



AGENDA

MAYOR AND CABINET

Date: WEDNESDAY, 28 SEPTEMBER 2016 at 6.00 pm

**Committee Rooms 1 & 2
Civic Suite
Lewisham Town Hall
London SE6 4RU**

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MEMBERS

Sir Steve Bullock	Mayor	L
Councillor Alan Smith	Deputy Mayor - Growth & Regeneration	L
Councillor Chris Best	Health, Well-Being & Older People	L
Councillor Kevin Bonavia	Resources	L
Councillor Janet Daby	Community Safety	L
Councillor Joe Dromey	Policy and Performance	L
Councillor Damien Egan	Housing	L
Councillor Paul Maslin	Children & Young People	L
Councillor Joan Millbank	Third Sector and Community	L
Councillor Rachel Onikosi	Public Realm	L

Members are summoned to attend this meeting

**Barry Quirk
Chief Executive
Lewisham Town Hall
Catford
London SE6 4RU
Date: Thursday, 29 September 2016**



INVESTOR IN PEOPLE

The public are welcome to attend our committee meetings, however occasionally committees may have to consider some business in private. Copies of reports can be made available in additional formats on request.

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If recording causes a disturbance or undermines the proper conduct of the meeting, then the Chair of the meeting may decide to stop the recording. In such circumstances, the decision of the Chair shall be final.

MAYOR & CABINET		
Report Title	Declarations of Interests	
Key Decision	No	Item No. 1
Ward	n/a	
Contributors	Chief Executive	
Class	Part 1	Date: September 28 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 no part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**
- (b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph (c) below applies.
- (c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.
- (d) If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.
- (e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

(6) Sensitive information

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

(7) Exempt categories

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

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

Agenda Item 2

MAYOR AND CABINET		
Report Title	Minutes	
Key Decision		Item No.2
Ward		
Contributors	Chief Executive	
Class	Part 1	Date: September 28 2016

Recommendation

It is recommended that the minutes of that part of the meeting of the Mayor and Cabinet which were open to the press and public, held on September 7 2016 (copy attached) be confirmed and signed as a correct record.

MINUTES OF THE MAYOR AND CABINET

Wednesday, 7 September 2016 at 6.00 pm

PRESENT: Sir Steve Bullock (Mayor), Alan Smith, Chris Best, Kevin Bonavia, Janet Daby, Joe Dromey, Damien Egan, Paul Maslin, Joan Millbank and Rachel Onikosi.

ALSO PRESENT: Councillor John Paschoud, Councillor Paul Bell, Councillor John Coughlin, Councillor Brenda Dacres, Councillor Amanda De Ryk, Councillor Alan Hall, Councillor Helen Klier, Councillor Jim Mallory, Councillor John Muldoon, Councillor Jacq Paschoud and Councillor Alan Till.

471. Declaration of Interests

The Mayor declared a prejudicial interest in Item 4 as a Trustee of the Surrey Canal Sports Foundation and withdrew from the meeting during consideration of this item.

472. Minutes

RESOLVED that the minutes of the meeting held on July 13 2016 be confirmed and signed as a correct record.

473. Outstanding Scrutiny Matters

RESOLVED that the report be noted.

474. New Bermondsey (formerly Surrey Canal Triangle) Regeneration - Proposed Compulsory Purchase Order

The Mayor withdrew from the meeting having declared a prejudicial interest in this item. The discussion on this and all the following items was chaired by the Deputy Mayor, Councillor Alan Smith.

The Deputy Mayor introduced the report and recounted his personal involvement in Regeneration over the last six and a half years as portfolio holder. He pointed out that the Renewal group already held interests in 90% of the land needed for the regeneration proposals and that the use of CPO powers by the Council could allow the assembly of land allowing completion of the Renewal scheme.

The Executive Director for Resources and Regeneration reminded the Cabinet that the CPO proposals had been deferred in February following which the Chief Executive had facilitated discussion between Renewal and Millwall FC which had failed to arrive at a satisfactory resolution.

The Head of Planning next outlined the Planning background highlighting the Core Strategy which promoted the growth of large scale development in the

north of the Borough and identified five key sites accompanied by delivery stages.

The Executive Director for Resources and Regeneration confirmed that notice of this Cabinet meeting and determination of a CPO proposal had been given to all involved parties on August 8. She stated that representations from Eversheds and Shoosmiths had been circulated to all Cabinet members.

Willow Winston, an affected local resident and business owner, next addressed the Cabinet. She explained she had set up her business in the area 16 years ago and had lived with the threat of a CPO for the last six years. She said she had received only a desultory offer of £58,000 for her 700 square feet of living and workspace. She believed the threat of a CPO had led to health problems for her. She stated she thought development might be good in many respects and that she had taken part in one cordial meeting with Renewal but overall she believed consultation with her and other local business owners had been completely inadequate. She called on the Cabinet to defer any decision on the CPO to allow meaningful consultation to take place with local residents and business owners.

Councillor Brenda Dacres addressed the Cabinet in her capacity as Chair of the Labour Group. She said Group members had considered the CPO proposals in a meeting without Cabinet member attendance. They had unanimously concluded that the CPO was premature and not in the public interest. Councillor Dacres said negotiations between Millwall FC, Renewal and other interested parties should continue and that a CPO should only be considered as a last resort.

The Chief Executive pointed out there had already been a five month deferral and he had appointed an independent facilitator to arrange a meeting between Renewal and Millwall FC. This had taken 3 months to conclude and while the meeting had been congenial, promises by the parties to share information had not been honoured. He reported there had thus been only one meeting with no agreed proposals.

Mr Peter Garston, a Fan Director of Millwall FC next addressed the Cabinet. He said the Club was the heartbeat of the area and he feared a CPO would threaten the existence of the highly regarded Millwall Community Scheme. He said reprovision of facilities to areas not adjacent to the Den were not acceptable. He urged Cabinet members to either vote against or defer the CPO proposal.

Having been able to question all the presenters, Cabinet members considered carefully all the evidence which had been presented to them before reaching their conclusions.

Councillor Joe Dromey said the area was in need of new development but that granting a CPO required compelling reasons and he believed the onus should have been on Renewal to secure agreement with the other parties. He did not feel confident in entrusting such a massive project to a company with no track record in delivering successful developments. In terms of applying a

public interest test he stated the priority for his ward was the provision of affordable housing and he did not believe the promise of 12% for housing being affordable in this project was sufficient. He recognised this was a difficult and finely balanced decision but that he could not support a CPO.

Councillor Rachel Onikosi said her understanding of the evidence offered led her to the conclusion that extensive efforts to reach agreements had been made over many years but that only Renewal had the finances and land holdings in place to successfully carry out the project.

Councillor Joan Millbank said she would apply a public interest test to the broader project and with the range of jobs, transport links, housing, and community facilities on offer she believed there was an amazing placemaking opportunity available.

The Deputy Mayor said he had been a Councillor for 18 years and this was the best offer he had seen for the area. He stated as Chair he would only vote in favour of the project if there was an equality of votes.

Councillor Kevin Bonavia noted the Den would be protected and alternative provision would be made for Millwall's excellent community schemes. He said he would have liked more affordable housing but the proposals would create some new genuinely affordable housing.

Councillor Janet Daby said she believed Millwall FC had had ample opportunity to bring proposals to the table but development was needed now and on balance the Renewal proposals appeared to be the best option.

Councillor Chris Best said she was excited by the project with a sports led regeneration that would create the biggest sporting facility in the capital for 50 years.

Having considered an officer report, and presentations by the Deputy Mayor, Councillor Alan Smith, Willow Winston, an affected business and property owner, the Chair of the Labour Group, Councillor Brenda Dacres and a fan Director of Millwall FC, Peter Garston, the Cabinet, for the reasons set out in the report:

RESOLVED that:

(a) the pre-conditions for compulsory purchase set by Mayor & Cabinet on 7th March 2012 have been met;

(b) a Compulsory Purchase Order be made pursuant to powers under Section 226(1)(a) of the Town and Country Planning Act 1990 and Section 13 of the Local Government (Miscellaneous Provisions) Act 1976 (in accordance with the procedures in the Acquisition of Land Act 1981) for:

i) the acquisition of the land shown coloured pink on the plan at Appendix 2, be approved save for the interests of the Council, Renewal and persons with the benefit of rights of light; and

ii) the acquisition of new rights over the land shown coloured blue on the plan attached at Appendix 2 be approved for the purpose of facilitating the comprehensive redevelopment, development and improvement of the Site to provide a mixed use residential-led scheme.

(c) delegated authority be granted to the Executive Director for Resources and Regeneration in consultation with the Head of Law:

i) subject to a satisfactory Deposit or satisfactory alternative security being provided by Renewal pursuant to the CPO Indemnity Agreement dated 20 December 2013, all necessary and appropriate steps be taken to secure the making, confirmation and implementation of the Compulsory Purchase Order (CPO) including the publication and service of all notices and promotion of the Council's case at any Public Inquiry, including but not limited to the steps described below;

ii) any further or additional land referencing as may be considered appropriate be carried out, including service of requisitions for information pursuant to Section 16 of the Local Government (Miscellaneous Provisions) Act 1976 or Section 330 of the Town and Country Planning Act 1990;

iii) any amendments, deletions, or additions to the draft Order Map and/or draft Schedules to the CPO be made so as to include and describe all interests in land and rights required to facilitate the carrying out of the Scheme;

iv) such changes as may be considered necessary or appropriate be made to the draft Statement of Reasons prior to publication;

v) interests and new rights in the Order Land be acquired either by agreement or compulsorily (including pursuant to any blight or purchase notices) and dispose of the same to Renewal;

vi) approval be given to negotiate, agree terms and enter into agreements with interested parties, including agreements for the withdrawal of blight or purchase notices and/or objections to the CPO and/or undertakings not to enforce the CPO on specified terms, including where appropriate seeking the exclusion of land or rights from the CPO;

vii) in the event that the Secretary of State notifies the Council that it has been given the power to confirm the CPO to confirm the CPO if the Executive Director for Resources and Regeneration, in consultation with the Head of Law, is satisfied that it is appropriate to do so;

viii) in the event the CPO is confirmed by the Secretary of State (or by the Council if given the power to do so), to complete all necessary statutory procedures and to take steps to implement the CPO, including by way of General Vesting Declaration and/or Notice to Treat/Notice of Entry;

ix) all steps be taken in relation to any legal proceedings relating to the CPO, including defending or settling claims referred to the Upper Tribunal (Lands Chamber) and/or applications made to the courts and any appeals;

x) approval be given to retain and/or appoint external professional advisers and consultants to assist in facilitating the promotion, confirmation and implementation of the CPO, the settlement of compensation and any other claims or disputes;

xi) all such other steps be taken as may be considered necessary or appropriate to acquire all interests and rights required for the Scheme (whether by agreement or CPO) and to dispose of the same to Renewal;

(d) approval be given to the acquisition by the Council for planning purposes pursuant to Section 227 of the Town and Country Planning Act 1990 of Renewal's freehold interest (both its existing freehold and any freehold interest that Renewal may subsequently acquire by private treaty) in land within Phases 1A, 1B, 2 and 3 as shown shaded grey on the plan at Appendix 3 and the grant of a lease of that land to Renewal (with an option for Renewal to repurchase the freehold interest) on the terms set out in the Heads of Terms attached at Appendix 4, including any variation thereto as the Executive Director for Resources and Regeneration, in consultation with the Head of Law, may consider appropriate;

(e) the variation of the CPO Indemnity Agreement of 20th December 2013 be approved to ensure the agreement provides for the Council to be indemnified by Renewal in respect of all compensation and other costs arising in respect of any interference with rights affecting the land acquired by the Council and leased back to Renewal as provided for in recommendation (d) above.

475. Syrian Refugees

Having considered an officer report, and a presentation by the Cabinet Member for Resources, Councillor Kevin Bonavia, the Cabinet, for the reasons set out in the report:

RESOLVED that:

(1) the Council responds to the ongoing humanitarian crisis caused by conflict in Syria by resettling up to 10 Syrian refugee households in Lewisham.

(2) the outline timetable for receiving the first households and overall participation in the Syria Vulnerable Persons Relocation scheme be noted;

(3) the Lewisham Syrian Refugee Offer at Appendix 1 sets out that accommodation will be procured from the private rented sector, the local community and/or voluntary sector agencies to accommodate Syrian

refugees;

(4) the Lewisham Syrian Refugee Offer proposes the tendering and appointment of a support resettlement service;

(5) the Syrian Refugee Offer attached at Appendix 1 be approved;

(6) the Syrian Refugee Offer be referred to Council on 21 September 2016;

(7) responsibility be delegated to the Executive Director for Customer Services to enter into a formal agreement with the Home Office to resettle up to 10 Syrian refugee households in Lewisham;

(8) the budgetary provision of £50,000 be approved for contingency costs and administration of the Lewisham Refugee Offer.

476. LGO Housing Benefit

The Cabinet Member for Resources offered apologies on behalf of the Council for the failings which had been identified in the report.

Having considered an officer report, and a presentation by the Cabinet Member for Resources, Councillor Kevin Bonavia, the Cabinet, for the reasons set out in the report:

RESOLVED that the contents of the report be received and forwarded to Council for consideration.

477. Transfer of Music Service

Having considered an officer report, and a presentation by the Cabinet Member for Children & Young People, Councillor Paul Maslin, the Cabinet, for the reasons set out in the report:

(1) the responses from users, stakeholders and staff from the consultation about the future of the Music Service which overwhelmingly support the Service's proposal that it becomes an independent charity be noted;

(2) the business case for the transfer of the Music Service to charitable status be approved;

(3) the Music Service is a named resident organisation in the Fellowship Inn development proposed by Phoenix Community Housing and supported by the Heritage Lottery Fund;

(4) the setting up of a new charity, Lewisham Music (working title) be approved, in anticipation that once established Lewisham Music Service transfers into this new organisation;

(5) the proposed governance structure for Lewisham Music be approved

(6) a final decision on the future of the Music Service be made at a Mayor and Cabinet meeting in January 2017 or as soon thereafter as possible, on presentation of a Business Plan for Lewisham Music and details of the transfer terms.

478. Primary school expansion

Having considered an officer report, and a presentation by the Cabinet Member for Children & Young People, Councillor Paul Maslin, the Cabinet, for the reasons set out in the report:

RESOLVED that there should be a consultation on the proposal to enlarge Ashmead Primary School from 1 to 2 forms of entry with effect from September 2017 and that officers should report back to Mayor and Cabinet by the end of 2016 with the results and next steps.

479. Federations Revisions to Instruments of Government

Having considered an officer report, and a presentation by the Cabinet Member for Children & Young People, Councillor Paul Maslin, the Cabinet for the reasons set out in the report:

RESOLVED that:

(1) the Instrument of Government for the federation of schools identified below be made by Local Authority order dated 7 September 2016.

The Leathersellers' Federation
The King Alfred Federation
The Fairlawn and Haseltine Federation

480. Streetlighting dimming and Response to SDSC

Having considered an officer report, and a presentation by the Deputy Mayor, Councillor Alan Smith, the Cabinet, for the reasons set out in the report:

RESOLVED that:

(1) the proposed variable lighting policy set out be approved and in particular agrees the proposals to:

- Implement dimming of 50% in locations described in 5.10;
- Exempt street lights where there may be concerns about dimming in relation to crime reduction, road safety or other Council priorities as described in paragraphs 5.11 and 5.12;
- Switch lights on 10 minutes later and off 10 minutes earlier as part of a 'trimming' exercise to cut energy consumption;
- Review the implementation of the variable lighting policy with a report to the Sustainable Development Select Committee in 12 months' time.

(2) the proposed response to the comments from Sustainable Development

Select Committee referred to Mayor and Cabinet on the 1 June 2016 be approved and this report be referred to the Select Committee.

481. Gypsy and Traveller Sites Local Plan

The Head of Planning tabled a set of corrections to the report.

Councillor Egan stated that the proposals in the report had been warmly welcomed by Lewisham's Gypsy and Traveller Network.

Having considered an officer report and errata sheet, and a presentation by the Deputy Mayor, Councillor Alan Smith, the Cabinet, for the reasons set out in the report:

RESOLVED that:

(1) the following documents be approved for statutory public consultation:

- GTSLP Potential Site(s) Report and
- Integrated Impact Assessment comprising a Sustainability Appraisal, Strategic Environmental Assessment and Equalities Analysis Assessment for the GTSLP Potential Site(s) Report.

(2) the changes made to the Consultation Statement be noted;

(3) the Council be recommended to do the same to approve the documents specified for public consultation;

(4) authority be delegated to make any minor changes to the text and format of the documents prior to consideration by the Council, to the Executive Director for Resources and Regeneration.

482. Catford Regeneration Response to SDSC

Having considered an officer report, and a presentation by the Deputy Mayor, Councillor Alan Smith, the Cabinet:

RESOLVED that the proposed response to the comments and views of the Select Committee, as set out, be approved and reported to the Select Committee.

483. Response to SDSC use of S106 and CIL

Having considered an officer report, and a presentation by the Deputy Mayor, Councillor Alan Smith, the Cabinet:

RESOLVED that the proposed response to the comments and views of the Select Committee, as set out, be approved and reported to the Select Committee.

484. Poverty in Lewisham Response

Having considered an officer report, and a presentation by the Cabinet Member for Policy & Performance, Councillor Joe Dromey, the Cabinet:

RESOLVED that:

- (1) the responses from the Executive Director for Resources and Regeneration to the Safer Stronger Communities Select Committee report Poverty in Lewisham be approved;
- (2) the Cabinet Member of Policy and Performance be appointed as the lead member responsible for the overseeing the Council's actions to tackle poverty;
- (3) a Lewisham Poverty Taskforce be convened to develop a comprehensive Poverty Strategy; and
- (4) this report be forwarded to the Safer Stronger Communities Select Committee.

The meeting closed at 9.08pm

Agenda Item 3

MAYOR & CABINET		
Report Title	Outstanding Scrutiny Items	
Key Decision	No	Item No.
Ward	n/a	
Contributors	Head of Business and Committee	
Class	Part 1	Date: 28 September 2016

1. Purpose of Report

To report on items previously reported to the Mayor for response by directorates and to indicate the likely future reporting date.

2. Recommendation

That the reporting date of the items shown in the table below be noted.

Report Title	Responding Author	Date Considered by Mayor & Cabinet	Scheduled Reporting Date	Slippage since last report
Children and Young People Select Committee Information Advice and Guidance Review	ED Children & Young People	29 June 2016	28 September 2016	No
Sustainable Development Select Committee - Lewisham Cyclists' Cycling Strategy.	ED Resources & Regeneration	13 July 2016	19 October 2016	No
Sustainable Development Select Committee - Catford Review Interim report and Creative Lewisham 2001 report.	ED Resources & Regeneration	13 July 2016	19 October 2016	No

Safer Stronger Communities Select Committee on the Lewisham Metropolitan Police Service update.	ED Community	13 July 2016	19 October 2016	Yes (positive)
Safer Stronger Communities Select Committee on the Library Savings Programme Update;	ED Community	13 July 2016	19 October 2016	No
Safer Stronger Communities Select Committee on DBS checks for library staff.	ED Community	13 July 2016	19 October 2016	No

BACKGROUND PAPERS and AUTHOR

Mayor & Cabinet minutes 29 June and 13 July 2016 available from Kevin Flaherty 0208 3149327.

<http://councilmeetings.lewisham.gov.uk/ieListMeetings.aspx?CId=139&Year=0>

MAYOR AND CABINET		
Report Title	Report Back On Matters Raised By The Overview And Scrutiny Business Panel or other Constitutional bodies	
Key Decision	No	Item No.
Ward		
Contributors	Head of Business & Committee	
Class	Open	Date: September 28 2016

Purpose of Report

To report back on any matters raised by the Overview and Scrutiny Business Panel following their consideration of the decisions made by the Cabinet on September 7 2016 or on other matters raised by Select Committees or other Constitutional bodies.

MAYOR AND CABINET		
Report Title	Call-in of Mayor & Cabinet Decision – New Bermondsey (Formerly Surrey Canal Triangle) Proposed Compulsory Purchase Order	
Key Decision	Yes	Item No. 4
Ward	All	
Contributors	Chair of Overview and Scrutiny Business Panel	
Class	Part 1	Date: 28 September 2016

1. Summary

This report informs the Mayor and Cabinet of a call-in and associated comments agreed by the Overview & Scrutiny Business Panel on 20 September 2016 in accordance with Paragraph 14 of the Overview and Scrutiny Procedure Rules.

2. Purpose of the Report

To inform the Cabinet of the reasons agreed for the call-in and to ask the Cabinet to reconsider a decision made on “New Bermondsey (Formerly Surrey Canal Triangle) Proposed Compulsory Purchase Order”.

3. Recommendation

The Cabinet is requested to respond to the call-in made by the Overview & Scrutiny Business Panel as described in paragraph 5 below.

4. Background

- 4.1 At a meeting of the Mayor & Cabinet held on 7 September 2016, the Cabinet considered a report entitled “New Bermondsey (Formerly Surrey Canal Triangle) Proposed Compulsory Purchase Order”. The Cabinet considered an officer report and in accordance with the Constitution, this decision was notified to all members of the Business Panel within 2 days of being made.

5. Overview & Scrutiny Business Panel – Reasons for Call-in

- 5.1 The Overview and Scrutiny Business Panel considered the Cabinet decision, and the original officer report.
- 5.2 Following the consideration of a letter from Millwall FC, and presentations from the Executive Director for Resources and Regeneration, Jordana Malik from the Renewal Group, Richard Pickering and Willow Winston, Business Owners, and Millwall FC Advisors David Prescott, Nigel Kennedy and Andrew Barrow, Business Panel resolved to call in the Cabinet’s decision asking them to consider the issues described below:

- i. Business Panel have specific concerns and were uncertain that the officer report and presentation demonstrated the viability of Renewal's delivery mechanism for the proposed development. It is accepted by all parties that Renewal has no track record.
- ii. Business Panel was concerned that the Council's reputational risk has not been fully considered.
- iii. Business Panel was not convinced that the proposed CPO was in the public interest. Panel members were concerned about the lack of clarity surrounding the provision of sports facilities and affordable and social housing.
- iv. On consideration of a letter from Millwall FC presenting fresh information and evidence, Business Panel believes there are sufficient grounds for the Cabinet to reconsider their decision.
- v. Business Panel had previously raised concerns about the lack of transparency within this project and had requested the Mayor to ask the Chief Executive to review the arrangements to ensure due diligence was in place. Business Panel is concerned that to date they had not received a response to their request from the Chief Executive, having made a request directly to him after the Cabinet had declined to intercede on their behalf.
- vi. In conclusion, the Business Panel agreed that there were insufficient grounds for a compelling case in the public interest to confirm a CPO.

6. Legal Implications

- 6.1 The Council's Constitution provides that where the Overview & Scrutiny Business Panel requests that the Mayor & Cabinet reconsider a decision it shall not become effective until it has been done. There may be no further call-in of the decision.
- 6.2 It is essential that a decision is made on consideration of all relevant information and ignoring irrelevancies. On this basis a decision must not be one which no reasonable authority could come to.

BACKGROUND PAPERS

If you have any queries on this report, please contact Olga Cole Senior Committee Manager, 0208 314 8577 or Kevin Flaherty, Head of Business and Committee, 0208 314 9327

Chief Officer Confirmation of Report Submission	
Cabinet Member Confirmation of Briefing	
Report for: Mayor	<input type="checkbox"/>
Mayor and Cabinet	<input checked="" type="checkbox"/>
Mayor and Cabinet (Contracts)	<input type="checkbox"/>
Executive Director	<input type="checkbox"/>
Information <input type="checkbox"/> Part 1 <input type="checkbox"/> Part 2 <input type="checkbox"/> Key Decision	<input checked="" type="checkbox"/>

Date of Meeting	28 September 2016
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Title of Report	Lewisham Future Programme 2017/18 Revenue Budget Savings Report
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Originator of Report	Executive Director for Resources & Regeneration
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At the time of submission for the Agenda, I confirm that the report has:

Category	Yes	No
Financial Comments from Exec Director for Resources	X	
Legal Comments from the Head of Law	X	
Crime & Disorder Implications	X	
Environmental Implications	X	
Equality Implications/Impact Assessment (as appropriate)	X	
Confirmed Adherence to Budget & Policy Framework	X	
Risk Assessment Comments (as appropriate)	X	
Reason for Urgency (as appropriate)	N/A	

Signed:  Executive Member

Date: 20/9/16

Signed:  Director/Head of Service

Date: 19.9.16

Control Record by Committee Support

Action	Date
Listed on Schedule of Business/Forward Plan (if appropriate)	
Draft Report Cleared at Agenda Planning Meeting (not delegated decisions)	
Submitted Report from CO Received by Committee Support	
Scheduled Date for Call-in (if appropriate)	
To be Referred to Full Council	

Mayor and Cabinet			
Report Title	Lewisham Future Programme 2017/18 Revenue Budget Savings Report		
Key Decision	No	Item No.	
Ward	All Wards		
Contributors	Executive Director for Resources & Regeneration		
Class	Part 1	Date:	28 September 2016

1. PURPOSE

- 1.1. To set out the officer revenue budget savings proposals that have been considered by Scrutiny, and need to be approved to enable the preparation of a balanced budget for 2017/18.

2. EXECUTIVE SUMMARY

- 2.1. The Council's net General Fund budget for 2016/17 is £236m. This is based on using reserves for the third consecutive year to balance the budget and follows two years of Directorates overspending, in part due to the delivery of savings becoming harder.
- 2.2. To put the Council's finances on a sustainable footing, the Medium Term Financial Strategy identifies the need for £45m of ongoing savings in the three years to 2019/20, at £15m per year. However, this remains an estimate pending confirmation of any policy, funding, or wider implications from the change of Prime Minister and European Referendum decision in June.
- 2.3. This £45m is in addition to £16.2m savings already identified and agreed for 2017/18 (Please see section 11). In total this would bring the total savings made in the ten year period 2010 to 2020 to £200m.
- 2.4. Through the Lewisham Future Programme approach officers have worked hard to identify possible new savings proposals towards meeting the £45m target over the three years to 2019/20. In so doing, targets by work strand have been set on a differential basis to protect front-line services where possible.
- 2.5. The detail presented in this report identifies potential savings proposals from officers of £21m (£7m in detail and £14m in outline). By work strand these are:

Savings proposals	17/18	18/19	19/20	Total	Target	Gap
	£'000	£'000	£'000	£'000	£'000	£'000

Savings proposals	17/18	18/19	19/20	Total	Target	Gap
	£'000	£'000	£'000	£'000	£'000	£'000
A - Smarter & deeper integration of social care & health	2,000	1,650	2,450	6,100	11,000	-4,900
B - Supporting People	500	0	0	500	500	0
E - Asset rationalisation	300	1,050	525	1,875	8,000	-6,125
I - Management & corporate overhead	250	910	1,760	2,920	7,000	-4,080
J - School effectiveness	0	0	0	0	1,000	-1,000
K - Drugs & alcohol	0	0	0	0	500	-500
L- Culture & community services	380	390	0	770	2,000	-1,230
M - Strategic housing	546	350	0	896	1,500	-604
N Environment services	0	250	1,850	2,100	4,000	-1,900
O - Public Services	0	0	1,870	1,870	2,500	-630
P - Planning & economic development	0	240	40	280	1,000	-720
Q - Early intervention & safeguarding	2,793	150	100	3,043	6,000	-2,957
Proposals	6,769	4,990	8,595	20,354	45,000	-24,646
Target	15,480	14,910	14,610	45,000		
Gap	-8,711	-9,920	-6,015	-24,646		

- 2.6. Proformas are provided for those savings relating to 2017/18 except where stated otherwise. In some instances where the actions for 2017/18 roll into the subsequent years these savings are included in these proforma. These require decision in 2016/17 to help build the budget for 2017/18.
- 2.7. Proposals for the later savings will be brought forward in due course for member scrutiny and decision. This will allow work to continue on delivering services at the same time as work progresses to implement the savings agreed, and identify how further changes can best be delivered to reduce the Council's costs.
- 2.8. In addition, given the scale of the gap still to be covered, further savings still need to be identified for all years. As such the report notes there is over £15m of current expenditure in areas where there is discretion but no proposals at present. This spend will be kept under review.

3. RECOMMENDATIONS

The Mayor is asked to:

- 3.1. Note the direction of travel and areas of anticipated savings for the period 2017/18 to 2019/20 as set out in this report.
- 3.2. Consider the comments of the Public Accounts Select Committee on the 22 September 2016, which incorporates the views of the respective select committees.
- 3.3. Consider the detailed proposals in Appendices i to vi and agree one of the following actions for each saving proposal as presented in Appendices i to vi. These are for the savings totalling £6.4m and referenced:
 - A18 a & b; A19; A20; A21 a & b
 - E6; E7
 - I11 a & b
 - L8; L9; L10
 - M4; M5; M6; M7 a & b
 - Q6 a to f; Q7 a & b; Q8; Q9; Q10; Q11 a & b
 - 3.3.1 Authorise officers to carry out consultation where public / stakeholder consultation is necessary in relation to the proposal and that officers then bring a full report to Mayor & Cabinet at the earliest opportunity.
 - 3.3.2 Authorise officers to carry out consultation where staff consultation is necessary in relation to the proposal and delegate the decision to the relevant Executive Director for the service concerned.
 - 3.3.3 Where no consultation is required, either:
 - 3.2.3.1 agree the saving proposal, or
 - 3.2.3.2 delegate the decision to the relevant Executive Director for the service concerned.
 - 3.3.4 Request officers to complete further work to clarify the proposal and that officers then re submit the saving proposal at the earliest opportunity.
- 3.4. Note the work in hand for savings B3 (see 9.13) and M3 (see 9.44) totalling £0.6m and endorse the work of officers to deliver these savings.
- 3.5. Note the decisions at Mayor and Cabinet meetings on the 12 November 2014 and 30 September 2015 and agree the previously agreed savings of £17.4m for 2017/18 – see section 11.

- 3.6. Note the update on progress in relation to Public Health savings provided in section 12.
- 3.7. Approve the draft efficiency plan at Appendix x to enable the Council to accept the four year settlement offer in respect of Revenue Support Grant for the years 2016/17 to 2019/20.

4. STRUCTURE OF THE REPORT

- 4.1. The report is structured into the following sections with supporting Appendices.

Section	Title
1	Purpose of the report
2	Executive summary
3	Recommendations
4	Structure of the report
5	Financial Context
6	Lewisham Future Programme Approach
7	Principles
8	Lewisham 2020
9	Savings
10	Other Areas
11	Previously Agreed Savings
12	Public Health Savings Update
13	Timetable
14	Financial implications
15	Legal implications
16	Conclusion
17	Background documents
	Appendices

5. FINANCIAL CONTEXT

- 5.1. The Council has a General Fund budget for the current financial year, 2016/17, of £236m. This budget is under pressure from the need to deliver services within this level of financial resource and identify further savings.

- 5.2. In the six years between 2010/11 and 2015/16 the Council made savings of £120m. For the two years 2016/17 and 2017/18 a further £35m of savings have been agreed by Mayor & Cabinet. Looking forward the Council anticipates having to identify a further £45m of savings to 2019/20, or £15m in each year 2017/18, 2018/19, and 2019/20. This will bring the total of savings from the General Fund to £200m over ten years.
- 5.3. In 2015/16 the Council ended the financial year with a Directorate overspending position in the region of £6m with the largest pressures being in the areas of Looked After Children, Temporary Accommodation, and No Recourse to Public Funds. These pressures arise from a combination of the:
- Impact of government policy changes;
 - Demand pressures as the population of Lewisham grows; and
 - Difficulties in delivering agreed savings with the full financial impact.
- 5.4. In setting the 2016/17 budget over £3m of corporate risk monies were added to the Directorate base to help align budgets to the persistent areas of spending pressure and reserves were required for the third consecutive year to set a balanced budget.
- 5.5. In July 2016, following the EU referendum, the Council's Medium Term Financial Strategy (MTFS) was presented to members. This referenced a number of risks resulting from the outcome, the likelihood and impacts of which remain uncertain. The main risks are in the areas of:
- government policy and funding changes;
 - changes for London via the devolution agenda;
 - employment and business impacting local tax take; and
 - wider social implications resulting from the above.

6. LEWISHAM FUTURE PROGRAMME APPROACH

- 6.1. The Lewisham Future programme is the Council's approach to making the transformational changes necessary to reposition itself strongly for the future while living within the financial resources at its disposal. It is guided by the Council's enduring values and Corporate Savings Principles agreed in 2010 (see Appendix viii), the elected administration's manifesto commitments, and its emerging political priorities for the savings.
- 6.2. The Council continues to approach the task of identifying savings around the thematic and service areas agreed in the Programme. Looking at the three years to 2019/20, considering the finances available, growth and other pressures on Council Services the Medium Term Financial Strategy identifies further savings of £45m are required, representing a reduction of approximately 20% over the three years.
- 6.3. As in previous years, the Lewisham Future Programme continues to try and protect front line services where possible. For this reason the allocation of

savings targets has been weighted to best protect key services such as social care, take more from the corporate and administrative functions, and pursue opportunities where there may be scope for income generation. The savings targets for the £45m by work strand are:

Work strand and savings target as % of net General Fund budget		£m	%
A	Smarter & deeper integration of social care & health	-11.0	-13%
B	Supporting people	-0.5	-6%
E	Asset rationalisation	-8.0	-81%
H	Enforcement & regulation	-0.0	-0%
I	Management & corporate overheads	-7.0	-28%
J	School effectiveness	-1.0	-78%
K	Crime reduction	-0.5	-25%
L	Culture & community services	-2.0	-17%
M	Housing strategy & non-HRA services	-1.5	-23%
N	Environmental services	-4.0	-20%
O	Public services	-2.5	-16%
P	Planning & economic development	-1.0	-77%
Q	Safeguarding & early intervention services	-6.0	-10%
	Total	-45.0	-19%

- 6.4. A change for this savings cycle has been to not set targets in the cross-cutting areas, such as business and customer transformation (digital), shared services, income generation, etc.. This is to avoid duplicate work and the risk of double counting. This does not mean work in these areas stops, indeed these areas are the focus of the Lewisham 2020 approach set by members (see below).
- 6.5. Savings identified by these enabling approaches will be tracked but with the main financial monitoring continuing via the service budgets. This is to ensure that the Council has a direct view and understanding of where savings are being taken from budgets and that the responsible budget holders are clear on the budgets they have and are responsible for managing within. As a result there are no savings proposed for the C, D, F or G work strands in this report.
- 6.6. In addition to the oversight work of the Lewisham Future Programme Board, the Chief Executive and Executive Director for Resources and Regeneration have been holding a number of challenge sessions with those areas with the largest targets. They are:

Work strand		£m	%
A	Smarter & deeper integration of social care & health	-11.0	-13%
E	Asset rationalisation	-8.0	-81%
I	Management & corporate overheads	-7.0	-28%
N	Environmental services	-4.0	-20%
Q	Safeguarding & early intervention services	-6.0	-10%

6.7. The focus of the savings has to be on the net General Fund budget as this is the subject of the statutory requirement for the Council to set a balanced budget. However, in respect of the Lewisham 2020 transformation enablers it is also important to look at the full (gross) scale of activity to effectively change operational models and culture through different ways of working. This further highlights where the scale of the Council’s activity is and where there are more opportunities to re-shape, rather than stop services, while delivering the savings required.

7. PRINCIPLES

7.1. As noted above, the proposals are presented by Lewisham Future Programme thematic work strand. They have been developed with regard to the nine savings principles defined by the Council to take a one Council view (avoid cost shunting), build for sustainable options where possible, and be equitable by putting the customer first (see Appendix viii).

7.2. Savings are presented in the context of the budget and scope of the service areas in each work strand. The savings are presented as (although not in this order) 1) those proposals officers are progressing, 2) those proposals which need further member input and decisions to progress, and 3) those areas under review but further work is required before savings can be proposed with certainty.

7.3. To facilitate tracking of the individual proposals, as was done last year, the referencing used by Lewisham Future Programme work strand is the same and the numbering continues on from the 2015/16 and 2016/17 proposals.

8. LEWISHAM 2020

8.1. The savings proposals will also be assessed through the lens of the enabling approaches, set out in the Lewisham 2020 strategy, to help with monitoring how the savings and service changes are delivered. They are:

- Creating the conditions where communities will be able to support themselves;
- Actively exploring all opportunities to share services;
- Digitising our services and our interactions with residents (to help simplify and manage demand); and
- Developing entrepreneurial approaches to income generation, particularly in relation to assets.

8.2. The table below summarises examples of savings made to date and proposed (as set out in this report) by Lewisham 2020 transformation theme. Those areas of activity to date are still relevant as work continues to extend these practices, as well as identify new efficiencies.

Transformation theme	Examples – to date	Examples - proposed
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Transformation theme	Examples – to date	Examples - proposed
Communities supporting themselves	<ul style="list-style-type: none"> Expansion of successful community libraries Volunteer engagement to maintain parks 	<ul style="list-style-type: none"> Support Local Assemblies to self-manage Engage tenants to support handy person service
Sharing Services	<ul style="list-style-type: none"> Shared operation support with other London Boroughs – IT & Comms Employment and Skills training cross Borough 	<ul style="list-style-type: none"> Environment fleet and depot services in South East London Co-location of offices with partners – e.g. CCG
Digitising services	<ul style="list-style-type: none"> New Citrix infrastructure and paperless office plans Channel shift to bring more services on-line 	<ul style="list-style-type: none"> Changing workforce practices to more flexible working – e.g. social work Embed channel shift and increase automation
Managing demand	<ul style="list-style-type: none"> More home support to lower health & care costs Recruitment of more local foster parents Work to support self-travel to limit transport demands 	<ul style="list-style-type: none"> Extend personal budgets to lessen need for support Focus through contracts on prevention support Extend extra care and shared lives schemes
Income generation	<ul style="list-style-type: none"> Develop own enforcement agency re debt collection Offer extended services – e.g. trade waste, green recycling, pre-planning 	<ul style="list-style-type: none"> Invest in developing housing supply – e.g. PRS, short-term & hostels Improve timely and efficient debt collection

8.3. In addition to the approaches noted above, the level of savings required continues to require work on cost control in all areas (e.g. use of agency staff, contract management, etc.) and an acceptance of more service and financial risk through leaner corporate governance, risk and control arrangements.

9. SAVINGS

9.1. The savings presented in overview in this section all relate to the new savings required of £45m by 2019/20, expected at £15m per year. They are presented by work strand.

A Smarter & deeper integration of social care & health

Budget

2016/17 Budget book			Savings target to 2019/20 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
103.3	-32.8	70.5	-11.0

Scope

- 9.2. The largest part of this area's spend relates to the delivery of Adult Social Care services, which offer a range of care and support services to help frail, disabled and other vulnerable adults to remain independent, active and safe. Support is provided in their own homes, in a community setting or in a care home. Also important to the success of this area is the work with partners on shaping local health services and support for the health of the local population.
- 9.3. This work strand now excludes changes to Public Health funding (including early years health visiting) as the ongoing annual reductions of this grant to 2019/20 are being managed separately to keep spending in line with available grant (see section 12 below).

Savings

- 9.4. The following areas are being reviewed by management with a view to tightening up procedures in line with existing policies to increase productivity and realise further efficiencies. They are:
- 9.4.1. **A18** - Widening the scope for charging - £0.5m in 2017/18
- Clarify charging arrangements, ensuring they are robust and equitable
 - Invoice for services right first time (right amount from the right person)
 - Improve collection of income (e.g. use of direct debits and chasing promptly)
- 9.4.2. **A19** - Workforce productivity from better use of technology - £0.5m by 2018/19
- Review approaches to managing demand at the front door, more mobile working, and more integrated working with health partners.
- 9.5. The following areas are being considered that may require member approval to consult on policy or service changes as a result of restructuring.
- 9.5.1. **A20** - Reduction in day care offer - £0.9m by 2019/20
- Review social isolation risks and signpost people to more generic services that would be self-funded
- 9.5.2. **A21** - Review levels of Mental Health expenditure - £1.2m by 19/20
- Review placement and possible services restructure as part of review of current South London and Maudsley contracts.
- 9.6. In addition, work continues in the following areas to identify the potential opportunities to bring forward further savings, by 2019/20 if possible but all longer dated at present. They are:
- 9.6.1. Further integration work with Health - £2.0m by 2019/20
- Continue to the work to advance the pace and scope of integration of health and social care activities to reduce costs across the piece

- 9.6.2. Reduce Transport spend - £0.5m in 2019/20
- As part of the ongoing work to reduce the over spend in this area and deliver £1m of savings, opportunities to further remove routes and meet need in other ways will continue to be explored.
- 9.6.3. Extend use of extra care to avoid higher cost placements - £0.5m by 2019/20
- Enhance Shared Lives to reduce costs associated with respite and long term care for people with learning difficulties.
 - Increase extra care and supported living units for complex service users that would otherwise move to high cost placements.

Risks

- 9.7. The risks and challenges to achieving these savings will be to ensure the equitable provision of services going forward, the ability to work with and negotiate with health partners to direct joint funding to social care, and embed the cultural changes necessary to release the productivity gains from investment in new ways of working.

Summary

- 9.8. The potential savings for work strand A – are (those shaded are the ones with proforma in the appendices):

A - Smarter & deeper integration of social care & health	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key decision	Public consultation	Staff consultation
A18 a) – Widening the scope for charging by removing subsidy and increasing charges	200			200	N	Y	N
A18 b) – Widening the scope for charging by improving income collection performance	300			300	N	N	N
A19 - Workforce productivity from better use of technology	200	300		500	Y	N	Y
A20 - Reduction in day care offer	300	300	300	900	N	N	N
A21 a) - Review levels of Mental Health expenditure, manage demand for accommodation services	300	300	400	1,000	N	N	N
A21 b) - Review levels of	200			200	N	N	N

A - Smarter & deeper integration of social care & health	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key decision	Public consultation	Staff consultation
Mental Health expenditure, review implementation of s117 requirements							
Further Integration – proposal currently being developed	500	500	1,000	2,000			
Reduce Transport spend			500	500			
Increase extra care, shared lives & supported living placements		250	250	500			
Total	2,000	1,650	2,450	6,100			
Target	3,700	3,700	3,600	11,000			
Gap	-1,700	-2,050	-1,150	-4,900			

9.9. Please see appendix i for the saving proformas A18 to A21.

B – Supporting People

Budget

2016/17 Budget book			Savings target to 2019/20 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
18.9	-9.1	9.8	-0.5

Scope

9.10. The service is focused on supporting those vulnerable people who are working to overcome addiction, the impact of violence or mental health issues to help them get back into main stream support.

Savings

9.11. The following areas are being reviewed by management with a view to tightening up procedures in line with existing policies to increase productivity and realise further efficiencies. They are:

9.11.1. **B3** Service procurement - £0.5m in 2017/18 (see further explanation below)

Risks

9.12. The risks and challenges to achieving these savings will be the effective commissioning and procurement of services.

Summary

9.13. The potential savings for work strand B – are (those shaded are the ones with proforma in the appendices):

B – Supporting People	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key decision	Public consultation	Staff consultation
*B3 Re-procure floating support services	500			500	N	N	N
Total	500	0	0	500			
Target	500	0	0	500			
Gap	0	0	0	0			

*No proforma is attached as this saving is in progress so this is an update of work in progress and not a new saving. However, for completeness in terms of setting the budget for 2017/18 it does need to be noted.

In Feb 2015 Mayor and Cabinet agreed to:

- The re-commissioning the floating support services to deliver savings across a number of contracts. Due to partnership working with Lewisham Homes and the other Registered Social Landlord providers in the borough the overall saving has been greater than anticipated.
- The re-commissioning of the Young Person Assessment Centre achieved additional savings due to a change in the model and the market conditions for this type of service. The quality of provision has been maintained.
- reduced support for supported accommodation provision for mental health. It was agreed that funding for services that the Local Authority had previously jointly commissioned in respect of Mental Health was to be funded wholly by the mental health provider through their offsetting of procurement efficiencies and would not impact on service delivery overall.

In addition:

- Further reductions have been delivered through low level efficiencies across a range of contracts due to market conditions and an impending restructure of the commissioning team.

E Asset rationalisation

Budget

2016/17 Budget book			Savings target to 2019/20 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
15.8	-8.2	7.6	-8.0

Scope

- 9.14. This service works to renew the physical fabric of the borough sustainably and to enhance the overall well-being of Lewisham as a place. This is managed through programme management capital delivery, school place expansion programme, town centre regeneration, asset strategy, contract management, maintenance of the corporate estate (including investment assets), and transport (including highways improvement and lighting).

Savings

- 9.15. The following areas are being reviewed by management with a view to bringing forward revenue streams or tightening up procedures in line with existing policies to increase productivity and realise further efficiencies. They are:

- 9.15.1. **E6** - Property investment acquisition - £0.15m by 2019/20

- Invest in addressing housing supply pressures – for example in the private rented and short-term alternatives for temporary accommodation.

- 9.15.2. Co-location as part of partnership working - £0.5m by 2019/20

- Accommodation of Health and other partners (if possible in Laurence House) provides contribution to overheads.

- 9.16. The following areas are being considered that may require member approval to consult on policy or service changes as a result of restructuring.

- 9.16.1. **E7** - Development of Private Rental Schemes – £1.0m by 2019/20

- For example; Besson Street, Achilles Street, Catford

- 9.16.2. Re-provision hostel accommodation - £0.2m by 2019/20

- Commission purpose built provision to then release existing residential street sites and secure gain on the capital receipts.

- 9.17. In addition, work continues in the following areas to identify the potential opportunities to bring forward further savings, by 2019/20 if possible but all longer dated at present. They are:

- 9.17.1. Development of regeneration schemes - £3.0m post 2019/20

- As part of current plans the next phases for Ladywell, Wearside, Achilles Street and Catford

- Work on potential at sites such as Hamilton Street, Sayes Court, Clare Court, Perry Vale car park, Home Park and Bell Green, and Vanguard Street car park.
- Final parts of investment and hostels proposals noted above.

Risks

- 9.18. The risks and challenges to achieving these savings will be the ability to appraise, design, procure, partner and deliver these proposals in an appropriate timeframe at an affordable cost (in terms of the required capital commitments to realise proportionate revenue income or savings).

Summary

- 9.19. The potential savings for work strand E – are (those shaded are the ones with proforma in the appendices):

E – Asset Rationalisation	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key decision	Public consultation	Staff consultation
E6 - Property investment acquisition	150			150	N	N	N
E7 - Development of Private Rental Schemes	150	700	175	1,025	N	N	N
Co-location as part of partnership working		250	250	500			
Re-provision hostel accommodation		100	100	200			
Total	300	1,050	525	1,875			
Target	2,700	2,700	2,600	8,000			
Gap	-2,400	-1,650	-2,075	-6,125			

- 9.20. Please see appendix ii for the saving proformas E6 and E7.

H Enforcement & regulation

- 9.21. No savings target has been set for this area following the major reorganisation and change of approach to an intelligence led and targeted response service in 2015/16. Some aspects of this service, in particular food standards, are subject to external inspection and the approach now in place has to be proven before further risks from a more selective response approach are considered.

I Management & corporate overheads

Budget

2016/17 Budget book			Savings target to 2019/20 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
42.8	-17.8	25.0	-7.0

Scope

- 9.22. The services included within this work strand include the corporate and democratic core, the cost of members and senior management, and the corporate administrative services that help coordinate and support the externally focused work in Directorates. These services include: Human Resources; Legal and Electoral Services; Corporate Resources; Finance; Policy, Performance and Governance; and Strategy.

Savings

- 9.23. The following areas are being reviewed by management with a view to tightening up procedures in line with existing policies to increase productivity and realise further efficiencies. They are:
- 9.23.1. **I11** - Review insurance risk assessments - £0.3m by 2018/19
- Review risk assessments to reduce costs, in part by taking on more self-insured risk (current net general fund budget £1.5m per year).
- 9.23.2. Reduction in staffing and operational budgets in the governance, secretariat, policy & performance teams - £0.32m by 2019/20
- Reduce the level of governance support
 - Reduce secretariat support for officers
 - Reduce policy and performance support
- 9.23.3. Reduction in finance function - £0.5m by 2019/20
- Reorganisation of the function and reduction in service levels to Directorates to focus on key statutory roles (e.g. the financial statements) and other returns.
- 9.23.4. Review level of external legal spend - £0.2m in 2018/19
- Review all external legal spend to assess where costs on specialists could be reduced by extending and backing in-house team judgements.
- 9.23.5. Review leadership and management requirements - £0.15m in 2018/19
- Review senior officer arrangements in light of changes to Council services.
- 9.24. The following areas are being considered that may require member approval to consult on policy or service changes as a result of restructuring.

- 9.24.1. Reduction Trade Union and Learning and Development costs - £0.2m by 2019/20
- Stop non-employee adult social care learning to the voluntary and private sectors
 - Reduce level of Trade Union secondments in parallel with further reductions in employee numbers.
- 9.24.2. Reduction in work of Strategy team – £0.25m in 2019/20
- Carry out a review of functions and staffing across the strategy and communications areas to be implemented in 2019/20.
- 9.24.3. Commercialise ICT shared service arrangements – £1.0m in 2019/20
- Use the benefit of recent infrastructure investments and working with the London Borough of Brent to offer current ICT support arrangements to other local authorities on a commercial basis.

Risks

- 9.25. The risks and challenges to achieving these savings will be to ensure Council business is covered satisfactorily, undue risk and cost shunts do not arise, and statutory obligations continue to be met in full. These risks are now particularly acute in the area of management and corporate overheads as the Council has front loaded savings since 2010/11 to these corporate support functions to protect front line services.

Summary

- 9.26. The savings being proposed for work strand I – are (those shaded are the ones with proforma in the appendices):

I – Management & corporate overheads	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key decision	Public consultation	Staff consultation
I11 a) - Review insurance risks & reserves	225	50		275	N	N	N
I11 b) - Review insurance risks and reorganise	25			25	N	N	N
Reduce the level of governance support		50	50	100			
Reduce secretariat support		60	60	120			
Reduce policy & performance support		100		100			
Reduction in finance function		200	300	500			
Review level of external legal spend		200		200			

I – Management & corporate overheads	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key decision	Public consultation	Staff consultation
Review leadership & management arrangements		150		150			
Reduction in Trade Union costs and external social care learning & dev.		100	100	200			
Reduction in work of Strategy team			250	250			
Commercialise ICT shared service arrangements			1,000	1,000			
Total	250	910	1,760	2,920			
Target	2,400	2,300	2,300	7,000			
Gap	-2,150	-1,390	-540	-4,080			

9.27. Please see appendix iii for the saving proforma for I11.

J School effectiveness

9.28. A savings target of £1m has been set for this area of activity. While it is not anticipated that the Council's statutory duties for schools, and particularly safeguarding within them, would be removed there was a national expectation that all schools should become Academies. This would have fundamentally changed the relationship and level of engagement the Council could expect to have with schools, and the related costs or recharges appropriate for this work. However, the government's policy to require academisation has subsequently changed again. Future funding levels are also expected to change from 2017/18, through both Education Support Grant and Formula Funding, but the details are still to be confirmed. At the same time the Council has commissioned an Education Commission to review its approach to this area.

9.29. Given the strategic uncertainties in this area no firm proposals are presented at this time. Work will continue in this area and proposals will be brought forward when the structural and funding position for future years is clearer.

K Drugs and alcohol

9.30. A savings target of £0.5m has been set for this area. However, given the overlap with decisions on public health spending and reliance on London Mayoral funding, no proposals are being put forward at this stage pending agreement on the approach to keep public health spending within the level of the grant and more detail on Greater London Authority spending plans.

- 9.31. Once the wider funding position is clearer the feasibility of achieving this target will be reviewed.

L Culture & community services

Budget

2016/17 Budget book			Savings target to 2019/20 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
19.0	-7.6	11.4	-2.0

Scope

- 9.32. The service area is responsible for libraries, arts and entertainment, adult education, community/neighbourhood development (including grants programme) and leisure, sports and recreation activities.

Savings

- 9.33. The following areas are being reviewed by management with a view to tightening up procedures in line with existing policies to increase productivity and realise further efficiencies. They are:

- 9.33.1. **L8** - Facilities management - £0.2m by 2018/19

- Review arrangements for the management of some Division's operational buildings and seek third party provider(s) to take on the role.

- 9.34. The following areas are being considered that may require member approval to consult on policy or service changes as a result of restructuring.

- 9.34.1. **L9** – Restructure the Assemblies fund - £0.27m in 2017/18

- End the annual £15k per ward but retain officer support to assist with coordinating voluntary support and activities and look to replace with alternative funding where possible.

- 9.34.2. Withdraw subsidies - £0.3m by 2018/19

- **L10** - End residual £40k funding to Adult Learning Lewisham so fully funded by the Skills Funding Agency
- Review remaining Leisure subsidies (following contract review savings agreed for 2016/17) to exit from them.
- Revisit objectives and £60k support for People's Day and Blackheath fireworks.

Risks

- 9.35. The risks and challenges to achieving these savings will be the loss of presence and goodwill in the community for creating value through underpinning and supporting the sense of place in Lewisham.

Summary

- 9.36. The savings being proposed for work strand L – are (those shaded are the ones with proforma in the appendices):

L – Culture and Community Services	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key decision	Public consultation	Staff consultation
L8 - Facilities management	70	130		200	N	N	Y
L9 - Assemblies Fund	270			270	Y	Y	N
L10 - Adult Learning Lewisham subsidy	40			40	N	N	N
Leisure services subsidy		200		200			
Events subsidy		60		60			
Total	380	390	0	770			
Target	700	700	600	2,000			
Gap	-320	-310	-600	-1,230			

- 9.37. Please see appendix iv for savings proformas L8 to L10 and an Equality Impact assessment report for L9.

M Housing strategy & non-HRA services

Budget

2016/17 Budget book			Savings target to 2019/20 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
25.7	-20.2	5.5	-1.5

Scope

- 9.38. This division includes the following service areas: housing strategy and programmes; housing needs (including housing options and homesearch); and private sector housing agency.

Savings

- 9.39. The following areas are being reviewed by management with a view to tightening up procedures in line with existing policies to increase productivity and realise further efficiencies. They are:

- 9.39.1. Service restructures to improve joint working - £0.4m by 2019/20

- **M3** - Housing needs to integrate HOC and SHIP working and co-locate teams
- Integrate No Recourse to Public Funds and Homeless Prevention service working
- Restructure grants and occupational therapy services

9.39.2. Reduce No Recourse to Public Funds administration costs - £0.2m by 2018/19

- **M7** - Review approaches to managing demand at the front door and assessment and monitoring of casework.

9.40. The following areas are being considered that may require member approval to consult on policy or service changes as a result of restructuring.

9.40.1. Income generating projects - £0.24m in 2017/18

- **M4** - Place Ladywell
- **M5** - Hamilton Lodge hostel accommodation

9.40.2. Handy Persons Service - £0.15m in 2017/18

- **M6** - Engage with the community and tenants to reorganise provision of the current Handy Persons service for tenants.

9.41. In addition, work continues in the following areas to identify the potential and opportunities to bring forward further savings before 2019/20. They are:

9.41.1. Other income generating schemes

- For example, and depending on the capital costs required, further pop up schemes at Mayfield or on a Council car park

Risks

9.42. The risks and challenges to achieving these savings are to address current pressures on No Recourse to Public Funds, Temporary Accommodation and an income shortfall on private sector leasing services while also delivering savings. The restructuring savings are dependent on suitable office accommodation being found and capital costs for income generating schemes being affordable.

Summary

9.43. The savings being proposed for work strand M – are (those shaded are the ones with proforma in the appendices):

M – Strategic Housing	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key decision	Public consultation	Staff consultation

M – Strategic Housing	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key decision	Public consultation	Staff consultation
*M3 - Housing needs restructure	61			61			
M4 – PLACE / Ladywell	85			85	N	N	N
M5 - Hamilton Lodge hostel income	150			150	N	N	N
M6 - Reorganise provision of the Handy Persons service	150			150	Y	Y	Y
M7 a) - Reduce No Recourse to Public Funds (NRPF) re-provisioning housing	64			64	N	N	N
M7 b) – NRPF prompt claiming of Housing Benefit project	36			36	N	N	N
Co-locate HOC and SHIP services		200		200			
Restructure NRPF and Homeless prevention services		100		100			
Restructure grants and OT services		50		50			
Total	546	350	0	896			
Target	500	500	500	1,500			
Gap	46	-150	-500	-604			

*No proforma is attached as this saving **M3** is in progress so this is an update of work in progress and not a new saving. However, for completeness in terms of setting the budget for 2017/18 it does need to be noted.

- 9.44. Mayor and Cabinet has agreed to transfer operational services focused on the management and maintenance of Temporary Accommodation (TA) to Lewisham Homes to maximise their operational expertise and enable the Council's housing team to play a more strategic role. This has been done and a proposal to reorganise the Housing Needs team to align with these objectives is now being progressed by management. This is being done in line with the 'managing change' policy and will result in a £61k saving to the General Fund and £7k saving to the Housing Revenue Account.
- 9.45. Please see appendix v for saving proformas M4 to M7 and the consultation questions in relation to M6, the Handyperson Service

N Environmental services

Budget

2016/17 Budget book			Savings target to 2019/20 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
36.2	-17.3	18.9	-4.0

Scope

- 9.46. This division includes the following service areas: waste management (refuse and recycling); cleansing (street sweeping); Green Scene (parks and open spaces); fleet and passenger services; bereavement services, and markets.

Savings

- 9.47. The following areas are being reviewed by management with a view to tightening up procedures in line with existing policies to increase productivity and realise further efficiencies. They are:

- 9.47.1. Cost of maintaining Parks - £0.5m by 2019/20

- Combination of continued tight cost management and identifying new income generating opportunities.

- 9.48. In addition, work continues in the following areas to identify the potential and opportunities to bring forward further savings before 2019/20. They are:

- 9.48.1. Development of shared service - £1.6m in 2019/20

- Continue to explore South East London regional opportunities to realise economies of scale through sharing of depot and fleet management arrangements.

Risks

- 9.49. The risks and challenges to achieving these savings are risk appetite to using public spaces more commercially and alignment of commercial interests with neighbouring boroughs to facilitate the agreement of shared services arrangements in a short timeframe.

Summary

- 9.50. The savings being proposed for work strand N - are:

N – Environmental services	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key decision	Public consultation	Staff consultation
Parks income opportunities and cost savings		250	250	500			
South East London shared service arrangements for depot and fleet			1,600	1,600			
Total	0	250	1,850	2,100			
Target	1,300	1,300	1,400	4,000			
Gap	-1,300	-1,050	450	-1,900			

O Public services

Budget

2016/17 Budget book			Savings target to 2019/20 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
17.2	-3.7	13.5	-2.5

Scope

9.51. This division provides the 'front door' to a wide range of services across the Council. This includes the Customer Contact Centre; Registration; Revenues; Benefits; Business Support; Emergency Planning; and Parking Management services.

Savings

9.52. The following areas are being reviewed by management with a view to tightening up procedures in line with existing policies to increase productivity and realise further efficiencies. They are:

9.52.1. Automation of online forms - £0.53m in 2019/20

- Digital work to automate the 15+ forms into the main Academy system
- Review options to further automate the business rates processes
- Move benefit claim process to online only
- Explore automation of the adult social care financial assessment process

9.52.2. Channel shift to online work - £0.32m by 2019/20

- Reduce telephone contacts (92,000 in 15/16) by moving 70% of transaction processing calls online.

- Shift significant proportion of remaining 30% of those who pay 'voluntarily' to direct debit or other automated payment methods.

9.52.3. Improve sundry debt collection processes - £1.0m from 2019/20

- Review and modernise approaches to debt collection to drive up income collection.

9.52.4. Contact centre system replacement - £0.02m from 2019/20

- Procure replacement contact centre system to provide greater resilience and improved functionality to support digital work.

Risks

9.53. The risks and challenges to achieving these savings are the ability to educate and change user expectations and the routes to engaging with the Council.

Summary

9.54. The savings being proposed for work strand O – are (those shaded are the ones with proforma in the appendices):

O – Public Services	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key decision	Public consultation	Staff consultation
Automation of online forms			530	530			
Channel shift and demand management			320	320			
Improve sundry debt collection			1,000	1,000			
Contact system replacement			20	20			
Total	0	0	1,870	1,870			
Target	840	830	830	2,500			
Gap	-840	-830	1,040	-630			

P Planning & economic development

Budget

2016/17 Budget book			Savings target to 2019/20 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
3.1	-1.7	1.4	-1.0

Scope

- 9.55. This division provides employment and business support for local businesses or those seeking to invest in Lewisham; maintenance of the local economic assessment; strategic leadership on business employment and the EU. Development and the use of land in the long term public interest are achieved through a positive and proactive approach to shaping, considering, determining, and delivering development proposals.

Savings

- 9.56. The following areas are being reviewed by management with a view to tightening up procedures in line with existing policies to increase productivity and realise further efficiencies. They are:

- 9.56.1. Organise to deliver income generating work - £0.2m from 2018/19
- Greater stability in the planning team by reducing reliance on agency staff.
- 9.56.2. Re-organisation of development management - £0.04m in 2018/19
- Restructure team to deliver planning functions

- 9.57. The following areas are being considered that may require member approval to consult on policy or service changes as a result of restructuring.

- 9.57.1. Review fee levels - £0.04m in 2019/20
- Review fees for Design Review Panel work to cover costs of post to support.

Risks

- 9.58. The risks and challenges to achieving these savings are tied to the performance of the London economy and the related demand for planning services that result. This could provide further opportunities for additional income, as much as the downside risk.

Summary

- 9.59. The savings being proposed for work strand P – are (those shaded are the ones with proforma in the appendices):

P – Planning and economic development	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key decision	Public consultation	Staff consultation
Re-organise to reduce		200		200			

P – Planning and economic development	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key decision	Public consultation	Staff consultation
reliance on agency staff							
Restructure development management team		40		40			
Review fees for Design Panel Review work			40	40			
Total	0	240	40	280			
Target	340	330	330	1,000			
Gap	-340	-90	-290	-720			

Q Safeguarding & early intervention services

Budget

2016/17 Budget book			Savings target to 2019/20 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
67.1	-19.5	47.6	-6.0

Scope

- 9.60. This work strand covers all Children's Social Care functions, including early intervention services such as Children's Centres and Targeted Family Support. The service works with children who need to be looked after and safeguarded from harm.
- 9.61. The work strand also includes the services to individual children with complex needs; those with special educational needs; the youth service; and the youth offending service and health care commissioning for children and young people.

Savings

- 9.62. The following areas are being reviewed by management with a view to tightening up procedures in line with existing policies to increase productivity and realise further efficiencies. They are:
- 9.62.1. **Q6** Developing alternative pathways for care for adoption, looked after children and those leaving care - £1.0m mainly in 2017/18
- Improved planning and support for independence skills provision for leaving care including increase of Personal Adviser capacity
 - Additional shared housing procurement for care leavers with NRPF

- Revised pathways and procurement to access public housing at 18 years old, including revised use of training flats
- 9.62.2. **Q7** Contact efficiencies or reduced spend - £0.25m
- In the area of Child and Adolescent Mental Health Services (CAMHS)
- 9.62.3. **Q8** Continue strategy to develop in-house fostering team and specialist carers - £0.16m in 2017/18
- Finalise fostering strategy currently in development and implement actions.
- 9.62.4. Reduction in looked after children by refocusing current arrangements - £0.7m in 2017/18
- **Q9** Enhance support for young people on the edge of care to avoid need to provide accommodation
 - **Q10** Enhance family finding capacity for step down placements, rather than using external residential providers.
- 9.63. The following areas are being considered that may require member approval to consult on policy or service changes as a result of restructuring.
- 9.63.1. Assessment intervention and spot purchase efficiency review - £0.7m
- This work to be aligned with digital transformation and workforce strategy review.
 - **Q11** Review of function and purpose of Meliot Road Centre whereby it will cease to operate as a Family Centre and will be re-focussed as a Contact Centre.
- 9.64. In addition, work continues in the following areas to identify the potential and opportunities to bring forward further savings before 2019/20. They are:
- 9.64.1. Developing own provision and seeking alternative funding
- For example in the areas of short breaks, providing own children's home(s), charging policies, and accessing the social care innovation fund.

Risks

- 9.65. The risks and challenges to achieving these savings are the ability to develop local authority provision at the levels needed to offer alternative pathways and support to avoid more expensive external provision. Also that with the introduction of change there is the risk of some breakdown of existing arrangements with negative consequences if not effectively managed.

Summary

- 9.66. The savings being proposed for work strand Q – are (those shaded are the ones with proforma in the appendices):

Q – Early intervention & safeguarding	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key decision	Public consultation	Staff consultation
Q6 a) - Developing alternative pathways for care – shared housing	170			170	N	N	N
Q6 b) - Developing alternative pathways for care – housing support	420			420	N	N	N
Q6 c) - Developing alternative pathways for care – access to public housing	50			50	N	N	N
Q6 d) - Developing alternative pathways for care – claiming of housing benefit	270			270	N	N	N
Q6 e) - Developing alternative pathways for care – contract monitoring	190			190	N	N	N
Q6 f) - Developing alternative pathways for care – improved planning		100		100	N	N	N
Q7 a) - Redesign Of Lewisham CAMHS – improve access pathways	44	50	100	194	Y	N	N
Q7 b) - Redesign Of Lewisham CAMHS – further integration work	50			50	Y	N	N
Q8 - Develop in-house fostering and specialist carers	220			220	N	N	N
Q9 - Enhance support for children on edge of care	495			495	N	N	N
Q10 - Enhance family finding capacity for step down	150			150	Y	Y	N
Q11 a) - Redesign of Meliot Centre - review of services at the centre	500			500	Y	N	Y
Q11 b) - Redesign of Meliot Centre - develop contact centre	234			234	N	N	N
Total	2,793	150	100	3,043			
Target	2,000	2,000	2,000	6,000			
Gap	793	-1,850	-1,900	-2,957			

9.67. Please see appendix vi for savings proformas Q6 to Q11 and a Review of Lewisham CAMHS report and Equalities Impact Assessment for Q7.

10. OTHER AREAS

Discretionary spend

10.1. In preparing the above there is over £15m of discretionary spend which has not been put forward for further consideration at this stage

10.2. This is in part as significant changes are currently being implemented to these areas so it is not the right time to consider future options until these have been fully implemented. At the same time these budgets are also for services key to Members priorities. However, with some minimum statutory obligations, these are discretionary services. So if the savings proposals presented here and to follow do not meet the level of savings necessary to set a balanced budget, then these areas may also need to be revisited before 2019/20.

Four Year Efficiency Plan

10.3. In the annual financial settlement for 2016/17 the Secretary of State for Communities and Local Government wrote to all authorities to offer them a four year financial settlement. This settlement is still subject to an annual consultation and confirmation by parliament.

10.4. For Lewisham this relates to the offered level of Revenue Support Grant (RSG) each year to 2019/20. To take up this offer the Council must write to the Secretary of State by the 14 October 2016 and include a link to a published efficiency plan. The paper attached at Appendix x draws on the Council's financial strategy, savings proposals and approach to transformation through the Lewisham Future Programme and Lewisham 2020 priorities.

10.5. Once approved by the Mayor it will become Lewisham's efficiency plan to 2019/20 to enable it to take the four year settlement of RSG worth £170.3m.

11. PREVIOUSLY AGREED SAVINGS

11.1. In November 2014 and September 2015, the Mayor agreed savings for 2017/18. These, totalling £16.3m, are tabled below and re-presented to the Mayor for noting and re-endorsement:

Previously Agreed 2017/18 Revenue Budget Savings Proposals

Ref.	Description	17/18 £'000	Status
A	Smarter & deeper integration of social care & health		
A11	Managing and improving transition plans	300	On track (monitoring via financial forecasts)

Ref.	Description	17/18 £'000	Status
A12	Reducing costs of staff management, assessment and care planning	200	On track (monitoring via financial forecasts)
A13	Alternative Delivery Models for the provision of care and support services, including mental health	700	Report to Scrutiny and M&C now scheduled for November 2016
A14	Achieving best value in care packages	500	On track (monitoring via financial forecasts)
A15	New delivery models for extra care – Provision of Contracts	900	Report to Scrutiny and M&C now scheduled for November 2016
A16	Health Protection	23	On track – see Public Health savings
A16	Redesign through collaboration	580	On track – see Public Health savings
A17	Sexual Health Transformation	500	On track – see Public Health savings
D	Efficiency Review		
D1	Annual reduction from inflation	2,500	On track (monitoring via financial forecasts)
E	Asset Optimisation		
E2	Efficiencies in facilities management contracts	670	On track (monitoring via financial forecasts)
E3	Additional income from corporate properties	200	On track (monitoring via financial forecasts)
E4	Additional income from commercial properties	100	On track (monitoring via financial forecasts)
E5	Energy efficiency measures	15	On track (monitoring via financial forecasts)
F	Business Support and Customer Transformation		
F1	Centralisation of business support services part 2	1,000	Work continues to develop next phase as part 1 changes in place
F2b	Pushing customers to self-serve online wherever possible.	52	On track (monitoring via financial forecasts)
F3	Customer Service Centre reorganisation.	43	On track (monitoring via financial forecasts)
G	Income Generation		
G2e	Parking: Review service level arrangements.	250	Ongoing and aligned with work around CPZs
I	Management and Corporate Overheads		
I2a	Policy, performance, service redesign and intelligence	180	On track (monitoring via financial forecasts)
I2c	Governance	75	On track (monitoring via financial forecasts)
I5	Commissioning and Procurement: undertake base lining of current activity and focus time only on value add activities.	500	On track (monitoring via financial forecasts)
I7	Finance non-salary budget and	150	On track

Ref.	Description	17/18 £'000	Status
	vacancies review		(monitoring via financial forecasts)
I9a	HR support	200	On track (monitoring via financial forecasts)
I9d	Social Care Training	100	On track (monitoring via financial forecasts)
I10a	Revising infrastructure support arrangements and Contract, systems and supplies review	1,000	On track (monitoring via financial forecasts)
J	School Effectiveness		
J2b	Attendance and Welfare: We currently deliver our core statutory offer plus some traded services within this area. A further restructure and increase in traded services could result in further savings.	75	On track (monitoring via financial forecasts)
J2c	Schools Infrastructure: Schools Strategic IT support to be traded or stop	58	On track (monitoring via financial forecasts)
K	Drug and Alcohol		
K4	Reducing the length of time that methadone (Heroin substitute) is prescribed, re-procurement of the main drug and alcohol service, and greater use of community rehabilitation	340	On track (monitoring via financial forecasts)
L	Culture and Community Services		
L5	Reduce the level of grant funding to the voluntary sector by £1,000,000 from 1 April 2017/18. This will require the reduction/removal of funding from a range of organisations currently receiving funding.	1,000	On track (monitoring via financial forecasts)
L6	Library and Information Service: 1. Creation of three Hub Libraries – Deptford Lounge, Lewisham and Downham Health & Leisure Centre – which will carry an enhanced role for face to face contact between the Local Authority and the public to support the digital by default agenda. 2. the extension of the Lewisham Community Library Model to Forest Hill, Torridon, and Manor House, in partnership with other	600	Savings being progressed, report presented to Mayor and Cabinet on the 13 July 2016. Arrangements for Manor House still to be finalised.

Ref.	Description	17/18 £'000	Status
	council services and community organisations. And the integration of the library provision into the repurposed ground floor space within the Catford complex (Laurence House). 3. the regrading of front line staff to include new functions through the re-training and enhancement of front line roles.		
L7	Change in contractual arrangements relating the leisure services	1,000	Report to Scrutiny and M&C now scheduled for September 2016
M	Housing strategy and non-HRA funded services		
M1	Feb 2015 saving – Non-housing stock transfer from Housing Revenue Account to General Fund	100	On track (monitoring via financial forecasts)
N	Environmental Services		
N3	Review of Lewisham's Waste Services (Doorstep collection & disposal) Transfer of estates Bulky Waste disposal costs to Lewisham Homes	500	On track (monitoring via financial forecasts)
N5	Review of Lewisham's Passenger Transport Service.	500	Work continues to develop firm approach
N6	To develop our Trade Waste customer base, improve efficiency, increase income. Increased share of income from Parks Events.	250	On track (monitoring via financial forecasts)
P	Planning and Economic Development		
P2c	Further increase in charges and changes to funding coupled with savings achievable from a corporate approach to and restructure of employment services.	305	Work continues to develop firm approach
P2d	Review of Statement of Community Involvement (SCI) on the way in which the service consults on planning applications. Efficiency savings based on paper, printing and postage costs.	20	Report to Scrutiny and M&C now scheduled for October 2016
Q	Safeguarding and Early Intervention		
Q1.5g	Feb 2015 saving – case management efficiencies between FIP & TFS	111	On track (monitoring via financial forecasts)
Q4a	Social care supplies and services	240	On track

Ref.	Description	17/18 £'000	Status
	reduced spend.		(monitoring via financial forecasts)
Q4b	Social care financial management through continued cost control on all areas of spend.	50	On track (monitoring via financial forecasts)
Q4c	Placements: continuing strategy to use local authority foster placements where possible.	200	Work continues to develop firm approach. New savings proposals further progress this approach.
Q5	Youth Service: accelerate tapering of support to Youth Service to statutory minimum (will follow decision on creation of a mutual).	150	On track (monitoring via financial forecasts)

12. PUBLIC HEALTH

- 12.1. In September 2015, following scrutiny and the work of a task and finish group, Mayor & Cabinet approved £2m of savings on public health budgets, including sexual health, by 17/18 (ref - A16 and A17).
- 12.2. In the Spending Review and Autumn Statement 2015 the Government announced further cuts to funding for public health services. For Lewisham this has resulted in a grant reduction of £2.7m by 2017/18. The Council therefore needs to save a total of £4.7m by 1 April 2017.
- 12.3. This approach and an outline of the savings was presented to members in July 2016. A report to Healthier Communities Scrutiny Committee on 13 September 2016 describes the activity to achieve the necessary level of savings. In summary they are:

Public Health draft officer savings proposals by NHS England cat.				
Service Area	2016/17 £'000	2017/18 £'000	Total £'000	Gap £'000
Children 5-19 programme			0	
Health protection	35	23	58	
Sexual health	150	500	650	
Substance misuse	50	500	550	
NHS health check programme	76	75	151	
Obesity	47	149	196	
Physical activity	200		200	
Other public health services	128	452	578	
Prescribing	130		130	
National child measurement prog.		1,515	1,515	(272)
Public Health advice			0	
Public Health team	210			
Smoking and tobacco	70	125	195	
Total	1,096	3,610	4,434	(272)

13. TIMETABLE

- 13.1. The key dates for considering this savings report via scrutiny and Mayor and Cabinet (M&C) are as follows:

Review of Savings proposals	Children & Young People	Healthier	Housing	Public Accounts	Safer Stronger	Sustainable
Select Ctte.	14 Sep	13 Sep	7 Sep	22 Sep	15 Sep	14 Sep
M&C	28 Sep					

- 13.2. The M&C decisions are then subject to the usual Business Panel scrutiny call in process and reconsideration at the following M&C if necessary. This report will be presented to the Overview and Scrutiny Business Panel on the 4th October 2016.

- 13.3. If required, two more savings rounds can be taken through the decision process, still with the possibility of achieving a full-year effect of savings in 2017/18. The key dates for these rounds are as follows:

Review of Savings proposals	Children & Young People	Healthier	Housing	Public Accounts	Safer Stronger	Sustainable
Select Ctte.	10 Nov	24 Nov	16 Nov	30 Nov	28 Nov	29 Nov
M&C	7 Dec					
Select Ctte.	11 Jan	12 Jan	10 Jan	25 Jan + Budget	17 Jan	24 Jan
M&C	8 Feb + Budget					

- 13.4. The Overview and Scrutiny Business Panel for these rounds will be 13 December and 14 February respectively.

- 13.5. In addition to the above, further proposals will need to be presented for decision during 2017/18, with the possibility of achieving a partial year effect for that year and full year effect for future years.

14. FINANCIAL IMPLICATIONS

- 14.1. This report is concerned with the saving proposals to enable the Council to address the future financial challenges it faces. There are no direct financial implications arising from the report other than those stated in the report and appendices itself.

15. LEGAL IMPLICATIONS

NB – additional specific legal implications for individual savings are included in the savings proforma at appendices i to vi.

Statutory duties

- 15.1. The Council has a variety of statutory duties which it must fulfil by law. The Council cannot lawfully decide not to carry out those duties. Even where there is a statutory duty there is often a discretion about the level of service provision. Where there is an impact on statutory duty that is identified in the report. In other instances, the Council provides services in pursuit of a statutory power, rather than a duty, and though not bound to carry out those activities, decisions about them must be taken in accordance with the decision making requirements of administrative law.

Reasonableness and proper process

- 15.2. Decisions must be made reasonably taking into account all relevant considerations and disregarding all irrelevant matters. These are particular to the service reductions proposed and are set out in the body of the report. It is also imperative that decisions are taken following proper process. Depending on the particular service concerned, this may be set down in statute, though not all legal requirements are set down in legislation. For example, depending on the service, there may be a need to consult with service users and/or others and where this is the case, any proposals in this report must remain proposals unless and until that consultation is carried out and the responses brought back in a further report for consideration with an open mind before any decision is made. Whether or not consultation is required, any decision to discontinue a service would require appropriate notice. If the Council has published a procedure for handling service reductions, there would be a legitimate expectation that such procedure will be followed.

Staffing reductions

- 15.3. If service reductions would result in redundancy, then the Council's usual redundancy and redeployment procedure would apply. If proposals would result in more than 20 but fewer than 100 redundancies in any 90 day period, there would be a requirement to consult for a period of 30 days with trade unions under Section 188 Trade Union and Labour Relations (consolidation) Act 1992. The consultation period increases to 45 days if the numbers are 100 or more. This consultation is in addition to the consultation required with the individual employees. If a proposal entails a service re-organisation, decisions in this respect will be taken by officers in accordance with the Council's re-organisation procedures.

Equalities Legislation

- 15.4. The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

- 15.5. In summary, the Council must, in the exercise of its functions, have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - Foster good relations between people who share a protected characteristic and those who do not.
- 15.6. It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed in the paragraph above.
- 15.7. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. The Mayor must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.
- 15.8. The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at:
<https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-codes-practice>
- 15.9. <https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance>
- 15.10. The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:
- The essential guide to the public sector equality duty.
 - Meeting the equality duty in policy and decision-making.
 - Engagement and the equality duty: A guide for public authorities.
 - Objectives and the equality duty. A guide for public authorities.
 - Equality Information and the Equality Duty: A Guide for Public Authorities.

- 15.11. The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: <https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance#h1>
- 15.12. The EHRC has also issued Guidance entitled “Making Fair Financial Decisions”. <https://www.equalityhumanrights.com/en/advice-and-guidance/making-fair-financial-decisions>. It appears at Appendix ix and attention is drawn to its contents.
- 15.13. The equalities implications pertaining to the specific service reductions are particular to the specific reduction.
- 15.14. Members are reminded that the overall equalities in respect of these savings and the other scrutinised and presented to Mayor & Cabinet in September 2015 were considered through the individual proposals and overall. Appendix xi presents that information for ease of reference.

The Human Rights Act

- 15.15. Since the introduction of the Human Rights Act 1998 (HRA) the rights set out in the European Convention on Human Rights (ECHR) have been incorporated into UK law and can be enforced in the UK courts without recourse to the European courts.
- 15.16. Those articles which are particularly relevant in to public services are as follows:-
- Article 2 - the right to life
 - Article 3 - the right not to be subject to inhuman or degrading treatment
 - Article 5 - the right to security of the person
 - Article 6 - the right to a fair trial
 - Article 8 - the right to a private and family life, home and correspondence
 - Article 9 - the right to freedom of thought, conscience and religion
 - Article 10 - the right to freedom of expression
 - Article 11 - the right to peaceful assembly
 - Article 14 - the right not to be discriminated against on any ground

The first protocol to the ECHR added

Article 1 - the right to peaceful enjoyment of property

Article 2 - the right to education

15.17. Some of these rights are unconditional, such as the right not to be tortured or subject to degrading treatment. Others may be limited in finite and well defined circumstances (such as the right to liberty). Others are qualified and must be balanced against the need of the wider community – such as the right to a private and family life. Where there are human rights implications associated with the proposals in this report regard must be had to them before making any decision.

Crime and Disorder

15.18. Section 17 of the Crime and Disorder Act 1998 requires the Council to have regard to the likely effect on crime and disorder when it exercises its functions, and the need to do all that it reasonably can to prevent crime and disorder in its area.

Best value

15.19. The Council remains under a duty under Section 3 Local Government Act 1999 to secure continuous improvement in the way its functions are exercised, having regard to a combination of economy, efficiency and effectiveness. It must have regard to this duty in making decisions in respect of this report.

Environmental implications

15.20. Section 40 Natural Environment and Rural Communities Act 2006 states that “every public authority must, in exercising its functions, have regard, so far as is consistent with the proper exercise of those functions to the purpose of conserving biodiversity”. No such implications have been identified in this report.

Specific legal implications

15.21. Members’ attention is drawn to the specific legal implications arising in relation to particular proposals set out in this report in Appendices i to vi.

16. CONCLUSION

16.1. The Council expects to need to make further savings between now and 2019/20. The amount and timing has been detailed above, however the definitive position is dependent on the Comprehensive Spending Review and Local Government Finance Settlement due in November and December respectively. For this reason the work of the Lewisham Future Programme continues.

17. BACKGROUND DOCUMENTS AND FURTHER INFORMATION

Short Title of Report	Date	Contact
Medium Term Financial Strategy http://councilmeetings.lewisham.gov.uk/documents/s44586/Medium%20Term%20Financial%20Strategy.pdf	July 2016	David Austin
Revenue Budget Savings http://councilmeetings.lewisham.gov.uk/documents/s38760/Revenue%20Budget%20Savings.pdf	September 2015	David Austin
Budget 2016/17 http://councilmeetings.lewisham.gov.uk/documents/s41570/2016%2017%20Budget.pdf	February 2016	David Austin

Appendices

- i. A - Smarter & deeper integration of social care & health proposals
- ii. E - Asset rationalisation proposals
- iii. I - Management & corporate overhead proposal
- iv. L- Culture & community services proposals
- v. M - Strategic housing proposals
- vi. Q - Early intervention & safeguarding proposals
- vii. Savings Summary table
- viii. Corporate Savings Principles
- ix. Making Fair Financial Decisions guidance
- x. Efficiency Plan for Four Year Settlement
- xi. Summary of Equalities Implications

For further information on this report, please contact:

David Austin, Head of Corporate Resources on 020 8314 9114

Reference	Description	Amount of Saving	Public Consultation	Staff Consultation	Legal Implications
A18	Widening the scope of charging for social care services	£500k	Y –limited - removing subsidy & increasing charges N - improving income performance	N	There is power to charge for services provided under s17 Children Act 1989, which provides services to support children being cared for by their own family or away from them, but not as Looked After Children, so long as the parent /carer responsible for the child/ren is not in receipt of benefits.
A19	Workforce productivity from better use of technology	£500k	N	N	As the savings involve a reduction in staffing it will be necessary to follow the Council's Management of Change Guidelines governing reorganisation and redeployment and all relevant employment legislation.
A20	Reduction in Day Care	£900k	N	N	There is no requirement to carry out formal consultation as the non-renewal of the contract reflects lack of take up for the provision by users.
A21	Review levels of Mental Health expenditure	£1200k	N	N	Part of the savings proposed arises from ensuring that, where appropriate, the funding will come from Health or another authority and therefore there will be no need for formal consultation. Individual needs assessments will have to be carried out in the normal way.
E	Asset rationalisation				There are no specific legal implications associated with the proposals at this stage
I	Management and corporate				

	overheads				
I11	Review insurance risk assessments	£300k	N	N	Under the Council's Constitution the Executive Director for Resources and Regeneration is responsible for preparing the Authorities risk management policy statement and strategy. She is also responsible for advising on proper insurance cover to include self-insurance.
L	Culture and community services				
L8	Facilities Management	£200k	N	Y	There are no specific legal implications.
L9	Restructure the Assemblies Fund	£270k	Y	N	<p>A full Report will be required in due course. At present, paragraph 3 of the proposal needs in any event to be further looked at by the report author. Reference will need to be made to the Assembly Fund Guidance 2015 - 2016. In particular, paragraph 4.3 which states that the use of £2500 (which is being called the "Councillor Discretionary Fund") must be decided by all 3 ward councillors or 2/3 if no agreement by the end of December 2015 was reached. It can be spent on any small project that benefits the Ward. Councillors may add their part to the main assembly pot of £12,500 for the assembly to allocate if they wish.</p> <p>The full report will need to show what the current Assembly Fund per ward has to date been used for. Consequently, it is likely that there are considerable Equality implications to be considered - if the proposal is given</p>

					effect.
L10	Withdraw subsidies	£40k	N	N	There are no specific legal implications.
M	Housing Strategy & non-HRA services				
M3	Service restructures to improve joint working	£61k			Staffing restructure with full consultation already underway. The Council will need to be satisfied that the remaining team will be sufficient to carry out Part 7 statutory functions for homelessness / decision/ assessments.
M4	PLACE/Ladywell	£85k	N	N	No specific legal implications
M5	Hamilton Lodge hostel accommodation	£150k	N	N	No specific legal implications
M6	Reorganise provision of the Handy Persons service	£150k	Y	Y	Given the service provided - although it is not a mandatory service being provided, it will necessarily require appropriate equalities assessment and a proportionate consultation. Also, 4 posts will be likely to be affected by this proposal and so there is a need for consultation with the postholders affected and the usual employment implications required to be applied.
	Appendix				
M7 a)	Reduce No Recourse to Public Funds (NRPF) re-provisioning housing	£64k	N	N	No Recourse to Public Funds (NRPF) refers to people from abroad who are subject to immigration controls and have no entitlement to welfare benefits, public housing or financial support from the Home Office. Individuals with NRPF, whilst not eligible for public funds, might still be eligible for local authority assistance under s. 17 of

					<p>the Children Act 1989, which puts a duty on local authorities to safeguard the welfare of children in their area and to promote their upbringing by their families. To support this, local authorities may provide assistance-in-kind, accommodation and/or cash. Those persons subject to immigration control within the meaning of section 115 of the IAA1999 are now excluded from care and support under the Care Act.</p> <p>Assistance under these acts is not defined as 'a public fund', hence why individuals with NRPF may be entitled to assistance under these provisions. There are two main groups of applicants to whom the Council owes a duty to source accommodation on a temporary basis, those to whom a Children Act 1989 duty is owed, following assessment, and those to whom a homelessness duty is owed, pursuant to the 1996 Act and Guidance. Sections 206 and 208 of the Housing Act 1996 ["the 1996 Act"] impose distinct but related requirements upon the local authority. By virtue of section 205(1) of the 1996 Act, their "housing functions" refers to their functions under Part 7 to secure that accommodation is available for a person's occupation. Under section 182(1) of the 1996 Act, local housing authorities are required to have regard to such guidance as may from time to time be given by the</p>
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				<p>Secretary of State. The current general guidance is contained in the Homelessness Code of Guidance for Local Authorities (Department for Communities and Local Government, 2006). As to the duty in section 208(1), this provides: “.... Section 208(1) requires housing authorities to secure accommodation within their district, in so far as is reasonably practicable. The position with respect to the Councils duties pursuant to ss17 and 20 of the Children Act 1989 are that: (s17) It is a general duty of every local authority (a) to safeguard and promote the welfare of children within their area who are in need; and (b)so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children’s needs. These services can include accommodation. Before giving any assistance or imposing any conditions, a local authority shall have regard to the means of the child concerned and of each of his parents.</p> <p>The Supreme Court judgment in the case of Nzolameso v Westminster City Council required local authorities to have “a policy for procuring sufficient units of temporary accommodation secondly, each local authority should have and keep up to date, a policy for allocating those units to individual</p>
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					homeless households.” An Interim Homeless Allocations (Locational Priority) Policy was presented to Mayor and Cabinet on 15th July 2015, subsequently, officers have conducted consultation and finalised a Location Priority Policy which provides a framework for the fair allocation of temporary accommodation within and close to the London Borough of Lewisham.
M7 b)	NRPF prompt claiming of Housing Benefit project	£36k	N	N	There are no specific legal implications. Those persons eligible for Housing Benefit are able to make a claim relating to their housing costs whilst in temporary accommodation, rather than the cost of that accommodation being met directly by the Council.
Q	Safeguarding and early intervention services				
Q6	Developing alternative pathways for care for adoption, looked after children and those leaving care	£1,650k	N	N	There are no specific legal implications in the fulfilment by the Council of duties towards those Looked After Children in care and leaving care under the Children Act

					1989, the Adoption and Children Act 2002 and the Children (Leaving Care)Act 2000 , Children and Families Act 2014 and subsequent guidance.
Q7	Contact efficiencies or reduced spend	£244k	N	N	The Council has a duty to promote contact between Looked After Children and their families (Children Act 1989) so long as it is in the child's interest to do so; how this is achieved is a matter of assessment and professional decision- making.
Q8	Continue strategy to develop in-house fostering team and specialist carers	£220k	Y	N	There are no specific legal implications in the fulfilment by the Council of duties towards those Looked After Children in care and leaving care primarily under the Children Act 1989, the Adoption and Children Act 2002 and the Children (Leaving Care) Act 2000 Children and Families Act 2014 and subsequent guidance.
Q9	Enhance support for young people on the edge of care to avoid need to provide accommodation	£495k	N	N	The recommissioning of the Family Intervention Project is currently being procured in compliance with the Public Contracts Regulations 2015 and the Council's Contract Procedure Rules.
Q10	Enhanced Family Finding	£150k	Y	N	There are no specific legal implications in the fulfilment by the Council of duties towards those Looked After Children in care and leaving care primarily under the Children Act 1989, the Adoption and Children Act 2002 and the Children (Leaving Care)Act 2000 Children and Families Act 2014 and subsequent guidance.
Q11	Safeguarding and Early	£734k	N	Y – review	As the savings involve a reduction in staffing

	Intervention			<p>of services at Meliot Centre</p> <p>N – develop contact centre</p>	<p>it will be necessary to follow the Council's Management of Change Guidelines governing reorganisation and redeployment and all relevant employment legislation. A full report will be brought to Mayor and Cabinet in the Autumn.</p>
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APPENDIX i

A – Smarter and deeper integration of social care and health

A18. Widening the scope of charging for social care services

A19. Reduction in the staffing costs for Assessment and Care Management

A20. Reduction in Day Care

A21. Reduction in Mental Health spend

1. Savings proposal	
Proposal title:	Widening the scope of charging for social care services
Reference:	A18
LFP work strand:	Smarter & deeper integration of social care & health
Directorate:	Community Services
Head of Service:	Joan Hutton
Service/Team area:	Adult Social Care
Cabinet portfolio:	Health, Wellbeing and Older People
Scrutiny Ctte(s):	Healthier Communities

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £200k by removing subsidy and/or increasing charges	No	Yes	No
b) £300k by improving income collection performance	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
<p>The Council charges for most of the adult social care services it provides, with actual charges raised based on the service user's financial circumstances. There are some services, however, which are currently provided free to the service user and some where the charge is lower than the full cost of the service. This proposal is to consult on bringing most of the remaining services into the scope of charging and to charge the full cost of the service rather than a subsidised rate. Service users with income and capital below national thresholds would continue to receive services free.</p> <p>In 2015/16 Lewisham Adult Social Care supported 3,013 Services Users to live independently in their own homes, and a further 1,742 carers. Approx 66% of the non-carer service uses are charged. The proposed changes would potentially increase charges for up to 300 of these individuals. Additionally, up to 200 self-funders would also be charged.</p>
Saving proposal
<p>The specific proposals are :</p> <p>A – £200k remove subsidy and/or increase charges To remove the current subsidy for day care meals; To charge for arrangement fees for self-funders; To increase the charges for day care meals; To increase the charges for Linkline/Community Alarm Service. To introduce means-tested charges for carers services To amend the non-residential charging policy to reflect DH guidance rather than the existing policy of Income Support + 25%</p> <p>B – £300k improve income collection performance Improve procedures - We will undertake a review of our income collection to ensure that it is robust and equitable. In conjunction with this a review project will be set up to look at our current collection process and the people who are not currently paying the invoices for their care.</p>

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
An EAA was completed in February 2015 regarding increasing charging for a range of adult Social Care services. As the proposal is to further charge and remove subsidies for such services, the overall assessment is that the saving proposals will have an adverse impact across the following equality groups: age; gender and disability.
Outline risks associated with proposal and mitigating actions:
Saving could be overestimated. Values will only be clear once we have reassessed needs and financial assessments are carried out.
Carers may disengage, indirectly increasing costs of care to Council.

