum will promote sensitivity to their vulnerability, safety, culture and the gravity of their situation.

(8) Campaign to convince the Commissioners for the LAS and the LAS Board to develop the clinical effectiveness, assessment and care provided for people who suffer from cognitive impairment and dementia.

(9) Work with the LAS to develop effective protocols, to respect the wishes of patients with Advance Directives, to ensure that their care is provided in accordance with their prior decisions.

(10) Work with the LAS Equality and Inclusion leads to promote effective training of all LAS front-line staff in diversity and in relation to all protected groups identified in the Equality Act 2010.

(11) Work with the LAS Equality and Inclusion Committee to develop a workforce that reflects the diversity of communities across London, and provides care based on culturally and ethnically-based needs, when this is appropriate – for example, in relation to sickle cell disease and mental health problems.

APPENDIX FIVE - THE FORUM'S PRIORITIES

(1) **Equal access and choice of services and treatment**

LAS services should be fully accessible and available to all. Neither physical nor mental disability, health problems, language nor any aspect of a person's social, ethnic or cultural being, should reduce access or delay access to services.

(2) **Clinical partnerships with other care services**

The LAS should work jointly and proactively with hospital A&E Departments and other healthcare services, jointly to improve care and care pathways for patients.

(3) **Training of Paramedics and Technicians and A&E Support Workers**

The LAS should ensure that all Paramedics and A&E support staff have continuous access to appropriate training, and ensure their development as effective practitioners. This should include joint multi-disciplinary clinical audit of care provided by front-line staff, and joint reviews of patient care between front-line clinical staff from the LAS and hospital A&Es.

(4) **Alternative ways of providing emergency and urgent health care**

New ways for the LAS to provide urgent care through the 111 system and community-based services are welcome, but these new pathways must be robust enough to give confidence to the public and LAS crews, that they will be available when required, clinically appropriate, fully-funded and subject to regular clinical audit tests of reliable and continuous access.

(5) **Urgent care must improve**

The LAS must demonstrate compliance with Cat C Commissioner's targets and ensure that vulnerable patients – for example, older people who have fallen at home or in a public place - have rapid access to appropriate and adequate care.

(6) **Mental Health services**

Significant improvements are needed to ensure that people with severe mental health problems who become ill in the street or in their homes, and require emergency care, are treated by paramedics and technicians with specialist training in the care of people with mental health problems.

(7) **Developing care for people with cognitive impairment and dementia**

The LAS should ensure effective staff training for the recognition and assessment of cognitive impairment, and ensure that appropriate pain control and multi-disciplinary care are always available for patients with dementia.

(8) **Patient Transport Services (PTS)**
The LAS should provide services that are compliant with the Patients' Forum's Quality Standards for PTS. These promote highly effective patient transport services that are built around dignity, the needs of users and their active involvement in the monitoring, assessment and development of the service.

(9) **Complaints about services provided by the LAS**
The LAS should further develop its approach to learning from complaints submitted by service users. All recommendations for service improvements arising from complaints should be published with evidence of consequent and enduring service improvements.

(10) **Communication with the public**
The LAS and the '111 out of hours' service should launch a joint information campaign to ensure that all Londoners know how to access safe, effective and appropriate emergency and urgent care.

(11) **LAS Board and the public**
The LAS Trust Board should meet with LAS service users from each London Borough, to get feedback on services provided by the LAS and proposals for service development. The LAS Board should reflect the diversity of London, and its members should act in a way that recognises their accountability to patients and people who live in London.

APPENDIX SIX – CORRESPONDENCE WITH NHS ENGLAND AND THE TRUST DEVELOPMENT AUTHORITY (TDA)

Professor Keith Willett,
Medical Directorate
NHS England
December 13th 2015

A&E Patients and the Winter Crisis
Dear Keith, we are very concerned about the pressures on London's acute services caused by the closure of A&E departments in west London, and the underfunding of acute hospitals and A&E services. Closure of A&E departments over the past few years appears to have had the inevitable effect of ensuring that sick people wait appalling lengths of time for treatment.

Imagine an elderly person falling in their home and being unable to get up, and then waiting hours for an ambulance, and then queuing outside an A&E department for up to an hour, and then lying in a cubicle in A&E for 4 hours before discharge or admission - 8 hours of queuing to get a bed or get home.

Surely, NHS England is responsible and accountable for these delays because they have closed services and have failed to deal with the ambulance queuing outside some of our major hospitals that has gone on for years.

Commissioners have failed to deal adequately with the crisis as the following figures for October 2015 and November 2014 show:

Patients waiting in an ambulance for up to an hour outside casualty in October 2015 - compared to November 2014:
Hillingdon Hospital 210 (222 in 2014)
Northwick Park 342 (326)
Queens 244 (355)
North Middlesex 213 (205)
Ealing 180 (221)

Not only are patients who are seriously ill waiting in ambulances for admission to A&E, but the ambulances and their highly trained crews are stuck in queues and can't get away to attend to the next patient suffering from stroke or cardiac arrest. Delays can cause serious harm to seriously ill patients.

We believe that NHS England must accept responsibility for a failure in the provision and organisation of emergency and urgent care.

What action will NHS England now take to ensure that the resources that London needs to get rid of ambulance queues and inappropriate patient waits are made available immediately?

Malcolm Alexander
Chair, Patients' Forum – Ambulance Services – London

23/12/2015 – REPLY FROM PROF KEITH WILLETT – AMBULANCE QUEUES

Dear Mr Alexander,

Firstly, can I thank you for your recent contact and I note the issues you raise.

Secondly, can I apologise for not being able to make the follow-up call you had kindly accepted planned for today. I was called away on a national priority issue. However I am happy to cover in this email what I was going to cover in that call, be it less personal.

The intention of my call was to explain that my role in NHS England is to lead the design and development of Urgent and Emergency Care services as part of the Keogh Review. As you are aware all A&E and Ambulance Services are commissioned by CCGs and they also hold the statutory authority for service design. Something I know has been to the fore in NW London. The oversight of operational and clinical performance by NHS England is through our Regional Offices and so I have spoken to and brought to their attention the concerns you and your Forum members have raised. Your correspondence has been forwarded to Dr Andrew Mitchell to respond.

We are all acutely aware of the service provision and demand placed across the whole urgent and emergency care community from general practice and the community, through 111 and 999 to hospital admissions and delayed discharges. That in the medium to longer term is what the UEC Review is attempting with colleagues in the NHS to address through redesign. Perhaps you would however clarify in any further correspondence with Dr Mitchell the data you put in your letter about increased handover delays. Clearly delayed handovers are a real issue for patients' care and ambulance operational performance. As I read the numbers though, comparing the months of November 2014 and October 2015, there has been a reduction from 1329 to 1189 in total delayed handovers which, adjusted for days in the month, looks like a 13% improvement.

Yours sincerely

PROF KEITH WILLETT

Malcolm Alexander
Chair
Patients' Forum for the London Ambulance Service
30c Portland Rise
N4 2PP

12 February 2016

Dear Mr Alexander,

Thank you for your letter of 8 February 2016 regarding Ambulance queuing outside A&Es in London and your concerns about the impact these delays have on patients. As the letter mentions the role of NHS England in relation to this issue, we felt a joint response would be appropriate.

We recognise and share the concerns that you have raised. LAS performance data illustrates that 60% of all ambulance handovers since November 2015 have taken longer than 15 minutes and clearly this position needs to improve. We would however draw your attention to the general decline in the number of 'black breaches' (ambulances waiting over 60 minute for handover) year to date compared to last year as illustrated below to assure you that action is being taken across the system to improve performance:

2014/15	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Total	157	154	63	96	88	181	314	321	860	501	342	221	3298
2015/16	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Total	200	146	80	108	196	264	140	365	481				1980

As part of our actions we are working closely with all stakeholders including Monitor, LAS, CCGs, the Emergency Care Improvement Programme and Providers to hold Acute Trusts and LAS to improve ambulance handover times. There is now daily information shared with the system as to handover delays more than 15 minutes and the impact this is having on LAS. This ensures targeted actions can be taken in a timely manner. Performance is then monitored via weekly calls with LAS and at a monthly Regional Oversight Group as well as via Performance Contract meetings with Acute Trusts. We are also working with LAS Commissioners and LAS via the contracting round for 2016/17 to drive improvements in job cycle time and other areas within the gift of the Trust.

One of the outcomes of the LAS Quality Summit held in December 2015, following the publication of the CQC Report, was a commitment to work with the trusts with the most significant handover delays. The NHS England (London) Emergency Care Task Force established a programme to address handover delays with the most

challenged trusts and these trusts submitted plans to make improvements to the process in January. Furthermore, bespoke support will be offered to several sites to identify areas where improvements can be made and offering guidance as to possible actions to implement.