5. Financial information				
Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	0	(9,666)	(9,666)	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a) £200k by removing subsidy and/or increasing charges	200	0	0	200
b) £300k by improving income collection performance	300	0	0	300
Total	500	0	0	500
% of Net Budget	5%	0%	0%	5%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

6. Alignment to Lewisham 2020 priorities		
Main priority	Second priority	Lewisham 2020 priorities
D	E	A.Strengthening community input
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	B.Sharing services
Medium	Low	C.Digitisation
		D.Income generating
		E. Demand management

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities
8	9	1. Community leadership and empowerment
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	2. Young people’s achievement and involvement
		3. Clean, green and liveable
		4. Safety, security and a visible presence
		5. Strengthening the local economy

7. Impact on Corporate priorities		
Negative	Negative	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Medium	Low	

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Medium	Pregnancy / Maternity:	N/A
Gender:	Low	Marriage & Civil Partnerships:	N/A
Age:	High	Sexual orientation:	N/A
Disability:	High	Gender reassignment:	N/A
Religion / Belief:	N/A	Overall:	Medium
For any High impact service equality areas please explain why and what mitigations are proposed:			
The users of these services are vulnerable adults, usually on low incomes. Any increase in charges will reduce the disposable income of some clients although the buffer of 25% will continue to provide a level of protection to those on the lowest incomes. Financial assessments will continue to include a benefits check and continue to take account of housing costs and costs associated with a disability.			
Is a full service equalities impact assessment required: Yes / No			Yes

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

11. Legal implications	
State any specific legal implications relating to this proposal:	

12. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc.), implementation:	
Month	Activity
July 2016	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
August / September 2016	Proposals submitted to Healthier Community 13 th August 2016. Proposals submitted to Scrutiny committees leading to M&C on 28 September 12 weeks Consultation starting end of September
October 2016	Consultations ongoing

12. Summary timetable	
November 2016	Consultation ongoing
December 2016	31 st December 2016 Consultation closes.
January 2017	Results of consultation reported to members for consultation
February 2017	Consultations returned to Scrutiny for review leading to M&C
March 2017	Review of Services Users needs in line with outcomes of consultation
April 2017	Savings implemented

1. Savings proposal	
Proposal title:	Reduction in the staffing costs for Assessment and Care Management
Reference:	A19
LFP work strand:	Adult Social Care
Directorate:	Community Services
Head of Service:	Joan Hutton
Service/Team area:	Adult Social Care
Cabinet portfolio:	Health, Wellbeing and Older People
Scrutiny Ctte(s):	Healthier Communities

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £500k assessment and care management staffing	Yes	No	Yes

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
<p>Adults Social Care Assessment and Care Managers service provided Social Care support to 7,439 adults living in Lewisham during 2015/16. The services provided are both short term, such as re-ablement, aids and adaptations and long term care, such as personal support, social isolation and residential/nursing placements. Staff who work in Assessment and Care Management provide assessment, review and safeguarding support to service users in line with the Care Act 2014.</p> <p>Savings proposals for 16/17 & 17/18 to reduce staffing costs within the assessment and care management teams of adult social care were agreed by the Council in February 2016. 2016/17 savings were achieved by the deletion of the 11.5 FTE vacant posts.</p> <p>The adult social care improvement board has been established, chaired by the Executive Director for Community Services. The aim of this board is to oversee the work of further refinement to the assessment and care management processes. The programme of work will be underpinned by the Council's programme to improve IT systems with solutions that will further streamline the process by improving access to information, advice and sign posting for service users and improving the IT facilities available to staff by introducing mobile working. The following further savings have been identified :</p> <p style="padding-left: 40px;">17/18 £200k 18/19 £300k</p> <p>These savings will come from across the assessment and care management teams. Between 12-15 FTE posts out of 134 FTE are to be deleted following staff consultation and staffing re-structure. It is not possible to list the exact posts at this time, as the remodelling and pathway work will need to be completed, before decisions can be made on deletion of specific posts.</p> <p>This work will need to be aligned and consistent with the development of the adult integration programme.</p>

3. Description of service area and proposal**Saving proposal**

Savings will be achieved through the digital and integration programmes.

- Further reduce workforce by managing demand more effectively at the point of contact
- ASC Mobile Working – £501k – these savings are to be identified through Digital Programme 17/18 -18/19
- Live Well App – £70k
- Enhanced care and support remodelling will identify posts that will be deleted as a contribution to this saving.
- Proportionate assessments and solutions – all assessment tools and processes are being re-viewed to ensure a proportional approach is taken throughout the assessment and support planning journey. This will ensure that signposting to relevant external services is undertaken at the most appropriate point, thus reducing the need for commissioned services.
- Conflation of roles – developing further trusted assessors using multi agency staff to undertake assessments and care planning where appropriate

4. Impact and risks of proposal**Outline impact to service users, partners, other Council services and staff:**

The changes will improve access, reduce duplication and improve outcomes for service users.

There will still be access by telephone and face-to-face interviews for those people who are unable to access information on-line.

A reduction in staffing could mean redundancies, however a high percentage of posts are currently covered by agency staff

Outline risks associated with proposal and mitigating actions:

There is a risk that vulnerable people will not receive timely and proportionate responses. This will be mitigated by improved reporting systems that will allow better oversight of both the quality and progress of assessments.

Robust risk assessment processes will be used at the point of contact to mitigate the potential of any high risk cases being dealt with inappropriately.

Should the demand for social care assessments and complex case work continue to increase then the staffing configuration will need to be reviewed as this will impact on the Council's ability to fulfil its statutory duty in accordance with the Care Act 2014.

5. Financial information

Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	4,229	(3,189)	1,040	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a) £500k assessment and care management staffing	200	300	0	500
Total	200	300	0	500

5. Financial information				
% of Net Budget	20%	30%	0%	50%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

6. Alignment to Lewisham 2020 priorities		
Main priority	Second priority	Lewisham 2020 priorities A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
C	D	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Medium	

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities 1. Community leadership and empowerment 2. Young people’s achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
8	10	
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Neutral	Neutral	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Low	

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	N/A	Pregnancy / Maternity:	N/A
Gender:	N/A	Marriage & Civil Partnerships:	N/A
Age:	N/A	Sexual orientation:	N/A
Disability:	N/A	Gender reassignment:	N/A
Religion / Belief:	N/A	Overall:	N/A
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			No

10. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Yes
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
	It is not possible to list the exact posts at this time, as the remodelling and pathway work will need to be completed, before decisions can be made on deletion of specific posts.				
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2					
PO1 – PO5					
PO6 – PO8					
SMG 1 – 3					
JNC					
Total					
Gender	Female	Male			
Ethnicity	BME	White	Other	Not Known	
Disability	Yes	No			
Sexual orientation	Straight / Heterosex.	Gay / Lesbian	Bisexual	Not disclosed	

11. Legal implications	
State any specific legal implications relating to this proposal:	
<p>The assessment of need for vulnerable adults is a statutory function that the Council has to provide. Failure to undertake this function in a timely and proportionate manner will expose the Council to the risk of a Judicial review.</p> <p>As the savings involve a reduction in staffing it will be necessary to follow the Council's Management of Change Guidelines governing reorganisation and redeployment and all relevant employment legislation.</p>	

12. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	Activity
July 2016	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
August / September 2016	Proposals submitted to Scrutiny committees leading to M&C on 28 September
October 2016	Consultations ongoing
November 2016	4 week staff consultation
December 2016	Management response completed and final decisions on new structures agreed.

12. Summary timetable	
January 2017	If relevant, issue redundancy notices.
February 2017	
March 2017	Savings implemented

1. Savings proposal	
Proposal title:	Reduction in Day Care
Reference:	A20
LFP work strand:	Smarter & deeper integration of social care & health
Directorate:	Community Services
Head of Service:	Joan Hutton
Service/Team area:	Adult Social Care
Cabinet portfolio:	Health, Wellbeing and Older People
Scrutiny Ctte(s):	Healthier Communities

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £300k No renewal of block contracted day services at Cinnamon Court and Cedar Court	Yes	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
The Housing 21 (Now Sanctuary 21) Extra Care contract ends in March 2017. Part of that contract includes 50 places a day for day care across two sites: Cinnamon Court and Cedar Court. These places are currently block contracted at a cost of approximately £500K per annum.
Saving proposal
It is proposed that the block contract for day care is not renewed. Despite an ‘injection’ of new clients from the closure of the Ladywell unit last summer, activity levels have continued to decline, therefore the rationale for a block contract is void. A review of the current activity levels for the previous quarter, assuming like-for-like replacement of numbers of days, suggest that a saving of £300K could be realised. The remaining £200k would need to be kept in the budget to support people who have social isolation needs in other social activities through Personal Budgets/Direct Payments.

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
Sanctuary 21 could continue to offer day opportunities to existing clients at their Extra Care buildings/facilities for people to buy using Personal Budgets/Direct Payments. Should Sanctuary 21 continue to do so, there would be no impact on current service users.
Sanctuary 21 will need to consider how they invoice people directly for the days delivered.
This will also enable Sanctuary 21 to offer their service to other people who want to pay privately who do not meet social care eligibility.
Outline risks associated with proposal and mitigating actions:
Risk 1: That Sanctuary 21 will not continue to offer day services.
Mitigation: Support Planners will work with people to identify alternative ways for their

4. Impact and risks of proposal

needs to be met.

Risk 2: Sanctuary 21 may seek to combine the service currently allocated across two buildings into one to make it more cost effective.

Mitigation: The Council to support this.

5. Financial information

Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	3,083	(981)	2,102	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a)	300	0	0	300
Total	300	0	0	300
% of Net Budget	14%	0%	0%	14%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

6. Alignment to Lewisham 2020 priorities

Main priority	Second priority	Lewisham 2020 priorities
E	B	A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Low	

7. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
8	9	1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Neutral	Neutral	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Medium	

8. Ward impact

Geographical	No specific impact / Specific impact in one or more
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8. Ward impact	
impact by ward:	No specific impact
	If impacting one or more wards specifically – which?

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Low	Pregnancy / Maternity:	N/A
Gender:	Low	Marriage & Civil Partnerships:	N/A
Age:	Low	Sexual orientation:	Low
Disability:	Low	Gender reassignment:	N/A
Religion / Belief:	Low	Overall:	Low
For any High impact service equality areas please explain why and what mitigations are proposed:			
The service as currently delivered is exclusively for older adults, primarily older women, some of who will also have additional disabilities, particularly relating to mobility or dementia. It is hoped that Sanctuary 21 will continue to provide a service on a spot purchase basis, therefore the impact on service users will be low.			
Is a full service equalities impact assessment required: Yes / No			No

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

11. Legal implications
State any specific legal implications relating to this proposal:
There is no requirement to carry out formal consultation as the non-renewal of the contract reflects lack of take up for the provision by users. Should the service continue on a spot purchase basis there is effectively no change to the experience of the public.

12. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	Activity
July 2016	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
August / September 2016	Proposals submitted to Healthier Communities on 13 th August 2016. Proposals submitted to Scrutiny committees leading to M&C on 28 September
October 2016	Formal notification to Sanctuary 21 of the Council's intention to not re-contract for day care as a block contract. Begin formal consultation if required
January 2017	Re-assessment of service users' needs and where appropriate set up individual budgets/Direct Payments.
February 2017	Re-assessment of service users' needs
March 2017	End of contract

1. Savings proposal	
Proposal title:	Reduction in Mental Health spend
Reference:	A21
LFP work strand:	Smarter and deeper integration of social care and health
Directorate:	Community Services
Head of Service:	Dee Carlin
Service/Team area:	Mental Health
Cabinet portfolio:	Health Wellbeing and Older people
Scrutiny Ctte(s):	Healthier Communities

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £300k Manage demand for accommodation based services	No	No	No
b) £200k Review the implementation of s117	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
<p>The Council and CCG commission SLAM to meet the needs of adults with severe and enduring mental health problems. A number of these service users have their needs met in residential, nursing and supported living placements. Many of those supported are subject to Section 117 of the Mental Health Act which places a duty on Local Authorities and the NHS to fund aftercare for individuals who have been subject to certain sections of the Mental Health Act 1983. Individuals who are subject to section 117 are exempt from charging for services</p> <p>In practical terms section 117 aftercare entitles individuals to receive funding for admission to rehabilitation inpatient units (Private and NHS), residential care homes and nursing homes (Placements). A section 117 also entitles service users to receive individualised care packages within their own homes or other community based care settings (Personal Budgets).</p> <p>Section 117 applications for placement and personal budgets are assessed and approved by our Local Integrated Placement Panel. The Panel meets on a monthly basis and reviews whether or not the proposed placements or personal budgets are appropriate. The panel process has been led by the South London and Maudsley Trust on behalf of the Local Authority and Clinical Commissioning Group and Local Authority social care and joint commissioner leads are members.</p> <p>The annual budget allocations are as follows; Local Authority – £3m (Circa) Lewisham CCG - £3m (Circa)</p> <p>These two proposals will re-assess those currently engaged in Section 117 to see whether they can be discharged but also seeks to provide more cost effective placements for all aftercare provision.</p>

3. Description of service area and proposal

The termination of a section 117 can only be agreed if an individual’s needs have been reassessed and the individual is deemed to no longer require this support. The termination of Section 117 does not necessarily mean that an individual’s support or services will be withdrawn, a financial assessment will be undertaken to decide whether or not the individual receiving support will need to make a financial contribution.

Saving proposal

A: £300k Commissioners will work with SLaM to manage demand for accommodation based care. The proposed level of savings are estimated at present and will be determined by each individual assessment.

It is proposed to refocus the placements panel to increase the scrutiny and rigour of the decision making process. Existing care pathways and associated costs will be reviewed, commissioners will work with providers to establish common prices for packages of care and placements reducing the variations on the costs of placements and will develop a stronger focus on outcomes. In addition there is new community based provision that could be used as an alternative to residential care.

In Qtr 1 of 2016/17 there were 87 people that were being funded in some form of residential support by the Local Authority, and it is these cases that will be reviewed.

B) 200k: This element of savings has been identified from the costs associated with Sec 117 aftercare support. Essentially it will bring forward assessments that would have been completed over a longer period of time.

Commissioners will work with SLaM to review the implementation of Section 117 of the Mental Health Act, to ensure that all those who are currently subject to sec 117 are reviewed, and where appropriate discharged from section 117. This would mean that the individual may need to financially contribute to the cost of their care (subject to the outcome of a financial assessment). In some instances it will be appropriate to transfer the responsibility for funding to other funding authorities.

Risk management is a component of the review of individual needs and no aftercare arrangements will be revised or cease, unless there is an evidenced based review of current needs that clearly demonstrates that the individual is either no longer eligible for a section 117, or that their needs have significantly changed and an alternative care package should be provided

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

The impact to service users will be minimal as their needs will continue to be met. The development of an outcomes based approach will mean that service users are supported to have more choice in how their needs are met.

Outline risks associated with proposal and mitigating actions:

Savings may be over-estimated. The exact level of savings will only be clear once reviews of individual needs have been completed and financial assessments are undertaken.

5. Financial information				
Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	9,023	(1,642)	7,381	
Health				
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a) £300k Manage demand for accommodation based services	300			300
b) £200k Review the implementation of s117	200			200
Total	500			500
% of Net Budget	7%	%	%	7%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	Yes
If DSG, HRA, Health impact describe:	The exact impact on health costs are yet to be determined but there is a general intention to increase the proportion of Personal Budgets including Personal Health Budgets to reduce the number of residential placements. This approach has the potential to reduce up to 50% cost of some social care and health/nursing residential placement costs (Average cost circa £850 per week).			

6. Alignment to Lewisham 2020 priorities		
Main priority	Second priority	Lewisham 2020 priorities
E	D	A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Medium	

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities
8	9	1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Neutral	Neutral	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Medium	

7. Impact on Corporate priorities		
		10. Inspiring efficiency, effectiveness and equity

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	Service users will come from all wards
	If impacting one or more wards specifically – which?

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Medium	Pregnancy / Maternity:	N/A
Gender:	Medium	Marriage & Civil Partnerships:	N/A
Age:	Low	Sexual orientation:	N/A
Disability:	High	Gender reassignment:	N/A
Religion / Belief:	N/A	Overall:	Low *
For any High impact service equality areas please explain why and what mitigations are proposed:			
<p>The group of service users affected are all likely to meet the protected characteristic of disability. However, the impact of these changes should be low as people’s needs and circumstances will be dealt with on an individual basis which may include the following:</p> <ul style="list-style-type: none"> • Independent Advocacy services to support the decision making process, • Implementation of transitional arrangements where relocation/move of the patient is required • A person centred approach to reviews and the development of individualised care packages supported by personalised budgets <p>*This assessment assumes the above mitigation takes place on an individual basis.</p>			
Is a full service equalities impact assessment required: Yes / No			Yes

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

11. Legal implications	
State any specific legal implications relating to this proposal:	
<p>Section 117 legislation is part of the Mental Health Act 1983.(amended 2007) Care Act (2014) Mental Health Capacity (2005) Part of the savings proposed arises from ensuring that, where appropriate, the funding will come from Health or another authority and therefore there will be no need for formal consultation. Individual needs assessments will be have to be carried out in the normal way.</p>	

12. Summary timetable	
Month	Activity
July 2016	Proposals prepared (this template and supporting papers – e.g. draft public consultation)

12. Summary timetable	
	Agreed list with SLAM of all service users on Section 117 by 31 st July 2016
August / September 2016	Panel to be set including partners 1 st September 2016 Proposals submitted to Scrutiny committees leading to M&C on 28 September. Review programme of all services users agreed with SLAM
October 2016	Reviewing of all service users
November 2016	Quarterly Monitoring in place.
December 2016	Review of all service users
January 2017	Review of all service users
February 2017	Review of all service users
March 2017	
April 2017	Implement savings

APPENDIX ii

E – Property investment acquisition

E6. Property investment acquisition

E7. Develop private rental schemes

1. Savings proposal	
Proposal title:	Property investment acquisition
Reference:	E6
LFP work strand:	Asset rationalisation
Directorate:	Resources & Regeneration
Head of Service:	Head of Corporate Resources
Service/Team area:	Corporate Resources
Cabinet portfolio:	Resources
Scrutiny Ctte(s):	Public Accounts Select Committee

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £150k from property investment / acquisition	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
Through the Treasury Management Strategy, approved by Council alongside the budget, the treasury team is responsible for managing the Council's cashflow and related investments and borrowing.
Saving proposal
The proposal is to seek out further opportunities to support Lewisham Homes or other partners acquire properties and / or invest in property funds in a manner that supports them and brings a return in line with the Council's strategic housing, regeneration and treasury objectives in the medium term.
The Council would do this by using its Treasury Management capacity in the medium term to serve as a facility to support the shared priorities of partners where the business case is sound and the Council is confident the risks can be effectively managed. The intention would be to use Council balances to support projects which pay a risk premium for accessing these funds. Assuming the projects then deliver the risk premium it can then be taken as a saving.

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
The potential impact will be to use some of the Council's financial muscle to support and accelerate investment in the Borough's infrastructure and housing supply to help deliver the Council's objectives.
Outline risks associated with proposal and mitigating actions:
As with any investment the risk on commercial terms is that the value of assets decrease or costs on projects overrun, reducing the returns achieved by the investor. Another risk is that in the medium term (say ten years) these investments need to be paid back to enable the monies to be re-invested in other services. At that stage the saving will need to be found again.
The mitigating actions would be to focus on property investments which are asset backed so there is some fixed security. Also, where possible, to invest in schemes

4. Impact and risks of proposal

that have wider less tangible returns which would otherwise translate into expensive intervention costs for the Council (such as providing more housing locally to avoid expensive bed and breakfast costs and advance the outcomes for those being supported).

5. Financial information

Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
			N/A	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a) £150k from property investment / acquisition	150			150
Total	150	0	0	150
% of Net Budget	%	%	%	%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

6. Alignment to Political priorities

Main priority	Second priority	Lewisham 2020 priorities A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
D	E	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Low	

7. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
10	6	
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Positive	Neutral	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Low	Low	

8. Ward impact

Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact

8. Ward impact	
	If impacting one or more wards specifically – which?

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		Pregnancy / Maternity:	
Gender:		Marriage & Civil Partnerships:	
Age:		Sexual orientation:	
Disability:		Gender reassignment:	
Religion / Belief:		Overall:	Low
For any High impact service equality areas please explain why and what mitigations are proposed:			
N/A			
Is a full service equalities impact assessment required: Yes / No			No

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

11. Legal implications	
State any specific legal implications relating to this proposal:	

12. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	Activity
August / September 2016	Proposals submitted to Scrutiny committees leading to M&C on 28 September
November 2016	Propose amendments to the Treasury Strategy
February 2017	Update Treasury Strategy with budget set 22 February
April 2017	Savings implemented

1. Savings proposal	
Proposal title:	Development of Private Rental Schemes
Reference:	E7
LFP work strand:	Asset Management
Directorate:	Resources and Regeneration
Head of Service:	Janet Senior / Freddie Murray
Service/Team area:	Asset Strategy and Technical Support
Cabinet portfolio:	Growth and Regeneration
Scrutiny Ctte(s):	Mayor and Cabinet

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £150k Conversion of an asset for development	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
Whilst in the past a number of the Authority's assets have been disposed of to assist development opportunities, generally by generating a one off capital receipt, this programme will investigate ways that assets can be utilised to generate a sustainable long term revenue income. Although not part of this formal project assessment, it should also be noted that in bringing forward such planning and development investment projects, they should contribute to the delivery of the borough's regeneration strategy and further enhance capital and revenue growth.
Saving proposal
To identify possible existing assets that, with some reorganisation of their current use, could be converted to Private Rented Sector (PRS) units, generating a net income of circa £150k per annum. And if this could not be achieved in the timescales identify other meanwhile uses that may be considered to achieve this target in the short term while the longer term PRS can be developed.

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
Staff – a minimal impact although potentially some staff may need to be relocated. Some temporary resources (including consultancy) will be required for the delivery of this savings proposal
Service Users – no impact as any services will continue from where they are relocated
Partners – no impact
Other Council Services - no impact
Outline risks associated with proposal and mitigating actions:
Amongst others associated with individual projects: <ul style="list-style-type: none"> The role of the Authority as 'property developer' may attract adverse commentary from operating within the PRS sector whereas historically it has been associated with social housing which can be mitigated through effective communications by the Council.

4. Impact and risks of proposal

- Whilst the PRS market shows attractive returns currently these may differ when any schemes delivered by the Authority come to market (need to develop a mixed-portfolio of property investment assets, that also assist in delivering the broadest corporate priorities).
- Scaleability – insufficient numbers of PRS units to make the projects worth while on a site by site basis which would need to be addressed possibly by packaging smaller sites together (mitigated by good design approach, flexibility and creative / efficient management approach).
- Insufficient return to the Council after management and lifecycle costs. A suitable management agreement model will need to be agreed in advance amongst all potential partners which identifies suitable threshold numbers of units and returns (could balance risks by focusing on guaranteed returns as opposed to maximum returns, passing on risk).
- Competing interests for land - The school places programme may interfere with the investment income delivery. (can mitigate this by having a clearly identified set of school places projects, focused on existing CYP sites. Some appropriate housing may also be possible on some of these as an added benefit).
- Many of the risks associated with such investment can be mitigated by ensuring that the authority contracts with the best / most effective partners where necessary – with natural alignment of interests.
- Timing - the delivery of these new incomes requires significant negotiation and the construction of new assets, and each project is likely to take a number of years before income is generated, any delay in securing support and funding to enable the start of the programme will delay the achievement of income. Furthermore as new entrants enter the market place returns may be driven down.

5. Financial information

Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	15,998	(8,350)	7,648	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a) £150k Conversion of 43-45 Bromley Rd	150			150
Total	150			150
% of Net Budget	2%	%	%	2%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

6. Alignment to Lewisham 2020 priorities

Main priority	Second priority	Lewisham 2020 priorities
D		A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium		

7. Impact on Corporate priorities

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities
6	10	1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Positive	Positive	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Medium	

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	N/A	Pregnancy / Maternity:	N/A
Gender:	N/A	Marriage & Civil Partnerships:	N/A
Age:	N/A	Sexual orientation:	N/A
Disability:	N/A	Gender reassignment:	N/A
Religion / Belief:	N/A	Overall:	N/A
For any High impact service equality areas please explain why and what mitigations are proposed:			
N/A			
Is a full service equalities impact assessment required: Yes / No			No

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

11. Legal implications	
State any specific legal implications relating to this proposal:	

12. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc.), implementation:	
Month	Activity
July 2016	Proposals prepared (this template and supporting papers – e.g. draft public consultation)

12. Summary timetable	
August / September 2016	Proposals submitted to Scrutiny committees leading to M&C on 28 September
October 2016	Consultations ongoing
November 2016	Consultations ongoing and (full decision) reports returned to Scrutiny for review
December 2016	Consultations returned to Scrutiny for review leading to M&C for decision on 7 December
January 2017	Transition work ongoing
February 2017	Transition work ongoing and budget set 22 February
March 2017	Savings implemented
	Between September 2016 and April 2017 we will continue to develop options for the site (including the relocation of OH in consultation with the service). At the point of approval by M&C we will look to implement the preferred long term solution and meanwhile use (if necessary).

APPENDIX iii

I – Management and corporate overheads

I 11. Review insurance risk assessments

1. Savings proposal	
Proposal title:	Insurance – level of self-insurance risk
Reference:	I11
LFP work strand:	Management & Corporate Overheads
Directorate:	Resources & Regeneration
Head of Service:	Head of Corporate Resources
Service/Team area:	Insurance & Risk
Cabinet portfolio:	Resources
Scrutiny Ctte(s):	Public Accounts Committee

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £225k reduction in level of insurance reserves (for 10 yrs)	No	No	No
b) £25k reorganisation	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
<p>The Insurance and Risk service ensures the Council has sufficient insurance cover (in the market or by way of reserves) and manages claims promptly and fairly to reduce the impact of risks should they materialise. It is also responsible for setting and promoting the Council's policy and procedures for strengthening good risk management practices in the Council's day to day management of operations.</p> <p>The Council's insurance arrangements, excluding operations, cost approximately £3,500k per year. The amount varies based on claims and premiums each year. The split is roughly £2,000k paid as premiums and recharged to services and £1,500k paid out to settle the self-insured part of claims or paid centrally into provisions to cover future claims on self-insured activities.</p> <p>The insurance team's operational costs within the budget are £240k.</p>
Saving proposal
<p>a) £225k reduction in level of insurance reserves (for 10 years) A reduction in the level of reserves held for self-insurance purposes by releasing current reserves of £225k per annum for ten years. This will reduce the Council's insurance reserves by £2.25m.</p> <p>b) £25k restructure. The service manager recently applied for and was granted flexible retirement to reduce their working days to three days a week. This saves the service £25k a year. No staff consultation is required.</p>

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
No specific impact
Outline risks associated with proposal and mitigating actions:

4. Impact and risks of proposal

- a) No immediate service impact however an increase in carried risk for the organisation. The risk is higher as it increases the likelihood of the Council holding insufficient reserves to cover the self-insured elements if incidents occur. Should the risk materialise there would be an immediate cash call on reserves and (if not sufficient) service revenue budgets.
- b) The risk from the restructure is loss of expertise of a senior member of the team. This has been considered and is largely mitigated by moving to three days so key activities will continue to be covered and Council continues to have access to their skills and experience.

5. Financial information

Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	3,900	(2,400)	1,500	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a) Reduce level of insurance reserves	225			225
b) Restructure	25			25
Total	250			250
% of Net Budget	17%	%	%	17%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

6. Alignment to Lewisham 2020 priorities

Main priority	Second priority	Lewisham 2020 priorities
		A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	

7. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
10		1. Community leadership and empowerment 2. Young people’s achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Negative		
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium		

7. Impact on Corporate priorities		
		10. Inspiring efficiency, effectiveness and equity

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		Pregnancy / Maternity:	
Gender:		Marriage & Civil Partnerships:	
Age:		Sexual orientation:	
Disability:		Gender reassignment:	
Religion / Belief:		Overall:	Low
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			No

10. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Yes
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2	1	1.0	1		
PO1 – PO5	2	1.9	2		
PO6 – PO8	1	0.9	1		
SMG 1 – 3	1	1.0	1		
JNC					
Total	5	4.8	5	0	0
Gender	Female	Male			
	4	1			
Ethnicity	BME	White	Other	Not Known	
		5			
Disability	Yes	No			
		5			
Sexual orientation	Straight / Heterosex.	Gay / Lesbian	Bisexual	Not disclosed	
	5				

11. Legal implications
State any specific legal implications relating to this proposal:
Under the Council's Constitution the Executive Director for Resources and Regeneration is responsible for preparing the Authorities risk management policy statement and strategy. She is also responsible for advising on proper insurance

11. Legal implications

cover to include self-insurance.

12. Summary timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:

Month	Activity
July 2016	Proposals prepared
August / September 2016	Proposals submitted to Scrutiny committees leading to M&C on 28 September
April 2017	Savings implemented

APPENDIX iv

L – Culture and community services

L8. Facilities management

L9. Assemblies fund

L10. Adult Learning Lewisham subsidy

1. Savings proposal	
Proposal title:	Facilities Management
Reference:	L8
LFP work strand:	Culture and Community Development
Directorate:	Community Services
Head of Service:	Liz Dart
Service/Team area:	Culture and Community Development Division
Cabinet portfolio:	Joan Millbank
Scrutiny Ctte(s):	Safer Stronger Communities

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £200k Review of facilities management arrangements	No	No	Yes

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
The Community Resources Team within Culture and Community Development Service has responsibility for the direct management of a number of community buildings. This includes five directly managed community centres (Evelyn Community Centre, Sedgehill Community Centre, Scotney Hall, Sydenham Centre and Moonshot) and two voluntary sector hubs (Leemore Centre and Mulberry Centre). They manage the caretaking, cleaning and room hires for these buildings. The Council also has responsibility for all the running costs including utilities, rates and repairs. These costs are shared between Community Services and Regeneration. In addition the Division has responsibility for the facilities management contract for Deptford Lounge and the community use of spaces within the library and school.
Saving proposal
The proposal is in two parts; firstly to review the current facilities management arrangements for the seven buildings that are still directly managed by the Community Resources Team and look for the most efficient way of running these buildings in the future. Options to be considered will include outsourcing to a third party with experience in community facilities management or a social housing provider.
The second part is to re-tender the facilities management contract for Deptford Lounge. The current contract expires in October 2017. So any savings from this will not be fully achieved until 2018/19.

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
All of these building were identified for continued community use as part of the Voluntary Sector Accommodation Plan produced in 2015. The Council will therefore be seeking new arrangements that can ensure the continued and effective provision of community use of these facilities and the impact on users and partners should therefore be minimal.
The review will impact on a number of staff within the Community Resources Team who currently support the directly managed facilities. Depending on the detail of the proposal TUPE may apply and there is likely to be the need for a reorganisation within

4. Impact and risks of proposal
the Community Resources Team.
Outline risks associated with proposal and mitigating actions:
Risk: New providers are not familiar with needs of the voluntary and community sectors. Mitigation: This will be written into the specification and scoring criteria of any tender exercise.
Risk: Failure to achieve saving through new arrangements. Mitigation: There are some areas of expenditure such as business rates that can be reduced through outsourcing without any impact on the service.

5. Financial information				
Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	164	(184)	(20)	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a) £200k Review of facilities management arrangements	70	130		200
Total	70	130		200
% of Net Budget	-350%	-650%	%	-1000%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

6. Alignment to Lewisham 2020 priorities		
Main priority	Second priority	Lewisham 2020 priorities
A	D	A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Low	Low	

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities
1	9	1. Community leadership and empowerment 2. Young people’s achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Neutral	Neutral	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Low	Low	

7. Impact on Corporate priorities		
		10. Inspiring efficiency, effectiveness and equity

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Low	Pregnancy / Maternity:	Low
Gender:	Low	Marriage & Civil Partnerships:	Low
Age:	Low	Sexual orientation:	Low
Disability:	Low	Gender reassignment:	Low
Religion / Belief:	Low	Overall:	Low
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			No

10. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Yes
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5	3	3	4		1
Sc 6 – SO2	2	2	2		
PO1 – PO5	3	3	3		
PO6 – PO8	1	1	1		
SMG 1 – 3					
JNC					
Total	9	9	10	0	1
Gender	Female	Male			
	5	4			
Ethnicity	BME	White	Other	Not Known	
Disability	Yes	No			
Sexual orientation	Straight / Heterosex.	Gay / Lesbian	Bisexual	Not disclosed	

11. Legal implications
State any specific legal implications relating to this proposal:
There are no specific legal implications.

12. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	Activity
July 2016	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
August / September 2016	Proposals submitted to Scrutiny committees leading to M&C on 28 September
October 2016	Tender exercise commences
January 2017	Outcome of tender exercise to M&C Community Resources Team staff re-org consultation commences
March 2017	Deptford Lounge tender exercise commences
April 2017	Directly managed buildings saving strand implemented Community Resources Team staff re-org implemented.
June 2017	Outcome of Deptford Lounge tender to M&C
October 2017	Deptford Lounge saving implemented.

1. Savings proposal	
Proposal title:	Removal of the Assembly Fund
Reference:	L9
LFP work strand:	Culture and Community Development
Directorate:	Community Services
Head of Service:	James Lee
Service/Team area:	
Cabinet portfolio:	Cllr Joan Millbank
Scrutiny Ctte(s):	Safer Stronger Communities

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £270k Removal of the Assembly Fund	Yes	Yes	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
<p>In May 2007, the Mayor's Commission on Empowering Communities and Neighbourhoods recommended that the London Borough of Lewisham introduce local ward assemblies for each of the borough's 18 wards. The Commission's objective was that these localised bodies, defined by the active involvement of ward councillors, would enable the people living and working in each ward to have a stronger and more direct influence in shaping their local community, supporting an ongoing process for identifying and resolving local concerns and implementing local solutions. The Local Assemblies programme was established in March 2008.</p> <p>The Local Assemblies programme particularly helps to deliver the Lewisham Sustainable Community Strategy priority outcome 'empowered and responsible – where people can be actively involved in their local area and contribute to supportive communities'. The programme is also helping to deliver the corporate priority 'community leadership and empowerment – developing opportunities for the active participation and engagement of people in the life of the community'.</p> <p>Each Assembly has an individual fully voluntary co-ordinating group which plans its work between Assembly meetings and is supported by the Council-employed Development Officer. The local co-ordinating group has the active involvement of elected members and a range of individuals who have volunteered to support their local Assembly. These individuals bring organisational and communication skills which are invaluable in facilitating the work of the Assembly programme.</p> <p>Each Assembly is allocated a fund of £15,000 to run local projects. £2,500 of this sum is known as the Councillor Discretionary Fund and this can be utilised directly by Ward Councillors to address other areas which may arise during the course of the year or are not identified by residents as key priorities but which still have an impact on the local area.</p>
Saving proposal
The removal of the assembly Fund of £15,000 per ward - £270,000 across the whole borough.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

The proposal will lead to the loss of £15,000 per ward to allocate to local projects. The exact impact of this will depend on what the Assembly would have chosen to allocate the funds to.

The vast majority of these funds are allocated to local voluntary and community groups to deliver local services and this provision will be reduced as a result of this saving.

Outline risks associated with proposal and mitigating actions:

The small grants fund and festival fund will still be available to fund some activity on an annual basis but there will be an expectation that the role of the Assembly shifts from the allocation of these funds to the coordination of wider community activity and volunteer led projects that do not receive direct funding from the Council.

The staffing resource for the delivery of the Assembly Programme will be unaffected by this proposal.

5. Financial information

Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	345	(0)	345	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a) Removal of the Assembly Fund	270	0	0	270
Total	270			270
% of Net Budget	78%	0%	0%	78%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

6. Alignment to Lewisham 2020 priorities

Main priority	Second priority	Lewisham 2020 priorities
A	E	A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
High	Low	

7. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
1.	9.	1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	

7. Impact on Corporate priorities		
Negative	Negative	6. Decent homes for all
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	7. Protection of children
Medium	Low	8. Caring for adults and the older people
		9. Active, healthy citizens
		10. Inspiring efficiency, effectiveness and equity

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	Impact will be uniform across all wards.
	If impacting one or more wards specifically – which?

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		Pregnancy / Maternity:	
Gender:		Marriage & Civil Partnerships:	
Age:		Sexual orientation:	
Disability:		Gender reassignment:	
Religion / Belief:		Overall:	
For any High impact service equality areas please explain why and what mitigations are proposed:			
<p>As per the attached Equalities Impact Assessment, the conclusion is:</p> <p>It is important to emphasise that areas funded by the Assembly Fund change every year, however the Local Assemblies consistently support a large number of projects that benefit both old and young people. The Small and Faith Fund with a particular emphasis on Communities that Care can mitigate the impact as can the commissioning of some youth activities by the Children and Young People Service and Crowdfunding. However, there will still be a negative impact particularly on the smaller / more local services and new community organisations many of whom will use the Assembly Fund as their first 'dip' into applying for funding. The process required to apply for the Assembly Fund is relatively straightforward and this is clearly of benefit to some of the older peoples' groups who may not have the same level of both IT and funding expertise.</p>			
Is a full service equalities impact assessment required: Yes / No			No

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

11. Legal implications	
State any specific legal implications relating to this proposal:	
<p>A full Report will be required in due course. At present, paragraph 3 of the proposal needs in any event to be further looked at by the report author. Reference will need to be made to the Assembly Fund Guidance 2015 - 2016. In particular, paragraph 4.3 which states that the use of £2500 (which is being called the "Councillor Discretionary Fund") must be decided by all 3 ward councillors or 2/3 if no agreement by the end of December 2015 was reached. It can be spent on any small project that benefits the Ward. Councillors may add their part to the main assembly pot of £12,500 for the assembly to allocate if they wish.</p> <p>The full report will need to show what the current Assembly Fund per ward has to date</p>	

11. Legal implications

been used for. Consequently, it is likely that there are considerable Equality implications to be considered - if the proposal is given effect.

12. Summary timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:

Month	Activity
July 2016	Paper to Labour Group
August / September 2016	Budget setting
October 2016	Liaison with Assemblies
November 2016	Liaison with Assemblies
December 2016	Liaison with Assemblies
January 2017	Liaison with Assemblies
February 2017	Liaison with Assemblies
March 2017	Savings implemented

L9 – Local Assembly Fund

Equalities Analysis Assessment

Name of proposal – Removal of Local Assembly Fund

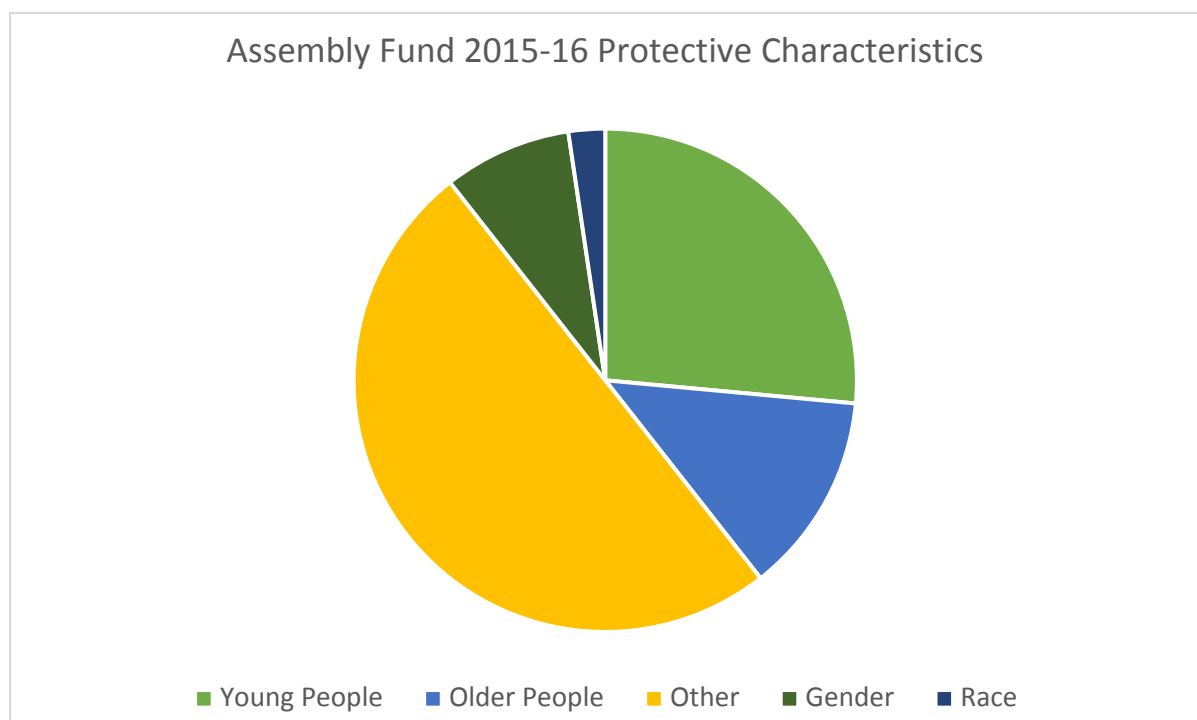
Lead officer - James Lee (Head of Cultural and Community Development Service)

Start date of Equality Analysis 10 August 2016

End date of Equality Analysis 12 August 2016

Background - This document is the Equalities Analysis Assessment to assess the impact of the removal of the Local Assembly Fund.

Local Assembly Fund - £12,500 available to all 18 Lewisham wards and disseminated via the Ward Assembly. On top of this Ward Councillors have £2,500 Councillor Discretionary Fund available which some choose to add to the Assembly Fund making £15,000 available. For the purpose of this assessment the two funds are combined as they are administered identically. The allocation process varies ward to ward with some assemblies funding projects using a commissioning process having already identified need and gaps in provision. Other wards use a small grants process with applications needing to meet at least one of the assembly priorities as decided by the assembly.



Areas funded by the Assembly Fund will change year to year as new organisations become involved and fresh projects are identified. However, assembly funding has consistently supported a large number of projects that benefit both younger and older people.

In 2015-16 46% of Local Assembly Fund projects were specifically targeting either young people or older people, this equates to approximately £124,000 of the £270,000 available.

Impact on small local projects – Whilst the sums involved are quite small, the Assembly Fund clearly provides an opportunity for local organisations to run projects that are based locally and benefit local people. We know that having to travel can be detrimental to buy-in and this is particularly evident with both young and old people. Therefore ward based activities can be very successful, in addition as they are funded on local need there tends to be high demand. Many of the activities funded are linked to health and wellbeing such as girls' football and day trips. At a time when we are recognising the need to combat obesity and social isolation many of these projects directly address this.

Data Summary for age - According to the 2011 Census some 70,100 Lewisham residents are aged between 0-19 (25% of the population), whilst some 179,800 residents are aged between 20-64, (65% of the population). By contrast there are some 26,200 older people aged 65 and over (9.5%).

According to the 2013 Sub National Population Projections by 2021 the number of Lewisham residents aged 0-19 is expected to rise to 79,570 (25% of the population), whilst the number of people aged 20-64 is expected to reach 208,190 (65% of the population). By contrast the number of people aged 65 and older is expected to increase to 30,570 (10% of the population).

Ward profiles suggest that a greater number of older residents (65+) live in the south of borough in areas like Downham or Grove Park; whilst younger residents (0-19) are spread throughout the borough more evenly.

Conclusion – It is important to emphasise that areas funded by the Assembly Fund change every year, however the Local Assemblies consistently support a large number of projects that benefit both old and young people. The Small and Faith Fund with a particular emphasis on Communities that Care can mitigate the impact as can the commissioning of some youth activities by the Children and Young People Service and Crowdfunding. However, there will still be a negative impact particularly on the smaller / more local services and new community organisations many of whom will use the Assembly Fund as their first 'dip' into applying for funding. The process required to apply for the Assembly Fund is relatively straightforward and this is clearly of benefit to some of the older peoples' groups who may not have the same level of both IT and funding expertise.

Ward	Project	Meets All	Age	Disability	Gender Reassignment	Marriage & Civil Partnership	Pregnancy & Maternity	Race	Sex	Sexual Orientation
Grove Park	Eco Communities		OP							
Catford South	Ageing Well in Lewisham		OP							
Catford	Brownhill		OP							

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South	Road Baptist Church								
Catford South	Corbett Residents Association	Yes							
Catford South	Corbett Residents Association	Yes							
Catford South	Culverley Road Residents Association	Yes							
Catford South	Dalmain Athletic Girls Football Club		YP					F	
Catford South	Lewisham Youth Theatre		YP						
Catford South	Corbett Estate Neighbourhood Forum	Yes							
Forest Hill	SEE3 Portas Pilot	Yes							
Forest Hill	Forest Hill Fashion Week	Yes							
Forest Hill	Dalmain Athletic Girls Football Club		YP					F	
Forest Hill	Friends of Albion Millennium Green	Yes							
Forest Hill	Forest Hill & Sydenham Free Film Festival	Yes							
Forest Hill	20th Forest Hill (scoutlink) Scout Group		YP						
Lee Green	Glendale Managed Services	Yes							

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Lee Green	Friends of Manor House Gardens	Yes							
Lee Green	Lee Fair Share		OP						
Lee Green	Lee Manor Community Garden	Yes							
Lee Green	Lee Green Lives	Yes							
Lee Green	Fuss@Hither Green	<u>Yes</u>							
Lee Green	Lee Green Lives		OP					F	
Lewisham Ctrl	Glendale Managed Services	Yes							
Lewisham Ctrl	Dalmain Athletic Girls Football Club		YP					F	
Lewisham Ctrl	Glendale Managed Services	Yes							
Perry Vale	Forest Hill School		YP						
Perry Vale	Dalmain Athletic Girls Football Club		YP					F	
Perry Vale	Walk In Space Youth Club		YP						
Perry Vale	Lewisham Elders Resource Centre (Seniors)		OP						
Perry Vale	Friends of Dacres Wood	Yes							
Perry Vale	Sign Language & Deaf Awareness			Yes					
Rushey Green	Catford Street Trees	Yes							

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Rushey Green	Friends of Mountsfield Park	Yes							
Rushey Green	Lewisham Asian Elders and Carers Group		OP				Yes		
Rushey Green	Lewisham Irish Community Centre		YP				Yes		
Rushey Green	Lewisham Youth Theatre		YP						
Rushey Green	St Dunstan's Enterprises		YP					F	
Rushey Green	Broadway theatre	Yes							
Bellingham	Solon Security	Yes							
Bellingham	8th Lewisham Scout Group		YP						
Bellingham	Demand Energy Equality	Yes							
Bellingham	Sport Fun 4 All	Yes							
Bellingham	Sydenham Arts	Yes							
Bellingham	Christ Church United Reformed Churches Together in Bellingham	Yes							
Bellingham	Dalmain Athletic Girls Football Club		YP					F	
Bellingham	Christ Church United Reformed Churches Together in	Yes							

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	Bellingham									
Bellingham	ABC Under 5		YP							
Bellingham	Lewisham Disability Coalition			Yes						
Brockley	Nestor Milyaev (Fix your Bike Brockley)	Yes								
Brockley	St John's Church Deptford		OP							
Brockley	Brockley Society Tree Committee	Yes								
Brockley	Chelwood House for Families		YP							
Brockley	Max Media Arts CIC	Yes								
Brockley	Frameless Arts CIC	Yes								
Brockley	Bright Beginning		YP							
Brockley	Brockley Society Tree Committee	Yes								
Brockley	Little Babbaz		YP							
Brockley	Heston Nature Garden Group	Yes								
Bellingham	Sydenham Community Library		YP							
Bellingham	Bellingham Community Project	Yes								
Bellingham	Bellingham Community Project for DFCG			Yes						
Whitefoot	Dalmain Athletic Girls Football Club		YP						F	
Whitefoot	Downham	Yes								

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	Nutrition Partnership									
Whitefoot	Goldsmiths Community Association	Yes								
Whitefoot	Downham Celebrates Company	Yes								
Whitefoot	The Christmas Cracker Trip Venues Project		OP							
Whitefoot	Lewisham Citizens Advice Bureau	Yes								
Whitefoot	The Christmas Cracker Trip Venues Project		OP							
Whitefoot	Further Green Neighbourhood watch Committee	Yes								
Downham	REAP Centre on behalf of ALIZA a place to be me		YP							
Downham	Sports Fun 4 All	Yes								
Downham	The Christmas Cracker Trip Venues Project		OP							
Downham	Regal Education Arts Project		YP							
Downham	Good Shepherd Youth Club		YP							
Downham	Lewisham Citizens Advice Bureau	Yes								
Downham	Academy Achievers		YP							

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Downham	Downham Celebrates Company	Yes							
Downham	Downham Celebrates Company	Yes							
Sydenham	Friends of Sydenham Community Library		YP						
Sydenham	TNG Centre		YP						
Sydenham	SEE3 Portas Pilot	Yes							
Sydenham	Sydenham Arts	Yes							
Sydenham	Lewisham Hear to Help / Action on Hearing Loss			Yes					
Sydenham	Friends of Sydenham Community Library	Yes							
Sydenham	Sydenham Community Library	Yes							
Sydenham	The Greener Homecroft Project Group	Yes							
New Cross	The New Cross Gate Trust	Yes							
New Cross	Carers Lewisham & Honeypot Charity		YP						
Grove Park	Skanska Christmas Tree	Yes							
Sydenham	Christmas Tree	Yes							
Crofton Park	Dalmain Pen		YP					F	
Crofton Park	Eco Communities	Yes							

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Crofton Park	Ackroyd Community Association		OP						
Crofton Park	Ewart Road Housing Co-operative		YP						
Crofton Park	Friends of Blythe Hill Fields	Yes							
Crofton Park	Crofton Park & Honor Oak Neighbourhood Forum	Yes							
Crofton Park	St Saviours Church		OP						
Crofton Park	Walk In Space Youth Club		YP						
Crofton Park	Acorn Childrens Club		YP						
Blackheath	Church of Ascension						Yes		
Blackheath	Winning Post Sports Services		OP					M	
Blackheath	Dalmain Athletic Girls Football Club		YP					F	
Blackheath	Quaggy Development Trust		OP						
Blackheath	Quaggy Development Trust		OP						
Blackheath	Age Exchange		YP						
Blackheath	Age Exchange		OP						
Ladywell	Max Media Arts CIC	Yes							
Ladywell	Friends of Brockley & Ladywell Cemeteries	Yes							
Ladywell	Hopcroft Forum	Yes							
Ladywell	Ladywell Youth Club		YP						

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	& One Community Project								
Ladywell	St Andrews Centre	Yes							
Ladywell	Dalmain Athletic Girls Football Club		YP					F	
Grove Park	Dalmain Athletic Girls Football Club		YP					F	
Grove Park	WG Grace Senior Citizen Tuesday Club		OP						
Grove Park	Baring Primary School	Yes							
Grove Park	Carers Lewisham		YP						
Grove Park	Glendale Managed Services	Yes							
Grove Park	SCALE Projects		YP						
Grove Park	Volunteer Centre Lewisham	Yes							
Grove Park	Chinbrook Dog Show	Yes							
Grove Park	9th Lewisham Scout Group		YP						
Lewisham Ctrl	Skanska Christmas Tree	Yes							
Blackheath	Blackheath Society	Yes							
Crofton Park	Crofton Park & Honor Oak Neighbourhood Forum	Yes							
Downham	Frying Squad	Yes							
Forest Hill	Teatro	Yes							

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	Vivo									
New Cross	New Cross & Deptford Free Film Festival	Yes								
New Cross	New Cross Learning	Yes								
New Cross	Creekside Education Trust		YP							
New Cross	ALIZA - a place to be me		YP							
New Cross	SIGNAL Family Support		YP	Yes						
Whitefoot	St John The Baptist Church	Yes								
Whitefoot	Whitefoot & Downham Community Food Plus Project	Yes								
Telegraph Hill	Just Older Youth		OP						M	
Telegraph Hill	LBL Greenscene	Yes								
Telegraph Hill	New Cross Gate Trust	Yes								
Telegraph Hill	Hillview Community Services							Yes		
Telegraph Hill	Telegraph Hill Centre		OP							
Telegraph Hill	Sew 4 U Fashion		YP							
Telegraph Hill	Telegraph Hill Playclub		YP							
Telegraph Hill	Somerville Youth and Play Provision		YP							

1. Savings proposal	
Proposal title:	Adult Learning Lewisham
Reference:	L10
LFP work strand:	Culture and Community Development
Directorate:	Community Services
Head of Service:	Liz Dart
Service/Team area:	Adult Learning Lewisham
Cabinet portfolio:	Chris Best
Scrutiny Ctte(s):	Healthier Communities

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £40k General revenue subsidy reduction	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
Adult Learning Lewisham helps over 4,000 people each year to achieve their goals, improve their skills and transform their lives through adult learning classes. There are over 12,000 enrolments on 1,100 different courses with a 92% success rate. The service runs from three specialist adult learning centres in Brockley, Lewisham and Grove Park as well as working in a number of community settings.
Saving proposal
Adult Learning Lewisham is primarily funded by the Skills Funding Agency with an annual grant allocation of £3.2m in 2016/17. This is supplemented by fees income from learners. The Council provides subsidy in the form of corporate overheads including the running costs of three adult learning centres. In addition there is a nominal revenue budget subsidy of £40k per annum. It is proposed to reduce this to £0 through a combination of increased income from fees and expenditure efficiencies.

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
It is anticipated that this saving can be achieved with minimal impact to the service.
Outline risks associated with proposal and mitigating actions:
No risks identified as the saving is only a very small percentage of the service turnover.

5. Financial information				
Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	3,934	(3,892)	42	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a) £40k General	40			40

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5. Financial information				
revenue subsidy reduction				
Total	40			40
% of Net Budget	95.2%	%	%	%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

6. Alignment to Lewisham 2020 priorities		
Main priority	Second priority	Lewisham 2020 priorities A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
D	A	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Low	Low	

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities 1. Community leadership and empowerment 2. Young people’s achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
9.	5.	
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Neutral	Neutral	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Low	Low	

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Low	Pregnancy / Maternity:	Low
Gender:	Low	Marriage & Civil Partnerships:	Low
Age:	Low	Sexual orientation:	Low
Disability:	Low	Gender reassignment:	Low
Religion / Belief:	Low	Overall:	Low
For any High impact service equality areas please explain why and what mitigations are proposed:			

9. Service equalities impact	
Is a full service equalities impact assessment required: Yes / No	No

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

11. Legal implications	
State any specific legal implications relating to this proposal:	
There are no specific legal implications.	

12. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	Activity
July 2016	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
August / September 2016	Proposals submitted to Scrutiny committees leading to M&C on 28 September
March 2017	Savings implemented

APPENDIX v

M – Strategic housing

M4. PLACE / Ladywell

M5. Hostel Acquisition

M6. Reorganise provision of Handy Person service

M7. Reduce No Recourse to Public Funds costs

1. Savings proposal	
Proposal title:	PLACE / Ladywell
Reference:	M4
LFP work strand:	M – Strategic housing
Directorate:	Customer Services
Head of Service:	Genevieve Macklin
Service/Team area:	Strategic Housing
Cabinet portfolio:	Housing/Cllr Egan
Scrutiny Ctte(s):	Housing/PAC

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £85k generating income from leasing PLACE / Ladywell development	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
The Strategic Housing Service manages and commissions housing services to meet the Council's housing objectives.
The PLACE / Ladywell project has been developed as a response to the on-going shortage of affordable temporary accommodation for homeless households, and makes temporary use of a vacant site in advance of long term regeneration.
Saving proposal
PLACE / Ladywell includes 24 residential units as well as a range of ground floor commercial uses.
Mayor & Cabinet agreed to lease the 24 homes to Lewisham Homes, so that they might be made available to homeless families awaiting a permanent housing offer.
Lewisham Homes will collect rent, and manage the properties, and will pay an annual lease rent to the Council. This lease rent is £205,000.
The £85,000 saving proposal is the surplus that the Council will make from this lease rent, after all financing costs associated with the construction of the building are paid.

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
The proposal in itself addresses risks to residents by providing a better and more affordable form of temporary housing.
Outline risks associated with proposal and mitigating actions:
The PLACE / Ladywell development is time limited, and expected to stay on the Ladywell site for four years. At this point the building will be moved, and another future use found for it. The income is therefore guaranteed for four years, after which it is dependent on the future use found for the building.
Officers have already commenced activity to find another site. The building is

4. Impact and risks of proposal

warranted for 60 years and for up to 10 moves. Both of these factors will protect the Council's position.

5. Financial information

Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	120	*(205)	(85)	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a) Generating income from leasing PLACE / Ladywell development	85			85
Total	85			85
% of Net Budget	100%	%	%	100%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

* This is an income generating scheme which is expected to achieve income in the region of £205k per year. Once corporate costs have been taken, a net income of £85k will be available to put forward for savings.

6. Alignment to Lewisham 2020 priorities

Main priority	Second priority	Lewisham 2020 priorities
D	E	A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Medium	

7. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
6	5	1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Positive	Positive	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Low	

8. Ward impact

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	If impacting one or more wards specifically – which?
	Lewisham Central

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		Pregnancy / Maternity:	
Gender:		Marriage & Civil Partnerships:	
Age:		Sexual orientation:	
Disability:		Gender reassignment:	
Religion / Belief:		Overall:	
For any High impact service equality areas please explain why and what mitigations are proposed:			
This will have a positive impact for homeless households			
Is a full service equalities impact assessment required: Yes / No			No

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

11. Legal implications
State any specific legal implications relating to this proposal:
The M&C decision to progress the Ladywell/Place scheme has already been agreed – M&C on 18 May 2016. The relevant legal implications form part of that report. This report confirms the financial impact of the rental value from the project as it impacts savings considerations.

12. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc.), implementation:	
Month	Activity
July 2016	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
August / September 2016	Proposals submitted to Scrutiny committees leading to M&C on 28 September
October 2016	Consultations ongoing
November 2016	Consultations ongoing and (full decision) reports returned to Scrutiny for review
December 2016	Consultations returned to Scrutiny for review leading to M&C for decision on 7 December
January 2017	Savings implemented (this can be implemented in-year)

1. Savings proposal	
Proposal title:	Hostel Acquisition
Reference:	M5
LFP work strand:	M – Strategic housing
Directorate:	Customer Services
Head of Service:	Genevieve Macklin
Service/Team area:	Strategic Housing
Cabinet portfolio:	Housing/Cllr Egan
Scrutiny Ctte(s):	Housing

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £150k generating income from renting newly acquired hostel accommodation	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
The Strategic Housing Service manages and commissions housing services to meet the Council's housing objectives.
The Hostels Acquisition project was agreed in 2014 as a response to the on-going shortage of affordable temporary accommodation for homeless households. It enabled an agreed programme of investment to purchase properties across Lewisham which could be converted to be used as hostels.
Saving proposal
To date an additional 38 hostel rooms have been acquired at: Stansted Road, Catford, Deptford High Street and at Hamilton Lodge & 118 Canonbie Road in Forest Hill,
The £150,000 saving proposal is the surplus that the Council will make from the rents collected from these properties, after all financing costs associated with the acquisition and conversion of the buildings are paid.

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
The proposal in itself addresses risks to residents, by providing a better and more affordable form of temporary housing.
Outline risks associated with proposal and mitigating actions:
These properties have been purchased and the conversion programme will complete in September, at which point the income stream will be in place. As such the risk is minimal

5. Financial information				
Controllable budget:	Spend	Income	Net Budget	

APPENDICES i –vi 2017/18 SAVINGS PROPOSAL PROFORMAS

5. Financial information				
General Fund (GF)	£'000	£'000	£'000	
	401	* (551)	(150)	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a) Generating income from renting newly acquired hostel accommodation	150			150
Total	150			150
% of Net Budget	100%	%	%	100%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

* This is an income generating scheme which is expected to achieve income in the region of £150k per year. Once the refurbishment has been completed and corporate costs have been taken, a net income of £150k will be available to put forward for savings.

6. Alignment to Lewisham 2020 priorities		
Main priority	Second priority	Lewisham 2020 priorities
D	E	A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Medium	

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities
6	10	1. Community leadership and empowerment 2. Young people’s achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Positive	Positive	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Low	

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		Pregnancy / Maternity:	
Gender:		Marriage & Civil Partnerships:	
Age:		Sexual orientation:	
Disability:		Gender reassignment:	
Religion / Belief:		Overall:	
For any High impact service equality areas please explain why and what mitigations are proposed:			
This will have a positive impact for homeless households			
Is a full service equalities impact assessment required: Yes / No			No

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

11. Legal implications
State any specific legal implications relating to this proposal:
The M&C decision to progress the Hostel conversion project has already been agreed on the 19 April 2014. The relevant legal implications form part of that report. This report confirms the financial impact of the rental value from the project for the savings consideration aspect.

12. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	Activity
July 2016	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
August / September 2016	Proposals submitted to Scrutiny committees leading to M&C on 28 September
October 2016	Consultations ongoing
November 2016	Consultations ongoing and (full decision) reports returned to Scrutiny for review
December 2016	Consultations returned to Scrutiny for review leading to M&C for decision on 7 December
January 2017	Savings implemented (this can be implemented in-year)

1. Savings proposal	
Proposal title:	Handyperson service
Reference:	M6
LFP work strand:	M – Strategic housing
Directorate:	Customer Services
Head of Service:	Kevin Sheehan
Service/Team area:	Private Sector Housing Agency
Cabinet portfolio:	Cllr Damien Egan
Scrutiny Ctte(s):	Housing/Safer Stronger Communities

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £150k transfer the service to be community run	Yes	Yes	Yes

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
<p>The handyperson scheme provides small repairs and adaptations to the homes of older or disabled residents so they can remain in their homes living safely and independently. This service is free, residents just pay the cost of any materials required.</p> <p>For current unlimited access to this service clients need to be at least 60-years-old and/or disabled and includes a priority group for those under 60 who are disabled and need to go home from hospital after an operation. The service is for home owners, private renters and some restrictions may apply for housing association tenants.</p> <p>Handy persons carry out:</p> <ul style="list-style-type: none"> • Small plumbing repairs • Moving furniture for easier access • Fitting grab rails, hand rails and curtain rails • Changing tap washers • Adjusting doors • Changing light bulbs <p>There are currently three handypersons who perform approx. 3,300 small jobs per annum (based on 15/16 outputs).</p> <p>Unlike other authorities, Lewisham does not charge service users for this service. The cost of this service is £150k (including vans, tools and staffing costs) if we were to charge.</p>
Saving proposal
There is a proposed consultation to establish whether recipients of the service would be prepared to pay for the work provided in order to cover the costs of the service or if there are any voluntary sector groups who would consider providing the service at no cost to the Council.

4. Impact and risks of proposal

4. Impact and risks of proposal**Outline impact to service users, partners, other Council services and staff:**

The risks of falls may increase if small jobs like handrails, grab rails and trip hazards are no longer provided.

Outline risks associated with proposal and mitigating actions:

Consultation is underway to establish if residents receiving this service would be prepared to pay and if other voluntary sector providers would be willing to provide the service. The results from the consultation will explore how the service users may be impacted.

5. Financial information

Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	154	(4)	150	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
To stop the service or provide at no cost to the Council	150			150
Total	150			150
% of Net Budget	100%	%	%	100%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

6. Alignment to Lewisham 2020 priorities

Main priority	Second priority	Lewisham 2020 priorities
E		A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Low		

7. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
3	6	1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency,
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Neutral	Negative	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
low	Medium	

7. Impact on Corporate priorities		
		effectiveness and equity

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Medium	Pregnancy / Maternity:	Low
Gender:	Medium	Marriage & Civil Partnerships:	Low
Age:	High	Sexual orientation:	Low
Disability:	High	Gender reassignment:	Low
Religion / Belief:	Low	Overall:	Medium
For any High impact service equality areas please explain why and what mitigations are proposed:			
This service is targeted for people who are elderly, vulnerable and/or disabled. Consultation is required to assess if the service can be provided in another way at no cost to the Council			
Is a full service equalities impact assessment required: Yes / No			Yes

10. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Yes
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5	3	3	4	0	1
Sc 6 – SO2					
PO1 – PO5					
PO6 – PO8					
SMG 1 – 3					
JNC					
Total	3	3	4	0	1
Gender	Female	Male			
		3			
Ethnicity	BME	White	Other	Not Known	
		3			
Disability	Yes	No			
		3			
Sexual orientation	Straight / Heterosex.	Gay / Lesbian	Bisexual	Not disclosed	
				3	

11. Legal implications
State any specific legal implications relating to this proposal:
Given the service provided - although it is not a mandatory service being provided, it

11. Legal implications

will necessarily require appropriate equalities assessment and a proportionate consultation. Also, 4 posts will be likely to be affected by this proposal and so there is a need for consultation with the postholders affected and the usual employment implications required to be applied.

12. Summary timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:

Month	Activity
July 2016	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
August / September 2016	Proposals submitted to Scrutiny committees leading to M&C on 28 September
October 2016	Consultations ongoing
November 2016	Consultations ongoing and (full decision) reports returned to Scrutiny for review
December 2016	Consultations returned to Scrutiny for review leading to M&C for decision on 7 December
January 2017	Transition work ongoing
February 2017	Transition work ongoing and budget set 22 February
March 2017	Savings implemented

Consultation Paper for savings proposal M6

Handypersons service - consultation questions

The handypersons in Lewisham provide a service to older or more vulnerable residents in the borough so that they can remain in their homes. They carry out small repairs and minor adaptations including:

- minor plumbing, such as tap washers and bibcock repairs;
- carpentry repairs such as refitting doors, hinges or changing locks, fitting handrails or grab rails and
- odd jobs such as rearranging furniture or fitting curtain rails.

Due to severe budget pressures, the council is proposing to stop providing the handypersons services to home owners and private renters unless all the service costs can be covered by direct charges to service users or can be provided at no cost to the Council by another provider.

This consultation is looking for views from Lewisham residents and you have been contacted directly as you have used the handyperson service in the last year.

The consultation is also available on Lewisham's website if you prefer to respond on-line and has been sent to Lewisham Disability Centre, Age Concern UK and Local Assemblies for further comment.

The council would very much appreciate your views on the following questions; please note the information received will be completely confidential and not used in any way other than informing the views on this service.

1. Have you used Lewisham's handyperson service?

Yes

No - Please go to question 6

2. When did you last use the handyperson service?

In the last month

3 months

6 months

1 year

(Please tick all that apply)

3. If you have used the handyperson service what job(s) was carried out in your home – please tick all that apply

Grab rail

Rearranging furniture

Lock replacement/repair

Fitting curtain rails

Replacing tap washer

Unblocking sink wastes

Handrail

Re-hanging door

Fixing shelves

Making safe carpets or flooring

Fixing tap

Replacing fluorescent lights

4. How satisfied were you with the service provided by the handy person?

Satisfied

Neither
satisfied nor dissatisfied

Dissatisfied

5. What would be your response if the council decided to stop the handyperson service?

Wouldn't mind at all

Not too bothered

Would be very upset

6. The cost to the Council of providing the handyperson service is £150,000 per annum. If you needed the handyperson service how much would you be prepared to pay?

a) Per hour £.....

b) Per job £.....

7. If you have indicated that you would be willing to cover the costs of minor jobs to your home, what additional repairs would you consider paying for?

- Clear gutters
- Clear loft space
- Clean gutters
- Clean drains
- Trim hedges
- Garden clearance
- Half yearly lawn mowing
- Minor electrics

Other.....

Thank you for taking the time to complete this survey. Please take a little more time to complete the following questions to enable us to assess the demographics of the users of the handypersons service.

Are you...

- Male
- Female
- Transgender
- Prefer not to say

How old are you

- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80-89
- 90+

Do you consider you have a disability?

- Yes
- No
- Prefer not to say

If yes please advise what the disability is

What is your ethnicity?

- White
- Black Caribbean
- Black African
- Mixed
- Asian
- Chinese

What is the main language spoken in your household?

.....

Thank you again for taking the time to complete our survey, your feedback and opinion really matter to us.

Please return this survey to Floor 3 Laurence House, Catford, SE6 4RU alternatively please complete the survey on-line on xxxx

1. Savings proposal	
Proposal title:	No Recourse to Public Funds Costs
Reference:	M7
LFP work strand:	M – Strategic housing
Directorate:	Customer Services
Head of Service:	Genevieve Macklin
Service/Team area:	No Recourse to Public Funds (NRPF)
Cabinet portfolio:	
Scrutiny Ctte(s):	Public Accounts Select Committee

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £64k re-provisioning	No	No	No
b) £36k Housing Benefit Project	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
NRPF provides accommodation and subsistence to those assessed as destitute and unable to meet their needs because of their immigration status. This precludes access to most social security benefits, social housing, for many the right to work. Support for families is provided under S17 Children Act and for vulnerable adults, Part 1 Care Act.
Saving proposal
It is proposed to re-provision the most expensive eleven households to achieve savings of £64,000 over the financial year. These households have already been identified, as has 70% of the move on property.
Tenancy at will agreements have been finalised that establish a liability for rent for NRPF applicants to become eligible for Housing Benefit (HB) once they have had their 'no recourse' restriction lifted. This means that HB can now be claimed while applicants remain in accommodation procured and paid for by Lewisham until they are resettled into their own accommodation in the private sector.

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
Applicants will be required to move properties and while accommodation has been identified in London, none of it is in borough and will necessitate changes to school, GP services etc. HB will need to fast track HB claims from NRPF applicants
Outline risks associated with proposal and mitigating actions:
Moves out of borough or where changes to school are needed often involve legal challenges from representatives to prevent such moves. The authority is required to devote considerable resources defending such challenges and time delays will reduce the potential saving.
However the team has a dedicated resettlement service that supports families through the transition from local authority support to independence and the team have recently

4. Impact and risks of proposal

interviewed a number of families who have been placed out of London to record their experiences. A short film will be available to be screened in AccessPoint and on social media

Legal challenges are also likely where applicants are moved to smaller (albeit suitable) accommodation.

5. Financial information

Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	4,442	0	4,442	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a)	64			64
b)	36			36
Total	100			100
% of Net Budget	2%	%	%	2%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

6. Alignment to Lewisham 2020 priorities

Main priority	Second priority	Lewisham 2020 priorities
E	D	A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Low	Medium	

7. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
7	6	1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Neutral	Neutral	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Medium	

8. Ward impact

Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact

8. Ward impact	
	If impacting one or more wards specifically – which?

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	High	Pregnancy / Maternity:	Low
Gender:	High	Marriage & Civil Partnerships:	N/A
Age:	Low	Sexual orientation:	N/A
Disability:	Low	Gender reassignment:	N/A
Religion / Belief:	N/A	Overall:	Medium
For any High impact service equality areas please explain why and what mitigations are proposed:			
The Council already has in place a Location Priority Policy, and associated equality analysis assessment, which sets out a framework for moving households to accommodation out of the borough. The proposals will not result in any reduction in service to NRPF families supported by the authority			
Is a full service equalities impact assessment required: Yes / No			No

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

11. Legal implications
State any specific legal implications relating to this proposal:
Support for families is provided under S17 Children Act and for vulnerable adults, Part 1 Care Act Moves out of borough or where changes to school are needed often involve legal challenges from representatives to prevent such moves.
No Recourse to Public Funds (NRPF) refers to people from abroad who are subject to immigration controls and have no entitlement to welfare benefits, public housing or financial support from the Home Office. Individuals with NRPF, whilst not eligible for public funds, might still be eligible for local authority assistance under s. 17 of the Children Act 1989, which puts a duty on local authorities to safeguard the welfare of children in their area and to promote their upbringing by their families. To support this, local authorities may provide assistance-in-kind, accommodation and/or cash. Those persons subject to immigration control within the meaning of section 115 of the IAA1999 are now excluded from care and support under the Care Act. Assistance under these acts is not defined as ‘a public fund’, hence why individuals with NRPF may be entitled to assistance under these provisions. There are two main groups of applicants to whom the Council owes a duty to source accommodation on a temporary basis, those to whom a Children Act 1989 duty is owed, following assessment, and those to whom a homelessness duty is owed, pursuant to the 1996 Act and Guidance. Sections 206 and 208 of the Housing Act 1996 [“the 1996 Act”] impose distinct but related requirements upon the local authority. By virtue of section 205(1) of the 1996 Act, their “housing functions” refers to their functions under Part 7 to secure that accommodation is available for a person’s occupation. Under section 182(1) of the 1996 Act, local housing authorities are required to have regard to such guidance as may from time to time be given by the Secretary of State. The current general guidance is contained in the Homelessness Code of Guidance for Local Authorities (Department for Communities and Local Government, 2006). As to the duty in section 208(1), this provides: “... Section 208(1) requires housing

11. Legal implications

authorities to secure accommodation within their district, in so far as is reasonably practicable. The position with respect to the Councils duties pursuant to ss17 and 20 of the Children Act 1989 are that: (s17) It is a general duty of every local authority (a) to safeguard and promote the welfare of children within their area who are in need; and (b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs. These services can include accommodation. Before giving any assistance or imposing any conditions, a local authority shall have regard to the means of the child concerned and of each of his parents.

The Supreme Court judgment in the case of *Nzolameso v Westminster City Council* required local authorities to have “a policy for procuring sufficient units of temporary accommodation secondly, each local authority should have and keep up to date, a policy for allocating those units to individual homeless households.”

An Interim Homeless Allocations (Locational Priority) Policy was presented to Mayor and Cabinet on 15th July 2015, subsequently, officers have conducted consultation and finalised a Location Priority Policy which provides a framework for the fair allocation of temporary accommodation within and close to the London Borough of Lewisham.

12. Summary timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc.), implementation:

Month	Activity
July 2016	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
August / September 2016	Proposals submitted to Scrutiny committees leading to M&C on 28 September
October 2016	Consultations ongoing
November 2016	Consultations ongoing and (full decision) reports returned to Scrutiny for review
December 2016	Consultations returned to Scrutiny for review leading to M&C for decision on 7 December
January 2017	Transition work ongoing
February 2017	Transition work ongoing and budget set 22 February
March 2017	Savings implemented

APPENDIX vi

Q – Safeguarding and early intervention services

Q6. Developing alternative pathways for care

Q7. Review of Lewisham CAMHS

Q8. Development of Fostering Service

Q9. Reduction in Looked after Children based on edge of care developments

Q10. Enhance family finding

Q11. Review of Meliot Road Centre and contact arrangements

1. Savings proposal	
Proposal title:	Developing alternative pathways for care and LAC contract monitoring
Reference:	Q6
LFP work strand:	Safeguarding & early intervention
Directorate:	Children and Young People
Head of Service:	Stephen Kitchman
Service/Team area:	Cllr Maslin
Cabinet portfolio:	Children and Young People
Scrutiny Ctte(s):	Children and Young People

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £170k Shared housing	No	No	No
b) £420k Supporting people in semi-independence provision with housing services	No	No	No
c) £50k Access to public housing at 18	No	No	No
d) £270k Claiming housing benefit	No	No	No
e) £190k Contract monitoring	No	No	No
f) £100k improved pathway planning for leaving care	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
Leaving Care Service – provides statutory case management for children who have been in local authority care and supports their transition to adulthood from the age of 16 to 21 and in some circumstances up to the age of 25. The service advises and assists the transition from care of a looked after young person with a view to promoting their welfare when they stop being looked after.
Saving proposal
<p>a) Shared housing – This saving is to ensure two of our current properties are fully occupied rather than placing these young adults in more expensive semi-independence provision – Saving £170k</p> <p>b) Increasing the capacity of the Supporting People Pathway, so that Care Leavers can be supported in this provision, as an alternative to higher cost semi-independence provision. This saving is built around using this less expensive accommodation – Saving £420k</p> <p>c) Access to public housing at 18 – When a Care Leavers turns 18 the service currently start to looking for alternative independent housing for the young person. This can take a number of months, during this period the young person remains in</p>

3. Description of service area and proposal

care and continues to be accommodated in higher cost accommodation. This saving proposal looks at starting the search for social housing prior to the young person turns 18, allowing them to leave care soon after their 18th Birthday in line with a young persons assessed needs– **Saving £50k**

- d) Claiming house benefit – This proposal involves the appointment of an officer to claim housing benefit on behalf of the young person – **Saving £270k**
- e) Contract monitoring – This proposal will look at tracking all residential and semi-independence provision to ensure that the agreed contract is being delivered or the costs of the contract is brought in line with the service and needs of the young person – **Saving £190k**
- f) Appointment of two Personal Advisors to support children this will allow an improved pathway planning & support for independence skills provision for leaving care and in turn reduce the costs of placements – **Saving £100k**

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

- a) Shared housing – No negative impact on young people or the service. Young people will be placed in this accommodation where it is deemed that this is appropriate for them.
- b) A greater number of young people will be passing through the Supporting People Pathway, but funding from Children’s Social Care will be used to expand the provision available and so this will not result in fewer units being available for non-Care Leavers.
- c) Children’s Social Care and Housing need to bring the work being done with the young person to find their own housing, prior to them turning 18, rather than after them turning 18. This will apply where it has been assessed as appropriate to the young person’s needs. This shouldn’t result in more work for the services, just work taking place at a different point in time.
- d) There will be no negative impact from this. It is money that should be already being claimed, but is not consistently, due to a lack of coordination and current capacity for this process.
- e) This should have a positive impact on the quality of provision and thus the quality of care and better achievement of outcomes for Looked After Children and Care Leavers. This will however result in additional work for the Service.
- f) This has a positive impact on the Leaving care Service and capacity to work with young people to move to independence at the earliest possible appropriate stage, simultaneously assisting with reduction of budget pressures.

Outline risks associated with proposal and mitigating actions:

- a) We will need to ensure that voids are avoided simultaneously to ensuring that the provision is in line with the young persons needs; levels of demand and systems of ongoing review would mitigate against property voids.
- b) No risks identified.

4. Impact and risks of proposal

c) Risk is developing a new process and legal and procedural barriers will need to be reviewed and navigated. Will be mitigated by this piece of work being progressed as a joint priority between Children's Social Care and Housing. Senior Management overview is in place.

d), e) and f) Additional capacity is needed to enable this to happen. Risk that this will not be available, is being mitigated by funding having been agreed and process underway to recruit a new Contract Officer post that will complete these 2 pieces of work. Approval has also been given for recruitment of the Personal Advisors. It is intended that improved provider management will ensure Housing Benefit is claimed, some additional business support may be required to kick start this.

5. Financial information

Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	7,308	(0)	7,308	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a) Shared housing	170	0	0	170
b) Supporting people in semi-independence provision with housing services	420			420
c) Access to public housing at 18	50			50
d) Claiming house benefit	270			270
e) Contract monitoring	190			190
f) - Improved pathway planning & support for independence skills provision for leaving care	0	100		100
Total	1,100	100	0	1,200
% of Net Budget	15%	1%	0%	16%
Does proposal impact on:	General Fund	DSG	HRA	Health
Yes / No	Yes	No	No	No

6. Alignment to Lewisham 2020 priorities

Main priority	Second priority	Lewisham 2020 priorities A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
E	A	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
High	Low	

7. Impact on Corporate priorities

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities
7	2	1. Community leadership and empowerment 2. Young people’s achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Positive	Positive	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
low	low	

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

9. Service equalities impact for proposal Q6a			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Medium	Pregnancy / Maternity:	N/A
Gender:	N/A	Marriage & Civil Partnerships:	N/A
Age:	Medium	Sexual orientation:	N/A
Disability:	N/A	Gender reassignment:	N/A
Religion / Belief:	Low	Overall:	Medium/Low

For any High impact service equality areas please explain why and what mitigations are proposed:

The aim is for the change to have a positive impact on disadvantaged young people leaving care. There is potential equalities impact on shared housing where residents have ‘nil recourse to public funds,’ and cannot access state benefits, as such this proposal will need to be subject to ongoing equalities review in line with young people resident within the accommodation.

9 Service equalities impact for proposals Qb-f

Is a full service equalities impact assessment required: Yes / No			No
Gender:	N/A	Marriage & Civil Partnerships:	N/A
Age:	Medium	Sexual orientation:	N/A
Disability:	N/A	Gender reassignment:	N/A
Religion / Belief:	N/A	Overall:	Low

For any High impact service equality areas please explain why and what mitigations are proposed:

The aim is for the change to have a positive impact on disadvantaged young people.

Is a full service equalities impact assessment required: Yes / No			No
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10. Human Resources impact

Will this saving proposal have an impact on employees: Yes / No

No

11. Legal implications

State any specific legal implications relating to this proposal:

Children (Leaving Care) Act 2000:

This act amends the Children Act 1989 by replacing provisions in section 24 on after care of children looked after by local Authorities. It also created new duties in relation to planning for Children whose status as looked after children will be ending. Pathway plans, personal advisers, eligible children and relevant children: these comprise the new language of provisions for Children leaving the care system.

An 'eligible child' is one aged 16 or 17, who has been looked after by a local authority for a period (prescribed under the regulations as 13 weeks), or periods amounting in all to that period, which began after he/she reached 14 years of age and ended after he/she reached the age of 16. It is the duty of the local authority looking after an eligible child to advise, assist and befriend him/her with a view to promoting his/her welfare when they have ceased to look after him/her.

For each eligible child, the local authority shall carry out an assessment of his/her needs with a view to determining what advice, assistance and support it would be appropriate for them to provide while they are still looking after him, and after they cease to look after him/her, and shall then prepare a pathway plan for him/her.

The plan has to be kept under regular review. A local authority shall arrange for the child to have a personal adviser

12. Summary timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:

Month	Activity
July 2016	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
August / September 2016	Proposals submitted to Scrutiny committees leading to M&C on 28 September
October 2016	Consultations ongoing
November 2016	Consultations ongoing and (full decision) reports returned to Scrutiny for review
December 2016	Consultations returned to Scrutiny for review leading to M&C for decision on 7 December
January 2017	Transition work ongoing
February 2017	Transition work ongoing and budget set 22 February
March 2017	Savings implemented

1. Savings Proposal	
Proposal Title:	Review of Lewisham CAMHS
Reference:	Q7
LFP Work Strand:	Safeguarding & Early Intervention
Directorate:	Children & Young People
Head of Service:	Warwick Tomsett
Service/Team Area:	Joint Commissioning
Cabinet Portfolio:	Children and Young People
Scrutiny Ctte(s):	Children and Young People / Healthier

2. Decision Route			
Saving Proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £194k Improve the access pathway for child and adolescent mental health services	Yes	No	No
b) £50k Further integration of mental health services for looked after children	Yes	No	No

3. Description Of Service Area And Proposals
Description of the service area (functions and activities) being reviewed:
<p>Service configuration</p> <ul style="list-style-type: none"> ▪ Child and adolescent mental health services (CAMHS) in Lewisham are divided into specialist community and tertiary inpatient/outpatient services ▪ There are eight teams within the specialist community service, which cover: <ul style="list-style-type: none"> ○ Generic support for significant mental health issues/access into CAMHS ○ Children and young people involved with the Youth Offending Service ○ Children and young people who are looked after (LAC) ○ Children and young people with disabilities ○ Children and young people with severe and enduring mental health issues ▪ These savings proposals focus on the four teams providing generic support to young people (East and West Clinic teams) and specific support to looked after children (SYMBOL and the Virtual School for CAMHS) <p>Commissioning</p> <ul style="list-style-type: none"> ▪ Lewisham CAMHS (excluding inpatient and some outpatient services) is commissioned by the Joint Commissioning team on behalf of both NHS Lewisham Clinical Commissioning Group (CCG) and the London Borough of Lewisham. Services are delivered by South London & Maudsley (SLAM) NHS Foundation Trust <p>Funding</p> <ul style="list-style-type: none"> ▪ The total funding for CAMHS is £4.286m, broken down as follows: <ul style="list-style-type: none"> ○ Local authority contribution – £1.008m ○ CCG contribution – £2.775m ○ Other funding (e.g. DoH, DSG, Pupil Premium Grant) – £503k

3. Description Of Service Area And Proposals

Provision

- CAMHS services are limited and can only be accessed by young people who exceed certain thresholds for risk and need. However, CAMHS provision is one element of a broader range of support available to meet the emotional and mental health needs of children and young people – other provision includes schools-based counselling and mental health & wellbeing services delivered by local voluntary and community organisations

Context

Strategic approach

- *Lewisham's Mental Health & Emotional Wellbeing Strategy* – this strategy sets out our vision and priorities for young people's mental health provision across the borough:
 - Create better, clearer and more responsive care pathways to enable improved access into appropriate services
 - Invest in evidence-based training and practice to ensure earlier identification and improved support
 - Embed resilient practice in community settings, where we will create a young person population that is better able to cope when faced with adversity
 - Increase awareness of mental health and emotional wellbeing and provide guidance regarding where to go for support

Issues

- *Funding* – Lewisham needs to identify £45m of savings to be delivered by 2019/20, in addition to savings of over £120m already achieved since 2010. Over this period, no savings have been taken from the c.£1m local authority contribution to CAMHS
- *Rising complexity of cases* – clinicians (particularly those within the two generic teams) have reported that presenting need is increasing in terms of severity, meaning that capacity is stretched across the current service
- *Performance* – levels of rejected referrals (39% overall), waiting times (approximately 13-14 weeks), intervention length and intensity (average length of intervention is 9 appointments over fifty-four weeks) and DNA rates (12% across the service)¹
- *Pathways* – pathways are not always consistent across community provision and CAMHS clinical services, plus thresholds between the two are not well understood (a high number of rejected referrals are inappropriate and, in many cases, children and families are being signposted to universal services who are not equipped to deal with this level of need)

Opportunities

- *CAMHS transformation* – annual CCG funding over four years (until 2019/20) to transform the way in which child and adolescent mental health services are delivered locally. There is a particular focus on crisis care, eating disorders and reshaping services in line with the national 'Future in Mind' recommendations

Saving proposals

These savings proposals should be regarded as an opportunity for positive change, enabling us to reshape part of the current CAMHS service (supported by CAMHS transformation funding) in order to deliver a more integrated and streamlined clinical

¹ Based on Lewisham CAMHS Q4 data (2015/16)

3. Description Of Service Area And Proposals

function which embeds outreach and consultation within community-based settings and services, meeting the needs of children and young people more effectively.

Proposal 1 – Improve the access pathway for child and adolescent mental health services

- *Focus of proposal*
 - Phase 1 – we will enable greater alignment of the two generic teams which provide a route into CAMHS by merging operational management. Alongside this, we will integrate the crisis care team within the generic function, providing additional resources to assess all emergency presentations via A&E, all urgent presentations via schools, police, children’s social care & GPs and undertake seven day follow-ups
 - Phase 2 – we will implement the Choice & Partnership Approach (CAPA) across the service. The CAPA model was developed specifically for CAMHS services and, based on its implementation in other areas (including Greenwich), we anticipate that it will significantly improve the flow of cases, reduce the overall treatment time and increase the speed from referral to treatment. This will be supported by technical and process redesign across the generic function, plus a reduction in non-core functions
- *Wider redesign activity (supported by CAMHS transformation funding)* – we intend to further enhance the access pathway for children and young people through the development of a blended online/face-to-face triage and clinical support model (see report for further detail) and by establishing CAMHS outreach support in the community, which will combine consultation training and short term interventions
- *Delivery of savings*
 - Phase 1 – we anticipate that savings of £44k could be achieved in 2017/18 through the merger of operational management. However, given the existing demand and capacity issues within the two generic teams, making further savings in this phase would present a potential clinical risk
 - Phase 2 – the implementation of the CAPA model will take place during 2017/18 (using CAMHS transformation funding to support programme and change management). The expected reduction in demand as a result of improvements to the access pathway as well as increased capacity following the CAPA implementation (plus wider redesign activity) and integration of the crisis care team should enable us to achieve savings of £150k during 2018/19 and 2019/20.

The local authority contribution to the generic CAMHS teams is £224k, so delivering savings of c.£194k would effectively mean that Lewisham no longer funded this part of the service. We are not proposing any savings to the CCG contribution at this stage as there would be a significant impact on the sustainability of the service, (as well as increased pressure on adult mental health services) if these savings were delivered over the same period. Given that the CCG contribution in this area has increased as a result of CAMHS transformation funding and the new access pathway should improve capacity and demand management, we will consider whether any further savings are viable after 2019/20.

Proposal 2 – Further integration of mental health services for looked after

3. Description Of Service Area And Proposals

children

- *Focus of proposal* – the Lewisham Virtual School has collaborated with CAMHS to pilot an integrated mental health outreach service (funded via the Pupil Premium Grant) which supports Lewisham looked after children and improves their readiness to learn. Given the success of this new approach, we intend to integrate the outreach service with the CAMHS SYMBOL service (which provides more traditional, clinic-based support for looked after children), blending outreach and clinic-based support within a graduated model. This will increase the speed of response for the most vulnerable children and young people whilst ensuring that we maximise opportunities to see them in the most appropriate environment
- *Delivery of savings* – we will work closely with CAMHS and the Lewisham Virtual School to develop and implement a new model at a lower cost by April 2017 (releasing savings of £50k, equivalent to one clinical post). To support the implementation of the new delivery model (particularly the outreach element), we will fund a CAMHS Practitioner post via the Pupil Premium Grant

4. Impact And Risks Of Proposals

Outline impact to service users, partners, other Council services and staff:

Proposal 1 – Improve the access pathway for child and adolescent mental health services

- The proposed model offers a more coherent and consistent pathway for children and young people accessing mental health services, ensuring that there is better integration between community provision and CAMHS clinical services
- Although there will be a reduction in clinical staff within the generic function, the CAPA approach will enable the service to manage demand & capacity more effectively and respond flexibly to clinical pressures

Proposal 2 – Further integration of mental health services for looked after children

- The outreach approach will enable better promotion of resilience, prevention and early intervention whilst the blended model will deliver a more tailored intervention based on individual need

Outline risks associated with proposals and mitigating actions:

Proposal 1 – Improve the access pathway for child and adolescent mental health services

- *The complexity of cases within the generic function continues to rapidly increase over the next few years* – although it is difficult to accurately predict demand, the proposed redesign of the access pathway (including the development of a blended online/face-to-face triage model) and the implementation of CAPA should ensure that the service is better equipped to manage such pressures in the longer-term. These new approaches will be regularly reviewed in order to inform future practice
- *Implementation of the CAPA model takes longer than anticipated* – evidence from other areas suggests that an implementation timeframe of a year (to

4. Impact And Risks Of Proposals

develop and deliver the new way of working) is realistic, but this will require effective programme and change management as well as buy-in from the service (who are keen to implement the CAPA model). Additional resources will also be allocated to CAMHS in order to eliminate waiting lists prior to the CAPA implementation (to enable a quicker transition process)

- *Implementation of the CAPA model does not release sufficient capacity to deliver the proposed savings* – further modelling will be undertaken with the service to ensure that the figures identified are robust, but the core focus of the implementation will need to be achieving cashable savings (alongside process efficiencies)
- *CAMHS transformation funding ends in 2020/21* – funding is not confirmed beyond this point, so clear transition and contingency measures will need to be in place

Proposal 2 – Further integration of mental health services for looked after children

- *The needs of high risk children and young people are not met* – the proposed model will continue to provide clinic-based support where required, based on an assessment of individual need
- *The proposed model will be less efficient as fewer children and young people can be seen via an outreach approach* – the outreach approach is not intended to simply replicate clinic-based appointments in a local setting, but to provide more tailored support through a number of different routes, including more collaborative working with other services (such as schools & community organisations) and alternative ways of engaging children and young people (e.g. online provision)
- *Funding from the Pupil Premium Grant is not available beyond 2017/18* – we will need to develop a clear business case for future funding (including how it supports the new service model and delivery of improved outcomes for vulnerable young people)

5. Financial Information

Controllable Budget:	Spend £'000	Income £'000	Net Budget £'000	
General Fund (GF)	£1,008	£0	£1,008	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
Improve the access pathway for child and adolescent mental health services	44	50	100	194
Further integration of mental health services for looked after children	50	0	0	50
Total	94	50	100	244
% of Net Budget	9%	5%	10%	24% (7% of overall CAMHS funding)
Does proposal	General	DSG	HRA	Health

5. Financial Information				
impact on: Yes / No	Fund			
	Yes	No	No	No

6. Alignment To Lewisham 2020 Priorities		
Main Priority	Second Priority	Lewisham 2020 priorities
E (Demand management)	A (Strengthening community input)	A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
High	High	

7. Impact On Corporate Priorities		
Main Priority	Second Priority	Corporate priorities
7 (Protection of children)	2 (Young people’s achievement and involvement)	1. Community leadership and empowerment 2. Young people’s achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Positive	Positive	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
High/Medium	High/Medium	

8. Ward Impact	
Geographical Impact By Ward:	No specific impact / specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

9. Service Equalities Impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Low	Pregnancy / Maternity:	n/a
Gender:	Low	Marriage & Civil Partnerships:	n/a
Age:	Medium	Sexual Orientation:	Low
Disability:	Medium	Gender Reassignment:	Low
Religion / Belief:	Low	Overall:	Medium / Low

For any high impact service equality areas, please explain why and what mitigations are proposed:

The CAMHS service supports children and young people with mental health needs, so it is likely that there will be a greater impact on specific protected characteristics like age and disability.

9. Service Equalities Impact

Is a full service equalities impact assessment required: Yes / No	Yes
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10. Human Resources Impact

Will this saving proposal have an impact on employees: Yes / No	No (NHS staff)
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11. Legal Implications

State any specific legal implications relating to this proposal:
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See report attached

12. Summary Timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc.), implementation:	
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Month	Activity
July 2016	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
August / September 2016	Proposals submitted to Scrutiny committees leading to M&C on 28 September
October 2016	Consultations ongoing
November 2016	Consultations ongoing and (full decision) reports returned to Scrutiny for review
December 2016	Consultations returned to Scrutiny for review leading to M&C for decision on 7 December
January 2017	Transition work ongoing
February 2017	Transition work ongoing and budget set 22 February
March 2017	Savings implemented

MAYOR AND CABINET		
Report Title:	Review Of Lewisham CAMHS	
Key decision:	Yes	Item No:
Ward:	All	
Contributors:	Executive Director (Children & Young People) Head of Targeted Services & Joint Commissioning (Children & Young People)	
Class:	Part 1	Date: 28 September 2016

1. SUMMARY

- 1.1. Child and adolescent mental health services (CAMHS) in Lewisham are commissioned by the CYP Joint Commissioning team on behalf of both the NHS Lewisham Clinical Commissioning Group (CCG) and Lewisham Council. The specialist community teams provide generic and more specialised clinical support to young people across the borough, including looked after children and those involved with the criminal justice system. The total funding for CAMHS is £4.286m, of which £3.783m is a block grant from the local authority and CCG (who contribute £1.008m and £2.775m respectively).
- 1.2. CAMHS provision is one element of a broader range of support available to meet the emotional and mental health needs of children and young people – other provision includes schools-based counselling and mental health & wellbeing services delivered by local voluntary and community organisations. In addition, officers are currently planning how the remaining funding for the HeadStart programme can be used to sustain its legacy, focusing on four key strands – digital technology, peer support for young people & parents and workforce development.
- 1.3. This report describes the key issues which have driven the development of the CAMHS savings proposals, such as the increasing complexity of need, inconsistent performance across the service and the lack of clear, well-established pathways. However, there are a number of opportunities relating to the provision of mental health services for children and young people, including the availability of CAMHS transformation funding and the ability to deliver the local vision and priorities outlined in Lewisham’s Mental Health & Emotional Wellbeing Strategy.
- 1.4. There are two specific savings proposals presented in the report, which focus on improving the access pathway for child and adolescent mental health services and further integrating mental health services for looked after children. It is anticipated that these proposals will deliver savings of £244k over three years (2017/18 to 2019/20), which represents a 19.2% reduction in the local authority contribution to the CAMHS block (and a 4.5% decrease in the overall funding for CAMHS).

2. PURPOSE

- 2.1. The purpose of this report is to present savings proposals for Lewisham CAMHS and outline the wider operational, strategic and policy context in which these proposals were developed.

3. RECOMMENDATIONS

- 3.1. Mayor & Cabinet are recommended to:
- Note the current issues, opportunities for change and strategic drivers which have informed the development of the CAMHS savings proposals (outlined in section 6)
 - Note the detail of the savings proposals presented in sections 8 and 9 (including potential impacts, risks and mitigating actions)
 - Agree to the implementation of the savings proposals

4. POLICY CONTEXT

National policy context

- 4.1. In March 2015, NHS England (NHSE) published ‘Future in Mind’ as part of a national drive to improve capacity and capability in the delivery of mental health services for children. This report provides a broad set of recommendations across five key themes:
- Promoting resilience, prevention and early intervention
 - Improving access to effective support – a system without tiers
 - Care for the most vulnerable
 - Accountability and transparency
 - Developing the workforce

Statutory framework

- 4.2. Commissioned services for children and young people operate within the legislative frameworks of the Children Act 2004 and the Mental Health Act 1983, as amended by the Mental Health Act 2007.
- 4.3. Clinical provision should be informed by evidence based practice including National Institute for Health and Care Excellence (NICE) and other best practice guidelines.

Local policy context

- 4.4. The recommendations in this report are consistent with the Council’s strategic priorities, in particular:

- **Young People’s Achievement and Involvement** – raising educational attainment and improving facilities for young people through partnership working
 - **Protection of Children** – better safeguarding and joined up services for children at risk
 - **Community Leadership and Empowerment** – developing opportunities for the active participation and engagement of people in the life of the community
 - **Inspiring Efficiency, Effectiveness and Equity** – ensuring efficiency, effectiveness and equity in the delivery of excellent services to meet the needs of the community
- 4.5. It is also in line with the strategic priorities outlined in Lewisham’s Sustainable Community Strategy 2008-2020, specifically:
- **Ambitious and achieving** – inspire our young people to achieve their full potential by removing barriers to learning
- 4.6. In addition, Lewisham’s Children and Young People Plan (CYPP) 2015-18 establishes how partner agencies will continue to work together to improve those outcomes that will make significant improvements to the life-chances of our children and young people. It identifies four priority areas:
- **Build resilience** – we want our children and young people to be resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise. We also want our parents and workforce to be equipped to identify and respond to presenting needs amongst children and young people, intervening early and preventing escalation wherever possible
 - **Be healthy and active** – we want our children, young people and their families to be healthy and active, confident and able to make healthy lifestyle choices and to have an understanding of how this can improve their development and wellbeing
 - **Raise achievement and attainment** – we want our children and young people to achieve highly, supported by the best education, employment and training opportunities
 - **Stay safe** – as a partnership we will support the right of every child to live in a safe and secure environment, free from abuse, neglect and harm
- 4.7. Lewisham’s Mental Health & Emotional Wellbeing Strategy sets out the vision and priorities for young people’s mental health provision across the borough, aligned to the national policy context:
- Create better, clearer and more responsive care pathways to enable improved access to appropriate services
 - Invest in evidence-based training and practice to ensure earlier identification and improved support
 - Embed resilient practice in community settings, where we will create a young person population that is better able to cope when faced with adversity
 - Increase awareness of mental health and emotional wellbeing and provide guidance regarding where to go for support

5. OVERVIEW OF CURRENT PROVISION

Service configuration

- 5.1. CAMHS in Lewisham is divided into specialist community and tertiary inpatient/outpatient services. The specialist community service is provided by eight teams, which are grouped thematically below:

Generic ‘front door’

- *West Clinic Team/East Clinic Team* – generic teams covering the whole borough which support young people up to the age of 18 who have significant mental health problems (providing a ‘front door’ for the wider CAMHS service)

Children and young people involved with the Youth Offending Service (YOS)

- *Adolescent Resource & Therapy Service (ARTS)* – supporting young people up to the age of 18 who have offended or are at risk of offending and have mental health problems
- *Functional Family Therapy (FFT) Team* – an evidence-based family therapy intervention targeted at families who have a young person engaging in persistent anti-social behaviour, youth offending and/or substance misuse

Children and young people who are looked after (LAC)

- *Symbol Team* – supporting young people up to the age of 21 who have been in care or will remain in care for the foreseeable future
- *Virtual School for CAMHS* – The Lewisham Virtual School (LVS) has collaborated with CAMHS to design an integrated mental health outreach service to support Lewisham looked after children to improve their readiness to learn

Children and young people with disabilities

- *Neurodevelopmental Team* – supporting young people up to the age of 18 with a diagnosed moderate to severe learning disability and/or a complex neuro-developmental disorder e.g. autistic spectrum disorders

Children and young people with severe and enduring mental health issues

- *Lewisham Young People’s Service (LYPS)* – supporting young people up to the age of 18 with severe mental illness or acute problems, including psychosis, repeated self-harm, personality disorder and acute depression

- 5.2. The savings proposals presented in this report focus on those teams providing generic support to young people and specific support to looked after children.

Commissioning

- 5.3. Lewisham CAMHS (excluding inpatient and some outpatient services) is commissioned by the CYP Joint Commissioning team on behalf of both NHS Lewisham Clinical Commissioning Group (CCG) and Lewisham Council. Services are delivered by South London & Maudsley (SLAM) NHS Foundation Trust.

Provision

- 5.4. CAMHS services are limited and can only be accessed by young people who exceed certain thresholds for risk and need. However, CAMHS provision is one element of a broader range of support available to meet the emotional and mental health needs of children and young people – other provision includes schools-based counselling and mental health & wellbeing services delivered by local voluntary and community organisations (see section 6).

Funding

- 5.5. The total funding for CAMHS services in Lewisham is £4.286m, broken down as follows:

Funding Stream	Block Grant		University Hospital Lewisham (UHL)	Department Of Health (DoH)	Ministry Of Justice (Moj)	DSG/Pupil Premium Grant	TOTAL
	LA Contribution	CCG Contribution					
Specialist Community Services	£1.008m	£2.775m	£52k	£45k	£170k	£236k	£4.286m

- 5.6. It should be noted that the CAMHS savings proposals represent a reduction in the local authority contribution to the block grant only (£1.008m) – the CCG contribution is not affected.

- 5.7. The table below outlines how local authority contributions to the CAMHS block grant differ across boroughs:

Local Authority	LA Contribution	CCG Contribution	Total Block Grant	LA Contribution As % Of Total Block Grant
Bexley	£329k	£1.636m	£1.965m	17%
Greenwich	£1.084m	£3.185m	£4.269m	25%
Lambeth	£926k	£2.741m	£3.667m	25%
Lewisham	£1.008m	£2.775m	£3.783m	27%
Newham	£1.379m	£2.331m	£3.710m	37%
Southwark	£738k	£3.763m	£4.501m	16%

- 5.8. Lewisham currently has a higher proportion of local authority funding than the other boroughs (except for Newham), although these figures should be treated as indicative only (given that CAMHS services are not directly comparable).

6. DRIVERS FOR CHANGEIssues

- 6.1. There are a range of issues which have driven the development of the CAMHS savings proposals:

Funding

6.2. Lewisham needs to identify £45m of savings to be delivered by 2019/20, in addition to the savings of over £120m already achieved since 2010. Over this period, no savings have been taken from the c.£1m local authority contribution to CAMHS. However, the continued reduction in central government funding requires the Council to make difficult decisions about how services (including those provided to vulnerable adults and children) are delivered in future.

Need and demand

6.3. 10% of school age children in Lewisham suffer from a diagnosable mental health illness, with the most common problems being conduct disorders, attention deficit hyperactivity disorder (ADHD), emotional disorders (anxiety and depression) and autism spectrum disorders (ASD).² Approximately 2% of young people in Lewisham are currently on the CAMHS caseload.

6.4. Although the number of referrals to CAMHS have not increased significantly over the past three years, clinicians (particularly those within the two generic teams) have reported that presenting need is increasing in terms of severity, meaning that capacity is stretched across the current service (see Appendix A for an overview of referral data).

Performance

6.5. There are high levels of rejected referrals across the service (40%) and waiting times for assessment are approximately 13 weeks. In addition, the average length of intervention is currently nine appointments over 54 weeks whilst 'Did Not Attend' (DNA) rates across the service are 12% (see Appendix B for a breakdown of performance data).

Pathways

6.6. Pathways are not always consistent across local community provision and CAMHS clinical services, plus thresholds between the two are not well understood (a high number of rejected referrals are inappropriate and, in many cases, children and families are being signposted to other services who are not equipped to deal with this level of need).

Opportunities

6.7. Alongside the issues identified above, there are a number of opportunities relating to the provision of mental health services for children and young people:

² Lewisham Child & Teenage Health Profile 2015

CAMHS transformation funding

- 6.8. The CCG has been awarded annual CAMHS transformation funding over four years (until 2019/20) to transform the way in which child and adolescent mental health services are delivered locally. There is a particular focus on crisis care, eating disorders and reshaping services in line with the national 'Future in Mind' recommendations. This funding will enable the Council to take an 'invest to save' approach in relation to CAMHS, rather than simply reducing provision (as reflected in the savings proposals presented in this report).

Delivering the local vision

- 6.9. These savings proposals should be regarded as an opportunity for positive change, enabling the Council to reshape part of the current CAMHS service in line with the local vision and priorities for young people's mental health provision (as described in section 4.6). The proposals will deliver a more integrated and streamlined clinical function where service users can step-up and step-down between universal, targeted and specialist provision according to their needs. Resources will be refocused from crisis intervention to prevention, with resilient practice embedded in community settings in order to meet the needs of children and young people more effectively.

Wider support for mental health needs

- 6.10. The HeadStart programme is funded by the Big Lottery and aims to build the emotional resilience of young people in the key 10-16 age group, before issues develop into more serious mental health problems in later life.
- 6.11. The HeadStart Lewisham partnership is led by the Council and includes NHS services, young people, voluntary and community organisations and schools. Its activity is underpinned by three key principles:
- **Asset, not deficit based** – starting with what is good and building on that as a way to work through adversity
 - **Resilience focused** – empowering children, young people and families to respond proactively and take ownership of the things that are troubling them
 - **Ecological** – drawing in all the places and people who can be sources of support to create a network which speaks a common language with common goals
- 6.12. Although the partnership was not successful in securing funding for a third phase of work, officers are currently planning how the remaining funding can be used to sustain the legacy of the programme across four key strands:
- **Digital technology** – developing a blended online/face-to-face triage and clinical support model embedded within the CAMHS pathway (utilising Kooth.com and Work It Out Lewisham)
 - **Peer support for young people** – establishing a network of peer mentors to guide young people to 'self-help' digital tools or universal services (delivered by Youth First digital support and peer mentoring schemes, Kooth Ambassadors and schools-based peer mentors)

- **Peer support for parents** – establishing a network of parent peer supporters to guide parents and carers to ‘self-help’ digital tools or universal services (delivered by Young Minds Peer Support and Perinatal Peer Supporters)
- **Workforce development** – ensuring that the workforce is adequately trained to identify signs of difficulty and has the confidence to support and guide young people to other services as appropriate (embedding Mental Health First Aid and the Academic Resilience Approach in schools)

6.13. The digital technology strand will build on the existing Kooth.com platform, which currently provides confidential online counselling (delivered by British Association for Counselling & Psychotherapy accredited counsellors) and 24/7 peer support for Lewisham young people aged 10 to 18. Between January and March 2016, there were 336 young people using Kooth, who participated in nearly 120 chat sessions and sent over 800 messages. The average user score for the platform during this period (based on the likelihood of users continuing to access support from Kooth and recommending it to friends) was 4.5 out of 5.

7. DEVELOPMENT OF CAMHS SAVINGS PROPOSALS

7.1. As part of the development process for these savings proposals, a detailed review of the current CAMHS offer was undertaken, involving:

- Analysis of current finances across the service, including a comprehensive breakdown of workforce capacity and skill mix
- Process and customer journey mapping
- Review of best practice from other areas

7.2. Officers have worked closely with CAMHS staff and managers to develop and refine the proposals as well as ensure that their potential impact on the service and its users are fully understood.

8. PROPOSAL 1 – IMPROVE THE ACCESS PATHWAY FOR CHILD & ADOLESCENT MENTAL HEALTH SERVICES

Focus of proposal

8.1. This proposal will be delivered in two phases:

- The first phase will enable greater alignment of the two generic teams which provide a route into CAMHS by merging operational management. Alongside this, the crisis care team will be integrated within the generic function, providing additional resources to assess all emergency presentations via A&E, assess all urgent presentations via schools, police, children’s social care & GPs and undertake seven day follow-ups
- In the second phase, the Choice & Partnership Approach (CAPA) will be implemented across the service. The CAPA model was developed specifically for CAMHS services and, based on its implementation in other areas (including Greenwich), it is expected to significantly improve the flow of cases, reduce the overall treatment time and increase the speed from referral to treatment. This will be supported by technical and process redesign across the generic teams, plus a reduction in non-core functions

- 8.2. As part of wider redesign activity supported by CAMHS transformation funding, the access pathway for children and young people will be further enhanced through the development of a blended online/face-to-face triage and clinical support model (see section 6) and by establishing CAMHS outreach support in the community, which will combine consultation training and short term interventions.

Delivery of savings

- 8.3. Savings of £44k are proposed for 2017/18 through the merger of operational management. However, given the existing demand and capacity issues within the two generic teams, making further savings in this phase would present a potential clinical risk.
- 8.4. The implementation of the CAPA model will take place during 2017/18 (using CAMHS transformation funding to support programme and change management). The expected reduction in demand as a result of improvements to the access pathway as well as increased capacity following the CAPA implementation (plus wider redesign activity) and integration of the crisis care team should deliver savings of £150k during 2018/19 and 2019/20 (see Appendix C for detailed modelling).
- 8.5. The local authority contribution to the generic CAMHS teams is £224k, so delivering savings of c.£194k would effectively mean that Lewisham no longer funded this part of the service. Savings to the CCG contribution are not being proposed at this stage as there would be a significant impact on the sustainability of the service (as well as increased pressure on adult mental health services) if these savings were delivered over the same period. Given that the CCG contribution in this area has increased as a result of CAMHS transformation funding and the new access pathway should improve capacity and demand management, officers will consider whether any further savings are viable after 2019/20.

Impact

- 8.6. The proposed model offers a more coherent and consistent pathway for children and young people accessing mental health services, ensuring that there is better integration between community provision and CAMHS clinical services
- 8.7. Although there will be a reduction in clinical staff within the generic function, the CAPA approach will enable the service to manage demand and capacity more effectively and respond flexibly to clinical pressures

Risks

- 8.8. The key risks and potential mitigating activities for this proposal are outlined below:
- *The complexity of cases within the generic function continues to rapidly increase over the next few years – although it is difficult to accurately predict*

demand, the proposed redesign of the access pathway (including the development of a blended online/face-to-face triage model) and the implementation of CAPA should ensure that the service is better equipped to manage such pressures in the longer-term. These new approaches will be regularly reviewed in order to inform future practice

- *Implementation of the CAPA model takes longer than anticipated* – evidence from other areas suggests that an implementation timeframe of a year (to develop and deliver the new way of working) is realistic, but this will require effective programme and change management as well as buy-in from the service (who are keen to implement the CAPA model). Additional resources will also be allocated to CAMHS in order to eliminate waiting lists prior to the CAPA implementation (to enable a quicker transition process)
- *Implementation of the CAPA model does not release sufficient capacity to deliver the proposed savings* – further modelling will be undertaken with the service to ensure that the figures identified are robust, but the core focus of the implementation will need to be achieving cashable savings (alongside process efficiencies)
- *CAMHS transformation funding ends in 2020/21* – funding is not confirmed beyond this point, so clear transition and contingency measures will need to be in place
- *Cost Improvement Programme (CIP) savings set by the NHS affect the ability of the service to deliver this proposal* – to date, CIP savings have resulted in a year-on-year budget reduction for Lewisham CAMHS (averaging 3.9% between 2011/12 and 2016/17). In order to minimise their impact, any further savings required will need to be aligned to the proposals set out in this report and developed in conjunction with commissioners

9. PROPOSAL 2 – FURTHER INTEGRATION OF MENTAL HEALTH SERVICES FOR LOOKED AFTER CHILDREN

Focus of proposal

- 9.1. The Lewisham Virtual School has collaborated with CAMHS to pilot an integrated mental health outreach service (funded via the Pupil Premium Grant) which supports Lewisham looked after children and improves their readiness to learn. Given the success of this new approach, it is intended to integrate the outreach service with the CAMHS SYMBOL service (which provides more traditional, clinic-based support for looked after children), blending outreach and clinic-based support within a graduated model. This will increase the speed of response for the most vulnerable children and young people whilst ensuring that we maximise opportunities to see them in the most appropriate environment

Delivery of savings

- 9.2. Officers will work closely with CAMHS and the Lewisham Virtual School to develop and implement a new model at a lower cost by April 2017 (releasing savings of £50k). To support the implementation of the new delivery model (particularly the outreach element), a CAMHS Practitioner post will be funded via the Pupil Premium Grant

Impact

9.3. The outreach approach will enable better promotion of resilience, prevention and early intervention whilst the blended model will deliver a more tailored intervention based on individual need

Risks

9.4. The key risks and potential mitigating activities for this proposal are outlined below:

- *The needs of high risk children and young people are not met* – the proposed model will continue to provide clinic-based support where required, based on an assessment of individual need
- *The proposed model will be less efficient as fewer children and young people can be seen via an outreach approach* – the outreach approach is not intended to simply replicate clinic-based appointments in a local setting, but to provide more tailored support through a number of different routes, including more collaborative working with other services (such as schools & community organisations) and alternative ways of engaging children and young people (e.g. online provision)
- *Funding from the Pupil Premium Grant is not available beyond 2017/18* – we will need to develop a clear business case for future funding (including how it supports the new service model and delivery of improved outcomes for vulnerable young people)

10. SUMMARY OF CAMHS SAVINGS PROPOSALS

10.1. The table below provides an overview of the savings proposals:

Saving Proposed	2017/18	2018/19	2019/20	Total
Improve the access pathway for child and adolescent mental health services	£44k	£50k	£100k	£194k
Further integration of mental health services for looked after children	£50k	£0k	£0k	£50k
Total	£94k	£50k	£100k	£244k

10.2. It should be noted that the £50k savings proposed for 2018/19 will be offset by funding from the Pupil Premium Grant. The total reduction in the local authority contribution to the CAMHS block grant is therefore £194k over three years, which represents a 19.2% decrease (and a 4.5% decrease in the overall funding for CAMHS).

11. NEXT STEPS

11.1. The table below outlines the high-level next steps:

Oct – Dec 2016	Refine proposals for sign-off
Jan – Mar 2017	Scoping and programme planning for CAPA implementation

	Develop new service delivery model for looked after children (LAC)
--	--

11.2. A detailed plan of activity regarding the delivery of savings for 2018/19 and 2019/20 is currently being developed.

12. FINANCIAL IMPLICATIONS

Revenue Financial Implications

12.1. The revenue financial implications of the savings proposals for Lewisham CAMHS are dealt with in the main body of the report.

Capital Financial Implications

12.2. There are no capital financial implications associated with these proposals.

13. LEGAL IMPLICATIONS

13.1 Variations to a contract can be made where both parties agree to the variation. All changes must be recorded in writing and signed by both parties.

13.2 The changes proposed in this report will be monitored closely by officers to manage the risks highlighted.

13.2 The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

13.3 In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

13.4 It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed at 12.2 above.

13.5 The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. The Mayor must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The

extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.

13.6 The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: <https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-codes-practice>

<https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance>

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

- [The essential guide to the public sector equality duty](#)
- [Meeting the equality duty in policy and decision-making](#)
- [Engagement and the equality duty: A guide for public authorities](#)
- [Objectives and the equality duty. A guide for public authorities](#)
- [Equality Information and the Equality Duty: A Guide for Public Authorities](#)

13.8 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: <https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance#h1>

14. EQUALITIES IMPLICATIONS

14.1. A full EAA (see Appendix D) was undertaken to determine whether the savings proposals for Lewisham CAMHS were likely to have a positive, neutral or negative impact on different protected characteristics within the local community and to identify mitigating actions to address any disproportionately negative outcomes.

14.2. The overall assessment of available data and research, plus the findings from the consultation activity, found that the proposed changes did not discriminate, although certain groups (such as males, looked after children, those aged under 13 and those from a black or minority ethnic background) may be

disproportionately less likely to access support from mental health services which will need to be addressed in the detailed design and implementation of the proposals. As a result, no major amendments are required at this stage.

- 14.3. The EAA, including the Action Plan, will be reviewed regularly (every three months from April 2017) to ensure that equalities issues continue to be positively reflected in service delivery.

15. ENVIRONMENTAL IMPLICATIONS

- 15.1. There are no specific environmental implications arising from this report.

16. CRIME AND DISORDER IMPLICATIONS

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

17. CONCLUSION

- 17.1. Although part of the wider savings agenda, these proposals should be regarded as an opportunity for positive change, enabling the Council to reshape part of the current CAMHS service in order to deliver a more integrated, streamlined clinical function and refocus resources from crisis intervention to prevention, with resilient practice embedded in community settings
- 17.2. If there are any queries about this report, please contact Warwick Tomsett (Head of Targeted Services & Joint Commissioning) on extension 48362 or at warwick.tomsett@lewisham.gov.uk.

APPENDIX A – OVERVIEW OF REFERRAL DATATotal CAMHS referrals

2013/14	Q1	Q2	Q3	Q4	Total
Total Referrals	351	333	385	327	1396
Accepted Referrals	267	242	299	244	1052
% Accepted	76%	73%	78%	75%	75%

2014/15	Q1	Q2	Q3	Q4	Total
Total Referrals	346	355	317	297	1315
Accepted Referrals	230	249	193	180	852
% Accepted	66%	70%	61%	61%	65%

2015/16	Q1	Q2	Q3	Q4	Total
Total Referrals	345	307	364	298	1314
Accepted Referrals	219	188	236	179	822
% Accepted	63%	61.2%	64.8%	60.1%	62.6%

Referrals by team – West Clinic & East Clinic Teams (generic)

2015/16	Q1	Q2	Q3	Q4	Total
Total Referrals	223	217	233	183	856
Accepted Referrals	122	111	116	76	425
% Accepted	54.7%	51.2%	49.8%	41.5%	49.6%

Referrals by team – SYMBOL Team

2015/16	Q1	Q2	Q3	Q4	Total
Total Referrals	36	14	30	28	108
Accepted Referrals	25	12	28	26	91
% Accepted	69.4%	85.7%	93.3%	92.9%	84%

APPENDIX B – OVERVIEW OF PERFORMANCE DATA

N.B. Data for the West Clinic and East Clinic teams has been combined to give an overall figure for the generic function

Waiting times (reporting categories changed in Q3 so some measures are not available for previous quarters)

Total CAMHS

2015/16	Q1	Q2	Q3	Q4	Total*
Number Assessed	n/a	118	174	136	428
Average Waiting Time (Weeks)	n/a	n/a	14.5	13.29	13.9
Total Number Awaiting Assessment	n/a	357	270	410	1037

* Of available data

West Clinic & East Clinic Teams (generic)

2015/16	Q1	Q2	Q3	Q4	Total*
Number Assessed	n/a	77	93	37	207
Average Waiting Time (Weeks)	n/a	n/a	11.6	10.46	11
Total Number Awaiting Assessment	n/a	191	156	268	615

* Of available data

SYMBOL Team

2015/16	Q1	Q2	Q3	Q4	Total*
Number Assessed	n/a	8	20	18	46
Average Waiting Time (Weeks)	n/a	n/a	13.1	7.82	10.46
Total Number Awaiting Assessment	n/a	32	24	37	93

* Of available data

AppointmentsTotal CAMHS

2015/16	Q1	Q2	Q3	Q4	Total
Appointments Offered	3532	3133	3646	3837	14,148
% DNA	13%	15%	13%	12%	13%

West Clinic & East Clinic Teams (generic)

2015/16	Q1	Q2	Q3	Q4	Total
Appointments Offered	1839	1576	1866	1878	7159
% DNA	16%	15%	13%	12%	14%

SYMBOL Team

2015/16	Q1	Q2	Q3	Q4	Total
Appointments Offered	333	370	365	421	1489
% DNA	14%	17%	20%	16%	17%

Intervention length

Total CAMHS

2015/16	Q1	Q2	Q3	Q4	Total
Average Number Of Sessions	10	11	9	9	9.8
Average Treatment Length (Weeks)	60	89	52	54	63.8

West Clinic & East Clinic Teams (generic)

2015/16	Q1	Q2	Q3	Q4	Total
Average Number Of Sessions	7	10.5	8.5	8	8.5
Average Treatment Length (Weeks)	50	80.5	53	51	58.6

SYMBOL Team

2015/16	Q1	Q2	Q3	Q4	Total
Average Number Of Sessions	28	18	17	11	18.5
Average Treatment Length (Weeks)	72	94	79	65	77.5

APPENDIX C – DETAILED MODELLING (PROPOSAL 1)

- The information below provides an overview of the work undertaken to identify savings for the second phase of Proposal 1:

Staffing numbers and costs (generic teams)

Team	FTE (Filled)	FTE (Vacant)	Total FTE
West Clinic Team	6.4	1	7.4
East Clinic Team	6.5	1	7.5
Total	12.9	2	14.9

- Although there are currently 14.9 FTEs across the two generic teams, the actual clinical capacity figure is lower as it excludes the ADHD specialist nurse (1 FTE) and non-clinical responsibilities held by the safeguarding lead (0.75 FTE) and three clinical leads (0.6 FTE overall)
- The total figure above also includes 0.5 FTE clinical time from each team manager. If operational management is merged (as proposed), then clinical capacity within the new role is likely to be reduced – the total staffing numbers across both teams prior to CAPA implementation would therefore be **12.55 FTE**

Staff	Basic Salary & On-Costs
Band 6 Clinician	£46k
Band 7 Clinician	£54k
Average	£50k

Modelling assumptions

- Individual caseload capacity following CAPA implementation (based on CAPA implementation by Greenwich CAMHS):
 - Minimum figure – 32 cases per clinician
 - Maximum figure – 36 cases per clinician
- In 2015/16, the total number of accepted referrals was 425 (based on an average acceptance rate of 49.6%)

Savings proposal

Proposal Outcome	Savings	Clinical Staff Available	Capacity For Accepted Referrals			Difference From Total Figure (2015/16)
			Minimum Caseload (32)	Maximum Caseload (36)	Average	
Release capacity equivalent to 1 FTE	£50k	11.55 FTE	370	415	393	-32
Release capacity equivalent to 2 FTEs	£100k	10.55 FTE	338	380	359	-66
Release capacity equivalent to 3 FTEs	£150k	9.55 FTE	306	344	325	-100

- The proposal to deliver savings of £150k (equivalent to a decrease of 3 FTEs over a two-year period) means that the generic teams will only have the capacity to manage approximately 325 accepted referrals per year, which

represents a reduction of 100 referrals at 2015/16 rates (although this projected figure does not reflect the impact of a more streamlined service model as a result of the CAPA implementation and wider process/technical redesign, which should partially offset any reduction in capacity)

- However, initial work has been undertaken with Xenzone (who provide the Kooth.com platform) to develop a blended online/face-to-face triage and clinical support model. It is intended that this model will routinely work with young people sitting at the interface of targeted and specialist CAMHS and those who have more complex specialist needs as part of an integrated support approach embedded within the CAMHS pathway
- Indicative modelling suggests that an average of 185 referrals currently received by Lewisham CAMHS (equivalent to 92 accepted referrals based on 2015/16 rates) could be appropriately offered support and intervention via the blended model. This would mean that demand at least equivalent to current levels (which have remained similar for the past three years) could still be managed within the wider CAMHS access pathway

APPENDIX D – EQUALITIES ANALYSIS ASSESSMENT FOR LEWISHAM CAMHS SAVINGS PROPOSALS

EQUALITY ANALYSIS ASSESSMENT (EAA)	
Name of Proposal	<ul style="list-style-type: none"> ▪ Review of Lewisham CAMHS
Lead Officer	<ul style="list-style-type: none"> ▪ Rosalind Jeffrey (CYP Commissioning Change Lead) ▪ Caroline Hirst (CYP Joint Commissioner – Mental Health)
Other Stakeholders	<ul style="list-style-type: none"> ▪ Lewisham CAMHS ▪ NHS Lewisham Clinical Commissioning Group (CCG)
Start Date Of EAA	<ul style="list-style-type: none"> ▪ June 2016
End Date Of EAA	<ul style="list-style-type: none"> ▪ September 2016
Step 1: Identify Why You Are Undertaking An Equality Analysis Assessment	
<p>Savings proposals for child and adolescent mental health services (CAMHS) in Lewisham totalling £244k over three years (2017/18 to 2019/20) are due to be presented to Mayor & Cabinet in September 2016. Given that these proposals will involve changes to the delivery of the service, it is necessary to undertake an Equality Analysis Assessment (EAA). This assessment will consider the effect of the proposed changes, analyse whether they are likely to have a positive, neutral or negative impact on different protected characteristics within the local community and identify mitigating actions to address any disproportionately negative impacts.</p>	
Step 2: Identify The Changes To Your Service	
<p>CAMHS in Lewisham is divided into specialist community and tertiary inpatient/outpatient services. The specialist community service is delivered by eight teams, but the savings proposals focus on those teams providing generic support to young people and dedicated support to looked after children:</p> <ul style="list-style-type: none"> ▪ <i>West Clinic Team/East Clinic Team</i> – generic teams covering the whole borough which support young people up to the age of 18 who have significant mental health problems (providing a ‘front door’ for the wider CAMHS service) ▪ <i>Symbol Team</i> – supporting young people up to the age of 21 who have been in care or will remain in care for the foreseeable future ▪ <i>Virtual School for CAMHS</i> – the Lewisham Virtual School (LVS) has collaborated with CAMHS to design an integrated mental health outreach service to support Lewisham looked after children to improve their readiness to learn <p>There are two specific proposals:</p> <ul style="list-style-type: none"> ▪ Proposal 1 – Improve the access pathway for child and adolescent mental health services (£194k) <ul style="list-style-type: none"> ○ <i>Phase 1 (2017/18)</i> – enable greater alignment of the two generic teams by merging operational management & integrating the crisis care team within the generic 	

- function to provide additional capacity for emergency/urgent presentations
 - *Phase 2 (2018/19 to 2019/20)* – implement the Choice & Partnership Approach (CAPA) across the service in order to improve the flow of cases, reduce the overall treatment time and increase the speed from referral to treatment
 - *Wider redesign activity* – further enhance the access pathway for children and young people by developing a blended online/face-to-face triage and clinical support model & delivering CAMHS outreach support in the community
- **Proposal 2 – Further integration of mental health services for looked after children (£50k)**
 - Integrate the mental health outreach service delivered by the Virtual School for CAMHS with the SYMBOL service, blending outreach and clinic-based support within a graduated model

Step 3: Assessment Of Data And Research

As part of the EAA process, a scoping exercise was undertaken to capture the initial assessment of the impact that the proposed changes to the CAMHS service may potentially have on the eight relevant protected characteristics. The outcome is summarised on the grid below:

PROTECTED CHARACTERISTIC	PROPOSAL 1			PROPOSAL 2		
	High Impact	Medium Impact	Low Impact	High Impact	Medium Impact	Low Impact
Disability	X			X		
Age	X			X		
Gender		X			X	
Ethnicity		X			X	
Sexual Orientation			X			X
Religion Or Belief			X			X
Gender Reassignment			X			X
Pregnancy & Maternity			X			X
Marriage & Civil Partnerships			X			X

From this scoping exercise, it is possible to observe that the protected characteristics most likely to be disproportionately affected by the savings proposals are disability and age, plus gender and ethnicity to a lesser extent. Local and national data (including the 2011 Census and information from the Office of National Statistics) for these protected characteristics has been analysed below:

Disability

- 10% of school age children in Lewisham suffer from a diagnosable mental health illness, which is in line with the national average³. The most common problems are conduct

³ However, a recent survey by Healthwatch Bromley and Lewisham suggests that the prevalence of mental health problems in those aged 5-15 years is about 15% (50% higher than the national average)

disorders, attention deficit hyperactivity disorder (ADHD), emotional disorders (anxiety and depression) and autism spectrum disorders (ASD)⁴

- Approximately 2% of young people in Lewisham are currently on the CAMHS caseload – in 2015/16, there were 1,314 referrals to CAMHS (of which 822 or 62.6% were accepted)
- Looked after children (LAC) are a particularly vulnerable cohort – in Lewisham, 77 children in every 10,000 are looked after (compared to 60 nationally and 55 in London). 46% of them have a clinically diagnosable mental health problem (whilst 72% have behavioural or emotional problems)⁵

Age

- Lewisham has a younger age profile than the national average, with 24% of residents aged 0-19 (approximately 67,000). Between 2004 and 2014, the number of young people aged 0-4 increased by 27%
- Over half of all mental health problems (excluding dementia) are established by the age of fourteen and 75% by the age of 18-20. The life chances of these individuals are significantly reduced in terms of their physical health, their educational and work prospects and their chances of committing a crime⁶
- However, 70% of children and adolescents who experience mental ill health have not had appropriate interventions at a sufficiently early age⁷
- 62% of referrals received by CAMHS between January and March 2016 were for children aged 12 or above. Young people in Lewisham using Kooth.com (which provides confidential online counselling and 24/7 peer support) were typically aged 16/17

Gender

- In England as a whole, women are more likely than men to have a common mental health problem and are almost twice as likely to be diagnosed with anxiety disorders⁸
- The number of referrals received by CAMHS for males between January and March 2016 was slightly higher than for females (50.7% versus 49.3%). However, a higher proportion of females (57%) were referred to the two generic teams whilst only one in five young people registering for Kooth.com over a similar period were male

Ethnicity

- Whilst 47% of residents are from a black and minority ethnic background, this rises to 74% for the school-age population. There are 170 languages spoken by pupils (with 33% having English as a second language) and a wide range of religions represented
- In general, people from black and minority ethnic groups living in the UK are more likely to be diagnosed with mental health problems, more likely to experience a poor outcome from treatment and more likely to disengage from mainstream mental health services, leading to social exclusion and deterioration in their mental health⁹
- Although CAMHS do not currently disaggregate referral data by ethnicity, 62% of young people registering for Kooth.com between April and June 2016 were from a black and minority ethnic background

Socio-Economic Factors

There are a number of risk factors which increase young people's vulnerability to mental health

⁴ Lewisham Child & Teenage Health Profile 2015

⁵ The Health Of Lewisham Children & Young People – The Annual Report Of The Director Of Public Health For Lewisham (2015)

⁶ 'Future In Mind', NHS England (2015)

⁷ The Children's Society (2008)

⁸ Mental Health Foundation (www.mentalhealth.org.uk)

⁹ Mental Health Foundation (www.mentalhealth.org.uk)

problems. Although these risk factors alone do not cause mental health problems, the more factors a child is exposed to, the greater the risk of poor outcomes¹⁰:

- *Poverty* – the 2015 Index of Multiple Deprivation ranked Lewisham 48th out of 326 local authorities, meaning it is amongst the 20% most deprived in England. Approximately one in three children live in poverty whilst 25% are entitled to free school meals and nearly four in ten are pupil premium recipients
- *Employment* – 25.1% of children in the borough live in jobless households (compared with 18.2% nationally). The youth unemployment rate (16-24) is 36.1%, significantly higher than the London (22.6%) and national (19.3%) rates
- *Housing* – 4.7 in every 1,000 households in Lewisham are homeless households with dependent children or pregnant women (compared to 3.6 in London and 1.7 nationally)
- *Parents with mental health and/or substance misuse issues* – 1.24% of people on Lewisham GP registers have a serious mental health disorder compared to 0.84% in England as a whole and 1.03% in London. In 2014/15 the Lewisham Perinatal Mental Health Service saw a 9% increase in the number of referrals, when compared to 2013/14
- *Exposure to trauma* – Lewisham has one of the highest rates of domestic violence with 555 children identified as being exposed to high risk domestic violence in the home in 2013-2014, and up to a third of all children in the borough exposed to any domestic violence in any one year
- *Lone parent households* – Lewisham has a high proportion of lone parent households (12%) compared to (9%) London and (7%) England
- *Referrals to social care* – the number of referrals to children’s social care has risen 15% in the last year. The service now receives over 2000 contacts per month and there are 375 children who are subject to a child protection plan which is 27% higher than the national average

Step 4: Consultation

In 2014, extensive consultation focusing on mental health and well-being was undertaken with a wide cross section of stakeholders (including young people, parents/carers and professionals) as part of Lewisham’s Mental Health & Emotional Wellbeing Strategy and the wider HeadStart programme. The key issues identified from this consultation were:

- The transition between primary and secondary school as a time of emotional difficulty
- Peer support for parents/carers
- Training/supporting frontline workers
- The varying provision of counselling support
- Bullying (including cyber)
- School and peer pressures
- A lack of a good source of local information and resources
- The need for resilience programmes in schools as part of PSHE

Young people also highlighted that there was a general lack of education about mental health, both amongst young people specifically and people generally.

This feedback directly informed the development of the CAMHS savings proposals. Officers also worked closely with CAMHS staff and managers to refine the proposals as well as ensure that their potential impact on the service and its users were fully understood.

In addition, young people are engaged on a regular basis in the planning and designing of services via the Young Mayor and Advisors. Recent examples include co-production of an online resource kit and the youth-led commissioning framework where young people have developed a specification and commissioned activity in schools to support children’s well-being. Officers intend

¹⁰ Data from Lewisham’s Mental Health & Emotional Wellbeing Strategy

to utilise this approach during the detailed design and implementation of the proposals.

Step 5: Impact Assessment

This Equality Analysis Assessment has been undertaken to ensure that, in implementing the savings proposals for the CAMHS service, the Council has met its responsibilities under the Equality Act 2010, specifically:

- To eliminate unlawful discrimination, harassment and victimisation.
- To advance equality of opportunity between people from different groups.
- To foster good relations between people from different groups.

The assessment of the likely impact of the two proposals on the nine protected characteristics identified in the Equality Act 2010 has been based on an analysis of available data (both direct and indirect), research and findings from consultation activity.

Assessment – Proposal 1

As outlined in the main report, this proposal will create a more coherent and consistent pathway for children and young people accessing mental health services, ensuring that there is better integration between community provision and CAMHS clinical services. In particular, the online element of the triage model (combined with other existing platforms, such as Work It Out Lewisham) will offer improved access to local information and resources, which was highlighted as an issue by young people during consultation activity.

Although there will be a reduction in clinical staff within the two generic teams as a result of the savings delivered in phase 2 (£150k), this will not have a negative impact on users as the CAPA approach (together with improvements to the access pathway and integration of the crisis care team) will enable the service to manage demand and capacity more effectively and respond flexibly to clinical pressures.

However, the analysis of data and research suggests that males, those aged under 13 and those from a black or minority ethnic background may be disproportionately less likely to access support from mental health services (including Kooth.com). In designing and implementing the new access pathway, it will be necessary to ensure that any unmet needs with these groups are identified and appropriate engagement mechanisms are in place.

Assessment – Proposal 2

The analysis of data and research reveals that looked after children are far more likely to suffer from a diagnosable mental health illness than young people as a whole (46% versus 10-15%). In addition, the SYMBOL service has high 'did not attend' (DNA) rates for those looked after children offered appointments, anecdotally due to the potential stigma of accessing clinical services. The proposed model (which blends outreach and clinical support) will increase the speed of response for the most vulnerable children and young people whilst ensuring that opportunities to see them in the most appropriate environment are maximised.

Concerns have been raised that the proposed model will be less efficient as fewer children and young people can be seen via an outreach approach. However, the outreach approach is not intended to simply replicate clinic-based appointments in a local setting, but to provide more tailored support through a number of different routes, including more collaborative working with other services (such as schools & community organisations) and alternative ways of engaging children and young people (e.g. online provision).

Overall Assessment

Although part of the wider savings agenda, these proposals should be regarded as an opportunity for positive change, enabling the Council to reshape part of the current CAMHS service in order to deliver a more integrated, streamlined clinical function and refocus resources from crisis intervention to prevention, with resilient practice embedded in community settings

Step 6: Decision/Result

The analysis of relevant data, research and consultation results has determined that the savings proposals for CAMHS do not discriminate or have an adverse impact on any protected characteristics within the local community. As a result, no major amendments are required.

However, this decision will be reviewed regularly over the three year implementation period to ensure that equalities issues continue to be positively reflected in the delivery of mental health services for children and young people in Lewisham.

Step 7: Equality Analysis Action Plan

This plan (see below) has been developed to provide a clear framework for any mitigating actions identified in the above assessment. It will be reviewed every quarter to track progress, with an evaluation of the changes being undertaken annually to measure whether they have had their intended effect/outcomes.

Step 8: Sign Off

As part of the report process for Mayor & Cabinet, this EAA will be reviewed and signed-off by the Head of Targeted Services & Joint Commissioning and the Executive Director for Children & Young People.

Equalities Analysis Action Plan				
Issue	Actions To Be Taken	Lead Officer	Timescale For Implementation	Timescale For Completion
Insufficient data collected by CAMHS about the equalities profile of service users (e.g. ethnicity)	<ul style="list-style-type: none"> Ensure that equalities data for all relevant protected characteristics is collected and regularly analysed 	Caroline Hirst	1 April 2017	Ongoing
Particular groups (e.g. males, those from a black or minority ethnic background) may be less likely to access support	<ul style="list-style-type: none"> Ensure that equalities data is used to target any outreach or engagement work for particular groups (by CAMHS and other service providers) 	Caroline Hirst	1 April 2017	Ongoing

1. Savings proposal	
Proposal title:	Development of fostering service
Reference:	Q8
LFP work strand:	Safeguarding & early intervention
Directorate:	Children and Young People
Head of Service:	Stephen Kitchman
Service/Team area:	Cllr Maslin
Cabinet portfolio:	Children and Young People
Scrutiny Ctte(s):	Children and Young People

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £220k Fostering service increase of in-house carers	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
<p>The Council's Fostering Service helps to find and provide support to foster parents allowing them to provide a Looked after Child with a stable and caring home. The foster carers provide a safe place and the support that these children and young people need to thrive, whatever situation they have come from. Wherever practicable, the Fostering Service will seek a stable placement, avoiding multiple placement moves for children and young people. Foster carers can either be in house from a pool of Lewisham carers or come from an independent agency. Where a suitable foster placement cannot be found or where such placements repeatedly fail, the only alternative is to place looked after children in residential provision. This is necessary for a very small cohort of children but should only be for those whose needs are so complex that they would not be able to be looked after in foster care, not because of non-availability or limited choice in foster placements.</p> <p>Recruitment of foster carers is currently undertaken by the contractor NRS who also recruit for Haringey, Croydon and Sutton.</p>
Saving proposal
<p>There are three stages to this savings proposals</p> <p>Firstly to work with the current external provider NRS foster care recruitment to increase the volumes of in-house foster carers. This includes better contract management and closer working with NRS to ensure that suitable carers are provided.</p> <p>Secondly to develop a comprehensive fostering strategy which will include review of current services and development of an in-house foster scheme; this will require some invest to save capacity, which is yet to be scoped but will be subject to a rigorous business case.</p> <p>Thirdly, to work to build a specialist foster care scheme which develops existing foster carers to take 'higher end' more challenging placements. While this has been the intention for some time, we have recently had an external review of our services which indicated that we should secure the foundations of our mainstream fostering service before progressing this aspect.</p>

3. Description of service area and proposal

Enhancement of our fostering service with a clear strategy to deliver this will help placement stability for our most vulnerable children and provide a greater number of foster carers with the skills to prevent the escalation of behaviours that often currently necessitate a move (causing and further disruption to the child) or even in some cases a residential placement.

4. Impact and risks of proposal**Outline impact to service users, partners, other Council services and staff:**

Looked after Children would continue to receive the most appropriate placements but more cost effectively, with a wider choice and closer to their original home.

The mix of placements would move closer to that for our benchmark group since currently we are relatively high in our use of (expensive) independent fostering agency placements and residential placements.

Outline risks associated with proposal and mitigating actions:

If the changes are not successful, costs will escalate further. This work is therefore part of the transformation programme for social care and will be managed as a project with clear deadlines and deliverables.

5. Financial information

Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	23,080	(0)	23,080	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a) Fostering service increase of in-house carers	220	0	0	220
Total	220	0	0	220
% of Net Budget	1%	%	%	1%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

6. Alignment to Lewisham 2020 priorities

Main priority	Second priority	Lewisham 2020 priorities
E	A	A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
High	Low	

7. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
7	2	1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable

7. Impact on Corporate priorities		
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Positive	Neutral	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Low	

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Low	Pregnancy / Maternity:	Low
Gender:	Low	Marriage & Civil Partnerships:	Low
Age:	Low	Sexual orientation:	Low
Disability:	Low	Gender reassignment:	Low
Religion / Belief:	Low	Overall:	Low
For any High impact service equality areas please explain why and what mitigations are proposed:			
These service changes will provide a positive outcome for children, but proportionally there are more children in care from ethnic minorities and with disabilities. When the new fostering strategy is developed a full EIA will be necessary.			
Is a full service equalities impact assessment required: Yes / No			Yes

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

11. Legal implications
State any specific legal implications relating to this proposal:
<p>Children can come into care in two main ways, either that parents who have asked for help or because the child is at risk of significant harm.</p> <p>Under section 20 of the Children Act 1989 (voluntary agreement), where parents have asked for help and it has been assessed that their child can no longer stay at home, suitable accommodation for the child is found. Parental responsibility remains with the parent/guardian.</p> <p>Under section 31 of the Children Act 1989: if it is considered that the child is at risk of significant harm, the local authority may seek to start care proceedings. Through these court proceedings a care order can be granted to the local authority. When a care order is made, the local authority acquires parental responsibility and becomes a legal parent alongside the parent/ guardian.</p>

12. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	Activity
July 2016	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
August / September 2016	Proposals submitted to Scrutiny committees leading to M&C on 28 September
October 2016	Consultations ongoing
November 2016	Consultations ongoing and (full decision) reports returned to Scrutiny for review
December 2016	Consultations returned to Scrutiny for review leading to M&C for decision on 7 December
January 2017	Transition work ongoing
February 2017	Transition work ongoing and budget set 22 February
March 2017	Savings implemented

1. Savings proposal	
Proposal title:	Reduction in numbers of Looked after Children resulting from improved edge of care services
Reference:	Q9
LFP work strand:	Safeguarding & early intervention
Directorate:	Children and Young People
Head of Service:	Stephen Kitchman
Service/Team area:	Cllr Maslin
Cabinet portfolio:	Children and Young People
Scrutiny Ctte(s):	Children and Young People

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £495k Reduction in Looked after Children based on edge of care developments	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
The largest area of spend in Children's Social Care is placements for looked after children. Lewisham has a relatively high number of looked after children, particularly adolescents and it would be possible, through improved support at the 'edge of care' to reduce the numbers who reach the point of having to be 'looked after'. The key support at the edge of care is given by our Family Intervention Project and outreach services. These provide targeted outreach support for families in Lewisham, which focuses on enabling parents, carers and families to develop the skills necessary to meet the needs of their children to prevent the children becoming looked after. The services are both delivered in family homes and other community settings. The ultimate aim is to move families to a point where they require only universal support over a sustained period.
Saving proposal
The saving centres around ensuring that the re-commissioning of the Family Intervention Project provides a service better targeted at the most vulnerable groups and involves piloting and developing a support service with referral and assessment for young people on the edge of care. This reconfiguration of services will have the objective of reducing the number of children coming into care.

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
It is in the interests of children and their families for there to be reduced escalation of need, allowing children to stay within their family environment were possible.
The aim will be for the number (per 10,000 children) of looked after children to move closer to the benchmark (our statistical neighbours).
Outline risks associated with proposal and mitigating actions:
If we fail to support young people where family situations are at risk of breakdown then those young people are at greater risk of becoming looked after in the care of the Council, resulting in budget overspends.

APPENDICES i –vi 2017/18 SAVINGS PROPOSAL PROFORMAS

5. Financial information				
Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	23,080	(0)	23,080	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a) Reduction in Looked after Children based on edge of care developments	495	0	0	495
Total	495	0	0	495
% of Net Budget	2%	0%	0%	2%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

6. Alignment to Lewisham 2020 priorities		
Main priority	Second priority	Lewisham 2020 priorities
E	A	A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
High	Low	

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities
7	2	1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Positive	Positive	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Low	

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

9. Service equalities impact

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	N/A	Pregnancy / Maternity:	N/A
Gender:	N/A	Marriage & Civil Partnerships:	N/A
Age:	Yes	Sexual orientation:	N/A
Disability:	N/A	Gender reassignment:	N/A
Religion / Belief:	N/A	Overall:	N/A
For any High impact service equality areas please explain why and what mitigations are proposed:			
This change should have a positive effect for children and their families, since it results in earlier support and intervention.			
Is a full service equalities impact assessment required: Yes / No			No

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

11. Legal implications
State any specific legal implications relating to this proposal:
Children can come into care in two main ways, either that parents who have asked for help or because the child is at risk of significant harm.
Under section 20 of the Children Act 1989 (voluntary agreement), where parents have asked for help and it has been assessed that their child can no longer stay at home, suitable accommodation for the child is found. Parental responsibility remains with the parent/guardian.
Under section 31 of the Children Act 1989: if it is considered that the child is at risk of significant harm, the local authority may seek to start care proceedings. Through these court proceedings a judge a care order can be granted to the local authority. When a care order is made, the local authority acquires parental responsibility and becomes a legal parent alongside the parent/ guardian.
The recommissioning of the Family Intervention Project is currently being procured in compliance with the Public Contracts Regulations 2015 and the Council's Contract Procedure Rules.

12. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	Activity
July 2016	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
August / September 2016	Proposals submitted to Scrutiny committees leading to M&C on 28 September
October 2016	Consultations ongoing
November 2016	Consultations ongoing and (full decision) reports returned to Scrutiny for review
December 2016	Consultations returned to Scrutiny for review leading to M&C for decision on 7 December

12. Summary timetable	
January 2017	Transition work ongoing
February 2017	Transition work ongoing and budget set 22 February
March 2017	Savings implemented

1. Savings proposal	
Proposal title:	Enhanced Family Finding
Reference:	Q10
LFP work strand:	Safeguarding & early intervention
Directorate:	Children and Young People
Head of Service:	Stephen Kitchman
Service/Team area:	Cllr Maslin
Cabinet portfolio:	Children and Young People
Scrutiny Ctte(s):	Children and Young People

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £150k Enhanced family finding	Yes	Yes	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
<p>This service provides stability to Looked After Children by identifying the right placement for a child in their care journey whilst ensuring that individual and family needs are properly assessed and support services provided in order to achieve permanence of the placement. Lewisham provides a range of placement options to ensure that the right placement is available for every child. For many children returning home to their family after a period in care will be the route to permanence and stability. For others, returning to other family or friends under a formal or informal arrangement will be the setting they need in order to thrive. Remaining in care with a long term foster family or finding a new permanent family through adoption, special guardianship or residence orders are other routes to permanence.</p> <p>This proposal seeks to ensure family finding for children/young people with bespoke needs who otherwise would remain in higher cost placements, the proposal is in line with achieving good outcomes for children yet at the same time providing value for money within in house or commissioned services.</p>
Saving proposal
<p>This saving proposal is to improve the capacity of the family finding service to ensure that not only the right placement is found but the placement offers the best value possible. Wherever possible this will be with in-house foster carers and will rely less on the independent sector in order to generate the saving.</p>

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
<p>Looked After Children would continue to receive the most appropriate placements but more cost effectively</p> <p>Mix of placements would move closer to that for our benchmark group and support achievement of cost effective placements</p>
Outline risks associated with proposal and mitigating actions:
<p>Increased possibility of placement breakdown for more challenging children if the finding of specialist foster carers are not successful</p> <p>If procurement changes are not achieved the budget for placements is less likely to balance in 2017/8</p>

5. Financial information				
Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	23,080	(0)	23,080	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a) Enhanced Family Finding	150	0	0	150
Total	150	0	0	150
% of Net Budget	1%	0%	0%	1%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

6. Alignment to Lewisham 2020 priorities		
Main priority	Second priority	Lewisham 2020 priorities A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
E	A	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
High	Low	

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
7	2	
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Positive	Neutral	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Low	

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Low	Pregnancy / Maternity:	Low
Gender:	Low	Marriage & Civil Partnerships:	Low

9. Service equalities impact			
Age:	Low	Sexual orientation:	Low
Disability:	Low	Gender reassignment:	Low
Religion / Belief:	Low	Overall:	Low
For any High impact service equality areas please explain why and what mitigations are proposed:			
These service changes will provide a positive outcome for children, but proportionally there are more children in care from ethnic minorities and with disabilities.			
Is a full service equalities impact assessment required: Yes / No			No

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

11. Legal implications
State any specific legal implications relating to this proposal:
Children can come into care in two main ways, either because their parents have asked for help or because the child is at risk of significant harm.
Under section 20 of the Children Act 1989 (voluntary agreement), where parents have asked for help and it has been assessed that their child can no longer stay at home, suitable accommodation for the child is found. Parental responsibility remains with the parent/guardian.
Under section 31 of the Children Act 1989: if it is considered that the child is at risk of significant harm, the local authority may seek to start care proceedings. Through these court proceedings a judge a care order can be granted to the local authority. When a care order is made, the local authority acquires parental responsibility and becomes a legal parent alongside the parent/ guardian.

12. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	Activity
July 2016	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
August / September 2016	Proposals submitted to Scrutiny committees leading to M&C on 28 September
October 2016	Consultations ongoing
November 2016	Consultations ongoing and (full decision) reports returned to Scrutiny for review
December 2016	Consultations returned to Scrutiny for review leading to M&C for decision on 7 December
January 2017	Transition work ongoing
February 2017	Transition work ongoing and budget set 22 February
March 2017	Savings implemented

1. Savings proposal	
Proposal title:	Review of Meliot Centre Service and contact arrangements
Reference:	Q11
LFP work strand:	Safeguarding & early intervention
Directorate:	Children and Young People
Head of Service:	Stephen Kitchman
Service/Team area:	Cllr Maslin
Cabinet portfolio:	Children and Young People
Scrutiny Ctte(s):	Children and Young People

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) £500k Review of Meliot Centre service	Yes	No	Yes
b) £234k Development of contact centre for looked after children	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
<p>The Meliot centre is located in New Cross and is a borough wide service. It provides an assessment resource for Children’s Social Care, to assist in decisions relating to parenting capacity to help decide if a child can be looked after by their parent/carer. It is an in house facility. It is not a Family Centre open to the public, rather families come into the service by way of a referral.</p> <p>The main aim of the service is to contribute assessments to enable decisions to be made for :</p> <ul style="list-style-type: none"> ➤ Safeguarding Children ➤ Avoiding the need for children to be looked after ➤ Supporting children being rehabilitated back to their families and local communities. <p>The service provides a social work service to children, young people and their families/carers and contributes to assessment, intervention, case planning and reviews.</p> <p>Looked after children have supervised contact with significant adults, including parents, carers, siblings and extended family members and others in their lives. Supervised contact is mostly ordered by the court when care proceedings have been initiated by the local authority following concerns regarding parental care to a child.</p> <p>“Contact” refers to all contact between a looked after child and significant others, including parents, others with parental responsibility, brothers, sisters, other relatives and friends. Direct contact means any face-to-face contact, from a short meeting to an overnight or longer stay. Indirect contact means letters, cards, telephone calls, texts, emails, exchange of photographs, videos and presents.</p> <p>Contact can be supervised / unsupervised depending on the assessed level of risk. When deemed necessary to safeguard the child direct contact must be supervised, details of how the supervision will be achieved will form part of the Care Plan.</p>

3. Description of service area and proposal

Contact can help inform decision making about:

- The potential for re-unification with a parent/carer;
- The potential for kinship care within a child's extended family;
- Contact following permanent placement other than the parents.

The interests of the majority of looked after children are best served by sustaining or creating links with their birth families including wider family members.

Currently supervised contact is spot purchased from private providers leading to a significant cost pressure on spend.

Saving proposal

The proposal is to review the work of the Meliot Centre to cease operation as primarily a family assessment centre and instead to re-focus it on operating as a contact centre, with a lesser function of providing parenting assessments. This would mean ending arrangements to pay a private provider for contact services and would therefore generate savings. In terms of contact, the aim would be to provide a service as good or better than that provided currently. In terms of assessment, this will have some impact on staff currently employed at the Meliot Centre but this will be managed through the Council's 'managing change' procedures, ensuring that maximum advantage is taken of redeployment opportunities. For allocated social workers, managers will work closely with staff to minimise additional workload and embed this work within the current range of duties.

A full report will be brought to Mayor and Cabinet later in the Autumn.

4. Impact and risks of proposal**Outline impact to service users, partners, other Council services and staff:**

Contact will be provided in a consistent premises and within a Council service that allows flexibility of response to need as well as enabling stronger quality assurance than the current spot purchase arrangement.

Parenting assessment capacity will be retained for specialist assessment but more generic court assessment will be embedded within the work of the allocated social worker

Outline risks associated with proposal and mitigating actions:

There are risks that this change will result in an increase in independent social work assessments being ordered by the Court. However specialist assessments capacity is being retained and the model proposed is employed in most local authorities already.

5. Financial information

Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	1,150	(0)	1,150	
Saving proposed:	2017/18 £'000	2018/19 £'000	2019/20 £'000	Total £'000
a) Review of Meliot Centre service	500	0	0	500
b) Development of contact centre for looked after children	234	0	0	234

APPENDICES i –vi 2017/18 SAVINGS PROPOSAL PROFORMAS

5. Financial information				
Total	734	0	0	734
% of Net Budget	64%	0%	0%	64%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

6. Alignment to Lewisham 2020 priorities		
Main priority	Second priority	Lewisham 2020 priorities A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
E	A	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
High	Low	

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities 1. Community leadership and empowerment 2. Young people’s achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
7	2	
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Positive	Neutral	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Low	

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Low	Pregnancy / Maternity:	Medium
Gender:	Low	Marriage & Civil Partnerships:	Low
Age:	Medium	Sexual orientation:	Low
Disability:	Low	Gender reassignment:	Low
Religion / Belief:	Low	Overall:	Low
For any High impact service equality areas please explain why and what mitigations are proposed:			
This change provides the same level of service to service users in terms of assessments and improves the quality of contact for families,			

9. Service equalities impact

Is a full service equalities impact assessment required: Yes / No	Yes
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10. Human Resources impact

Will this saving proposal have an impact on employees: Yes / No	Yes
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Workforce profile:

Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5	1	0.57			
Sc 6 – SO2	4	4		1	
PO1 – PO5	3	3		1	
PO6 – PO8	1	1			
SMG 1 – 3	0	0			
JNC	0	0			
Total	9	8.57			
Gender	Female	Male			
	9	0			
Ethnicity	BME	White	Other	Not Known	
	4	5			
Disability	Yes	No			
		4			
Sexual orientation	Straight / Heterosex.	Gay / Lesbian	Bisexual	Not disclosed	
				9	

11. Legal implications**State any specific legal implications relating to this proposal:**

As the savings involve a reduction in staffing it will be necessary to follow the Council's Management of Change Guidelines governing reorganisation and redeployment and all relevant employment legislation. A full report will be brought to Mayor and Cabinet in the Autumn.

12. Summary timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:

Month	Activity
July 2016	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
August / September 2016	Proposals submitted to Scrutiny committees leading to M&C on 28 September
October 2016	
November 2016	Full reports to Scrutiny for review
December 2016	Leading to M&C for decision on 7 December
January 2017	Transition work ongoing
February 2017	Transition work ongoing and budget set 22 February
March 2017	Savings implemented

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2017/18 to 2019/20 SAVINGS - SUMMARY TABLE OF NEW PROPOSALS WITH PROFORMA AT SEPT. 2016

Ref.	Description	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key Decision	Public Consultation	Staff Consultation
A	Smarter & deeper integration of social care & health							
A18 a)	Widening the scope for charging by removing subsidy and increasing charges	200			200	N	Y	N
A18 b)	Widening the scope for charging by improving income collection performance	300			300	N	N	N
A19	Workforce productivity from better use of technology	200	300		500	Y	N	Y
A20	Reduction in day care offer	300	300	300	900	N	N	N
A21 a)	Review levels of Mental Health expenditure, manage demand for accommodation services	300	300	400	1,000	N	N	N
A21 b)	Review levels of Mental Health expenditure, review implementation of s117 requirements	200			200	N	N	N

Ref.	Description	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key Decision	Public Consultation	Staff Consultation
B	Supporting People							
B3	*B3 - Re-procure floating support services	500			500			
E	Asset Rationalisation							
E6	E6 - Property investment acquisition	150			150	N	N	N
E7	E7 - Development of Private Rental Schemes	150	700	175	1,025	N	N	N
I	Management and Corporate Overheads							
I11 a)	I11 a) - Review insurance risks & reserves	225	50		275	N	N	N
I11 b)	I11 b) - Review insurance risks and reorganise	25			25	N	N	N
L	Culture and Community Services							
L8	L8 - Facilities management	70	130		200	N	N	Y
L9	L9 - Assemblies Fund	270			270	Y	Y	N
L10	L10 - Adult Learning Lewisham subsidy	40			40	N	N	N

Ref.	Description	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key Decision	Public Consultation	Staff Consultation
M	Housing strategy and non-HRA funded services							
M3	*M3 - Housing needs restructure	61			61			
M4	M4 – PLACE / Ladywell	85			85	N	N	N
M5	M5 - Hamilton Lodge hostel income	150			150	N	N	N
M6	M6 - Reorganise provision of the Handy Persons service	150			150	Y	Y	Y
M7 a)	M7 a) - Reduce No Recourse to Public Funds (NRPF) re-provisioning housing	64			64	N	N	N
M7 b)	M7 b) – NRPF prompt claiming of Housing Benefit project	36			36	N	N	N
Q	Safeguarding and Early Intervention							
Q6 a)	Q6 a) - Developing alternative pathways for care – shared housing	170			170	N	N	N
Q6 b)	Q6 b) - Developing alternative pathways for care – housing support	420			420	N	N	N
Q6 c)	Q6 c) - Developing alternative pathways for care – access to public housing	50			500	N	N	N
Q6 d)	Q6 d) - Developing alternative pathways	270			270	N	N	N

Ref.	Description	17/18 £'000	18/19 £'000	19/20 £'000	Total £'000	Key Decision	Public Consultation	Staff Consultation
	for care – claiming of housing benefit							
Q6 e)	Q6 e) - Developing alternative pathways for care – contract monitoring	190			190	N	N	N
Q6 f)	Q6 f) - Developing alternative pathways for care – improved planning		100		100	N	N	N
Q7 a0	Q7 a) - Redesign Of Lewisham CAMHS – improve access pathways	44	50	100	194	Y	N	N
Q7 b)	Q7 b) - Redesign Of Lewisham CAMHS – further integration work	50			50	Y	N	N
Q8	Q8 - Develop in-house fostering and specialist carers	220			220	N	N	N
Q9	Q9 - Enhance support for children on edge of care	495			495	N	N	N
Q10	Q10 - Enhance family finding capacity for step down	150			150	Y	Y	N
Q11 a)	Q11 a) - Redesign of Meliot Centre - review of services at the centre	500			500	Y	N	Y
Q11 b)	Q11 b) - Redesign of Meliot Centre - develop contact centre	234			234	N	N	N

Appendix viii

Corporate Savings Principles

Prior to the General Election in 2010, the Labour Government instituted a programme of austerity planned over a five year period. In 2010 the Coalition Government increased the level of and pace of “fiscal consolidation” (i.e. tax increases and spending cuts) that applied to the nation’s public finances. In 2013 these were increased again such that the original plans of the (then) Labour Government to reduce public spending have been increased dramatically. To ensure that this scale of service cuts did not impact adversely on front-line services the Mayor and Cabinet agreed a set of principles to underpin the Council’s decision making. These principles ensure that we:

- 1) Take account of the impact on service outcomes and social results for customers and citizens
- 2) Be prudent and sustainable for the longer term, we will not just opt for short term fixes
- 3) Reflect a coherent “one organisation” approach that avoids silo-based solutions
- 4) Encourage self-reliance, mutualism and cooperative endeavour
- 5) Mitigate potential harm in accordance with an appropriate assessment of needs
- 6) Be mindful of the impact on the geography of fairness across Lewisham (and our boundaries)
- 7) Involve service users, staff and other stakeholders in the redesign of services for the future
- 8) Consider the current or potential actions of other public agencies and the voluntary sector locally, including sharing and reshaping services (Total Place)
- 9) Consider the impact on the Lewisham approach where we listen to all voices, take account of all views and then we move forward to implement.

Appendix ix



Making fair financial decisions

Guidance for decision-makers

3rd edition, January 2015

Introduction

With major reductions in public spending, public authorities in Britain are being required to make difficult financial decisions. This guide sets out what is expected of you as a decision-maker or leader of a public authority responsible for delivering key services at a national, regional and/or local level, in order to make such decisions as fair as possible.

The public sector equality duty (the equality duty) does not prevent you from making difficult decisions such as reorganisations and relocations, redundancies, and service reductions, nor does it stop you from making decisions which may affect one group more than another group. The equality duty enables you to demonstrate that you are making financial decisions in a fair, transparent and accountable way, considering the needs and the rights of different members of your community. This is achieved through assessing the impact that changes to policies, procedures and practices could have on people with different protected characteristics .

Assessing the impact on equality of proposed changes to policies, procedures and practices is not just something that the law requires, it is a positive opportunity for you as a public authority leader to ensure you make better decisions based on robust evidence.

What the law requires

Under the equality duty (set out in the Equality Act 2010), public authorities must have 'due regard' to the need to eliminate unlawful discrimination, harassment and victimisation as well as to advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

The protected characteristics covered by the equality duty are: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The duty also covers marriage and civil partnerships, but only in respect of eliminating unlawful discrimination.

The law requires that public authorities demonstrate that they have had 'due regard' to the aims of the equality duty in their decision-making. Assessing the potential impact on equality of proposed changes to policies, procedures and practices is one of the key ways in which public authorities can demonstrate that they have had 'due regard'.

It is also important to note that public authorities subject to the equality duty are also likely to be subject to the Human Rights Act 1998. We would therefore recommend that public authorities consider the potential impact their decisions could have on human rights.

Aim of this guide

This guide aims to assist decision-makers in ensuring that:

- The process they follow to assess the impact on equality of financial proposals is robust, and
- The impact that financial proposals could have on people with protected characteristics is thoroughly considered before any decisions are arrived at.

We have also produced detailed guidance for those responsible for assessing the impact on equality of their policies, which is available on our website at www.equalityhumanrights.com

The benefits of assessing the impact on equality

By law, your assessments of impact on equality must:

- Contain enough information to enable a public authority to demonstrate it has had 'due regard' to the aims of the equality duty in its decision-making
- Consider ways of mitigating or avoiding any adverse impacts.

Such assessments do not have to take the form of a document called an equality impact assessment. If you choose not to develop

a document of this type, then some alternative approach which systematically assesses any adverse impacts of a change in policy, procedure or practice will be required.

Assessing impact on equality is not an end in itself and it should be tailored to, and be proportionate to, the decision that is being made.

Whether it is proportionate for an authority to conduct an assessment of the impact on equality of a financial decision or not depends on its relevance to the authority's particular function and its likely impact on people with protected characteristics.

We recommend that you document your assessment of the impact on equality when developing financial proposals. This will help you to:

- **Ensure you have a written record of the equality considerations** you have taken into account.
- **Ensure that your decision includes a consideration of the actions that would help to avoid or mitigate any impacts on particular protected characteristics.** Individual decisions should also be informed by the wider context of decisions in your own and other relevant public authorities, so that people with particular protected characteristics are not unduly affected by the cumulative effects of different decisions.
- **Make your decisions based on evidence:** a decision which is informed by relevant local and national information about equality is a better quality decision. Assessments of impact on equality provide a clear and systematic way to collect, assess and put forward relevant evidence.
- **Make the decision-making process more transparent:** a process which involves those likely to be affected by the policy, and which is based on evidence, is much more open and transparent. This should also help you secure better public understanding of the difficult decisions you will be making in the coming months.
- **Comply with the law:** a written record can be used to demonstrate that due regard has been had. Failure to meet the

equality duty may result in authorities being exposed to costly, time-consuming and reputation-damaging legal challenges.

When should your assessments be carried out?

Assessments of the impact on equality must be carried out at a **formative stage** so that the assessment is an integral part of the development of a proposed policy, not a later justification of a policy that has already been adopted. Financial proposals which are relevant to equality, such as those likely to impact on equality in your workforce and/or for your community, should always be subject to a thorough assessment. This includes proposals to outsource or procure any of the functions of your organisation. The assessment should form part of the proposal, and you should consider it carefully **before** making your decision.

If you are presented with a proposal that has not been assessed for its impact on equality, you should question whether this enables you to consider fully the proposed changes and its likely impact. Decisions not to assess the impact on equality should be fully documented, along with the reasons and the evidence used to come to this conclusion. This is important as authorities may need to rely on this documentation if the decision is challenged.

It is also important to remember that the potential impact is not just about numbers. Evidence of a serious impact on a small number of individuals is just as important as something that will impact on many people.

What should I be looking for in my assessments?

Assessments of impact on equality need to be based on relevant information and enable the decision-maker to understand the equality implications of a decision and any alternative options or proposals.

As with everything, proportionality is a key principle. Assessing the impact on equality of a major financial proposal is likely to need significantly more effort and resources dedicated to ensuring effective engagement, than a simple assessment of a proposal to save money by changing staff travel arrangements.

There is no prescribed format for assessing the impact on equality, but the following questions and answers provide guidance to assist

you in determining whether you consider that an assessment is robust enough to rely on:

- **Is the purpose of the financial proposal clearly set out?**

A robust assessment will set out the reasons for the change; how this change can impact on protected groups, as well as whom it is intended to benefit; and the intended outcome. You should also think about how individual financial proposals might relate to one another. This is because a series of changes to different policies or services could have a severe impact on particular protected characteristics.

Joint working with your public authority partners will also help you to consider thoroughly the impact of your joint decisions on the people you collectively serve.

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel. Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable. This combined impact would not be apparent if the decisions were considered in isolation.

- **Has the assessment considered available evidence?**

Public authorities should consider the information and research already available locally and nationally. The assessment of impact on equality should be underpinned by up-to-date and reliable information about the different protected groups that the proposal is likely to have an impact on. A lack of information is not a sufficient reason to conclude that there is no impact.

- **Have those likely to be affected by the proposal been engaged?**

Engagement is crucial to assessing the impact on equality. There is no explicit requirement to engage people under the equality duty, but it will help you to improve the equality information that you use to understand the possible impact on your policy on different protected characteristics. No-one can give you a better insight into how proposed changes will have an impact on, for example, disabled people, than disabled people themselves.

- **Have potential positive and negative impacts been identified?**

It is not enough to state simply that a policy will impact on everyone equally; there should be a more in-depth consideration of available evidence to see if particular protected characteristics are more likely to be affected than others. Equal treatment does not always produce equal outcomes; sometimes authorities will have to take particular steps for certain groups to address an existing disadvantage or to meet differing needs.

- **What course of action does the assessment suggest that I take? Is it justifiable?**

The assessment should clearly identify the option(s) chosen, and their potential impacts, and document the reasons for this decision. There are four possible outcomes of an assessment of the impact on equality, and more than one may apply to a single proposal:

Outcome 1: No major change required when the assessment has not identified any potential for discrimination or adverse impact and all opportunities to advance equality have been taken.

Outcome 2: Adjustments to remove barriers identified by the assessment or to better advance equality. Are you satisfied that the proposed adjustments will remove the barriers identified?

Outcome 3: Continue despite having identified some potential for adverse impacts or missed opportunities to advance equality. In this case, the justification should be included in the assessment and should be in line with the duty to have 'due regard'. For the most important relevant policies, compelling reasons will be needed. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact, as discussed below.

Outcome 4: Stop and rethink when an assessment shows actual or potential unlawful discrimination.

- **Are there plans to alleviate any negative impacts?**

Where the assessment indicates a potential negative impact, consideration should be given to means of reducing or mitigating this impact. This will in practice be supported by the development of an action plan to reduce impacts. This should identify the responsibility for delivering each action and the associated timescales for implementation. Considering what action you could

take to avoid any negative impact is crucial, to reduce the likelihood that the difficult decisions you will have to take in the near future do not create or perpetuate inequality.

Example: A University decides to close down its childcare facility to save money, particularly given that it is currently being under-used. It identifies that doing so will have a negative impact on women and individuals from different racial groups, both staff and students.

In order to mitigate such impacts, the University designs an action plan to ensure relevant information on childcare facilities in the area is disseminated to staff and students in a timely manner. This will help to improve partnership working with the local authority and to ensure that sufficient and affordable childcare remains accessible to its students and staff.

• **Are there plans to monitor the actual impact of the proposal?**

Although assessments of impact on equality will help to anticipate a proposal's likely effect on different communities and groups, in reality the full impact of a decision will only be known once it is introduced. It is therefore important to set out arrangements for reviewing the actual impact of the proposals once they have been implemented.

What happens if you don't properly assess the impact on equality of relevant decisions?

If you have not carried out an assessment of impact on equality of the proposal, or have not done so thoroughly, you risk leaving yourself open to legal challenges, which are both costly and time-consuming. Legal cases have shown what can happen when authorities do not consider their equality duties when making decisions.

Example: A court overturned a decision by Haringey Council to consent to a large-scale building redevelopment in Wards Corner in Tottenham, on the basis that the council had not considered the impact of the proposal on different racial groups before granting planning permission.

However, the result can often be far more fundamental than a legal challenge. If people feel that an authority is acting high-handedly or without properly involving its service users or employees, or listening to their concerns, they are likely to become disillusioned with you.

Above all, authorities which fail to carry out robust assessments of the impact on equality risk making poor and unfair decisions that could discriminate against people with particular protected characteristics and perpetuate or worsen inequality.

As part of its regulatory role to ensure compliance with the equality duty, the Commission monitors financial decisions with a view to ensuring that these are taken in compliance with the equality duty and have taken into account the need to mitigate negative impacts, where possible.

Appendix x

Efficiency Plan in support of Four Year Settlement Offer

1. Introduction

- 1.1 As part of the 2016/17 Local Government Finance Settlement the Secretary of State for Communities and Local Government wrote to all authorities to offer them a four year financial settlement. This settlement is still subject to an annual consultation and confirmation by parliament.
- 1.2 For Lewisham this relates to the offered level of Revenue Support Grant (RSG) each year to 2019/20. To take up this offer the Council must write to the Secretary of State by the 14 October 2016 and include a link to their published efficiency plan. This paper is Lewisham's efficiency plan to 2019/20 to enable it to take the four year settlement of RSG worth £170.3m.

2. Corporate objectives

- 2.1 The Council's vision is for Lewisham to be the best place in London to live, work and learn. This vision was developed following extensive consultation with Lewisham residents, public sector agencies, local business, voluntary and community sector organisations. This vision has been adopted by all our partners.
- 2.2 In working to achieve this vision the Council is guided by two principles – 1) reducing inequality, and 2) delivering together efficiently, effectively and equitably. Delivery against these ambitions is then guided by six strategic priorities and ten corporate objectives. All the above are set out in the Sustainable Community Strategy.

3. Savings targets

- 3.1 In the seven financial years 2010/11 to 2016/17 the Council has delivered £138m of savings and used reserves in the last three years to enable it to set an annual balanced budget. For the next three years the base case from the Council's Medium Term Financial Strategy identifies a further £62m of savings are likely to have to be made. This will bring the total to £200m in ten years.
- 3.2 In respect of the required £62m of savings for the years 2017/18 to 2019/20 the Council has already made good progress and continues to work hard to close the gap to put its finances on a sustainable footing. The Council's approach to this work is described below. To date £16m (26%) of the savings required have been agreed. At this time, a further £21m (34%) are the subject of proposals to be put before members in September - £7m in detail for 2017/18 and £14m in outline for the following two years. Leaving £25m (40%) still to be identified.

- 3.3 The budget numbers – resources, expenditure, and gap - are summarised in the table below:

London Borough of Lewisham	2016/17	2017/18	2018/19	2019/20
MTFS	£m	£m	£m	£m
Revenue Support Grant	59.6	46.2	36.9	27.6
Business Rates (retained & top up)	87.1	88.8	91.4	94.3
Council Tax*and Collection Fund	89.5	91.9	96.5	101.8
General Fund resource	236.2	226.9	224.8	223.7
Expected spend after savings	247.1	259.3	239.4	238.7
Use of reserves	-10.9	-	-	-
Gap – annual	0	32.4	14.6	15.0
Gap – cumulative	-	32.4	47.5	62.0
Savings agreed	-	16.2	0.0	0.0
Savings proposed	-	6.8	5.0	8.6
Savings to be identified	-	9.4	9.6	6.4

*these Council Tax increases reflect assumptions about growth in the tax base and that the 2% social care precept and a 1.99% general rise are applied annually.

4. Approach to savings

- 4.1 In 2013 the Council established the Lewisham Future Programme as an organisation and system wide approach based on corporate control and accountability to deliver ongoing savings. The programme focuses on areas of greatest spend and common services, recognising that further years of significant spending reductions require even greater innovation, focus on the customer, and collaborative thinking to deliver savings while, if at all possible, minimising the impact on residents
- 4.2 In respect of the £62m of savings for the three years to 2019/20, a summary of the current savings position and where the Council is targeting its efforts, relative to net general fund budgets for these services, is set out in the table below:

Lewisham Future Programme	16/17 GF budget £m	Saving Target £m	Proposals			Gap £m
			17/18 £m	18/19 £m	19/20 £m	
Smarter & deeper integration of social care & health	70.5	14.7	5.7	1.6	2.6	4.8
Supporting people (SP)	9.8	0.5	0.5	0.0	0.0	0.0
Asset rationalisation	7.6	9.4	1.3	1.1	0.5	6.5
Enforcement & regulation	in SP above	0.0	0.0	0.0	0.0	0.0
Management & corporate overheads	25.0	9.2	2.5	0.9	1.8	4.0

Lewisham Future Programme	16/17 GF budget £m	Saving Target £m	Proposals			Gap £m
			17/18 £m	18/19 £m	19/20 £m	
School effectiveness	1.3	1.1	0.1	0.0	0.0	1.0
Crime reduction (incl. drugs & alcohol)	in SP above	0.8	0.3	0.0	0.0	0.5
Culture & community services	11.4	4.6	3.0	0.4	0.0	1.2
Strategic housing	5.5	1.6	0.6	0.4	0.0	0.6
Environment services	18.9	5.3	1.3	0.3	1.8	1.9
Public Services – customer contact	13.5	3.9	1.4	0.0	1.9	0.6
Planning & economic development	1.4	1.3	0.3	0.3	0.0	0.7
Early intervention & safeguarding	47.6	6.8	3.5	0.2	0.1	3.0
Corporate cost (e.g. capital charges)	20.7	2.5	2.5	0.0	0.0	0.0
Total	236.2	61.7	23.0*	5.2	8.7	24.8

*£16.2m of this total was agreed when 2016/17 annual budget was set.

5. Approach to transformation

5.1 To support the work of the Lewisham Future Programme and following a large scale consultation with the community (the Big Budget Challenge), in 2015 the Council adopted its Lewisham 2020 strategy. This focuses on four themes for transformation and enabling approaches to support the implementation of service reductions. They are:

- Creating the conditions where communities will be able to support themselves;
- Actively exploring all opportunities to share services;
- Digitising our services and our interactions with residents (to help simplify and manage demand); and
- Developing entrepreneurial approaches to income generation, particularly in relation to assets.

5.2 The table below summarises examples of the many savings and efficiencies made to date and planned, mapped against the transformation themes adopted by the Council. Those areas of activity to date are still relevant as work continues to extend these practices, as well as identify new efficiencies.

Transformation theme	Examples – to date	Examples - proposed
Communities supporting	• Expansion of successful	• Support Local Assemblies

Transformation theme	Examples – to date	Examples - proposed
themselves	<ul style="list-style-type: none"> community libraries • Volunteer engagement to maintain parks 	<ul style="list-style-type: none"> to self-manage • Engage tenants to support handy person service
Sharing Services	<ul style="list-style-type: none"> • Shared operation support with other London Boroughs – IT & Comms • Employment and Skills training cross Borough 	<ul style="list-style-type: none"> • Environment fleet and depot services in South East London • Co-location of offices with partners – e.g. CCG
Digitising services	<ul style="list-style-type: none"> • New Citrix infrastructure and paperless office plans • Channel shift to bring more services on-line 	<ul style="list-style-type: none"> • Changing workforce practices to more flexible working – e.g. social work • Embed channel shift and increase automation
Managing demand	<ul style="list-style-type: none"> • Core home support to lower health & care costs • Recruitment of more local foster parents • Work to support self-travel to limit transport demands 	<ul style="list-style-type: none"> • Extend personal budgets to lessen need for support • Focus through contracts on prevention support • Extend extra care and shared lives schemes
Income generation	<ul style="list-style-type: none"> • Develop own enforcement agency re debt collection • Offer extended services – e.g. trade waste, green recycling, pre-planning etc 	<ul style="list-style-type: none"> • Invest in developing housing supply – e.g. PRS, short-term & hostels • Extend use of open spaces for events • Improve timely and efficient debt collection

5.3 In addition to the approaches noted above the savings numbers to be delivered also continue to require rigorous work on cost control in all areas (e.g. use of agency staff, contract management etc..) and an acceptance of more service and financial risk through leaner corporate governance, risk and control arrangements.

6. Risk considerations

- 6.1 The risk landscape facing local authorities continues to change as a result of policy and practice. All of which bring further financial uncertainty and pressure to bear on plans and may require further and more radical efficiencies to be made.
- 6.2 A summary of the risks and opportunities being monitored and managed by the Council include:

National	London	Lewisham
<ul style="list-style-type: none"> Move to 100% self-financing via Council Tax and Business Rates (plus appeals and 2015 valuation) 	<ul style="list-style-type: none"> London devolution proposals re business rates 	<ul style="list-style-type: none"> Fewer discretionary services and more rationed statutory services impact sense of place and community cohesion
<ul style="list-style-type: none"> Devolution of new responsibilities to local government 	<ul style="list-style-type: none"> Transport priorities such as the Bakerloo line extension 	<ul style="list-style-type: none"> Population growth creating service demands – e.g. need for housing, schools, social care etc..
<ul style="list-style-type: none"> Changes to New Homes Bonus scheme 	<ul style="list-style-type: none"> Organisation and governance of health & care services 	<ul style="list-style-type: none"> Corporate governance, risk and control tested e.g. workforce resilience, financial tolerance
<ul style="list-style-type: none"> Introduction of Improved Better Care Fund monies 	<ul style="list-style-type: none"> Cost of travel, e.g. concessionary scheme 	
<ul style="list-style-type: none"> New apprenticeship levy – workforce & cost implications 		
<ul style="list-style-type: none"> More schools to academy and funding changes 		
<ul style="list-style-type: none"> Further public sector spending cuts to unprotected areas 		
<ul style="list-style-type: none"> Economic climate impacts investment decisions 		

7. Financial sustainability

- 7.1 As the Council continues to make significant budget cuts it is increasingly juggling the challenges from taking more risk while avoiding service or financial failure. To help manage the timing and

scale of this challenge the Council sets aside monies and uses reserves to balance the budget.

- 7.2 In respect of timing, the Council identifies £7.5m annually to be allocated to specific service risks and pressures as they emerge from setting the budget and regular financial and performance monitoring through the year. In addition, the Council has been putting the New Homes Bonus it receives into reserves, rather than directly into the base budget while the scheme's future remains uncertain, and drawing on this to meet demand.
- 7.3 In terms of scale, the Council has been using earmarked reserves to support investments, redundancies and change. For example; the Council continues to make capital investments in school places and different types of housing provision, and investments in services such as IT and fleet. And the Council has run three voluntary severance schemes in the last five years.

8. Related documents

- 8.1 Other published documents related to this plan include:

Sustainable Community Strategy

<http://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/Sustainable%20Community%20Strategy%202008-2020.pdf>

Budget for 2016/17

<http://councilmeetings.lewisham.gov.uk/documents/s41570/2016%2017%20Budget.pdf>

Medium Term Financial Strategy to 2019/20

<http://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=123&MId=4155>

Strategic Asset Management Plan

<http://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/150330%20SAMP%20Final.docx>

Corporate Budget Book 2016/17

<http://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/finances/Documents/Corporate%20Budget%20Book%202016%E2%80%9317.pdf>

Lewisham 2020 5 year forward view

<http://councilmeetings.lewisham.gov.uk/documents/s39593/Lewisham%202020%205%20year%20Forward%20view.pdf>

END

Appendix xi

Summary of Equalities Implications

Context

The Lewisham Future Programme 2016/17 report sets out options in 20 proposals (excluding B3 and M3 and the separate Public Health proposals – see report) with a total value of £6.4m of savings for pre-decision scrutiny prior to Mayor and Cabinet on 28 September 2016. As part of the budget setting process, equality assessment analysis of selected budget savings is carried out to better understand the likely impact on protected groups and, where possible, to mitigate any negative effects.

An initial assessment of the likely impact of changes on protected groups is carried out during the development of each savings proposal. A determination is also made as to whether the proposal, should it be agreed, would require a full equalities analysis assessment. This information is presented in section eight of each proforma (appended to the budget savings report).

The Public Sector Equality Duty requires the Council to have ‘due regard’ to the need to eliminate unlawful discrimination, harassment and victimisation as well as to advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

Characteristics¹ covered by the Equality Duty are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- The duty also covers marriage and civil partnerships, but only in respect of eliminating unlawful discrimination within employment and training.

The Council is required to demonstrate that it has had ‘due regard’ to the aims of the Equality Duty in decision-making. Assessing the potential impact on equality of proposed changes to policies, procedures and practices is one of the key ways in which the Council can demonstrate that it has had ‘due regard’.

Lewisham’s has a comprehensive equalities scheme (2012-16) which is based on the principles set out in the borough’s sustainable communities’ strategy. The scheme brings together information and intelligence about the Council’s strategic approach to equality and states the Council’s commitment to achieving these five objectives:

- Tackling victimisation, harassment and discrimination
- Improving access to services
- Closing the gap in outcomes for citizens

- Increasing understanding and mutual respect between communities
- Increasing participation and engagement

Having due regard to the requirements of the public sector equality duty and having consideration of the objectives of the Comprehensive Equalities Scheme, it has been agreed that the assessment of the impact on equality should be focused on, and proportionate to, decisions being made.

Where proposals are anticipated to have an impact on staffing levels, they are subject to consultation as set out in the Council's employment policies, and services will be required to undertake an Equalities Analysis Assessment (EAA) as part of their restructuring process.

These proposals are identified as aligning to the Council's corporate priorities as follows:

Corporate Priority	Proposals - primary impact by number and value			
	Number	%	£'000	%
1. Community leadership and empowerment	2	10%	470	7%
2. Young people's achievement and involvement	0	0%	0	0%
3. Clean, green and liveable	1	5%	150	2%
4. Safety, security and a visible presence	0	0%	0	0%
5. Strengthening the local economy	0	0%	0	0%
6. Decent homes for all	3	15%	385	6%
7. Protection of children	7	35%	3,193	50%
8. Caring for adults and the older people	4	20%	1,800	28%
9. Active, healthy citizens	1	5%	40	1%
10. Inspiring efficiency, effectiveness	2	10%	400	6%
Total	20	100%	6,438	100%

Of these 20 proposals they were assessed by impact and severity as follows

Impact	No	%	Severity	No	%
Positive	10	50%	High/Medium	1	5%
Neutral	7	35%	Medium	14	70%
Negative	3	15%	Low	5	25%
Not known	0	0%	Not known	0	0%
Total	20	100%	Total	20	100%

Of the proposals three were identified as Negative and Medium and seven as Positive and Medium with the others in between.

Overall from an equalities perspective and the potential impact on service users, the 20 proposals were assessed as follows*

Overall equalities assessment on service users*		
Likely impact	Number	%
High	0	0%
Medium	4	20%
Medium/Low	2	10%
Low	8	40%
Not known or Not applicable	6	30%
Total	20	100%

*NB these assessment are before any consultation where required with service users to evaluate these initial assumptions.

In respect of the potential specific equalities implications from proposals directly impacting the public, the following was identified against twelve (or 60%) of the proposals (with a value of £4m or 62% of the total value of the proposals).

Protected characteristics	Proposals – possible High or Medium impact			
	High	Medium	Total	Comment
Ethnicity	1	4	5	
Gender	1	2	3	
Age	2	3	5	
Disability	3	7	10	
Religion / Belief	0	0	0	
Pregnancy / Maternity	0	1	1	
Marriage & Civil Partnerships	0	0	0	
Sexual orientation	0	0	0	
Gender reassignment	0	0	0	
Total	7	17	24	

As only six proposals were identified as having potential High or Medium equality implications, 70% of the proposals are identified as having a low level of impact or

the equalities implications are judged not to be applicable (or assessment unnecessary).

Officers were also asked to consider the potential geographical impacts of the budget savings proposals. In all cases, no specific ward impact has been identified.

Conclusion

Corporate Priorities

- The two main corporate priorities impacted by these proposals are the protection of children and caring for adults and older people, 55% by number of proposals and 78% by value. This consistent with the proportion of the Council's budget committed to these services. None of the proposals are judged to have a high impact on the corporate priorities and the balance between positive and negative impacts is roughly equal.

Equalities

- Six of the proposals were identified as having potential high or medium impacts on service users, all in the areas of age, disability, ethnicity and gender. None of the proposals were judged as having a high equalities impact overall.

Mayor & Cabinet		
Title	Comments of the Public Accounts Select Committee on the Lewisham Future Programme – 2017/18 Draft Revenue Budget Savings Proposals	
Contributors	Public Accounts Select Committee	Item.
Class	Part 1 (open)	28 September 2016

Reasons for lateness: The report is late because Public Accounts Select Committee had not held its meeting before the agenda despatch date for the Mayor & Cabinet meeting.

Reasons for urgency: The report is urgent because the views of the Select Committees need to be considered alongside the report from officers on the Lewisham Future Programme.

1 Summary

- 1.1 This report informs the Mayor & Cabinet of the comments and views of the Public Accounts Select Committee, arising from discussions held on the report entitled Lewisham Future Programme – 2017/18 Draft Revenue Budget Savings Proposals at the meeting on 22 September 2016.

2 Recommendation

- 2.1 The Mayor & Cabinet is recommended to note the views of the Public Accounts Select Committee as set out below.

3 Public Accounts Select Committee views

- 3.1 On 22 September 2016, the Public Accounts Select Committee considered the Lewisham Future Programme 2017/18 Revenue Budget Savings report. The Committee resolved to advise the Mayor & Cabinet of the following:
- 3.2 The Public Accounts Select Committee endorsed the referrals made by Select Committees (attached at Appendix A). The Committee asked that the Mayor & Cabinet take these referrals into account alongside officer reports when taking a decision on the Lewisham Future Programme – 2017/18 Draft Revenue Budget Savings Proposals report.
- 3.3 The Public Accounts Select Committee noted the assurances given by officers that concerns raised by the Sustainable Development and Safer, Stronger Communities Select Committees regarding the accuracy of equalities impact assessments had been addressed.

- 3.4 The Public Accounts Select Committee agreed the following proposals with no changes: E6, E7, I11(a) and (b), M7(a) and (b).

4. Financial implications

- 4.1 Should the Committees' referrals result in the budget being changed, this may affect the amount of savings achieved, potentially resulting in a savings shortfall that would mean that alternative proposals would have to be identified and built into the budget planning process. However, as these decisions are ultimately for the Mayor (in recommending his budget), and then the Council, there are no direct or immediate financial implications arising from this report.

5. Legal implications

- 5.1 The Constitution provides for Select Committees to make recommendations to the Executive or appropriate committee and/or Council arising from the outcome of the scrutiny process.

Background papers

Lewisham Future Programme 2017/18 Budget Savings Report, considered at all select committees, September 2016: <http://tinyurl.com/hwan4d8>

If you have any questions about this report, please contact Salena Mulhere, Overview & Scrutiny Manager (020 8314 3380).

Appendix A

Public Accounts Select Committee		
Title	Lewisham Future Programme – 2017/18 Revenue Budget Savings Report – Select Committee views	
Contributors	All select committees	Item. Supplement
Class	Part 1 (open)	22 September 2016

Reasons for lateness: The report is late because Select Committees had not held their meetings before the agenda despatch date for the Public Accounts Select Committee meeting.

Reasons for urgency: The report is urgent because the views of the Select Committees need to be considered alongside the report from officers on the Lewisham Future Programme.

1 Summary

- 1.1 This report informs the Public Accounts Select Committee of the comments and views of the Select Committees (which met in September 2016) on the Lewisham Future Programme – 2017/18 Revenue Budget Savings report.

2 Recommendation

- 2.1 The Public Accounts Select Committee is recommended to note the views of the Select Committees as set out in this report.

3 Select committee views

- 3.1 On 7 September 2016, the **Housing Select Committee** considered the Lewisham Future Programme 2017/18 Revenue Budget Savings Report. The Committee resolved to advise the Public Accounts Select Committee of the following:

M6 – reorganise provision of the handypersons service

- 3.2 The Committee welcomed officers' plans to consult on the proposed savings to the handypersons service with service users and other stakeholders, but asked to be provided with more information about the final questions being asked, in particular those about the possible charging structure for the service. The Committee also welcomed the opportunity to scrutinise the proposals again in November, in light of the results of the consultation, before any decision is made about the future of the service.
- 3.3 On 13 September 2016, the **Healthier Communities Select Committee** considered the Lewisham Future Programme 2017/18 Revenue Budget Savings Report. The

Committee resolved to advise the Public Accounts Select Committee of the following:

A18 – widening the scope of charging for social care services

- 3.4 The Committee expressed concern about the possibility of vulnerable people choosing not to use services like this as a result of increased charges – the Linkline alarm services in particular. The Committee recommended, should this proposal be accepted, that the Mayor and Cabinet make sure that any decrease in use by vulnerable people is closely monitored.

A19 – reduction in the staffing costs for assessment and care management

- 3.5 The Committee expressed concern about possible increases in delays for assessments, and decreases in the quality of assessments, as a result of deleting 10% of posts in the assessment and care management teams. The Committee recommended, should this proposal be accepted, that the Mayor and Cabinet make sure any negative consequences are closely monitored.
- 3.6 On 14 September 2016, the **Children and Young People Select Committee** considered the Lewisham Future Programme 2017/18 Revenue Budget Savings Report. The Committee resolved to advise the Public Accounts Select Committee of the following:

Q6a-f: Developing alternative pathways

- 3.7 The Committee noted the savings and requested that, should they be agreed by the Mayor and Cabinet, the Children and Young People Select Committee should receive feedback on progress post implementation so that the effect could be monitored and tracked.

Q7a and b: Redesign of Lewisham CAMHS

- 3.8 The Committee noted the savings but was concerned about the potential for negative impact on young people. The Committee requested that, should these savings be agreed by Mayor and Cabinet, the Children and Young People Select Committee should receive feedback on progress post implementation so that the effect could be monitored and tracked and any negative impacts could be mitigated.

Q8: Develop in-house fostering and specialist carers.

- 3.9 The Committee felt this proposal was positive and the initiative delivered an improvement to services as well as savings.

Q9: Enhance support for children on the edge of care.