The first week of January was challenging for London acute trusts and for LAS with a spike in over 60 minute handover delays and crew hours lost. This has led to the preparation of a workshop to be held in late February to further raise the profile of handover delays and to strengthen the actions that can be taken to safely manage the handover process. In advance of the workshop, site visits have been undertaken to learn from those at varying stages of their handover plans.

These pieces of work are progressing in tandem with outputs to be shared across London for all Providers to utilise. LAS are working closely with us on this project whilst also reviewing actions they can take in order to reduce handover times.

In relation to your reference to the changes to the A&E configuration in NWL and the impact this has had, we would refer you to the independent review of the implementation of North West London A&E changes from July 2015 which can be found here. The review found that:

"There was deterioration in A&E performance in NW London A&E sites during and after the A&E transition. However, this deterioration was in line with deterioration across London and England and the review found it was not related to the A&E changes."

We will be happy to keep you updated on progress in reducing handover delays.

Yours sincerely,

Jo Ohlson
Acting Director of
Commissioning
Operations
NHS England, NWL

Anne Gibbs
National Programme Director -
Transactions
North West London Portfolio Director
NHS TDA, London

Cc Andrew Hines, Associate Director of Delivery and Development
Simon Wheldon, Chief Operating Officer – London
Dr Fionna Moore, Chief Executive LAS

APPENDIX SEVEN – LETTER TO SANDRA ADAMS, LAS, EQUALITY AND INCLUSION

Sandra Adams
Chair of the Equality and Inclusion Committee
London Ambulance Service
220 Waterloo Road
SE1

17/2/16
Dear Sandra,

As you know, for some time, we have been concerned about the LAS's achievements towards achieving adequate and reasonable progress in relation to the objectives of the Equality Act and its Public Sector Equality Duty. This requires the LAS to take continuous steps towards adequately meeting the needs of patients and staff with all of the protected characteristics described in the Act.

As the CQC highlighted this matter, we feel it is essential that the opportunity is taken to achieve significant improvements in the short term; unfortunately, the agenda for the Equality and Inclusion meeting to be held on Thursday February 18th 2016, does not seem to reflect the steer suggested by the CQC report.

Given the very positive changes that are being put in place in other parts of the organisation as the result of the CQC assessment, we believe this is an excellent time to re-evaluate the impact of equality and inclusion over the whole of LAS. Currently, the lack of focus on diversity and inclusion prevents the skills, abilities, culture, ethnicity, sex, and disabilities of all staff being adequately valued.

We believe that the E&I Committee urgently needs a holistic plan if it is to move forward. The excellent work with Stonewall needs to be integrated and replicated with every protected characteristic. The strategy needs to clearly lay out what is to be achieved and by when, but with the current strategy the LAS would not achieve compliance with its public sector equality duty for many years. We would also strongly recommend getting the support of Inclusive Employers, given that LAS has recently joined this excellent organisation.

With regard to the Equality Forums, the E&I Forward Plan does not seem to set out exactly what the Forums plan to do, how they are monitored, what their aspirations and achievements are, how patients will benefit and what the targets and milestones are. We would like to suggest that the Forums need implementation plans and milestones, so that we can regularly monitor progress, and a quarterly reporting back mechanism on achievements.

We would like the Terms of Reference to be updated and serious consideration given to accountability of staff for decisions made by the E&I Committee. We would also appreciate having access to the policies mentioned in the press release by Stonewall and to have assurances that the Terms of Reference of the Equality and Inclusion Committee reflect what is in these policies.

Assurances are needed that accurate staff records are kept, for example in relation to ethnicity, disabilities/related health issues and other protected characteristics. If these characteristics are not accurately recorded, the E&I Committee can't measure progress or ensure that appropriate resources have been allocated, policies updated and changes made.

We would like to request that each of the LAS Champions who have agreed to provide leadership in relation to protected characteristics, report back regularly and demonstrate progress in the areas where they have agreed to provide leadership for the LAS and its patients.

The Equality and Inclusion Committee does not currently have the resources to ensure that these issues are taken up adequately across the organisation, and in our view it is necessary for all LAS committees to ensure that these issues form part of the substance of their work programmes. This would be of enormous benefit to both patients and staff.

There is clearly a long way to go to get to grips with the duties that are laid on the LAS to achieve real progress in relation to each of the protected characteristics, but we hope that these suggestions will help and we will continue to monitor progress through our representation on the committee.

Very best wishes

M. Alexander

Malcolm Alexander

Chair
Patients' Forum for the LAS