- 3.10 The Committee felt this proposal was positive and the initiative would deliver an improvement to service as well as savings. The Committee requested that, should this saving be agreed by the Mayor and Cabinet, the Children and Young People

Select Committee should receive feedback on progress post implementation so that the effect could be monitored and tracked.

Q10: Enhance family finding capacity for step down.

- 3.11 The Committee noted the savings and requested that, should this saving be agreed by the Mayor and Cabinet, the Children and Young People Select Committee should receive feedback on progress post implementation so that the effect could be monitored and tracked.

Q11a and b: Redesign of Meliot Centre

- 3.12 The Committee was concerned regarding the potential effects of changing staffing structures and requested that should this proposal be agreed by Mayor and Cabinet, the full report for Mayor and Cabinet on the proposed service change be provided to the Children and Young People Select Committee for scrutiny prior to it going to Mayor and Cabinet.

- 3.13 On 14 September 2016, the **Sustainable Development Select Committee** considered the Lewisham Future Programme 2017/18 Revenue Budget Savings Report. The Committee resolved to advise the Public Accounts Select Committee of the following:

- The Committee recommends that action be taken to improve the IT used by the borough's planning teams. Members recognise that planning officers could provide substantially improved services and make more efficient use of resources if the IT offer was brought up to industry standards.
- The Committee recommends that the proposal to cut or reduce the assemblies fund be rejected.
- The Committee would welcome further proposals about the potential to generate revenue from the use of the Council's assets.
- The Committee is concerned about the lack of information provided about the equalities dimension of a number of the savings proposals. It asks that officers pay close attention to areas in which there may be a cumulative negative impact on protected groups.

- 3.14 On 15 September 2016, the **Safer Stronger Communities Select Committee** considered the Lewisham Future Programme 2017/18 Revenue Budget Savings Report. The Committee resolved to advise the Public Accounts Select Committee of the following:

B3: Re-procure floating support services

- 3.15 That the proposal be endorsed.

L8: Review of facilities management arrangements

- 3.16 The Committee accepted the proposal, but expressed the view that any groups or organisations taking on management contracts must uphold the council's values and

be committed to enabling access to the wider community. Staff should be safeguarded as much as practicable and the London Living Wage should be used as a minimum standard.

L9: Removal of the Assembly Fund

- 3.17 The Committee unanimously rejected the proposal. It was felt that the removal of the fund would have a negative impact on community cohesion, participation and engagement, and that the impact would be disproportionate to the relatively modest level of saving that would be achieved. The Committee was of the majority view that a partial saving would be similarly unacceptable.

M6: Handyperson Service

The Committee endorsed the views of the Housing Select Committee.

4. Financial implications

- 4.1 Should the Committees' referrals result in the budget being changed, this may affect the amount of savings achieved, potentially resulting in a savings shortfall that would mean that alternative proposals would have to be identified and built into the budget planning process. However, as these decisions are ultimately for the Mayor (in recommending his budget), and then the Council, there are no direct or immediate financial implications arising from this report.

5. Legal implications

- 5.1 The Constitution provides for Select Committees to make recommendations to the Executive or appropriate committee and/or Council arising from the outcome of the scrutiny process.

Background papers

Lewisham Future Programme 2017/18 Budget Savings Report, considered at all select committees, September 2016: <http://tinyurl.com/hwan4d8>

If you have any questions about this report, please contact Salena Mulhere, Overview and Scrutiny Manager (0208 314 3380).

Chief Officer Confirmation of Report Submission	
Report for:	
Mayor	<input type="checkbox"/>
Mayor and Cabinet	<input checked="" type="checkbox"/>
Mayor and Cabinet (Contracts)	<input type="checkbox"/>
Executive Director	<input type="checkbox"/>
Information <input type="checkbox"/>	Part 1 <input checked="" type="checkbox"/>
	Part 2 <input type="checkbox"/>
	Key Decision <input type="checkbox"/>

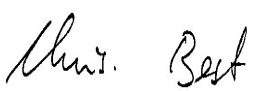
Date of Meeting	28 September 2016
Title of Report	Public Health Savings

Originator of Report	James Lee, Service Manager – Prevention, and Public Health	Ext. 46548
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At the time of submission for the Agenda, I confirm that the report has:

Category	Yes	No
Financial Comments from Exec Director for Resources	x	
Legal Comments from the Head of Law	x	
Crime & Disorder Implications	x	
Environmental Implications	x	
Equality Implications/Impact Assessment (as appropriate)	x	
Confirmed Adherence to Budget & Policy Framework	x	
Risk Assessment Comments (as appropriate)		
Reason for Urgency (as appropriate)		

Signed  Director/Head of Service
 Date 19/9/2016

Signed  Cabinet Member
 Date 20/9/2016

Control Record by Committee Support

Action	Date
Listed on Schedule of Business/Forward Plan (if appropriate)	
Draft Report Cleared at Agenda Planning Meeting (not delegated decisions)	
Submitted Report from CO Received by Committee Support	
Scheduled Date for Call-in (if appropriate)	
To be Referred to Full Council	

MAYOR AND CABINET		
Report Title	Public Health savings	
Key decision	Yes	Item No.
Ward	All	
Contributors	Executive Director for Community Services	
Class		Date: 28/9/16

1. Summary and Purpose of the Report

The purpose of the report is to appraise Mayor & Cabinet of the outcome of the consultation agreed by Mayor & Cabinet on the 13th of July for Staying Healthy, Sexual Health, Health Visiting and School Nursing services.

This report seeks approval for a range of activity to realise the savings agreed by Mayor & Cabinet on September 30th 2015, and to balance the reduction to the Public Health grant announced in the 2015 spending review.

The activity outlined in this report delivers the required level of savings for Staying Healthy and Sexual Health services. The proposals for Health Visiting and School Nursing, in response to consultation, now deliver a reduced level of savings. This leaves the overall proposals delivering only £4,433,876 of the required £4,701,000 savings. Further proposals will be developed to deliver the remaining £267,124 saving.

2. Structure of the Report

2.1 The report is structured as follows:

Section 3 sets out the recommendations.

Section 4 sets out the policy context

Section 5 sets out the background

Section 6 preventative health (Staying Healthy) services

Section 7 health visiting and school nursing

Section 8 sexual health services

Section 9 sets out procurement arrangements

Section 10 sets out the financial implications

Section 11 sets out the legal implications

Section 12 sets out the crime and disorder implications

Section 13 sets out the equalities implications

Section 14 sets out the environmental implications

Appendix 1 Lewisham's 9 health and wellbeing priorities

Appendix 2 2016-17 allocation of the Public Health grant

Appendix 3 the Public Health Outcomes Framework

Appendix 4 Public Health England's grant reduction letter to local authorities

Appendix 5 Equalities Analysis for Staying Healthy services

Appendix 6 Equalities Analysis for Health visiting and School Nursing

Appendix 7 Equalities Analysis for Sexual Health

Appendix 8 final stakeholder event summary

Appendix 9 Uengage health visiting and school nursing public responses

Appendix 10 Uengage health visiting and school nursing stakeholder responses

Appendix 11 Health Impact Assessment for Staying Healthy services

Appendix 12 Lewisham Clinical Commissioning Group Letter and response from the Director of Public Health

3. Recommendations

3.1 Mayor and Cabinet is recommended to:

- 1) Review the comments from the Chief Officer of Lewisham Clinical Commissioning Group (Appendix 12), including his request to reflect on the £2m reduction in the Public Health budget agreed at Mayor & Cabinet in September 2015, and confirm that decision.
- 2) Note the consultation activity described in sections 6 to 8 of this report.
- 3) Approve the proposals in section 6 to deliver £800,000 savings from 'staying healthy' services for obesity & physical activity, health improvement, smoking and NHS Healthchecks.
- 4) Delegate authority to the Executive Director for Resources and Regeneration to approve the procurement process from Staying Healthy services.
- 5) Approve proposals for health visiting and school nursing services outlined in section 7 to deliver savings of £1,714,728.
- 6) Approve a competitive dialogue procurement process for tenders for Health Visiting and Children's Centres and a competitive tender process for School Nursing. The proposed timeline for this is outlined in 7.11.
- 7) Note the proposals for sexual health services outlined in section 8. Mayor and Cabinet (contracts) 21st October 2015 delegated authority to the Executive Director for Resources and Regeneration to approve the procurement process to deliver the proposals for savings of £500,000 from Sexual Health services. Sexual health for young people will be included in the specification for the teenage health and well-being service described in 7.5.2.

4. Policy Context

4.1 The services within this paper meet the two key principles of the Lewisham's Sustainable Community Strategy 2008-2020:

- Reducing inequality – narrowing the gap in outcomes for citizens
- Delivering together efficiently, effectively and equitably – ensuring that all citizens have appropriate access to and choice of high-quality local services

4.2 These services also contribute to the following priority outcomes:

- Safer – where people feel safe and live free from crime, antisocial behaviour and abuse
- Empowered and responsible – where people are actively involved in their local area and contribute to supportive communities
- Healthy, active and enjoyable – where people can actively participate in maintaining and improving their health and well-being

4.3 The services in this report support the council's corporate priorities of:

- Community Leadership and empowerment- developing opportunities for the active participation and engagement of people in the life of the community
- Caring for adults and older people- working with health services to support older people and adults in need of care

- Active, healthy citizens- leisure, sporting, learning and creative activities for everyone
- 4.4 The Health and Well Being Strategy 2012/22 has been developed by Lewisham’s Health and Wellbeing Board (HWB) and sets out the improvements and changes that the board, in partnership with others, will focus on to achieve the board’s vision of achieving a healthier and happier future for all. Sexual health, preventing the uptake of smoking among children and young people and reducing the numbers of people smoking, reducing alcohol harm and promoting healthy weight are all priorities identified in the Health and Well Being Strategy.
- 4.5 Sexual Health is an important public health priority at both a national and local level. Lewisham continues to experience high demand and need for sexual health services reflected as high rates of teenage pregnancy, abortion and sexually transmitted infections.
- 4.6 Although smoking prevalence has reduced there are higher rates of smoking in Lewisham than London and England. More than 1 in 5 of the adult Lewisham population are smokers and 1 in 4 people in routine and manual occupations still smoke. There are currently about 50,000 adult smokers in Lewisham with a high proportion who are heavily dependent, such as pregnant women, people with long term conditions and people with mental health problems. Smoking is a contributory factor to the main causes of death in Lewisham and it is the single largest factor associated with health inequalities. Smoking is responsible for half the difference in life expectancy between Lewisham’s richest and poorest residents. Forty eight percent of Lewisham school children said they lived in a household with a smoker¹ and Lewisham’s asthma admission rates for children are significantly higher than England.
- 4.7 Lewisham has a higher proportion of smoking related hospital admissions and early deaths due to smoking. Babies and children exposed to a smoky atmosphere are more likely to need hospital care in the first year of life. Passive smoking can put children at an increased risk of sudden infant death syndrome (SIDS), developing asthma or having asthma attacks when the condition is already present, middle ear infection, and coughs and colds. In households where mothers smoke, for example, young children have a 72% increased risk of respiratory illnesses.
- 4.8 The estimated local societal cost of smoking for Lewisham is £73.4m each year, and passive smoking costs a further £1m annually, including £9m on healthcare and £4m on social care directly attributable to smoking.
- 4.9 Lewisham’s Children and Young People’s Strategic Partnership vision is: “Together with families, we will improve the lives and life chances of the children and young people in Lewisham”. This is achieved through a focus upon closing the gaps in outcomes achieved by our children and young people and agreement to ensure that children’s and families’ needs are prevented from escalating and are instead lowered. The ideal is for all children and young people to require only universal services and

¹ School Health Education Unit survey

where further support is needed this should be identified and provided as early as possible.

- 4.10 Reported obesity rates among adults in Lewisham show a steady upward trend with 60% of adults with excess weight (obese and overweight) in 2014. This equates to 53,000 people with a BMI above 30 (obese) and 137,500 people with a BMI above 25 (excess weight). Estimated prevalence of morbid obesity (BMI above 40) is 2.5% (5000 people). Nationally obesity is projected to increase from 29% in 2015 to 32% in 2020 and 41% in 2035, with prevalence projected to rise most markedly from the lowest income groups. If current trends continue 72% of the adult population would be predicted to be overweight or obese by 2035.
- 4.11 In Lewisham childhood obesity rates remain significantly higher than the England rate with a quarter of children in Reception (age 4-5) and over a third of children in Year 6 (age 10-11) being overweight or obese. Maternal obesity is a risk factor for childhood obesity and nearly half of women are overweight or obese at their booking appointment. It is estimated that there are over 8,500 children at risk of obesity in Lewisham with over 900 children identified each year through the National Child Measurement programme.
- 4.12 Obesity prevalence is associated with socioeconomic status with a higher level of obesity found among more deprived groups.

5. Background

- 5.1 The Health and Social Care Act (2012) transferred the bulk of public health functions to local authorities. The Council is responsible for delivering public health outcomes through commissioning and building partnerships within the borough, region and city.
- 5.2 In September 2015 Mayor & Cabinet approved £2m of savings by 17/18. In the Spending Review and Autumn Statement 2015 the government announced cuts to public health services. For Lewisham this has resulted in a grant reduction of £2.7m by 2017/18. The Council therefore needs to save £4.7m by 1 April 2017.
- 5.3 At its meeting on 26 November 2014, Council agreed to set up a time limited Public Health Working Group to operate until the end of February 2015 to consider the proposals to change public health services being proposed as part of the Council's budget process for 2015/16. This contributed to the Council's debate about the future of public health services in Lewisham and reported in February 2015.
- 5.4 In order to deliver the savings as outlined above, officers have conducted extensive consultation on service redesign proposals leading to recommendations for Mayor & Cabinet as outlined in this report.
- 5.5 The activity outlined in this report delivers the required level of savings for Staying Healthy and Sexual Health services. The proposals for Health Visiting and School Nursing, in response to consultation, now deliver a reduced level of savings. This leaves the overall proposals delivering only £4,433,876 of the required £4,701,000

savings. Further proposals will be developed to deliver the remaining £267,124 saving.

- 5.6 The outcome of the consultation conducted and detailed service redesign recommendations are laid out below for:
- Staying Healthy services
 - Health Visiting and School Nursing services
 - Sexual Health services

6 Staying Healthy services

6.1 **Overview of current services:** The Council currently commissions a range of services to support behaviour change in residents at high risk of ill health and reduce health inequalities, including smoking, eating, physical activity and wellbeing. These are delivered in partnership with local healthcare and voluntary sector providers, and have a total value of £2.3m. These services are in addition to broader policies which promote health such as those relating to the environment and the regulation of supply.

6.1.1 The Lewisham Stop Smoking service is an addiction treatment service, which assists dependent smokers to quit and is delivered by Lewisham and Greenwich Healthcare Trust (LGT) for £461,000 per annum with a further £240,000 of medication costs. Last year 1297 people quit smoking through a combination of a specialist team and primary care provision through GPs and pharmacies. The primary role of the Stop Smoking Service is to deliver high quality, evidence-based stop smoking interventions to dependent smokers living in Lewisham. This includes a more intensive service for highly dependent smokers provided through group and one to one sessions, and support for moderately dependent smokers through GPs & pharmacies including a hub based model in each neighbourhood. This service is primarily targeted at heavily dependent smokers, including pregnant smokers, smokers with mental health problems and smokers with long term conditions. This service has recently been redesigned due to a 30% reduction in funding from the Council in 2015/16.

6.1.2 The Community Health Improvement Service is delivered by Lewisham and Greenwich Trust (LGT) for £571,518 per annum to provide a range of health promotion activities targeted at those with poorer health outcomes. In 2015/16 CHIS provided behaviour change and healthy lifestyle support through: a lifestyle hub delivering motivational interventions and referrals to 950 people identified as at risk following an NHS Health check; Health Trainers providing one to one and group motivational interviewing and lifestyle coach support to 250 people and the Healthy Walks programme, which trains walk leaders, develops, promotes and ensures regular health walks to increase participation and uptake of physical activity (200 new walkers per annum and just under 600 regular walkers). It also engages, develops and empowers communities through community development for health improvement and neighbourhood based activities including outreach, participatory budgeting/small grants, networks, negotiating and developing referral pathways into preventative lifestyle activities and interventions, and linking providers of preventative initiatives with community groups (reaching at least 500 people per year).

- 6.1.3 The £450,000 per annum NHS Health Check programme is commissioned to identify 40-74 year olds with a high risk of developing cardiovascular and other conditions. This includes direct commissioning of health checks provided by GPs, pharmacies and To Health (outreach); a call/recall system (every 5 years) and IT. This is a mandatory programme, assessing risk and facilitating early intervention. About 6,000 Health checks were conducted in Lewisham last year.
- 6.1.4 The Breastfeeding Network project manages the community breastfeeding groups and provision of a breastfeeding peer support service for £48,895 per annum. This includes training 24 new breastfeeding peer supporters and providing on-going supervision to all active volunteer peer supporters (around 30). The peer supporters support mothers attending the community breastfeeding groups and on the postnatal ward (total 1200 hours of volunteer time per annum). The community breastfeeding groups support 900 new women a year.
- 6.1.5 MyTime Active deliver a children's weight management programme (MEND) for £230,000 per annum. The service delivers a range of age-specific evidence-based family interventions for 375 overweight and obese children. The service includes specialist support (dietician, psychologist and physical activity specialist) for obese children with co-morbidities or with complex needs (180 children per annum). The service also delivers a range of bespoke workforce training sessions (100 staff per annum). The children's weight management service supports the mandatory National Child Measurement Programme which identifies that Lewisham has consistently high prevalence of childhood obesity.
- 6.1.6 Weightwatchers deliver 795 adult weight management interventions at a cost of £42,930 per annum. This entitles individuals that are overweight or obese (BMI of 28 or more) to attend 12 weeks of Weight Watchers meetings and access 16 weeks online support free of charge. The service has shown successful outcomes with 54% of clients completing the programme and 91% successfully losing weight.
- 6.2 **Consultation process:** The Council consulted the public, service users and stakeholders from July to September as agreed by Mayor & Cabinet on the 13th of July 2016 in the following ways:
- The Council conducted online engagement through Uengage with the public and users of the different services.
 - The Council consulted with fellow health commissioners on each proposal area for savings. Officers attended the Clinical Commissioning Group's (CCG) clinical directors, governing body and membership forum. The CCG's feedback along with the subsequent response from Lewisham's Director of Public Health are attached to this report as Appendix 12.
 - The Council consulted healthcare partners and expert stakeholders through Uengage, GP neighbourhood forums and an engagement event.
 - The Council worked with Healthwatch Lewisham and consulted existing neighbourhood health forums.
- 6.3 **Consultation outcome and recommendations:** The outcome of the consultation process outlined above informed the health impact assessment (HIA) attached as

Appendix 11, And Equalities Analysis Assessment attached as Appendix 5. These informed the development of the final proposals below. Officers recommend delivery of the required savings of £800k through a combination of re-commissioning, redesign and decommissioning of services across the areas outlined below. These proposals have been drawn up with an emphasis on effectiveness in terms of outcome and increased alignment between services and pathways to reduce costs.

6.4 Savings from the Stop Smoking Service (£120,000)

- 6.4.1 To deliver this saving the Council will negotiate with the current provider (LGT) to continue to deliver the service within a reduced cost envelope. This will include a reduction in the value of the block contract with LGT, a reduction in management costs, and in prescribing costs which will form approximately 50% of the saving. Should the Council be unable to deliver the required saving through this negotiation the service will be put out to tender with a reduced value.
- 6.4.2 The Council's consultation with stakeholders identified the Stop Smoking Service as a priority evidence-based service, with 53% of respondents to the online survey ranking the service as their highest priority. This is reflected in the relatively small disinvestment in the service.
- 6.4.3 The Council's public consultation showed the highest support for a mixed model of delivery incorporating face-to face and digital support (on-line and phone or text messaging (30%). There was also significant support for face-to-face (27%) and group (25%) support.
- 6.4.4 Consequently the council will focus the redesign on:
- a greater use of digital support for less heavily dependent smokers
 - face to face support, including groups, from specialists for heavily dependent smokers such as pregnant women, smokers with mental health problems and/or long term medical conditions
 - more efficient and effective prescribing of stop smoking medication
- 6.4.5 The Council's EAA (Appendix 5) shows that a reduction in service capacity could impact adversely on high-risk groups such as pregnant women, smokers with mental health problems and those with long-term medical conditions. This impact will be mitigated by the redesign's focus on ensuring face to face support for these groups is retained.
- 6.4.6 The greater quit-rate the specialist team achieve amongst men and black African communities through face-to-face support may mean a reduction in this element of the service adversely impacts on these groups. This will be mitigated by all patients entering the service having an initial face-to-face assessment to determine the appropriate channel for support. Male and black African smokers who fall under the heavily dependent category will be supported through face to face interventions rather than digital support.

6.5 Savings from the Community Health Improvement Service (CHIS): (£451,448)

6.5.1 To deliver this saving the Council will cease commissioning CHIS. The decision to decommission CHIS was taken following examination of impacts and mitigation, and given the level of savings required officers decided that reinvesting £120,000 meant that impacts could be mitigated more effectively than from savings elsewhere.

6.5.2 CHIS currently provides:

- the Lewisham Lifestyle Hub (LLH) which manages all referrals to lifestyle services and delivers motivational interventions to those identified as at risk following an NHS Health check. LLH had 957 referrals last year.
- Health Trainers providing one to one and group motivational interviewing and lifestyle coach support to 250 people
- Community development for health improvement and neighbourhood based activities including outreach, participatory budgeting/small grants, networks, negotiating and developing referral pathways into preventative lifestyle activities and interventions, and linking providers of preventative initiatives with community groups
- the Healthy Walks programme, which trains walk leaders, develops, promotes and ensures regular health walks to increase participation and uptake of physical activity (200 new walkers per annum and just under 600 regular walkers)

6.5.3 **Lewisham Lifestyle Hub**

The HIA states that there is ‘no peer-reviewed evidence identified in this HIA that examined the effectiveness of a hub model like LLH improving health outcomes. An external evaluation of the LLH noted that the motivational interviewing for those having an NHS Health Check was extremely valuable’. This element will form part of any future NHS Healthchecks delivery.

The EAA identifies that the LLH element of CHIS achieves good reach to BME groups, particularly Black African and Caribbean groups. As such the removal of the LLH has the potential to impact negatively on these groups. However the only referral pathway to LLH is the NHS Health check programme, and the reach of this programme will be retained. The overall impact of the change will be mitigated by proposed changes to NHS Health Checks delivery to include motivational interviewing and general advice about lifestyle behaviour change and onward referrals.

6.5.4 **Health trainers**

The HIA (Appendix 11) states that ‘an evidence review for this component of CHIS was performed in November 2015. The review found that for health trainers, high grade evidence on their impact is in short supply, but available studies indicate that they may lead to short-term improvements in some health related behaviours. However, there is no evidence that they bring about sustained behaviour change, and wider community impacts remain unclear’.

The EAA (Appendix 5) states that 45% of the users of health trainers were Black African or black Caribbean and 75% of users were women, so these populations could potentially be disproportionately affected by the removal of the health trainer

programme as. Overall respondents to both the public and stakeholders' consultations felt the changes were likely to have a negative impact.

Removal of the health trainer programme will be mitigated by the community nutrition and physical activity service delivered by Greenwich Community Development Agency (GCDA), an additional investment of £15,000 to expand the existing weight management offer, and the new (National Diabetes Prevention Programme) service commissioned by NHS England for people identified with a high risk of developing diabetes. Black Caribbean and black African populations are at increased risk of diabetes and therefore are likely to be well represented in the new national diabetes prevention programme. The community development approach of the community nutrition and physical activity service will target black African and black Caribbean communities.

Consultation with professional stakeholders identified the importance of retaining a choice of provider; consequently the mitigating expansion of the existing weight management offer will include a choice of provider.

The demographic uptake of these services will be monitored to ensure proportionate representation of black African, black Caribbean communities and women.

6.5.5 Community Development (CD)

With reference to the latest CHIS Annual report and monitoring data the EAA was unable to readily assess the potential equalities impact of the CD work of CHIS, although historical and verbal reports confirm that the CD work of CHIS was very effective at reaching BME and more deprived communities. These groups could potentially be disproportionately affected by any reduction Overall respondents to both the public and stakeholders' consultations felt the changes were likely to have a negative impact.

The EAA states that the CD work of CHIS does not supply sufficient demographic data to assess the potential equalities impact, although overall respondents to both the public and stakeholders' consultations felt the changes were likely to have a negative impact.

The removal of the CD element of CHIS will be mitigated by the Council investing £70,000 to £100,000 to support grants in all 4 neighbourhoods for activities that promote healthy eating, increase physical activity, mental wellbeing, sexual health, and raise awareness of the risks of smoking and alcohol consumption. Community groups will be supported by GCDA in delivery of projects supported through the grants. The Council will address the lack of data on equalities impacts through ensuring its mitigating investment in grants requires sufficient data to assess these impacts in the future.

The Council's mitigating investment in grants will retain the Participatory Budgeting model that has also worked in the successful Well Bellingham initiative and will continue to target those groups with poorer health outcomes such as BME and people with disabilities. This will be linked with Community Connections and emerging neighbourhood care networks, and aligned with the community nutrition and physical activity pathways delivered by GCDA. This is also match funding for the

'Well Communities' Big Lottery bid, which could potentially bring in an additional £180k investment per year for 3 years to support community development and wellbeing.

6.5.6 Healthy Walks

The Healthy Walks programme was the 2nd most popular Staying Healthy service from the Uengage public survey. A number of passionate responses to the consultation emphasised the reach and value of the programme. The EAA states that the programme in Lewisham has been able to engage with a significantly higher percentage of participants with long term health conditions or disabilities, as well as with BME groups compared to other Walking for Health schemes nationally and those based in London. The programme will continue to be commissioned, and will continue to train walk leaders and develop, promote and ensure regular healthy walks in each of the four Neighbourhoods in order to help increase the participation and uptake of physical activity levels. It will be re-procured and aligned with other physical activity community development initiatives in the borough.

6.6 Savings from the children's weight management service (£100,00)

- 6.6.1 The Council will cease commissioning the provider of the existing service. This will be mitigated by investing £130,000 in the new contract for school nursing, to ensure weight management is a core function of the service.
- 6.6.2 The EAA identified potential negative equalities impacts of children with complex needs receiving the same offer as other children in the new service, which the Council will seek to mitigate through specifying strong pathways to other areas of the redesigned health visiting and school nursing services. The incorporation of the service into school nursing may help to mitigate this negative health impact by maintaining close links with children with complex needs to provide some additional support where required.
- 6.6.3 The EAA identified potential positive impact for age, the integration the service into school nursing may mean better follow up of those in overweight/obese groups requiring MEND since the National Child Measurement Programme (NCMP) takes place in schools. However, since there will be reduced capacity of the service to provide additional support to children, this may offset any new benefit for young people overall.
- 6.6.4 The professionals consultation of Staying Healthy services expressed concern of a potential equalities impact of any reduction in overall service capacity as a result of changes most notably that childhood obesity affects those of lower socio-economic status the most, and that any reduction in capacity of the service would increase health inequalities.
- 6.6.5 Close monitoring of service use and health outcome data following the introduction of the proposed changes, particularly to capture demographic data for service users will be vital to identify if any negative impacts are realised and to work to mitigate them when/if they arise.

6.6.7 Detailed plans and consultation for the redesign of school nursing services are contained in Section 7 of this report.

6.7 Savings from the breastfeeding support service (£49,000)

6.7.1 The Council will cease commissioning the provider of the existing service. This will be mitigated by ensuring breastfeeding peer support and support to existing groups is a specified function of the new health visiting service

6.7.2 The EAA identified that the existing service is under-utilised by younger mothers, so these changes present an opportunity for a positive equalities impact in that regard.

6.7.3 Detailed plans and consultation for the redesigned health visiting service are contained in Section 8 of this report.

6.8 Savings from the NHS Health Checks programme (£70,000)

6.8.1 The Council will recommission this mandatory programme as an integrated pathway, delivering savings through reducing interface costs as well as focusing on better targeting of high risk groups and follow-up referrals for those identified as at risk.

6.8.2 The new service will specify delivery across primary care to ensure coverage on a neighbourhood and population level and will seek to target those most at risk of developing cardiovascular disease (CVD)It will include specific interventions for those identified at greatest CVD risk.

6.8.3 Respondents to the public consultation identified NHS Health checks as their most preferred Staying Healthy service, with respondents to the professional consultation ranking it as their 2nd most preferred service.. Professionals did emphasise the potential benefits of early identification, and emphasised the importance of the usage of point of care blood testing to identify high risk individuals. Effective communication with GP practices was highlighted as a way to ensure best practice pathways are followed including clinical follow-up and referrals to lifestyle services for all individuals identified at high CVD risk

6.8.4 In line with the recent reconfiguration of GP practices into a federated organisation, the Council will seek to negotiate a single contract for delivering the whole NHS Health Check service pathway as an initial 18-21 month pilot. This will include provision of the service in community pharmacies as well as GP practices. Following feedback from professionals this will include point of care blood testing.

6.8.5 Following an evaluation of the pilot, the Council will reprocur using the learning from the pilot. The service will include a call and recall system. Using GP patient registers as a basis for the call and recall will enable better targeting of at-risk groups, as well as better alignment with GP clinical follow up. The pathway will also offer follow up brief advice and onward referrals.

6.8.6 If the Council is unable to agree a satisfactory price and model for the pilot, the Council will undertake a procurement exercise.

6.9 Savings Table

The table below outlines the Staying Healthy areas where savings are planned, and where the council continues to invest. Although savings have been delivered in all areas, the council retains significant investment in the mandatory NHS Healthchecks programme and in smoking cessation, as well as retaining investment in health improvement, obesity and physical activity:

STAYING HEALTHY SAVINGS AREAS	16-17 Budget	savings identified	17-18 budget or reinvestment
Obesity & Physical activity			
UNICEF BABY FRIENDLY	£1,000	£0	£1,000
IMPLEMENTATION OF UNIVERSAL VITAMIN D SCHEME	£20,300	£0	£20,300
BREASTFEEDING SUPPORT	£49,000	£49,000	£0
WEIGHT MANAGEMENT: ADULTS	£99,000	£0	£99,000
HEALTHIER CATERING COMMITMENTS	£12,000	£0	£12,000
HEALTH IMPROVEMENT TRAINING	£5,000	£5,000	£0
WEIGHT MANAGEMENT: CHILDREN	£235,100	£100,000	£135,100
SUBTOTAL	£421,400	£154,000	£267,400
Smoking			
STOP SMOKING SERVICE & PRESCRIBING	£698,494	£120,000	£578,494
TOBACCO CONTROL AND ILLEGAL SALES	£10,000	£5,000	£5,000
SUBTOTAL	£708,494	£125,000	£583,494
Health improvement			
WELL LONDON	£30,000	£0	£30,000
COMMUNITY PA & NUTRITION	£120,000	£0	£120,000
CHIS	£571,518	£451,448	£120,070
SUBTOTAL	£721,518	£451,448	£270,070
NHS Health Checks			
CALL/RECALL NHS HEALTH CHECKS	£34,000	£0	£34,000
NHS HEALTH CHECK PROVIDERS	£270,728	£50,000	£220,728
IT PROVIDERS	£63,000	£0	£63,000
NHS HEALTH CHECK CLINICAL RESOURCES	£82,000	£20,000	£62,000
SUBTOTALS	£449,728	£70,000	£379,728
TOTAL	£2,301,140	£800,448	£1,500,692

7 Health visiting and school nursing

7.1 Savings identified

The Council will deliver savings of £1.7m through a combination of re-commissioning and redesign of the health visiting service and the school aged nursing service. These proposals have been drawn up with an emphasis on effectiveness of outcomes, increased integration of services for children and young people, and a reduction in management and administration costs.

(i) Savings from the school aged nursing service

The proposed redesign will deliver savings of £510,915 (2017-18) and an additional £15,057 (2018-19 onwards).

(ii) Savings from health visiting

The proposed redesign will deliver savings of £1,203,813 (2017-18 onwards).

CHILDREN AND YOUNG PEOPLE'S SAVINGS	16-17 budget	LA Savings identified	17-18 budget	LA
HEALTH VISITING SERVICE	£7,350,000	£1,203,813	£6,146,187	
SCHOOL AGED NURSING SERVICE	£1,750,000	£510,915	£890,827*	
TEENAGE HEALTH AND WELLBEING SERVICE		N/A	£348,258**	
TOTAL	£9,100,000	£1,714,728	£7,385,272	

* An additional £130,000 will be added to this budget to pay for the new integrated weight management service.

** There will be additional funding for this new service to finance substance misuse, sexual health and mental health support.

7.2 Overview of current services

7.2.1 Lewisham's Children and Young People joint commissioning team has undertaken a review of universal and targeted services and pathways for children, young people and their families. The focus of this review has been on public health nursing services (health visiting and school nursing) and how these services work with children's centres:

7.2.2 **Health visiting** - provides help and support for families with children aged 0 to 5 years on parenting, health and development issues. Health visitors offer five health and development reviews to every child aged up to 2½ years in line with the Healthy Child Programme. Additional targeted support is provided for vulnerable families.

The current service costs £7.35m per annum and is provided by LGT. The service is funded by the central government public health grant which has been cut. For this reason, the budget for this service will need to be reduced from 2017-18.

- 7.2.3 **School nursing** - provides advice and support for school aged children including specific support for children with chronic conditions and complex needs, safeguarding and immunisation. The service is also responsible for the delivery of a health screening service for primary school children which consists of a school entry health check, vision and hearing screening, and height and weight checks through the National Child Measurement Programme in Reception and Year 6.

The current service costs £1.75m per annum and is provided by LGT. The service is funded by the central government public health grant which has been cut. For this reason, the budget for this service will need to be reduced from 2017-18. An additional £229,000 is provided by NHS England for school-age immunisations and this funding will continue in 2017-18.

- 7.2.4 In addition, Lewisham's **children's centres** provide a wide range of activities and services for children and families to support the health and welfare of children, and to reduce inequalities in child development and school readiness. Services are for children and young people aged 0 to 19 years, with most services aimed at the early years (0 to 5 years). Children's centres are provided in 16 sites in Lewisham.

The current service costs £1.8m per annum and is commissioned from two area-based providers and five schools. Children's centres are funded by the local authority. The budget for children's centres was cut in 2011 and 2014, and further financial reductions to this service are not proposed.

7.3 **Background**

The following factors have prompted a review of services:

- 7.3.1 **Reductions in central government funding** of local authorities which mean the council needs to find £4.7m of savings from public health funded services by 2017-18.
- 7.3.2 **Changing demand for children's services in Lewisham** - there will be a slight decrease in the population of children aged 0-4 years in 2015 and 2016. Slight declines are also projected for 2017 and 2018.² However, there has been an increase in the number of children and families identified as vulnerable. Currently there are 2,000 children on the health visiting targeted caseload and 400 children subject to child protection plans in Lewisham.
- 7.3.3 **The Council's current contracts** - for school nursing, health visiting and children's centres end in March 2017, and therefore the procurement process needs to start in the autumn 2016 to ensure new contracts are in place for April 2017.

There are also key opportunities for change:

- 7.3.4 **Changes to commissioning and statutory arrangements for health visiting** – from 1st October 2015 responsibility for commissioning health visiting services passed from CCGs to local authorities. The transfer was made on a 'lift and shift' basis with local authorities mandated to deliver the five health reviews. From April 2017, this mandate will be lifted (unless new legislation is passed) enabling authorities to review the effectiveness of current pathways and to specify a service which is relevant for their local populations.

² Lewisham Council Childcare Sufficiency Assessment. August 2016.

- 7.3.5 **Early help offer** - the Council has reviewed its early help pathway in response to recent recommendations made by Ofsted. A new Early Help strategy is being developed which will promote a single point of access for referrals for children and families, a new targeted family support service, and more joined up pathways for parents requiring additional support.
- 7.3.6 **Neighbourhood network model** – Lewisham CCG, with the local authority, is currently reviewing the way in which they provide services to identify opportunities to deliver more health services in community settings via neighbourhood care network models. This model brings together work already underway through the Sustainable Transformation Plan, One Public Estate, and the integration of adult social care and health. The Children and Young People’s Strategic Partnership has been considering how this model would work for children, building on the children’s centre model. This would ensure that where possible, services are co-located together and that access to other local services is clear to families, young people and professionals.

7.4 Phase 1 initial review and consultation: January to June 2016

- 7.4.1 To inform the recommissioning process, officers from CYP commissioning, Early Intervention and Public Health undertook an initial review of current services between January 2016 and June 2016. The aim of this review was to clarify current service delivery models and costs including key pressures, impact and effectiveness of interventions. Officers also aimed to engage partners and service users in shaping a new model for more integrated services for children and young people.

Phase 1 methods

The following consultation activities were carried out in phase 1:

- 7.4.2 *Staff and stakeholder involvement*
- Engagement through meetings and three half-day workshops with service managers and staff from current services on models and opportunities for change.
 - Engagement with key stakeholders (including Councillors, schools, voluntary sector, LGT, and SLAM) through the CYP Strategic Partnership Board and the Joint Commissioning Group.
 - Activity Based Costing exercises for health visiting, school nursing and children’s centres services.
 - A public health led review of national evidence on the effectiveness of public health interventions.
- 7.4.3 *Service user involvement*
- Direct service user consultation with parents and young people. This consisted of a six-week online survey for parents and a six-week online survey for young people and interviews with parents in children’s centres. The surveys and interviews asked questions about current services and expectations for future services. The surveys were cascaded to service users via health visitors and schools, Lewisham Youth Service, HealthWatch Lewisham, Young Mayor’s and Advisors, Mummy’s Gin Fund, and Voluntary Action Lewisham.
- 7.4.4 *Learning from other local authorities*
- Information exchange with neighbouring local authorities who are also redesigning their health visiting and school nursing services, including visits with our existing provider to Hackney, and participation in two workshops on the future of 0 to 5 years’ services organised by the London Councils.

7.4.5 Phase 1 key findings

Service mapping - all three services provide valuable support and advice to parents and carers during the critical period of early child development. In addition, all three services provide families in need of extra support through targeted Early Help services. Together these services provide:

- A universal service – including screening, immunisations, expert advice on child health and development and parenting
- Early identification of need in a range of settings: home (health visiting), community (children’s centres) & school (school nursing)
- Targeted support for families, preventing escalation of need to social care.
- Spaces for parents and children to meet and develop in a safe environment and spaces for professionals to come together to deliver services jointly.
- Support for children with chronic conditions and complex need and parenting interventions (i.e. disability care plans)
- A core safeguarding function for our most vulnerable young people.

7.4.6 *Activity based costing exercise* - we conducted an activity based costing exercise for each service to identify the proportion of time spent on different activities, and the cost of these activities. Key findings were:

- The health visiting service caseload is split roughly 82% on the universal caseload, and 18% on the targeted (vulnerable) caseload. 20% of service time is spent on the five health reviews.
- A very high proportion of the health visiting budget is spent on management and administrative functions (approximately 58% excluding safeguarding related activities and follow ups on assessment results).
- There are various levels of integration between health visiting and children’s centres. Partnership working tends to be based on individual relationships rather than organisational relationships and defined shared pathways.
- Some baby clinics are not well attended, others are very full – remodelling of provision would be sensible.
- There are areas of duplication between services – health visiting, maternity and children’s centres.
- A high proportion of school nursing time (43%) is spent on safeguarding, particularly attendance at case conferences. School nurses have become the default health professional involved in all case conferences, even when they do not know the child previously. Immunisations also consumes a large amount of school nursing time.
- Health promotion – including one to one support for young people accounts for just 5% of school nursing time. The availability of this service for young people varies from school to school.

7.4.7 *Feedback from service users, stakeholders and other local authorities* – the main areas of comment were as follows:

- Parents value the help they receive from all three services. There was significant overlap between the role that parents felt health visiting and children’s centres should play, with the additional emphasis on the role of children’s centres in providing space for parents to meet.
- Parents felt there could be better use of children’s centre buildings, to ensure that children’s centres are in places where families want and need access to services.

- There is the potential for increased and more effective use of technology to support more efficient ways of working, and to increase access to services, particularly for young people.
- Young people report a wide range of needs for health and wellbeing support – primarily mental health, sexual health, and drugs and alcohol. There is a mismatch between demand for services and the ability of services to meet these needs. For example, there are long waiting times and high referral thresholds for CAMHS. There is lower than expected use of our young people’s substance misuse service.
- New models are being developed in other local authority areas. All LAs are exploring ways of integrating services to make a more efficient use of funding, and a more joined up pathway for children and young people. Some LAs are decommissioning their children’s centres and school nursing service.

7.5 New models

The consultation exercise in phase 1 provided valuable insight into current services and opportunities for change and enabled officers to design new models for school nursing and health visiting options for change. The focus of these models is on maximising outcomes, reducing efficiency and duplication of services, improving access to services, and creating more joined up support for children, young people and their families. This will enable the Council to generate cost savings from these services.

7.5.1 Health visiting – proposed model

	Current provision	Proposed changes
1.	Health visitors currently provide five mandatory health checks (reviews) for infants and toddlers. In Lewisham they provide two additional checks for some families at 3-4 months and 3.5 years. The government is consulting on changes to these mandatory health checks, which is likely to give Lewisham and other local authorities more flexibility to target additional checks at the most vulnerable families.	<p>In future health visitors will provide checks during pregnancy only for women identified as vulnerable by maternity services. All other women will continue to have regular checks with GPs and midwives during their pregnancy.</p> <p>Health visitors will only offer additional checks at 3-4 months and 3½ years to families that are identified as vulnerable.</p> <p><i>Rationale: eliminates duplication of services, while maintaining extra checks for vulnerable women, and is consistent with national guidance for a shared pathway with midwives and health visitors working together to deliver universal services and ‘early intervention’ for women and families. Few antenatal checks by health visitors are currently undertaken in Lewisham (only 13% of women).³</i></p>
2.	Health visitors carry out the five health checks (in pregnancy, new birth, 6-8 weeks, 7-11 months and 2-2½ years) in the family home, as well as in health	In future, vulnerable children will continue to have all their health checks in the home. For other children not assessed as vulnerable, two of these checks – the 7-11 month review and

³ Health visiting and midwifery partnership – pregnancy and early weeks. Public Health England and the Department of Health.

	centres and children's centres.	<p>the 2-2½ years review – will be delivered in children's centres and in groups. All other checks will continue to be done in the home.</p> <p><i>Rationale: more efficient use of health visitor time, promotes social interaction between parents and children, maintains home checks for vulnerable children and families.</i></p>
3.	Health visitors currently run baby clinics in children's centres, GP practices and health centres. Parents can take their babies to these clinics for weighing and advice from a health visitor.	<p>In future, we will reduce the overall number of clinics delivered with the aim of them all being done in children's centres if buildings are accessible and acceptable to parents.</p> <p>We will also consider a new model for baby clinics which integrates group based breast feeding support, health education and parental weighing while continuing to ensure one to one access to a Health Visitor for advice.</p> <p><i>Rationale: clinics are popular with parents, but some are not well attended. Parents spend a lot of time in these clinics, and there is the scope to use them better for breastfeeding support, health promotion, and networking.</i></p>
4.	Health visitors currently support 3 out of the 6 'breast feeding groups' in Lewisham, by giving advice on feeding, weaning, as well as mother and baby's health. These groups, and the provision of the volunteer breastfeeding peer supporters, are coordinated by the Breast Feeding Network.	<p>In future, health visitor support for these groups will continue. We will transfer management of these groups to the health visiting service, supported by maternity services. Funding of this service will come from the health visiting budget.</p> <p><i>Rationale: creates a more integrated service, and protects this service from future cuts.</i></p>
5.	A significant amount of the health visiting budget is spent on management and administrative functions (approximately 58% excluding safeguarding related activities and follow ups on assessment results).	<p>In future, we will support our provider to deliver administrative activities more efficiently (such as through better use of technology) which would mean we could reduce the budget for administration.</p> <p><i>Rationale: the proportion of budget spent on admin is high and higher than many other health visiting services. Other services have reduced their admin spend by smarter use of systems.</i></p>

6.	The health visiting service currently provides community clinics to deliver vaccinations to high risk babies that have not received the vaccination immediately after birth.	In future, this service might be delivered by a different team. However, clinics will still be community based. <i>Rationale: community clinics have in the past not had clear lines of funding. Funds have now been identified to pay for this service, by aligning the clinics with other child immunisation services.</i>
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7.5.2 School nursing – proposed model

	Current provision	Proposed changes
1.	School nurses currently offer a health assessment to all children when they enter primary school with separate checks for vision, hearing. Nurses also do height and weight checks (National Child Measurement Programme) for reception and year 6 children.	In future, school nurses will provide a combined assessment for reception children consisting of a: <ul style="list-style-type: none"> • school entry health assessment. • National Child Measurement Programme (height and weight checks for reception and year 6 children). • hearing and vision screening. <i>Rationale: creates a more efficient service, and is easier for schools to organise clinics.</i>
2.	The school nursing service currently plays an important role in safeguarding and child protection.	Protecting vulnerable children will continue to be a priority and school nurses will still attend statutory meetings to support children and families when this is needed. In future school nurses will: <ul style="list-style-type: none"> • attend all initial case conferences but will only attend follow up reviews if the child has a health issue; • request that more case conferences and reviews take place in schools and at more suitable times of day; • continue to undertake health assessments for all children and young people aged 5-19 years when they become looked after or under the protection of the local authority. <i>Rationale: in Lewisham school nurses are required to attend all case conferences, reviews and core group meetings. This is a burden on the service, reduces school nurse time for other important health activities, and is not consistent with national guidance.</i>
3.	An organisation called MyTime Active currently deliver a weight management programme for children in Lewisham. This is separate to the school nursing service.	In future, our school nursing service will deliver an integrated weight management programme so that children who are overweight have access to better support. <i>Rationale: creates a more seamless service for</i>

		<i>children who are identified as overweight or obese.</i>
4.	The school nursing service currently supports the health and emotional wellbeing of children and young people through school drop-ins, appointments and health promotion work. However, school nurses have limited capacity to do this work.	<p>In future, we will redesign this element of the service to create a new ‘teenage health service’. This will be a targeted service for young people who are particularly vulnerable, but all young people will be able to use it:</p> <ul style="list-style-type: none"> • be accessible from a number of venues in the borough as well as from schools. • offer online advice and face to face support for emotional wellbeing, alcohol and drugs misuse, and sexual health. • signpost and refer young people to more specialist services when required. <p><i>Rationale: teenagers will have access to a holistic health and wellbeing service which addresses the key risk factors for ill health. The current school nursing service does not have the capacity to provide this support and only has reach into schools. Many vulnerable young people are not in school.</i></p>
5.	School nurses provide support to children with long term conditions and disabilities.	<p>In future, school nurses will continue to provide some of this support. A dedicated nursing team, supported by the community paediatric team, will provide support for these children, for example by providing health assessments, helping develop individual care plans, and training school staff on how to look after children with long term conditions and disabilities in schools.</p> <p><i>Rationale: we are redesigning our community nursing service and schools will in future have access to more expert help to support children with chronic conditions.</i></p>
6.	The school nursing service currently delivers immunisations to school age children.	<p>Together with NHS England, we will continue to co-commission a school-based immunisation programme. However, we may deliver this through a different immunisation team not our school nursing service.</p> <p><i>Rationale: new vaccines are added to the school-based immunisation programme each year and this places a burden on the school nursing service. Immunisation rates in Lewisham are not as high as they could be. We need to consider whether school nursing is best placed to provide this service.</i></p>

7.6 Creating stronger links with children’s centres – proposals

- 7.6.1 Children’s centres need to be recommissioned at the same time as health visiting and school nursing. This means there is an opportunity to ensure that proposals for new specifications for children’s centres are aligned with proposals for health visiting and school nursing, and focus on increased integration of services for the benefit of families and children. The following initial proposals are being discussed with the current children’s centre providers as well as the stakeholders engaged with through the health visitor and school aged nursing re-design:
- 7.6.2 Children’s centres will have a clearer borough wide identity as “Children and Family Centres” which will provide a one stop shop for advice and support for families with young children.
- 7.6.3 All children’s centres will have a consistent core menu of services and activities for families. There will be flexibility to add to this to meet local need.
- 7.6.4 Children’s centres will be expected to provide increased support for families around employment, debt and employability skills.
- 7.6.5 Parenting skills programmes delivered by centres will need to be evidence-based, and better co-ordinated across the borough. These may be commissioned separately.
- 7.6.6 Better integration between the one to one family support work of children’s centres, and the health visitor work with vulnerable families. This work may also be commissioned separately.
- 7.6.7 A hub and spoke model for children’s centres will be retained and developed, with four area based hubs and outreach (‘spoke’) activities provided in schools, GP practices, community centres and libraries, building on some of the good examples that already exist, using locations that parents and families will use. This could mean not using some existing ‘spokes’, but developing new venues instead. Health visiting teams will be co-located with children’s centres in area hubs as far as this is possible.
- 7.6.8 We will encourage increased integration between children’s centres and other services working with families by:
- Ensuring that children’s centres have a clear role in Lewisham’s new Early Help strategy and Early Help pathway.
 - Ensuring that there is a named senior health visitor and a named GP on children’s centre management boards who will provide leadership for the closer integration of health visiting service with other services.
 - Family Support will continue to be run from children’s centres. However, it may be commissioned separately with the provider expected to demonstrate strong links to Lewisham’s Troubled Families programme and to Health Visiting
 - There will be joint referral pathways and multidisciplinary meetings with services to discuss families’ needs for support and to agree intervention plans.

7.7 Phase 2 consultation on proposals: June to August 2016

- 7.7.1 Officers consulted on the proposals outlined above in a second phase from June to August 2016. The consultation consisted of:

- A meeting with the Young Mayor and advisors
- A workshop with commissioners and providers of sexual health, mental health and substance misuse services to shape the new Teenage Health Service
- Two workshops for children's centre providers and staff
- Presentations to each of the four GP neighbourhood forums
- Presentations to the CCG Membership Forum, the Clinical Directors' Senior Management Team, and a primary care workshop
- Presentations to the Primary Heads Forum and the Secondary Heads Forum
- Several meetings with the providers of current services and with maternity services

7.7.2 In addition, the Council ran two online U-engage consultations for five weeks from 18 July to 21 August 2016. The first survey was with the public and service users of the different services and asked for views on the proposed changes to services. The second survey was for health professionals and stakeholders and asked for views on the proposed changes, and the impact the proposals would be likely to have on service users and other professionals. Both consultations were promoted to professionals and service users through Healthwatch, youth services, children's centres, school nursing and health visiting, links on children's services pages and the main page of the Council website, the GP practice intranet, Lewisham life, and mailings to other health services and voluntary organisations. Officers also undertook visits to children's centres where they facilitated service user participation in the surveys.

7.8 Phase 2 consultation feedback

7.8.1 Findings from meetings and workshops with stakeholders

The main themes that emerged from discussions with GPs, headteachers and other stakeholders were:

- The need for more integrated services for families - GP practices, HV teams and children's centres, including co-location of services working with families where possible.
- GPs need more feedback from health visitors on the progress of families on targeted caseload.
- GPs value children's centres where they have good links but some GPs do not use the centres nor know where they are
- The NCMP (National Child Measurement Programme) could be delivered more efficiently with a different skill mix. Children should be weighed at 2 or 3 years as by reception age some children are already overweight.
- Experienced health visitors with strong relationships with GP practices are key to effective safeguarding.
- Some Lewisham families have high levels of need – the new model needs to have robust arrangements for safeguarding.
- There is concern about the potential risks of reducing funding for health visiting, and from changing the delivery of universal reviews. This may have an adverse effect on safeguarding and on the caseload of GPs. Universal reviews in the home are the mechanism for picking up "under the radar" problems.
- We need to be careful about changing the responsibilities of health visitors for universal provision. Some schools have very good relationships with health visitors and they would not want this to change
- There are opportunities with the redesign to strengthen public health outcomes – particularly around integrating weight management into health visiting and school nursing.

- Secondary schools felt that the school nursing service had improved in recent years and was more stable and responsive than in the past. Excellent examples were given of support for students, and some school nurses are greatly valued by their schools. However, it was felt that the quality of the service was variable with some school nurses not projecting a good image for health. It was felt that some school nurses were not able to respond to teenage mental health issues, and were not proactive in health promotion. Group-based work was sometimes poorly delivered.
- Links between GP practices and school nurses are weak. School nurses need to be part of the new neighbourhood model for general practice.
- There is strong interest in the proposed new Teenage Health and Wellbeing Service. This has the potential to offer more joined up care for risk behaviours that lead to ill health. The new service should be supported by good online resources.

7.8.2 *Formal response from NHS Lewisham*

The local authority received a formal response to the consultation from NHS Lewisham – the borough’s Clinical Commissioning Group. The CCG response:

- Commended the approach undertaken by the local authority’s CYP commissioning team to engage young people, parents and partners in shaping the new care models at an early stage.
- Supported the general direction of redesigning the advice, support and care provided by health visiting, school nursing and children’s centres, as part of local Neighbourhood Care Networks.
- Understood the reasons for the proposals that Health Visitors will maintain focus more on the targeted caseload families, but registered some concerns about the proposals for the universal caseload and the resultant risks for the rest of the population and how these risks will be mitigated. The CCG also asked that the impact of these changes in the transitional period on maternity services be properly assessed and monitored.
- Welcomed the opportunity to contribute further to the re-specification of new services through the involvement of the lead CCG Clinical Director for this area of work.

7.8.3 *Findings from the U-engage consultations*

7.8.4 *Responses to the public consultation*

There were 306 responses from the public and service users to the children and young people’s consultation. Of these, 72% said they were Lewisham residents.

7.8.5 *Health visiting and children’s centres*

- 301 people answered at least one of the questions in this section.
- 67% of respondents were using or had ever used a health visiting service.
- 61% had or currently used a children’s centre. Of these, the main reasons for using a children’s centre were to access play, music or other activities (36%), or to access health services (23%).

In general, there were mixed responses to the health visiting proposals. More people opposed than supported the proposed changes to universal health checks and baby clinics. Some respondents felt that the proposals were positive, and would increase parental confidence and responsibility. Some pointed out the duplication of checks in different pathways. However, many service users and residents were concerned about the potential risks of making changes to universal health checks, such as delivering two of the checks through groups.

The proposal to reduce the budget for administration was supported by fifty nine percent of respondents.

Respondents did not want to see delivery sites for children’s centres reduced, and did not agree that children’s centres should be targeted more towards families with higher needs, implying that the universal services offered by children’s centres is valued. There was support for co-location of children’s centres with other health and education services (61% of respondents). Fifty two percent of respondents favoured integrating the family support service provided by children’s centres with health visitor support for vulnerable families.

7.8.6 School nursing

- 259 people answered at least one of the questions in this section.
- 41% of respondents said that they or their children had ever used the school nursing service. 55% said that they or their children had not used the school nursing service. Respondents supported all proposals for changes to the school nursing service with 78% in favour of a. a combined health assessment for reception children, 83% in favour of weight management services to be integrated with school nursing service, 83% in support of a continuing role in protecting vulnerable children, 64% in support of a new teenage health service, and 55% supporting a dedicated nursing team, supported by community children’s doctors, to provide support to children with long term conditions and disabilities

7.8.7 The table below provides a summary of responses to the public consultation. A full analysis, complete with feedback and comments, can be found in the Equalities Analysis Assessment in Appendix 6.

Table 1: Responses to the public consultation on changes to health visiting and school nursing Responses

Consultation area	Proposed change	% Strongly agree or agree	% Strongly disagree or disagree	% Neither agree nor disagree
Health visiting	Deliver 7-11 months and 2-2.5 year checks for families not identified as vulnerable in groups at Children’s Centres (CC).	35.57 %	48.66%	15.44%
Health visiting	Reduce the overall number of baby clinics delivered with the aim of them all being done in Children’s Centres. Introduce parental weighing of babies at clinics (whilst continuing to provide access to a Health Visitor for advice).	29.83%	56.27%	13.22%
Health visiting	Only provide checks during pregnancy for women identified as vulnerable by maternity services (other women will continue to have access to GPs and midwives for health checks during their pregnancy). Only offer additional checks at 3-4 months and 3.5 years to families that are identified as vulnerable.	37.96%	46.10%	13.56%

Consultation area	Proposed change	% Strongly agree or agree	% Strongly disagree or disagree	% Neither agree nor disagree
Health visiting	Transfer management of Lewisham's breastfeeding groups to the health visiting service (supported by maternity services).	33.33%	31.29%	26.87%
Health visiting	Reduce the budget for administration by developing new ways of delivering this support (such as better use of technology).	58.53%	20.40%	17.39%
Health visiting	Develop a local dedicated immunisation team that will be able to provide community clinics to deliver BCG vaccinations to babies who have not received this after birth	55.22%	18.51%	21.89%
Children's centres	Offer the same services at fewer or different locations (such as an area based 'hub' supported by smaller sites, including the use of schools and community settings).	32.63%	44.56%	19.65%
Children's centres	Offer the same services, but targeted towards families with higher needs.	30.88%	46.32%	20.70%
Children's centres	Co-locate children's centres with other health and education services.	61.06%	13.68%	22.11%
Children's centres	Integrate the one-to-one family support service provided by Children's Centres with our health visitor support for vulnerable families.	52.48%	14.54%	22.70%
School nursing	Provide a combined assessment for reception children consisting of a school entry health assessment, National Child Measurement Programme (weight checks for reception and also for year 6 children) & hearing and vision screening.	78.26%	5.14%	12.65%
School nursing	Develop closer links between our weight management programme and our school nursing service so that children who are overweight have access to better support.	83.33%	3.17%	10.32%

Consultation area	Proposed change	% Strongly agree or agree	% Strongly disagree or disagree	% Neither agree nor disagree
School nursing	Require school nurses to attend ICPC and first core group meetings (subsequent attendances will be assessed according to the health needs of the individual child). Require school nurses to physically locate safeguarding leads in the new redesigned Multi-Agency Safeguarding Hub (MASH).	83.06%	7.26%	6.45%
School nursing	Create a dedicated 'teenage health service' which will be accessible from a number of venues in the borough as well as from schools, be provided by a mixture of health and non-health staff, offer online advice and one to one support about health and emotional wellbeing and risk behaviours e.g. alcohol or drugs misuse & sexual health and signpost and refer young people to other local services.	63.71%	20.16%	12.50%
School nursing	Create a dedicated nursing team, supported by community children's doctors, to provide support to children with long term conditions and disabilities (and train school staff on how to look after these children in schools).	55.33%	24.59%	16.39%
School nursing	Continue to provide immunisations in schools, but deliver these via a different immunisation team.	35.08%	27.42%	33.87%

7.8.8 Responses to the professional consultation

There were 72 responses from professionals and stakeholders to the children and young people's consultation. Of these 35% identified themselves as health visitors, 15% as school nurses, 17% as GPs, and 28% as "other health professionals".

7.8.9 Health visiting and children's centres

- 70 people answered at least one of the questions in this section.
- 75% of respondents had ever referred or regularly referred parents to children's centres. The main reason for referral was for the family support service (21.11%); 16% of referrals to children's centres were for advice on childcare and early years education.

Professionals were asked whether the proposed changes to health visiting would have a positive, neutral or negative effect on service users and on other professionals. The majority of respondents felt that the changes to universal health checks and baby clinics would be negative for service users. The anticipated impact on other professionals was

thought to be mixed. There was wider support for the budget for administration to be reduced by developing new ways of delivering this support (53.03% thought a positive impact on professionals), and over half wanted a different immunisation team to health visiting to deliver community immunisation clinics.

Similar to the responses from service users, health professionals did not want to see delivery sites for children’s centres reduced, and did not agree that children’s centres should be targeted more towards families with higher needs. However, co-location of children’s centres with other health and education services and integrating the family support service provided by children’s centres with health visiting were proposals that were supported.

7.8.10 School nursing

- 63 people answered at least one of the questions in this section.

The proposed changes to school nursing were strongly supported with the proportion in favour of each proposal ranging from 44% to 72%, apart from the proposal on immunisations, which had 35% anticipating a positive impact on both service users, and 50% expecting a neutral impact

The table below provides a summary of responses to the public consultation. A full analysis, complete with feedback and comments, can be found in the Equalities Analysis Assessment in Appendix 1.

Table 2: Responses to the stakeholder/professional public consultation on changes to health visiting and school nursing

Consultation area	Proposed change	% believing the proposed change would have a <u>positive or neutral effect on service users</u>	% believing the proposed change would have a <u>negative effect on service users</u>	% believing the proposed change would have a <u>positive or neutral effect on other professionals</u>	% believing the proposed change would have a <u>negative effect on other professionals</u>
Health visiting	Deliver 7-11 months and 2-2.5 year checks for families not identified as vulnerable in groups at Children’s Centres (CC).	42.65%	57.35%	55.07%	44.93%
Health visiting	Reduce the overall number of baby clinics delivered with the aim of them all being done in Children’s Centres. Introduce parental weighing of babies at clinics (whilst continuing to provide access to a Health Visitor for advice).	40.31%	59.70%	43.48%	56.52%

Consultation area	Proposed change	% believing the proposed change would have a <u>positive or neutral effect on service users</u>	% believing the proposed change would have a <u>negative effect on service users</u>	% believing the proposed change would have a <u>positive or neutral effect on other professionals</u>	% believing the proposed change would have a <u>negative effect on other professionals</u>
Health visiting	Only provide checks during pregnancy for women identified as vulnerable by maternity services (other women will continue to have access to GPs and midwives for health checks during their pregnancy). Only offer additional checks at 3-4 months and 3.5 years to families that are identified as vulnerable.	39.39%	60.61%	50%	50%
Health visiting	Transfer management of Lewisham's breastfeeding groups to the health visiting service (supported by maternity services).	71.21%	28.79%	71.64%	28.36%
Health visiting	Reduce the budget for administration by developing new ways of delivering this support (such as better use of technology).	76.93%	23.08%	71.21%	28.79%
Health visiting	Develop a local dedicated immunisation team that will be able to provide community clinics to deliver BCG vaccinations to babies who have not received this after birth	89.24%	10.77%	92.54%	7.46%
School nursing	Provide a combined assessment for reception children consisting of a school entry health assessment, National Child Measurement Programme (weight checks for reception and also for year 6 children) & hearing and vision screening.	91.80%	8.20%	93.45%	6.56%

Consultation area	Proposed change	% believing the proposed change would have a <u>positive or neutral effect on service users</u>	% believing the proposed change would have a <u>negative effect on service users</u>	% believing the proposed change would have a <u>positive or neutral effect on other professionals</u>	% believing the proposed change would have a <u>negative effect on other professionals</u>
School nursing	Develop closer links between our weight management programme and our school nursing service so that children who are overweight have access to better support.	93.65%	6.35%	95.24%	4.76%
School nursing	Require school nurses to attend ICPC and first core group meetings (subsequent attendances will be assessed according to the health needs of the individual child). Require school nurses to physically locate safeguarding leads in the new redesigned Multi-Agency Safeguarding Hub (MASH).	85.25%	14.75%	82.54%	17.46%
School nursing	Create a dedicated 'teenage health service' which will be accessible from a number of venues in the borough as well as from schools, be provided by a mixture of health and non-health staff, offer online advice and one to one support about health and emotional wellbeing and risk behaviours e.g. alcohol or drugs misuse & sexual health and signpost and refer young people to other local services.	76.27%	23.73%	78.69%	21.31%
School nursing	Create a dedicated nursing team, supported by community children's doctors, to provide support to children with long term conditions and disabilities (and train school staff on how to look after these children in schools).	83.33%	16.67%	77.04%	22.95%

Consultation area	Proposed change	% believing the proposed change would have a <u>positive or neutral effect on service users</u>	% believing the proposed change would have a <u>negative effect on service users</u>	% believing the proposed change would have a <u>positive or neutral effect on other professionals</u>	% believing the proposed change would have a <u>negative effect on other professionals</u>
School nursing	Continue to provide immunisations in schools, but deliver these via a different immunisation team.	85%	15%	80.64%	19.35%

Consultation area	Proposed change	% Strongly agree or agree	% Strongly disagree or disagree	% Neither agree nor disagree
Children's centres	Offer the same services at fewer or different locations (such as an area based 'hub' supported by smaller sites, including the use of schools and community settings).	35.38%	49.23%	13.85%
Children's centres	Offer the same services, but targeted towards families with higher needs.	34.92%	50.79%	14.29%
Children's centres	Co-locate children's centres with other health and education services.	68.25%	9.52%	22.22%
Children's centres	Integrate the one-to-one family support service provided by Children's Centres with our health visitor support for vulnerable families.	57.58%	25.76%	15.15%

7.9 Equalities Analysis Assessment (EAA).

A full EAA was undertaken to determine whether the proposed changes to public health nursing services in Lewisham were likely to have a positive, neutral or negative impact on different protected characteristics within the local community and to identify mitigating actions to address any disproportionately negative outcomes.

The overall assessment of available data and research, plus the findings from the consultation exercise, found that the proposed changes did not discriminate, although they may have a greater impact on particular protected characteristics, such as age,

disability and ethnicity which will be addressed where possible in the development of detailed service specifications. As a result, no major amendments are required at this stage.

The EAA, including the Action Plan, will be reviewed regularly (every three months after the completion of the recommissioning process in April 2017) to ensure that equalities issues continue to be positively reflected in service delivery.

The full Equalities Impact Assessment can be found in Appendix 6.

7.10 Mitigation of risks

The consultation process has identified some risks, particularly around the proposed changes to health visiting. Commissioners will be taking the following actions in response to the risks identified:

- 7.10.1 *Further analysis and consideration of consultation comments:* the public, service users and stakeholders made many comments during the U-engage consultation – these offer valuable suggestions and insights into how services can be delivered in the future. The Young Mayors' advisors had useful insights into the planned new Teenage Health and Wellbeing Service.
- 7.10.2 *Health visitor antenatal check:* we will agree a work plan with Lewisham's maternity and health visiting services to develop a more integrated and collaborative approach to services, particularly around the antenatal pathway. Discussions have already begun with providers, and will continue with a focus on the potential benefits of more joined up approaches to antenatal and postnatal care. National guidance advises the commissioning of joined up services for parents during pregnancy and the early weeks of life. The current maternity service has skilled midwives for dealing with vulnerable women and who coordinate with health visitors during the antenatal pathway. This pathway will be protected and improved.
- 7.10.3 *Delivery of two of the five health checks in groups:* we will work closely with health visitors, children's centres and GPs on how this is developed. We will ensure that there is a pathway for identifying children initially seen in groups to a separate assessment and follow up with a health professional when this is required. We will require providers to develop digital/online information, advice and guidance to support this change.
- 7.10.4 *Changes to baby clinics:* we will conduct a review of the usage of baby clinics to better locate clinics to meet demand. We will work with health visitors, the Maternity Services Liaison Committee, and the Breast Feeding Network, in order to design a new model for baby clinics which provides more inclusive support on a range of issues, while maintaining one to one access to a health visitor.
- 7.10.5 *Children's centres:* we are not proposing to reduce the number of delivery sites for children's centres. However there is an opportunity to review which sites are best suited to become 'hubs', and to make use of the best locations for 'spokes' – which may not be those currently used. We will ensure that children's centres continue to provide a comprehensive universal service as well as targeted services for families with higher needs.

- 7.10.6 We will involve the CCG clinical director for children and young people in the development of the new service specifications for health visiting, school nursing and children's centres.
- 7.10.7 *School nursing and safeguarding*: we will continue discussions with senior staff in Children's Social Care and school nursing with a view to developing an effective and safe school nursing safeguarding service for children in need.
- 7.10.8 *School immunisations*: we will continue to commission school nursing to provide immunisations in schools in 2017-18. However, this will be reviewed after one year, and immunisations might in future be delivered by a separate immunisation team as they are in many London boroughs.
- 7.10.9 In addition, we plan further consultation on our proposals over the next few months, including the following activities:
- An additional survey for Headteachers and school nursing staff around the changes to school nursing and the design of the new teenage health service.
 - Further engagement with key stakeholders and professionals in order to develop proposals, and assess the potential for unidentified risks.
 - A focus group with the young service users' panel of the current substance misuse service to test our proposals for changes to school nursing.
 - Establishing a user panel of young people to develop the new Teenage Health Service.

7.11 Timetable for further consultation and the procurement process

Activity	Date
Recommissioning proposals for children's centres presented to Children and Young People's Select Committee	14 September 2016
Further engagement of key stakeholders to develop proposals.	September 2016
Final savings and redesign proposals presented to Mayor and Cabinet	28 September 2016
Development of draft specifications and tender documentation for new service models	September 2016
External tender process: Competitive tender process for School Nursing and Teenage Health and Wellbeing Service.	October – November 2016
External tender process: Competitive dialogue procedure for health visiting and children's centres	October – December 2016
Tender evaluation and contract award: school nursing and Teenage Health and Wellbeing Service	December 2016 – January 2017
Tender evaluation and contract award: health visiting and children's centres	December 2016 – February 2017

8 Sexual Health

- 8.1 The sexual health elements of the consultation build on existing consultation and pre-consultation engagement that has been undertaken as part of the London Sexual Health Transformation Programme and SE London sexual health services transformation. The consultation also builds on the direction of service development outlined in the 2014 Lambeth, Southwark and Lewisham Sexual Health Strategy.
- 8.2 Whilst it is anticipated that there will be savings of £500,000 delivered through the proposals, the majority of this saving is through changes to the 'back office' payment systems rather than front line services. This saving will be from across the whole of sexual health system in London accessed by Lewisham residents rather than just local services.
- 8.3 Moving access to some sexual health services to online and pharmacy will also contribute to the £500,000.
- 8.4 Local sexual health proposals consulted on were:
- Increased use of home testing/self-sampling for sexually transmitted infections through an online service
 - Increased and more comprehensive offer of contraception and STI testing services offered by community pharmacies and GPs
 - Service user and public views on the provision of specific services for young people (under 25).
- 8.5 The sexual health service consultation included:
- Online survey for professionals
 - Online survey for public
 - Attendance by officers at 4 GP neighbourhood meetings
 - Attendance by officers at Local Medical Committee meeting
 - Attendance by officers at CCG membership forum
 - Attendance by officers at Young Advisors meeting
 - Attendance by officers CCG senior management team meeting
 - Attendance by officers at Lewisham People's Day to discuss proposals and get feedback on existing services.
- 8.6 An equalities impact assessment (this differs from Lewisham's EAA template as it formed part of a joint approach with Southwark and Lambeth Councils) has been completed as summary of the findings is in the table below. Overall the impact of the changes proposed is expected to be positive as the changes are targeted at those groups with the greatest need for sexual health services. However, where there is insufficient information to assess the impact at present this will be collected in the future to enable an ongoing assessment of impact.

Protected Characteristics	Impact
age	Positive
disability	Positive
gender reassignment	Not known

pregnancy and maternity	Positive
race	Positive
religion or belief	Not known
sex	Positive
sexual orientation	Positive
marriage and civil partnership (only in respect of eliminating unlawful discrimination)	Not known

8.7 Professional online survey

8.7.1 In total 87 professionals completed the online survey in relation to sexual health.

8.7.2 Most of the feedback in relation to existing sexual health clinic provision was positive, however, long waits to be seen and clinics closing early was highlighted as feedback that professionals had received from patients. The importance of the additional level of anonymity the clinics provided was also mentioned. Around a third of GP respondents also highlighted the fact that they already did provide most sexual health services for their patients, only referring complex cases or difficult to treat infections.

8.7.3 Opening hours of clinics were highlighted by both the public and professionals as an issue. This was particularly a problem for working people.

“Too limiting as local sexual health service reduced opening times. patients don't want to take time off work for sexual health issues so need appointments outside of core hours.”

8.8 Public online survey

8.8.1 195 people responded to the uengage survey in relation to sexual health services. Of these 50.2% had used any sexual services in the borough (including sexual health clinics, online screening, pharmacy or GP). Just over 6.7% identified as gay, lesbian or bisexual.

8.8.2 When asked to what extent they favoured a more comprehensive sexual health offer including STI testing and contraception in a variety of settings the survey showed, nearly 80% supporting this in GP practices, 67% supporting this in pharmacies and 56% supporting online provision (a further 19% were ambivalent). In the comments received from the public there was very strong support for home sampling/online testing.

“Home sampling is a great idea!”

8.8.3 A number of responses highlighted that this was a way to prevent people having to wait in clinics, which often closed early due to the volume of patients, and ensuring those that needed to be seen could get into clinics. A number of respondents also commented that they wanted to have more appointment based services (most sexual health services are currently “walk in and wait”), rather than rushing between clinics

trying to get seen, only to find they are closed. On the other hand, the additional anonymity of not having to be registered or make an appointment was felt to be important in encouraging vulnerable young people to access the service.

“It is simply not right that there are so few clinics in Lewisham given how large the borough is. If clinics advertise their closing time as 7pm that's the time the clinic should actually close - it's ridiculous that people at work might make their way to a clinic to find themselves turned away and told to try again during the following day time.”

- 8.8.4 There appeared to be strong support from survey respondents for young people's specialist sexual health services. When asked whether there should be specialist services for young people 79% of respondents favoured an under 19s service. The percentage favouring under 25s and young people's provision within mainstream provision was also high, but slightly less - 75% of respondents favoured an under 25s service and 75% to have young people's provision as part of the mainstream offer, but overall there was strong support for a young people's services for sexual health. The free text comments suggested that sex education and prevention of pregnancy and STIs should be a key focus for young people.

“There is a need to educate and create easy access to young people separate from general sexual health services and GPs. They are more likely to attend if services are separate.”

Some respondents challenged the age cut off at 25 for young people's services (this age is used as this is the peak STI age range), and suggested it should be older or younger.

- 8.8.5 Feedback from the GP neighbourhoods and LMC was broadly supportive of the sexual health proposals, in particular the promotion of online/ home sampling for STIs and recognising that young people had specific needs which may be best met by specialist services. There was support for a neighbourhood model of delivery of sexual health services, in primary care although some caution regarding the capacity of GPs practices to cope with any increase in demand.

Prevention and sexual health promotion was highlighted frequently as a key component of sexual health service delivery.

- 8.8.6 The Young Mayor and Advisors highlighted the importance of discreet and confidential services to meet their needs, which were youth friendly. They raised concerns about being 'judged' in mainstream service provision. There was a high degree of enthusiasm for online/self sampling for STI testing, although for younger teenagers there were concerns about having packages sent to their home address. They felt this could be addressed through the "pick up a pack" model already used in sexual health services for self sampling, but extending it to other venues including youth setting, libraries and pharmacies. Prevention and sex and relationships education was also highlighted as a key area by the Young Advisors. There were concerns expressed that many young people in Lewisham were not getting access to sex and relationships education either because schools were not providing it or their parents did not allow them to participate.

8.9 Conclusions

8.9.1 Clinic services

The consultation responses generally support the proposed sexual health service model, particularly the use of online testing. The new service model seems to address many of the concerns regarding existing services. The main issues raised in relation to existing services were:

- Long waits
- Lack of appointments
- Limited opening hours for working people

Response:

The issues raised in relation to clinic capacity and waiting times should be improved by better streaming of patients through the sexual health services, matching need to service. This means clinics can be focused on those who need treatment or at risk groups and STI screening and basic contraception could be managed in a pharmacy or screened online do not need to access a clinic.

In the new service models appointments will be bookable as well as walk in (the local service has just introduced bookable appointments in response to patient feedback).

8.9.2 Young Peoples Services

There appears to be a high level of support from both the public and professionals for young people's sexual health services. It has been acknowledged that there is high level of need in this age group. However, there were some concerns that older women trying to access contraception may have difficulty if services were too focused on young people.

Response:

Further development work and coproduction is required to ascertain what exactly young people's sexual health services should look like and how it fits with the development of a broader health service for 11-19 year olds. As a result of the feedback from the consultation sexual health (including prevention and individual sex and relationships education support) will be included in the specification through a £150,000 investment in the teenage health and wellbeing service described in 7.5.2.

In relation to the concerns about access for over 25s, a bookable appointment service for long acting contraception is currently being developed for Lambeth Southwark and Lewisham. This will give women a much wider choice of venues and times to access contraception. High risk groups including BME groups, MSM and those with other vulnerabilities over 25 will continue to be prioritised in clinics whilst other groups will have better access through online service provision for STI testing.

8.9.3 Impact on Primary Care

Lewisham CCG and the LMC both raised some concerns that any changes may increase workload in primary care (GPs). However, some GPs responding to the online survey also noted that this could reduce workload by signposting patients to online STI testing.

Response

The increase in the pharmacy sexual health offer may in fact reduce some demand for uncomplicated contraception as this can be managed without a GP appointment. Services commissioned from GPs by NHS England including contraception, HIV testing and cervical screening are not in the scope of this work, however there is a commitment from officers to work with the CCG and NHS England to ensure these sexual health services work together to maintain and improve access.

8.9.4 Achievement of Savings

The £500,000 savings set against sexual health in 2017/18 will largely be achieved through service redesign moving uncomplicated contraception and STI testing online and into pharmacies, and through a new integrated sexual health tariff (ISHT) for financing sexual health services. It is not anticipated that this should lead to a deterioration in service, but rather an improvement in access but creating more opportunities to test for STIs and access contraception.

The ISHT has been modelled against last year's activity (2015/16) across the London sexual health system and showed an estimated 10% reduction in cost for the same activity. A considerable amount of due diligence and further audit has been carried out to try and ensure that the financial risk to commissioners is minimal.

As part of the recommissioning of sexual health services across London there is broad agreement that this (ISHT) will be the payment mechanism for sexual health services from 1st April 2017. This change should have no impact on service users or service delivery. The new arrangement will be built into contracts from the 1st April 2017. This decision was delegated to officers at 21 October 2015 Mayor and Cabinet (contracts).

9 Procurement Arrangements

- 9.1 Mayor and Cabinet in September 2015 delegated authority to the Executive Director for Resources and Regeneration to approve the procurement activity to deliver the proposals for Sexual Health.
- 9.2 Mayor and Cabinet is requested to delegate authority to the Executive Director for Resources and Regeneration to approve the procurement activity to deliver the proposals for Staying Healthy services.
- 9.3 Mayor and Cabinet is requested to approve competitive tenders for the redesigned Health Visiting and School Nursing services.

10. Financial Implications

- 10.1 The activity outlined in this report delivers the required level of savings for Staying Healthy and Sexual Health services. The proposals for Health Visiting and School Nursing, in response to consultation, now deliver a reduced level of savings. This leaves the overall proposals delivering only £4,433,876 of the required £4,701,000 savings. Further proposals will be developed to deliver the remaining £267,124 saving.

- 10.2 As the savings proposal in this report detail activity for 01/04/17, they will not address the in-year pressure. A net overspend of 1m is projected in the Council's revenue monitoring of Public Health for 2016/17.

11. Legal Implications

Powers and duties

- 11.1 The Health and Social Care Act 2012 ("the Act") transferred the bulk of Public Health duties to Local Authorities. The Act sets out the Council's statutory responsibilities for public health services and the new duties being conferred upon them to improve public health. Broadly, the Council has a duty to take such steps as it considers appropriate for improving the health of people in its area.
- 11.2 The proposals contained within this report have been subject to consultation and will receive scrutiny by the Health Scrutiny Committee. They are also be subject to full Equalities Impact Assessments.
- 11.3 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, where the Council has under consideration any proposal for a substantial development of health services or substantial variation in the provision of such service the Council must undertake a formal consultation process, including, in Lewisham's case, with the Overview and Scrutiny Committee where the statutory scrutiny role for health functions lies. Any consultation carried out by the Council must be carried out at a formative stage, with sufficient reasons to allow intelligent consideration and response, adequate time to consider and respond and responses must be given conscientious consideration when making a decision.
- 11.4 Since the Council has been responsible for the exercise of certain public health duties, by virtue of s242 (1B) of the NHS Act 2006, as amended by the 2007 Local Government and Public Health Act, each relevant English body responsible for Health services must make arrangements with respect for those health services for which it is responsible, to ensure that users of those services, directly or through representatives, and whether by consultation or by being provided with information, or in other ways, are involved in:-
- 1.the planning and provision of those services
 - 2.the development and consideration of proposals for change in the way those services are provided and
 3. decisions to be made affecting the operation of those services.
- 1 and 2 must be observed when there are proposals being made which would have an impact on the manner of service delivery to users of the service, or the range of health services available to those users
- Guidance on the s242 duty sets out the principles of the involvement. This must be that it is clear, open and transparent, accessible, inclusive, responsive, sustainable, proactive and focussed on improvement
- Different methods of involvement are suggested, depending upon the nature of the proposal and the community affected - so this may include focus groups, interviews, questionnaires, leaflets etc and formal consultation.

The Local Authority must correctly identify the people who should be involved as this is crucial to effective engagement.

All of the guidance makes it clear that the information and engagement dialogue is and should be ongoing.

- 11.5 Funding for public health services is received by the Council from the Department of Health. The budget used to deliver those services is aligned within the Council's financial framework, with the usual duties to produce a balanced budget using public funds.

Procurement

- 11.6 Where the value of a social/health service contract is in excess of £625,000, then under the Public Contract Regulations 2015 it is necessary to undertake an EU compliant tendering exercise. The tendering process, with outcomes, will be the subject of separate report to the Executive Director for Resources and Regeneration where authority to decide is delegated to her. If the competitive tendering exercise for health visiting and school nursing service is agreed the outcome of such exercise will be brought before the Mayor and Cabinet (Contracts) Committee for award and will be the subject of a full report.

Equalities Legislation

- 11.7 The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

- 11.8 In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

- 11.9 It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed at 11.8 above.

- 11.10 The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. The Mayor must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.

11.11 The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: <https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-codes-practice>

<https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance>

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

- [The essential guide to the public sector equality duty](#)
- [Meeting the equality duty in policy and decision-making](#)
- [Engagement and the equality duty: A guide for public authorities](#)
- [Objectives and the equality duty. A guide for public authorities](#)
- [Equality Information and the Equality Duty: A Guide for Public Authorities](#)

11.13 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: <https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance#h1>

12. Crime and Disorder Act Implications

12.1 There are no crime and disorder implications

13. Equalities Implications and human rights

13.1 The proposals in of this report cover a wide range of changes to existing services, which have been considered for equalities impacts as outlined against each proposal within sections 6-8.

13.2 The proposals and consultations outlined in this report informed details equalities analyses (EAAs) for all 3 areas covered in this report, and these are attached to this report as appendices 5-7.

14. Environmental Implications

14.1 There are no environmental implications.

15 Conclusion

15.1 This report lays out a range of proposals to realise the savings agreed by Mayor & Cabinet on September 30th 2015, and to balance the reduction to the Public Health grant announced in the 2015 spending review. The activity outlined in this report delivers the required level of savings for Staying Healthy and Sexual Health services. The proposals for Health Visiting and School Nursing, in response to consultation, now deliver a reduced level of savings. This leaves the overall proposals delivering only £4,433,876 of the required £4,701,000 savings. Further proposals will be developed to deliver the remaining £267,124 saving. The report seeks Mayor & Cabinet approval to conduct this activity.

Appendix 1: Lewisham's 9 health and wellbeing priorities

1. achieving a healthy weight

2. increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years
3. improving immunisation uptake
4. reducing alcohol harm
5. preventing the uptake of smoking among children and young people and reducing the numbers of people smoking
6. improving mental health and wellbeing
7. improving sexual health
8. delaying and reducing the need for long term care and support.
9. reducing the number of emergency admissions for people with long-term conditions.

Appendix 2: Allocation of the Public Health grant for 2016/17

PH service area	Includes	value	grant %
CHILDREN 5-19 PUBLIC HEALTH PROGRAMMES	mental health promotion, sexual health education	£40,000	0.2%
HEALTH PROTECTION	immunisation, child death review	£85,992	0.3%
SEXUAL HEALTH	local clinics, prescribing , GUM, sexual health promotion	£6,257,270	24.4%
SUBSTANCE MISUSE	core & YP treatment service, rehab, medication, GPs, aftercare	£4,402,000	17.2%
NHS HEALTH CHECK PROGRAMME	Healthchecks, health improvement training	£420,238	1.6%
OBESITY	nutrition, vitamin D, breastfeeding	£463,800	1.8%
PHYSICAL ACTIVITY	Physical activity programmes	£70,800	0.3%
OTHER PUBLIC HEALTH SERVICES	CHIS, Area programmes, administration	£739,408	2.9%
PRESCRIBING	smoking medication, LARC, GP substance use medication	£373,256	1.5%
MEASUREMENT PROGRAMME	health visiting & school nursing	£8,910,238	34.8%
PUBLIC HEALTH ADVICE	support to CCG	£60,000	0.2%
PUBLIC HEALTH STAFFING TEAM	staff	£1,097,740	4.3%
SMOKING AND TOBACCO	smoking service, tobacco control	£473,738	1.9%
total 16/17 allocated services spend		£23,394,480	91%
Corporate Reallocations			
	LEISURE	£400,000	
	CHILDREN'S CENTRE	£550,000	
	HOMELESSNESS	£245,000	
	VAWG	£400,000	
	FOOD & SAFETY	£187,000	
	ENVIRONMENTAL PROTECTION	£77,000	
	CAMHS	£313,000	
	BENEFITS ADVICE	£200,000	
	ADULT CARE: PREVENT ISOLATION	£750,000	
	NEW 16-17 REALLOCATION	£557,000	
Total 16/17 corporate reallocation		£3,679,000	14%
total allocated spend against PH grant		£27,073,480	106%

Appendix 3: Public Health Outcomes Framework 2016-19

VISION
To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest
Outcome measures
Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life
Outcome 2) Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

Alignment across the Health and Care System

- * Indicator shared with the NHS Outcomes Framework.
- ** Complementary to indicators in the NHS Outcomes Framework
- † Indicator shared with the Adult Social Care Outcomes Framework
- †† Complementary to indicators in the Adult Social Care Outcomes Framework

Public Health Outcomes Framework 2016–2019 At a glance

1 Improving the wider determinants of health
Objective
Improvements against wider factors which affect health and wellbeing and health inequalities
Indicators
1.01 Children in low income families
1.02 School readiness
1.03 Pupil absence
1.04 First time entrants to the youth justice system
1.05 16-18 year olds not in education, employment or training
1.06 Adults with a learning disability/ in contact with secondary mental health services who live in stable and appropriate accommodation* (ASCOF 1G and 1H) ** (NHSOF 2.5i)
1.07 Proportion of people in prison aged 18 or over who have a mental illness
1.08 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services* (i-NHSOF 2.2) †† (ii-ASCOF 1E) ** (iii-NHSOF 2.5j) †† (iii-ASCOF 1F)
1.09 Sickness absence rate
1.10 Killed and seriously injured casualties on England's roads
1.11 Domestic abuse
1.12 Violent crime (including sexual violence)
1.13 Levels of offending and re-offending
1.14 The percentage of the population affected by noise
1.15 Statutory homelessness
1.16 Utilisation of outdoor space for exercise / health reasons
1.17 Fuel poverty
1.18 Social isolation † (ASCOF 1I)

2 Health improvement
Objective
People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
Indicators
2.01 Low birth weight of term babies
2.02 Breastfeeding
2.03 Smoking status at time of delivery
2.04 Under 18 conceptions
2.05 Child development at 2 – 2 ½ years
2.06 Child excess weight in 4-5 and 10-11 year olds
2.07 Hospital admissions caused by unintentional and deliberate injuries for children and young people under 25
2.08 Emotional well-being of looked after children
2.09 Smoking prevalence – 15 year olds
2.10 Self-harm
2.11 Diet
2.12 Excess weight in adults
2.13 Proportion of physically active and inactive adults
2.14 Smoking prevalence – adults (over 18s)
2.15 Drug and alcohol treatment completion and drug misuse deaths
2.16 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison
2.17 Estimated diagnosis rate for people with diabetes mellitus
2.18 Alcohol-related admissions to hospital
2.19 Cancer diagnosed at stage 1 and 2** (NHSOF 1.4v 1.4vi)
2.20 National Screening Programmes
2.22 Take up of the NHS Health Check programme – by those eligible
2.23 Self-reported well-being
2.24 Injuries due to falls in people aged 65 and over

3 Health protection
Objective
The population's health is protected from major incidents and other threats, whilst reducing health inequalities
Indicators
3.01 Fraction of mortality attributable to particulate air pollution
3.02 Chlamydia diagnoses (15-24 year olds)
3.03 Population vaccination coverage
3.04 People presenting with HIV at a late stage of infection
3.05 Treatment completion for TB
3.06 Public sector organisations with board approved sustainable development management plan
3.08 Antimicrobial Resistance

4 Healthcare public health and preventing premature mortality
Objective
Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities
Indicators
4.01 Infant mortality* (NHSOF 1.6i)
4.02 Proportion of five year old children free from dental decay** (NHSOF 3.7i)
4.03 Mortality rate from causes considered preventable ** (NHSOF 1a)
4.04 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* (NHSOF 1.1)
4.05 Under 75 mortality rate from cancer† (NHSOF 1.4)
4.06 Under 75 mortality rate from liver disease* (NHSOF 1.3)
4.07 Under 75 mortality rate from respiratory diseases* (NHSOF 1.2)
4.08 Mortality rate from a range of specified communicable diseases, including influenza
4.09 Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5j)
4.10 Suicide rate** (NHSOF 1.5iii)
4.11 Emergency readmissions within 30 days of discharge from hospital* (NHSOF 3b)
4.12 Preventable sight loss
4.13 Health-related quality of life for older people
4.14 Hip fractures in people aged 65 and over
4.15 Excess winter deaths
4.16 Estimated diagnosis rate for people with dementia † (NHSOF 2.6)



To: Local Authority Chief Executives
Cc: Directors of Public Health

Duncan Selbie
Chief Executive
Wellington House
133 – 155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8090
www.gov.uk/phe

PHE Gateway Number: 2015-502

27 November 2015

Dear everyone

Spending Review

I wanted to write to you following Wednesday's Spending Review announcement about the public health grant to share my thoughts on what this means for the next five years.

First, as anticipated, there will be a reduction. The Chancellor talked about savings in the public health grant, which will be an average real terms saving of 3.9% each year to 2020/21. This translates into a further cash reduction of 9.6% in addition to the £200 million of savings that were announced earlier this year. From the baseline of £3,461m (which includes 0-5 commissioning and takes account of the £200m savings) the savings will be phased in at 2.2% in 16/17, 2.5% in 17/18, 2.6% in each of the two following years, and flat cash in 20/21.

Cuts are never welcome, and this is by no means the only challenge that local authorities face. However, you and your colleagues have already proved that you are capable of managing reductions on this scale. I am confident that you will find ways of continuing the very real progress of the past three years in protecting and improving the public's health and in working to reduce health inequalities.

We do not yet know the implications for individual local authorities. This will depend on decisions about the funding formula, on which the Department of Health has consulted on behalf of ACRA and the political decision on pace of change (how fast we move from historic spend to the formula based target shares). My advice to the Government throughout has been to prioritise stability and certainty for the next two years and concentrate on getting the arrangements right for the transition to full funding through business rates. I believe this reflects what your colleagues have told me on my visits to local authorities across the country.

The Spending Review made a number of further commitments including:

- a commitment to retain the public health grant for 16/17 and 17/18 in order to complete the transition of 0-5s and to work through what we will all need in a world without a ringfence.
- a clear signal that the public health grant will be replaced as we move to a model based on retained business rates. The detail of how this will work needs to be worked through and will be subject to full consultation. We will obviously be keen to ensure that any redistribution mechanism reflects health need and does not exacerbate health inequalities.

- the Government is not proposing to change the statutory prescribed functions for local authorities for 16/17. It is right that local government is trusted to make the best decisions about how to use the resources available.

As you know, improving the public's health is about so much more than services secured through the public health grant – it is about jobs, decent housing, a safe environment and companionship. Following the Spending Review, we can work together to build a far wider programme of action on prevention and improving health and wellbeing, including:

- the settlement for the NHS fully funds the Five Year Forward View, and its commitment to getting serious about prevention.

- understanding how we can best use the additional £1.5 billion invested in the Better Care Fund to maximise system-wide efforts to prevent the preventable.

- the importance of Government action, and in particular action on childhood obesity, is signalled. As you know, PHE have provided clear evidence on how we could reduce sugar consumption. We are now working with the Department of Health to produce an effective Childhood Obesity Strategy.

- the importance of work to health. The provision of new national funds to develop approaches to help people with health problems get back to work speaks to an agenda that I know is important to all of you.

- developing a place-based approach to NHS planning; the planning round for 16/17 and beyond will move to a place-based approach and properly engage local authorities in the decisions about future health services.

- the Government's commitment to real and meaningful devolution provides opportunities for local authorities to join up public services to address the real problems in our communities.

You will be considering the impact of the Spending Review for your authority. I am clear that we have the basis for making a real difference to the public's health in the coming years. I do not underestimate the challenges, but they are nothing to what you have already shown you are capable of.

PHE stands ready to help in whatever way we can.

Best wishes

Yours sincerely

A handwritten signature in black ink, appearing to read 'Duncan Selbie'. The signature is written in a cursive, flowing style.

Duncan Selbie
Chief Executive

Equality Analysis Assessment (EAA) Equality impact of proposed changes to preventative health services currently being commissioned by Public Health	
Name of proposal	Public Health Savings (Staying Healthy Services)
Lead officer (s)	Dr Catherine Mbema (Public Health Registrar/Trainee) Catherine.mbema@lewisham.gov.uk /020 8314 3927 Jane Miller (Consultant in Public Health) Jane.miller@lewisham.gov.uk /020 8314 9058
Other stakeholders	Lewisham Clinical Commissioning Group (CCG) Children and Young People's (CYP) Joint Commissioning Lewisham and Greenwich NHS Trust (LGT)
Start date of Equality Analysis	20 th July 2016
End date of Equality Analysis	The assessment will need to inform decision-making so the end date should take this into account.
Step1: Identify why you are undertaking an Equality Analysis	
<p>This Equality Analysis is being undertaken to examine the impact of changes to preventative services on those with protected characteristics living in Lewisham. The changes to these services are being driven by the need to achieve £4.7 million in savings from the public health budget.</p> <p>The preventative health services (or 'Staying Healthy' services) facing changes are (1):</p> <ul style="list-style-type: none"> • The Stop Smoking Service (SSS) <p>This is an addiction treatment service, which assists dependent smokers to quit and is delivered by Lewisham and Greenwich Healthcare. The primary role of the Stop Smoking Service is to deliver high quality, evidence-based stop smoking interventions to dependent smokers living in Lewisham. This includes an intensive service for highly dependent smokers provided through group and one to one sessions, and support for moderately dependent smokers through GPs & pharmacies including a hub based model in each neighbourhood.</p> <ul style="list-style-type: none"> • The Community Health Improvement Service (CHIS) <p>This service is delivered by Lewisham and Greenwich Trust and provides a range of health promotion activities targeted at those with poorer health outcomes. It provides behaviour change and healthy lifestyle support through: the Lewisham Lifestyle Hub (LLH) delivering motivational interventions and referrals of those identified as at risk following an NHS Health check; Health Trainers providing one to one and group motivational interviewing and lifestyle coach support and the Healthy Walks programme, which trains walk leaders, develops, promotes and ensures regular health walks to increase participation and uptake of physical activity. It also engages, develops and empowers communities through community development for health improvement and neighbourhood based activities including outreach, participatory budgeting/small grants, networks, negotiating and developing referral pathways into preventative lifestyle activities and interventions, and linking providers of preventative initiatives with community groups.</p>	

- **The Children's Weight Management Service**

The service delivers a range of age-specific evidence-based family interventions for overweight and obese children. The service includes specialist support (dietician, psychologist and physical activity specialist) for obese children with co-morbidities or with complex needs. The service also delivers a range of bespoke workforce training sessions. The children's weight management service supports the mandatory National Child Measurement Programme which identifies that Lewisham has consistently high prevalence of childhood obesity.

- **The Breastfeeding Support Service**

This service manages the community breastfeeding groups and provision of a breastfeeding peer support service. This includes training new breastfeeding peer supporters and providing on-going supervision to all active volunteer peer supporters. The peer supporters support mothers attending the community breastfeeding groups and on the postnatal ward.

- **The NHS Health Checks programme**

This service is commissioned to identify 40-74 year olds with a high risk of developing cardiovascular and other conditions. This includes direct commissioning of health checks provided by GPs, pharmacies and To Health (outreach); a call/recall system (every 5 years) and IT. This is a mandatory programme, assessing risk and facilitating early intervention.

Step 2: Identify the changes to your service

The following changes to Staying Healthy services have been proposed (as outlined in the public health savings consultation document presented to Mayor and Cabinet in July 2016 (1)):

1) Changes to the Stop Smoking Service:

The Council proposes the re-design and potential re-commissioning of the service to incorporate different delivery models including a greater use of digital and telephone support for less heavily dependent smokers; face to face support from specialists for heavily dependent smokers such as pregnant women, smokers with mental health problems and/or long term conditions and more efficient and effective prescribing of stop smoking medication. The number of smokers able to access the service is likely to reduce.

2) Changes to the Community Health Improvement Service (CHIS):

The Council proposes the potential reconfiguration or removal of the services currently delivered by CHIS. This may encompass the following:

- Removal of the health trainer programme, potentially mitigated by the existing community nutrition and physical activity service delivered by GCDA and by expansion of the existing commercial weight management offer (e.g. weightwatchers vouchers).
- Removing the community development element, mitigated by the council investing in health-focussed grants across all 4 Neighbourhoods in Lewisham.

- The removal of the lifestyle hub, mitigated by including advice and onward referral with in the Healthchecks delivery specified in the re-commissioning of the NHS Health Checks programme.
- Priority will be given to supporting emerging neighbourhood delivery models and alignment with wellbeing community development programmes such as Well London, which is an external funding stream.

3) Changes to the children’s weight management service:

The Council proposes to integrate the service through investment into a new contract for school nursing. This would require serving notice on the existing service.

The Council also proposes the potential removal of the specialist element of the service: in this scenario children with complex needs would be offered the core programme in the same way as other children. The service will provide a limited range of age-specific targeted programmes with focus on children under the age of 12 with a reach reduced to under 200 families.

4) Changes to the breastfeeding support service

The Council proposes to incorporate this service within a new contract for health visiting. This would require serving notice on the existing service.

5) Changes to the NHS Health Checks programme

The Council proposes the redesign and potential re-commissioning of the programme, including different delivery models for follow-up for those identified as at risk following an NHS Health check. We are aiming for a better integrated pathway, targeting of at risk populations and more effective follow-up for those identified as at risk.

Step 3: Assessment of data and research

A thorough assessment of the data and research required to perform this EAA was undertaken at the outset of the work.

The following data sources were identified:

- 1) **2011 Census Data** –used to determine the prevalence of having a protected characteristic in the Lewisham population.
- 2) **Service monitoring data** for all of the services listed above, including age, gender, ethnicity and deprivation data (where available) to determine the current reach of service to different population groups.
- 3) **Peer-reviewed research** – used to determine the expected health impacts of services on the population and specific population groups (where available).
- 4) **Stakeholder Consultation** – as described below.

Step 4: Consultation

Overview of consultation:

The public health savings consultation for the proposed changes to Staying Healthy services was approved by the Mayor and Cabinet on 13th July 2016 and took place between 25th July 2016 and 22nd August 2016.

The consultation involved three elements:

1. Online engagement with the public and service users through an online consultation survey delivered via Uengage. This survey aimed to:
 - a) Identify service areas which are considered priorities
 - b) Obtain views on different ways in which services could be accessed with less or no funding for that area
 - c) Obtain views on how the council could facilitate this
2. Online engagement with healthcare and professional stakeholders through an online consultation survey delivered via Uengage.
3. A number of stakeholder meetings with the public and professionals:
 - a. Attendance by officers at 4 GP neighbourhood meetings
 - b. Attendance by officers at Local Medical Committee meeting
4. Conversations at Lewisham People's Day to discuss proposals and get feedback on existing services

The findings from all of these elements of the consultation exercise have been used to inform this EAA.

Consultation Results:

a) Residents/Service User Online Consultation

There were 195 responses to the resident online consultation survey, with 148 (76%) of these responses coming from Lewisham residents. All subsequent analyses have been based on responses from Lewisham residents only. All electoral wards were represented in the Lewisham resident responses (where postcode was given).

i) Demographic Information

Age and Sex

The majority of resident respondents were female (73%) and aged over 45 years (69%), where this question was answered. According to the 2011 UK Census (2), women made up 51% of the Lewisham population and the comparative age composition of the borough can be seen in Table 1 below.

Table 1: Age composition of survey respondents in comparison to overall Lewisham population

Age Band	Respondent Percentage (%)	Lewisham Population Percentage (2015) (%)
18-24	1	8.7
25-34	12	20.1
35-44	18	17.3
45-54	25	13.5
55-64	24	8.3
65-74	17	4.9
75+	2	4.4

Disability

Of the respondents that answered the question about disability (138 respondents), 14% stated that they had some form of disability. The 2011 Census gave us a proxy figure for disability from the question 'To what extent are your day to day activities limited?' Taking all respondents who stated their day to day activities were limited to some extent gives Lewisham a borough figure of 14.4%.

Gender reassignment

One hundred and twenty-seven respondents answered the transgender question in the survey, with 6% of respondents stating that their current gender was different from the gender than they were assigned at birth. We do not have a reliable comparator data source for this protected characteristic at local authority level.

Pregnancy and Maternity

Only 1% of respondents answering the question on pregnancy (136 respondents) stated that they were currently pregnant or on maternity leave. We do not have a reliable comparator data source for this protected characteristic at local authority level.

Ethnicity/Race

White British (59%) was the most commonly stated ethnic group of those responding to the question about ethnicity (140 respondents). Only 10% of respondents were Black Caribbean, 7% White other, 5% Black African and 4% Irish. According to the 2011 UK Census (2), in Lewisham 41.5% of residents were estimated to be of White British ethnicity, 11.2% Black Caribbean, 11.6% Black African, 10.1% White Other and 1.9% White Irish ethnicity.

Religion/Belief

No religion (42%) and Christianity (42%) were the most commonly stated religious beliefs among respondents to the question about religion (137 respondents). A minority of respondents stated that they were Muslim (1%), Jewish (1%) or Buddhist (1%), and 13% followed another religion or preferred not to say. In the 2011 Census (2), 52.8% of Lewisham residents were estimated to be Christian, 27.2% of no religion, 6.4% Muslim, 1.3% Buddhist, and 0.2% Jewish.

Sexual Orientation

The majority of respondents to this question, 80% of the 136 respondents, stated that they were heterosexual, with 6% stating that they were gay or lesbian and 2% stating that they were bisexual. Just over 11% of respondents preferred not to state their sexual orientation in response to this question. We do not have a reliable comparator data source for this protected characteristic at local authority level.

Marriage and Civil Partnership

There was not a question about this protected characteristic in the survey.

N.B. Due to the small sample size of the resident respondents to the online consultation and the representation of those with protected characteristics in the sample as described above, the consultation results outlined below should be interpreted with caution since they may not be entirely representative of all resident viewpoints within the borough.

ii) General comments

In the free text sections of the survey the main themes that emerged from general comments were:

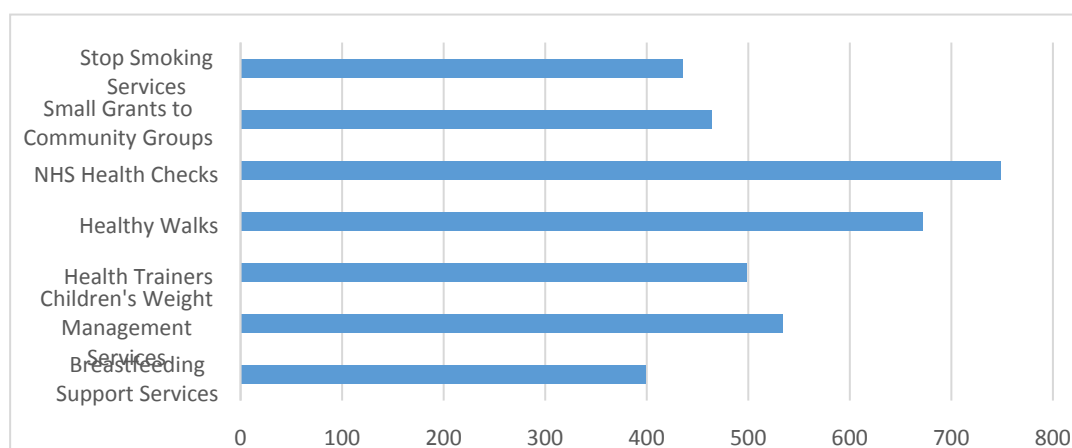
- Objection to ranking or prioritising services ('all services are important')
- Some understanding of the changes and what has been proposed ('proposals very well thought through')
- Opposition to changes for several reasons (likely negative effect on most vulnerable residents/lack of investment in prevention)
- Some concern about the accessibility of the consultation (language and lack of computer literacy mentioned as possible barriers)
- Taking personal responsibility for health (people 'should be able to rise to the challenge' and 'take personal responsibility for their own wellbeing')

iii) Service specific feedback

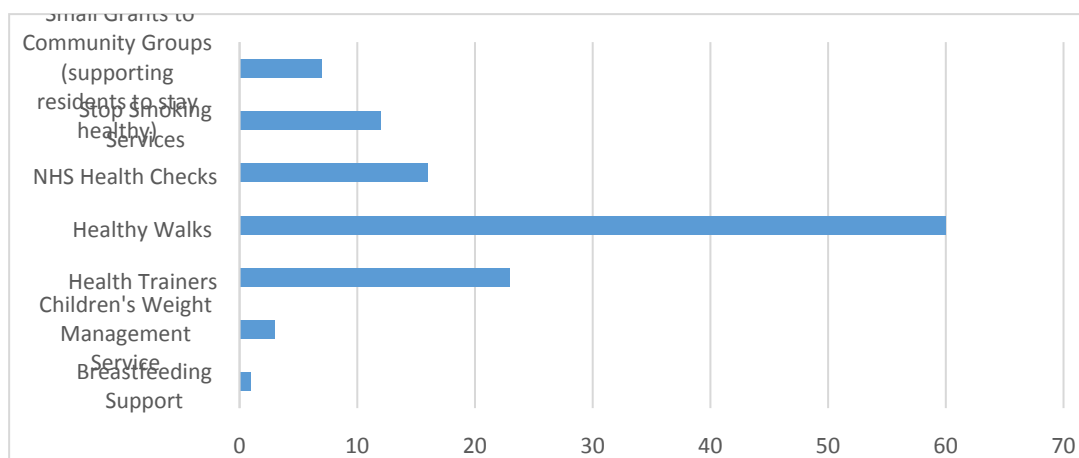
In the online consultation questionnaires for both residents and professionals, respondents were asked to rank their most preferred service out of the following 7 services: Breastfeeding support services, children's weight management services, health trainers, healthy walks, NHS Health Checks, small grants to community groups and Stop smoking services. In order to fully capture the priorities of respondents, the rankings were weighted (i.e. 7 points were accrued for each respondent ranking a service 1st, 6 for 2nd, 5 for 3rd and so on) and then summed to produce a final summary score for each service. This process was performed for the resident and professional questionnaires respectively.

Of the 146 resident respondents who performed the service ranking exercise in the survey, NHS Health Checks was ranked as their most preferred 'Staying Healthy' service. A breakdown of the summary score ranking by service can be seen in Figure 1 below.

Figure 1: Summary score ranking of 'Staying Healthy' services by resident respondents



There was some correlation between the summary score rankings and the reported use of 'Staying Healthy' services, which can be seen in Figure 2 below, particularly for the Healthy Walks programme.

Figure 2: Number of resident respondents' using 'Staying Healthy' services

The Stop Smoking Service (SSS)

Though not the most highly ranked service by residents (ranked 6th most preferred), the importance and value of the service in the community was demonstrated in free text comments in the online consultation. The a number of respondents also perceived that the proposed changes to SSS would have a mostly negative (43%) rather than positive (12%) impact.

The acceptability of a redesigned SSS delivery format including a combination of face-to-face, telephone and text for low-risk smokers may be high amongst residents since 30% of respondents most favoured this delivery model in comparison to individual face-to-face (27%), group (25%), website (11%), online (4%) or telephone support (3%) models. Since the evidence base demonstrating increased benefit of using the combination delivery format in comparison to the current model is yet to be established, a local evaluation of this revised format for smokers in low-risk groups should be undertaken if employed.

The Community Health Improvement Service (CHIS)

Resident respondents ranked the 'Healthy Walks' component of CHIS as their 2nd most preferred 'Staying Healthy' service, with the 'Health Trainer' component being ranked 4th and 'Small grants'/community development elements 5th most preferred. However, respondents felt that the proposed changes to all 3 components of CHIS would have a mostly negative impact rather than a positive one. Some very passionate responses for the 'Healthy Walks' programme were received with some respondents commenting that the service was good for both physical and mental health and for increasing social connections.

The Children's Weight Management Service

This service was ranked as the 3rd most preferred service by resident respondents with a large majority of respondents feeling that the proposed changes to the service would have a negative impact (44%). Several comments made about the child weight management service represented the view that efforts to address

childhood obesity should be focused on schools.

The Breastfeeding Support Service

Resident respondents ranked the service as their least preferred service, however, the value of the service in terms of its potential health impacts was recognised by residents in some free text comments. When asked about the likely impact of the proposed changes, resident respondents largely felt that the changes would have a negative impact (38%) in comparison to having a positive impact (10%) or none at all (21%).

The NHS Health Checks programme

Resident respondents ranked NHS Health Checks as their most preferred service and felt that the changes would have a negative impact on the service (47%) in comparison to those who felt that there would be no impact (11%) or a positive impact (19%).

b) Healthcare and Professional Online Consultation

There were 87 responses to the professional online consultation survey, with 70% of respondents being healthcare professionals and 26% responding on behalf of an organisation where respondent type was stated. A further 4% of respondents placed themselves in the 'other' category.

i) Respondent Type

Of the healthcare professional respondents, 27% were GPs, 20% pharmacists, and 6% health visitors where roles were stated. The remaining proportion of this group was made of a range of allied health professionals, specialist practitioners, and community workers. Of those responding on behalf of organisations, 30% were responding on behalf of a GP practice, 41% on behalf of another NHS organisation, 20% on behalf of a voluntary sector organisation and 10% a range of other professional organisations where the organisation was given.

ii) General comments

In the free text sections of the survey, the main themes that emerged from the general comments include the following:

- Concern from GPs that any reduced service capacity resulting from the proposed changes will place increased burden on primary care, increasing work load while being unfunded.
- General concerns that the cuts will impact those of low socio-economic background the most, leading to an increase in health inequality.
- Concern that this will not save money in the long term, ('Prevention is always better than cure') and that these measures will result in an increased burden.
- General agreement that if cuts are made, they should be approached in an evidence-based fashion, protecting the most cost-effective services.

iii) Service Specific Feedback

The Stop Smoking Service (SSS)

SSS were ranked as the most preferred service by professional respondents in comparison to other services, with many respondents commenting on the effectiveness and strong evidence base for the service. The cost-effectiveness, particularly in the long run was also mentioned multiple times alongside concern that cuts to this service would disproportionately affect those in lower socio-economic groups, since they are more likely to smoke and the SSS supports the 'hardest to reach' and most vulnerable Lewisham residents.

The Community Health Improvement Service (CHIS)

Professional respondents ranked 'Healthy Walks' as their least preferred service. This was similar for the 'Health Trainer' component, which was ranked as their 6th most preferred service. The 'Small grants'/community development element of the service, was ranked as the 5th most preferred service.

The Children's Weight Management Service

Respondents to the professional online consultation also ranked the children's weight management service as their 3rd most preferred service, however concerns were expressed about the potential negative impacts of the changes most notably that childhood obesity affects those of lower socio-economic status the most, and that any reduction in capacity of the service would increase health inequalities.

The Breastfeeding Support Service

Respondents to the professional consultation survey also recognised the importance of breastfeeding support being a vital early intervention and that not providing support for mothers would lead to poor outcomes for children in the long-term. However, professional respondents only ranked the service as their 4th most preferred 'Staying Healthy' service.

The NHS Health Checks programme

Professional respondents ranked NHS Health Checks as their 2nd most preferred service with respondents commenting that more pharmacies should be used to provide health checks. The benefit of identifying those with risk factors early was also recognised in further comments.

c) Feedback from stakeholder meetings

The feedback from stakeholder meetings was largely consistent with the findings from the online surveys.

From the stakeholder meetings with professionals the following additional themes were identified:

- Recognition about how difficult it is for local authorities regarding austerity and current cutbacks.
- Concern about impact the savings will have on primary care, both in terms of demand and cost shifting.
- Disappointment that cuts are being made to prevention services when they

are vital underpinning services to support the transformation of health and social care.

At the People’s Day community event, the largest proportion of participants engaging with the consultation display (24%) ranked the NHS Health Checks programme as the most important public health service out of 7 options listed. This was closely followed by the Healthy Walks programme (19%). When asked about their preference for delivery of support to stay healthy, face to face support was overwhelmingly ranked as preferable to online or telephone support. Online support was ranked as being marginally favourable to telephone support.

N.B. Further consultation results specifically for the Breastfeeding support services and Children’s Weight Management Services are available as part of the consultation into changes currently being made to Children’s and Young People’s services in Lewisham.

Step 5: Impact Assessment

The findings of the consultation, census data from 2011, service monitoring to date and peer-reviewed research evidence, have been brought together in this section to inform the impact assessment. For each service, the impact of the proposed changes has been classified as **positive, negative or equivocal** for each of the nine protected characteristics.

Overall consultation response on equalities

In the online consultation, the overall perceived impact of the proposed changes on the protected characteristic groups in Lewisham was given by both resident and professional respondents. The responses are summarised in Figures 3 and 4 below.

Figure 3: Summary of resident online consultation responses for equalities impacts

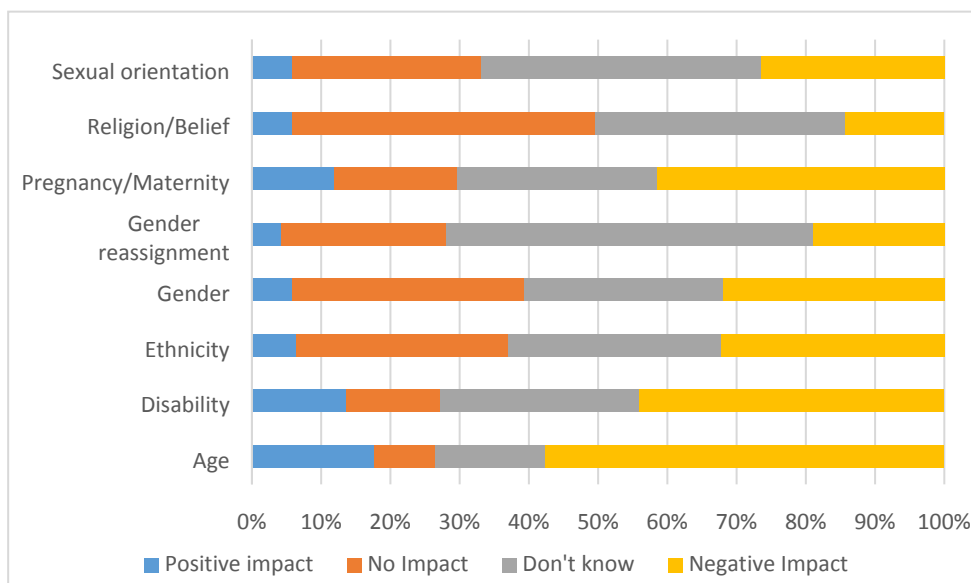
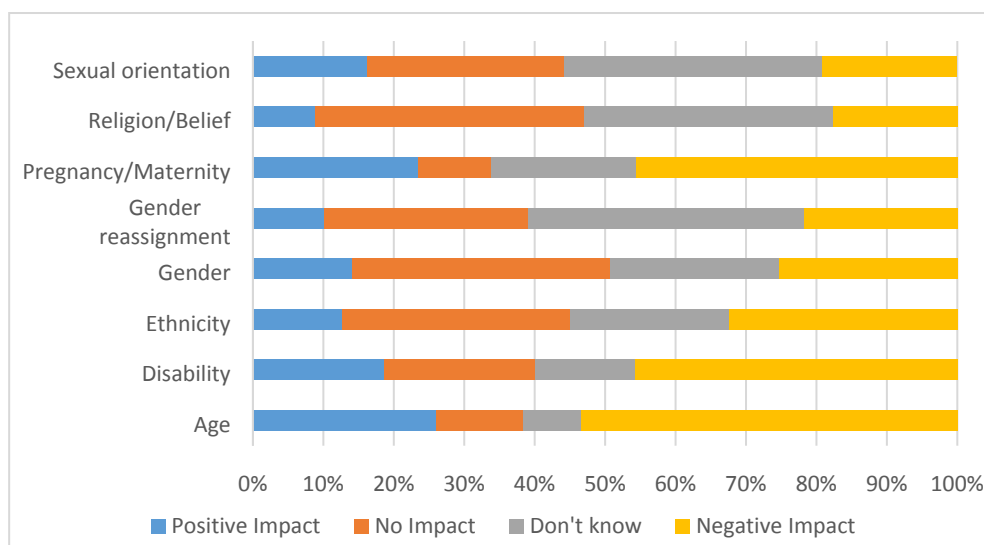


Figure 4: Summary of professional online consultation responses for equalities impacts



For both residents and professionals, it was felt that there would be a positive impact, no impact or unclear impact of the proposed changes for most of the protected characteristic groups. However, it was felt that the protected groups that would be most negatively impacted by the proposed changes were Age, Disability and Pregnancy/Maternity. The potential reasons for these perceptions have been outlined in the impact assessment for by service area below in the relevant service sections.

Respondents were most uncertain about the potential impacts for the Gender Reassignment, Sexual Orientation and Religion/Belief protected characteristic groups, with some respondents commenting that they did not feel that they had enough information to make this judgement on potential impacts.

NB The impact on the marriage/civil partnership characteristic was not measured in this part of the survey.

Impact assessment by service

1. The Stop Smoking Service (SSS)

The current stop smoking service in Lewisham reaches 3,500 smokers each year (7.2% of the estimated 48,500 smokers locally), with approximately 50% of these smokers quitting smoking successfully at 4 weeks after starting a smoking cessation programme. This demonstrates good reach of the service against the NICE benchmark of smoking cessation services reaching 5% of smokers in the population (3). A health equity audit of the SSS performed in 2013 revealed that:

- Younger smokers and female smokers over 60 appeared to be underrepresented in those accessing the service.
- Indian men, Chinese men, white Irish men and black Africans of both genders were least represented in users of the SSS in the context of the estimated number of smokers.

Positive impacts of changes to this service:

Disability

In the proposed changes to the service, specialist support will focus specifically on the most heavily dependent smokers in the borough including those with mental health conditions and/or long term conditions. The evidence based specialist support provided by the service will therefore aim to target the groups that most require it. Since this is the only element of specialist support to be retained by the service, there may be a relative positive benefit for smokers in the disability protected characteristic group.

Negative impacts of changes to this service:*Ethnicity/Race*

Since all smokers may no longer be able to access the more targeted specialist support as proposed, there may be a disproportionately negative impact of the changes for those that particularly benefitted from universal specialist support, namely Black African smokers (4). Black African smokers in Lewisham have been shown to be more likely to use and be successful using the one to one specialist sessions provided by community advisors than other ethnicities.

The new delivery model for all smokers will consist of a combination of face-to-face, telephone and text support which will mitigate against this negative impact since all smokers entering the service will have a face-to-face meeting to determine the level of support required. If deemed to be in need of additional support this will be identified and addressed following the initial meeting.

Equivocal impacts of changes to this service:*Age, Sex, Religion/Belief, Pregnancy/Maternity, Gender Reassignment, Sexual Orientation and Marriage/Civil Partnership*

Although male and older users (those aged 50-59 years) of the SSS have been shown to be more successful than women and younger users (those aged between 15-19 years) respectively in quitting smoking (4), the elements of the service that these users tend to be most successful with (e.g. GPs for male service users) are not due to face any changes in the savings proposals. There will therefore be no disproportionate impact on these protected characteristic groups.

Since data is not routinely available for pregnancy/maternity, religion/belief, gender reassignment, sexual orientation and marital status from users of the SSS, it is unclear if the proposed changes will have any disproportionate impact on residents in these protected characteristic groups.

2. Breastfeeding support services

The community breastfeeding groups that are run through the breastfeeding support services support see approximately 900 new women a year. In the most recent quarter (Jan-March 2016), 131 new women attended one of 6 community groups (5). The six groups are located throughout the borough and all wards of the borough are represented by attendees of the groups.

Positive impacts of changes to this service:

Age

The majority of mothers attending the Lewisham breastfeeding groups in the latest quarterly monitoring report for 2016 were aged between 30 and 39 years (74%), which is consistent with previous reporting periods (5). Since younger mothers are not as well represented in attendees to the groups the proposed changes will present an opportunity to seek to support younger mothers and has already been incorporated into new contracts for the service.

Ethnicity/Race

The breastfeeding support services in Lewisham are predominantly attended by 'White British' or 'White Other' women (49% and 19% of attendees respectively for the first quarter of 2016) (5). This is not representative of the current ethnic mix within the borough. The proposed redelivery of the service through health visiting therefore presents an opportunity for the service to improve its reach and engage with BME groups in the population and may therefore have a positive impact on this protected characteristic group in Lewisham.

Negative impacts of changes to this service:

Pregnancy/Maternity

The capacity of the breastfeeding service in Lewisham is to be retained and so there are no anticipated negative impacts of the proposed changes to any of the protected characteristic groups. However, it should be noted that both residents and professionals expressed concern that the Pregnancy/Maternity protected characteristic group will be negatively affected by changes to this service, with some respondents commenting that 'changes to breastfeeding support may have a negative effect on breastfeeding education/ awareness in pregnant women' and that 'women will have poorer support with breastfeeding'.

Equivocal impacts of changes to this service:

Sex, Religion/Belief, Gender Reassignment, Sexual Orientation and Marriage/Civil Partnership

This service is exclusively for females (i.e. new mothers), however, the impact for those in this protected characteristic group overall will be equivocal since the capacity of the service is to be unchanged.

Similarly to other services, data is not routinely available for religion/belief, gender reassignment, sexual orientation and marital status for users of breastfeeding support services, therefore the impact of the proposed changes on residents in these protected characteristic groups cannot be fully determined. Although as mentioned earlier there are no anticipated negative impacts on these groups due to the retention of overall capacity of the service in the proposals.

3. NHS Health Checks

In 2015/16, approximately 5,400 NHS Health Checks were carried out across the borough, with the majority of checks being carried out (71%) in GP surgeries. For the same period, 54% of those having a health check were female. Reach into some BME groups is particularly good (further information is provided below). However, uptake rates in Lewisham overall are slightly below the national average (34% in Lewisham compared with 45% in England as a whole) (6).

Positive impacts of changes to this service:

Ethnicity/Race

As mentioned above, the programme in Lewisham currently has a good reach in terms of ethnic representation among attendees of health checks (e.g. in 2015/16 the rate of health checks in Black Africans was 20.7/1000 in comparison to 19.7/1000 for White residents in Lewisham) (6). A contributory factor to this reach is the provision of health checks by pharmacy and community outreach providers in Lewisham. The continued use of pharmacy providers in the programme in the proposed changes will therefore enable this positive element of the programme to be preserved for this protected characteristic. However, some of this may be offset by the reduction in community health checks in the proposed changes that may also have been successful in reaching residents in this group. Were this the case the impact will be reduced but still positive overall.

Negative impacts of changes to this service:

It is hoped that the capacity of the NHS Health Check programme is to be retained and so there are no anticipated negative benefits of the proposed changes to any of the protected characteristic groups.

Equivocal impacts of changes to this service:

Age, Sex, Disability, Religion/Belief, Pregnancy/Maternity, Gender Reassignment, Sexual Orientation and Marriage/Civil Partnership

This service is targeted at those aged between the ages of 40 and 74, and there is a slightly higher proportion of women having health checks than men in the borough, however since capacity of the service is to remain the same the impact on those in the age and sex protected characteristic groups is thought to be equivocal.

Data is not routinely available for pregnancy/maternity, religion/belief, gender reassignment, sexual orientation and marital status from those undergoing an NHS Health Check, therefore the specific impact of the proposed changes on residents in these protected groups cannot be determined. However as mentioned above there are no anticipated negative impacts on these groups due to the retention of overall capacity of the service in the proposals.

4. Community Health Improvement Service (CHIS)

CHIS provides a number of services which include:

- The Healthy Walks programme:

For the 2015/16 period, an average of 300 people per month participated in regular walks (at least once per week), with a total of 314 new walkers joining across the year (7). The programme in Lewisham has been able to engage with a significantly higher percentage of participants with long term health conditions or disabilities compared to other 'Walking for Health' schemes nationally and those based in London (19% for Lewisham, compared to 10-11% for the national and London averages) (8). A third of the scheme's participants are from BME groups, which is much better when compared to other London based schemes (8).

- The Health Trainer service:

For the 2015/16 period there were 13 registered health trainers providing one-to-one support, over a total of 698 lifestyle support sessions. There were 491 referrals into the scheme in the same period with the majority of referrals coming from health professionals (71.3%). Of the total number of referrals, 166 (33.4%) people referred received one-to-one lifestyle support from health trainers, with 109 (65.6%) people achieving a lifestyle change and 59 (35.5%) people achieving 30 minutes of physical activity per week (7). In the same period, the service reached predominantly women (75% of those referred were female) and had good reach to ethnic groups (45% of those referred were of Black African and Caribbean ethnicity) (9).

- Lewisham Lifestyle Hub (LLH):

For the 2015/16 period, there were 957 referrals received by the hub, with most referrals coming from pharmacies (55%). The majority of those being referred to the hub were female (67%) and aged between 40 and 59 years (82%), although these age groups are reflective of those having NHS health Checks in the borough (who largely make up those referred to the hub). The hub has good reach into BME groups with 14% of those referred in this period being African, 11% Caribbean, and 8% White British (9).

- Community Development component: In 2016, 17 organisations were awarded participatory budgeting funding to run projects in Lewisham. A total of 628 people participated in these project activities and 66% of these participants reported an increase in mental wellbeing after being involved in project activities (9). Improved physical health, including maintained or increased fitness and energy, weight loss, a sense of physical well-being and more effective management of chronic health problems like back pain and diabetes, were identified as outcomes. Participants with severe pain and mobility difficulties reported how becoming more physically active had helped them to manage their conditions, with what they described as life changing effects (10).

Positive impacts of changes to this service:

There are not expected to be any overall positive impacts for any of the protected

characteristic groups.

Negative impacts of changes to this service:

Age, Sex and Ethnicity/Race

The LLH, Health Trainer and Healthy Walks components of CHIS have managed to achieve good reach to BME groups, particularly Black African and Caribbean groups as mentioned above and the LLH and Health Trainer components have a majority of females being referred to their services. These services are also mostly for those in the NHS Health Check eligibility age group (40-74 years). These groups could therefore be disproportionately affected by changes to this component of CHIS, however the single referral route into CHIS is the NHS Healthchecks programme, and the reach of this will be retained so any impact is unlikely.

With reference to the latest CHIS Annual report and monitoring data it was not possible to readily assess the potential equalities impact of the community development work of CHIS, although historical and verbal reports confirm that the CD work of CHIS was very effective at reaching BME and more deprived communities.

Equivocal impacts of changes to this service:

For the Healthy Walks programme, some demographic data is available for service users but it is insufficient to determine use by protected characteristic groups, however there are no planned changes to delivery of this service.

Data is not routinely collected for pregnancy/maternity, religion/belief, gender reassignment, sexual orientation and marital status from those using the different elements of CHIS. It is therefore unclear how any of these protected characteristics will be impacted by changes to this service.

5. The Children's weight management service

The service delivers a range of age-specific evidence-based family interventions for 375 overweight and obese children in Lewisham, which suggests that the service reaches approximately 4% of the estimated 9,000 obese children (under 16's) in the borough (1). In the first year of contract there were 151 initial assessment for the specialist service, 187 children accessing the service and 72 completers to date. The service is predominantly attended by female children in borough and has representative attendance from children from BME backgrounds as further described below (11).

Positive impacts of changes to this service:

There are no anticipated overall positive impacts for any of the protected characteristic groups.

Negative impacts of changes to this service:

Disability

The additional support currently offered in addition to the MEND element of the service for those with additional comorbidities and needs is to be removed in the

proposed changes. Those in this protected characteristic group with need of the service may therefore be disproportionately affected by no longer having access to additional support. The incorporation of the service into school nursing may help to mitigate this negative health impact by maintaining close links with children with complex needs to provide some additional support where required.

Ethnicity/Race

This service currently has good reach to BME groups with 71.4% attending the service in the last quarter of 2015 being from a BME background (11). Although the capacity of the service will be reduced, the new service will ensure that the reach to BME groups will reflect the Lewisham population to minimise any disproportionate impact to this group

Sex

The weight management service has predominantly female attendees, with 72% of those attending the service in the last quarter of 2015 being female (11). The high proportion of females reflected the provision of a targeted programme for postnatal women in the service, to mitigate for the removal of this service provision women will have access to an extended commercial weight management programme.

Age

The integration of school nursing into the service may mean better follow up of those in overweight/obese groups requiring MEND since the National Child Measurement Programme (NCMP) taking place in schools initially helps to identify overweight and obese children in need of the service. However, since there will be reduced capacity of the service to provide additional support to children, this may be offset any new benefit for young people overall. Additionally respondents to both the residents and professional online surveys felt that young people would be disproportionately negatively affected by changes to this service as highlighted in the overall consultation equalities impact summary above.

Equivocal impacts of changes to this service:

Data is not routinely collected for pregnancy/maternity, religion/belief, gender reassignment, sexual orientation and marital status from those using this service and so it is unclear how any of these protected characteristics will be impacted by changes to this service.

References:

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3. Miller J, Iyasere E, Scott G, Thomas L, Waites D. Briefing paper for Lewisham CCG: Investing in Stop Smoking, Alcohol and Healthy Weight Services saves the health service money. June 2016.
4. Pringle, E. Health Equity Audit of Lewisham's Stop Smoking Service. Lewisham Public

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5. Lewisham Quarterly Report on NCT Services. Lewisham Council, May 2016.
 6. Under-75 CVD Public Health Performance Dashboard. Lewisham Public Health. July 2016.
 7. Public Health Community Health Improvement Service (CHIS) Performance Checkpoint Report 2015-16.
 8. Walking for health team response to Lewisham Public Health Consultation. August 2016.
 9. Lewisham Community Health Improvement Service (CHIS) Annual Report. April 2016.
 10. North Lewisham Health Improvement Programme: evaluation report, Lewisham Public Health 2013
 11. Children's Weight Management Service Quarterly Monitoring data. Lewisham Public Health 2015-16.

Step 6: Decision/ Result

The final results of the EAA by service can be summarised in the following table:

Service	Equality Impact
The Stop Smoking Service (SSS)	Positive: Disability Negative: Ethnicity/Race Equivocal: All other
Breastfeeding Support Services	Positive: Age, Ethnicity/Race Negative: Pregnancy/Maternity Equivocal: All other
NHS Health Checks	Positive: Ethnicity/Race Negative: Nil Equivocal: All other
Community Health Improvement Service (CHIS)	Positive: Nil Negative: Age, Sex, Ethnicity/Race Equivocal: All other
The Children's weight management service	Positive: Nil Negative: Age, Sex, Ethnicity/Race, Disability Equivocal: All other

Step 7: Equality Analysis Action Plan

The following mitigations in the way of an action plan will be undertaken for the anticipated negative impacts identified:

Service	Mitigation Action
The Stop Smoking Service (SSS)	Ethnicity/Race Careful monitoring of users of the service following the introduction of the proposed changes will have to be performed in addition to an evaluation of the new service model to mitigate against any negative impacts for this protected characteristic group.
Breastfeeding Support Services	Pregnancy/Maternity

	It will be important to ensure that awareness of the continued reach and capacity of the service is communicated effectively within the borough, particularly through channels that will reach potential users of the service.
NHS Health Checks	Nil required
Community Health Improvement Service (CHIS)	<p>Age, Ethnicity/Race</p> <p>The introduction of the National Diabetes Prevention Programme in Lewisham will help to provide an avenue for all of those that are found to be 'pre-diabetic' following an NHS Health Check to receive evidence-based behavioural support to prevent the onset of diabetes. Since those from BME backgrounds are considered to be at greater risk of developing Type 2 Diabetes, this programme will help to mitigate any negative impact realised from the removal of the LLB for those identified as being at high risk in this population group.</p> <p>As mentioned above, the existing community nutrition and physical activity service delivered by GCDA and the expansion of the existing commercial weight management offer (e.g. weightwatchers vouchers) may also mitigate against the proposed changes to CHIS. The community development nature of the community nutrition and physical activity service will target black African and black Caribbean communities.</p>
The Children's weight management service	<p>Age, Disability, Ethnicity/Race, Sex</p> <p>Close monitoring of service use and health outcome data following the introduction of the proposed changes, particularly to capture data on these protected characteristics among service users will be vital to identify if any negative impacts on these groups are realised and to work to mitigate them when/if they arise.</p>
Sign Off	
Detail the date that your Equality Analysis was signed off by your DMT.	

EQUALITY ANALYSIS ASSESSMENT (EAA)	
Name of Proposal	<ul style="list-style-type: none"> ▪ Redesign of Health Visiting, School Nursing & Children’s Centres
Lead Officers	<ul style="list-style-type: none"> ▪ Rosalind Jeffrey (CYP Commissioning Change Lead) ▪ rosalind.Jeffrey@lewisham.gov.uk / 0208 314 7093 ▪ Andrew McVitty (National Management Trainee) ▪ andrew.mcvitty@lewisham.gov.uk / 0208 314 2210
Other Stakeholders	<ul style="list-style-type: none"> ▪ Public Health ▪ CYP Joint Commissioning ▪ Lewisham & Greenwich NHS Trust
Start Date Of EAA	<ul style="list-style-type: none"> ▪ January 2016
End Date Of EAA	<ul style="list-style-type: none"> ▪ Initial EAA - August 2016 ▪ <i>NB this EAA will be updated as proposals are developed and finalised by January 2017</i>
Step 1: Identify Why You Are Undertaking An Equality Analysis	
<p>The responsibility for commissioning 0-5 and 5-19 year old public health services transferred to the Local Authority in October 2015 and April 2013 respectively. In the Government’s Spending Review and Autumn Statement 2015 the government announced funding reductions for these public health services.</p> <p>For Lewisham this has resulted in a significant decrease in funding for 2017/18. The Council is therefore consulting on proposals to re-design its 0-19 service, encompassing: Health Visiting, School Nursing and Children Centres.</p> <p>The CYP Joint Commissioning team has to find savings of approximately £2 million from its existing Health Visiting and School Nursing budgets for the next financial year. Lewisham’s Children Centre budget, which was reduced by £1.8 million last financial year, will not undergo any further funding reductions.</p> <p>Given that the proposed changes will involve the re-design and development of new policies, procedures and operational practices, it is necessary to undertake an Equality Analysis Assessment (EAA). This assessment will consider the effect of the proposed service changes, analyse whether the extent to which they are likely to impact on different protected characteristics within the local community, and identify mitigating actions to address any disproportionately negative impacts.</p>	
Step 2: Identify The Changes To Your Service	
<p>The CYP Joint Commissioning Team commissions a range of health and social care services for 0-19 year olds in Lewisham. Proposed changes to this service encompass the re-design of Health Visiting, School Nursing and Children Centres, discussed below:</p>	

Health Visiting

Current Provision: Health Visiting is a home visiting service for all families with a child under 5 years. Health Visitors assess the health and support needs of new parents and their babies through a series of health and development checks. These happen during pregnancy, just after birth, and then when the child is 6-8 weeks, 7-11months and 2-2.5 years. Additional reviews may also be carried out at 3-4 months and 3.5 years depending on a family’s vulnerability status. Health Visitors support parents with advice on all aspects of caring for their child, as well as making sure children are protected from harm and their safeguarding needs are met. Where families are seen to be particularly vulnerable, Health Visitors will provide more support with additional visits.

Proposed Changes: Approximately £1million needs to be found from the Health Visiting service budget for the 2017/2018 financial year.

Current Provision	Proposed Changes
<p>1. Health visitors carry out five children’s developmental health checks (in pregnancy, new birth, 6-8 weeks, 7-11 months and 2-2.5 years) in the family home.</p>	<p>1. In future, two of these checks – the 7-11 month check and the 2-2.5 year check for families not identified as vulnerable – might be delivered in Children’s Centres and in groups. All other checks will continue to be done in the home.</p>
<p>2. Health visitors currently run baby clinics in Children’s Centres and GP practices. Parents can take their babies to these clinics for weighing and advice.</p>	<p>2. In future, we might:</p> <ul style="list-style-type: none"> • Reduce the overall number of clinics delivered with the aim of them all being done in Children’s Centres. • Introduce parental weighing of babies at clinics while continuing to provide access to a Health Visitor for advice.
<p>3. Health visitors currently provide five mandatory health checks for families. They also provide additional checks for some families at 3-4 months and 3.5 years. The government is consulting on changes to these mandatory health checks, which is likely to give Lewisham and other local authorities more flexibility to target additional checks at the most vulnerable families.</p>	<p>3. In future Health Visitors might:</p> <ul style="list-style-type: none"> • Only provide checks during pregnancy for women identified as vulnerable by maternity services. Other women will continue to have access to GPs and midwives for health checks during their pregnancy. • Health visitors might only offer additional checks at 3-4 months and 3.5 years to families that are identified as vulnerable.
<p>4. Health visitors currently support 3 out of</p>	<p>4. In future, we might transfer management</p>

the 6 'breast feeding groups' in Lewisham, by giving advice on feeding, weaning, mother and baby's health and nutrition. These groups, and the provision of the volunteer breastfeeding peer supporters, are coordinated by the Breast Feeding Network.	of these groups to the health visiting service, supported by maternity services.
5. A significant amount of the current health visiting budget is spent on a range of administrative activities.	5. In future, we will develop new ways of delivering this support (such as better use of technology) which would mean we could reduce the budget for administration.
6. The health visiting service currently provides community clinics to deliver BCG vaccinations to babies that have not received this after birth.	6. In future, we might develop a local dedicated immunisation team that will be able to deliver these clinics.

School Nursing

Current Provision: Lewisham has a school nursing service which works with schools to improve the health and wellbeing of children and young people by providing advice, information and guidance on:

- Keeping healthy
- Immunisations
- Emotional health
- Risk taking behaviours such as drugs and alcohol
- Sexual health education (appropriate to the child's age)
- Healthy eating and weight management
- Providing extra support to young people with complex needs

The school nursing service also helps make sure young people with more complex needs can receive extra support when they need it; and works with others to ensure children are protected from harm.

Proposed Changes: Approximately £1 million needs to be found from the Health Visiting service budget for the 2017/2018 financial year. To lessen the impact we plan on transferring funding from other services and integrating these services into a new service for school-aged children, see below:

Current School Age Nursing Service	Proposed Changes
1. School nurses currently offer a health assessment to children when they enter primary school.	1. In future, school nurses might provide a combined assessment for reception children consisting of a: <ul style="list-style-type: none"> • School entry health assessment. • National Child Measurement Programme (weight checks for reception and also for year 6 children).

	<ul style="list-style-type: none"> Hearing and vision screening.
<p>2. MyTime Active currently deliver a weight management programme for children in Lewisham.</p>	<p>2. In future, we will develop closer links between our weight management programme and our school nursing service so that children who are overweight have access to better support.</p>
<p>3. The school nursing service currently plays a key role in safeguarding and child protection.</p>	<p>3. In future, we will continue to require school nurses to undertake health assessments for all children and young people aged 5-19 years when they become looked after or under the protection of the local authority. Protecting vulnerable children will continue to be a priority and school nurses will still attend statutory meetings to support children and families when this is needed.</p>
<p>4. The school nursing service currently supports the health and emotional wellbeing of children and young people through school drop-ins, appointments and health promotion work. However, school nurses have limited capacity to do this work.</p>	<p>4. In future, we might redesign this element of the service to create a dedicated 'teenage health service' which will:</p> <ul style="list-style-type: none"> Be accessible from a number of venues in the borough as well as from schools. Offer online advice and face to face support about health and emotional wellbeing, alcohol and drugs misuse, and sexual health. Signpost and refer young people to other local services.
<p>5. School nurses also provide support to children with long term conditions and disabilities.</p>	<p>5. In future, a dedicated nursing team, supported by the community paediatric team, might provide support for these children, for example by providing health assessments, helping develop individual care plans, and training school staff on how to look after children with long term conditions and disabilities in schools.</p>
<p>6. The school nursing service currently delivers immunisations to school age children.</p>	<p>6. In future, immunisations will continue to be provided in schools but might be delivered by a different immunisation</p>

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Children Centres

Current Provision: Children’s Centres are places where families can access a range of services and information such as health, education and social care. They also provide spaces where parents and carers can bring their children to play and learn and to meet other children and families. Some services that are supported by health visitors, such as breastfeeding groups, are delivered directly from Children’s Centres. Lewisham has 16 children’s centres located in different buildings around the borough.

Proposed Changes: We are not proposing to reduce funding for Lewisham’s children’s centres. Budgets for children’s centres in Lewisham have already been reduced in 2015-16. However, existing contracts come to an end in March 2017 and new contracts need to be commissioned. This opens opportunities to improve Children Centres, including which services they provide and where services are provided from.

In the future we might:

- Offer the same services, but targeted towards families with higher needs.
- Offer the same services at fewer and/or different locations.
- Operate services through a ‘hub and spoke’ model in each of the boroughs four defined localities (N, middle, S.E, S.W). ‘Hubs’ will act as a central focus point delivering a core set of services and activities throughout the day in each area. Smaller ‘spokes’ will deliver targeted outreach programmes based on local need and on a more intermittent basis. This will include the use of schools and community settings.
- Co-locate Children’s Centres with other health and educational services.
- Integrate the one-to-one family support service provided by Children’s Centres with our health visitor support for vulnerable families.

We also want to make sure that Children’s Centres are a central part of our new Early Help strategy which aims to ensure that families with children and young people at risk of harm are provided with more coherent joined-up support.

Step 3: Assessment Of Data And Research

As part of the EAA process, a scoping exercise was undertaken to assess the initial impact that the proposed changes to the 0-19 service may potentially have on relevant protected characteristics (age, disability, gender, ethnicity, sexual orientation, religion or belief, gender reassignment and pregnancy & maternity). Proposals were categorised by the potential ‘positive, negative or neutral’ impact they may have on users. The outcome is summarised in the grid below:

Health Visiting

Proposal	Age	Disability	Ethnicity	Gender	Sexual Orientation	Religion or Belief	Gender Reassignment	Pregnancy & Maternity
Deliver 7-11 months and 2-2.5 year checks for families not identified as vulnerable in groups at Children's Centres	Neutral	Negative, Low	Neutral	Neutral	Neutral	Neutral	Neutral	Negative, Low
Reduce the overall number of baby clinics delivered with the aim of them all being done in Children's Centres	Neutral	Negative, Low	Neutral	Neutral	Neutral	Neutral	Neutral	Negative, Low
Introduce parental weighing of babies at clinics (whilst continuing to provide access to a Health Visitor for advice)	Neutral	Negative, Low	Neutral	Neutral	Neutral	Neutral	Neutral	Negative, Low
Only provide checks during pregnancy for women identified as vulnerable by maternity services (other women will continue to have access to GPs and midwives for health checks during their pregnancy)	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Negative, Low
Only offer additional checks at 3-4 months and 3.5 years to families that are identified as vulnerable	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Transfer management of Lewisham's breastfeeding groups to the health visiting service (supported by maternity services)	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Reduce the budget for administration by developing new ways of delivering this support (such as better use of technology)	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral

Appendix 6
 London Borough of Lewisham
 CYP Joint Commissioning

Develop a local dedicated immunisation team that will be able to provide community clinics to deliver BCG vaccinations to babies who have not received this after birth	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
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School Nursing

Proposal	Age	Disability	Ethnicity	Gender	Sexual Orientation	Religion or Belief	Gender Reassignment	Pregnancy & Maternity
Provide a combined assessment for reception children consisting of a school entry health assessment, National Child Measurement Programme (weight checks for reception and also for year 6 children) & hearing and vision screening	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Develop closer links between our weight management programme and our school nursing service so that children who are overweight have access to better support	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Require school nurses to attend ICPC and first core group meetings (subsequent attendances will be assessed according to the health needs of the individual child)	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Require school nurses to physically locate safeguarding leads in the new redesigned Multi-Agency Safeguarding Hub (MASH)	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Create a dedicated 'teenage health service' which will be accessible from a number of venues in the borough as well as from schools, be provided by a mixture of health and non-health staff, offer online advice and one to one support about health and emotional wellbeing and risk behaviours e.g. alcohol or drugs misuse & sexual health and signpost and refer young people to other local services	Positive, Low	Negative, Low	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral

Appendix 6
London Borough of Lewisham
CYP Joint Commissioning

Create a dedicated nursing team, supported by community children's doctors, to provide support to children with long term conditions and disabilities (and train school staff on how to look after these children in schools)	Neutral	Positive, Medium	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Continue to provide immunisations in schools, but deliver these via a different immunisation team	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral

Children Centres

Proposal	Age	Disability	Ethnicity	Gender	Sexual Orientation	Religion or Belief	Gender Reassignment	Pregnancy & Maternity
Offer the same services at fewer or different locations (such as an area based 'hub' supported by smaller sites, including the use of schools and community settings)	Neutral	Negative, Low	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Offer the same services, but targeted towards families with higher needs	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Co-locate Children's Centres with other health and education services	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Integrate the one-to-one family support service provided by Children's Centres with our health visitor support for vulnerable families	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral

From this scoping exercise, it is possible to observe that the protected characteristics most likely to be adversely affected by the redesign of the 0-19 service are disability pregnancy and maternity. The proposals were seen to have a neutral impact on those within the categories of age, ethnicity, sexual orientation, gender reassignment and religion or belief.

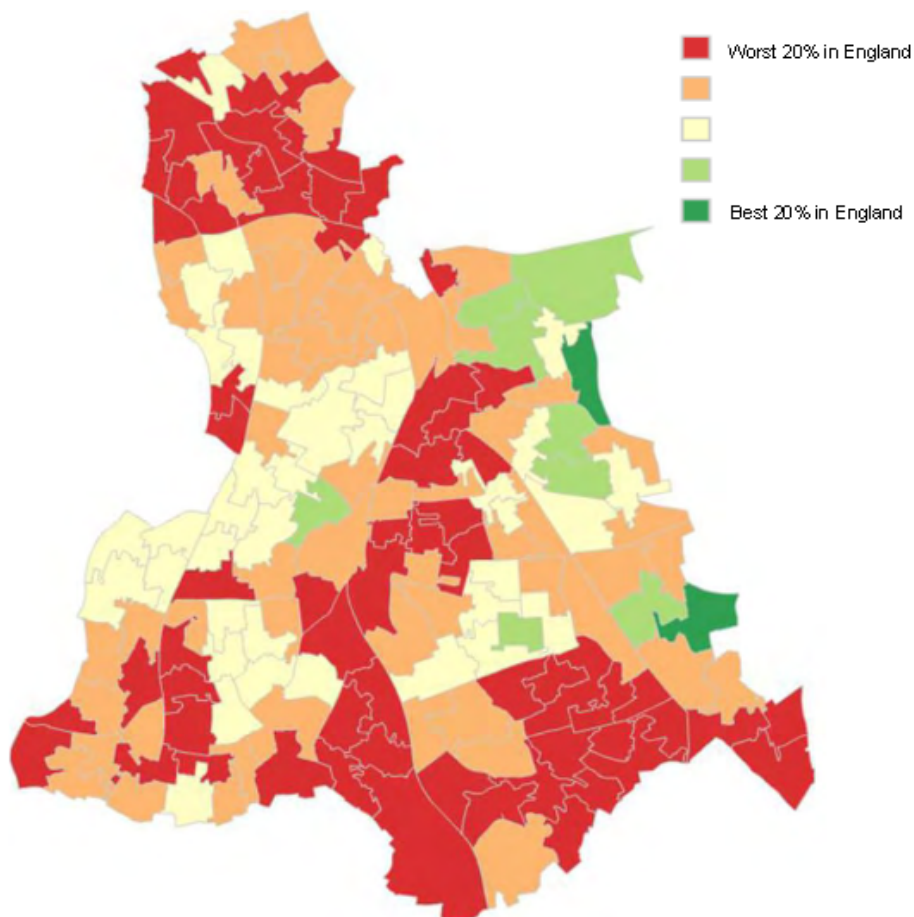
These potential impacts are analysed further below, supported by local data.

Contextual Data

Key data findings:

- Lewisham is ranked as the 48th most deprived local authority area in the country with an average score of 28.59¹. This is out of a possible 32,844 local authority areas.
- There are areas of significant deprivation in the north, central and southern parts of the borough (Fig 3). The populations of these areas experience many of the problems associated with poverty: poor health and educational outcomes, unemployment, homelessness, low pay and inequality.
- A significantly greater proportion of Lewisham's children live in poverty than is the case in England and London as a whole (Fig 4). Almost 26% of children in Lewisham's primary and secondary schools are in receipt of free School Meals, a proxy indicator for child poverty.

Figure 3: Indices of Multiple Deprivation 2015 – Lewisham Super Output Areas

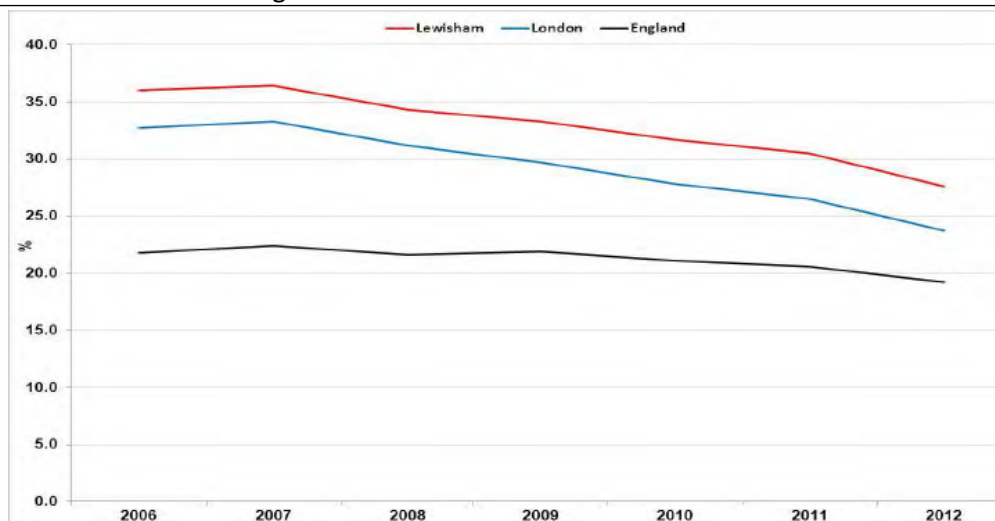


(Source: Department for Communities and Local Government)

Figure 4: % of Children Aged under 16 in Poverty

¹ IMD 2015

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(Source: HM Revenue and Customs 2012)

- In 2013/2014 a total of 640 Lewisham households including dependent children or a pregnant woman were homeless. Homeless children are at increased risk of depression, behavioural problems and poor educational attainment.
- Lewisham’s typical household income is 6% lower than the London average, with four wards (Downham, Whitefoot, Bellingham & Evelyn) having an income level that was more than 15% lower. We also know that in 2011 there were 7,599 households with dependent children (6.5% of the total) where no adults were in employment.
- There is a direct correlation between high levels of deprivation and childhood obesity. In Lewisham childhood obesity rates remain significantly higher than the average for England. In 2013/14 Lewisham was again in the top quintile (highest fifth) of Local Authorities in obesity prevalence rates for children in Year 6.
- In 2013/2014, 6% of Lewisham women were reported to be smoking at time of delivery. This is slightly above the London average but considerably lower than the national average of 12%.

Ensuring the availability of high quality services for a population experiencing rapid growth, which is so diverse and where greater numbers of people experience deprivation than in England as a whole, is a major challenge.

Local and national data (including: the 2011 Census, information from the Office of National Statistics and Lewisham’s 2015 Annual Public health Report) for these protected characteristics has been analysed below:

Age:

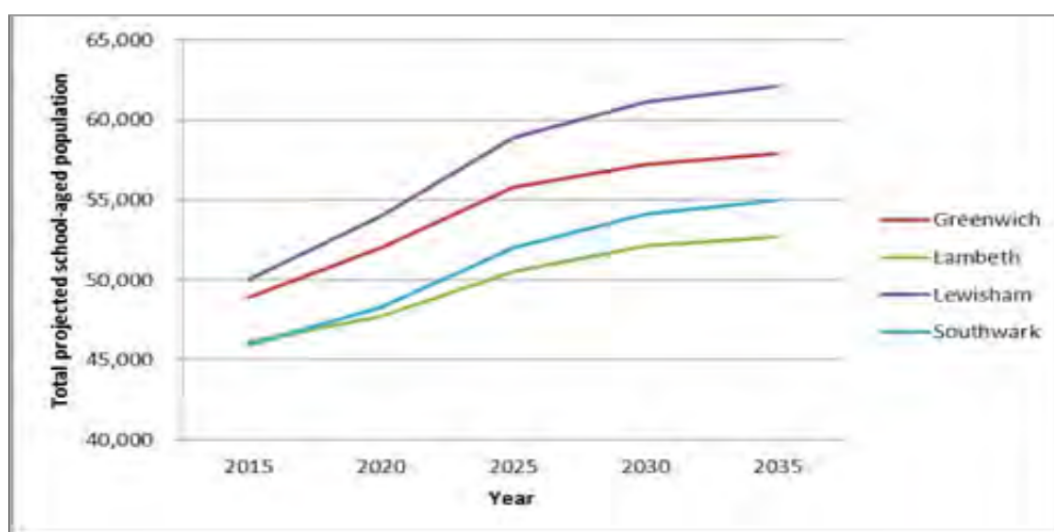
Key data findings:

- Lewisham is the second most populous inner London Borough, home to approximately 291,900 residents. This is estimated to rise rapidly to over 318,000 by 2021 due to high birth and borough immigration rates. The highest growth is expected in Lewisham Central, Rushey Green, New Cross and Evelyn wards.
- Using GLA estimates, there are 22, 726 children aged 0-4 years in Lewisham in 2016² of whom

51.5% are boys.

- Recent data suggests Lewisham’s birth rate has fallen. Broadly speaking, since 2011 there has been relatively limited growth overall in the population of children aged 0-4 years in Lewisham (22,659 in 2011 and 22,726 in 2016 with slight decreases in the overall population of children aged 0-4 years in 2015 and 2016).
- However, for the population of children aged 0-4 years, there are significant variances between wards and Children Centre Service Areas (CCSAs). Key population growth wards for children aged 0-4 years in Lewisham are largely concentrate in CCSA 1 (Evelyn and New Cross wards particularly) and the wards of Lewisham Central and Blackheath in CCSA 2. By contrast, all wards in CCSAs 3 and 4 will see reducing numbers of children aged 0-4 years across 2015- 2019 (except Rushey Green in Service Area 3 which will remain broadly the same).³
- Lewisham has a slightly younger age profile than the rest of inner London. Currently 24% of Lewisham’s population are below the age of 19⁴ representing just over 70,000 young people, compared to 22.5% for inner London. Of this figure 10% of Lewisham’s population are aged 0-5 representing just over 29,000 young children.
- Figure 1 below shows how the school aged population is expected to rise significantly over the next 20 years.

Figure 1: School Aged Population Projections (5-19 year olds)



(Source: GLA Projections 2012)

- Lewisham has a young population (usually defined as under 25) experiencing high levels of sexual health need in relation to contraception, pregnancy, sexually transmitted infections (STIs) and sexual behaviours.
- Although dropping, Lewisham has the highest under 18 years birth rate in London, produced through a combination of a high teenage conception rates and lower than average abortion rates in this age group⁵.

² See 2014 Round of Demographic Projections, GLA Intelligence Unit (used also by Lewisham Strategic Partnership)

³ Lewisham Council, Children Efficiency Assessment, August 2016

⁴ ONS 2014 Mid-Year Population Estimates

- Targets for the reduction of teenage conceptions for 15–17 year olds in Lewisham remain extremely challenging. The annual rate of 48.6 teenage conceptions per 1,000 remains in the bottom quartile nationally, and the 7th bottom in the capital.
- Almost all adults aged 16 to 24 years were recent internet users (99.2%), in contrast with 38.7% of adults aged 75 years and over. (ONS, 2016: <https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2016>)

From the data it is evident that the recent rise in Lewisham’s birth rate and number of children locally presents challenges to local services in meeting needs. Although birth rates have begun to drop off there is still a large number of young children moving through Lewisham’s social health, care, and educational services.

Children and young people (aged 0-19) and their parents (most likely aged 25-50) will be impacted by any changes to services for 0-19 as the service is directed at them. This, however, is not to discount other age groups who may also be affected, such as those with child care responsibilities (older siblings, grandparents etc.) and those becoming parents/carers at older ages (50+).

Proposed changes to the service to increase the use of technology, specifically internet use, may impact negatively on older people, who are less likely to use the internet. However, we are primarily considering parents/carers of child bearing age who will be familiar / comfortable with using this kind of technology. Whilst parents may be encouraged to use online facilities (where available) the input that a family will get from the service will still be dependent on the HVs assessment of the family’s needs - so technology will not replace the clinical decision making employed to ensure that children are safeguarded.

The proposals do not discriminate on the basis of age, and the proposed service will remain directed at supporting babies, young children and their families.

The proposal to create a teenage health service to provide multi agency support to teenagers is designed to improve access and support for these children and young people and so the anticipated impact will be a positive one for this age group.

Disability:

Key data findings:

- In Lewisham Council’s 2007 Residents Survey, of the 1,042 people surveyed, 14% of respondents described themselves as disabled. In the ONS Annual Population survey data for 2007 14.2% of people of working age were categorised as disabled. In the 2011 Census, 15.6% of Lewisham residents were classed as not in good health.
- Children and young people with an identified Special Educational Need (SEN) who have been issued with an Education, Health and Care plan, or Statement of Special Educational Needs, currently account for 2.7% of the school age population in Lewisham. This is comparable to Lewisham’s neighbours, and to London and England as a whole.
- Of these children, 75% are male and around 50% have a diagnosis of Autism Spectrum Disorder

⁵ Lewisham Annual Public Health Report 2015

(ASD), which is significantly higher than the national average.

- Of children with special education needs in Lewisham, 83% have their needs met within Local Authority maintained provision (39% Maintained Special School; 35% Maintained Mainstream School; 9% Maintained Resource Base/SEN unit).
- Overall SEN projection calculations suggest Lewisham will see a minimum increase of 7.7% in Education, Health and Care plans over the next ten years.
- Estimated rates of mental health disorders (including conduct, emotional, hyperkinetic (ADHD) and eating disorders) in Lewisham are broadly comparable to neighbouring boroughs (Table 1).
- 25.0% of disabled adults had never used the internet in 2016, down from 27.4% in 2015. (ONS, 2016 as above)

Table 1: Prevalence of Key Child & Adolescent Mental Health Problems

	Any mental health disorder		Conduct disorders		Emotional disorders		Hyperkinetic disorders		Eating disorders
	5-16yrs		5-16yrs		5-16yrs		5-16yrs		16-24yrs
	Prevalence (%)	No. of children	Prevalence (%)	No. of children	Prevalence (%)	No. of children	Prevalence (%)	No. of children	No. of young people
<i>Lewisham</i>	9.46	3,765	5.78	2,299	3.66	1,457	1.57	623	4,381
<i>Greenwich</i>	9.65	3,749	5.93	2,304	3.74	1,451	1.60	623	4,192
<i>Lambeth</i>	9.89	3,758	6.08	2,310	3.86	1,466	1.66	629	4,655
<i>Southwark</i>	9.81	3,582	6.02	2,199	3.83	1,396	1.63	594	5,381
<i>London</i>	9.35	109,616	5.70	66,838	3.65	42,748	1.54	18,050	126,462
<i>England</i>	9.60	-	5.80	-	3.70	-	1.50	-	-

(Source: ONS survey Mental Health of Children and Young People in Great Britain (2004) & Adult Psychiatric Morbidity Survey (2007))

Proposals to change some Health Visiting checks from taking place in the home to Children’s Centres may have a negative impact on parents/carers with disabilities, if they do not have suitable transport options to access Children’s Centres.

Likewise, the proposals to reduce the overall number of baby clinics with the aim of all of them being delivered in Children’s Centres.

Officers will explore options throughout the development of the service proposals to mitigate against this.

It is possible that for some parents with disabilities, the proposal to introduce parental weighing of babies at clinics may have a negative impact. However, access to health visitors will continue to mitigate against this.

It is possible that geographical changes in the Teenage Health Service and Children Centre location may adversely affect the ability of some users to reach new sites and access services.

As in proposals to Health Visiting, officers will explore options throughout the development of the service proposals to mitigate against this.

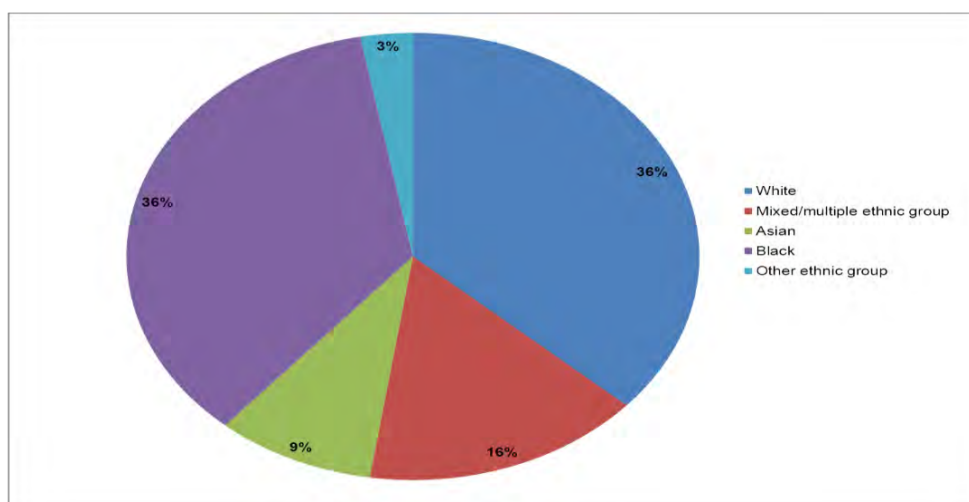
The proposal to create a dedicated nursing team to provide support to children with long term conditions and disabilities is to improve support for these children and young people and so the anticipated impact will be apposite one for children and young people with disabilities.

Ethnicity:

Key data findings:

- The 2011 Census identified Lewisham as the 14th most ethnically diverse local authority nationally, with around 45% of residents coming from a black and minority ethnic background and 1 in 3 residents born outside the UK.
- Overall members of 94 ethnic groups make up Lewisham’s population with over 170 languages spoken. The most common are French, Tamil, Somali, Vietnamese, Turkish, Polish, Lingala and Portuguese (Translation Requests, 2007-2012), whilst nearly 10% of all households do not contain any residents who speak English as their main language.
- Nearly half the residents of the borough (46.5%) are from a black or minority ethnic (BME) background, although this rises to over 70% within the school population. Black African residents (11.6%) are now more numerous than Black Caribbean residents (11.2%).
- Around two thirds of Lewisham’s 0–19 year olds are part of a black or minority ethnic (BME) group (Fig 2).

Figure 2: 0-19 Population by Broad Ethnic Group



(Source: 2011 Census)

- The number of residents identifying themselves as ‘White British’ has decreased from 56.9% in 2001 to 41.5% in 2011. Those identifying themselves as ‘White Other’ has risen dramatically, most likely as a result of migration from other EU countries.

Whilst no direct impact is anticipated from the proposals, BME households are disproportionately affected by local service reductions as they are more likely to live in deprived areas, tend to experience higher levels of child poverty and inequality, and access state support mechanisms such as the proposed 0-19 service. Officers will continue to analyse service level data and access to services to ensure that any negative impact is recognised and mitigated where possible.

Gender:

Key data findings:

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

- 2011 Census data reveals that 91.5% of lone parents are female.

Exact data needs to be collected, but the majority of users of the 0-19 services are women. Therefore any proposed changes will have a greater impact on women overall. Monitoring and further data collation and analysis is required to ensure that any potential impact on gender from the wider proposed changes, and specific proposals within this are anticipated and mitigated where possible.

Sexual Orientation:

- About 0.4% of Lewisham households comprise same sex couples in civil partnerships. This is more than double the average for England⁶

No impact is anticipated on sexual orientation

Religion or Belief:

- Christianity was the most common religion in Lewisham at the time of the 2011 Census (53%), followed by Islam (6%). About 27% of people stated they had no religion and 9% did not state their religion or belief.

Religion	Lewisham %	London %	England %
Christian	52.8	48.4	59.4
Buddhist	1.3	1	0.5
Hindu	2.4	5	1.5
Jewish	0.2	1.8	0.5
Muslim	6.4	12.4	5
Sikh	0.2	1.5	0.8
Other religion	0.5	0.6	0.4
No religion	27.2	20.7	24.7
Religion not stated	8.9	8.5	7.2

No impact is anticipated on religion or belief

Gender Reassignment:

Further data relating to gender reassignment is required. However no impact is anticipated on gender reassignment.

Pregnancy and Maternity:

Key data findings:

⁶ 2011 Census

- Early access to maternity services in Lewisham remains low – 79% compared to 86% access to maternity services nationally.
- It is estimated that up to 20% of women in the UK develop a mental health problem in pregnancy or within a year of giving birth. In Lewisham this would equate to approximately 1,019 affected women every year. It is recognised that perinatal mental health problems in women have a huge personal impact on them and their families.
- In Lewisham, breastfeeding prevalence at 6-8 weeks after delivery is 74.3%⁷. This is significantly better than the average prevalence for England overall
- Children in lone parent families are at a greater risk of poverty and therefore of poor health outcomes. The 2011 Census revealed that there were 13,239 lone parents households in Lewisham, an increase of 1,997 from 2001.
- Women from deprived backgrounds in Lewisham are especially at greater risk of poor pregnancy and maternity outcomes than women from more affluent areas. Deprivation is associated with increased rates of stillbirth, premature delivery, low birth weight babies, neonatal deaths, infant mortality and mental health issues, although these conditions are not limited to deprivation alone.

The proposed changes to 0-19 services will have an impact on pregnancy and maternity overall, as this group is a high proportion of users. Any proposed changes that result in a reduced service offer, will therefore mean that fewer pregnant women will access the service. However the individual elements of the proposals do not discriminate against this protected characteristic as this group will remain a key user group of the proposed service.

Step 4: Consultation

The consultation on the proposed changes to the 0-19 service took place between July and August 2016. It consisted of two online surveys, one for public respondents and one for professional’s respondents. Face to face public surveys were also conducted in Children Centres to increase the reach of the consultation. In total 6 Children’s centres were visited and a total of 25 individuals consulted.

In total, there were 306 responses for the public consultation. There were 72 responses for the Professional consultation.,

A detailed analysis of demographic information provided by public respondents can be found below by protected characteristic:

Age:

There were 298 responses to this question. The table below outlines the number of respondents within each age group.

Age Group	Number (%)
Under 18	1 (0.34%)
18-24	4 (1.34%)
25-29	13 (4.36%)

⁷ [Lewisham Public Health Information Portal](#)

30-34	44 (14.77%)
35-39	55 (18.46%)
40-44	53 (17.79%)
45-49	24 (8.05%)
50-54	28 (9.40%)
55-59	28 (9.40%)
60-64	20 (6.71%)
65 +	15 (5.03%)

Disability:

There were 297 responses to this question. 270 respondents (90.91%) declared they had no disability, 15 respondents (5.05%) declared they had some form of disability, whilst 12 respondents (4.04%) did not wish to declare their status. The chart below represents the category of disability for the 15 positive respondents:

Category	Number (%)
Physical Impairment	1 (5.00%)
Sensory Impairment	1 (5.00%)
Mental Health Condition	6 (30.00%)
Learning Disability/Difficulty	6 (30.00%)
Long-Standing Illness Or Health Condition	5 (25.00%)
Other	1 (5.00%)

(NB: the total number of answers is greater than the 15 positive respondents due to individuals being able to select multiple options)

Ethnicity:

There were 292 responses to this question.

Ethnicity	Number (%)
<u>White:</u>	
English/Welsh/Scottish/Northern Irish/British	179 (61.30%)
Irish	19 (6.51%)
Gypsy or Irish Traveller	1 (0.34%)
Any other white background	23 (7.88%)
<u>Mixed/Multiple Ethnic Groups:</u>	
White and Asian	2 (0.68%)
White and Black Caribbean	2 (0.68%)

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Any other mixed/multiple ethnic background	2 (0.68%)
<u>Asian/Asian British:</u>	
Chinese	3 (1.03%)
Indian	8 (2.74%)
Any other Asian background	4 (1.37%)
<u>Black/African/Caribbean/Black British:</u>	
African	13 (4.45%)
Caribbean	15 (5.14%)
Any other Black/ African/ Caribbean background	3 (1.03%)
<u>Any other ethnic group</u>	
Other ethnic group	1 (0.34%)
I'd rather not say	17 (5.82%)

It is clear from this EAA, that it does not reflect the wider ethnic profile of Lewisham which is far more diverse and less dominated by white ethnicities.

Gender:

There were a total of 293 responses to this question. Of the total responses, 40 respondents (13.65%) were male and 240 (81.91%) were female. 13 respondents (4.44%) did not declare their gender.

Sexual Orientation:

There were 291 responses to this questions.

Sexual Orientation	Number (%)
Straight/heterosexual	255 (87.63%)
Gay/Lesbian	6 (2.06%)
Bisexual	3 (1.03%)
Rather not say	27 (9.28%)

Religion or Belief:

There were 295 responses to this question.

Religion or Belief	Number (%)
None	127 (43.05%)
Christian (all denominations)	131 (44.41%)
Buddhist	2 (0.68%)

Hindu	3 (1.02%)
Jewish	2 (0.68%)
Muslim	5 (1.69%)
Sikh	3 (1.02%)
Rather not say	22 (7.46%)

Gender Reassignment:

There were 257 responses to this question. 219 respondents (85.21%) stated their gender was the same as that assigned to them at birth, whilst 26 respondents (10.12%) stated that their gender was different. 12 respondents (4.67%) declined the opportunity to respond.

Pregnancy and Maternity:

There were 295 responses to this question. 241 respondents (81.69%) stated they were not pregnant or on maternity leave, whilst 39 respondents (13.22%) stated that they were. 15 respondents (5.08%) declined to comment.

Key Findings:

The appendices ... below provide a holistic overview of the views expressed by respondents about the specific proposals of the 0-19 service redesign. These have been categorised into positive and negative comments under proposed changes to the Health Visiting, School Nursing and Children Centre services.

The most dominant findings for each service area include:

Health Visiting:

In many cases respondents felt HV offered a good and supportive service that had helped them through challenging times.

However, many respondents also believed that HV was unnecessary in many circumstances, especially during pregnancy, and that the advice given lacked clarity and tailoring to individual's needs. The service could also be intrusive and performed at inconvenient times in one's home.

Respondents would be happy to travel to CCs for HV activities performed in group settings as long as the destination was easily accessible, times were convenient and there was a space for confidential and professional advice. This could also free up time for HV to devote more of their time on patient care rather than travel and administration, as well as expose families to other professional activities they may not be aware of through engagement with CCs.

Concerns were however raised over how changes could reduce the ability for HV to assess and monitor child and parent vulnerability, as well as putting too much responsibility on parents to assess their own child's health and wellbeing from a medical point of view.

School Nursing:

Proposals for changes to the school nursing service were met with a largely positive response. Key themes emerging from respondent's comments surrounded improved service organisation and collection of data, a wider more accessible and dedicated service for teenagers, as well as

improvement in the early identification of vulnerability and obesity through better integration of school nursing within existing support networks.

However, there were a number of concerns raised. These were primarily themed around a potential lack of resources to implement changes, the training level of school nurses to deal with long term disability, as well as overloading already stretched school nurses with increased amounts of work and responsibility. This could also impact on the ability of school nurses to identify vulnerability. Further concerns surrounded the ability or willingness of teenagers to engage in or be able to travel to a new teenage hub, as well as losing already strong relationships with School nurses

Children Centres:

Positive comments included the ability of the service to offer a wider selection of activities at fewer, but larger, locations to more people in a geographical area. The hub and spoke model may also create service efficiencies by reducing the geographical doubling up of support, helping to save time and money, whilst also providing a stronger base from which Health Visitors can interact and communicate with service users and other professionals. High calibre staff may also be attracted and retained.

Negative comments surrounded concerns over transport, accessibility and the location of hubs and spokes, especially for disabled and less mobile users. Furthermore, there were concerns over the capacity of hubs to deal with large numbers, reduced 1-to-1 support, and the loss of a sense of community at current well established centres. Furthermore, although many respondents felt those most in need should get preferential treatment, there were large concerns that non-vulnerable families would be left behind and, as a result, could fall into vulnerability themselves. Maintaining universal provision was therefore seen as a resounding necessity, reducing stigmatization and improving social mixing.

NB: It is worth noting that some respondents found it difficult to understand what certain consultation questions were asking, as well as finding the level of detail too small to make an informed decision. This could have had an impact on the results of the consultation.

Step 5: Impact Assessment

The Equality Act 2010 sets out the different ways in which it's unlawful to treat someone. This Equality Analysis Assessment has been undertaken to ensure that the Council has met its responsibilities under the Equality Act 2010, specifically to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

The assessment of the likely impact of the proposed changes to the 0-19 service on the protected characteristics identified in the Equality Act 2010 has been based on an analysis of the relevant data, research and consultation results outlined above.

Overall Assessment

Overall, the proposed changes to 0-19 services will have a larger impact on age, gender, and pregnancy and maternity, as the majority of users of the service are children and young people, women and pregnant women or those with babies and young children. Any proposed changes that

result in a reduced service offer, will therefore mean that fewer pregnant women will access the service. And any proposed changes that alter the way the service is accessed will also mean that these groups will have to change the way they access the service

However the individual elements of the proposals do not discriminate against these protected characteristics as these groups will remain key users of the proposed service, and children and young people, women and pregnant women will still form the majority of users of the services.

It is important to continue to monitor the proportion of men who access the service to ensure that there is no impact on them from the proposed changes.

Specific proposals have been found to have a possible negative impact on disability; for example, changing the location of HV checks from in the home to Children's Centres may have an impact on people with disabilities being able to travel to the new location. Officers will continue to explore options to mitigate any potential negative impact.

Other proposals have been found to have a positive impact; the teenage health service and dedicated nursing team for children with long term conditions and disabilities.

This EAA would benefit from further data, specifically service level data, and this will be collected where available to inform proposals as they are developed and finalised.

Step 6: Decision/Result

The analysis of relevant data, research and consultation results has determined that the proposed changes to the 0-19 service do not discriminate or have dramatically adverse impact on any protected characteristics within the local community. As a result, no major amendments are required.

This decision will be reviewed regularly to ensure that equalities issues continue to be positively reflected in the delivery of the 0-19 scheme.

Step 7: Equality Analysis Action Plan

This plan (see below) has been developed to support the implementation of additional actions identified during the EAA process. It will be reviewed every three months to track progress and measure whether the actions have had their intended effect/outcomes.

1. Insufficient data collected regarding the equalities profile of service users
There are some areas where further data is required to ensure a full EAA can be completed. This will be collected as the proposals are developed, and this EAA will be updated. Completed by December 2016.
2. Further options will be explored to mitigate against a reduction in home visits for the universal Health Visitor caseload, should people want to attend but have difficulties in doing so, and for any changes in location of any services across the 0-19 proposals. For example provision of taxis. This will be completed and this EAA updated by December 2016.
3. This EAA, and the action plan will be updated as the proposals for the 0-19 service are developed and finalised, and when the contract is recommended for award by January 2017

Step 8: Sign Off

As part of the report process for Mayor and Cabinet, this EAA, when finalised, will be reviewed and signed off by a representative from the Corporate Equalities Board, the relevant Heads of Service within the directorate and the Executive Director for Children and Young People

Equality Impact Assessment Report	Please enter responses below in the right hand columns
Date to DMT	18.08.2016
Title of Project, business area, policy/strategy	Sexual Health
Author	Ruth Hutt, Consultant in Public Health
Job title, division and department	Public Health
Contact email and telephone	Ruth.hutt@lewisham.gov.uk 020 8314 7610

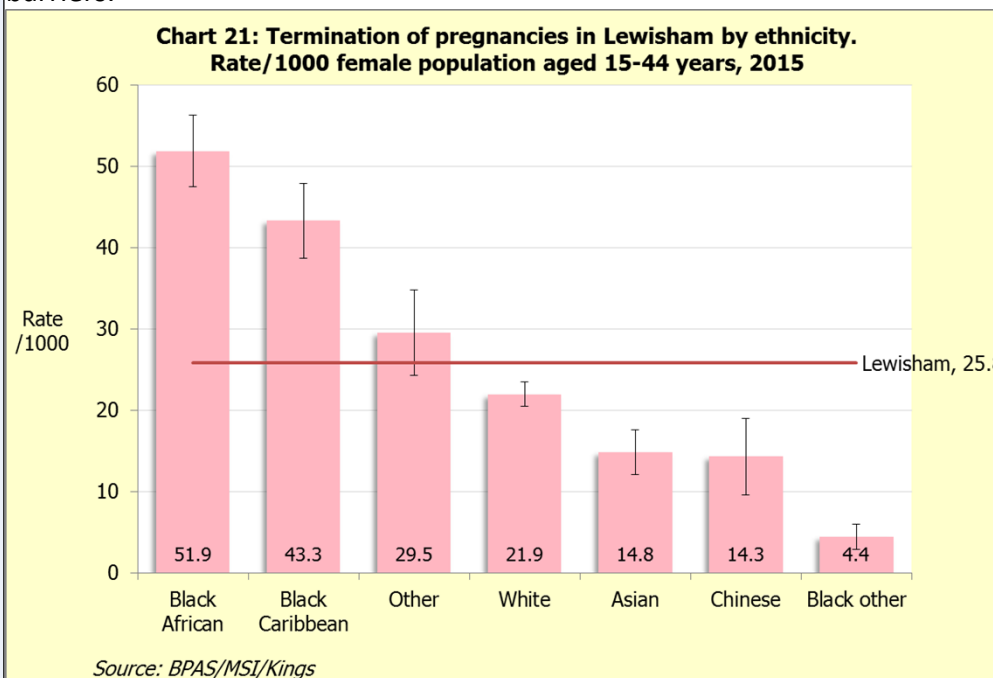
London Borough of Lewisham Full Equality Impact Assessment Report	Please enter responses below in the right hand columns.
1.0 Introduction	
<p>1.1 Business activity aims and intentions</p> <p><i>In brief explain the aims of your proposal/project/service, why is it needed? Who is it aimed at? What is the intended outcome? What are the links to the cooperative council vision, corporate outcomes and priorities?</i></p>	<p>To transform integrated sexual health services (Genito-urinary medicine services and reproductive and sexual health services) as provided to residents of Lewisham and to all London residents (given the services are, by statute, open access) by:</p> <ul style="list-style-type: none"> • Extending the reach and use of online sexual health services already provided in Lewisham and integrating the digital sexual health service (checkurself), which is offered online, on smart phones and other digital platforms, into the clinic service to deliver basic sexual health • Developing the targeted clinical service offer to improve access to those who are most at risk and the most vulnerable – these being primarily, but not exclusively: BME communities; young people; and men who have sex with men. • Providing (and increasing use of) self-sampling services at clinics and self-sampling ‘click and collect’ services • Reviewing service sites where the outcome will be an improved service offer ie. improved access to a range of clinicians skilled to deliver on range of needs, including the most complex, at times that best meet the needs of residents. • Improving access to long-acting reversible contraception (LARC) • Improved access to basic sexual health services in pharmacies and GPs <p>The proposed changes are aligned with those taking place in sexual health services throughout London. Alignment is overseen by the London Sexual Health Transformation Programme. Alignment is key given the open access nature of the services.</p>

2.0 Analysing your equalities evidence	
2.1 Evidence	
Protected characteristics and local equality characteristics	Impact analysis
<p>Race</p>	<p>Nationally ethnicity has a key effect on the level of risk of poor sexual health between particular groups of people. For example, there is a higher prevalence of STIs among African and Caribbean communities and a lower prevalence among Asian communities, when compared with the white British population (Shahmanesh et al., 2000; Low et al, 2001).</p> <p>The HPA report <i>Sexually transmitted infections in black African and black Caribbean communities in the UK: 2008 report</i> highlights the following:</p> <ul style="list-style-type: none"> • Black African and Black Caribbean communities in the UK are disproportionately affected by STIs. The higher prevalence of STIs in both the black African and the black Caribbean populations means that, even though their levels of high-risk sexual behaviour may be similar to those of other communities, they run an increased risk of acquiring an infection. • The Black Caribbean community is disproportionately affected by bacterial STIs, especially gonorrhoea. Data from the Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP) in 2007 shows that, among heterosexuals diagnosed with gonorrhoea at 26 GUM clinics, 26 per cent were black Caribbean and 6 per cent were black African. <p>In Lewisham 54% of the population belong to the White group, 46% to Black, Asian and Minority Ethnic group.</p> <p>The evidence below demonstrates the inequalities in sexual health faced by Black and Minority Ethnic groups, in particular, black African and black Caribbean Lewisham residents.</p>

	<p>Sexually Transmitted Infections Where recorded, in 2014, 41.1% of new STIs diagnosed in Lewisham were in people born overseas. The chart below shows new STIs by ethnic groups. Whilst the white group has the largest proportion of STIs this is due to over representation of white gay men being diagnosed with STIs (see sexual orientation).</p> <p style="text-align: center;"><small>Source: HPA Web Portal</small></p> <p>HIV An estimated 107,800 people were living with HIV in the UK in 2013. Along with men who have sex with men (MSM), black Africans are the groups most affected by HIV infection. (LASER 2014)</p> <p>In 2014, 1,729 adult residents (aged 15 years and older) in Lewisham received HIV-related care: 1,075 (number rounded up to nearest 5) men and 660 (number rounded up to nearest 5) women. Among these, 38.5% were white, 39.4% black African and 9.8% black Caribbean. With regards to exposure, 39.2% probably acquired their infection through sex between men and 55.0% through sex between men and women. (PHE Laser Report)</p> <p>Nationally the proportion of undiagnosed HIV remains particularly high amongst black African men (38%).</p>
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Termination of Pregnancy

There appears to be considerable variation in abortion rates by ethnic group. Black African and Black Caribbean Lewisham resident women aged 15-44 years have over twice the rate of abortion of white women. The reasons for this are not currently well understood and may relate to barriers to accessing contraceptive services. These may include: a lack of awareness of contraceptive methods available; cultural acceptability of the available methods; logistical issues such as location and opening times; and language barriers.



Health Inequalities and BME Communities

Evidence gathered locally during the consultation on the Lambeth, Southwark and Lewisham Sexual Health Strategy Section 3.1 and from research, (eg African Health and Sex Survey, 2013-14, Sigma Research, LSHTP, A Review of research Among Black African Communities Affected by HIV in the UK and Europe, Medical Research Council) also indicates that these health inequalities are driving factors including:

	<ul style="list-style-type: none"> • Late Diagnosis of HIV • Difficulties in accessing services, including HIV testing services • Difficulties in accessing information about HIV and HIV prevention • Deprivation and immigration status • HIV stigma <p>Reproductive and sexual health services in Lewisham, Lambeth and Southwark have been shown to be good at meeting the sexual health needs of key priority groups, particularly younger people and BME populations. In 2012-13 black residents in those boroughs were twice more likely to use the service than others. (LSL Sexual Health Strategy and Epidemiology Report).</p> <p>The transformed services will continue to target BME communities given the burden of sexual ill health that these communities carry. Online services and clinic receptions will stream those BME residents who are vulnerable and at risk into clinics to access both medical help and, where appropriate sexual health promotion interventions. Self-sampling 'click and collect' services will provide quick and easy access to testing for those who seek anonymity. There is no anticipated reduction in the capacity of the service. Access will be improved for BME residents as the online service will free up appointments within the clinic service. The new service model will complement the RISE sexual health promotion programme which has been running since April to work with BME communities in relation to sexual health.</p> <p>The impact on race is thus positive</p>
<p>Gender</p>	<p>The evidence below demonstrates the inequalities in sexual health related to gender in Lewisham residents</p> <p>Sexual Transmitted infections and sexual behaviour</p> <p>6,631 new STIs were diagnosed in residents of Lewisham in 2014 (3,592 in men and 3,084 in women), a rate of 2317.1 per 100,000 residents (men 2554.0 and women 2084.7) (gender was not specified or unknown for 5 episodes).</p>

	<p>(PHE LASER Report)</p> <p>Reinfection with an STI is a marker of persistent risky behaviour. In Lewisham, an estimated 7.3% of women and 12.2% of men presenting with a new STI at a GUM clinic during the five year period from 2010 to 2014 became reinfected with a new STI within twelve months. Nationally, during the same period of time, an estimated 7.0% of women and 9.0% of men presenting with a new STI at a GUM clinic became reinfected with a new STI within twelve months.</p> <p>In Lewisham, an estimated 6.6% of women and 12.4% of men diagnosed with gonorrhoea at a GUM clinic between 2010 and 2014 became reinfected with gonorrhoea within twelve months. Nationally, an estimated 3.7% of women and 8.0% of men became reinfected with gonorrhoea within twelve months.</p> <p>Please also see Sexual orientation for rates on MSM</p> <p>Conceptions and terminations For evidence and assessment in relation to young women please see please see Pregnancy and maternity.</p> <p>Data from the Checkurself online chlamydia and gonorrhoea screening service indicates that the service is more popular with women than with men, with 79% of users being female. Online services and clinic receptions will stream those women who are vulnerable and at risk into clinics to access both medical help and, where appropriate sexual health promotion interventions. There is no anticipated reduction in the capacity of the service. Access will be improved for women both via the digital service and via increased capacity in clinics to see the most in need. Women need physical access to clinics for contraception interventions such as implants, coils and injections where as it is possible to manage some of the STI testing and treatment through online, text messaging and sending out prescriptions.</p> <p>The developing service model is designed to improve access to contraception for women by creating capacity in clinics through shifting screening for STIs online.</p>
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	<p>The impact on gender is thus positive</p>
<p>Gender re-assignment</p>	<p>Although there is a lack of evidence the little that is available indicates that trans people experience health inequalities (eg Transgender Sexual and Reproductive Health: Unmet Needs and Barriers to Care April 2012 National Center for Transgender Equality), including sexual health inequalities which may include higher rates of STIs, and difficulties accessing services and relevant information. It has been estimated that there are 20 transgender people per 100,000 population, meaning that there are approximately 50-60 transgender people in Lewisham.</p> <p>6% of respondents to the online consultation on sexual health services identified as a gender other than that assigned at birth.</p> <p>The impact is thus unknown</p>
<p>Disability</p>	<p>There is limited data and research available on the needs of people with learning disabilities or physical disabilities.</p> <p>There are approximately 12,600 moderately or severely disabled people of working age in Lewisham and around 40,000 with a common mental disorder. However, the number of people living with HIV who are also disabled and/or have a mental health problem in Lewisham is unknown. Despite the success of anti-HIV treatments which result in PWHIV being able to live long and healthy lives small numbers, especially those diagnosed late, will become ill and may become disabled. In addition evidence indicates that PWHIV experience higher rates of mental health illness (eg Psychological support services for people living with HIV, National AIDS Trust, 2010) than their peers.</p> <p>Disabled people who may find it hard to travel to clinics will be able to access digital services and, if they require it, have test kits delivered to the door. Those disabled people who cannot access digital services will be able to access services via the clinic reception and will be streamed into clinic services as appropriate.</p> <p>There is currently no data about access to sexual health services by those with a learning disability. Anecdotally, services report seeming small numbers of individuals with</p>

	<p>learning disability and are able to support this client group. Support for all individuals with disability to access sexual health services will be form part of the new service specifications for clinic services.</p> <p>The impact on disability is thus positive</p>
<p>Age</p>	<p>Nationally there are clear inequalities in the sexual health of young people. It has been shown that they have relatively high rates of unintended pregnancies and sexually transmitted infections (STIs), with the exception of HIV.</p> <p>Young people aged between 15 and 24 years experience the highest rates of new STIs. In Lewisham, 41% of diagnoses of new STIs made in GUM clinics were in young people aged 15-24 years.</p> <p>Young people are also more likely to become reinfected with STIs, contributing to infection persistence and health service workload. In Lewisham, an estimated 13.4% of 15-19 year old women and 14.9% of 15-19 year old men presenting with a new STI at a GUM clinic during the five year period from 2010 to 2014 became reinfected with an STI within twelve months. Teenagers may be at risk of reinfection because they lack the skills and confidence to negotiate safer sex.</p> <p>The chlamydia detection rate in 15-24 year olds in Lewisham in 2015 was 5,434 per 100,000 population, the highest in the country. 50.2% of 15-24 year olds were tested for chlamydia.</p> <p>Nationally, 22.5% of 15-24 year olds were tested for chlamydia with a 1,887 per 100,000 detection rate.</p> <p>Since chlamydia is most often asymptomatic, a high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences. The detection rate is not a measure of prevalence. PHE recommends that local areas achieve a rate of at least 2,300 per 100,000 resident 15-24 year olds, a level which is expected to produce a decrease in chlamydia prevalence. Areas already achieving this rate should aim to maintain or increase it, other areas should work towards</p>

it. Such a level can only be achieved through the ongoing commissioning of high-volume, good quality screening services across primary care and sexual health services.

Sex and relationships education (SRE)

Evidence also indicates that access to high quality sex and relationships education (SRE) is instrumental in delaying the onset of first sex and promoting relationship skills (UNESCO 2009, NICE 2010, Kirby, 2007)

Evidence gathered locally during the consultation on the Lambeth, Southwark and Lewisham Sexual Health Strategy and from research, (eg Health Promotion, Inequalities and Young People's Health: A systematic review of research, Oliver S et al, Institute of Education, 2008, NatSal, 2015) indicates that these sexual health inequalities are driven factors including:

- Skills and confidence in negotiating safer sex
- Gender roles and assumptions
- Difficulties in accessing sexual health services
- Difficulties in accessing information about HIV and HIV prevention
- Deprivation
- Stigma around STIs
- Availability of Sex and relationships education at school

Reproductive and Sexual Health Services in Lewisham (and Lambeth & Southwark) have been shown to be good at meeting the sexual health needs of key priority groups, particularly younger people and BME populations.

Data from online sexual health services run in other inner London boroughs indicate that the service is highly popular with young people (35% of users are under 24 in Lambeth). Feedback on the service indicates that young people value the anonymity, the confidentiality and the speed at which the service delivers results. Test kits will not have to be delivered to young people's homes but via a 'click and collect' service thus

	<p>guaranteeing confidentiality. Research indicates that digital technology is the most preferred route for young people to access many services, including health services (Use of Digital Technology, RCN, 2016). This was supported by a survey conducted by the Come Correct Scheme at the 2016 Lewisham People’s Day, which found that 50% of young people responding would prefer to register for condoms online. Over three quarters of respondents also stated they would like to receive their condoms by pick up from a local place.</p> <p>Digital services and clinic receptions will stream those young who are vulnerable (including all under 16) and at risk into clinics to access both medical help and, where appropriate sexual health promotion interventions. There is no anticipated reduction in the capacity of the service. Access will be improved for young people both via the digital service and via increased capacity in clinics to see the most in need.</p> <p>Feedback from the Lewisham Young Advisors is that young people also value the ability to walk into an environment which delivers other services rather than just sexual health so that people don’t know why they are attending. Pharmacies (for contraception and STI screening) and libraries (for condoms or picking up STI screening packs) were cited as examples.</p> <p>The impact on young people is thus positive</p>
<p>Sexual orientation</p>	<p>The evidence below demonstrates the inequalities in sexual health related to sexual orientation.</p> <p>The number of STI diagnoses in MSM has risen sharply in England in recent years. Gonorrhoea is the most commonly diagnosed STI among MSM and, given recent increases in diagnoses, is a concern due to the emergence of antimicrobial resistance in gonorrhoea. Several factors may have contributed to the sharp rise in diagnoses among MSM including condomless sex associated with HIV seroadaptive behaviours and the use of recreational drugs during sex (chemsex). More screening of extra-genital (rectal and pharyngeal) sites in MSM using nucleic acid amplification tests (NAATs) will also have improved detection of gonococcal and chlamydial infections in recent years.</p>

	<p>Sexually transmitted infections</p> <p>In Lewisham in 2015, for cases in men where sexual orientation was known, 917 of new STIs were among MSM compared to 1202 in heterosexual men. There are estimated to be 4,000 MSM in Lewisham between 15-44 (ages in which most infections are diagnosed) compared to 72,124 men in total. This suggests a very significant over representation of MSM with STIs.</p> <p>Please note that the numbers for MSM presented in this report include homosexual and bisexual men.</p> <p>The majority of syphilis cases in London are diagnosed in men who have sex with men (MSM) in central London, with a slightly older age profile than the profile for STIs overall in London. Almost all cases of syphilis (96.5%) diagnosed in 2015 were male, with 89.9% diagnosed in MSM. Lewisham had over 100 new cases of syphilis in 2015</p> <p>Substance misuse</p> <p>There is specific concern around increasing sexual risk taking behaviours in MSM associated with recreational drug use and correlated with a rise in HIV and STI diagnoses.</p> <p>Health Inequalities and MSM</p> <p>Evidence gathered locally during the consultation on the past Lambeth, Southwark and Lewisham Sexual Health Strategy Section 3.1 and from research including also indicates that these health inequalities are driven by factors including:</p> <ul style="list-style-type: none"> • Difficulties in accessing services, including HIV testing services • Difficulties in accessing information about HIV and HIV prevention • HIV stigma • Increased risk taking behaviour <p>There is evidence to show that for many MSM the internet is a preferred route for access to services and health interventions and a key platform for delivering STI and HIV interventions (eg The Health and Wellbeing of BME, gay and other MSM, 2014, PHE). The current London HIV Prevention Programme delivers a raft of digital sexual</p>
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	<p>health and HIV prevention interventions targeted at MSM that have been well evaluated. Also Lambeth and Southwark’s current digital sexual health service is well used by MSM (14% of users are MSM) but still not as popular as clinics. The service will be adopting marketing that is more suitable and targeted at MSM with the aim of increasing uptake.</p> <p>Digital services and clinic receptions will stream those MSM who are vulnerable (and at risk into clinics to access both medical help and, where appropriate sexual health promotion interventions. There is no anticipated reduction in the capacity of the service. Access will be improved for MSM both via the digital service and via increased capacity in clinics to see the most in need.</p> <p>Lesbian women have much lower rates of STI infection, although there is still a residual risk which is often overlooked. Anecdotally, lesbian women have reported barriers to accessing sexual health services, in particular cervical screening on the basis that they are not perceived to be at risk. Whilst their risk maybe lower than for heterosexual women they should still be encouraged to attend for cervical screening.</p> <p>The impact on sexual orientation is thus positive</p>
<p>Religion and belief</p>	<p>There is limited evidence on the relationship between religion and belief and sexual health. However, evidence gathered locally during the consultation on the Lambeth, Southwark and Lewisham Sexual Health Strategy indicates that:</p> <ul style="list-style-type: none"> • The role faith leaders play is important in relation to delivering work in the sexual health promotion and HIV prevention work in the community • Involving local faith organisations eg. churches and mosques is important in relation to delivering work in the sexual health promotion and HIV prevention work in the community <p>Lewisham commission RISE sexual health promotion services to work with faith leaders and faith communities on sexual health issues.</p> <p>The impact is thus unknown</p>
<p>Pregnancy and maternity</p>	<p>Abortion</p> <p>In Lewisham, the total abortion rate per 1,000 females population aged 15-44 years</p>

was 25.6, while in England the rate was 16.2 (2015). Of those women under 25 years who had an abortion in that year, the proportion of those who had had a previous abortion was 34%, while in England the proportion was 27.0%.

Contraception

The rate per 1,000 women of long acting reversible contraception (LARC) prescribed in primary care was 11.4 for Lewisham, 16.1 for London and 32.3 per 1,000 women in England. The rate of LARCs prescribed in sexual and reproductive health (SRH) services per 1,000 women aged 15 to 44 years was 67.1 for Lewisham, 33.0 for London and 31.5 for England. (PHE LASER Report)

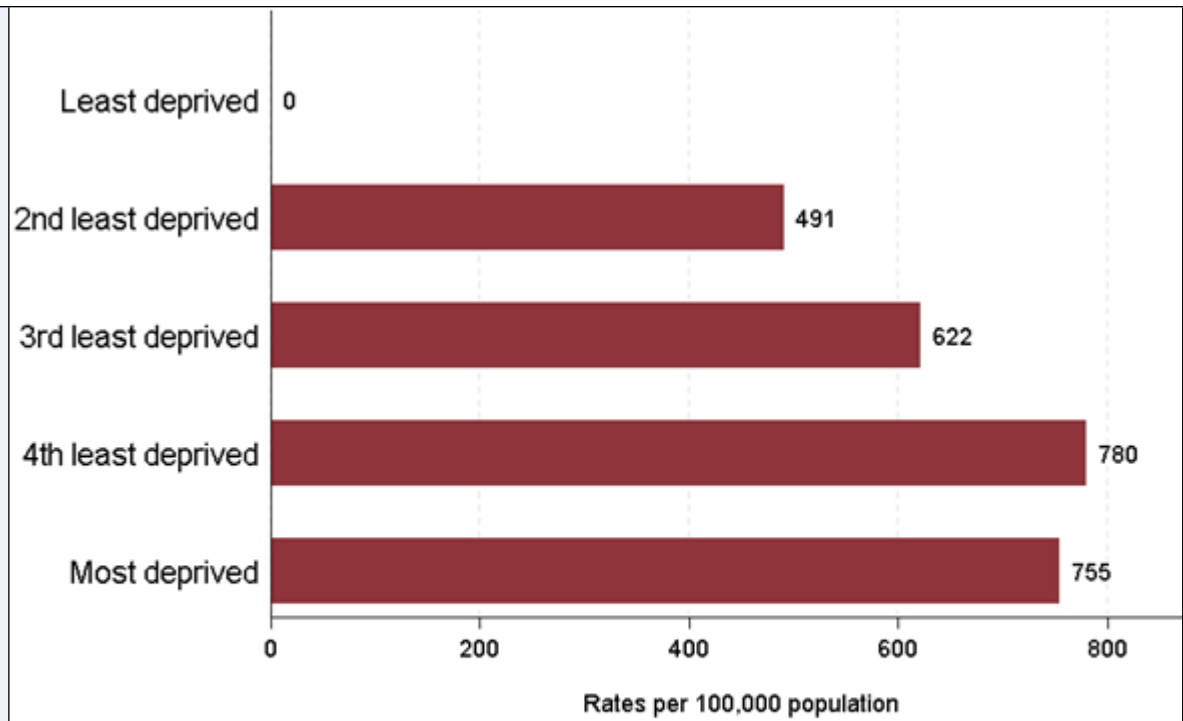
Teenage conception

Most teenage pregnancies are unplanned and around half end in an abortion. While for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty. In addition to it being an avoidable experience for the young woman, abortions, live births and miscarriages following unplanned pregnancies represent an avoidable cost to health and social care services.

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

	<p>In 2014, in Lewisham:</p> <ul style="list-style-type: none"> • The under 18 conception rate per 1,000 female aged 15 to 17 years was 31.3, while in England the rate was 22.8. Previous analysis of teenage pregnancies in Lewisham showed higher rates in Black ethnic groups compared to Asian and white groups. <p>Services</p> <p>Further developments in the future sexual health model include the development of post-natal contraception. This will have a direct impact on women who have recently had a baby enabling them to plan any subsequent pregnancy without needing to arrange a clinic or GP visit straight after their baby is born.</p> <p>Evidence indicates that the risk of unplanned pregnancy is associated with:</p> <ul style="list-style-type: none"> • age (being under 18 or over 40) • alcohol consumption • deprivation <p>Digital services and clinic receptions will stream those women who are vulnerable and at risk into clinics to access contraception advice and interventions. Those who have complex contraception needs (ie either as a result of physiological, medical, social or psychological need) will find it easier to access an appropriately qualified clinician.</p> <p>Digital services will provide detailed and easy to read information on the range of contraception available, where to access it and the best methods to meet need. This will have the benefit of increasing access to simple contraception and freeing up clinical consultation time in both sexual health clinics and general practice. Improved access to LARC will form the part of the contracts with GP Federations for 2016/17. A central booking system for LARC to be managed by BPAS and to be introduced in 2016 in LSL will also increase access to LARC.</p> <p>The impact on pregnancy and maternity is thus positive</p>
<p>Marriage and civil partnership</p>	<p>There is a lack of evidence on the relationship between marriage and civil partnership and sexual health. Data is collected in all sexual health services on marriage and civil</p>

	<p>partnership and future research eg service reviews, can capture information on service use and the characteristic.</p> <p>The impact is thus unknown</p>
<p>Socio-economic factors</p>	<p>Socio-economic deprivation (SED) is a known determinant of poor health outcomes and data from GUM clinics show a strong positive correlation between rates of acute STIs and the index of multiple deprivation across England. There is also evidence of greater domestic violence in areas of deprivation, particularly during recessions, which also has a relationship with poor sexual health. The relationship between STIs and SED is probably influenced by a range of factors such as the provision of and access to health services, education, health awareness, health-care seeking behaviour and sexual behaviour. This is mirrored in the rates of STIs in Lewisham which show a positive correlation with wards of greater deprivation.</p> <p>There is evidence from African countries of a link between domestic/sexual violence and abortion. This may in part explain the higher rates of abortion in this ethnic group seen in local data.</p> <p><i>Rates* of new STIs by deprivation category in Lewisham (GUM diagnoses only): 2014(</i></p>



Source: Data from Genitourinary Medicine Clinics
Rates based on the 2011 ONS population estimates
Excludes chlamydia diagnoses made outside GUM
*Please note that to prevent deductive disclosure the underlying number of STI diagnoses used to calculate the rates in this figure has been rounded up to the nearest 5

Clinic receptions will stream those who are most vulnerable and at risk into clinics to access help. As well as screening for sexual risk the clinic will screen (as is current practice) for domestic violence and drug use. Those with the greatest sexual health need will find it easier to access the help they need and clinicians will have more time to spend with those with more complex needs

	<p>The impact on Socio-economic factors is thus positive</p>
<p>Language</p>	<p>Lewisham is a very ethnically diverse borough, and for many residents English may not be a first language. However, there is a lack of robust evidence on the links between language and sexual health promotion.</p> <p>Clinics have access to translators and produce sexual health information in languages other than English.</p> <p>However, given the lack of research the impact is thus unknown</p>
<p>Health</p>	<p>For the impact with regards to sexual health and groups of people, see sections above.</p>
<p>2.2 Gaps in evidence base <i>What gaps in information have you identified from your analysis? In your response please identify areas where more information is required and how you intend to fill in the gaps. If you are unable to fill in the gaps please state this clearly with justification.</i></p>	<p>There are gaps in:</p> <ul style="list-style-type: none"> • Sexual health and transgender • Language • Religion and belief • Marriage and Civil Partnership <p>There is a lack of evidence and research in these areas in relation to sexual health. Transformed services will have the ability to monitor in relation to transgender and language needs. Services are provided to all irrespective of religion and belief and marriage and civil partnership.</p>
<p>3.0 Consultation, Involvement and Coproduction</p>	

<p>3.1 Coproduction, involvement and consultation</p> <p><i>Who are your key stakeholders and how have you consulted, coproduced or involved them? What difference did this make?</i></p>	<p>Key stakeholders are:</p> <ul style="list-style-type: none"> • Lewisham CCG • Lewisham and Greenwich NHS Trust • The London Sexual Health Transformation Programme • General Practice and Community Pharmacy in Lewisham • Local Medical Committee • Sexual health clinicians & service managers • Sexual health service users • Young People • LB Southwark • LB Lambeth • LB Bromley <p>The LSL Sexual Health Transformation Programme has been in place since April 2015 and has been co-producing and designing the transformed services. The Programme consists of a Steering Group chaired by the Integrated Director of Commissioning and comprising of representatives from all stakeholder groups.</p> <p>The proposed new service has been designed and contract and finance agreed via workstream groups made up of stakeholders. These groups are:</p> <ul style="list-style-type: none"> • Clinical and service model • Finance and contracts • Primary care <p>Extensive consultation was undertaken in 2013/14 to inform the direction for the model as part of the LSL Sexual Health Strategy development. This included two stakeholder events and focus groups with key target groups (MSM, BME communities and young people). The work endorsed the model.</p> <p>Additional consultation with the public and service users was undertaken in summer 2015 when with public events held in Lambeth, Southwark and Lewisham and focus groups in</p>
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all boroughs to identify views on residents in accessing sexual health services online and via primary care. The subsequent report identified that residents were happy to access services via both channels, the main barriers being practical (ie being unaware of the digital service. Being unable to book convenient appointments in primary care) – the LSL Transformation Project has taken these in to account in its planning (eg freeing up appointments in general practice by providing digital access to simple contraception)

Additional consultation on all the public health proposals in Lewisham was undertaken in July - August 2016 with service users and residents, including sexual health. The sexual health service consultation included:

- online survey for professionals
- online survey for public
- Attendance by officers at 4 GP neighbourhood meetings
- Attendance by officers at Local Medical Committee meeting
- Attendance by officers at CCG membership forum
- Attendance by officers at Young Advisors meeting
- Attendance by officers CCG senior management team meeting
- Attendance by officers at Lewisham People’s Day to discuss proposals and get feedback on existing services.

Professional online survey

In total 87 professionals completed the online survey in relation to sexual health.

Most of the feedback in relation to existing sexual health clinic provision was positive, however, long waits to be seen and clinics closing early was highlighted as feedback that professionals had received from patients. The importance of the additional level of anonymity the clinics provided was also mentioned. Around a third of GP respondents also highlighted the fact that they already did provide most sexual health services for their patients, only referring complex cases or difficult to treat infections.

	<p>Public online survey</p> <p>195 people responded to the uengage survey in relation to sexual health services. Of these slightly over half (50.2%) had used any sexual services in the borough (including sexual health clinics, online screening, pharmacy or GP). 6.7% identified as gay, lesbian or bisexual. Just over seven percent identified themselves with a gender other than that they had been assigned at birth.</p> <p>When asked to what extent they favoured a more comprehensive sexual health offer including STI testing and contraception in a variety of settings the survey showed, nearly 80% supporting this in GP practices, 67% supporting this in pharmacies and 56% supporting online provision (a further 19% were ambivalent). In the comments received from the public there was very strong support for home sampling/online testing.</p> <p><i>“Home sampling is a great idea!”</i></p> <p>A number of responses highlighted that this was a way to prevent people having to wait in clinics, which often closed early due to the volume of patients, and ensuring those that needed to be seen could get into clinics. A number of respondents also commented that they wanted to have more appointment based services (most sexual health services are currently “walk in and wait”), rather than rushing between clinics trying to get seen, only to find they are closed. On the other hand, the additional anonymity of not having to be registered or make an appointment was felt to be important in encouraging vulnerable young people to access to the service.</p> <p><i>“It is simply not right that there are so few clinics in Lewisham given how large the borough is. If clinics advertise their closing time as 7pm that's the time the clinic should actually close - it's ridiculous that people at work might make their way to a clinic to find themselves turned away and told to try again during the following day time.”</i></p> <p>There appeared to be strong support from survey respondents for young people’s specialist</p>
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sexual health services. When asked whether there should be specialist services for young people 79% of respondents favoured an under 19s service. The percentage favouring under 25s and young people's provision within mainstream provision was also high, but slightly less - 75% of respondents favoured an under 25s service and 75% to have young people's provision as part of the mainstream offer, but overall there was strong support for a young people's services for sexual health.

The free text comments suggested that sex education and prevention of pregnancy and STIs should be a key focus for young people.

“There is a need to educate and create easy access to young people separate from general sexual health services and GPs. They are more likely to attend if services are separate.”

Some respondents challenged the age cut off at 25 for young people's services (this age is used as this is the peak STI age range), and suggested it should be older or younger.

Feedback from the GP neighbourhoods and LMC was broadly supportive of the sexual health proposals, in particular the promotion of online/ home sampling for STIs and recognising that young people had specific needs which may be best met by specialist services. There was support for a neighbourhood model of delivery of sexual health services, in primary care although some caution regarding the capacity of GPs practices to cope with any increase in demand.

The Lewisham Clinical Commissioning Group also highlighted a concern that the new service model may lead to unfunded work in GP practices.

Prevention and sexual health promotion was highlighted frequently as a key component of sexual health service delivery.

Young people highlighted the importance of discreet and confidential services to meet their needs, which were youth friendly. They raised concerns about being 'judged' in mainstream service provision. There was a high degree of enthusiasm for online/self

	<p>sampling for STI testing, although for younger teenagers there were concerns about having packages sent to their home address. They felt this could be addressed through the “pick up a pack” model already used in sexual health services for self sampling, but extending it to other venues including youth setting, libraries and pharmacies. Prevention and sex and relationships education was also highlighted as a key area by the Young Advisors. There were concerns expressed that many young people in Lewisham were not getting access to sex and relationships education either because schools were not providing it or their parents did not allow them to participate.</p>
<p>3.2 Gaps in coproduction, consultation and involvement <i>What gaps in consultation and involvement and coproduction have you identified (set out any gaps as they relate to specific equality groups)? Please describe where more consultation, involvement and/or coproduction is required and set out how you intend to undertake it. If you do not intend to undertake it, please set out your justification.</i></p>	<p>The final model for young people’s sexual health service provision will require further engagement and co-production with their involvement. It is anticipated that this will form part of the procurement process and service specification development.</p> <p>Using existing service providers who are working directly with communities which experience poorer sexual health outcomes, commissioners will ensure that new service models continue to meet the needs of these communities and improve sexual health outcomes.</p>
<p>4.0 Conclusions, justification and action</p>	
<p>4.1 Conclusions and justification <i>What are the main conclusions of this EIA? What, if any, disproportionate negative or positive equality impacts did you identify at 2.1? On what grounds do you justify them and how will they be mitigated?</i></p>	<p>The consultation responses generally support the proposed sexual health service model, particularly the use of online testing. The issues raised in relation to clinic capacity and waiting times should be improved by better streaming of patients through the sexual health services, matching need to service - so those who do can be seen in a pharmacy or screened online do not need to access a clinic.</p> <p>There appears to be a high level of support from both the public and professionals for young people’s sexual health services. Further work to may be require to ascertain what</p>

	<p>this should look like and how it fits with the development of a broader health service for 11-19 year olds, and incorporates the issues raised in relation to sex and relationships education and prevention.</p> <p>The £500,000 savings set against sexual health in 2017/18 will largely be achieved through service redesign moving uncomplicated contraception and STI testing online and into pharmacies, and through a new integrated sexual health tariff for financing sexual health services. It is not anticipated that this should lead to a deterioration in service, but rather an improvement in access but creating more opportunities to test for STIs and access contraception.</p>
<p>4.2 Equality Action plan <i>Please list the equality issue/s identified through the evidence and the mitigating action to be taken. Please also detail the date when the action will be taken and the name and job title of the responsible officer.</i></p>	
<p>Equality Issue</p>	<p>Mitigating actions</p>
<p>Transgender</p>	<p>Monitor service uptake and use Include specific questions concerning transgender issues in service quality/feedback surveys</p>
<p>Language</p>	<p>Monitor service user language requirements and develop materials/services to meet requirements</p>

Lewisham Public Health Savings Consultation

‘Staying Healthy’ Services Stakeholder Event

The event was attended by a range of stakeholders, with 40 attendees including

- Clinical commissioners
- Current service providers
- Representatives of community groups
- Local Voluntary and Community Sector organisations
- Healthcare partners including GPs, pharmacists and Lewisham and Greenwich Trust
- Healthwatch Lewisham

The event progressed and is recorded according to the agenda below.

1) Welcome & Introduction Dr Danny Ruta, Director of Public Health, outlined the historical context for Public Health nationally. He went through the financial situation nationally, both within Public Health and the Public Sector more broadly. Finally he explained the scale of the challenge locally for Lewisham Council.

2) Staying Healthy Background & Proposals

Iain McDiarmid, Public Health Commissioning Manager, went into detail on what the financial challenge was for Public Health services locally, and specifically for Staying Healthy services. He then went through each of the Council’s proposals for delivering the required level of savings (£800,000 savings from expenditure of £2,300,000).

3) Health Impact Assessment findings & Health Challenges in Lewisham

Dr Catherine Mbema, Public Health Registrar, Explained the Council’s approach to the Health Impact Assessment of proposals, incorporating feedback from consultation with public and professionals, examination of reporting data from existing services, and an evidence review. She then went through each proposal outlining potential health and equalities impacts, as well as current proposals for mitigating those impacts.

4) Questions

Jane Miller, Deputy Director of Public Health, facilitated open questions from attendees:

- Q:** Weight management – you mention a small percentage of obese Children in Lewisham have been seen by the service, why such a small number?
A: *Jane Miller:* Service has never had enough resources to provide services to scale, and has prioritised the more obese children, as well as Reception and Year 6 children as part of the national child measurement programme.
- Q:** The national figures you presented on Public Health savings show a disproportionate reduction in stop smoking services. Why is this?
A: *Danny Ruta:* It isn’t clear why this is the case, but these are national figures, and will include councils with a variety of political positions. In some councils the view is that lifestyle behaviour such as smoking is a matter of personal choice.

Appendix 8

3. **Q:** I see your mitigations potentially include weight management services, is there evidence on the benefits of Weight Watchers for example?

A: *Danny Ruta:* there is good Randomised Control Trial evidence on weightwatchers, cited in a British Medical Journal publication. There is also local evaluation to demonstrate effectiveness with average weight loss of 5%.

4. **Q:** What will the impact on sexual health be? What about STD rates and teenage pregnancy, as a lot of work has been done locally around these areas?

A: *Iain McDiarmid:* This event is focussed on Staying Healthy services, as consultation on changes to sexual health locally has already taken place as part of the London Transformation Programme and our regional partnership with Lambeth and Southwark. It is worth noting however that the bulk of the £500k savings for Sexual Health do not come from changes to patient-facing services, but from back-office changes to tariffs and payment mechanisms between providers and commissioners all over London, so impacts on patients and partners should be minimal.

5) Workshops

Jane Miller, Deputy Director of Public Health, asked stakeholders to form workshops to consider each of the proposals, particularly asking attendees:

- *Are there any principles you would like the redesign to consider?*
- *Are there any particular risks you would like to flag?*
- *Can you identify any potential mitigation the Council could consider?*

6) Workshops feedback

Jane Miller, Deputy Director of Public Health, facilitated a feedback session for the workshop groups. Feedback within the session comprised:

- A group made a request for greater inclusivity at an earlier stage in disinvestment priorities for any future cuts, and for more explicit criteria for disinvestment.
- A group fed back the message that when implementing the savings, attempts should be made to balance equity considerations against cost-effectiveness, especially for the most disadvantaged. It is important not just to focus on the outcomes delivered, but for whom they are delivered, and to ensure equity of access particularly.
- A group raised the challenge of taking a more holistic approach to health improvement, the need to make every contact count both in public health services and across the council.
- A group emphasised the importance of effectively balancing the use of population based public health interventions for the greatest scale of impact whilst understanding the need for services targeted at individuals, particularly to support equity.
- A group suggested that the Council consider making deeper cuts than the savings requirement and re-invest the surplus in the voluntary sector to support innovation.

7) Questions

Jane Miller, Deputy Director of Public Health, facilitated open questions from attendees:

1. **Q:** Interventions – A warning of potential risks of the provision of digital services, and the challenge of digital inclusion particularly using the example of working with vulnerable young people. A request to take a balanced approach to digital access versus face to face for services.

A: *Iain McDiarmid:* Digital inclusion is an issue for the whole council and government more broadly. Lewisham has been involved with projects focussing on this such as 'Universal Support' and 'Go on Lewisham'. In Public Health we are seeking to target face-to-face services where they're most effective and look at what we can deliver effectively through other channels.

2. **Q:** A lot of the mitigations you mention are contracts that have already been commissioned, what opportunities are there for community groups and small organisations to get involved in this?

A: *Iain McDiarmid:* part of the Council's mitigation plans includes a commitment to investing in the provision of small health-focussed grants in each of the 4 Lewisham Neighbourhoods. This is explicitly to build on the success of this approach in North Lewisham and in Bellingham, and to support the work of the voluntary and community sector locally.

3. **Q:** Why don't we work together with agencies to save money?

A: *Danny Ruta:* we are consistently trying to build partnerships to save, but due to the scale of the cuts (circa 30%) it makes it difficult to make arguments to others whose budgets are also under such pressure

4. **Q:** The findings of the Lambeth & Southwark Early Action Commission have recently been published by the New Economics Foundation, and were commended by an attendee for reference.

A: as requested the link for this report is here:

<http://www.neweconomics.org/publications/entry/local-early-action-how-to-make-it-happen>

8) Closing Remarks

Dr Danny Ruta, Director of Public Health, thanked those providers and commissioners present who had helped to deliver public health outcomes for Lewisham residents in the past. Many of those present will be critical in the re-shaping and re-commissioning of health improvement services and initiatives going forward. Dr Ruta welcomed the enthusiasm and commitment demonstrated by partners at the event, and expressed the council's commitment to continue to work together to co-produce solutions that can deliver public health outcomes with the resources remaining.

Delegate List



Delegate	Organisation
Alison Hooper	LGT Stop Smoking Service
Amy Frimpong-Baafi	Changing Chapters
Andrea Hughes	DNA
Andrew Milward	Walking for Health
Dr Angelika Razzaque	Lewisham Clinical Commissioning Group
Anthea Tennant-Eyles	Breast Feeding Network
Ashleigh Jay	Active Lifestyles for All
Barbara Gray	Cathford South/VAL
Carola Von Deym	Community Connections
Cathy Collymore	Carers Lewisham
Danielle Heath	Telegraph Hill Community Network
David French	Lewisham Christian Churches
Dominic Parkinson	Bromley and Lewisham Mind
Dr Martin Bethell	Quality Medical Solutions
Edun Josephine	Lewisham & Greenwich Trust (CHIS)
Fay Williams	GCDA
Folake Segun	Healthway Bromley & Lewisham
George Podd	Mytime Active
Helena Taylor	Mytime Active
Husseina Hamza	African Advocacy Foundation
Jamie Hierscher	Lifeline The Hub
Jane Briers	Weight Watchers Health Solutions
Jayesh Patel	Lambeth, Southwark & Lewisham Local Pharmaceutical Committee
Jeannne Kasunzu	BCP Bellingham Community Project
Jeff Rowland	Lifeline The Hub
Livia La Camera	GCDA
Mahad Abdullah	Somali and Somaliland Community Centre
Malcolm Cadman	Pepys Community Forum
Marc Rowland	Lewisham Clinical Commissioning Group
Marzena Zoladz	Healthwatch Lewisham
May Morgan	Changing Chapters
Nana Ocran	Diabetes Champion
Nora Negga	Breast Feeding Network - Peer Support
Pam Menzie-Banton	PCRS Blenheim CDP
Rob Walis	Walking for Health
Rosanna Ottewell	Voluntary Action Lewisham
Rosario Guimba-Stewart	Lewisham Refugee and Migrant Network
Rosemarie Ramsay	Lewisham Clinical Commissioning Group
Salim Jetha	Lambeth, Southwark & Lewisham Local Pharmaceutical Committee
Sally Brothers	Lewisham & Greenwich NHS Trust
Dr Simon Parton	LMC - Local Medical Committee
Susanna Masters	Lewisham Clinical Commissioning Group
Tom Gallagher	Sydenham Garden A Community Budget

APPENDIX 9 – RESPONSES TO THE PUBLIC CONSULTATION ON CHANGES TO HEALTH VISITING AND SCHOOL NURSING

Health Visiting

Proposal	% Strongly Agree + Agree	% Strongly Disagree + Disagree	% Neither Agree nor Disagree	Key Findings
Deliver 7-11 months and 2-2.5 year checks for families not identified as vulnerable in groups at Children's Centres	35.57%	48.66%	15.44%	<p>Positive</p> <ul style="list-style-type: none"> • CC is a nice environment and allows for social mixing. • The service is already offered like this in many people's experience. • When mother and child are mobile then it is reasonable for them to go to CCs for checks. • Allowing HVs more time to perform their duties is very important. Not travelling to people's houses would allow this, as well as saving money. • As long as the service is the same people are happy to travel for more one off based checks. <p>Negative</p> <ul style="list-style-type: none"> • Individual and confidential advice and support would be necessary and very important. Group settings may reduce the ability for parents to discuss personal issues in this manner. • Groups may lead to unhealthy comparisons of children with one another by parents. • Routine checks in a family home hugely necessary to assess vulnerability and care status. • Health visitors were a waste of time. They lacked knowledge, checks were too basic and it was all about ticking a box rather than meeting individual needs.

<p>Reduce the overall number of baby clinics delivered with the aim of them all being done in Children's Centres</p>	<p>29.83%</p>	<p>56.27%</p>	<p>13.22%</p>	<p>Positive</p> <ul style="list-style-type: none"> • Attending sessions in CCs helps introduce parents to other services and support on offer (breastfeeding, weaning, sleep management etc.) whilst socialising with others in similar situations and a nice environment. • GPs are already overcrowded and do not have the same dedicated service as CCs. Delivering them in CCs seems reasonable and sensible. • CCs are a nicer environment. • Recommend making different days/times of the week available for those who work <p>Negative</p> <ul style="list-style-type: none"> • All clinics (both GPs and CCs) are overcrowded and waiting times are long, this will be exacerbated if clinic numbers are reduced. Children will suffer knock on effects. • Many people have strong relationships with their GPs. Moving clinics to CCs would reduce the sense of community and trust, as well as make it more difficult for people to access weighing facilities due to travel difficulties. • Reducing investment can create greater costs later in the health care lifecycle
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<p>Introduce parental weighing of babies at clinics (whilst continuing to provide access to a Health Visitor for advice)</p>	<p>29.83%</p>	<p>56.27%</p>	<p>13.22%</p>	<p>Positive</p> <ul style="list-style-type: none"> • Increases the control parents have over child health checks, empowering them. • Provides the opportunity for parental weighing without the sometimes unnecessary need for excessive HV advice, i.e. it will reduce the medicalization of healthcare at a young age. • Parental weighing will save time, increase parental confidence and responsibility. • As long as more vulnerable children are watched over most families can manage weighing by themselves. <p>Negative</p> <ul style="list-style-type: none"> • Worry that at risk children may be missed if parental weighing is implemented too widely and professionals are unable to see everyone on an individual basis. • Parents may lack experience with equipment and the health indicators they are looking for, for a healthy child. • Parental weighing can cause parents to become anxious and weigh their child too often. This could lead to depression and other anxieties. • Travelling longer distances with new born babies is difficult. Having a wide spread of geographic accessibility would be a necessity for new families, with clinics offered weekly.
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<p>Only provide checks during pregnancy for women identified as vulnerable by maternity services (other women will continue to have access to GPs and midwives for health checks during their pregnancy)</p>	<p>37.96%</p>	<p>46.10%</p>	<p>13.56%</p>	<p>Positive</p> <ul style="list-style-type: none"> • Many people were unaware that HV checks during pregnancy were an option and did not feel they needed the support (However, lack of communication a negative factor). • Many people don't see the point of seeing a HV when they access the same advice and support from midwives and GPs anyway. Keeping care under maternity services for a while after birth would mean a continuity of care that HVs can't deliver • Constant visits from multiple health professionals can 'trap' people at home. • However, there must continue to be sufficient GP and midwife support. • Some people thought that more HV checks could be combined with routine visits to other health professionals. E.g. 3.5 years children could access checks in nurseries. • At risk families should definitely continue to receive this support. <p>Negative</p> <ul style="list-style-type: none"> • Many children will slip through the net if we only target known vulnerable families. Vulnerability is not always easy to spot and linked to key indicators like deprivation. It can develop quickly and in all families. Reducing this step reduces the ability to spot vulnerability. • Vulnerability needs to be clearly defined and assessment channels clearly identified. • Missing vulnerable children may in turn put pressure on children's social care further down the line, increasing costs. • Building antenatal relationships with HVs very important for future interaction
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<p>Only offer additional checks at 3-4 months and 3.5 years to families that are identified as vulnerable</p>	<p>37.96%</p>	<p>46.10%</p>	<p>13.56%</p>	<p>Positive</p> <ul style="list-style-type: none"> • 3.5year visit is less important as children are most likely to be in some form of childcare by this point. • As long as vulnerability criteria is clearly defined than GP and midwife checks are sufficient for most families following birth not identified as in need of extra support. • Many respondents support families identified as vulnerable that need extra support <p>Negative</p> <ul style="list-style-type: none"> • The 3-4month check is essential for HVs as they are able to discuss post pregnancy support such as weaning and breastfeeding, it provides a real opportunity to see mum and baby together after the initial 6week visit and look for signs of postnatal depression. • Many people who wouldn't identify as Vulnerable said they felt they could have used more support in the early months after pregnancy, especially after a first birth. • Many parents seemed unaware that these checks were additional and not part of the mandatory 5 developmental checks already delivered. Nevertheless many believed they should be delivered as standard to help prevent vulnerability and improve a child's development. • Targeting vulnerability can increase stigmatization of certain people
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<p>Transfer management of Lewisham's breastfeeding groups to the health visiting service (supported by maternity services)</p>	<p>33.33%</p>	<p>31.29%</p>	<p>26.87%</p>	<p>Positive</p> <ul style="list-style-type: none"> • The service has just received Baby Friendly Initiative level 3 and so is well placed to manage these groups. • Voluntary services should be overseen by professional expertise and support to ensure it is carrying out services properly. • As long as the service continues and the providers are qualified to deliver then it doesn't matter who provides this support. • However, the council should continue to support the input of volunteers as they are helpful and can reduce the clinical atmosphere of what is supposed to be a therapeutic intervention for the mother and child. <p>Negative</p> <ul style="list-style-type: none"> • Many parents worry if the HV service has enough expertise, experience and capacity to deliver these sessions properly. They believe HV would require more training if they run this service. Many believe the breastfeeding network is best placed to deliver advice and support through its voluntary and multiagency working model. • Taking away volunteer networks reduces a dedicated community service that value and care for mothers without the need for local authority input, control and resources. Why not transfer all breastfeeding support to the voluntary network? • Useful to have independent advice. In many experience HV experience and views are mixed. • How would this save money or make the service better? Seems like increasing the workload of HV who lack the ability to deliver.
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<p>Reduce the budget for administration by developing new ways of delivering this support (such as better use of technology)</p>	<p>58.53%</p>	<p>20.40%</p>	<p>17.39%</p>	<p>Positive</p> <ul style="list-style-type: none"> • Increased and improved online resources may be beneficial for those who lack the time to call HV services or lack the language skills to interact with them. Making calls can be a long and laborious process to access information or make appointments. Online booking services would make organisation easier for both HV and parents, saving time and money. • Online access to information is 24/7 and not limited to HV working hours. • A lot of information is duplicated by midwifery and health visiting, the booklets and leafletting cost could be reduced by merging resources. • Mobile working should be introduced so that health visitors can complete the necessary notes at the visit, whilst offline if necessary, and not have to continuously travel between the office and appointments to input data. Agile and mobile working a must. • If the technology introduced would lead to more efficiency, a reduction in costs and improved contact times then this would benefit the service. However, proposals lack detail at this point. <p>Negative</p> <ul style="list-style-type: none"> • Must consider there are those without internet access or the knowledge to use more technical solutions. Those identified as vulnerable are more likely to have poor online and technology access. Some service users also liked the reassurance of being able to talk to someone on the phone instead of a computer screen. • Administration is a vital component of HV service delivery. However better technology could mean the loss of admin jobs. Many people would not support this. Furthermore, if admin staff are lost it may also lead to decreased clinical time for HV's and therefore poorer outcomes for families as they have to absorb more administrative duties. • The success of technological
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Appendix 9

				<p>improvements depends on IT systems and training. These must be in place before technological improvements made. Currently they are not.</p> <ul style="list-style-type: none">• Many fear technological improvements will be too costly to be implemented fully.
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<p>Develop a local dedicated immunisation team that will be able to provide community clinics to deliver BCG vaccinations to babies who have not received this after birth</p>	55.22%	18.51%	21.89%	<p>Positive</p> <ul style="list-style-type: none"> • Many people would be happy to travel to one off appointments from a dedicated service as long as they knew there was enough supply and they had a guaranteed timetabled slot. Reliability of obtaining vaccinations, especially BCGs, has been poor. • If this improves access, supply is distributed better, and vulnerable families are targeted it is a good idea. Local teams would be able to more effectively monitor areas and provide simple and consistent information. • HVs are already constrained with their functions, taking the load of the BCG clinics off them will be ideal to help them focus more on their primary responsibilities. • It can be frustrating for many parents to have to go to numerous locations for vaccinations. Local dedicated support should have a single location for ease of access. <p>Negative</p> <ul style="list-style-type: none"> • All new-borns should be offered BCGs by midwives as occurs in other boroughs. • The nurse immunizing must continue to assess and report back to the HV team any concerns they have. Assessing a baby and observing parent-child interaction is best done by community nurses who are part of the health visitor team. It is really important that this work is joined up and not separate from the HV service. • All immunisations should be delivered in the same place by the same team. It gets confusing with numerous locations and health professionals. • Having a dedicated BCG immunisation team is not a good idea as it is likely to mean lower paid/skilled nurses doing a task-orientated role instead of community monitoring.
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School Nursing

Proposal	% Strongly Agree + Agree	% Strongly Disagree + Disagree	% Neither Agree nor Disagree	Key Findings
Provide a combined assessment for reception children consisting of a school entry health assessment, National Child Measurement Programme (weight checks for reception and also for year 6 children) & hearing and vision screening	78.26%	5.14%	12.65%	<p>Positive</p> <ul style="list-style-type: none"> The combined assessment is a good way for early intervention and to collect data. It is also a good idea if it is organised properly, since one assessment to cover all bases will save time for parents and children, and also money. <p>Negative:</p> <ul style="list-style-type: none"> Time: a realistic amount of time needs to be allowed for the combined check, and how this would work for all children, in all schools. Some comments talked about the workload of nurses, which was already stretched and how they would not have capacity for such an assessment. There were also concerns about not having checks at primary school age, and how would changes in a child's vulnerability be detected. Some respondents commented that they didn't understand what the proposals meant and how the health checks worked now, whilst others thought this might cost more money in the long run.

<p>Develop closer links between our weight management programme and our school nursing service so that children who are overweight have access to better support</p>	<p>83.33%</p>	<p>3.17%</p>	<p>10.32%</p>	<p>Positive:</p> <ul style="list-style-type: none"> • It makes sense and enables early identification, which lowers the cost of tackling obesity later in life. • GP's and schools themselves do not current adequately address the issue, so having school nurses pick this up could be beneficial. • There was lots of surprise that this wasn't the case already. <p>Negative:</p> <ul style="list-style-type: none"> • The programme needs to be resourced properly, and not just provide identification but also support afterwards. • The programme would also need to be careful it doesn't lead to stigma and has to be a holistic service. • Concerns about capacity and understanding of this issue by school nurses were also raised, and the evidence base behind this was questioned.
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<p>Require school nurses to attend ICPC and first core group meetings (subsequent attendances will be assessed according to the health needs of the individual child)</p> <p>Require school nurses to physically locate safeguarding leads in the new redesigned Multi-Agency Safeguarding Hub (MASH)</p>	<p>83.06%</p>	<p>7.26%</p>	<p>6.45%</p>	<p>Positive</p> <ul style="list-style-type: none"> • Many agreed overall but wanted to make sure all children could still access the service. • School nurses should have a greater role in CP cases than they do at the moment. This would increase safeguarding of vulnerable children. • Some respondents felt that school nurses are able to create better relationships with children and parents than teachers. <p>Negative</p> <ul style="list-style-type: none"> • Some respondents were unsure if this proposal meant a reduction of universal service and a focus only on the vulnerable. • This service should be for all children, it is pointless of school nurses to do this as they do not get to know the children adequately enough, and for that reason they should be present at all CP meetings. • They should also have reduced workload in terms of meetings in order to meet the needs of the most vulnerable children.
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<p>Create a dedicated 'teenage health service' which will be accessible from a number of venues in the borough as well as from schools, be provided by a mixture of health and non-health staff, offer online advice and one to one support about health and emotional wellbeing and risk behaviours e.g. alcohol or drugs misuse & sexual health and signpost and refer young people to other local services</p>	63.71%	20.16%	12.50%	<p>Positive</p> <ul style="list-style-type: none"> • It is sensible to have a dedicated service for teenagers as long as it is accessible and adequately resourced. • The service needs to be widely available and encourage teenagers to attend. Lewisham has high needs which schools cannot meet, so this will be a welcome addition if it works. <p>Negative</p> <ul style="list-style-type: none"> • Some children may not be able to access the hubs due to parental control, so there still needs to be access within schools for help. • Some young people may not go out of their way to access the service outside school and so drop-ins at schools are still essential. • There were a few comments about how these hubs are best placed in schools as any other location would reduce the amount of young people going to them (good promotion is essential). • Who would run the service? was another concern (some mentioned school nurses are being suited) and a risk highlighted was it becoming a 'non-contact' service. • Another comment stated that the service should be open to pre-teens as well, as well as being available online (although we cannot assume everyone has access to the internet). • Seeing as needs of teenagers, especially mental health issues are increasing, the proposed cut of 22% is seen as 'dangerous' by some respondents.
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<p>Create a dedicated nursing team, supported by community children's doctors, to provide support to children with long term conditions and disabilities (and train school staff on how to look after these children in schools)</p>	55.33%	24.59%	16.39%	<p>Positive</p> <ul style="list-style-type: none"> It is good in principle as long as school nurses are adequately resourced and trained to be able to deal with such conditions and disabilities. <p>Negative</p> <ul style="list-style-type: none"> GP's would be able to deal with this more effectively, and school nurses are not trained for this. They are also over stretched already. This should be left to specialist doctors and nurses, and the school nurse should have a more universal role. A number of respondents commented that they were unsure about what this actually meant, and how this was different from what was already present.
<p>Continue to provide immunisations in schools, but deliver these via a different immunisation team</p>	35.08%	27.42%	33.87%	<p>Positive</p> <ul style="list-style-type: none"> This is welcomed as it frees up school nurses to concentrate on other more important health and safeguarding issues. The immunisation team should be made up of professionals, such as GP's and nurses and be able to deliver this efficiently, and should also be trained to work with young people. <p>Negative</p> <ul style="list-style-type: none"> Delivery of immunisations is part of holistic care, and this would be broken up by different providers. School nurses are perceived as doing this well already, so why change something that is working. There were also concerns that the relationship children had with their school nurse, would be lost, and if the child had, for example, a phobia of needles, an immunisation service wouldn't be able to provide personal care as a school nurse would.

Children Centres (Public)

Proposal	% Strongly Agree + Agree	% Strongly Disagree + Disagree	% Neither Agree nor Disagree	Key Findings
Offer the same services at fewer or different locations (such as an area based 'hub' supported by smaller sites, including the use of schools and community settings)	32.63%	44.56%	19.65%	<p>Positive</p> <ul style="list-style-type: none"> • Offering a wider service at fewer hubs is a good cost effective measure • Increased provision to more residents • Local schools should be used as hubs where services would be accessible to larger proportions of people • Could offer consistency of service across multiple sights – Deptford Park Play Club a good example of how this could look. • Hopefully well trained and more experienced staff attracted and retained <p>Negative</p> <ul style="list-style-type: none"> • Transport, accessibility and increased administration concerns • Concern over the capacity of hubs and the likelihood of overcrowding, reducing 1-to-1 support • Loss of local CC communities • Fewer locations offer less choice • Service should be reduced, but not the number of locations

Offer the same services, but targeted towards families with higher needs	30.88%	46.32%	20.70%	<p>Positive</p> <ul style="list-style-type: none"> Targeting support may reduce the doubling up of service provision. Many respondents thought this was a worthwhile policy, helping those most in need <p>Negative</p> <ul style="list-style-type: none"> Many respondents felt they may be neglected and left behind if they were not classified as high need - especially more affluent families. The same facilities should be on offer to all. Do not stigmatize less vulnerable families and reduce social mixing. Vulnerabilities can develop quickly and in many different socio-economic situations, not just for traditional vulnerable characteristics.
Co-locate Children's Centres with other health and education services	61.06%	13.68%	22.11%	<p>Positive</p> <ul style="list-style-type: none"> May improve sharing information and overall awareness of what the local health service has to offer This already occurs in some people's experience and has been useful <p>Negative</p> <ul style="list-style-type: none"> It can be confusing travelling to multiple destinations and speaking to many different people
Integrate the one-to-one family support service provided by Children's Centres with our health visitor support for vulnerable families	52.48%	14.54%	22.70%	<p>Positive</p> <ul style="list-style-type: none"> HV are experienced practitioners and can easily support the practice, supervise children centre staff whilst supporting families and children This will help improve communication between these services. <p>Negative</p> <ul style="list-style-type: none"> Transport considerations. Meeting vulnerable families in their home continues to be vital. The added team management would be a very large additional demand on the HV team. The change is financially driven and would impact greatly on the health visitor workload One-to-one should remain open to all without the need to be selected

APPENDIX 10 – RESPONSES TO THE STAKEHOLDER/PROFESSIONAL PUBLIC CONSULTATION ON CHANGES TO HEALTH VISITING AND SCHOOL NURSING

Health Visiting

Proposal	% Agree	% Disagree	% Neither Agree nor Disagree	Key Findings
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<p>Deliver 7-11 months and 2-2.5 year checks for families not identified as vulnerable in groups at Children's Centres</p>	<p>Service Users 16.18%</p> <p>Professionals 24.64%</p>	<p>Service Users 57.35%</p> <p>Professionals 44.93%</p>	<p>Service Users 26.47%</p> <p>Professionals 30.43%</p>	<p>Positive</p> <ul style="list-style-type: none"> • Many experience developmental health checks in CCs rather than individuals homes at the moment anyway. • Professionals will have a more stable working environment working in the same location for longer periods of time. Home visits are time consuming. Will help professionals to manage workload better. • To be successful the correct equipment and facilities must be in place for group checks. • Bringing families into children's centre may expose them to other professionals and activities that they may otherwise not be aware of. <p>Negative</p> <ul style="list-style-type: none"> • Concern over the confidentiality of information in groups and the ability and comfort of parents to open up about concerns with many others around. • Group situations are not appropriate to identify developmental concerns or safeguarding issues. Privacy is essential for the accuracy of assessments. • Disclosure of important issues is more likely if a relationship has been established between HV and parent. Groups reduce the ability for a more personal service. • Reducing checks in people's homes removes safeguarding consistency of checking parent and child's living environment. Vulnerability can develop quickly and at any given time. • Relying on people to attend CCs may increase non-
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				attendance of parents.
Reduce the overall number of baby clinics delivered with the aim of them all being done in Children's Centres	Service Users 17.91% Professionals 23.19%	Service Users 59.70% Professionals 56.52%	Service Users 22.39% Professionals 20.29%	<p>Positive</p> <ul style="list-style-type: none"> • CCs are positive and dedicated environments that can also signpost families to numerous other services available. Offer social and community based environment. • Would be a more efficient use of the limited number of HVs available. • Could shift sessions from a purely medical approach to a wider, more inclusive session providing support with breast feeding, healthy eating etc. <p>Negative</p> <ul style="list-style-type: none"> • CCs may not be as accessible as GP surgeries for many. • Reduces joined up working between GP and HV services. • Clinics are already busy and overcrowded, so reducing the number would exacerbate this. • Concern this is taking nursing back to task orientated work and target setting. Reduces consideration of individual need.

<p>Introduce parental weighing of babies at clinics (whilst continuing to provide access to a Health Visitor for advice)</p>	<p>Service Users 17.91%</p> <p>Professionals 23.19%</p>	<p>Service Users 59.70%</p> <p>Professionals 56.52%</p>	<p>Service Users 22.39%</p> <p>Professionals 20.29%</p>	<p>Positive</p> <ul style="list-style-type: none"> • This could reduce HV workload and them to target time to those most in need. • Empowers parents to know more about their child's health and development. • Group settings could help reduce stigmatization of more vulnerable families. <p>Negative</p> <ul style="list-style-type: none"> • Parents may not understand how to use the equipment or know which health indicators to look for. Equals diminished accuracy and reliability. • This would limit a health professional's ability to monitor child and parent, potentially increasing safeguarding concerns. • Personal interaction and continuity or seeing the same GP/HV will be decreased. This may deter parents as it is unfamiliar and less focussed.
<p>Only provide checks during pregnancy for women identified as vulnerable by maternity services (other women will continue to have access to GPs and midwives for health checks during their pregnancy)</p>	<p>Service Users 18.18%</p> <p>Professionals 25%</p>	<p>Service Users 60.61%</p> <p>Professionals 50%</p>	<p>Service Users 21.21%</p> <p>Professionals 25%</p>	<p>Positive</p> <ul style="list-style-type: none"> • Midwife and GP are more than adequate for this function. Due to staff numbers this may be happening in some cases anyway. • Maintaining midwife support a few months after birth would be useful in maintaining personal relationships and continuity of care. • Empowers mother and is less intrusive. <p>Negative</p> <ul style="list-style-type: none"> • How do you identify vulnerability of child/parent? Checks in the home before birth are significant in this process. • This may increase workload of GPs.

<p>Only offer additional checks at 3-4 months and 3.5 years to families that are identified as vulnerable</p>	<p>Service Users 18.18%</p> <p>Professionals 25%</p>	<p>Service Users 60.61%</p> <p>Professionals 50%</p>	<p>Service Users 21.21%</p> <p>Professionals 25%</p>	<p>Positive</p> <ul style="list-style-type: none"> Focus is better placed on vulnerable families and will free up HV time for those most in need. <p>Negative</p> <ul style="list-style-type: none"> 3-4 month checks are at a critical time for many development i.e. introducing solid food, maternal mental health, accident prevention discussion, infant social and emotional well-being. Should be open to all, especially all 1st time mothers. How do you identify children who become vulnerable and need a 3-4 month check? Increases the chance of many falling through the net if not offered to all.
<p>Transfer management of Lewisham's breastfeeding groups to the health visiting service (supported by maternity services)</p>	<p>Service Users 39.39%</p> <p>Professionals 35.82%</p>	<p>Service Users 28.79%</p> <p>Professionals 28.36%</p>	<p>Service Users 31.82%</p> <p>Professionals 35.82%</p>	<p>Positive</p> <ul style="list-style-type: none"> Health visitor services have contact with the children and families until the age of 5 years. It is important that this message is reinforced following birth through breastfeeding support. This helps to build relationships with service users and therefore to identify vulnerabilities earlier. Helps in continuity of care, especially if lined to maternity services. <p>Negative</p> <ul style="list-style-type: none"> Breast feeding network are specialists in breastfeeding, health visitors do not have the same depth of knowledge/experience or training as these specialists. HV services are already under resourced and under capacity. Why stop a service that works so well and is largely manned by volunteers. Concerns the number of groups available may reduce.

<p>Reduce the budget for administration by developing new ways of delivering this support (such as better use of technology)</p>	<p>Service Users 44.62%</p> <p>Professionals 53.03%</p>	<p>Service Users 23.08%</p> <p>Professionals 28.79%</p>	<p>Service Users 32.31%</p> <p>Professionals 18.18%</p>	<p>Positive</p> <ul style="list-style-type: none"> • If the technology introduced leads to more efficiency and reduction in costs this would be of benefit to both service users and professionals, provided there is adequate training and implementation. <p>Negative</p> <ul style="list-style-type: none"> • Concerns admin duties would actually increase for clinical staff, preventing patient care. This could be due to the loss of admin staff which is offset through technological innovation. • Concerns appropriate electronic equipment would not be provided. • Some users may lack access to technological solutions and prefer using phones to book appointments and seek advice.
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<p>Develop a local dedicated immunisation team that will be able to provide community clinics to deliver BCG vaccinations to babies who have not received this after birth</p>	<p>Service Users 64.62%</p> <p>Professionals 64.18%</p>	<p>Service Users 10.77%</p> <p>Professionals 7.46%</p>	<p>Service Users 24.62%</p> <p>Professionals 28.36%</p>	<p>Positive</p> <ul style="list-style-type: none"> • A centralised hub would make more efficient working • Clinics are overcrowded and very busy so creating new services to absorb capacity would be good (as long as funding and trained staff available) • Appointment based system would work well if it could be implemented • Will free up HV time for home visits/assessments <p>Negative</p> <ul style="list-style-type: none"> • This will reduce the holistic approach to care and safeguarding, reducing the ability of HVs to engage more widely in a child's health and development. • If a team only does this work they become deskilled and task focused and this is a safeguarding risk. • The supply of BCGs is very low at the moment and therefore a dedicated team would lack the resources to be effective.
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School Nursing

Proposal	% Agree	% Disagree	% Neither Agree nor Disagree	Key Findings
<p>Provide a combined assessment for reception children consisting of a school entry health assessment, National Child Measurement Programme (weight checks for reception and also for year 6</p>	<p>Service Users 67.21%</p> <p>Professionals 62.30%</p>	<p>Service Users 8.20%</p> <p>Professionals 6.56%</p>	<p>Service Users 24.59%</p> <p>Professionals 31.15%</p>	<p>Positive</p> <ul style="list-style-type: none"> • The combined assessment is a better use of time, as long as there is a realistic amount allocated for the combined check, which needs to be thorough and holistic. • It is good for early intervention, and allows services to be developed around the child to give them the support they need, and not have their

<p>children) & hearing and vision screening</p>				<p>attainment impacted later on in life.</p> <p>Negative</p> <ul style="list-style-type: none"> • Reception age it is difficult for children to fully participate in hearing and sight tests. The earliest time this is possible is year 1. • Therefore, these tests should be revisited when the child is slightly older, or else things will be missed due to the child being unable to understand/communicate.
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<p>Develop closer links between our weight management programme and our school nursing service so that children who are overweight have access to better support</p>	<p>Service Users 82.54%</p> <p>Professionals 76.19%</p>	<p>Service Users 6.35%</p> <p>Professionals 4.76%</p>	<p>Service Users 11.11%</p> <p>Professionals 19.05%</p>	<p>Positive</p> <ul style="list-style-type: none"> • That it makes sense and enables early identification, which lowers the cost of tackling obesity later in life, especially when resources are strained. • School Nurses have good relationships with children, so this makes sense, as long as there is joined up working and collaboration between professionals, especially GPs. <p>Negative</p> <ul style="list-style-type: none"> • The programme needs to be properly resourced, as historically there has been a poor uptake of weight management courses from parents. • Concerns over the capacity of school nurses to take this on were raised, as well as the impact on children having visible support for their weight in a school environment. • Others commented that MyTime should deliver this programme instead of school nurses.
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<p>Require school nurses to attend ICPC and first core group meetings (subsequent attendances will be assessed according to the health needs of the individual child)</p> <p>Require school nurses to physically locate safeguarding leads in the new redesigned Multi-Agency Safeguarding Hub (MASH)</p>	<p>Service Users 52.46%</p> <p>Professionals 50.79%</p>	<p>Service Users 14.75%</p> <p>Professionals 17.46%</p>	<p>Service Users 32.79%</p> <p>Professionals 31.75%</p>	<p>Positive</p> <ul style="list-style-type: none"> • It is good that there was a coordinated care approach and different professionals working together, such as MASH, in order to safeguard those most vulnerable. • Other comments suggested it was positive that schools take more of an active role in safeguarding, as it is the primary concern for everyone. <p>Negative</p> <ul style="list-style-type: none"> • Comments focused on the vital role of the school nurse, and the fact that they should be attending all meetings, as the voice of the child. This allows the school nurses to keep informed of any developments, and pick up things that other professionals may have missed. • Communication between different agencies was also claimed to be bad, which is having a negative impact on safeguarding, as well as lack of respect for the role of the school nurse.
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<p>Create a dedicated 'teenage health service' which will be accessible from a number of venues in the borough as well as from schools, be provided by a mixture of health and non-health staff, offer online advice and one to one support about health and emotional wellbeing and risk behaviours e.g. alcohol or drugs misuse & sexual health and signpost and refer young people to other local services</p>	<p>Service Users 62.71%</p> <p>Professionals 62.30%</p>	<p>Service Users 23.73%</p> <p>Professionals 21.31%</p>	<p>Service Users 13.56%</p> <p>Professionals 16.39%</p>	<p>Positive</p> <ul style="list-style-type: none"> • It is sensible to have a dedicated service for teenagers as Lewisham has high needs which schools cannot meet, and there is a lack of services in the borough for them. • Other respondents felt that the service should be run by school nurses, and a mix of professionals outside the school environment, to increase trust and confidentiality. <p>Negative</p> <ul style="list-style-type: none"> • Capacity- and how stretching a service that was already limited would work. • Others feared that face to face support would be replaced by online support, which they felt was not suitable. • Many comments suggested existing structures should be invested in and improved, as well as increasing the marketing of existing services, as opposed to creating other ones. • Another respondent felt that we are treating teens as adults, whereas they need more support in schools.
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<p>Create a dedicated nursing team, supported by community children's doctors, to provide support to children with long term conditions and disabilities (and train school staff on how to look after these children in schools)</p>	<p>Service Users 65%</p> <p>Professionals 63.93%</p>	<p>Service Users 16.67%</p> <p>Professionals 22.95%</p>	<p>Service Users 18.33%</p> <p>Professionals 13.11%</p>	<p>Positive</p> <ul style="list-style-type: none"> • It is a good way to normalise disabilities and other lifelong conditions to have this support in a school environment, which would lead to better understanding. • Some School Nurses commented that they already have good relations with specialists who they work with, and get advice and support from. <p>Negative</p> <ul style="list-style-type: none"> • They would rather the community nurses and specialist teams with more knowledge pick up this work. • They were also concerned that school nurses were over stretched already.
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Continue to provide immunisations in schools, but deliver these via a different immunisation team	Service Users 35% Professionals 33.87%	Service Users 15% Professionals 19.35%	Service Users 50% Professionals 46.77%	<p>Positive</p> <ul style="list-style-type: none"> This is welcomed as it frees up school nurses time to concentrate on other more important health and safeguarding issues. The immunisation team would be able to work across a variety of locations and be more efficient than the current system. <p>Negative</p> <ul style="list-style-type: none"> Delivery of immunisations is part of holistic care, and provides an opportunity for the school nurse to make contact with the children and identify any other problems. School nurses would already be familiar with the children, and understand which of them may need more support for getting their immunisations done.
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Children Centres

Proposal	% Strongly Agree + Agree	% Strongly Disagree + Disagree	% Neither Agree nor Disagree	Key Findings
Offer the same services at fewer or different locations (such as an area based 'hub' supported by smaller sites, including the use of schools)	35.38%	49.23%	13.85%	<p>Positive</p> <ul style="list-style-type: none"> Efficient use of limited resources Reduce duplication Better co-ordination and centralisation of service <p>Negative</p> <ul style="list-style-type: none"> Concerns over capacity and accessibility Could increase admin costs Need to make sure CCs are located in areas of the most need

and community settings)				
Offer the same services, but targeted towards families with higher needs	34.92%	50.79%	14.29%	<p>Positive</p> <ul style="list-style-type: none"> Targeted work for families with higher needs is appropriate, as these families are often referred to Children's Centres via the early intervention service and are more in need <p>Negative</p> <ul style="list-style-type: none"> Family support needs to be able to respond to a wide range of need, not just families identified on the HV targeted caseload Vulnerability not always obvious Lacking vulnerability does not mean you will not need support Stigmatization increased and social mixing reduced if targeted families grouped together
Co-locate Children's Centres with other health and education services	68.25%	9.52%	22.22%	<p>Positive</p> <ul style="list-style-type: none"> Co-location and integration will improve communication and contact between services and increase referral rates Useful for families to have only one place to travel to <p>Negative</p> <ul style="list-style-type: none"> As the HV service deals with the under 5s, it does not make sense co-locating with education services.

<p>Integrate the one-to-one family support service provided by Children's Centres with our health visitor support for vulnerable families</p>	<p>57.58%</p>	<p>25.76%</p>	<p>15.15%</p>	<p>Positive</p> <ul style="list-style-type: none"> • If Children's centre workers are in the same team as HVs they will work better together and reduce duplication • Helps CCs to provide a consistent offer across the borough that is evidenced based and has clear outcomes <p>Negative</p> <ul style="list-style-type: none"> • HVs do not have the capacity or funding to deliver this support • HVs should mainly be a medical resource
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Health Impact Assessment

Impact of changes to public health commissioned preventative health ('Staying Healthy') services on population health

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August 2016

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Executive Summary

- The preventative services currently being commissioned by the public health department at Lewisham Council are currently being revised in a programme of changes to be introduced in the 2017/18 financial year.
- Health Impact Assessment was chosen as the method to assess the potential population health implications of the proposed changes.
- The potential population health impacts for each of the services facing changes were identified following a brief examination of the following aspects of each service: service description; peer-reviewed evidence base for the service; current uptake/reach of the service; and consultation results.

Breastfeeding Support Services

- Breastfeeding support services in the form of peer support have a moderate evidence base in the UK setting with postnatal and targeted peer support being shown to be most beneficial. The current Lewisham breastfeeding support services have both of these evidence based elements.
- Breastfeeding prevalence at 6-8 weeks is currently above the England average in Lewisham.
- The reach of the current breastfeeding support services is good. However, mothers in the 'White British' ethnic group predominantly attend services. These mothers are also largely aged over 25, which is not reflective of the age distribution and diversity of the borough. The service design and new contract does therefore present an opportunity to improve the reach of the service to underserved population groups. Effective promotion of the redesigned service through appropriate channels for these population groups will be important to achieve this.
- Although the service is not ranked as highly in terms of importance as other 'Staying Healthy' services by residents or professionals, the value of the service in terms of its potential health impacts is recognised by both groups.
- Redesign of the service may have minimal health impact on attendees of the service if capacity is retained. However, in the proposed redesign of the service, efforts should be encouraged in the new contract to improve the reach of the service to underserved population groups to avoid any health inequalities in relation to breastfeeding in the borough.

Stop Smoking Services

- There is a good evidence base for the effectiveness of stop smoking services in improving success in quitting smoking for those that attend. The current format of SSS being delivered in Lewisham contains many of the main evidence based elements.
- The reach of the service is good in Lewisham, however particular population groups appear to have greater success in quitting as a result of attending various parts of the service i.e. men and black African smokers and those in deprived areas that attend the specialist adviser service. These population groups are most likely to be affected by any reduction in the capacity of the service than other population groups.
- Though not the most highly ranked service by residents, the importance and value of the service in the community has been demonstrated in the consultation responses. The acceptability of a redesigned SSS delivery format including a combination of face-to-face, telephone and text may be high amongst residents as indicated by the online consultation results although the evidence base for this is unclear. A local evaluation of this revised format should be undertaken if employed.

- The reduction in the capacity of the specialist support for all members of the community is likely to have an impact on population health, particularly for those from deprived and Black African population groups. However, the use of new channels of delivery may encourage service use from currently underrepresented population groups.

NHS Health Checks

- There is a growing body of evidence examining the effectiveness of NHS health checks but the effectiveness of NHS Health Checks in improving long-term outcomes has yet to be clearly demonstrated
- The evidence-based short-term health impacts of NHS Health Checks include: the increased chance of identifying new comorbidities and prescribing statins and/or hypertensive medication or the first time in those having a check.
- The uptake of the service in Lewisham could be improved but has good reach across genders and those of different ethnicities within the borough.
- The service is ranked highly in terms of preference for both residents and professionals.
- Since the capacity of the NHS Health Checks service is to be retained, the known short-term health benefits of having an NHS health check are expected to be preserved.

Community Health Improvement Service (CHIS)

- There are varying levels and quality of evidence for the different components of CHIS.
- All services within CHIS have been shown to have good reach in Lewisham, however the LLH has been shown to have particularly good reach for residents in 'Black African' and 'Black Caribbean' groups.
- It is expected that the population health impacts resulting from the elements of CHIS that have the strongest evidence base for population health impact i.e. Healthy Walks and the community development work will remain albeit in different delivery formats.
- Residents and professionals had differing perspectives of the CHIS services, with residents ranking 'Healthy Walks' quite highly but professionals ranking all CHIS services as the least preferred.
- It is unclear from the available evidence whether the changes to the LLH and health trainer services will have a positive or negative health impact, although BME users of LLH may be disproportionately impacted by being unable to access a service that they had particularly good representation at.
- The introduction of the National Diabetes Prevention Programme, the existing community nutrition and physical activity service delivered by GCDA and the expansion of the existing commercial weight management offer (e.g. weightwatchers vouchers) may all work to mitigate against negative health impact resulting from the proposed changes to CHIS.

Children's Weight Management Service

- There is a good evidence base for the MEND element of the children's weight management service, demonstrating both short and intermediate term impact for improvement in BMI and waist circumference measurements in overweight and obese children.
- Both residents and professionals ranked these services as their 3rd most preferred service.
- The service reaches approximately 4% of the estimated 9,000 obese children (under 16's) in the borough.

- There is expected to be a negative population health impact for those unable to access the additional support alongside MEND following the introduction of the proposed changes. This may be particularly the case for girls, BME children, and children with complex needs.
- Close monitoring of service use and health outcome data following the introduction of the proposed changes, particularly to capture demographic data for service users will be vital to identify if any negative impacts are realised and to work to mitigate them when/if they arise.

1. Introduction

1.1 Background

The preventative services currently being commissioned by the public health department at Lewisham Council are currently being revised in a programme of changes to be introduced in the 2017/18 financial year. These preventative health services facing changes are:

- Breastfeeding support services
- Stop smoking services
- NHS Health Checks
- The Community Health Improvement service (CHIS)
- Children's weight management services

The changes to these services are being driven by the need to achieve £800k of savings from the staying healthy budget, as a contribution to £4.7 million in savings from the public health budget by 1 April 2017. In order to ensure that any subsequent population impact has been duly recognised and mitigated against, two pieces of work have been undertaken as part of the change programme. The first has been undertaken to assess the population equalities impact of the proposed changes i.e. an Equalities Analysis Assessment (EAA). The second has been undertaken to assess the potential population health impact of the proposals and Health Impact Assessment (HIA) has been chosen as the method to assess this. The HIA will be the main focus of this report and includes the EAA as an integral part of its assessment.

1.2 Health Impact Assessment Overview

Health impact assessment (HIA) can be defined as 'a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population' (1). This method provides a systematic and objective framework within which potential health impacts can be identified.

HIA typically involves the following stages:

- Screening
- Scoping
- Appraisal of evidence/assessment
- Reporting and recommendations
- Monitoring and evaluation

1.3 Scope of Health Impact Assessment

HIA typically considers a broad range of health impacts based on wider determinants of health models and identifies how a proposal or policy will alter these determinants (1). Some of the determinants that are usually considered are demonstrated by the Dahlgren and Whitehead 'Determinants of Health' model in Figure 1 below:



Figure 1. The Determinants of Health, Dahlgren and Whitehead (1992)

Following the initial scoping exercise, it was felt that this HIA should focus on a narrower range of population health impacts (i.e. those pertaining to individual lifestyle factors and social community networks using the model above) due to the rapid nature of the work and the interventions under consideration in this HIA. However it should be noted that broader implications of the proposed changes may also be possible.

1.4 Data Sources Used

A wide range of data sources have been used to inform the appraisal stage of the HIA.

1.4.1 Consultation

A consultation exercise was carried out to explore the views of Lewisham residents concerning the proposed changes to preventative health services. Three types of consultation were undertaken as part of this exercise:

- An online consultation questionnaire for Lewisham residents (148 responses were received from Lewisham residents). The majority of resident respondents were female (73%), aged over 45 years (69%), and White British (59%).
- An online consultation questionnaire for Lewisham professional stakeholders (87 responses were received for the professional survey). The majority of respondents were healthcare professionals (70%).
- A range of stakeholder meetings across the borough where feedback on the savings plan was collated.
- Conversations at Lewisham People's Day to discuss proposals and get feedback on existing services (70 members of the public were engaged in these discussions).

A detailed summary of the consultation responses in addition to demographic data of the consultation respondents can be found in the 'consultation' section of the EAA.

In the online consultation questionnaires for both residents and professionals, respondents were asked to rank their most preferred service out of the following 7 services: Breastfeeding support services, children's weight management services, health trainers, healthy walks, NHS Health Checks, small grants to community groups and Stop smoking services. In order to fully capture the priorities of

respondents, the rankings were weighted (i.e. 7 points were accrued for each respondent ranking a service 1st, 6 for 2nd, 5 for 3rd and so on) and then summed to produce a final summary score for each service. This process was performed for the resident and professional questionnaires respectively. These summary scores can be seen in Appendix 1.

1.4.2 Routine Data

A large number of routine data sources were used to inform this HIA, in addition to reports collating routine data e.g. quarterly service monitoring reports. These data sources have been referenced throughout the report where used.

1.4.3 Peer-reviewed research

In order to summarise the evidence-base for the services and any alternative ways of delivering these services, rapid reviews of the literature were performed. Due to the rapid nature of the HIA, the searches were restricted to the PubMed and Cochrane databases. Only review articles published in English were included in the subsequent evidence summaries. Where existing evidence reviews had already been performed for the service, this was used to summarise the evidence.

Where necessary, the strength of the evidence obtained has been grading according to the following grading system (2):

Grade	Description
A	Strong body of evidence in support (two or more systematic reviews, meta-analyses or equivalent high-grade evidence)
B	Some evidence – broadly supportive (a range of individual qualitative or quantitative studies – with or without controls generally supporting the intervention)
C	Conflicting evidence of effectiveness (some studies in favour, some against)
D	Insufficient evidence to judge in favour or against (evidence largely in the form of expert opinion)

1.5 Structure of report

The potential population health impacts for each of the services listed above has been outlined in this report after a brief examination of the following aspects of each service: service description; peer-reviewed evidence base for the service; current uptake/reach of the service; and consultation results.

The health impacts identified have been described in terms of their nature, likelihood, scale and timing. The distribution of health impacts across different population groups in the borough has primarily been explored through the aforementioned EAA but has been summarised in the description of the nature of health impacts.

References

1. Health Impact Assessment: Main Concepts and Suggested approach. Gothenburg Consensus Paper. European Centre for Health Policy. (December 1999)
2. Ismail, S. Self-care and Self-management Support for Health Improvement in Lewisham. Lewisham Council. (November 2015)

2. Breastfeeding support services

2.1 Description of the service

The Breastfeeding Network project in Lewisham manages six community breastfeeding groups and the provision of a breastfeeding peer support service. This includes training 24 new breastfeeding peer supporters and providing on-going supervision to all active volunteer peer supporters (around 30). The peer supporters support mothers attending the community breastfeeding groups and on the postnatal ward (total 1200 hours of volunteer time per annum) (1).

2.2 Evidence for the service

There are clear evidence-based health benefits associated with breastfeeding for both mothers and infants, which include the reduction in the incidence of infant infections for the baby, improvement in emotional attachment between mother and baby, reduction in the risk of breast cancer for mothers (2) (evidence grade A). Exclusive breastfeeding has even greater potential benefits if continued for at least 6 months (3). In order to realise these benefits at a population level there is an incentive to encourage and support breastfeeding where possible among mothers. Peer support and community-based interventions are one means of doing this, however they have a mixed evidence base in the UK setting (evidence grade B). There is good evidence that lay support significantly reduces the risk of not breastfeeding (4) and the National Institute for Health and Clinical Excellence (NICE) has produced guidance that lay support should be used to increase breastfeeding, particularly among women with low incomes (5). However, peer support has mostly been shown to be beneficial in UK settings if provided in the postnatal period and if targeted i.e. aimed at those who are already considering breastfeeding (6,7).

In addition to health benefit for the mothers and babies attending the service, there are evidence-based benefits for peer supporters who volunteer their time to support the service. Volunteering has been shown to improve both the physical and mental wellbeing of volunteers (8). Additionally, a greater sense of belonging to a community and improved sense of well-being may result from community engagement when approaches are used that help communities to work as equal partners with professionals (9).

2.3 Reach (uptake)

In Lewisham, breastfeeding prevalence at 6-8 weeks after delivery is 74.3% (10). This is significantly better than the average prevalence for England overall. The community breastfeeding groups support approximately 900 new women a year. In the most recent quarter (Jan-March 2016), 131 new women attended one of 6 community groups (11). The six groups are located throughout the borough and all wards of the borough are represented by attendees of the groups. The majority of mothers attending the Lewisham breastfeeding groups in the latest quarterly monitoring report for 2016 were aged between 30 and 39 years (74%) and of 'White British' ethnicity (49%), which is consistent with previous reporting periods (10).

2.4 Proposed changes to the existing service

The Council proposes to incorporate this service within a new contract for health visiting. This would require serving notice on the existing service. It is intended that a similar level of support will be provided to peer supporters and breastfeeding groups.

2.5 What did people say?

At 'People's Day, a community event in Lewisham, participants ranked breastfeeding support services as the least preferred public health service out of 7 options listed. This is similar to responses received from Lewisham residents to the online consultation survey, where breastfeeding support services were ranked the least preferred 'Staying Healthy' service according to the summary score calculated (see Appendix 1). However, when asked about the likely impact of the proposed changes, resident respondents largely felt that the changes would have a negative impact (38%) in comparison to having a positive impact (10%) or none at all (21%). Free text comments in the consultation survey included views that mothers needed support to breastfeed particularly younger mothers and those from deprived areas. Some also showed understanding that breastfeeding reduces the risk of obesity in childhood for breastfed babies.

In response to the professional online consultation, breastfeeding support services were ranked as the 4th most preferred 'Staying Healthy' service. Free text comments expressed that this service received positive feedback from mothers. It was also felt that early interventions were the most important and that not providing support for mothers would lead to poor outcomes for children in the long run.

2.6 Health Impact of changes

Element of health impact	Description
Nature	The capacity of the breastfeeding groups and peer support is due to be preserved in the redesign of the service and has already been reflected in the new service contract. The negative impact of the changes anticipated by residents may therefore not materialise. However, if the changes in service delivery impact in anyway upon accessibility and acceptability of the service, the numbers of those attending the service may be impacted and subsequently impact upon the continuation of breastfeeding in mothers that use the service. This may subsequently impact upon breastfeeding rates at 6-8 weeks in Lewisham and associated positive health impacts with continuation of breastfeeding.
Likelihood	Uncertain
Scale	Any health impacts will predominantly affect new mothers and infants across the borough. The protected characteristics identified in the EAA as being most likely to be impacted by the proposed changes are: age (i.e. since mainly older mothers currently attend the service), ethnicity/race (i.e. since the service is predominantly attended by 'White British' and 'White Other' women at present), and the pregnancy/maternity group as mentioned above.
Timing	There may be both short and long term health impacts: Short-term: Potential impact on service access and acceptability for different population groups. Long-term: Potential impact on breastfeeding rates at 6-8 weeks and subsequent significant health impacts for mother and baby as described above.

2.7 Mitigations

Effective delivery and promotion of the redesigned service will be essential to ensure that access to the service is maintained and improved for population groups not currently accessing the service in a representative way.

2.8 Summary

- Breastfeeding support services in the form of peer support have a moderate evidence base in the UK (evidence grade B) setting with postnatal and targeted peer support being shown to be most beneficial. The current Lewisham breastfeeding support services have both of these evidence based elements.
- Breastfeeding prevalence at 6-8 weeks is currently above the England average in Lewisham.
- The reach of the current breastfeeding support services is good. However, mothers in the 'White British' ethnic group predominantly attend services. These mothers are also largely aged over 25, which is not reflective of the age distribution and diversity of the borough. The service design and new contract does therefore present an opportunity to improve the reach of the service to underserved population groups. Effective promotion of the redesigned service through appropriate channels for these population groups will be important to achieve this.
- Although the service is not ranked as highly in terms of importance as other 'Staying Healthy' services by residents or professionals, the value of the service in terms of its potential health impacts is recognised by both groups.
- Redesign of the service may have minimal health impact on attendees of the service if capacity is retained. However, in the proposed redesign of the service, efforts should be encouraged in the new contract to improve the reach of the service to underserved population groups to avoid any health inequalities in relation to breastfeeding in the borough.

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3. Stop Smoking Services

3.1 Description of the service

The current Stop Smoking Service (SSS) is provided by Lewisham and Greenwich NHS Trust (LGT). The primary role of the SSS is to deliver high quality, evidence-based stop smoking interventions to dependent smokers living in Lewisham, including medication. This includes a more intensive service for highly dependent smokers, provided through group and one to one sessions at a range of venues throughout the borough, and support for moderately dependent smokers through GPs & pharmacies including a hub based model in each neighbourhood (1).

3.2 Evidence for the service

There is good evidence for the effectiveness and cost-effectiveness of English stop smoking services in getting smokers to successfully quit smoking. These services are expected to offer behavioural support and medication to all smokers in their community and also ensure that they are treating smokers proportionally to their demographics in their area (2). Behavioural support is typically provided via face-to-face or groups sessions. Several randomised controlled trials have demonstrated both the short-term and long-term effectiveness such SSS in helping smokers to stop smoking (2) (Evidence Grade A). When services are provided optimally, the proportion of service users who stop for 4 weeks should be approximately 50%, with 15% lasting 12 months, compared with 15% at 4 weeks and less than 5% at 12 months if these smokers tried to stop unaided (2). Additionally several high quality studies have shown that face-to-face behavioural support for smoking cessation provided individually or in groups can improve success in quitting smoking in comparison to no support (3). There is also evidence that smoking cessation programs for those in high risk groups (e.g. those who already have LTCs but have continued smoking) featuring more intensive intervention (e.g. motivational interviewing) is clinically effective in reducing smoking rates at 1 year, particularly for people with coronary heart disease (4).

A rapid review of evidence was recently performed on behalf of the Association for Directors in Public Health earlier this year exploring the alternative channels of delivering SSS i.e. via telephone, online and digital apps (3). It found that there was good evidence of effectiveness (systematic reviews of RCTs) for telephone (pro-active and reactive) and mobile phone stop smoking support, with studies reporting a 2-3% increase in quit rate for telephone support. However, none of the studies identified in the review compared telephone or mobile phone support with the current service models of face-to-face or group support for SSS. The most common comparators used in the studies identified were the provision of self-help materials/leaflets or one-off telephone advice calls. It is therefore only possible to say that mobile phone, telephone and internet support to help quit smoking can be effective channels of delivery but may not necessarily be as or more effective than face-to-face or group support (evidence grade D).

3.3 Reach (Uptake)

The current stop smoking service in Lewisham reaches 3,500 smokers each year (7.2% of the estimated 48,500 smokers locally), with approximately 50% of these smokers quitting smoking successfully at 4 weeks after starting a smoking cessation programme. This demonstrates good reach of the service against the NICE benchmark of smoking cessation services reaching 5% of smokers in the population (1). A health equity audit of the SSS performed in 2013 revealed that (5):

- Younger smokers and female smokers over 60 appeared to be underrepresented in those accessing the service.

- Indian men, Chinese men, white Irish men and black Africans of both genders were least represented in users of the SSS in the context of the estimated number of smokers.
- Black African smokers in Lewisham have been shown to be more likely to use and be successful using the one to one specialist sessions provided by community advisors than other ethnicities. Those from lower socio-economic groups have also been shown to be more successful with one-to-one support.

3.4 Proposed changes to the existing service

The Council proposes the re-design and potential re-commissioning of the service to incorporate different delivery models including a greater use of digital and telephone support for less heavily dependent smokers; face to face support from specialists for heavily dependent smokers such as pregnant women, smokers with mental health problems and/or long term conditions and more efficient and effective prescribing of stop smoking medication. The number of smokers able to access the service is likely to reduce.

3.5 What did people say?

At the community event, participants ranked stop smoking services as the 5th most important public health service out of 7 options listed. When asked about their preference for delivery of support to stay healthy, face-to-face support was overwhelmingly ranked as preferable to online or telephone support. Online support was ranked as being marginally favourable to telephone support.

Though not the most highly ranked service by residents in the online consultation (ranked 6th most preferred), the importance and value of the service in the community was demonstrated in free text comments sections of the survey. The majority of respondents also perceived that the proposed changes to SSS would have a mostly negative (43%) rather than positive (12%) impact.

The acceptability of a redesigned SSS delivery format including a combination of face-to-face, telephone and text for low-risk smokers may be high amongst residents since 30% of respondents most favoured this delivery model in comparison to individual face-to-face (27%), group (25%), website (11%), online (4%) or telephone support (3%) models. Since the evidence base demonstrating increased benefit of using the combination delivery format in comparison to the current model is yet to be established, a local evaluation of this revised format for smokers in low-risk groups should be undertaken if employed.

SSS were ranked as the most preferred service by professional respondents in comparison to other services, with many respondents commenting on the effectiveness and strong evidence base for the service. The cost-effectiveness, particularly in the long run was also mentioned multiple times alongside concern that cuts to this service would disproportionately affect those in lower socio-economic groups, since they are more likely to smoke and the SSS supports the 'hardest to reach' and most vulnerable Lewisham residents.

3.6 Health impact of changes

Element of health impact	Description
Nature	The reduction in the capacity of the specialist support for all members of the community may have a negative impact on population health, particularly for some population groups. The use of different channels of support may conversely encourage engagement with the service from underrepresented population groups.

Likelihood	Uncertain
Scale	Any negative population health impacts are most likely to affect population groups in Lewisham that may no longer be able to access specialist support where they were more likely to achieve better quitting success i.e. those from deprived and Black African population groups as also identified in the EAA.
Timing	<p>Any negative population health impacts could be realised in both the short and long-term:</p> <p>Short-term: In the short-term, if any negative impacts are realised due to reduced access for the population groups mentioned above, there may be a reduction in the number of successful quit attempts in these groups, which may affect quit rates for Lewisham overall. Fewer smokers in these population groups may therefore experience the following short-term benefits (6):</p> <ul style="list-style-type: none"> • Normalising of heart rate and blood pressure within 20 minutes of quitting smoking. • Breathing becomes easier and the lung's functional abilities start to increase within 72 hours of stopping smoking. • Blood circulation in the gums and teeth becomes similar to that of a non-user between 10 days and 2 weeks of stopping smoking. <p>Long-term: In the long-term any negative impacts may result in fewer smokers in these population groups experiencing the following health long-term health benefits:</p> <ul style="list-style-type: none"> • Reduction in the excess risk of coronary heart disease, heart attack and stroke by half within one year of stopping smoking. • Reduced risk of lung cancer to between 30-50% of that for a continuing smoker after 10 years of stopping smoking. <p>There may also be long-term health impacts for those exposed to the secondhand smoke of continuing smokers which include (7):</p> <ul style="list-style-type: none"> • Increased risk of respiratory infections, ear infections and more severe and frequent asthma attacks in infants and children. • Increased risk of coronary heart disease and lung cancer in adults.

3.7 Mitigations

Careful monitoring of users of the service following the introduction of the proposed changes will have to be performed in addition to an evaluation of the new service model to mitigate against any negative population health impacts.

3.8 Summary

- There is a good evidence base for the effectiveness of stop smoking services in improving success in quitting smoking for those that attend. The current format of SSS being delivered in Lewisham contains many of the main evidence based elements.
- The reach of the service is good in Lewisham, however particular population groups appear to have greater success in quitting as a result of attending various parts of the service i.e. men and black African smokers and those in deprived areas that attend the specialist adviser service. These population groups are most likely to be affected by any reduction in the capacity of the service than other population groups.
- Though not the most highly ranked service by residents, the importance and value of the service in the community has been demonstrated in the consultation responses. The acceptability of a redesigned SSS delivery format including a combination of face-to-face, telephone and text may be high amongst residents as indicated by the online consultation results although the evidence base for this is unclear. A local evaluation of this revised format should be undertaken if employed.
- The reduction in the capacity of the specialist support for all members of the community is likely to have an impact on population health, particularly for those from deprived and Black African population groups. However, the use of new channels of delivery may encourage service use from currently underrepresented population groups.

3.9 References

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4. NHS Health Checks

4.1 Description of the service

The NHS Health Check programme is commissioned to identify 40-74 year olds with a high risk of developing cardiovascular and other conditions. This includes direct commissioning of health checks provided by GPs, pharmacies and To Health (outreach); a call/recall system (every 5 years) and IT. This is a mandatory programme, assessing risk and facilitating early intervention (1).

4.2 Evidence for the service

Public Health England and NICE have adopted a position of support for NHS Health Checks despite uncertainties around the literature evidence because: the programme in England is more carefully targeted than models evaluated elsewhere, and modelling on hidden burden of disease (especially for diabetes) suggests that population level threats to health nationwide are substantial and a major up-lift in prevention and early diagnosis is needed (1).

There is a growing body of evidence examining the effectiveness of NHS health checks, however, the effectiveness of NHS Health Checks in improving long-term outcomes has yet to be clearly demonstrated (evidence grade D). The most recent and thorough evaluation of the NHS Health Check programme (2) found that in the first four years of the programme, NHS Health Checks were effective at identifying new co-morbidities in those attending a health check in comparison to those that had not. Health checks were also shown to be effective in increasing first-time prescriptions of statins and anti-hypertensive medication in those that have had a check in comparison to those that have not (evidence grade B).

4.3 Reach (uptake)

In 2015/16, approximately 5,400 NHS Health Checks were carried out across the borough, with the majority of checks being carried out (71%) in GP surgeries. For the same period, 54% of those having a health check were female. Reach into some BME groups is particularly good (further information is provided below). However, uptake rates in Lewisham overall are slightly below the national average (34% in Lewisham compared with 45% in England as a whole) (3).

4.4 Proposed changes to the existing service

The Council proposes the redesign and potential re-commissioning of the programme, including different delivery models for follow-up for those identified as at risk following an NHS Health check. We are aiming for a better integrated pathway, targeting of at risk populations and more effective follow-up for those identified as at risk.

4.5 What did people say?

Resident respondents ranked NHS Health Checks as their most preferred service and felt that the changes would have a negative impact on the service (47%) in comparison to those who felt that there would be no impact (11%) or a positive impact (19%).

Professional respondents ranked NHS Health Checks as their 2nd most preferred service with respondents commenting that more pharmacies should be used to provide health checks. The benefit of identifying those with risk factors early was also recognised in further comments.

4.6 Health Impact of changes

Element of health impact	Description
Nature	Since the capacity of the NHS Health Checks service is to be retained, the known health benefits of having a health check are expected to be preserved.
Likelihood	Fairly certain
Scale	Any impacts are most likely to impact upon adults within the health check age range (40-74 years) and service providers of health checks and associated services (e.g. providers of the new National Diabetes Prevention programme).
Timing	Any population health impacts will be mostly realised in the short-term in line with the best available evidence. These will include a possible change in the uptake of health checks and subsequent referral or treatment based on the health check risk assessment.

4.7 Mitigations

Ongoing monitoring of NHS Health Check uptake rates and the demographic make-up of attendees should ensure that any unexpected impacts are identified.

4.8 Summary

- There is a growing body of evidence examining the effectiveness of NHS health checks but the effectiveness of NHS Health Checks in improving long-term outcomes has yet to be clearly demonstrated
- The evidence-based short-term health impacts of NHS Health Checks include: the increased chance of identifying new comorbidities and prescribing statins and/or hypertensive medication or the first time in those having a check.
- The uptake of the service in Lewisham could be improved but has good reach across genders and those of different ethnicities within the borough.
- The service is ranked highly in terms of preference for both residents and professionals.
- Since the capacity of the NHS Health Checks service is to be retained, the known short-term health benefits of having an NHS health check are expected to be preserved.

4.9 References

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5. Community Health Improvement Service (CHIS)

5.1 Description of the service

The Community Health Improvement Service (CHIS) is delivered by Lewisham and Greenwich Trust and provides a range of health promotion activities targeted at those with poorer health outcomes. It provides behaviour change and healthy lifestyle support through: a lifestyle hub delivering motivational interventions and referrals to people identified as at risk following an NHS Health check; Health Trainers providing one to one and group motivational interviewing and lifestyle coach support (over 80% of those supported by the service sustain behavioural change after 24 weeks) and the Healthy Walks programme, which trains walk leaders, develops, promotes and ensures regular health walks to increase participation and uptake of physical activity. It also engages, develops and empowers communities through community development for health improvement and neighbourhood based activities including outreach, participatory budgeting/small grants, networks, negotiating and developing referral pathways into preventative lifestyle activities and interventions, and linking providers of preventative initiatives with community groups (1).

5.2 Evidence for the service

There are varying levels and quality of evidence for the different components of CHIS:

- a. *Lewisham Lifestyle Hub (LLH)*: There is no peer-reviewed evidence identified in this HIA that examined the effectiveness of a hub model like LLH improving health outcomes. An external evaluation of the LLH noted that the motivational interviewing for those having an NHS Health Check was extremely valuable (2). However in its current form it is unclear how effective the LLH has been bringing about lifestyle behaviour change for residents in the borough in comparison to other potential referral models (evidence grade D).
- b. *Health Trainers*: An evidence review for this component of CHIS was performed in November 2015. The review found that for health trainers, high grade evidence on their impact is in short supply, but available studies indicate that they may lead to short-term improvements in some health related behaviours. However, there is no evidence that they bring about sustained behaviour change, and wider community impacts remain unclear (evidence grades C and D). Economic evaluations of lay health trainer programmes have shown that they are cost-effective at NICE thresholds (3).
- c. *Healthy Walks*: For the healthy walks programme, there is good evidence that walking groups increase rates of physical activity and have positive health effects – both on objective measures of physical fitness and mental wellbeing. Cost effectiveness analyses indicate that most measures to promote physical activity in primary care and community settings are cost-effective, but that walking groups are particularly so (3).
- d. *Community development and participatory budgeting*: The effectiveness of community development-based approaches lies in the confidence and strength engendered by building the number and strength of face to face social networks (with friends, family, colleagues and so on). There is also NICE guidance (4) in support of programmes on this model. In terms of participatory budgeting, the evidence review mentioned above found very little research that addressed the role of participatory budgeting in improving health outcomes of participants. It did however cite a systematic review undertaken for the Department of Communities and Local Government, which found that participatory budgeting can improve relations between citizens

and government bodies, enhance community cohesion and drive local service improvements, but health and wellbeing were not addressed as outcomes. Some international evidence of positive effects on health and wellbeing from countries such as Brazil – where there is a long history of participatory budgeting at local level – was also found but these effects had not yet been replicated in the UK (evidence grade B) (3).

5.3 Reach (uptake)

- a. Lewisham Lifestyle Hub (LLH): For the 2015/16 period, there were 957 referrals received by the hub, with most referrals coming from pharmacies (55%). The majority of those being referred to the hub were female (67%) and aged between 40 and 59 years (82%), although these age groups are reflective of those having NHS health Checks in the borough (who largely make up those referred to the hub). The hub has good reach into BME groups with 14% of those referred in this period being African, 11% Caribbean, and 8% White British (5).
- b. The Health Trainer service: For the 2015/16 period there were 13 registered health trainers providing one- to-one support, over a total of 698 lifestyle support sessions. There were 491 referrals into the scheme in the same period with the majority of referrals coming from health professionals (71.3%). Of the total number of referrals, 166 (33.4%) people referred received one-to-one lifestyle support from health trainers, with 109 (65.6%) people achieving a lifestyle change and 59 (35.5%) people achieving 30 minutes of physical activity per week (5). In the same period, the service reached predominantly women (75% of those referred were female) and had good reach to ethnic groups (45% of those referred were of Black African and Caribbean ethnicity) (7).
- c. The Healthy Walks programme: For the 2015/16 period, an average of 300 people per month partook in regular walks (at least once per week), with a total of 314 new walkers joining across the year (6). The programme in Lewisham has been able to engage with a significantly higher percentage of participants with long term health conditions or disabilities compared to other 'Walking for Health' schemes nationally and those based in London (19% for Lewisham, compared to 10-11% for the national and London averages) (6). A third of the scheme's participants are from BME groups, which is much better when compared to other London based schemes (6).
- d. Community Development and Participatory Budgeting: In 2016, 17 organisations were awarded participatory budgeting funding to run projects in Lewisham. A total of 628 people participated in these project activities and 66% of these participants reported an increase in their mental wellbeing after being involved in project activities (7). Improved physical health, including maintained or increased fitness and energy, weight loss, a sense of physical well-being and more effective management of chronic health problems like back pain and diabetes, were identified as outcomes. Participants with severe pain and mobility difficulties reported how becoming more physically active had helped them to manage their conditions, with what they described as life changing effects. (8)

5.4 Proposed changes to the existing service

The Council proposes the potential reconfiguration or removal of the services currently delivered by CHIS. This may encompass the following:

- Removal of the health trainer programme, potentially mitigated by the existing community nutrition and physical activity service delivered by GCDA and by expansion of the existing commercial weight management offer (e.g. weightwatchers vouchers).

- Removing the community development element, mitigated by the council investing in health-focussed grants across all 4 Neighbourhoods in Lewisham.
- The removal of the lifestyle hub, mitigated by including advice and onward referral with in the Healthchecks delivery specified in the re-commissioning of the NHS Health Checks programme.
- Priority will be given to supporting emerging neighbourhood delivery models and alignment with wellbeing community development programmes such as Well London, which is an external funding stream.

5.5 What did people say?

Resident respondents ranked the ‘Healthy Walks’ component of CHIS as their 2nd most preferred ‘Staying Healthy’ service, with the ‘Health Trainer’ component being ranked 4th and ‘Small grants’/community development elements 5th most preferred. However, respondents felt that the proposed changes to all 3 components of CHIS would have a mostly negative impact rather than a positive one. Some very passionate responses for the ‘Healthy Walks’ programme were received with some respondents commenting that the service was good for both physical and mental health and for increasing social connections.

Professional respondents, however, ranked ‘Healthy Walks’ as their least preferred service. This was similar for the ‘Health Trainer’ component, which was ranked 6th most preferred. The ‘Small grants’/community development element of the service, was ranked as the 5th most preferred service.

5.6 Health Impact of changes

Element of health impact	Description
Nature	<p>The elements of CHIS that have the strongest evidence base for population health impact i.e. Healthy Walks and the community development work are due to largely remain albeit in different delivery formats. It is therefore expected that the population health impacts resulting from these elements will be minimal.</p> <p>It is unclear from the available evidence whether the changes to the LLH and health trainer services will have a positive or negative health impact although BME users of LLH and Health Trainers may be disproportionately impacted by being unable to access a service that they had particularly good representation at.</p>
Likelihood	Uncertain
Scale	<p>Any health impacts realised will predominantly occur in the adult population of Lewisham and potentially more so for the BME users of the LLH for reasons described above.</p> <p>With reference to the latest CHIS Annual report and monitoring data the EAA was unable to readily assess the potential equalities impact of the community development work of CHIS, although historical and verbal reports confirm that this work of CHIS was very effective at reaching BME and more deprived communities. It is likely that these groups could be disproportionately affected by any reduction.</p>
Timing	It is unclear whether any health impacts realised due to the changes

	to CHIS overall will occur in the short- or long-term due to lack of definitive evidence.
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5.7 Mitigations

The introduction of the National Diabetes Prevention Programme in Lewisham will help to provide an avenue for all of those that are found to be 'pre-diabetic' following an NHS Health Check to receive evidence-based behavioural support to prevent the onset of diabetes. Since those from BME backgrounds are considered to be at greater risk of developing Type 2 Diabetes, this programme will help to mitigate any negative impact realised from the removal of the LLH for those identified as being at high risk in this population group.

As mentioned above, the existing community nutrition and physical activity service delivered by GCDA and the expansion of the existing commercial weight management offer (e.g. weightwatchers vouchers) may also mitigate against the proposed changes to CHIS. The community development nature of the community nutrition and physical activity service will target black African and black Caribbean communities.

5.8 Summary

- There are varying levels and quality of evidence for the different components of CHIS.
- All services within CHIS have been shown to have good reach in Lewisham, however the LLH has been shown to have particularly good reach for residents in 'Black African' and 'Black Caribbean' groups.
- It is expected that the population health impacts resulting from the elements of CHIS that have the strongest evidence base for population health impact i.e. Healthy Walks and the community development work will remain albeit in different delivery formats.
- Residents and professionals had differing perspectives of the CHIS services, with residents ranking 'Healthy Walks' quite highly but professionals ranking all CHIS services as the least preferred.
- It is unclear from the available evidence whether the changes to the LLH and health trainer services will have a positive or negative health impact, although BME users of LLH may be disproportionately impacted by being unable to access a service that they had particularly good representation at.
- The introduction of the National Diabetes Prevention Programme, the existing community nutrition and physical activity service delivered by GCDA and the expansion of the existing commercial weight management offer (e.g. weightwatchers vouchers) may all work to mitigate against negative health impact resulting from the proposed changes to CHIS.

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7. Lewisham Community Health Improvement Service (CHIS) Annual Report. April 2016.
8. North Lewisham Health Improvement Programme: evaluation report, Lewisham Public Health 2013

6. Children's weight management services

6.1 Description of the service

MyTime Active deliver a children's weight management programme (MEND) in Lewisham. The service delivers a range of age-specific evidence-based family interventions for overweight and obese children in the borough. The service includes specialist support (dietician, psychologist and physical activity specialist) for obese children with co-morbidities or with complex needs. The service also delivers a range of bespoke workforce training sessions. The children's weight management service supports the mandatory National Child Measurement Programme which identifies that Lewisham has consistently high prevalence of childhood obesity (1).

6.2 Evidence for the service

There is good randomised controlled trial evidence for the MEND (Mind, Exercise, Nutrition, and Do It) programme (evidence grade B). In its ideal form the programme should involve a 9-week programme consisting of 18 sessions (2 hours group sessions held twice weekly) run by two MEND with groups of between 8-15 children and their accompanying adult or guardian. A multi-centre RCT conducted in 2010, found that children attending the MEND programme had significantly reduced waist circumference and BMI measurements in comparison to children that had not yet started the programme at 6 months from baseline (2). However, the significance of reducing waist circumference in children is not yet established and in this study children were also given free-family access to a community swimming pool for a further 12 weeks following the end of the 9-week MEND programme (2). Long-term impacts of participation in the programme have also been examined with one retrospective longitudinal study demonstrating significant reduction in BMI z-score for boys at 2.4 years from baseline and significant improvements in waist circumference and psychological indices overall at 2.4 years from baseline, however this evidence did not involve comparison with a suitable control group (3).

6.3 Reach (uptake)

For the 2014/15 period, the prevalence of overweight (including obesity) for children in the reception class and year 6 in Lewisham was 23.7% and 39.3% respectively. This was higher in both groups than the average prevalence for England overall in the same period (21.9% for reception class and 33.2% for year 6) (4).

The service delivers a range of age-specific evidence-based family interventions for 375 overweight and obese children in Lewisham, which suggests that the service reaches approximately 4% of the estimated 9,000 obese children (under 16's) in the borough (1). In the first year of contract there were 151 initial assessment for the specialist service, 187 children accessing the service and 72 completers to date. The service is predominantly attended by female children in borough and has representative attendance from children from BME backgrounds as further described below (5).

6.4 Proposed changes to the existing service

The Council proposes to integrate the service through investment into a new contract for school nursing. This would require serving notice on the existing service.

The Council also proposes the potential removal of the specialist element of the service: in this scenario children with complex needs would be offered the core programme in the same way as other children. The service will provide a limited range of age-specific targeted programmes with focus on children under the age of 12 with a reach reduced to under 200 families.

6.5 What did people say?

This service was ranked as the 3rd most preferred service by resident respondents with a large majority of respondents feeling that the proposed changes to the service would have a negative impact (44%). Several comments made about the child weight management service represented the view that efforts to address childhood obesity should be focused on schools.

Respondents to the professional online consultation also ranked the children’s weight management service as their 3rd most preferred service, however concerns were expressed about the potential negative impacts of the changes most notably that childhood obesity affects those of lower socio-economic status the most, and that any reduction in capacity of the service would increase health inequalities.

6.6 Health Impact of changes

Element of health impact	Description
Nature	There is expected to be a negative population health impact for those unable to access the additional support provided alongside the MEND programme. This may particularly be the case for female children and those from BME backgrounds.
Likelihood	Certain
Scale	Any health impacts realised will predominantly affect overweight and obese children in the borough, particularly girls and those from BME backgrounds as mentioned above. In the EAA, the protected characteristic groups that were mostly likely to be negatively affected were: disability, ethnicity/race, age and sex for the reasons outlined above in terms of service reach and the nature of the proposed changes.
Timing	Both short- and long-term impacts may be realised: Short-term: Persistence of overweight and obesity in affected children. Long-term: There are several evidence-based long-term sequelae of overweight and obesity in childhood and adolescence, which include (6): -Increased likelihood of adult obesity -Increased likelihood of adult cardiovascular disease and diabetes -Increased likelihood of cardiovascular mortality and colon cancer for men.

6.7 Mitigations

Close monitoring of service use and health outcome data following the introduction of the proposed changes, particularly to capture demographic data for service users will be vital to identify if any negative impacts are realised and to work to mitigate them when/if they arise.

6.8 Summary

- There is a good evidence base for the MEND element of the children's weight management service, demonstrating both short and intermediate term impact for improvement in BMI and waist circumference measurements in overweight and obese children.
- Both residents and professionals ranked these services as their 3rd most preferred service.
- The service reaches approximately 4% of the estimated 9,000 obese children (under 16's) in the borough.
- There is expected to be a negative population health impact for those unable to access the additional support alongside MEND following the introduction of the proposed changes. This may be particularly the case for girls, BME children, and children with complex needs.
- Close monitoring of service use and health outcome data following the introduction of the proposed changes, particularly to capture demographic data for service users will be vital to identify if any negative impacts are realised and to work to mitigate them when/if they arise.

6.9 References

1. Public Health Savings Consultation Document. Executive Directors of Community Services at Lewisham Council. (June 2016)
2. Sacher P, Kolotourou M, Chadwick P, Cole T, Lawson M, Lucas A, and Singhal A. Randomized Controlled Trial of the MEND Program: A Family-based Community Intervention for Childhood Obesity. February 2010.
3. Kolotourou M, Radley D, Gammon C, Smith L, Chadwick P, and Sacher P. Long-Term Outcomes following the MEND 7–13 Child Weight Management Program. Childhood Obesity. Volume 11, Number 3. June 2015.
4. National Child Measurement Programme (NCMP) Local Authority Profile. Public Health England. Available at: <http://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/0> <Accessed 25th August 2016>
5. Children's Weight Management Service Quarterly Monitoring data. Lewisham Public Health 2015-16.
6. Dietz WH. Childhood weight affects adult morbidity and mortality. J. Nutr. February 1, 1998 vol. 128 no. 2 411S-414S. Available at: <http://jn.nutrition.org/content/128/2/411S.long> <Accessed 25th August 2016>

7. Conclusions and Recommendations

This HIA has identified some key areas of potential health impact resulting from the proposed changes, most notably in relation to changes to Stop Smoking Services, CHIS and Children's Weight Management Services. Where these impacts have been identified measures to mitigate against them have been proposed and can be summarised in the following recommendations:

Breastfeeding Support Services

- Effective delivery and promotion of the redesigned service through health visiting will be essential to ensure that access to the service is maintained and improved for population groups not currently accessing the service in a representative way.

Stop Smoking Services

- Careful monitoring of users of the stop smoking service following the introduction of the proposed changes will have to be performed in addition to an evaluation of the new service model to mitigate against any negative population health impacts.

NHS Health Checks

- Ongoing monitoring of NHS Health Check uptake rates and the demographic make-up of attendees should ensure that any unexpected impacts are identified.

Community Health Improvement Service (CHIS)

- The introduction of the National Diabetes Prevention Programme, the existing community nutrition and physical activity service delivered by GCDA and the expansion of the existing commercial weight management offer (e.g. weightwatchers vouchers) should all work to mitigate against negative health impact resulting from the proposed changes to CHIS.

Children's Weight Management Service

- Close monitoring of service use and health outcome data following the introduction of the proposed changes, particularly to capture demographic data for service users will be vital to identify if any negative impacts are realised and to work to mitigate them when/if they arise.

Appendix 1: Preference Ranking Summary Scores for online resident and professional surveys

Table 1: Preference Ranking Summary Scores for online resident's survey

Service	Summary Score	Overall Preference Ranking
NHS Health Checks	749	1
Healthy Walks	672	2
Children's Weight Management Services	534	3
Health Trainers	499	4
Small Grants to Community Groups	464	5
Stop Smoking Services	436	6
Breastfeeding support services	399	7

Table 2: Preference Ranking Summary Scores for online professional's survey

Service	Summary Score	Overall Preference Ranking
Stop Smoking Services	425	1
NHS Health Checks	332	2
Children's Weight Management Services	315	3
Breastfeeding Support Services	256	4
Small Grants to Community Groups	235	5
Health Trainers	232	6
Healthy Walks	193	7

NHS
Lewisham
Clinical Commissioning Group

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14 September 2016

Dear Danny

Re: Public Health Savings and Consultation for 2017/18

Thank you for seeking our views on the two Public Health consultations:

- Preventative and Sexual Health services
- Children's and Young people's services – including health visiting and school nursing

We do understand the significant financial pressures the Council is facing, including the reductions in the Public Health grant and consequently very difficult decisions have to be made to achieve the necessary level of savings of £4.7million by 1st April 2017. However this does not diminish our disappointment in the range and depth of Public health savings proposed for 2017/18. We would request that the Mayor and Cabinet reflect on their previous decision requiring a £2 million reduction to the public health budget in 2017/18 in the light of the subsequent, and further £2.7 million reduction in the Public Health grant. The combined impact, we suggest, has resulted in a disproportionate reduction for Public Health and, in particular, for Public Health's preventative service (a 40% cut).

As one of your key stakeholders, we would ask also for the CCG to have greater involvement at an earlier stage in determining disinvestment decisions and budget reductions in services across the Council, in order to better understand the level of public health budgets set in future years and the rationale of the Corporate Reallocation against the Public Health grants. We understand that a further saving of about £15m is required across the Council in the next three years 2017/18 to 2019/20, with an indicative reduction of £1.2 million against Public Health. A more inclusive approach would provide us with greater confidence that these budget reduction decisions are not compromising a fundamental aim of both the Council and the CCG to reduce inequalities in Lewisham, as set out in Lewisham's Sustainable Community Strategy 2008-2020.

Chair: Dr Marc Rowland

Chief Officer: Martin Wilkinson

We acknowledge that we have been engaged in these two Public Health consultations, which included the engagement of our Membership and joint work with our primary care commissioners to take this forward. Also we appreciate the additional information we have received summarising the findings from the public engagement exercise and the Equality Analysis Assessments. The opportunity to participate in the stakeholders' event on the on 'Staying Healthy' services on the 1st of September 2016 and the further conversations with the Public Health team and our Governing Body members on September 8th have been most helpful to inform this response.

Preventative Health Services

Preventative work is a key aspect of our joint approach to achieving a viable and sustainable 'One Lewisham Health and Social Care System'. In this context we find it difficult to support the disproportionate reduction to Staying Healthy/preventative health services (£800,000 from an expenditure of £2,300,000 – a 40% reduction). Whilst we understand this came about because many of the other services are mandatory, for example sexual health and drugs and alcohol, we believe that many preventative interventions have a very strong evidence basis proving their positive impact on health and wellbeing and reducing inequalities for Lewisham people.

It is for this reason we believe that, in particular, we should be working together to protect and enhance the work to reduce smoking prevalence in Lewisham as a whole health and care system. The information provided within your Public Health Consultation documents is stark in identifying the significant role reducing smoking could have in Lewisham:

"Smoking is a contributory factor to the main causes of death in Lewisham and it is the single largest factor associated with health inequalities. Smoking is responsible for half the difference in life expectancy between Lewisham's richest and poorest residents"
(Para 4.6 Public Health Savings - Mayor and Cabinet paper 28th September 2016)

We believe that the way forward is for a different approach to prevention which is financially sustainable. We would wish to explore with you, the public and other partners how preventative work could be done in more innovative ways in the future, building on some of the suggestions made at the 'Staying Healthy' Stakeholder Event (1st September), including:

- Making prevention 'everyone's business' – prevention and early action should be considered the responsibility of all statutory and non-statutory providers, our community groups and the public. This could require a Lewisham wide campaign, developing the skills of our workforce, securing preventative approaches within our contract and grants;
- Taking a more holistic approach to prevention – commission services to bring together physical and mental health which are person centred – 'every contact counts'
- Investing in small health focused grants for community groups to develop the capacity and

capability to embed preventative work in neighbourhoods - e.g. building on the successes in North Lewisham and in Bellingham - to encourage communities to look after themselves by supporting self-care and connecting people to community assets and resources.

We would hope that by taking a more innovative approach, the potential negative impact on groups of people with protected characteristics in Lewisham could be reduced by increasing the reach of preventative advice and support for early action, as highlighted in the Equality Analysis Assessment summarised below:

Staying Healthy	Equality Analysis Assessment - July 2016	
	Positive Impact	Negative Impact
Stop Smoking	Disability	Ethnicity/Race – Black African
Breastfeeding support service	Age – young mothers Ethnicity/Race – BME Group	NB negative effect on breast feeding education and awareness
NHS Health Check	Ethnicity/Race	None
Community Health Improvement Service	None	Age – those in the range of 40-74 Sex - females Ethnicity/Race – BME particularly Black African and Caribbean groups
Childrens Weight Management	None	Disability Ethnicity/Race – BME Sex – Females Age- young people

Sexual Health Services

In overall terms the CCG supports the proposals of the London's Health Transformation Programme and specifically the Lambeth, Southwark and Lewisham proposed re-design of local sexual health services, which has been informed by the feedback from the public engagement exercises already undertaken.

Although we are aware that discussions are taking place already with our local GP Federations and the LMC about increasing GP sexual health service provision, the CCG continues to have concerns that the implementation of this model of care may result in additional, unfunded workload for general practices and other local providers. The CCG would wish to seek further assurances that NHS providers will continue to be closely involved in the local implementation plan and their views considered.

In 2017/18, proportionately the Sexual Health budget is planned to be reduced less than the Preventative Health service budget. As I have mentioned already, we understand this is due to the statutory elements of Genitourinary Medicine Services (GUM) and Contraception and Sexual Health services. The CCG would wish to see the level of ambition, to undertake more radical transformational change in the way mandatory sexual health functions are provided across London, realised in 2018/19 and 2019/20, to enable a higher proportion of savings to be delivered, whilst still achieving good outcomes for Lewisham people.

Children and Young People's services

We commend the approach undertaken by the Children's and Young People's commissioning team to engage young people, parents and partners in shaping the new care model at an early stage. The general direction of travel to redesign and integrate the advice, support and care provided by Health Visiting, School Nursing and Children's Centres, as part of local Neighbourhood Care Networks, is supported by the CCG.

The CCG has highlighted previously some concerns about the potential negative impact on the rest of the population of the reduction in universal Health Visitors' home visits and the shift of this work to Children's Centres. It is welcomed, therefore, that the Equality Analysis Assessment acknowledges this concern and further work will be undertaken to explore options to mitigate these risks. Also we welcome the opportunity to contribute further to the re-specification of the frameworks for the recommissioning of a more integrated Health Visiting and Children's Centre service and the refocus of core and specialist School Nursing, working with Dr. Angelika Razzaque, the CCG Clinical Director lead in this area.

In conclusion thank you for seeking the CCG's views on the Public Health consultations.

Overall we support the proposals for Sexual Health Services and Children's and Young Peoples services, with a few reservations as highlighted above. We continue, however, to have significant concerns about the disproportionate reduction to the Public Health budget and the potential negative impact on our whole system focus on preventative advice and support and on inequalities and equalities in Lewisham. In particular regarding the Stop Smoking, which has a very strong evidence base, proven popularity with the public (the highest ranking on the online survey) and a demonstrated positive impact on high risk groups (EAA). We would want to continue to work closely with you and the public to develop innovative, whole system approaches to prevention, building on suggestions made at the 'Staying Healthy' Stakeholder Event (1st September 2016).

Finally the CCG would ask for a more inclusive approach in determining disinvestment and investment decisions across the Council services in the future. The CCG being involved at an earlier stage would give us greater confidence that budget reduction decisions in future years are not compromising a fundamental aim of both the Council and the CCG in addressing equality and inequalities in Lewisham.

Yours sincerely



Martin Wilkinson
Chief Officer, Lewisham CCG

CC: Governing Body Members
Senior Management Team
James Lee
Jane Miller
Ruth Hutt
Warwick Tomsett



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Director of Public Health

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20 September 2016

Dear Martin,

I am writing in response to your letter of the 14th of September.

Thank you again for your thoughts on the Council's proposed savings to Public Health services in response to funding reductions, and your recognition of the financial challenge we face. Your letter will be presented to Mayor & Cabinet alongside the proposals on the 28th of September 2016 which will afford them the opportunity to reflect on the previously agreed £2 million reduction as requested.

We valued the opportunity to discuss our proposals with your Governing Body on the 13th of September, and the contributions of your members and officers throughout the consultation. I understand colleagues have arranged a date following this to involve CCG colleagues in early discussions around potential future investments and disinvestments as you request.

I appreciate your concerns about the impact of the level of savings proposed, and particularly those from preventative 'Staying Healthy' services. I recognise your emphasis on the value of smoking cessation services, which is why we are proposing a relatively small reduction in this area. Officers plan to deliver 30% of this proposed saving through a reduction in management costs, meaning we will be reducing service expenditure by 11.4% in the context of the overall reduction of 35% in Staying Healthy services.

I welcome your suggestion to build on our 'Staying Healthy' consultation event, and we look forward to working with CCG colleagues and other partners to develop your suggestions around 'making prevention everyone's business' and 'taking a more holistic approach to prevention' in the future years. One example is our current joint approach to redesigning the NHS Healthchecks pathway. I would note that proposals for Mayor & Cabinet incorporate your third suggestion in this area to 'invest in small health-focussed grants', and share your confidence that these are the correct approaches to mitigate the equalities impacts of proposed savings.

I also welcome the CCG's support for the proposals of the London Sexual Health Transformation Programme. I share your aspiration that more radical transformation might deliver further savings in future years, and welcome CCG engagement in new initiatives to

tackle unplanned pregnancy and repeat abortions for example through commissioning post-natal contraception pathways. I note your concerns around potential impacts elsewhere, and particularly in primary care. However, I hope through the co-commissioning plans we can address some of the fragmentation that has occurred in the commissioning of sexual health services in primary and secondary care. We will continue to work with the LMC and CCG to achieve this.

Your commendation of the approach taken to the redesign of Health Visiting, School Nursing and Children's Centres is welcomed, as is your recognition of the work undertaken within the Council's Equality Analysis Assessment and options to mitigate risks. We look forward to working closely on the re-specification of these new service offers with your Clinical Director lead in this area, Dr. Angelika Razzaque.

As you point out, I felt a foundation was provided at our 'Staying Healthy' consultation for collaboration between the Council, CCG and partners, and I look forward to working together to address the challenges we face and to develop the innovative, whole system approaches you mention.

Yours sincerely

A handwritten signature in black ink, appearing to read 'DR', with a long horizontal line extending to the right.

Dr Danny Ruta MBBS, MSc, MFPH
Director of Public Health

cc Aileen Buckton - London Borough of Lewisham

Mayor and Cabinet		
Title	Comments of the Children and Young People Select Committee on Public Health Savings Report.	
Contributor	Children and Young People Select Committee	Item
Class	Part 1 (open)	28 September 2016

1. Summary

- 1.1 This report informs the Mayor and Cabinet of the comments and views of the Children and Young People Select Committee, arising from discussions held on the Public Health Savings report, considered at its meeting on 14 September 2016.

2. Recommendation

- 2.1 Mayor and Cabinet is recommended to note and respond to the views of the Children and Young People Select Committee as set out in this report.

3. Children and Young People Select Committee's views

- 3.1 On 14 September 2016, the Children and Young People Select Committee considered a report entitled Public Health Savings and discussed the proposals in relation to Health Visiting and School Age Nursing.
- 3.2 The Committee resolved to recommend the following to the Mayor and Cabinet:
- That additional information should be provided to demonstrate how any potential negative effects from changes to mandatory checks would be mitigated.
 - That additional information be provided to the Children and Young People Select Committee on the proposed role of the school health service and the development of the teenage health service, as the service is developed.
 - That the Mayor and Cabinet should receive a response from officers to the letter from the CCG dated 14th September and handed round at CYP Select Committee, prior to making their decision on the Public Health Savings Proposals.

4. Financial implications

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

5. Legal implications

- 5.1 The Constitution provides for Select Committees to refer reports to the Mayor and Cabinet, who are obliged to consider the report and the proposed response from the relevant Executive Director; and report back to the Committee within two months (not including recess).

6. Further implications

- 6.1 At this stage there are no specific environmental, equalities or crime and disorder implications to consider. However, there may be implications arising from the implementation of the Committee's recommendations.

Background papers

Report to Children and Young People Select Committee, 14 September 2016, [Item 4 Public Health Savings](#)

If you have any queries on this report, please contact Katie Wood, Scrutiny Manager (0208 3149446).

Mayor and Cabinet		
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Contributor	Children and Young People Select Committee	Item
Class	Part 1 (open)	28 September 2016

1. Summary

- 1.1 This report informs the Mayor and Cabinet of the comments and views of the Children and Young People Select Committee, arising from discussions held on the Public Health Savings report, considered at its meeting on 14 September 2016.

2. Recommendation

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3. Children and Young People Select Committee's views

- 3.1 On 14 September 2016, the Children and Young People Select Committee considered a report entitled Public Health Savings and discussed the proposals in relation to Health Visiting and School Aged Nursing.
- 3.2 The Committee resolved to recommend the following to the Mayor and Cabinet:
- **That additional information should be provided to demonstrate how any potential negative effects from changes to mandatory checks would be mitigated.**

Response:

In Lewisham, Health visitors currently provide five mandatory health checks: in pregnancy; new birth visit, 6-8 weeks, 7-11 months; and 2-2½ years. These are carried out in the home as well as in health centres and children's centres.

The proposals maintain a universal service and all of these five mandatory checks. There are no proposals to change the way that these are delivered for vulnerable women who are on the health visitor targeted caseload. The way that women on the universal caseload access some of these checks may change.

The proposed changes are:

- *Pregnancy health check* – these will only be provided by health visitors for women identified as vulnerable by maternity services.

It is not anticipated that there will be any negative impact from this, currently only 13% of women in Lewisham have this check, all of whom are vulnerable women. Women who are identified as vulnerable by maternity services will

continue to be offered this check, and all other women will continue to have regular checks with midwifery and GPs.

- *Location of health checks* – for children identified as vulnerable, all of the health checks will continue to be delivered in the home. For children not identified as vulnerable, two of these checks – the 7-11 month review and the 2- 2½ years review - will be delivered in children’s centres and in groups. The new born visit and 6-8 weeks check will continue to be delivered in the home.

Feedback from parents through the consultation suggested that many parents, particularly those on the universal caseload, would welcome information and advice being offered in a different way, including group based settings as well as on-line and social media platforms.

Officers will continue to develop mitigation against any potential negative impact from the proposed changes to mandatory checks by:

- *Health visitor antenatal check*: we will agree a work plan with Lewisham’s maternity and health visiting services to develop a more integrated and collaborative approach to services, particularly around the antenatal pathway. Lewisham’s current maternity service has skilled midwives for dealing with vulnerable women and who coordinate with health visitors during the antenatal pathway. This pathway will be protected and improved.
- *Delivery of two of the five health checks in groups*: we will continue to work closely with health visitors, children’s centres and GPs on how this is developed, through the competitive dialogue process. We will continue to develop and refine the model for group settings – which will ensure there is access to privacy for individual discussions with Health Visitors and that there is a pathway for identifying children to a separate assessment and follow up with a health professional when this is required.
- Across all proposals, officers will continue their consultation and engagement of service users and staff, and across stakeholders including the CCG and providers, throughout the procurement process to understand the risks and mitigate them.
- **That additional information be provided to the Children and Young People Select Committee on the proposed role of the school health service and the development of the teenage health service, as the service is developed.**

Response:

The current School Nursing service provides advice and support for school aged children. This includes support for children with chronic conditions and complex needs; safeguarding and immunisation. The service also delivers health screening for primary school children, including school entry health checks, vision and hearing screening and health and weight checks in reception and year 6.

The analysis also showed some gaps in service delivery and areas where performance needs to improve:

- Young people recently surveyed were not clear on the role of the school nurse, and did not rate it as an accessible service.
- No online access to information about the service or how to contact a school nurse for young people.
- No service outreach into other community settings e.g. community youth venues
- There was little capacity to deliver health promotion activities in class and assemblies

The proposals ensure that all the current functions continue to be delivered, and create a new teenage health service to meet the current gaps in delivery. These proposals aim to deliver a more effective and responsive service to young people, in a more efficient way and offering better value for money.

School health service:

The proposed model for a school health service retains the functions that currently exist, but reconfigures into a more efficient model, including:

- a dedicated safeguarding function to ensure that vulnerable children continue to be protected and dedicated support to schools
- alignment with the Special Needs Nursing Service in the delivery of support and care plans for children and young people with chronic conditions or complex needs
- a combined school health assessment for reception age children combining the school entry health check, vision and hearing screening and a national child measurement programme for Reception and Year 6
- an integrated national child measurement programme with a local weight management programme

Teenage health service:

The proposed model of a comprehensive holistic assessment and treatment service for young people is evidence-based and has been evaluated by the Social Science Research Unit and the Institute of Education, University of London (2008)¹. Since then it has been rolled out across the country, including in Hackney and some other London boroughs. Lambeth and Southwark have also agreed to commission a similar service. In Lewisham we have consulted stakeholders, the public and young people on the proposed service, and have received overwhelming support – in our public consultation, over 63% strongly agreed/agreed with the proposal.

The service will offer a more comprehensive and multi-professional service to meet the holistic health and wellbeing needs of young people, including sexual health, substance misuse and mental health, with pathways to specialist services where needed. This will also allow a greater capacity to offer outreach to primary schools to support health and wellbeing through transition into secondary schools.

The Teenage health service will be accessible from a number of venues across the borough –including from schools, and will additionally offer an online service that will provide online access for advice/information/counselling/group and 1:1 support for those with additional needs.

¹ Evaluation of the Teenage Health Demonstration Site Programme 1st Annual Report 2007

Progress on the development of the service will be taken back to the Children and Young People's Select Committee as proposals are finalised.

- **That the Mayor and Cabinet should receive a response from officers to the letter from the CCG dated 14th September and handed round at CYP Select Committee, prior to making their decision on the Public Health Savings Proposals.**

Response:

The CCG's letter of the 14th of September, along with the response from the Council's Director of Public Health Dr. Danny Ruta, is appended to the Public Health Savings report for Mayor & Cabinet on the 28th of September.

4. Financial implications

- 4.1 There are no financial implications arising out of this report per se; but there may be financial implications arising from carrying out the action proposed by the Committee.

5. Legal implications

- 5.1 The Council's Constitution provides for Select Committees to have access to the Executives Key Decision Plan. Even where an item has not been the subject of a detailed review by the relevant Select Committee it may have views which it wishes to express on an up and coming matter. Where this is the case a copy of those views can be given to the proper officer at least 10 days before the Executive is due to make a decision on the matter in question. Those views are brought to the attention of the decision maker before the decision is made. In this case, the Executive Director has provided a response to the issues raised by this Select Committee to assist the Executive.

The record of the decision of Mayor and Cabinet needs to specifically deal with the comments of the Select Committee and the Mayor and Cabinet's response to the same.

6. Further implications

- 6.1 At this stage there are no specific environmental, equalities or crime and disorder implications to consider. However, there may be implications arising from the implementation of the Committee's recommendations.

Background papers

Report to Children and Young People Select Committee, 14 September 2016, [Item 4 Public Health Savings](#)

If you have any queries on this report, please contact Katie Wood, Scrutiny Manager (ext. 49446).

Chief Officer Confirmation of Report Submission			
Cabinet Member Confirmation of Briefing			
Report for:	Mayor		<input type="checkbox"/>
	Mayor and Cabinet		<input checked="" type="checkbox"/>
	Mayor and Cabinet (Contracts)		<input type="checkbox"/>
	Executive Director		<input type="checkbox"/>
Information	<input type="checkbox"/> Part 1	<input checked="" type="checkbox"/> Part 2	<input type="checkbox"/> Key Decision

Date of Meeting	28 September 2016
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Title of Report	Local Implementation Plan – Annual Spending Submission 2017/18 and revision to 2016/17 programme
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Originator of Report	Simon Moss		Ext 42269
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At the time of submission for the Agenda, I confirm that the report has:

Category	Yes	No
Financial Comments from Exec Director for Resources	√	
Legal Comments from the Head of Law	√	
Crime & Disorder Implications	√	
Environmental Implications	√	
Equality Implications/Impact Assessment (as appropriate)	√	
Confirmed Adherence to Budget & Policy Framework		
Risk Assessment Comments (as appropriate)		
Reason for Urgency (as appropriate)		

Signed:  Executive Member

Date: 14/9/16

Signed:  Director/Head of Service

Date: 14/9/2016

Control Record by Committee Support

Action	Date
Listed on Schedule of Business/Forward Plan (if appropriate)	
Draft Report Cleared at Agenda Planning Meeting (not delegated decisions)	
Submitted Report from CO Received by Committee Support	
Scheduled Date for Call-in (if appropriate)	
To be Referred to Full Council	

MAYOR & CABINET		
Report Title	Local Implementation Plan – Annual Spending Submission 2017/18 and revision to the 2016/17 programme	
Key Decision	Yes	Item No.
Ward	All	
Contributors	Executive Director for Resources and Regeneration	
Class	Part 1	Date: 28 September 2016

1. Summary

- 1.1 In 2011 Council's second Local Implementation Plan (LIP) was prepared and submitted to Transport for London (TfL). The LIP was agreed by Mayor and Cabinet on 17th November 2011 and by full Council on 29th November 2011.
- 1.2 The LIP is the Council's policy on transport from 2011 to 2031. Each year an Annual Spending Submission sets out proposals for the delivery of transport projects for the forthcoming year (2017/18). It also includes an indicative programme for future years (2018/19 and 2019/20) which may need to be varied through future Annual Spending Submissions to take account of changing LIP allocations or changes in Council scheme priorities.
- 1.3 The Annual Spending Submission for 2017/18 is based on:
 - Schemes already commenced or continuing in 2016/17;
 - Schemes planned and developed during 2016/17, and;
 - New schemes based on LIP policy priorities.
- 1.4 This report also proposes a revision to the current LIP programme for 2016/17.

2. Purpose of the Report

- 2.1 This report includes a brief description of the proposed LIP projects for delivery during 2017/18 and seeks approval to submit the LIP Annual Spending Submission 2017/18 to TfL for their approval. It also proposes a revision to the current LIP programme for 2016/17.

3. Recommendations

- 3.1 The Mayor is recommended to approve the LIP Annual Spending Submission 2017/18 to TfL as set out in Tables 1-3 (sections 8, 10 and 12), and the revised programme for 2016/17 as set out in Appendix A.

4. Policy Context

- 4.1 The Greater London Authority Act requires each London Borough to prepare a Local Implementation Plan (a LIP) to implement the London Mayor's Transport Strategy (MTS) within their area. The strategy was published on the 10th May 2010, alongside statutory guidance to London boroughs on LIPs.
- 4.2 Lewisham's second LIP was approved by the Lewisham Mayor and the London Mayor in 2011. The LIP was developed within the framework provided by the MTS and consists of an evidence base, objectives, targets and initial three year programme. The goals, objectives, and outcomes for the LIP reflect local policies and priorities and are aligned with the Council's Corporate Priorities and the Sustainable Community Strategy. In particular it impacts on the following Corporate Priorities:
- clean, green and liveable
 - safety, security and a visible presence
 - strengthening the local economy
 - active, healthy citizens
- 4.3 As a major policy document, the LIP supports all six priorities of the Sustainable Community Strategy and has particular relevance to the many economic, environmental and social improvements that rely on a modern transport system.
- 4.4 Proposals recommended for 2017/20 LIP funding have been shaped and prioritised by the LIP policy objectives.

5. Background

- 5.1 Much of the investment the Council makes in streets and transport uses TfL funding to support delivery of the proposals set out in the LIP.
- 5.2 Since 2011/12 most of this funding has been in the form of a single funding stream for "Corridors, Neighbourhoods and Supporting Measures". This streamlined the funding processes to enable Boroughs to focus on fewer but more holistic projects that address a range of objectives and make a more significant improvement. The proposed programme reflects this approach, which improves value for money, and reduces the disruption caused by returning to make 'single objective' interventions each year.
- 5.3 LIP funding for "Corridors, Neighbourhoods and Supporting Measures" is allocated to local authorities based on a formula intended to reflect relative needs. Annually, each local authority must submit a detailed programme to TfL in the form of an "Annual Spending Submission" for approval and release of this funding allocation.
- 5.4 TfL also requires local authorities to submit annual bids for 'Principal Road Maintenance' and 'Bridge Assessment and Strengthening' funding. Local authorities may also bid for 'Major Scheme' projects. The funding for 'Bridge

Assessment and Strengthening' is considered on a pan London basis by the 'London Bridge Engineering Group (LoBEG)' and the allocations for 2017/18 are not know at the present time.

- 5.5 Other separate funding streams may become available throughout the year, to fund TfL and Borough projects which achieve shared priorities. Such programmes include the Borough Cycling Programme, Cycling Quietways Programme, Bus Enabling Works, Mayor's Air Quality Fund, and School Safety. In addition TfL provide boroughs with a fixed Local Transport Fund to address borough priorities.
- 5.6 The Annual Spending Submission Guidance for 2017/18 requires that submissions need to be made to TfL by Friday 28th October 2016.

6. Developing the spending submission

- 6.1 The borough prioritises its transport projects, using various techniques based around schemes' 'policy fit' with LIP and MTS objectives, projected contribution towards meeting LIP targets, strength of evidence and local support, and deliverability, based on internal capacity, value for money and risk. This enables consistency between the LIP objectives, Delivery Plan and Performance Monitoring Report – the three core parts of the LIP.
- 6.2 For the 2017/18 programme, many of the projects are continuing from previous years, requiring LIP funding to be completed. These projects have been cross-checked against relevant evidence (e.g. accident statistics and other local conditions) which has also been considered in developing candidate projects for future years as part of the 2018/19 and 2019/20 indicative funding submissions.
- 6.3 The schemes within the three-year programme seek to deliver various outcomes, such as:
- facilitating the safe and sustainable movement of people across the borough through the reprioritising of carriageway space and junctions;
 - improving streetscapes and physical accessibility by enhancing the local urban realm;
 - encouraging the use of the most sustainable modes of transport (i.e. walking, cycling, public transport) through travel plans, and education and training programmes
- 6.4 The LIP schemes are developed within the context of existing utilities programmes (e.g. Thames Water replacement works) and new developments. LIP scheme funding therefore continues to be supplemented by the use of funds secured through other sources (e.g. section 106 contributions from developments).

7. Revision to LIP Annual Spending Submission 2016/17

- 7.1 In September 2015, Mayor and Cabinet approved proposals for the current LIP Annual Spending Submission 2016/17, including £3.060m of funding for the “Corridors” Programme.
- 7.2 At the time of writing the 2016/17 submission, it was understood by officers at TfL and the Council that a total of £1.1m of funds carried forward from previous years, would be spread over two years, with £0.768m and £0.332m notionally allocated to 2016/17 and 2017/18 respectively. The approved 2016/17 allocation of £3.060m therefore includes the base allocation of £2.292m and £0.768m of funds carried forward from previous years.
- 7.3 Following the latest Spending Review, Transport for London (“TfL”) are increasing the pressure on Council programmes by withdrawing the option to carry-over unspent funds into the following year. Projects which do not meet delivery timescales will result in the loss of grant funding.
- 7.4 The previous underspends which have notionally been carried-forward into 2016/17 and 2017/18 must now all be spent during 2016/17. This, together with delays to some of the larger projects, requires a revision to the approved LIP programme, including some new high-priority schemes which have emerged over the course of the last 12 months.
- 7.5 The changes to the programme are set out in the table in Appendix A, and a description of each amended scheme is included in sections 8.10 – 8.46, and are marked by an asterisk.

8. LIP Annual Spending Submission 2017/18

- 8.1 In TfL’s “Local Implementation Plan (LIP) 2017/18 Annual Spending Submission Guidance ” it has been confirmed that Lewisham will receive:
- | | |
|---------|--|
| £2.292M | Corridors, Neighbourhoods and Supporting Measures* |
| £383K | Principal Road Maintenance |
| £100K | Local Transport Funding |
- 8.2 The Corridors, Neighbourhoods and Supporting Measures allocation has been top-sliced to provide funding for local transport funding, borough officer training and apprenticeships, and support through sub-regional partnerships.
- 8.3 Table 1 shows the proposed programme of Corridors, Neighbourhoods and Supporting Measures for 2017/18, which will form the Council’s Annual Spending Submission to TfL.
- 8.4 While TfL have not announced LIP funding levels for 2018/19 and beyond, the programme includes a number of projects funded over a period of more than 12 months. This allows careful development and consultation to take place before proposals are finalised. In anticipation of future funding settlements, development work is proposed on new projects for future implementation.

- 8.5 To allow tentative programming of Corridors Neighbourhoods and Supporting Measures estimated allocations for future years assume a 3% reduction from the confirmed allocation for 2017/18. The estimated allocation for future years is therefore £2.223m.
- 8.6 Principal road maintenance is planned work designed to ensure that the main borough roads used for the transportation of people, goods and services remain in a serviceable state and reduce the risk of possible carriageway or footway “failures” that need emergency work. The programme has been developed based on the principle of renewing the roads that are most heavily used and in the worst condition. Our recommendations for bridge maintenance are considered as part of a London-wide prioritisation exercise based on examining the conditions of bridges across London. Our recommendation for maintenance projects is included in Table 2.
- 8.7 In addition, candidate major schemes are to be recommended through the LIP programme for funding (see Table 3). Following a successful Major Scheme “Step 1” submission in September 2013 public realm improvements at Deptford High Street are now being developed with planned implementation in early 2017.
- 8.8 Following this, a Major Scheme “Step 1” submission for improvements to Lewisham town centre was submitted to TfL in September 2014. Although this bid was not successful, feedback from TfL was positive, and that future bids would be welcome following the completion of the current major scheme. A refreshed bid will therefore be submitted in September 2017. The bid will include the refurbishment of the market area and the improvement of pedestrian facilities in Lewisham High Street. However, even if accepted on the programme, the finite resources available would mean any scheme implementation would be several years in the future, probably no earlier than 2020.
- 8.9 Improvements to our urban environment will be supported by a continuation of our sustainable travel programme. This will continue to be targeted towards supporting new infrastructure to maximise the impact of investment. Supported measures such as school and workplace travel plans, education and awareness campaigns, and cycle training can help ensure that investment in our infrastructure is complemented by an uptake in more physically active, low emission modes of travel.

Table 1: Summary of proposed LIP Corridors, Neighbourhoods and Supporting Measures for 2017/18 (and provisional data for 2018/19 and 2019/20)

LIP Corridors, Neighbourhoods and Supporting Measures Programme	£'000		
	2017/18	2018/19 (provisional)	2019/20 (Provisional)
Scheme name	Proposed Funding		
Bus Stop Accessibility	10		

Road Safety Education, Training and Publicity	65	65	65
Cycle Training	153	153	153
Noise and air quality	10	10	10
School Travel Planning	100	100	100
Travel Awareness	44	44	44
Completion of previous years schemes	30	30	30
Small traffic management works	30	30	30
Dartmouth Road North Corridor	800	10	
Crofton Park Corridor	402	1048	
Green Chain	10	10	10
Kirkdale / Dartmouth Road Neighbourhood		250	753
Burnt Ash Hill Neighbourhood		250	573
Manor Lane Neighbourhood	10		
Sangley Road / Sandhurst Road	400		
Hither Green Lane (George Lane to Thornford Road)			255
Air Quality MAQF2 Contribution	23	23	
LIP3 Data Collection and Studies	5		
Local Cycling Improvements	100	100	100
Road Safety Measures	100	100	100
Total	2,292	2,223	2,223

Corridors and Neighbourhoods Programme (including 2016/17 revisions)

8.10 The following paragraphs set out a brief description of each scheme proposed for 2016/17 and 2017/18.

8.11 * Those schemes marked by an asterisk are part of the proposed changes to the 2016/17 programme approved by M&C in September 2015

Bus Stop Accessibility

8.12 Any bus stop within the area of a LIP funded Corridor/Neighbourhood project, not meeting access standards will be addressed as part of that project. Around 83% of the bus stops on borough roads meet those access standards.

8.13 TfL have a target of 95% of bus stops fully accessible by the end of 2016. Thus it is recommended to continue support for this programme with a 2016/17 allocation of £100k, to bring bus stops up to the required standard in other areas. This allocation may be further increased by extra funding from TfL during the course of the year. A nominal allocation of £10k in 2017/18 will be reviewed on the basis of delivery in 2016/17 and any extra funding available from new sources or from within the Corridors programme.

Noise and Air Quality

- 8.14 The DEFRA Noise Action Plan states that highway authorities will be asked to examine the 'Important Areas' containing 'First Priority Locations' identified in the Plan and form a view about what measures, if any, might be taken in order to assist the management of environmental noise.
- 8.15 The Council has also identified a number of Air Quality Management Areas in the borough where poor air quality exceeds levels set by DEFRA.
- 8.16 It is proposed to continue the annual allocation of £10k LIP funding in 2017/18 to monitor or improve local traffic noise or air quality. This may include monitoring and modelling noise from road traffic, in order to provide the evidence base for any action to reduce noise levels, and conducting roadside air quality monitoring.

Completion of previous years' schemes

- 8.17 Many schemes are carried out each year that require the Council to commission services where it has little or no control over their programming and invoicing. This includes the provision of electrical connections, disconnections and supplies from the statutory companies. It is recommended that £30k be set aside for this during 2017/18. This funding is intended to allow a planned approach to settling these "late" accounts whilst not putting pressure on existing schemes in the programme. Any funding not required for this will be reallocated into existing or new schemes in 2017/18.

Small traffic management works.

- 8.18 The Council receives many requests for minor traffic management measures from the public. These are assessed and prioritised based on their cost against factors such as safety, traffic speed and volume, intrusive parking, community use and cost.
- 8.19 Small scale schemes are highly valued by local communities, but are often too low in cost, or do not have high enough priority, to be included in the LIP programme in their own right. The programme is therefore funded by various sources, including a LIP contribution, Local Transport Funding (see below), and the Council's own revenue budgets.
- 8.20 It is recommended that £30k is allocated from the Corridors and Neighbourhoods' programme in 2017/18 to allow more of these schemes with the highest priority and "value" to be implemented.

Coulgate Street Neighbourhood *

- 8.21 This scheme, which has now been successfully delivered on site, proposes improvements to the public realm in Coulgate Street. The works were postponed to ensure delivery followed the completion of the adjacent

development site. A nominal budget £10k of LIP funding was allocated in 2016/17 for the completion of the implementation works. It is now proposed to revise this allocation to £360k in line with the completed scheme, using funds which have been carried over from 2015/16.

Dartmouth Road North *

- 8.22 Dartmouth Road forms one of Forest Hill's two high streets. The public realm environment in the northern section of Dartmouth Road is poor with illegal night time footway parking, unsightly street furniture, a number of vacant shops, a perception of inadequate lighting and anti-social behaviour. In addition, the project will aim to support the forthcoming introduction of a 20mph limit on all borough roads. Design work has taken place to progress proposals developed by the local community, and following consultation on a concept design, the project is being taken forward through detailed design and consultation towards a start on site in 2016/17. The works will focus on the section of Dartmouth Road between its junction with the A205 and the Forest Hill Pools and library area, seeking to further enhance the public realm improvements resulting from the rebuilding of the pools.
- 8.23 It was recommended that £1,513,000k of funding be used in 2016/17 to deliver the scheme. It is now proposed that implementation will complete during the 2017/18 programme, and the revised allocations for 2016/17 and 2017/18 are £713k and £800k respectively.

Crofton Park Corridor *

- 8.24 During 2014/15 a feasibility study considered the transport issues along the B218 corridor, including Brockley Road, Stondon Park and Brockley Rise. Road safety and air quality were the key issues to be investigated, alongside public realm improvements which would support local places. The purpose of the study was to identify concept-stage solutions which might be feasible and affordable, and to consult with the public at an early stage of development.
- 8.25 The study identified large projects for Crofton Park, Honor Oak, and St Andrew's Parade, as well as potential interventions for the sections linking the local centres. Following an appraisal of the potential schemes, Crofton Park has been recommended as the highest priority scheme along the B218 corridor. The scheme has been prioritised largely on the basis of the road safety analysis, which identified the Crofton Park as the highest collision area on the route. The area also has the most significant air quality hotspot on the route. The area is a significant local centre, with high footfall due to a large local shopping parade, the library and rail station.
- 8.26 The project is currently in the preliminary design stage, which includes a public consultation and dialogue with key stakeholders. A revised allocation of £250k is proposed in 2016/17 to complete the detailed design, with an allocation of £402k in 2017/18 and £1,048k in 2018/19 for implementation of major works on site.

Sangley Road / Sandhurst Road Improvements *

- 8.27 In 2014/15 a feasibility study considered improvements to the junction of Sangley Road and Sandhurst Road. The study included a concept design which built on a locally commissioned study, and included consultation with local stakeholders and businesses. The junction is a localised priority for road safety intervention, and the scheme will also address the public realm and shopping parade.
- 8.28 It is recommended that the 2016/17 allocation of £40k is increased to £218k to bring forward the detailed design and implementation (subject to consultation and tender processes). An allocation of £400k is proposed for 2017/18 to complete the scheme.

Manor Lane Neighbourhood Improvements *

- 8.29 In 2014/15 a feasibility study considered improvements to the pedestrian environment in Manor Lane, including consideration of the speed and behaviour of rat-running traffic, and the public realm adjacent to the local shopping parades. The initial scope of this scheme responded to a local petition and associated report to Mayor and Cabinet on 4 December 2013.
- 8.30 It is recommended that the 2016/17 allocation of £40k is increased to £420k to bring forward the detailed design and implementation. A nominal indicative allocation of £10k is proposed for 2017/18 to complete the scheme should there be any outstanding issues or delays following planned completion at the end of March 2017.

Grove Park Neighbourhood *

- 8.31 In February 2012, the Prince's Foundation facilitated a Community Planning Event, designed and delivered in partnership with the Grove Park Community Group and LB Lewisham. This event documented the community's ideas and aspirations, and set out short and long term proposals to improve the area.
- 8.32 Much of this work focusses on the public realm on Baring Road, including the train station, bus interchange, local shopping parade and the Baring Hall Hotel. The current layout is highly dominated by vehicular traffic, and the existing footways and forecourts are marred by unsightly high containment kerbs and railings.
- 8.33 A detailed scheme has been developed using LIP funds, and additional non-LIP funding has been secured for implementation in early 2017. A nominal LIP contribution of £10k was approved for 2016/17, which this report proposes to increase to £160k, to broaden the scope of the project, and provide improved footways on the Baring Road approach to the main scheme. The additional footway works will be complimented by safety measures designed to better support the new 20mph limit in Baring Road.

Hither Green Local Traffic Corridor *

- 8.34 This scheme follows a 2015/16 study looking at pedestrian improvements on a series of rat-runs through a predominately residential area. The study has identified some priority works to improve the pedestrian priority at junctions on Staplehurst Road where two of the busiest rat-runs intersect the main pedestrian route to the station. It is recommended that £50k of funding be used in 2016/17 to design and implement these works.

Air Quality MAQF2 Contribution *

- 8.35 The Council has submitted a bid to TfL for Round 2 of the Mayor's Air Quality Fund (MAQF2). The bid seeks £205k of additional funding to establish a Zonal Construction Logistics Plan to ensure that the major developments along the Evelyn Street corridor successfully mitigate air quality impacts. The funding bid requires £100k of match funding which is proposed to be allocated from LIP, with £54k in 2016/17, £23k in 2017/18, and £23k in 2018/19.

Avignon Road Contribution *

- 8.36 In 2015/16 TfL funded a bus improvement scheme in Avignon Road, which aimed to remove speed cushions while maintaining lower vehicle speeds. A LIP allocation of £50k is proposed to enhance the footways in the vicinity of the scheme – measures which will benefit the pedestrian environment but which do not achieve further objectives under TfL's Bus Enabling Works programme.

Burnt Ash Hill Pre-works *

- 8.37 A potential public realm scheme is planned for Burnt Ash Hill in 2019. Highway maintenance works are planned to Burnt Ash Hill as part of the 2016/17 Principle Road Renewal programme. A LIP allocation of £60k is proposed to enhance the maintenance scheme by including preparatory works to upgrade road structure in readiness for a future scheme.

Cycling Quietway Contribution *

- 8.38 Further improvements are planned to the successful new cycle route, Q1, in the vicinity of Childers Street. This element of the project has been purposefully delayed so that works related to the nearby developments at Childers Street and Arklow Road can be fully co-ordinated. A LIP allocation of £100k is proposed to enhance the scheme at the junction of Arklow Road, to ensure that the quality and design of the pedestrian environment is consistent and joined-up.

LIP3 Data Collection and Studies *

- 8.39 A new LIP strategy document is expected to be developed during 2017/18 which will require data collection and studies as part of the evidence base. An allocation of £80k is proposed in 2016/17 for surveys such as Footway

Condition, and for studies for potential future schemes with traffic implications such as Drakefell Road, Coldblow Lane and Lewisham High Street.

- 8.40 A further nominal allocation of £5k is recommended for 2017/18, which may be revised following receipt of the formal LIP3 guidance in October 2017.

Local Cycling Improvements *

- 8.41 A Cycling Strategy is to be developed for formal adoption following the presentation to the Council by the local cycling group, Lewisham Cyclists. A LIP allocation of £100k is proposed for 2016/17 and 2017/18, and provisionally on an annual basis thereafter, to develop the cycling strategy and to deliver small scale local improvements to the cycle network.

Road Safety Measures *

- 8.42 Following the implementation of the Borough-wide 20mph limit in September 2016, there is to be a programme of road safety measures which will target those roads which are least compliant with the new speed limit, or where collision rates remain high. The Council has allocated over £800k towards such works, but an additional LIP allocation is recommended to supplement this programme and to enhance the scale and quality of works which can be undertaken.
- 8.43 An allocation of £180k is proposed in 2016/17 to improve compliance in streets such as Baring Road, which has comparatively high speeds, and where the opportunity exists to co-ordinate and extend proposed works, introducing measures to narrow the road to reduce speeds, reallocating the road space to cyclists, and providing more opportunities for pedestrian crossing places.
- 8.44 An allocation of £100k is also proposed for 2017/18, and provisionally on an annual basis thereafter.

Station Taxi Ranks *

- 8.45 In collaboration with TfL, strategic proposals for new taxi ranks are being developed for Catford Bridge Station and Hither Green Station, in order to better serve those stations and local centres, and to provide relief to the main taxi rank in Lewisham, which suffers from over-ranking and local congestion.
- 8.46 An allocation of £50k is proposed in 2016/17 to develop these designs and to implement works in Hither Green. Subject to the designs for the taxi rank at Catford Bridge Station, further funding will be required to deliver works, which may be sought from further LIP contributions, s106/CIL, partner contributions, or from other external sources.

Provisional schemes proposed to commence in 2018/19 and 2019/20

Kirkdale / Dartmouth Road Improvements

- 8.47 This scheme follows a 2014/15 feasibility study into public realm improvements to the local shopping area at Kirkdale (at the junction with Dartmouth Road). The main aim of this scheme is to improve the pedestrian environment and accessibility to help regenerate the shopping area. The work will consider the pedestrian environment, local cycling facilities, parking, loading and bus stop accessibility.

Burnt Ash Hill - Local Shopping Centre Improvements

- 8.48 This scheme follows a 2014/15 feasibility study into public realm improvements to the local shopping area on Burnt Ash Hill. The main aim of this scheme is to improve the pedestrian environment and accessibility to help regenerate the shopping area. The work will consider the pedestrian environment, local cycling facilities, parking, loading and bus stop accessibility.

Hither Green Lane (George Lane to Thornsford Road) - Local Shopping Centre Improvements

- 8.49 This scheme follows a 2014/15 feasibility study into public realm improvements to the local shopping area on Hither Green Lane between George Lane and Thornsford Road. The main aim of this scheme is to improve the pedestrian environment and accessibility to help regenerate the shopping area. The work will consider the pedestrian environment, local cycling facilities, parking, loading and bus stop accessibility.

Supporting Measures Programme

Cycle Training

- 8.50 The Council coordinates and manages a programme of child and adult cycle training. In order to provide the training it is proposed that £153K of LIP funding be allocated in 2017/18 to deliver cycle training.
- 8.51 Lessons will be available to adults starting to cycle for the first time, returning to cycling or cyclists wanting to build skills and improve confidence on the road to cycle further distances e.g. to and from work. The broader aims are to make cycling part of more healthy lifestyles; reduce reliance on the private car; and encourage safer cycling with less cycle casualties.
- 8.52 It is also proposed to deliver child cycle training to year 6 pupils throughout the borough. The LIP reporting outputs include the numbers of adults and children given cycle training. This work fits well with Mayor for London's Cycling Vision that sets out an ambitious programme of routes, infrastructure and Supporting Measures to increase the use of cycling for travelling in London.

School Travel Planning

- 8.53 It is recommended that £100k be used in 2017/18 to continue to build on STP development programme delivered over the last eight years by monitoring and maintenance of STPs at all schools in the borough. This includes extensive consultation with whole school and local communities to identify and address barriers to using sustainable modes of transport. It will include projects to raise awareness and promotion of healthy lifestyles, active travel options, walking and cycling initiatives; resources and facilities to encourage behaviour change.

Road Safety Education, Training and Publicity

- 8.54 It is proposed to utilise £65k in 2017/18 for this important work which is likely to include:
- Powered Two Wheeler Publicity Campaigns
 - Young Driver Initiatives
 - Schools Safety / Healthy Walks
 - Secondary School Road Casualty Reduction Competition
 - Elderly Road Users Road Shows

Travel Awareness

- 8.55 It is proposed to use £44k in 2017/18 for a programme of initiatives, events, and publicity to raise awareness and use of sustainable modes of transport. This includes the promotion of active travel including national campaigns and local events such as Bike Week, Bike & Kite event, Car Free Day, Walking Works. It also includes training and support initiatives to promote independent travel for pupils with Special Educational Needs, or adults with learning difficulties.

Green Chain

- 8.56 The South East London Green Chain is an initiative by the London Boroughs of Bexley, Bromley, Greenwich, Lewisham and Southwark working in partnership to safeguard, enhance and promote the Green Chain open space for the enjoyment of all. It is recommended to utilise £10k of funding in 2017/18 to support promotional initiatives and improvements to paths and signs.

Local Transport Funding

- 8.57 This funding is allocated to boroughs by Transport for London to address local priorities. It is therefore proposed to use this funding: to deliver the Council's highest priority Small Scale Traffic Schemes; to fund feasibility studies and surveys for proposed or potential LIP schemes; or to develop the Council's policies and strategies on key transport issues affecting the borough.

9. Recommended Bridge Assessment and Strengthening Funding Bids

9.1 Historically, highway authorities need to ensure that the railway authorities are aware of the highway authority's aspirations in terms of bridge loadings and highway requirements. Generally the highway authorities seek bridges capable of accommodating vehicles up to 40 tonnes. Network Rail however is only required to ensure that its bridges are capable of carrying 24 tonnes. Highway authorities need to provide the funding for its aspirations over and above the minimum standard set for Network Rail. Application for funding for bridge-related works is made via the LIP funding process and a jointly coordinated procedure of TfL and LoBEG, the latter being subject to a pan-London prioritisation procedure. The budget is ring-fenced to bridge activities and changes in allocations are managed by TfL/LoBEG independently of any LIP funding settlement. Table 2 below shows Lewisham priorities for bridge works in 2017/18, however, final allocations for bridge works in Lewisham will be a matter for TfL/LoBEG.

10. Recommended Principal Road Maintenance Funding Bid

10.1 The borough's principal roads have been assessed and prioritised on the basis of Detailed Visual Inspection and Scanner surveys. This year's LIP maintenance submission will be accompanied by an Asset Management Status Report which, in future years, may have a bearing on future allocations. Relevant information from the status report will be included in the State of the Borough Report which will be presented to a future Mayor & Cabinet meeting. Table 2 below shows the highest priority principal roads which are proposed for utilisation of the 2017/18 Principal Road Maintenance Funding.

Table 2. Summary of 'Maintenance' Funding Bids Recommended for 2017/18

Funding Stream	Proposal	Estimated Funding (£ ,000s)
		2017/18
Principal Roads*	1. Southend Lane (<i>inc. j/w King Alfred Road to j/w Brookhouse Road, and j/w Stanton Road/Bell Green</i>)	479
	2. Evelyn Street (<i>j/w Bestwood Street to j/w Grinstead Road</i>)	260
	3. <i>Baring Road</i>	210
Bridge Assessment & Strengthening	1. Brightfield Road (Deck Reconstruction)	750
	2. Vesta Road (subject to outcome of principle inspection report)	1,000
	3. Manor Park (subject to 16/17 assessment report)	1,000
	4. Blackhorse Road (refurbishment) 150k	150

* The bid will include an additional 25% over the financial allocation of £383k as recommended in the LIP guidance (~£479k).

11. Major Scheme (existing)

Deptford High Street (north)

- 11.1 Deptford and New Cross are key opportunity areas for regeneration within the borough. The area is rich in cultural history and has an exciting music and arts culture.
- 11.2 Deptford High Street is an important local shopping area that has a thriving street market at its southern end several days/week. Deptford Railway Station is located at a relatively central position in the High Street. The station itself has recently been totally transformed with full accessibility and a new booking hall etc. Over the past few years the Deptford High Street area has seen rapid regeneration with new high quality residential accommodation, and a new school, swimming pool, library and Council/community facility (Deptford Lounge).
- 11.3 The southern section of Deptford High Street was recently the subject of a scheme funded through the “Outer London Fund” to make it into a restricted parking area with a “shared surface and minimal signing”.
- 11.4 The northern section also contains a large number of shops but remains a busy two-way traffic route with some kerbside limited time parking. Although the footway paving itself is relatively new the footways are narrow and offer a poor pedestrian environment that is exacerbated by the effects of a large amount of passing traffic. The passing traffic is particularly heavy in the peak periods where the road forms part of an east-west cut through from Deptford Church Street to the Rotherhithe area, and a one-way scheme for the high street will be considered through consultation.
- 11.5 Currently there are number of large residential developments planned in the north Deptford area including one on the former Convoys Wharf. This alone is expected to provide a mixed-use development of up to 419,100m² including up to 3,500 residential units, 15,500m² of employment floorspace, a river bus jetty and 1,840 car parking spaces.
- 11.6 The Convoys Wharf and other major developments such as Marine Wharf will substantially increase pedestrian movements in the area both for commuting and leisure. The northern end of Deptford High Street will form an important pedestrian link to Deptford Station, Wavelengths Swimming/Leisure Pools and Library as well as the shops, restaurants and street market.
- 11.7 A “Step 1” bid for Deptford High Street north was submitted to TfL for Major Scheme development funding in September 2014.. This bid was successful and Major Scheme development funding is currently being used to carry out survey work and scheme development. Implementation of the scheme is programmed for 2017.

12. Major Schemes (future proposed)

Lewisham High Street

- 12.1 As the borough's principal town centre, Lewisham is the area's primary retail, transport and cultural hub. It is also the focal point of a major regeneration programme across the borough, with the forthcoming Lewisham Gateway development set to continue the transformation of the townscape, building on recent developments and leisure centre at Loampit Vale.
- 12.2 The Lewisham Gateway development will redefine the town centre, and in particular the pedestrian experience between the arrival at Lewisham Station, a major sub-regional interchange, and the heart of the town centre.
- 12.3 These ambitious and exciting plans stretch as far as the main shopping area. However, the market area, which plays such a significant role in the vibrancy and retail offer of the town centre, is dilapidated and in need of significant structural investment. Over the years, a series of minor resurfacing and mitigation works have resulted in patchwork of interventions which, from a public realm point of view, could be vastly improved to create a more attractive and successful market that would provide a significant contribution to the town centre economy.
- 12.4 Lewisham High Street, which encompasses the market area, also continues southward towards the A20. This section of high street is a very busy and bustling stretch of road, where high pedestrian flows compete with a high number of bus and movements. A review of the function and design of this section of road would aim to improve the streetscape and the pedestrian environment, while recognising those essential access requirements for public transport.
- 12.5 In September 2014, a "Step 1" bid for Lewisham High Street was submitted to TfL for acceptance on the Major Scheme programme and development funding in future years. Although this bid was not successful, feedback from TfL was positive, and encouraged further bids from Lewisham once the existing major scheme in Deptford is substantially complete, so a refreshed bid will be submitted in September 2017. The bid will include the refurbishment of the market area and the improvement of pedestrian facilities in Lewisham High Street. However, even if accepted on the programme, the finite resources available would mean any scheme implementation would be several years in the future, probably no earlier than 2020.

Deptford Church Street

- 12.6 Deptford and New Cross are key opportunity areas for regeneration within the borough. The area is rich in cultural history and has an exciting music and arts culture. The area includes four strategic development sites where developers will offer housing, business, leisure and education opportunities.
- 12.7 A programme of regeneration is well underway in Deptford town centre to provide for the future changes that these developments will bring with the anticipated increase in population (20-25,000 by 2025) and the subsequent

increased demand on local services. The regeneration includes the new fully accessible Deptford rail station, a new shared school and council building offering numerous facilities, completed improvements to library and leisure facilities at Wavelengths pool and improvements to parks and streets to offer better and safer walking and cycling routes.

- 12.8 A successful bid to the Outer London Fund means that major improvement works have been made to the southern section of Deptford High St. However the northern section of Deptford High Street would benefit from improvements especially with the extra pedestrian movements that are expected when large developments such as Convoys Wharf are built. Deptford Church St is a dual carriageway road which creates severance between the town centre and the “Creekside” area.
- 12.9 Improvements to both Deptford High Street and Deptford Church Street will enhance and compliment existing development of the area. Major schemes for these streets would seek to enhance the urban realm while with improving traffic flow and road safety. Projects would also improve access to alternative modes of transport through better cycling and walking routes, better connections to public transport, improved connections to green spaces.
- 12.10 The overall proposals for Deptford High Street and Deptford Church Street fit well with the MTS goals, challenges and outcomes, and in particular would support economic development and population growth through the regeneration of the local shopping area and market to allow it to thrive and meet the aspirations of both existing and future residents.
- 12.11 It must be noted that at the present time Thames Water have a major proposal that will affect the programming of improvements in Deptford Church Street. The effect of the Thames Water project, both during construction and following completion, will be monitored and considered as part of the future development of outline designs for a Deptford Church Street Major Project.

Table 3. Summary of Major Scheme Priorities

Funding Stream	Proposal	Funding (£ ,000s)	
		2017/18	2018/19
TfL	Deptford High Street (Step 1 bid approved)	672	1,800
TfL	Lewisham High Street (Step 1 bid in development)	0	250*
Total		672	2,050

* estimated initial funding award for scheme development

13. Legal Implications

- 13.1 The Council's Local Implementation Plan is a statutory document that sets out how the Council proposes to implement the Mayor of London's Transport Strategy. It shows how the proposals cover the necessary policy, effects, projects, programmes implementing mechanisms, planning and activities. Resources assumptions and performance measures are also included.
- 13.2 By virtue of section 159, subsection 1, of the Greater London Authority Act 1999 (as amended) Transport For London (TfL) may give financial assistance to any body in respect of expenditure incurred or to be incurred by that body in doing anything which in the opinion of Transport for London is conducive to the provision of safe, integrated, efficient and economic transport facilities or services to, from or within Greater London. (subsection1) Financial assistance may be given under this section by way of grant, loan or other payment. (subsection2).The financial assistance that may be given to any London authority under this section includes in particular assistance in respect of any expenditure incurred or to be incurred by the authority in discharging any function of a highway authority or traffic authority. (subsection 3). In deciding whether to give financial assistance to a London authority under this section, and if so the amount or nature of any such assistance, the matters to which Transport for London may have regard include—
- (a) any financial assistance or financial authorisation previously given to the authority by any body or person, and
 - (b) the use made by the authority of such assistance or authorisation.

Financial assistance, under this section, may be given subject to such conditions as Transport for London considers appropriate, including (in the case of a grant) conditions for repayment in whole or in part in specified circumstances.

The Mayor of London issued Guidance on Developing the second Local Implementation Plans in May 2010. This states that TfL will have regard to the following matters in relation to activities undertaken by a borough:

- Use of TfL funding for the programmes or proposals for which it was provided
- Removal or substantial alteration of works carried out or infrastructure installed, with the benefit of TfL funding, without the prior written consent of TfL
- Implementation of the goals, challenges, outcomes and manifesto commitments of the Mayor, as outlined in the MTS
- Other reasonable TfL requests for project management reports and other information relating to the provision of financial assistance

- 13.3 The Guidance also set out the conditions TfL imposes on financial assistance, namely the recipient authority is required to:
- Use funding for the purpose for which it was provided, except with prior written approval from TfL
 - Comply with the requirements as set out in the Guidance

In circumstances where the recipient breaches the above conditions, TfL may require repayment of any funding already provided and/or withhold provision of further funding. In circumstances where, in TfL's reasonable opinion, funding is being used, or is about to be used in breach of these requirements, TfL may suspend payments or withdraw funding pending satisfactory clarification.

13.4 TfL issued the Local Implementation Plan (LIP) 2015/16 to 2016/17 Delivery Plan, Interim Targets and Annual Spending Submission Guidance. The Guidance contains advice on how recent developments were reflected within the 2015/16 – 2016/17 LIP Delivery Plan and the setting of the new interim targets. This Guidance was read in conjunction with the May 2010 Guidance.

13.5 The current Annual Spending Submission is based on the requirements set out in TfL's document "Local Implementation Plan (LIP) 2016/17 Annual Spending Submission Guidance", as advised in the latest "Interim Local Implementation Plan (LIP) Annual Spending Submission Guidance: 2017/18".

13.6 The detailed proposals for the implementation of measures set out in body of this report are proposals which the Council in its various capacities, for example as the highway authority for the area has the necessary powers to implement in due course.

14. Financial Implications

14.1 Transport for London's "Local Implementation Plan (LIP) 2016/17 Annual Spending Submission Guidance" has confirmed the allocations for the following funding streams in 16/17 as:

£2.292m	Corridors, Neighbourhoods and Supporting Measures*
£ 383k	Principal Road Maintenance
£ 100k	Local Transport Funding

14.2 Transport for London's latest "Interim Local Implementation Plan (LIP) Annual Spending Submission Guidance: 2017/18" has also confirmed the above allocations at the same levels for 17/18.

14.3 The Corridors, Neighbourhoods and Supporting Measures programme allocation of £2,292k is the final funding following TfL's top-slicing to allow for local transport funding, borough officer training and apprenticeships, and support through sub-regional partnerships. The proposals to submit the expenditure plans set out in this report will ensure full take up of this funding.

- 14.4 The additional funding for 2016/17, which has been carried forward from previous years, is confirmed by TfL as available for use via the TfL Portal.
- 14.5 Section 8.5 states that for planning purposes the 2018/19 and 2019/20 budgets are provisionally based on the confirmed allocation for 2017/18, with a 3% reduction as a contingency measure. The final programme for those years will be presented to members in a future report once the allocations are confirmed.
- 14.6 The funding for 'Bridge Assessment and Strengthening' is considered on a pan London basis by the 'London Bridge Engineering Group (LoBEG)' and the allocations for 2017/18 have not yet been notified. The programme spend will be contained within that allocation, once notified.

15. Environmental Implications

- 15.1 The preparation of the Local Implementation Plan (LIP) has been accompanied by a parallel process of Strategic Environmental Appraisal (SEA). A part of that process involved the development of objectives against which the proposals in the LIP might be assessed.
- 15.2 With regards to cumulative effects the assessment suggest that with all the policies, schemes and measures implemented through the period of the LIP, there are likely to be significant positive effects on SEA objectives relating to health, air quality, promoting more sustainable modes of transport, promoting safer communities, improving road safety, and improving accessibility in the Borough.
- 15.3 The proposed schemes will reduce hazards and make the road environment more attractive for pedestrians and cyclists. It is considered that the imposition of restrictions on vehicle movement referred to in the report, will not adversely impact on either the national or the Council's own air quality strategies.

16. Equalities Implications

- 16.1 The Council's Comprehensive Equality Scheme for 2016-20 provides an overarching framework and focus for the Council's work on equalities and help ensure compliance with the Equality Act 2010.
- 16.2 The Equalities Impact Assessment was carried out in 2011 because it pertains to the 2011 LIP Strategy, which is still the Council's adopted transport strategy and covers the period 2011-2031. The EAA has therefore been designed to reflect all the interventions which are delivered as part of the LIP, and so is not updated on an annual basis, but the EAA will next be reviewed when a new LIP Strategy takes effect, expected to be in 2018/19.
- 16.3 The Equalities Analysis Assessment (Appendix B) has been developed 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.

16.4 Instead, the focus on improving access to services and better, safer streets will have broadly positive impacts on the local community. More specifically, the proposed schemes will reduce hazards for blind and partially sighted people, older people and those with impaired mobility.

17. Crime and Disorder Implications

17.1 The Sustainable Community Strategy reminds us that ‘Feeling safe is about more than crime and policing, it’s also about how an area looks and feels...’ Many of the recommended Corridor and Neighbourhood proposals seek help deliver the London Mayor’s ‘Better Streets’ objective, creating an environment that is well designed, looks well managed and cared for, thus aiding a sense of security.

17.2 Many of the schemes will also incorporate measures that address “Plans for the future” in the Sustainable Community Strategy to “Make new developments, open spaces and public facilities including the new and refurbished train stations, feel safe by ‘designing out’ crime, improving lighting and accessibility and dealing with vandalism and graffiti.”

18. Background documents and originator

Short Title Document	Date	File Location	Contact Officer	Exempt
London Mayor’s Transport Strategy	May 2010	http://www.london.gov.uk/priorities/transport/publications/mayors-transport-strategy	Simon Moss	
LIP 2011 - 2031	April 2011	http://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/Local%20Implementation%20Plan%202011-31.pdf	Simon Moss	
Local Implementation Plan (LIP) Delivery Plan 2014-17	2013	http://councilmeetings.lewisham.gov.uk/documents/s24781/Lewisham%20LIP%20submission.pdf	Simon Moss	

If you have any queries on this report, please contact Simon Moss Tel No. 0208 314 2269, Transport, 4th Floor, Laurence House, Catford, SE6 4RU

Appendix A

2016/17 Review, LIP Submission 2017/18, and indicative 5 year plan

	2016/17		LIP Submission 2017/18				Total 5 year LIP Allocation 2016-21
	(M&C v2015)	2016/17 Revised	2017/18 Confirmed	2018/19 Indicative	2019/20 Indicative	2020/21 Indicative	
			£000	£000	£000		
Corridors Programme (with changes since M&C*)							
BUS STOP ACCESSIBILITY	100,000	100,000	10,000				110,000
ROAD SAFETY EDU., TRAIN & PUBLICITY	65,000	65,000	65,000	65,000	65,000	65,000	325,000
CYCLE TRAINING	153,000	153,000	153,000	153,000	153,000	153,000	765,000
NOISE AND AIR QUALITY	10,000	10,000	10,000	10,000	10,000	10,000	50,000
SCHOOL TRAVEL PLANNING	100,000	100,000	100,000	100,000	100,000	100,000	500,000
TRAVEL AWARENESS	44,000	44,000	44,000	44,000	44,000	44,000	220,000
COMPLETION OF PREVIOUS YEAR PROJECTS	30,000	30,000	30,000	30,000	30,000	30,000	150,000
SMALL TRAFFIC MANAGEMENT WORKS	20,000	20,000	30,000	30,000	30,000	30,000	140,000
COULGATE STREET NEIGHBOURHOOD	* 10,000	360,000					360,000
DARTMOUTH ROAD NORTH # PED IMPROVEMENTS	* 1,513,000	713,000	800,000	10,000			1,523,000
CROFTON PARK	* 900,000	250,000	402,000	1,048,000			1,700,000
GREEN CHAIN	25,000	25,000	10,000	10,000	10,000	10,000	65,000
KIRKDALE / DARTMOUTH ROAD NEIGHBOURHOOD				250,000	753,000	522,000	1,525,000
BURNT ASH ROAD /HILL NEIGHBOURHOOD				250,000	573,000	57,000	880,000
MANOR LANE (FERNBROOK TO LEAHURST)	* 40,000	420,000	10,000				430,000
SANGLEY RD / SANDHURST RD NEIGHBOURHOOD	* 40,000	218,000	400,000				618,000
HITHER GREEN LANE (GGE LN TO THNFD RD)					255,000	1,002,000	1,257,000
GROVE PARK NEIGHBOURHOOD	* 10,000	160,000					160,000
HITHER GREEN LOCAL TRAFFIC CORRIDOR	*	50,000					50,000

Proposed new Corridors schemes

Air Quality MAQF2 Contribution

Avignon Road Contribution

Burnt Ash Hill Pre-works

Cycling Quietway Contribution

LIP3 Data Collection and Studies

Local Cycling Improvements

Road Safety Measures

Station Taxi Ranks

Total Cost

LIP allocation:

Carry-over allocated to 2016/17:

plus carry-over previously allocated to 2017/18:

Total Funding

check:

						0
*		54,000	23,000	23,000		100,000
*		50,000				50,000
*		60,000				60,000
*		100,000				100,000
*		80,000	5,000			85,000
*		100,000	100,000	100,000	100,000	500,000
*		180,000	100,000	100,000	100,000	580,000
*		50,000				50,000
	3,060,000	3,392,000	2,292,000	2,223,000	2,223,000	12,353,000
	2,292,000	2,292,000	2,292,000	2,223,000	2,223,000	2,223,000
	768,000	768,000				
		332,000				
	3,060,000	3,392,000	2,292,000	2,223,000	2,223,000	12,353,000
		0	0	0	0	0

Appendix B – LIP Equalities Impact Assessment

Agenda Item 8

Chief Officer Confirmation of Report Submission	
Cabinet Member Confirmation of Briefing	
Report for: Mayor	<input type="checkbox"/>
Mayor and Cabinet	<input checked="" type="checkbox"/>
Mayor and Cabinet (Contracts)	<input type="checkbox"/>
Executive Director	<input type="checkbox"/>
Information <input type="checkbox"/>	Part 1 <input checked="" type="checkbox"/> Part 2 <input type="checkbox"/> Key Decision <input type="checkbox"/>

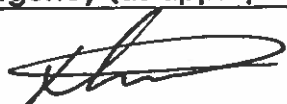
Date of Meeting	28 September 2016
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Title of Report	Catford Regeneration Programme – update and Housing Zone
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Originator of Report	Gavin Plaskitt	46398
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At the time of submission for the Agenda, I confirm that the report has:

Category	Yes	No
Financial Comments from Exec Director for Resources	√	
Legal Comments from the Head of Law	√	
Crime & Disorder Implications		X
Environmental Implications		X
Equality Implications/Impact Assessment (as appropriate)		X
Confirmed Adherence to Budget & Policy Framework		
Risk Assessment Comments (as appropriate)		
Reason for Urgency (as appropriate)		

Signed:  Executive Member

Date: 20/9/16

Signed:  Director/Head of Service

Date: 20.9.16.

Control Record by Committee Support	
Action	Date
Listed on Schedule of Business/Forward Plan (if appropriate)	
Draft Report Cleared at Agenda Planning Meeting (not delegated decisions)	
Submitted Report from CO Received by Committee Support	
Scheduled Date for Call-in (if appropriate)	
To be Referred to Full Council	

MAYOR AND CABINET		
Report Title	Catford Regeneration Programme – Update and Housing Zone	
Key Decision	Yes	Item No.
Contributors	Executive Director for Resources & Regeneration, Head of Law	
Class	Part 1	Date: 28 September 2016

1. Purpose of paper

- 1.1 This paper provides a short update on progress of the Catford Regeneration Programme and set out details of the GLA's Catford Housing Zone funding award and the terms attached to the award.

2. Recommendations

2.1 The Mayor is recommended to:

- note the content of the report and accept the Catford Housing Zone funding award from the GLA;
- delegate authority to the Executive Director for Resources and Regeneration in consultation with the Head of Law, to finalise terms and enter into the Overarching Borough Agreement for the Catford Housing Zone; and
- delegate authority to the Executive Director for Resources and Regeneration in consultation with the Head of Law, to finalise terms and enter into the Borough Intervention Agreements for the early implementation projects outlined in paragraph 5.3

3. Policy context

- 3.1 A number of strategies and plans are relevant to this programme.
- 3.2 Lewisham's overarching Sustainable Communities Strategy sets out a vision for the future of the borough. One of the priorities laid out in the strategy is to develop, build and grow communities that are dynamic and prosperous – where people are part of vibrant communities and town centres, well connected to London and beyond.
- 3.3 Lewisham's latest Strategic Asset Management Plan (2015-2020) is an opportunity to optimise the use of assets to maintain the quality of service provision while further driving reductions in expenditure and exposure to costs; and to reframe the focus across the borough based on the evolving picture on housing, regeneration and development. During the life of the last Asset Management Plan (2010-2014) the Council made savings of

over £100m with significant savings achieved through better use of assets. The Council now faces further budget pressures with a £45m savings target over the three years to 2019/20.

- 3.4 The Regeneration Strategy '*people, prosperity and place*' is also relevant and links the Council's corporate priorities to the development and regeneration of Lewisham's communities, the local economy and the built environment.
- 3.5 Lewisham's new Housing Strategy for 2015-2020 identifies four priorities: helping residents at times of housing need; security and quality for private renters; improving our residents' homes; building the homes our residents need. The Council's assets can play a role in this, creating opportunities to develop new housing supply of all tenures, making land available for the construction of new homes and by using an understanding of the borough to improve the way service delivery connects with communities at a local level.

4. Background

- 4.1 On 17th February 2016 the Mayor approved a report which recommended that the council should submit a bid to the GLA for Housing Zone support for the Catford town centre regeneration plan.
- 4.2 The bid attached at Appendix 1 was submitted for the GLA's consideration and set out a case for how GLA grant support could help stimulate the delivery of housing in the town centre and enhance overall deliverability.
- 4.3 In line with the funding guidelines the bid sought funding of £40 million to support three important areas; provision of affordable housing, enhancing town centre flood resilience, improvements to the train station environment and the Catford arrival experience.
- 4.4 In March 2016 the GLA announced that Catford had been awarded an indicative allocation of £30 million made up of £27.2m affordable housing grant, £1.3m for rail station arrival space and £1.5m for flood alleviation. Whilst the grant was lower than requested it is a sizeable contribution towards delivery of the regeneration programme and will have a marked effect on what can be delivered.
- 4.5 Council officers have been reviewing the funding agreements provided by the GLA and have met to discuss protocols and timescales for agreeing these. The agreement is split into different sections which are entered into sequentially once sufficient information is available on the scheme being delivered. Copies of these template agreements are available as background documents.

5. Housing Zone Funding Agreements

- 5.1 The first agreement that the Council must enter into is an Overarching Borough Agreement (see background documents). This sets out the general principles upon which it has been agreed that Housing Zone funding is to be made available by the GLA and is superseded in due course by the individual Borough Intervention Agreements that are then subsequently entered into between the parties. Whilst many of the terms are standard requirements of any GLA funding such as reporting arrangements and collaboration over publicity, there are some elements in particular that are worth highlighting:
- the GLA reserves the right to adjust or withdraw the sum paid to the borough in the event that the borough fails to deliver the expected housing outcomes agreed under the individual Borough Intervention Agreements.
 - the GLA would be required to give their consent to the disposal of any borough owned land included in the Housing Zone if such disposal deviates from the agreed use as set out in any individual Borough Intervention Agreement.
 - The GLA seek guarantees in respect of planning performance and determination as Key Performance Indicators of the borough, to ensure that planning matters are dealt with expeditiously
- 5.2 Prior to any funding drawdown the Council must enter into a Borough Intervention Agreements (BIA) (see background documents). Each BIA will set out the detailed terms and conditions upon which specific amounts of funding will be advanced to the Council by the GLA and the outputs which we must commit to delivering in return. The Council is not formally bound to deliver these outputs until the BIA is entered into and funding advanced.
- 5.3 The GLA have agreed that quick wins, including work to enhance the Catford stations arrival experience and flood alleviation can be carried out as soon as possible and do not have to wait until there is greater clarity on housing delivery timescales. An officer within the Capital Programme Delivery team will be assigned to begin developing the stations project and to develop a timetable for delivery with key stakeholders including Network Rail, Southeastern and TfL. The work is likely to involve improvements to station forecourts, underpasses, information boards and taxi ranks and will tie in to ambitions for improved routes between the town centre and the stations. Work on the Ravensbourne flood alleviation project is already ongoing and the project will substantially reduce the risk of river flooding in Catford town centre by creating flood storage in Beckenham Place Park and improving defenses at points along the watercourse. The project is currently at the detailed design stage and is being led by the Environment Agency with the involvement of the Capital Programme Delivery Team. Implementation is planned in 2018, and Catford town centre will benefit from reduced flood risk from 2019.

- 5.4 It will be possible to identify the outputs from the quick win projects at an early stage, enabling funding to be released for their implementation in the 2017/18 and 2018/19 financial years. This means that Catford can begin to benefit from the Housing Zone investment early on, whilst the longer term plans for housing development are progressed.
- 5.5 Certainty on specific housing outputs from the redevelopment of key sites in the town centre will not be known until the design is sufficiently advanced. It is likely that subsequent Borough Intervention Agreements will not be entered into until planning approval for each development phase has been achieved. The terms of these subsequent BIAs will be reported to the Mayor for approval at the appropriate time.
- 5.6 Discussions on the form of affordable housing to be delivered through the grant support will be continued with the GLA as plans for redevelopment are advanced and as the housing priorities of the new Mayor of London become clear. The Council will continue to seek that new affordable housing clearly meets the housing needs identified by the borough.

6. Other areas of work

- 6.1 In addition to the Housing Zone activity, work continues in key areas to advance the Catford regeneration programme these areas include:
- agreeing a preferred solution for the road network and public realm in Catford town centre with TfL;
 - improving development viability of the scheme through a combination of approaches including; raising grant funding, sharing potential risk and reward, treatment and use of financial receipts, mitigating acquisition costs etc.
 - putting in place appropriate planning guidance for redevelopment sites in the town centre
- 6.2 A short update on each of these areas follows ahead of a more comprehensive update to M&C on programme direction in November.

Transport for London – road and public realm preferred solution

- 6.3 TfL have assembled a project team to work with the Council in a collaborative way on improvements to the road network in Catford Town Centre. The TfL team met with council officers on 28th June and 2nd August and is scheduled to meet again on 28th September.
- 6.4 Previous analysis undertaken by TfL has focussed on the impact of different road layouts on traffic flow of the A205 and A21 but without consideration of a range of other factors, which are important to the success of Catford town centre. The current phase of work uses the methodology developed through the Roads Task Force to carry out a more holistic assessment of the pros and cons of different approaches. Some of the criteria being assessed are included at Appendix 2.

- 6.5 In the current phase of work greater emphasis is being given to the pedestrian experience in the town centre with a focus on improving crossings, narrowing roads where possible, widening footways, giving greater priority to pedestrians at side roads on the route to Catford's stations and improving the quality of the public realm, particularly along Rushey Green. All options are also looking at creating greater space outside the Broadway Theatre.
- 6.6 Opportunities to improve cycle priority through the area are also being evaluated including new cycle lanes and cycle advance areas.
- 6.7 As each option is developed it will be measured against the assessment criteria at Appendix 2 so that an objective analysis of each can be made. There are a number of factors which sit outside this assessment and which remain material considerations, including cost of implementation and the impact on the viability of the various development sites.
- 6.8 Officers will support this analysis and present a summary of the options for the road location, with recommendations for a decision, within the next 3 months.

Development Viability & Delivery

- 6.9 Capital Programme Delivery team have appointed development delivery advisors Atkins and Aspire Developments Ltd to advise on the most appropriate development strategy to take the regeneration programme forward. This work includes using their industry knowledge to identify any information gaps in the work undertaken by the council to date and to develop a programme and timescale for delivery of the regeneration scheme, including a timetable for the Compulsory Purchase Order. They will also advise on appropriate resource needs and budget for the next stage of work.
- 6.10 The outline programme, including key target dates for delivery, will be completed in October 2016 and this together with an updated budget requirement will be reported to Mayor & Cabinet in November.

Catford vision and planning guidance

- 6.11 At the Sustainable Development Committee meeting in May 2016 there was discussion about the need to make sure that the vision for Catford town centre was sufficiently ambitious and that councillors and the public were fully involved in developing the vision.
- 6.12 The Programme team together with the Planning Department have appointed Urban Narrative who specialise in exploring how people relate to the places they inhabit. Urban Narrative are undertaking a series of

workshops with councillors, officers and the public to explore the most important factors necessary for creating a successful town centre in Catford.

- 6.13 The first workshop, with officers, was held on 31st August 2016 and was both optimistic and productive. A clear and ambitious vision for Catford was discussed, building on the town's recognised strengths, and potential: Excellent quality and desirable housing, the Civic Centre and the heart of public sector services in the borough, and a vibrant destination for culture, leisure and entertainment, centred on the Broadway Theatre. Workshops will also be held with Councillors and the public to develop this further.
- 6.14 The workshop highlighted that actions must be taken to prevent the Council's longer-term regeneration plans from blighting the area in the meantime. The Capital Programme Delivery Team are currently investigating short and medium term plans for the implementation of meanwhile uses within the town centre, including pro-active management of CRPL assets and a creative approach to empty retail and other units within the Catford Centre. Of particular note are imminent plans to use the Thomas Lane Depot site for meanwhile use; and to re-enliven the Catford Broadway Theatre by opening the café/bar as soon as possible. Work on a longer term strategy for the theatre will also be advanced.
- 6.15 The importance of determining an appropriate, modern and future-proofed specification for Catford's new Council offices was also highlighted in the discussion. The new offices will be at the heart of the regeneration scheme, and must be fit-for-purpose, provide flexible and healthy work space, and an inviting environment for the public, sending a clear message of the Council's high aspirations for its public service delivery.
- 6.17 The Planning Department and the Capital Programme Delivery Team will work together and use the results of Urban Narrative's work to inform the development of the Catford Masterplan for the redevelopment of Catford town centre as a whole, as well as the creation of supporting planning guidance for individual development sites within the planned area.

7. Legal implications

- 7.1 The Council has a wide general power of competence under Section 1 of the Localism Act 2011 to do anything that individuals generally may do. The existence of the general power is not limited by the existence of any other power of the Council which (to any extent) overlaps the general power. The Council can therefore rely on this power to accept the GLA funding and enter into the proposed agreements in relation to the Catford town centre Housing Zone.
- 7.2 It is proposed that the final terms of the Overarching Borough Agreement which sets out the agreed principles and framework upon which the Housing Zone funding will be made available will be agreed by the Executive Director for Resources & Regeneration, on the advice of the

Head of Law, in accordance with the authority delegated by this report. It is also proposed that the Borough Intervention Agreements (BIAs) for the specific quick win projects referred to in this report will be agreed under delegated authority. Based on discussions with the GLA, it is not anticipated that these BIAs will bind the Council to any specific outputs in relation to the expected housing outcomes. This means that the Council would not be required to repay funding if these could not be delivered in the future. If this position changes following the negotiation of the detailed terms with the GLA, a further report will be brought back to Mayor & Cabinet for approval.

- 7.3 The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 7.4 In summary, the Council must, in the exercise of its functions, have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - advance equality of opportunity between people who share a protected characteristic and those who do not.
 - foster good relations between people who share a protected characteristic and those who do not.
- 7.5 It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed above.
- 7.6 The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. The Mayor must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.
- 7.7 The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled "Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice". The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless

regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at:

<https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-codes-practice>

<https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance>

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

- [The essential guide to the public sector equality duty](#)
- [Meeting the equality duty in policy and decision-making](#)
- [Engagement and the equality duty: A guide for public authorities](#)
- [Objectives and the equality duty. A guide for public authorities](#)
- [Equality Information and the Equality Duty: A Guide for Public Authorities](#)

7.9 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: <https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance#h1>

8. Financial Implications

8.1 On 17th February 2016 the Mayor approved a report which recommended that the council should submit a bid to the GLA for Housing Zone support for the Catford town centre regeneration plan.

8.2 In March 2016, the GLA announced that Catford had been awarded an indicative allocation of £30 million made up of £27.2m affordable housing grant, £1.3m for rail station arrival space and £1.5m for flood alleviation. Council officers have been reviewing the funding agreements provided by the GLA and have met to discuss protocols and timescales for agreeing these.

9. Equalities Implications

9.1 There are no specific equalities implications arising out of this report.

10. Environmental Implications

10.1 There are no specific environmental implications arising out of this report.

11. Crime and Disorder Implications

11.1 There are no specific crime and disorder implications arising out of this report.

12. Human Rights Implications

12.1 There are no specific human rights implications arising out of this report

13. Conclusion

13.1 The award of Housing Zone status for Catford and £30m grant funding will give the regeneration scheme much needed assistance. The ability to bring forward quick wins could yield tangible results in the near future whilst longer term plans are developed. Officers will provide a further update on progress on 9 November 2016 detailing progress on the above issues together with an updated programme and budget for the scheme.

For further information please contact Kplom Lotsu, SGM Capital Programme Delivery on 020-8314-9283.

Background documents

Template Overarching Borough Agreement
Template Borough Intervention Agreement

APPENDIX 1

GLA - Catford Housing Zone

Outline Proposal

January 2016

Vision and Sites

To achieve the restoration of a fractured Town Centre including the redevelopment of five key sites totaling 11.4 hectares to deliver 2,500 new homes and an improved retail, office and leisure offer set within an improved public realm

Catford used to be a thriving centre whose growth was spurred by the development of the railways in the 19th century. The town centre sat in the middle of a network of high quality Victorian streets and was served by excellent transport connections due to the presence of two railway stations and a highly effective tram system. In addition to a high quality retail offer the centre was a well-known entertainment destination boasting a host of attractions including several cinemas, skating rink, dog track and theatre.

Of those attractions only the listed theatre remains and it sits adjacent to the old town hall and civic centre, opposite Laurence House (the Council's current offices) and near to the underwhelming 1970s Catford Centre which disrupts the urban grain. These three sites totaling 6.3 hectares, form the core of the redevelopment area and following the acquisition of the freehold of the shopping centre in 2011 they are largely in Council ownership. The sites have a high level of public transport accessibility with PTALs of 6a across all sites. Zone 3 travel from Catford's rail stations offer journey times to Cannon Street, London Bridge, Charing Cross, Blackfriars, Victoria and St Pancras in 17-31 minutes.

A number of plans are attached at Appendix 1 indicating the extent of the town centre and the key sites to be redeveloped under the council's proposals. A brief description of each of these sites together with development potential identified in the recent capacity study prepared for the council by Allies and Morrison is set out below.

Catford Centre

The Catford Centre site is largely covered by a 1970s shopping centre with a Tesco store acting as the main retail anchor, a considerable number of known high street names have left the centre in recent times and relatively poor quality retail now dominates the mix. Milford Towers, a 276 unit council estate is built over some parts of the shopping centre making redevelopment complex. The remainder of the site includes surface and multi-storey car parking, an outlying council office and disused warehouse space. More than a decade ago, the Council decided as part of its Decent Homes Strategy that Milford Towers should be comprehensively redeveloped rather than investing in what was a costly and problematic piece of the housing estate. Bringing about comprehensive redevelopment was hampered by other ownerships but the most significant obstacle

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was overcome when the Council acquired the freehold of the shopping centre from St Modwen in 2011. Interim management arrangements since then have led to appropriate break clauses being put into new leases to ease redevelopment. Most of the secure tenants of Milford Towers have been decanted with the Council now buying back leaseholder interests on a voluntary basis. The empty properties are being used to house local residents on a temporary basis until we are ready to proceed with demolition. The leasehold buy backs have commenced ahead of a CPO process which will be programmed in to the development timetable to ensure timely vacant possession.

The site totals 4.3 hectares and our most recent master planning work with Allies and Morrison suggests the site could accommodate a mixed use development of around 980,000 ft² (approximately 878 homes) together with a new and much improved retail/leisure offer.

Laurence House

The Laurence House site is currently home to the Council's main office and provides a base for up to 1,300 staff. The 13,000 m² office occupies only a small proportion of the 1.3 hectare site and was constructed in the 1990s as a temporary building to keep open the option of rerouting the A205 south circular across the south of the site. Most of the site is used as car parking for council staff and as an overnight lorry park. The site is wholly owned by the Council and redevelopment is relatively uncomplicated, but replacement office accommodation would have to be provided and the protection afforded to sections of the rear of the site for the proposed re-routing of the A205 will need to be removed.

Our recent masterplanning work suggests that the 1.3 hectare site could accommodate a residential development of around 466,000 ft² (approximately 417 homes).

Town Hall and Civic Centre

The town hall site is home to our old offices, which we vacated in order to achieve efficiency savings, these are in use on an interim basis as creative work spaces and by our ALMO Lewisham Homes. The civic centre remains in use and its suite of meeting rooms and council chamber, together with office space for elected members are critical to the interface between elected members and the public.

The site totals 0.7 hectares and our recent masterplanning work suggests the site could accommodate replacement office and civic facilities for the Council totaling 12,500m² with public facing ground floor uses. A new office at this scale is a more than 50% reduction in floor space for the Council's Catford complex and reflects efficiencies that the Council has already achieved and wishes to continue to pursue in order to enable comprehensive redevelopment of the town centre. With construction costs for a replacement office somewhere in the region of £40m this is one of the key redevelopment burdens, but by rebuilding on our land we believe we can de-risk delivery.

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Plassy Island

The Plassy Island site provides a mixture of retail and leisure uses based on an out of town retail format, with double height warehouse type stores surrounded by a large surface car park, it also contains an outlying Council office leasehold interest. Development of the site has been constrained for decades by the potential changes to the A205 south circular which runs to the east and south of the site. Freehold ownership of the site is in private hands with almost all owners showing an active interest in the redevelopment of the site.

The site totals 3.1 hectares and our recent masterplanning work suggests the site could accommodate a mixed use development including 774,000 ft² of residential space (approximately 693 homes), with ground floor retail and leisure uses

Wickes & Halfords

The Wickes & Halfords site also provides retail based on an out of town format, which is at odds with its position adjacent to both Catford and Catford Bridge stations. The site sits in the middle of a 2 mile long green corridor running through the centre of the borough and with the completion of Barratt Homes' Catford Green development, it is the missing link in an important part of the borough's sustainable transport network.

The site totals 2.0 hectares and our recent masterplanning work suggests the site could accommodate a mixed use development including 571,000 ft² of residential space (approximately 512 homes), with ground floor retail and leisure uses. Due to a number of local factors the site is considered an appropriate setting for taller buildings.

The site sits in a flood risk area and we are currently working with the Environment Agency on detailed design for a major flood alleviation scheme for the River Ravensbourne which will significantly reduce the risks to this site and open up new development opportunities, including continued potential enhancements to the river corridor.

New homes & new jobs

Only two of the five sites currently have residential accommodation on them. Milford Towers is comprised of 276 units, 22 of which are leasehold units sold under right to buy. Historically the mix of units (80 studios, 131 x 1 bed, 65 x 2 bed) has caused management issues and combined with their condition led to a decision to demolish and rebuild.

The Plassy Island sites' main residential space is Eros House a 63 unit purpose built 1960s block. The owner has been in discussions with the Council's planning department on further potential residential opportunities at the site. Six other Victorian properties provide a mix of retail and residential space and whilst it is not known exactly how many residential units they contain we anticipate it to be no more than 10.

APPENDIX 1

Taking all five sites in total the current level of residential development is 346 units across 11.4 hectares equating to around 30 u/ha. We anticipate redevelopment of all five sites will deliver 2,500 homes (2,151 net addition) and raise the residential density to a more appropriate level of around 230 u/ha. Of this total, some 1,295 homes would be delivered on Council land giving a net increase of 1,019 units on our land. The actual increase in residential space is greater than the unit numbers might suggest because of the unusual number of small units in Milford Towers.

Construction employment opportunities during works will be significant and we estimate that complete redevelopment of all sites will create up to 5,000 construction jobs. The precise quantum of employment space within the scheme has yet to be determined and estimates of permanent jobs created are not yet available.

Delivery timescales

The Council is currently working to develop updated planning guidance for Catford town centre based on the new masterplan. We aim to find a development partner to work with in 2016 and anticipate that development on the core sites could commence within 2 years of their selection. Phasing and delivery is complicated for some sites but we anticipate that the redevelopment can be completed within 10 years (by 2026).

Viability and interventions

We have been working with GVA on the outline viability for redevelopment of sites in the Council's ownership, but overcoming the financial obstacles to this £400 million redevelopment is challenging. We believe we are approaching a position where the scheme could be viable, but the cost of re-providing the Council's office accommodation and acquiring remaining commercial and residential freehold and leasehold interests means that it is unlikely that a policy compliant level of affordable housing could be delivered. The focus on base viability means that opportunities to tackle problems in the public realm caused by the dominance of traffic movement along the A205 or the poor arrival spaces and connections at Catford's stations could be missed. The result could be a series of new developments that are not fully integrated with each other or with the existing neighbourhood, and do not unlock the full potential of the town centre. Either directly or indirectly Housing Zone support for elements of this programme will have a knock on effect on our ability to drive the quality of the overall vision, ensuring that new homes are linked by well-designed public realm and that dominant infrastructure such as the A205 south circular is tackled in line with the aims set out in the Roads Task Force vision.

Housing Zone support totaling £40m is sought to tackle three key areas:

Support for affordable housing – given the loss of 254 social rented units within Milford Towers the Council would wish to maximize the level of affordable housing on the Catford Centre site. However, this development site is particularly challenging because of the cost of the remaining acquisitions and the demolition cost of the centre. Without

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grant funding the shopping centre site is unlikely to deliver any affordable housing, a position which would be particularly difficult for the Council to support.

£37,200,000 is sought as a contribution towards achieving our aspiration of 35% affordable provision on this site.

Support towards improvements to Catford's rail station arrival spaces and to improve connectivity between the two totaling £1.3 million is sought. A series of interventions were scoped in 2014 which would dramatically improve the feel of the station area and aid access and movement.

£1.5 million support is sought towards implementation of a flood alleviation scheme for the river Ravensbourne which hampers development of the Wickes & Halfords site and will improve the resilience of Catford town centre and in particular the vulnerable transport infrastructure which serves it. We have been asked by the Environment Agency to raise £2 million in partnership funding towards the implementation of this £15.8m infrastructure project. The balance of funds have been committed by the Environment Agency and the regional flood defence committee. To date the Council have identified £0.5m in funding towards the scheme but are looking for further partnership funding towards the total. The principal element of the scheme involves the construction of a dry reservoir in parkland upstream from Catford which will hold flood water in the event of a major incident. The scheme has a major impact on flood resilience across much of central Lewisham including several potential housing development sites adjacent to Lewisham Station.

Further Information on proposed plans is available from:

Gavin Plaskitt
Capital Programme Delivery
Regeneration and Resources
4th Floor, Laurence House
1 Catford Road
SE6 4RU

Tel: 020 8314 6398

Email: gavin.plaskitt@lewisham.gov.uk

OR

Kplom Lotsu

Tel: 02083149283

Email: Kplom.lotsu@lewisham.gov.uk

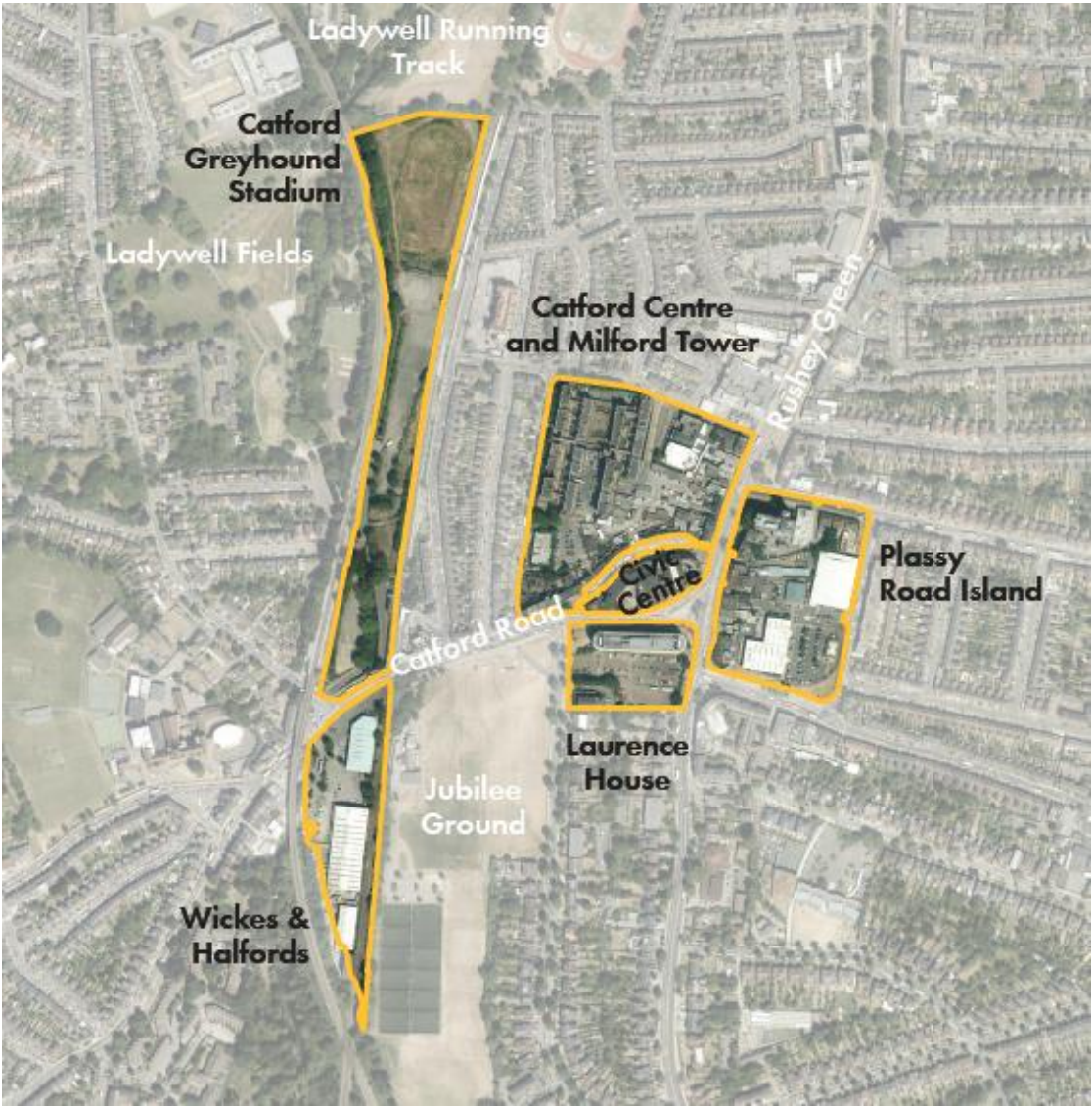
APPENDIX 1

Catford Town Centre red Line



APPENDIX 1

Key Sites Plan



APPENDIX 1

Masterplan – Core sites plan view with indicative building heights



Option 5c

Indicative Heights

Core sites view from south



APPENDIX 1

Wickes and Halfords Site – showing indicative development scale and relationship to existing and proposed development.



Wickes & Halford Site

Views east (top) and west (bottom)

APPENDIX 2

ROADS TASK FORCE OBJECTIVES	
<p>MOVING Ensure efficient and reliable movement for all modes across the town centre and supporting access for people and goods</p>	<p>M1 Maintain the strategic movement function of the South Circular Road and A21 M2 Provide bus priority throughout the town centre where possible M3 Overcome severance caused by the highways and improve pedestrian connections including providing new crossings on desire lines M4 Provide cycle facilities where possible to link up with the wider cycle network in the area</p>
<p>LIVING Create a high quality, accessible and vibrant town centre with a clear identity building on the strong existing local character</p>	<p>L1 Ensure that Catford town centre is accessible for all, providing high levels of urban comfort and a positive pedestrian experience L2 Ensure that the streets in the town centre are clear, decluttered and attractive L3 Create a more cohesive town centre environment with a clear sense of place and a strong identity L4 Deliver socially engaging public spaces that benefit all members of the community L5 Respect Catford's history, improving the setting of heritage assets across the centre L6 Support and enhance the local economy through interventions to make the town centre a more attractive place to visit and spend time in</p>
<p>UNLOCKING Supporting growth and regeneration across the town centre and creating an environment that people choose to invest in</p>	<p>U1 Transport and public realm proposals should support LB Lewisham's regeneration aspirations for Catford U2 Future highways layouts should be designed to maximise development potential of identified opportunity sites U3 Transport and public realm interventions should contribute to the creation of a calm, healthy and liveable town centre environment</p>
<p>FUNCTIONING Ensuring access for servicing and deliveries across the town centre</p>	<p>F1 Access to premises for deliveries and servicing must be maintained F2 More effective use of kerb space should be made to support town centre activities F3 Measures to re-time or manage deliveries to town centre businesses and homes should be considered</p>
<p>PROTECTING Improving safety and reducing collisions, particularly for vulnerable users and ensuring streets are places where people feel secure</p>	<p>P1 Narrowing traffic lanes where possible will help to calm traffic speeds in the town centre P2 Improving pedestrian crossing facilities will help to reduce the number of people crossing informally P3 Creating a more vibrant town centre environment with active streets and public spaces at all times of day will help to reduce issues of crime or perception of crime</p>
<p>SUSTAINING Greener, cleaner, quieter streets and a healthier more active town centre</p>	<p>S1 Incorporating soft landscaped areas and sustainable urban drainage systems (SUDs) into Catford's streetscape will help to address surface water run-off S2 Retention of existing street trees and provision of new trees should be ensured to create a greener and more pleasant town centre environment S3 Promoting public transport, walking and cycling to encourage a shift to more sustainable modes of transport</p>

Mayor and Cabinet		
Title	Comments of the Sustainable Development Select Committee on the Catford programme	
Contributor	Sustainable Development Select Committee	Item 6
Class	Part 1 (open)	28 September 2016

1. Summary

- 1.1 This report informs Mayor and Cabinet of the comments and views of the Sustainable Development Select Committee, arising from discussions held on the Catford programme update report, considered at its meeting on 14 September 2016.

2. Recommendation

- 2.1 Mayor and Cabinet is recommended to note the views of the Sustainable Development Select Committee as set out in this report and ask the Executive Director for Resources and Regeneration to provide a response.

3. Sustainable Development Select Committee's views

- 3.1 On 14 September 2016, the Sustainable Development Select Committee considered an officer report on the Catford programme and asked questions of the Mayor.
- 3.2 The Committee resolved to advise Mayor and Cabinet of the following:
- The Committee recognises the energy and enthusiasm that is shown for the development of Catford and it hopes that this will result in decisive action to move the Catford programme forward.
 - The Committee remains concerned that the programme is piecemeal and lacks a genuine central vision of how the town centre will look, a cohesive approach or a single person driving the project on a daily basis. Added to the concern is the sense of rush to drive the project through.
 - The Committee requests a timetable for the programme with all dates of key decisions and deadlines for delivery.
 - The Committee requests a copy of the decision-making structure of the programme including all the elements of planning, regeneration and the allotted Housing Action Zone/GLA membership of the Catford programme board.
 - The Committee asks that it be provided with an update on the delivery of the new 'vision' document for Catford.
 - The Committee wants to understand how members of the public will have meaningful involvement in the decision-making about the design and look of Catford. The Committee asks for specific examples of how local residents' views will genuinely affect the development of plans for the town centre.
 - The Committee notes a hiatus on the lottery bid and renovation work on the Broadway Theatre and requests an update on the programme of work being

carried out at the Broadway Theatre, which includes full details of the resources being allocated to carry out proposed works.

4. Financial implications

- 4.1 There are no financial implications arising out of this report per se; but there may be financial implications arising from carrying out the action proposed by the Committee.

5. Legal implications

- 5.1 The Constitution provides for Select Committees to refer reports to the Mayor and Cabinet, who are obliged to consider the report and the proposed response from the relevant Executive Director; and report back to the Committee within two months (not including recess).

6. Further implications

- 6.1 At this stage there are no specific environmental, equalities or crime and disorder implications to consider. However, there may be implications arising from the implementation of the Committee's recommendations.

Background papers

Catford regeneration programme update: <http://tinyurl.com/zqm36dj>

If you have any queries on this report, please contact Timothy Andrew, Interim Overview and Scrutiny Manager (ext. 47916).

Agenda Item 9

Chief Officer Confirmation of Report Submission		
Cabinet Member Confirmation of Briefing		
Report for: Mayor		<input type="checkbox"/>
Mayor and Cabinet		<input checked="" type="checkbox"/>
Mayor and Cabinet (Contracts)		<input type="checkbox"/>
Executive Director		<input type="checkbox"/>
Information <input type="checkbox"/>	Part 1 <input checked="" type="checkbox"/>	Part 2 <input type="checkbox"/>
Key Decision		<input type="checkbox"/>

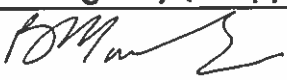
Date of Meeting	28 th September 2016
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Title of Report	Addey and Stanhope Secondary School Expansion (re-organisation) Proposal - Permission for Consultation
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Originator of Report	Kate Bond	Ext. 46142
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At the time of submission for the Agenda, I confirm that the report has:

Category	Yes	No
Financial Comments from Exec Director for Resources	X	
Legal Comments from the Head of Law	X	
Crime & Disorder Implications		X
Environmental Implications	X	
Equality Implications/Impact Assessment (as appropriate)	X	
Confirmed Adherence to Budget & Policy Framework		
Risk Assessment Comments (as appropriate)		
Reason for Urgency (as appropriate)		

Signed: 

Executive Member

Date: 19th September 2016

Signed: 

Executive Director

Date: 19th September 2016

Control Record by Committee Support

Action	Date
Listed on Schedule of Business/Forward Plan (if appropriate)	
Draft Report Cleared at Agenda Planning Meeting (not delegated decisions)	
Submitted Report from CO Received by Committee Support	
Scheduled Date for Call-in (if appropriate)	
To be Referred to Full Council	

MAYOR AND CABINET			
Report Title	Addey and Stanhope Secondary School Expansion (re-organisation) Proposal – Permission for Consultation		
Key Decision	Yes	Item No.	
Ward	Brockley		
Contributors	Executive Director for Children and Young People		
Class	Part 1	Date:	28 September 2016

1. Summary

- 1.1 This report sets out the demand for secondary places in Lewisham. The report then sets out the rationale for an expansion of Addey and Stanhope School (a voluntary aided school) from four forms of entry (120 pupils per year) to six forms of entry (180 pupils per year).
- 1.2 The report also confirms that the governing body of Addey and Stanhope School will be conducting the statutory process required to close their Sixth Form following on from the current halt to admissions, as per the statutory guidance for the closure of a sixth form of a voluntary aided school. It is proposed that this consultation will happen in line with the Council's expansion proposal process, and would then potentially come back to Mayor and Cabinet in the new year for decision.
- 1.3 Subsequently the report seeks permission to commence the statutory process regarding the proposed school expansion beginning with the consultation stage of the statutory process.

2. Purpose

- 2.1 The report requests the Mayor's permission to undertake a consultation on the proposal to enlarge Addey and Stanhope School from 4 to 6 forms of entry, with effect from September 2018. The report also asks the Mayor to note that the Governing Body of Addey and Stanhope School will also be conducting a consultation (as the first part of the process) to close the 6th Form at Addey and Stanhope School in Summer 2017.

3. Recommendations

- 3.1 The Mayor is recommended to agree;
- 3.2 That there should be a consultation on the proposal to enlarge Addey and Stanhope School from 4 to 6 forms of entry with effect from September 2018.
- 3.3 That officers should report back to Mayor and Cabinet by the end of 2016 with the results and next steps.
- 3.4 The Mayor is recommended to note;

- 3.5 That the Governing Body of Addey and Stanhope School will be starting the statutory process to close the Sixth Form provision, and that this will be completed alongside the councils consultation process regarding proposed school expansion.
- 3.6 That the result of this consultation will then be presented to Mayor at a future meeting date, as the Mayor is the decision maker for such changes as per the statutory guidance/process.

4. Policy Context

- 4.1 The proposals within this report are consistent with '*Shaping Our Future: Lewisham's Sustainable Community Strategy*' and the Council's corporate priorities. In particular, they relate to the Council's priorities regarding *young people's achievement and involvement*, including *inspiring and supporting young people to achieve their potential*, the *protection of children and young people* and *ensuring efficiency, effectiveness and equity in the delivery of excellent services to meet the needs of the community*.
- 4.2 The Local Authority has a duty to ensure the provision of sufficient places for pupils of statutory school age and, within financial constraints, accommodation that is both suitable and in good condition.
- 4.3 In aiming to improve on the provision of facilities for primary education in Lewisham which are appropriate for the 21st century, the implementation of a successful school places strategy will contribute to the delivery of the corporate priority *Young people's achievement and involvement: raising educational attainment and improving facilities for young people through partnership working*.
- 4.4 It supports the delivery of Lewisham's *Children & Young People's Plan (CYPP)*, which sets out the Council's vision for improving outcomes for all children and young people, and in so doing reducing the achievement gap between our most disadvantaged pupils and their peers. It also articulates the objective of improving outcomes for children with identified SEN and disabilities by ensuring that their needs are met.

The Schools Capital Programme and Lewisham's Primary Strategy for Change

- 4.5 A priority in the current Primary Strategy for Change is the provision of sufficient places at the right time to meet future needs in the Borough. As stated in Lewisham's June 2008 PSfC:

"Ensuring that sufficient places are provided at the right time will take precedence over significant investment in schools where the rectification of conditions and suitability issues will not produce additional places"

- 4.6 The borough's School Capital Programme continues to be governed by the following criteria as set out in the 2008 PSfC:
 - Provide sufficient places at the right time to meet future needs within and between planning localities in the Borough
 - Improve conditions and suitability of schools in order to raise standards
 - Increase the influence of successful and popular schools

- Maximise the efficient delivery of education in relation to the size of the school, removing half-form entries and promoting continuity of education
- Enable school extended services for pupils, parents and communities
- Optimise the Council's capital resources available for investment.

4.7 Additionally, as presented to the Children and Young People Select Committee in January 2017, forecasting has flagged an additional 2 forms of entry of secondary provision in 2018/19 and a new school in 2020. The report also stated that overall in order to meet anticipated demand up to 2025 Lewisham will;

- Identify and progress further options for enlarging existing schools
- Re-cycle existing bulge classes

Consider the need for up to;

- 3 additional primary schools
- 2 additional secondary schools
- 1 or 2 additional special schools

4.8 ***A new School Places Strategy***

4.8.1 A priority in the recent Lewisham Education Commission Report is for the Council to develop a new 5 year School Places Strategy that will succeed the existing Primary Strategy for Change. Officers are currently fully reviewing what has gone on before and what needs to be achieved in the future with the expectation that a draft strategy will be ready for consultation in the Autumn and sign off by Mayor and Cabinet in the Spring ready for an April 2017 launch.

4.8.2 Whilst this review and strategy development is important to help guide us moving forwards, it should be noted that the population in Lewisham continues to rise and the demand for school places also follows that trend. As such in the interim officers are continuing to pursue both this secondary expansion opportunity along with the primary expansion opportunity at Ashmead Primary School.

4.9 ***School Organisation Requirements***

4.9.1 Proposals to establish additional provision on a permanent basis must comply with the provisions set out in *The Education and Inspections Act 2006 (EIA 2006)* and *The School Organisation (Prescribed Alterations to Maintained Schools)(England) Regulations 2013*. These set out the statutory process for making changes to a school, and statutory guidance on making changes to a maintained school indicates 4 stages to making a prescribed alteration to a maintained school. These are:

- 1) Publication of a Statutory Notice
- 2) Representation period
- 3) Decision making
- 4) Implementation

4.9.2 However, it is seen as good practice to have a period of more informal consultation before publishing a statutory notice, to enable officers to have a proper conversation with the local community regarding possible expansion and to enable the Mayor to have a fuller understanding of local opinion prior to entering into the formal statutory process.

4.9.3 Indeed, with this particular proposal we are looking at an expansion on to an additional site (the Mornington Centre) which adds additional elements to the

process that have to be covered to show that we are not in effect opening a new school, which should therefore be created under the 'Free School presumption'

4.9.4 These elements to be considered within any proposal need to focus on the following questions;

The reasons for the expansion

- What is the rationale for this approach and this particular site?

Admission and curriculum arrangements

- How will the new site be used (e.g. which age groups/pupils will it serve)?
- What will the admission arrangements be?
- Will there be movement of pupils between sites?

Governance and administration

- How will whole school activities be managed?
- Will staff be employed on contracts to work on both sites? How frequently will they do so?
- What governance, leadership and management arrangements will be put in place to oversee the new site (e.g. will the new site be governed by the same governing body and the same school leadership team)?

Physical characteristics of the school

- How will facilities across the two sites be used (e.g. sharing of the facilities and resources available at the two sites, such as playing fields)?
- Is the new site in an area that is easily accessible to the community that the current school serves?

4.6.5 Additionally the proposals will need to be sent to the School Organisation department within the DfE for monitoring purposes.

4.6.6 In this particular case, the expectation is that the new site would be used for KS4 education and therefore should have no issues in proving that it is not a new school.

5. Background

5.1 Regarding school expansions, Mayor and Cabinet and the Children and Young People Select Committee have received regular reports detailing the pressure on School places (typically primary) and the measures taken to increase supply. These reports have also highlighted the impending pressure on secondary places as a result of the primary bulges moving through the system, coupled with additional pressure on secondary places in neighbouring local authorities (currently Lewisham is a net exporter of secondary age pupils).

5.2 Historically these have usually been in the form of permanent whole-school expansions or the introduction of either temporary or permanent single year group expansion (bulge classes). However, these have usually been primary school expansions in which we have a much larger portfolio upon which to look to accommodate expansions. Within Secondary schools it is believed that only permanent expansions are viable.

6. Forecasting, demand and viability

- 6.1 Current GLA forecasting shows that within Lewisham the need for Secondary places is going to rise over the next eight years as follows;

Year	Year 7 Cohort projection
2016	2417
2017	2557
2018	2768
2019	2817
2020	2968
2021	2964
2022	3037
2023	3080

- 6.2 Currently there are 2667 places within Secondary schools in the Borough, showing that from 2018 there will be a forecasted deficit if we do not consider secondary school expansion (or new schools).
- 6.3 As such the ability to add an additional 2 forms of entry at Addey and Stanhope School will go some way to meeting this need.
- 6.4 Regarding the potential expansion scheme, a feasibility exercise has taken place which suggests that the Mornington Centre building when reconfigured can accommodate what is required to provide an appropriate environment for KS4, and would then allow the school to expand its intake to 180 pupils each year.
- 6.5 The benefit of utilising an 'annexe' site is that there should be very little impact on the school during the construction phase, indeed the expectation would be that the construction company would provide some educational outreach to current pupils so that the school can play (and receive) a positive part of the process.
- 6.6 In terms of standards the school was last Ofsted inspected in 2012, the result being that the school achieved a 'Good' rating regarding its overall effectiveness.
- 6.7 It should also be noted that the expected changes to the School funding formula will most likely make it even harder for smaller secondary schools to remain financially viable, and that by this proposed expansion, we will help the school to realise some economies of scale that allow it to continue to invest in teaching and learning moving forwards. Indeed officers' current belief is that a secondary school needs to be a minimum of 6 forms of entry to be viable, especially in the context of forthcoming funding changes.
- 6.8 To date officers have held initial discussions with the school's governing body who are minded to consider the opportunity to expand the school.
- 6.9 Overall this rationale should be seen as a clear example of a school that should be considered for expansion.

7. Financial Implications

Capital Financial Implications

- 7.1 This report recommends that a consultation is undertaken on the proposal to enlarge Addey and Stanhope School from 4 to 6 forms of entry with effect from September 2018. Any capital costs in delivering an enlargement would be funded from the School Places capital programme.
- 7.2 A review of the Places capital programme has identified that there is a shortfall in resources anticipated for 2016/17; the forecast programme expenditure in 2016/17 exceeds the forecast available resources, which includes Basic Need grant and S106 contributions. The exact amount of the shortfall will depend upon factors such as delivery timescales, defects and retention withholdings, and the allocation of S106 contributions, but could potentially be as high as £8m. The Council will use capital reserves to finance the shortfall, although it should be noted that a shortfall of this magnitude could substantially deplete capital reserves and even result in a borrowing requirement.
- 7.3 The School Places capital programme is forecast to have available resources of £10.3m in 2016/17, and further receipts of Basic Need grant of £10.6m and £14.1m are expected in 2017/18 and 2018/19 respectively.

Revenue Financial Implications

- 7.4 All on-going revenue costs of running the enlarged school will be met from the resources of the Dedicated Schools Grant.

8. Legal Implications

- 8.1 The Human Rights Act 1998 safeguards the rights of children in the Borough to educational provision, which the Council is empowered to provide in accordance with its duties under domestic legislation.
- 8.2 Section 14 of the Education Act 1996 obliges each local authority to ensure that there are sufficient primary and secondary school places available for its area i.e. the London Borough of Lewisham, although there is no requirement that those places should be exclusively in the area. The Authority is not itself obliged to provide all the schools required, but to secure that they are available.
- 8.3 In exercising its responsibilities under section 14 of the Education Act 1996 a local authority must do so with a view to securing diversity in the provision of schools and increasing opportunities for parental choice.
- 8.4 The Education and Inspections Act 2006 places requirements on Authorities to make their significant strategic decisions concerning the number and variety of school places in their localities against two overriding criteria:
 - to secure schools likely to maximise student potential and achievement;
 - to secure diversity and choice in the range of school places on offer.

Section 19 of the Education and Inspections Act 2006 provides that where a local authority or the governing body of a maintained school proposes to make a prescribed alteration to a maintained school and it is permitted to make that alteration, it must publish proposals.

- 8.5 The School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2013 provide that proposed enlargements of school premises which would increase the capacity of the school by more than 30 pupils and by 25% or 200 pupils (whichever is the lesser), or changes to the age limit of a school are prescribed alterations which means that statutory proposals have to be published, and there must be a period of four weeks for representations before a decision is made. This does not apply to temporary enlargements where it is anticipated that the enlargement will be in place for less than 3 years, or a rise in the number anticipated lasting only one year.
- 8.6 The Council, before making any decision regarding the expansion of a school, must ensure that capital funding is in place, interested parties have been consulted, the statutory notice is published and there has been a four week period for representation.

Equalities Legislation

- 8.7 The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 8.8 In summary, the Council must, in the exercise of its functions, have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - advance equality of opportunity between people who share a protected characteristic and those who do not.
 - foster good relations between people who share a protected characteristic and those who do not.
- 8.9 It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed at 8.8 above.
- 8.10 The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. The Mayor must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.
- 8.11 The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled "Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice". The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so

without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at:

<https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-codes-practice>

<https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance>

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

- [The essential guide to the public sector equality duty](#)
- [Meeting the equality duty in policy and decision-making](#)
- [Engagement and the equality duty: A guide for public authorities](#)
- [Objectives and the equality duty. A guide for public authorities](#)
- [Equality Information and the Equality Duty: A Guide for Public Authorities](#)

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

<https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance#h1>

8.14 A further report will be brought to the Mayor by the end of 2016 on the results of the consultations and full legal implications associated with those proposals will be set out in that further report.

9 Crime and Disorder Implications

9.1 There are no crime and disorder implications.

10 Equalities Implications

10.1 This report supports the delivery of the Council's Equalities programme by ensuring that all children whose parents /carers require a place in a Lewisham school will be able to access one.

11 Environmental Implications

11.1 Every effort will be made to enhance rather than detract from school environments in the solutions to providing additional primary places.

12. Background documents

None.

If there are any queries on this report, please contact Matt Henaughan, Service Manager, School Place Planning on 0208 314 8034

Chief Officer Confirmation of Report Submission			
Report for:	Mayor	<input type="checkbox"/>	
	Mayor and Cabinet	<input checked="" type="checkbox"/>	
	Mayor and Cabinet (Contracts)	<input type="checkbox"/>	
	Executive Director	<input type="checkbox"/>	
Information	<input type="checkbox"/> Part 1	<input checked="" type="checkbox"/>	<input type="checkbox"/> Part 2
			<input type="checkbox"/> Key Decision

Date of Meeting	28 September 2016
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Title of Report	Health and Social Care Devolution Pilot
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Originator of Report	Carmel Langstaff – Portfolio Manager, Whole System Model of Care	Ext. 49579
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At the time of submission for the Agenda, I confirm that the report has:

Category	Yes	No
Financial Comments from Exec Director for Resources	x	
Legal Comments from the Head of Law	x	
Crime & Disorder Implications	x	
Environmental Implications	x	
Equality Implications/Impact Assessment (as appropriate)	x	
Confirmed Adherence to Budget & Policy Framework	x	
Risk Assessment Comments (as appropriate)		
Reason for Urgency (as appropriate)		

Signed  Director/Head of Service
 Date 19/9/2016

Signed  Cabinet Member
 Date 20/9/2016

Control Record by Committee Support

Action	Date
Listed on Schedule of Business/Forward Plan (if appropriate)	
Draft Report Cleared at Agenda Planning Meeting (not delegated decisions)	
Submitted Report from CO Received by Committee Support	
Scheduled Date for Call-in (if appropriate)	
To be Referred to Full Council	

MAYOR AND CABINET			
Title	Devolution Pilot		
Key Decision	Yes	Item No.	
Ward	All		
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group		
Class	Part 1	Date	28 September 2016

1. Purpose

- 1.1 This report provides information about progress in relation to Lewisham's devolution pilot. It sets out the relationship between the pilot, the Sustainability and Transformation Plan (STP) and the One Public Estate initiative (OPE).

2. Recommendations

- 2.1 The Mayor is recommended to:
- 2.1.1 Approve the scope of Lewisham's Strategic Outline Case for devolution and instruct officers to develop the business case for submission in December 2016.
- 2.1.2 Delegate authority to the Executive Director for Community Services, in consultation with the Executive Director for Regeneration and the Head of Law, to negotiate the devolution asks; to develop new working arrangements with phased implementation of activities within current powers and to implement devolved arrangements from April 2018.
- 2.1.3 Note the interdependencies between the devolution pilot and key strategic programmes and activities.

3. Policy 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 provider partners to develop integrated services for the population of Lewisham to improve health and care outcomes and reduce inequalities.
- 3.2 Shaping the Future, the Council's Sustainable Community Strategy includes the following priority outcomes which relate to the transformation of health and care in Lewisham:
- Ambitious and Achieving – where people are inspired and supported to fulfil their potential.

- Empowered and Responsible – where people can be actively involved in their local area and contribute to supportive communities.
 - Healthy, Active and Enjoyable – where people can actively participate in maintaining and improving their health and wellbeing.
- 3.3. The programme also contributes to the following Council priorities:
- Community leadership and empowerment – developing opportunities for the active participation and engagement of people in the life of the community
 - Caring for adults and older people - working with health services to support older people and adults in need of care
 - Inspiring, efficiency, effectiveness and equity - ensuring efficiency, effectiveness and equity in the delivery of excellent services to meet the needs of the community.
- 3.4 In December 2015, Lewisham Council entered a cross-London agreement with health organisations and other local councils to transform services and improve health and wellbeing outcomes through new ways of working together and with the public. The signatories 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. 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.
- 3.5 STPs are five-year plans covering all areas of NHS spending in England. A total of 44 areas have been identified as the geographical ‘footprints’ on which the plans will be based, with an average population size of 1.2 million people. The scope of STPs is broad covering three headline areas: improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services. While the guidance focuses mainly on NHS services, STPs must also cover better integration with local authority services. The draft STP for south east London was submitted in June and specifically referenced Lewisham’s devolution pilot. The STP will now be further developed and re-submitted by October.

4. Background

- 4.1 Lewisham is developing an integrated whole system model of care and support that fully integrates physical, mental health and social care delivered to the whole population. Lewisham Health and Care Partners (LHCP) continue to work towards the vision of achieving a viable and sustainable ‘One Lewisham Health and Care System’ by 2020/21 which will:
- Enable our local population to maintain and improve their physical and mental wellbeing
 - Keep people living independent and fulfilled lives

- Reduce inequalities and provide services which meet the needs of our diverse community
- Provide access to person-centred, evidence-informed, high quality, pro-active and cost-effective care, when it is needed.

4.2 LHCP 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.

4.3 Since submitting the expression of interest to be a devolution pilot, Lewisham has submitted a bid to the 'One Public Estate' (OPE) initiative. 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

5. Developing the Devolution Business Case

5.1 The development of the Devolution Business Case is an iterative process. A Strategic Outline Case (SOC) was submitted in July that identified the specific powers and resources for which devolution is sought (see Appendix A). The key asks request the following powers and flexibilities:

(a) *Estates*

- The ability to retain capital receipts achieved through the asset rationalisation programme to invest in an enhanced Neighbourhood Care Hub to be developed on the Lewisham and Greenwich NHS Trust (LGT) and other adjoining sites owned by the Council and to reconfigure and extend neighbourhood care hubs in the other 3 neighbourhoods in Downham, New Cross and Sydenham.
- Delegated authority and powers to renegotiate the lease and management arrangements in the Waldron Health Centre.
- Delegated authority to negotiate the occupancy of health services in the Downham Health and Leisure Centre which will require new

lease arrangements and greater flexible space for peripatetic services to be offered.

(b) *Workforce*

- Flexibility to establish new evaluation schemes for new job roles across the health and care partnership.
- Delegated authority to set terms and conditions and professional requirements for new combined roles replicating the model practised by Buurtzorg that allows for whole person centred care.

(c) *New Commissioning Frameworks and Provider Models*

Transformation funding has been requested to facilitate the development of the specific asks and to support the delivery of this element of the programme. Key activities include:

- An evaluation of each proposed model and a business case for the selected model including a consultation plan and staff re-organisation documents
- Implementation of the agreed models which may involve the double running of services and specialist support to develop new commissioning capabilities
- Exploration of alternative contracting models in support of new provider models.

5.2 In addition to the transformation funding requested to support the development of new commissioning frameworks and provider models, funding to accelerate the roll out of the Connect Care data sharing system has also been requested. This would enable the extension of the connections to and inter-operability with other existing systems (such as mental health systems) and improve access for social and health care professionals.

5.3 The Devolution Programme Team provided feedback on Lewisham's SOC on 30 August 2016. The review highlights Lewisham's significant track record of delivery of integration and recognises that the transformation programme is well underway. The review indicates that key criteria have been met or almost met. These criteria include: clarity of the vision, healthy geography for devolved decision making, leadership capability and track record of collaboration between NHS bodies and the local authority.

5.4 The review suggested that the next iteration consider:

- The detail relating to each ask to determine the specific requirements in relation to devolution (it may be possible to deliver some objectives without devolved powers)
- The impact on other populations such as neighbouring boroughs
- The financial narrative, recognising the difficulty of developing this within the wider STP
- The financial case for transformation funding
- Specific engagement on the devolution pilot proposal and plans
- Case studies regarding the Estates element of the programme.

6. Next Steps

- 6.1 NHS England has now agreed a list of criteria for the formal assessment and sign-off of health and care devolution proposals. NHSE has confirmed that it was never expected that pilot proposals, in their current Strategic Outline Case form, would meet, or even address, all of the criteria. Further iteration of the business case and negotiation regarding the devolution asks will be undertaken between September and December.
- 6.2 The London Health Board has acknowledged the interdependency between Lewisham's devolution bid and the OPE process. The second stage submission of the OPE bid was completed in July 2016 and we are awaiting feedback.

7. Financial Implications

- 7.1 The Strategic Outline Case (SOC) requested £250,000 of transformation funding to support the development and implementation of the programme.
- 7.2 £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.

8. Legal Implications

- 8.1 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.

9. Crime and Disorder Implications

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

10. Equalities Implications

- 10.1 There are no specific equalities implications arising from this report.

11. Environmental Implications

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

If there are any queries on this report please contact Carmel Langstaff,
Portfolio Manager, Whole System Model of Care on 020 8314 9579 or at
carmel.langstaff@lewisham.gov.uk

LEWISHAM: DEVOLUTION PILOT

Strategic Outline Case

August 2016

1. Lewisham's Vision

1.1 Our Vision

Lewisham Health and Care Partners (LHCP) is a partnership of health and social care commissioners and providers working towards achieving a vision of a viable and sustainable single health and care system. By 2020 this will:

- Enable our local population to maintain and improve their physical and mental wellbeing
- Keep people living independent and fulfilled lives
- Reduce inequalities and provide services which meet the needs of our diverse community
- Provide access to person-centred, evidence-informed, high quality, pro-active and cost-effective care, when it is needed.

Our key objectives are to achieve:

Better health: making choosing healthy living easier – providing people with the right advice, support and care in the right place at the right time to enable them to choose how best to improve their health and wellbeing

Better care: to provide the most effective personalised care and support where and when it is most needed – given people control of their own care and support them to meet their individual needs.

Strong communities: to build engaged, resilient and self-directing communities - enabling and assisting local people and neighbourhoods to do more for themselves and one another.

Better value for the Lewisham pound: by focusing on delivering population-based health and wellbeing outcomes and higher levels of service quality within the financial envelope available to us.

1.2 Context

Lewisham has a long history of strong partnership work. In 2008 the borough launched a 12 year Sustainable Community Strategy which engaged all partners in broad strategic development to improve the quality of life of Lewisham's citizens. The vision for the borough which was developed then remains as pertinent today:

'Together, we will make Lewisham the best place to live, work and learn.'

The approach has shaped the current regeneration of the borough. The town centre has been transformed with both new and improved housing, secondary schools have been rebuilt and new health, leisure and community facilities have been delivered. LHCP are able to draw on the backdrop of this successful partnership working and delivery.

LHCP have already delivered a significant number of programmes and are now focussed on the next steps to deliver a whole system model of health and care. These include reframing the commissioning role and commissioning frameworks, establishing new provider models and vehicles for the delivery of community based care and giving particular focus to the estate requirements for the delivery of health and care in Lewisham and the ways of working and the skills and competencies needed in our future workforce. Our long history of collaborative working

means we are advanced on this journey. Achieving our ambition, however, requires a significant shift in the way that health and care within the borough is supported and delivered.

In addition to the NHSE 5 Year Forward View, the following sub regional and local strategies and plans shape and drive activity in Lewisham:

Our Healthier South East London (OHSEL)

Lewisham CCG has been working collaboratively with the five other South East London CCGs as part of the Our Healthier South East London (OHSEL) Strategy to collectively:

- respond to local needs and aspirations
- improve the health of people in south east London
- reduce health inequalities
- deliver a health care system which is clinically and financially sustainable.

The strategy complements and builds on activity in Lewisham. It has a particular focus on those areas where improvement can only be delivered by collective action or where there is added value from working together.

Sustainability and Transformation Plan

The OHSEL Strategy provided the starting point for the Sustainability and Transformation Plan (STP). The STP has developed this work considerably further both in terms of collective governance and scope of plans for both commissioners and providers across the system. 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.

The STP has 5 priorities and areas of focus:

- Developing consistent and high quality community care and prevention
- Improving quality and reducing variation across both physical and mental health
- Reducing cost through provider collaboration
- Developing sustainable specialised services
- Changing how we work together to deliver the transformation required

One Public Estate

Lewisham has been awarded £50,000 to develop the second stage bid to the One Public Estate (OPE) initiative. If the second stage bid is successful, Lewisham will secure up to £500,000 to support the delivery of the programme. 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

Lewisham's OPE submission outlined three interdependent schemes:

- Regeneration – activity focussed on shared development of 4 specific geographical areas that will deliver new homes, employment and fit for purpose assets whilst retaining the ‘look and feel’ of thriving neighbourhoods and distinct communities.
- Collaboration – activity to enable and support the expansion of community based care services, new models of care at home, primary care development and the integration of adult social care and health facilities.
- Strategic Estate Planning – activity to maximise the use of existing facilities and co-location of services.

In addition to these key strategic drivers, there are also parallel programmes of work, for example activity to develop interconnected IT, which overlap and complement the devolution activity. We will ensure that all the relevant strategic plans and programmes are co-ordinated to reduce duplication and to maximise the benefits.

1.3 Benefits of Devolution

Lewisham Health and Care Partners (LHCP) see this devolution pilot as a strong signal of intent that Lewisham is serious about working in new and different ways to cover new ground in delivering real benefits for our population. LHCP are keen to test the opportunities offered by devolution to increase the scale and pace of health and care integration locally. Our partnership wishes to explore ways in which the freedoms and flexibilities offered by devolution could assist and enhance our work.

Specifically, we want to:

- Develop a sustainable health and care system by removing unnecessary restrictions that apply to the use and disposal of our estate. This will enable us to unlock the capital for re-investment within our own borough to provide fit for purpose premises and make services more accessible.
- Develop a more flexible workforce with roles that are more generic, bridge organisational differences and focused on outcomes.
- Access transformation funding to test the future delivery model for the full integration of adult social care and health services.

2. The Strategic Case for Change

2.1 Our Journey So Far

Lewisham Health and Care Partners (LHCP) have been working together to develop and deliver integrated services since the integration of acute and community health services in 2010 (see Figure 1 for a timeline of key developments in relation to the development of integrated services).

Partners include:

- London Borough of Lewisham (LBL)
- NHS Lewisham Clinical Commissioning Group (LCCG)
- South London and the Maudsley Foundation Trust (SLaM)
- Lewisham and Greenwich NHS Trust (LGT)

- Lewisham General Practitioners (GP) Federations (four neighbourhood federations)

The principle of subsidiarity underpins our approach to joint working.

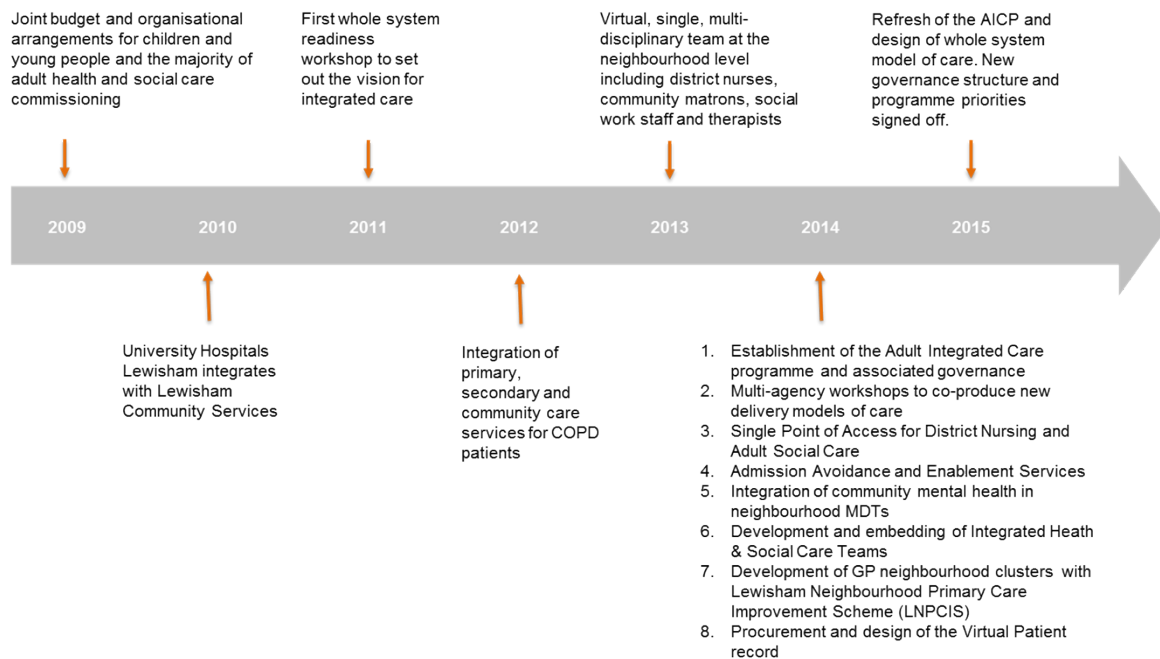
It was agreed that the partnership would focus all adult health and care services outside of the acute sector along the neighbourhood footprint established by GPs in 2008. In 2015, those four neighbourhood clusters were consolidated into four neighbourhood GP Federations. A fifth pan-Lewisham provider is also now in place. A range of services, including services delivered by the voluntary sector, are now organised on a neighbourhood basis.

To date, the integration of services for adults has been primarily overseen by the Adult Integrated Care Programme (AICP) Board which reports to the Health and Wellbeing Board. It has been funded through section 75 pooled budget arrangements and the Better Care Fund. A number of partnership initiatives have been delivered including:

- *Establishing a Joint Commissioning Unit* - in 2010 Lewisham Council led the development of a Joint Commissioning Unit, bringing together key commissioning functions across Lewisham Clinical Commissioning Group and the local authority.
- *Integrating adult social care services and health staff teams* - virtual multi-disciplinary teams of social care and nursing staff aligned to GP practices have been established, a Single Point of Access has been developed and enablement services are now integrated.
- *Establishing a virtual patient record* – ‘Connect Care’, Lewisham’s data sharing system has been designed, procured and established. Connect Care has been rolled out across Lewisham and Greenwich Trust and primary care, with the integration of adult social care data later this year. The focus in 2016 is on extending the connections to other existing systems (such as mental health systems) and improve access to social and health care professionals.

For children and young people, we have mature partnership arrangements in place. The Children and Young People’s Strategic Partnership Board oversees the work of a joint commissioning team as well as wider strategic initiatives focussed on children and young people. Children’s health and early intervention services have been aligned at the front line of delivery for number of years in Lewisham. Many health and early intervention services are co-located on a neighbourhood model, including those services for children with complex needs on a children’s centre neighbourhood model. GPs have been actively engaged in this work and this engagement is increasing over time.

Figure 1: Timeline of local integration to date in Lewisham



2.2 Lewisham's Challenges

Lewisham is a diverse inner London borough with a growing population, projected to increase from 297,325 to 318,000 by 2021. It is the 15th most ethnically diverse local authority in England (46% of the population are from black and ethnic minority groups). Around 26,000 residents are above 65 years of age and over 3,400 are aged over 85 years. The Index of Multiple Deprivation 2015 ranks Lewisham 48th of 326 districts in England and 10th out of 33 London boroughs. There are nearly 40,000 one person households in Lewisham.

We recognise that the current system is not sustainable or achieving the health and care outcomes we should:

- Life expectancy remains lower than the England average. Cancer is now the main cause of death (28.3%), followed by circulatory disease (28.1%), respiratory disease (13.8%) and dementia (9%) in Lewisham. Too many people die early from deaths that could have been prevented by healthier lifestyles.
- There are significant health inequalities in Lewisham. People living in the most deprived wards, in Lewisham, have poorer health outcomes and lower life expectancy compared to England's average. Lewisham is one of the most ethnically diverse areas of the country and African and African Caribbean residents are disproportionately over-represented in mental health admissions.
- Too many people live with ill health. 29% of Lewisham's population have 1 LTC (about 86,570 people). Over 50% of those aged over 75 are likely to have two or more long term conditions.
- Demand for care is increasing, both in numbers and complexity. 14% of people in Lewisham identify themselves as having limitations in carrying out day-to-day activities. That is equivalent to around 38,000 people.

- High quality care is not consistently available - the quality of care that patients receive and the outcome of their treatment can vary depending on when and where they access health and care services.
- The prevalence of serious mental illness is higher than the England average. There has been a statistically significant increase in the prevalence of depression in adults (from 5.90% in 2013/14 to 6.40% in 2014/15).

The main health risks by age group	
<p style="text-align: center;">Children</p> <ul style="list-style-type: none"> • premature delivery • low birth weights of babies • high levels of obesity • exposure to toxic stress • the level of child poverty in Lewisham is significantly worse than the England average • the rate of family homelessness is also worse than the England average 	<p style="text-align: center;">Young people</p> <ul style="list-style-type: none"> • mental health issues, often as a consequence of exposure to toxic stress during early development • sexual ill-health - high levels of teenage pregnancy and rates of sexually transmitted infections (STIs) • high levels of obesity • tobacco, alcohol and cannabis use also adversely affected
<p style="text-align: center;">Adults</p> <ul style="list-style-type: none"> • increasing numbers of people diagnosed with long term conditions and their management, in particular, diabetes, COPD, CVD and hypertension • level of mental health needs for both common and severe mental illness is significantly higher for adults in Lewisham than comparative borough • Lewisham is only identifying 52.9% of people with dementia; increasing the low diagnosis is a national challenge • high levels of drug and alcohol misuse 	<p style="text-align: center;">Older people</p> <ul style="list-style-type: none"> • the likelihood of having a long term condition increases with age, with over 50% of those aged 75+ having two or more long term conditions. • dementia as it increases markedly with age and the level of diagnosis is low (see Adults section) • accidental falls - the rate of emergency hospital admissions for accidental falls is significantly higher in Lewisham than the England average, at 3,367 per 100,000 in 2012/13

Delivery Challenges

The south east London health economy faces a considerable affordability challenge over the next five years. The STP estimates this to be £1015m by 2021/21 on a 'do nothing' basis. Our experience of joint working has thus far realised considerable savings across all parts of the system. However, there needs to be considerable streamlining and more effective targeting of interventions to save on staff costs and provide more effective outcomes.

There are emerging constraints to the development of a whole system model of care in Lewisham. While some can and should be managed locally, they are nonetheless the starting point for Lewisham's 'asks' in relation to the devolution pilot.

Challenges to utilising our public estate to deliver a whole system model

A review of estates across the health and care system has identified opportunities for using assets more efficiently and highlighted key challenges:

1. It is clear that some sites are not fully utilised, not ideally set up for the services using them, and/or need upgrading or improving. LHCP have committed to developing a joint strategy to reconfigure sites and enhance the gain for residents. This work has been timely in relation to the opportunity to submit an application to One Public Estate. Reconfiguring sites to address

these challenges requires greater flexibility in relation to resources to enable reinvestment with Lewisham's health and care system.

2. The availability of estate suitable for co-location of integrated teams or even at a minimum space where teams can come together on a regular basis to collaborate is limited. There are restrictions around the use of three of the sites identified for Neighbourhood Care Hubs that support our Neighbourhood Care Network model. These are delaying the integration of health and social care services and the development of the Hubs and wider Neighbourhood Care Networks:
 - *The Waldron Health Centre* was developed as part of the LIFT Programme and currently houses GP surgeries and some district nursing office space. The building is under-used and could be occupied to full capacity. However, the arrangements in place for leasing and developing the space are complex and the under-utilisation is costly.
 - *Downham Health and Leisure Centre* is a PFI building that opened in March 2007. The centre includes health care facilities, library, community hall, and leisure services (including a 25m swimming pool, teaching pool, gym, studios, floodlit AstroTurf and multi-use games area, and playing fields). It is managed by 1Life (formerly Leisure Connection Ltd) operating through an Industrial and Provident Society (IPS), Downham Lifestyles Limited.
 - *Sydenham Green Health Centre* is owned by Lewisham and Greenwich NHS Trust and houses a GP practice. Although there is considerable potential to develop the usage of the building and the site beyond primary care, it is proving difficult to achieve this.

Challenges in delivering joint working and care coordination:

1. There are recruitment challenges across the system with shortages for a range of staff including qualified and experienced social workers, occupational therapist and nurses. 24% of Healthcare Assistant positions in primary care are vacant, the highest of any general practice staff group. Staff shortages are restricting face to face time with health and care professionals.
2. The current approach to workforce is unsustainable. In primary care alone it is estimated that an additional 134 GPs and 82 nurses will be required by 2021 at a cost to the health economy of approximately £17m. 42% of the general practice workforce in Lewisham is aged between 50 and 65. Supply forecasts predict a GP supply shortfall of 25% in this scenario.
3. Inflexibility around job evaluations at the Council slows down and in some cases halts the creation of new roles that cross current professional boundaries.
4. Where new roles that blur professional boundaries are being considered, rules relating to clinical governance can hinder developing and embedding these new roles.
5. While the Connect Care information sharing agreement has enabled significant progress in relation to integrated working, in some areas information sharing remains restricted. Connect Care offers an opportunity to create a generic overarching information sharing process to enable all key stakeholders, including residents, to collaborate and safely store information to support integrated care that will enable them to deliver joint assessment, care planning and care coordination across organisational boundaries, a core benefit of integration.

Challenges in delivering whole system joint commissioning:

1. Like many health and care economies, Lewisham is facing significant financial pressures in the form of rising demand for services and allocations that are either declining (social care) or increasing but in very small percentages (health). This creates a funding gap that will only

increase over the next five years unless new ways of funding and delivering services are put in place. Collectively, in 2016/17 the CCG, Adult Social Care (ASC) and Public Health have nearly £472.9 million to commission advice, support and care on behalf of Lewisham people. Commissioning partners face a funding gap of nearly £17m in 2017/18 between the projected spending requirements and expected resources available. In addition local providers are required to make efficiency savings.

2. The annual commissioning cycle makes it difficult for the CCG and Council to allow for upfront investment in transformation with the benefits realised over a 3-5 year cycle. A multi-year cycle would also enable the defined benefits to be based on outcomes rather than process targets.

2.3 Engagement

A range of engagement and co-design activity has been undertaken to inform our transformation and integration activity:

- ‘The People’s Quality Summit’ in March 2014 gave almost 100 people an opportunity to give their views on the kind of health and social care services they need and want.
- ‘Your Voice Counts’, a public event held in July 2015 to obtain a public perspective on the development of Neighbourhood Care Networks.
- The redesign of the Enhanced Care and Support (ECS) Services is based on the findings of commissioner led audits which were undertaken in July and November 2015. Engagement on the ECS services is planned for July – September 2016.
- The new Social Care and Health web pages of Lewisham Council’s website and directory of services, which went live in August 2015, were co-designed and tested with service users. This included test and learn sessions with over 50 individuals. A workshop was held in March for people with a visual impairment to better understand the barriers to digital engagement. This has resulted in setting up digital skills training. In April 2016 a survey was undertaken with residents and staff to better understand the development of the Live Well Lewisham App. Further work planned for 2016 includes further engagement on residents’ digital journeys and the involvement of service users in the Safe and Independent Living (SAIL) evaluation.
- The proposed approach to articulating the vision and over-arching branding was tested with the CCG’s Public Reference Group in June 2016.

Key themes in terms of what our communities want from health and care services have emerged from our consultation and engagement activity:

- More face to face time with health and care professionals
- Improved access to mental health services and resources, with better signposting to the full range of services available.
- Improved access to GPs and walk in centres, especially out of office hours
- Better communications, information and integrated record sharing across service providers and more diverse communication channels about available services.
- Integrated person centred services with a single entry point for patient information
- Staff across the system to have the skills and knowledge to help and support residents to look after their own health and wellbeing, to direct their own care and to choose the support and services they need.

- Better care co-ordination and improved support for people to navigate the health and care system
- More health and wellbeing services and support for carers

A Communications and Engagement Strategy is being developed to position the work that is being progressed across the system within the strategic vision for health and care in Lewisham.

3. Our Plans for Transformation

3.1 A Whole System Approach

Lewisham Health and Care Partners have long recognised that many of the challenges they face can only be addressed and resolved at a local borough level and furthermore a significant element of our whole system model of care is the delivery and management of services wherever possible at a neighbourhood level. Table 1 below sets out some of the key milestones that will need to be met over the next 4 years. Detailed business cases and plans lie behind each activity.

Table 1:

LEWISHAM WHOLE SYSTEM MODEL OF CARE: Key Milestones				
	By April 17	By April 18	By April 19	By April 20
Strategy	<ul style="list-style-type: none"> • Scope of community based care to be delivered at a neighbourhood level and shift of services agreed • Commissioning and provider delivery vehicle options developed • Lewisham’s shadow commissioner and provider delivery vehicles agreed and operational • Step improvement in agreed outcomes achieved, including, reductions in acute admissions & delayed discharge and increases in user & workforce satisfaction. 	<ul style="list-style-type: none"> • New delivery models for accessible planned, urgent and emergency care agreed • Reduction in non-planned emergency activity across the system • Reductions in acute admissions & delayed discharge • Increase in user satisfaction 	<ul style="list-style-type: none"> • Step change in agreed outcome measures with significant improvement in user satisfaction and public engagement indicates more satisfaction with services 	<ul style="list-style-type: none"> • Evidence of better health, better care and stronger communities • Second year of expected value delivered against contracts (shared savings) • Residents look after their own health and wellbeing, are supported to direct their own
Finance &	<ul style="list-style-type: none"> • Operational delivery plans reflect direction of travel • Contract specifications 	<ul style="list-style-type: none"> • Outcome based contracts for in place for existing and new provider vehicles 	<ul style="list-style-type: none"> • First year of expected value delivered against contracts (shared savings) 	

B	<p>reflect direction of travel</p> <ul style="list-style-type: none"> Affordability of new models agreed (based on population and services) Outcome based contracts for selected population cohorts and/or functions agreed and in place Shared understanding of the local health & care market reflected in the commissioning intentions. 			<p>care and to choose the support and services they need at the right time.</p> <ul style="list-style-type: none"> All residents receive coordinated, person centred care All residents have access to planned, urgent and enhanced care Technology supports workforce to engage differently with service users and enables residents to self-care and self-manage. Fully integrated information management systems Lewisham's estate enables multi-purpose, flexible working for community based care.
Multi-disciplinary working within neighbourhoods	<ul style="list-style-type: none"> Risk stratified target groups managed through multi-disciplinary working High risk individuals have joint assessments and care plans in place A menu of support is available for individuals to self-manage their long term conditions 	<ul style="list-style-type: none"> Accessible, co-ordinated person centred care is delivered by alignment of health (physical & mental) & social care provision 	<ul style="list-style-type: none"> Accessible, integrated, person centred care supported by a capable health & social care workforce in the community. 	
Enhanced care & support	<ul style="list-style-type: none"> Models for admissions avoidance (planned & urgent) delivered and evaluated – home ward, rapid response and ambulatory care. New hospital discharge processes and provision in place Outcome based contracts for domiciliary care in place 			
Work	<ul style="list-style-type: none"> Community based self-governing teams explored for potential application in Lewisham (Buurtzorg model) Existing community based health & social care roles have the knowledge and skills needed for effective multi-disciplinary working. The Lewisham 	<ul style="list-style-type: none"> Redesigned roles in place to deliver whole system model of care Higher levels of workforce retention & workforce satisfaction. 		

	workforce has the digital skills to employ new ways of working.			
IMT	<ul style="list-style-type: none"> Shared health and care information is accessible to patients and practitioners 	<ul style="list-style-type: none"> Shared care records across Lewisham Health & Care Partners Integrated data reporting systems 	<ul style="list-style-type: none"> Technology enables mobile/ virtual working system wide. 	
Estates	<ul style="list-style-type: none"> Estates specification for community based care at a neighbourhood level agreed 	<ul style="list-style-type: none"> Community spaces based on neighbourhood footprints operational Estates requirements for other care models identified 	<ul style="list-style-type: none"> Community spaces bring together physical & mental health, social care and non-health services such as employment services and housing 	

3.2 How we will take this forward

Governance

Representatives from Lewisham’s Health and Care Partners have formed a partnership board, LCHP Executive Board, which will primarily continue to focus on delivering fully integrated adult social care and health systems.

As a partnership board, members will:

- Oversee the development of the whole system model of care implementation plan and timings;
- Review the options for organising the whole system (for commissioners and providers) and their legal, financial, clinical and regulatory implications;
- Clarify and seek sign off from local decision-makers including the Health and Wellbeing Board, the Council Cabinet, CCG Governing Body, South London and The Maudsley Foundation Trust and Lewisham and Greenwich Trust Board about benefits and impacts;
- Consider the options for shadow running elements of new commissioning and provider models

The LHCP Executive Board will be overseen by Lewisham’s Health and Wellbeing Board. Four distinct boards will report to the LHCP Executive Board: the Estates Board, the Devolution Board, the Adult Integration Board and the Section 75 Board. These four boards are aligned to a number of partnership boards including Lewisham’s Regeneration Board.

A diagram showing the governance arrangements is included as Appendix A.

Developing a new model for Community Based Care

Collectively, the CCGs in South East London are working together as part of Our Healthier South East London, to divert demand for secondary and acute services by expanding accessible, proactive and preventative care delivered out of hospital. In line with the broader south east

London approach, the principle for health and care services within Lewisham is that delivery should be:

- As close to home where possible for easy access
- Centralised when necessary to enable quality, safety and sustainability

Community Based Care delivered within Neighbourhood Care Networks is the foundation of the integrated whole system model that has been developed for south east London. This model focuses on population health and well-being, supporting people to manage their conditions and increasing prevention and early intervention.

In Lewisham, we are developing Neighbourhood Care Networks (NCNs), our local interpretation of the OHSEL Local Care Network concept, informed by what our communities have said they want from health and care services. This is identified as a key priority within Lewisham's Better Care Fund submission. NCNs will support the delivery of care in the community, closer to people's own homes so that people can access the care they need when they need it, and only go to Accident and Emergency or to hospital if they really need to be there. Effective NCNs will ensure that people don't have to travel too far to get the care they need and, where possible, get different services delivered from the same site.

Lewisham's NCNs will link primary, community, specialist teams working in the community, mental health and social care colleagues together to manage the health and care of local registered populations of between 61,720 and 116,583 people. Work to define the organisational model to deliver statutory elements of community based care and the interface with GP federations is ongoing. NCNs will connect at a local level the full range of community based services. This includes care provided by GPs, social care, pharmacists, other NHS and local authority services, as well as that provided by the voluntary and community sector. NCNs will also develop an integrated approach with acute providers identifying services which can be delivered locally, as well as making use of acute assets and expertise.

Based on the OHSEL model, each Neighbourhood Care Network will work towards:

- Building strong and confident communities and involved, informed patients and carers who are supported to stay independent and self-manage
- Delivery of consistently high standards of care, including the London Primary Care standards, with clear outcome measures
- Responsive services providing access from 8am –8pm seven days a week
- A focus on the physical health and wellbeing of people with enduring and significant mental health problems
- Proactive primary and secondary prevention, equitable and timely access, effective co-ordination
- A systematic risk stratification and problem solving approach
- Co-working with voluntary sector organisations to develop local communities and support the more vulnerable.

LHCP recognise that although Neighbourhood Care Networks form a loose federation organisationally and will operate from a variety of community settings, the expansion of primary care services will be required as the cornerstone of this work. A Neighbourhood Care Hub will be established in each neighbourhood but this may also be complemented by the community buildings that can provide a range of services supporting primary care provision and other Neighbourhood Care Network provision.

Neighbourhood Care Networks will need to be aligned with the development of a strategic and whole system approach to estates, workforce and IT systems. Consideration of new contracting models to support NCNs will also be undertaken. It is this activity that will determine our devolution asks.

3.3 Estates

Developing a Strategic Approach:

Over the last year, Lewisham has undertaken some initial work to develop a strategic approach to estates. A review of the level and positioning of assets across the system has established the current pattern of use, lease/ownership arrangements and how the location of services affects their delivery.

Current estate assets:

Organisation	No. of Sites	Total sq m Occupied	Ownership Status
LBL:			
Adult day centres	4	6710	All freehold
Care homes	2	No size available	All freehold
Children Centres – stand alone sites	2	1883	All freehold
Children Centres – part of school sites	6	No size available	Tenure TBC
LGT	14	4,222	6 freehold 6 leasehold 1 LIFT leasehold 1 PFI leasehold
SLaM	26	19,658	15 freehold 8 leasehold 3 tenure TBC
General Practice	44	12,558	11 freehold 17 leasehold 16 tenure TBC
Total	98	45,031	40 freehold 33 leasehold 25 TBC

Lewisham also owns a number of community centre sites that could be more fully utilised in relation to the provision of health and care services.

For health partners, individual estate strategies have formed the bedrock of each borough's submission to the Sustainability and Transformation Plan (STP). There is a recognition that while each borough can benefit its residents significantly from cross partner estate working, this needs to take account of and contribute to the most effective and efficient provision of health services across south east London as a whole and the need for assets that are fit for purpose to support these services.

Guiding Principles:

A set of guiding principles have been developed to support the application to One Public Estate as well as forming a framework for the London Devolution Pilot:

1. Consideration of new housing opportunities should be priority in all areas of asset reconfiguration and disposals whilst recognising the need for infrastructure review to support a growing number of residents where possible.
2. Our assets should be used to full capacity and should be financially and geographically accessible for health and well-being services required by residents.
3. For those assets that remain in community and public use there should be a clear purpose and rationale for the redevelopment and use of the building(s).
4. Back office, infrastructure and administrative support should be shared where possible, streamlined and housed in buildings that lend to greater use of touchdown, and digital services.
5. Capital receipt gained from asset rationalisation should be used where possible to contribute to the reconfiguration of services and service improvement.
6. Capital receipt acquisition from other partner organisation should not impact negatively on another partner's financial stability.
7. Community assets should look to house a wide range of both statutory and voluntary services where appropriate and develop simple, effective lease and payment systems to accommodate these.
8. All redevelopment of sites should continue to contribute to economic development and the look and feel of the borough.
9. A memorandum of understanding will underpin the legal and best value requirements for asset disposal and development across the partnership.

Estates and devolution

Lewisham's devolution pilot focuses in particular on developing estates that support the delivery of community based care through Neighbourhood Care Networks and using buildings to support multi-disciplinary teams and ways of working.

In each neighbourhood we have a well-established vision and have already adapted buildings that are publically subsidised in order to support both co-ordinated and integrated health and care services. The Kaleidoscope building, for example, delivers integrated community health services for children. More recently, adult day care centres have been transformed into multipurpose sites to provide preventative support services. These centres will continue to be used for day care opportunities for people with learning disabilities but will now provide:-

- Streamlined information and advice services to residents covering all information and advice support and in particular help with self-management, self-care and making informed choices about future care
- Assistance to residents to be able to access services digitally

- Back-office shared spaces for voluntary sector organisations in return for a contribution to improved health and wellbeing services
- Physical activity, dance and movement to assist in social prescribing.

The Neighbourhood Care Hubs:

Each neighbourhood will host a Neighbourhood Care Hub. Each hub will expand the availability of primary care health services in terms of opening hours and proximity to where people live. It will also widen the scope of what can be offered in one place and will include any number of GP services, pharmacy, ophthalmology and mental health services. The additional space that a hub can offer allows for an expansion of service which in some practices and health centres is at present constrained by space and what can be offered by one centre. The hub offers the potential for a more flexible, co-ordinated services across a neighbourhood. The newly constituted GP Federations could, for example, offer clinics / services extended opening hours by visiting the hubs on a peripatetic basis. The final configuration of each hub service offer is not formalised as yet. It forms part of a bigger canvas in each neighbourhood which will see some planned GP mergers and site reconfigurations that will ultimately define which cluster of services need to be within each hub. A list of potential services that could be offered in a Neighbourhood Care hub is included as Appendix B.

The over-riding principles are that the hub service should supplement and not duplicate other care services, should facilitate co-location or collaboration with other voluntary sector support services where appropriate. They should house or be close to the 'touch down' bases for the integrated community-based neighbourhood teams and should be recognised as centres which do as much to promote health, wellbeing and self-care as to provide appropriate care for those with ill-health.

The Neighbourhood Care Hubs will:

- be fit-for-purpose, flexible, adaptable and able to facilitate the shift of services out of the acute hospitals into the community.
- provide local accessible centres of excellence
- facilitate multi-disciplinary working
- enable the voluntary sector to better connect to formal health and care providers
- realise a reduction in maintenance and back office costs.

The Neighbourhood 2 hub will be developed on the LGT hospital site and other adjoining sites owned by the Council and will subsequently host a larger range of services than the other hubs, making use of existing diagnostic facilities onsite, education and research capacity and more specialist clinical advice and back up.

The other proposed Hub sites are:

Neighbourhood 1	Waldron Health Centre
Neighbourhood 3	Sydenham Green Health Centre / Jenner Health Centre, developing use of a nursery school site soon to become available
Neighbourhood 4	Downham Health and Leisure Centre

It is envisaged that the Neighbourhood Care Hubs could house:

- Bases for the integrated nursing and social care teams (the Neighbourhood Community Teams) and the community mental health team.
- Touch down space for services which are part of the Neighbourhood Care Network including the voluntary sector.
- New services to promote / expand primary care.
- Bases for local social enterprises.
- Information and advice and help with accessing digital services and choices.
- Bookable space for shared use.
- Diagnostics.
- Urgent care and extended access.

Work with NHS Property Services, CHP, London partners and sub-regional strategic estates boards will explore the potential to facilitate the release of primary care and hospital estates to support the development of Community Based Care and Neighbourhood Care Networks and release relevant resources for transformation. Many details now need to be considered in this, including:

- Criteria and benefits for the co-location of services
- The commercial basis on which buildings are managed to enable more flexibility
- New ways of working for staff which are likely to require different premises such as touch-down bases for staff working in the community.

3.4 Workforce:

There are approximately 200 staff working within the 4 core Neighbourhood Care Teams. Another 100 are employed in other community roles that support people's health and wellbeing. These staff work in local organisations that collectively employ over 5,000 people in Lewisham's health and care services. Taken as a whole the staff group constitute approximately 6% of the Lewisham health and social care workforce. A further 400 staff work as part of the primary care workforce spread across 40 GP practices.

The focus of our collective approach to workforce development has been the creation of Neighbourhood Care Teams. Building on the integration of health and care staff in other services across Lewisham, for example Enablement Services and Joint Commissioning, 4 virtual multi-disciplinary teams (Neighbourhood Community teams) of social care staff and district nurses have been developed. These teams are organised on the neighbourhood footprint of the 4 GP Federations and the aspiration is to co-locate them in each neighbourhood, creating fully integrated teams. Some mental health services are already organised on a neighbourhood basis and work is underway to consider how mental health professionals can be aligned with or integrated into the Neighbourhood Community Teams.

Our achievements in relation to the Neighbourhood Community Teams include:

Establishing a team of Neighbourhood Co-ordinators - central to the effective operation of the Neighbourhood Community Teams has been the development of a team of Neighbourhood Care Co-ordinators. One co-ordinator has been operating in each neighbourhood since February 2015. The co-ordinators are funded through our pooled budget arrangements and work across the system, improving communication and patient flows both within social care, district nursing

and primary care but also between the NCTs and wider health and care services including mental health, enhanced care and support services and housing.

Implementing a workforce development plan for the NCTS - a workforce development plan to deliver the culture change and training needed to support the integration of the Neighbourhood Community Teams (NCTs) was initiated in May 2015 and implementation is ongoing. Workforce development is aligned to activity to develop joint processes. Joint approaches to pressure care, referral pathways and information flows have been co-produced and piloted with the staff in the Neighbourhood Community Teams. Guidance to standardise the approaches to multi-disciplinary meetings and case conferences has been co-produced with the NCTs and primary care. Two new posts have been created to work with the teams to co-design the key processes required for integrated teams: single assessments, single care plans and joint key working arrangements. These processes will be in place within the next 12 months.

Improving quality - considerable work has been undertaken to improve the quality of practice, particularly in relation to district nursing.

Aligning mental health - key mental health services are now aligned on a neighbourhood basis. Multi-disciplinary approaches to responding to people with mental health issues in crisis have been agreed. Regular interface meetings between professionals now take place. Activity to improve the referral and escalation processes have been undertaken. In terms of next steps we are exploring how to further align mental health services with the NCTs and considering options for co-location.

Developing voluntary sector activity – since 2010, Lewisham Council has invested approximately £1,300,000 annually in innovative voluntary sector initiatives to develop new preventative services to support people to stay well in their communities. *Community Connections* is a key project within this scheme. Delivered by a consortium of voluntary sector providers, there are 3 strands of activity that take place in each neighbourhood: community facilitators provide an alternative approach to brokerage, working with people to identify opportunities for their needs to be met in their communities; community development workers support organisations to develop activities to respond to un-met need; volunteer co-ordinators encourage volunteering and improve the connectivity between volunteers and people needing their support.

Neighbourhood Community Teams – next steps

LHCP are keen to develop new approaches to delivering health and care informed by the Buurtzorg model developed in the Netherlands. The Dutch home-care provider Buurtzorg has attracted widespread interest for its innovative use of self-governing nurse teams. Rather than relying on different types of personnel to provide individual services—the approach taken by most home health providers—Buurtzorg expects its nurses to deliver the full range of medical and support services to clients. Buurtzorg has earned high patient and employee satisfaction and appears to provide high-quality home care at lower cost than other organisations.

A team of 13 managers and front line staff from Lewisham visited the Netherlands in June to gain a more in depth understanding of the model and how it could be applied in a Lewisham context.

Developing a Lewisham version of the model will require us to do the following which form the basis of our devolution asks:

- Develop new joint health and care roles and responsibilities, specifically the ability to conflate roles
- Develop a single tier of management across organisations supported by new professional coaching roles to retain clinical oversight.

Wider Workforce Development

LHCP are keen to apply the learning from the development of the Neighbourhood Community Teams and the flexibilities of the devolution asks to the wider development of the health and care workforce for example:

- To develop new roles such as care navigators to reduce some of the demands on GP time
- To establish new ways of working across federations that reduce bureaucracy, administration and demand for clinical consultations.
- To create joint posts supporting multiple practices or working across health and social care

By October we will have:

- Undertaken an initial workforce baseline analysis across the whole health and care economy.
- Undertaken a mapping exercise to determine the core functional requirements of the workforce to support the delivery of care (using a person centred approach to functionally map the workforce requirements)
- Developed the core set of skills, knowledge and behaviours that would support how these teams and individual work together (building upon existing / current work)
- Developed an education / development programme for this workforce

There is an obvious interdependency between workforce development and estates activity. A consolidation of back office services, and alignment, consolidation or reconfiguration of other clinical and non-clinical support services will inevitably have an impact on the estate, and requirement of the same to support its delivery.

Planning for workforce development will also be aligned with the broader technology programmes. Alongside the developments on Connect Care, Lewisham Health and Care Partners are seeking a more unified approach to IMT planning across the partnership. Partners want to ensure that IMT across the system supports staff in new ways of working, the use of mobile technology, provides users with better information and advice to support self care, and gives staff and residents access to shared health and care information. The use of technology is also recognised as a tool to support residents to better manage existing conditions.

3.5 Commissioning

NHS Lewisham Clinical Commissioning Group (CCG) and Lewisham Council are responsible for commissioning (planning, buying and monitoring) the majority of health and care services in Lewisham.

In 2010, the Council and Lewisham PCT (subsequently Lewisham CCG) developed a section 75 agreement to set up a joint commissioning unit to redevelop and procure services in:

- Physical and learning disability
- Children and young people's health (including maternity)
- Mental health
- Non acute older people's provision
- Aids and adaptations
- Continuing healthcare

The unit is based in the local authority and staff are seconded from the CCG via the section 75 agreement and work flexibly across all health and social care commissioning as detailed above. There are lines of accountability through the section 75 agreement to the Health and Wellbeing Board and the CCG. The unit has achieved £6m in savings to date as well as integrating services for carers, reorganising day care opportunities for people with learning disabilities, people with dementia and older adults.

However, in some areas the commissioning unit remains locked in protracted contract negotiations and monitoring and is seeking to look at new commissioning frameworks which focus much more on outcomes and inbuilt preventative measures. The work of the unit has given us excellent experience in how to reshape and integrate services in a more cost effective way.

This year's Partnership Commissioning Intentions for Adults sets out Lewisham's plans to commission health and care services. The Partnership Commissioning Intentions are a continuation of our journey to achieve better health and care outcomes for our residents and to facilitate and support the transformation and integration of health and care services in the borough.

The Partnership Commissioning Intentions for Adults set out the following key areas for the commissioning work in 2016/17:

- Prevention and Early Intervention
- GP practices and Primary Care
- Neighbourhood Community Teams
- Enhanced Care and Support
- Urgent and Emergency Care
- Planned Care

Commissioners recognise the role played by Workforce, Information Technology and Estates which are key to enabling successful delivery of transformational change across the health and care system. LHCP recognise the need to develop and adopt different ways of commissioning that emphasise value and population health. Our aspiration is to enhance the integration of our commissioning arrangements around our populations.

The OHSEL strategy outlines the expectation that any contract will focus on:

- Provision of care on the basis of geographically coherent populations
- Emphasising prevention, early intervention and proactive management, rather than activity
- System outcomes and risk sharing across pathways
- The total cost through the whole patient
- Integration between different types of providers

The development of provider models and vehicles for the delivery of health and care in Lewisham is a key priority. Work to define and develop a provider vehicle is on-going. Transformation funding will significantly accelerate plans to develop this model.

The partners recognise that for a new model of care to work, financial incentives will need to be aligned to reinforce the change in behaviours and practices that they want to see, to deliver care differently. 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.

4. The Devolution Asks

In order to further accelerate the progress we are making in designing and delivering a whole system model of care for Lewisham we are seeking freedoms and flexibilities in key areas, namely estates, workforce and commissioning.

Devolution – Aims:

The aims of the devolution pilot are to:

1. Use assets more efficiently across the whole system
2. Develop new workforce models to remove the barriers to joint working and shared decision-making across organisations and professional groups
3. Develop new commissioning frameworks and provider models

4.1 Estates

Lewisham's devolution ask will enable the sites identified for the Neighbourhood Care Hubs to be reconfigured to enable full utilisation for the benefit of Lewisham's communities. This is a complex programme that will involve the disposal of assets, the termination of leases and consultation with staff and patient / user groups about how buildings can support the delivery of services in the future. It will be important to ensure that S106 and CIL contributions are maximised and primary care funding bids for NHS England, Estates & Technology Transformation Funds (previously Primary Care Infrastructure Funding - PCIF) are fully utilised. All other sources of funding need to be identified in order to deliver this ambitious programme of change. Lewisham's devolution 'asks' will enable this activity to be developed at pace.

The asks are for the following powers and flexibilities:

1. To be able to retain capital receipts achieved through the asset rationalisation programme to invest in the enhanced Neighbourhood Care Hub on the Lewisham and Greenwich NHS Trust (LGT) / Lewisham Council site in Ladywell and to reconfigure and extend neighbourhood care hubs in the other 3 neighbourhoods i.e. the Waldron Health Centre and its environs, Downham Health and Leisure Centre and its environs and Sydenham Green Health Centre.
2. To give delegated authority and powers to renegotiate the lease arrangements in the Waldron Health Centre, reset the financial modelling required for the building which would allow for maximum utilisation, extended hours, multi-purpose usage and a key 'connection' for local residents – providing a one stop shop for those with complex needs and an informal foyer / meeting space for those requiring support, information and advice.

3. To give devolved authority to LHCP to be responsible for the management of the Waldron Health Centre building. The partnership has access to facility management services. A lease would need to be agreed with CHP.
4. To give delegated authority to LHCP to negotiate the occupancy of health services in the Downham Health and Leisure Centre which will require new lease arrangements and greater flexible space for peripatetic services to be offered. The latter would be commissioned by the CCG as part of the new whole population commissioning framework. There is a need therefore for more flexible financial modelling of the building both in the health service area and the remainder of the site.
5. The Sydenham Green Health Centre is owned by LGT and it ought to be possible to reconfigure the site to improve usage locally. However there are leaseholders in the premises and there may be learning from the other two sites that would be beneficial to a swift resolution on this site.
6. The enhanced neighbourhood hub on the LGT hospital site and other adjoining sites owned by the Council will be developed with investment from asset disposal and section 106 gain. The hub will house a range of peripatetic services commissioned as part of a new outcome based whole population commissioning framework. Again lessons learned from how to configure the financial envelope of a new build will be useful as a replacement to current modelling.

4.2 Workforce

Through the greater flexibilities offered by the devolution pilot we will develop new ways of working to deliver our services and the skills and competencies needed across Lewisham's health and care workforce, including joint health and care roles. This approach needs careful costing but without the ability to work across roles and differing national employee frameworks it is very difficult to evaluate how cost effective and outcome focused this approach could be.

The asks are for delegated and not devolved powers supported by some transformation funding to facilitate delivery:

1. To look at terms and conditions and pay scales for joint commissioning positions to provide parity in the future. This will involve joint work across LHCP to establish new evaluation schemes for new job roles.
2. To delegate the power to set terms and conditions and professional requirements for new combined roles replicating the model practised by Buurtzorg that allows for whole person centred care in which tasks are not differentiated and undertaken by a range of different professionals and care workers. This could involve the conflation of a range of roles and responsibilities including nursing, community psychiatric nursing, healthcare assistants and domiciliary care workers. This approach will also need to encourage service user self-management and care, supported by one key worker. The latter would draw upon the Neighbourhood Care Network for further support.

Further conflation of responsibilities between nurses and social workers could be explored. The aim is to provide a whole family / person approach to care but making the most efficient and effective use of roles in the most flexible way. In conjunction with mobile working, good IT infrastructure, a local base and maximum use of the neighbourhood care networks this

approach could make efficiency savings. More detailed preparatory work is required, however. A financial assets paper detailing current spend is near completion.

3. To request funding to accelerate the roll out of Connect Care, our data sharing system. As stated above, the workforce asks have critical interdependencies with the IT development across the partnership. Connect Care has been rolled out across Lewisham and Greenwich Trust and primary care, with the integration of adult social care data later this year. The focus will be to extend the connections to and inter-operability with other existing systems (such as mental health systems) and to improve access to social and health care professionals.

4.3 Developing New Commissioning Frameworks and Provider Models

In looking at integrated care it is necessary for commissioners to shape the services and outcomes required and for providers to co-produce the most appropriate structure for delivery.

The ask is for transformation funding to facilitate delivery of:

A two year programme, led by the Devolution Board to:

- Evaluate pros and cons of each proposed model.
- Consider the future of adult joint commissioning and its appropriate location (i.e. within an integrated structure or as part of the CCG).
- Draw up a business case for the selected model including a consultation plan and potential staff re-organisation documents.
- Implement the agreed models which may involve the double running of services and specialist support to develop new commissioning capabilities.
- Develop plans to reconfigure sites.
- Explore alternative contracting models in support of new provider models.

We are seeking £250k to support the management costs of this programme.

Appendix A: Governance Structure

Aligned Partnership Boards
 Lewisham Regeneration Board
 Section 75 Partnership Board
 Adult Joint Commissioning Group
 Children and Young People Commissioning Group

Members of the Lewisham Health and Care Partners Executive Board are responsible for the delivery of OPE, oversight of the development of a whole system model of care and for the transformation and integration of adult health and care. Members include: CCG Chief Officer, CCG Chief Financial Officer, CCG Chair, LGT Chief Executive, SLaM Chief Executive, Federation Representatives, LBL Director of Public Health, LBL Executive Director for Community Services. **For OPE** additional members include Chief Executive LBL (Chair); LBL Executive Director for Resources and Regeneration; and LBL Executive Director for Customer Services. **For WSMC** the LBL Executive Director for Children and Young People attends for issues relevant to CYP.

Health and Wellbeing Board

Lewisham Health and Care Partners Executive Board

One Public Estate

Whole System Model of Care and Transformation and Integration of Adult Health and Care

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One Public Estate Delivery Group

Provider Vehicle and Workforce Delivery Group

IT Delivery Group

Communications Delivery Group

Finance Steering Group

Members:
 Estates and regeneration leads for Health and Care
Responsibility:
 To deliver One Public Estate.

Members:
 Provider delivery leads (LGT, SLaM, LBL); HR leads
Responsibility:
 To agree and deliver the provider model. To define new health and care roles and responsibilities.

Members:
 CCG and LGT CIO, SLaM CIO, LBL Head of Transformation and Change.
Responsibility:
 To oversee the development and delivery of IT to support the Whole System Model of Care and integration

Members:
 CCG, LBL, LGT and SLaM Head of Communications
Responsibility:
 To develop strategic communication and undertake effective system wide communication and engagement activity.

Members:
 CCG CFO, LBL Finance Manager, LGT Director of Finance, SLaM Deputy Director of Finance
Responsibility:
 To produce financial analysis and modelling.

Appendix B

Neighbourhood Care Hubs:

Work to define the scope of services and functions that would benefit from co-location is ongoing but each hub could deliver a range of services from the list below:

- A base for GPs working at scale.
- Space for Community pharmacists to improve medicines management.
- Access to Community nursing for adults and children.
- A base for Community Mental Health Teams promoting integrated working with mental health and adult social care teams.
- Community based diagnostic facilities e.g. blood taking, weight management, blood pressure monitoring, urinalysis, ultra sound, ECG, EKG and VTE assessments (but not x-ray).
- Group rooms to enable Patient and Care engagement groups
- Outpatient treatment facilities and acute oncology
- Social care teams – note more detail needed
- Enhanced support to those receiving domiciliary care or those vulnerable patients in care homes or extra care housing.
- Clinic space for practice nurses practitioners to assess and treat emergency patients and those with minor illness or injury
- Clinic space for practice nurses to see patients for dressings, cytology and immunisations and vaccinations
- Dedicated space for MTD clinics in Leg ulcer clinic services, diabetic foot and lymphedema – which will be combined to run simultaneously with facilities for foot and lower limb soaking and dressing areas with stock cupboards for dressing materials
- Community midwifery services clinic space and also rooms for antenatal classes

Agenda Item 11

Chief Officer Confirmation of Report Submission		
Cabinet Member Confirmation of Briefing		
Report for: Mayor		
Mayor and Cabinet		X
Mayor and Cabinet (Contracts)		
Executive Director		
Information <input type="checkbox"/>	Part 1 <input checked="" type="checkbox"/>	Part 2 <input type="checkbox"/>
		Key Decision <input checked="" type="checkbox"/>

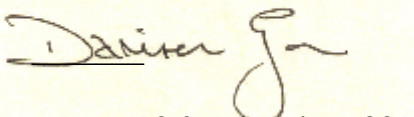
Date of Meeting	28 th September 2016
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Title of Report	Lewisham Homes Acquisition Programme and Loan Agreement
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Originator of Report	Genevieve Macklin	Ext. 46649
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At the time of submission for the Agenda, I confirm that the report has:

Category	Yes	No
Financial Comments from Exec Director for Resources	X	
Legal Comments from the Head of Law	X	
Crime & Disorder Implications	X	
Environmental Implications	X	
Equality Implications/Impact Assessment (as appropriate)	X	
Confirmed Adherence to Budget & Policy Framework	X	
Risk Assessment Comments (as appropriate)		
Reason for Urgency (as appropriate)		

Signed:  Executive Member

Date: _____ 19 September 2016 _____

Signed:  Director/Head of Service

Date _____ 20 September 2016 _____

Control Record by Committee Support

Action	Date
Listed on Schedule of Business/Forward Plan (if appropriate)	
Draft Report Cleared at Agenda Planning Meeting (not delegated decisions)	
Submitted Report from CO Received by Committee Support	
Scheduled Date for Call-in (if appropriate)	
To be Referred to Full Council	

MAYOR AND CABINET			
Report Title	Lewisham Homes Acquisition Programme and Loan Agreement		
Key Decision	Yes	Item No.	
Ward	All		
Contributors	Executive Director for Customer Services, Executive Director for Resources and Regeneration		
Class	Part 1	Date:	28 September 2016

1. Summary

- 1.1 Mayor and Cabinet has received a number of reports regarding the continuing challenge posed by the increase in homeless households in the borough. At the end of August 2016 there were 1,784 Lewisham households in temporary accommodation, of whom 529 households were in nightly paid accommodation. The remaining 1,255 households are currently placed in a variety of other forms of temporary accommodation, including hostels and properties leased from the private market.
- 1.2 In January 2015 Mayor & Cabinet agreed that in order to increase the supply of quality, in-borough temporary accommodation a commercial loan of £20m should be extended to Lewisham Homes to enable it to purchase properties on the open market for use as temporary accommodation and to prevent homelessness. As of August 2016, Lewisham Homes has acquired 57 properties with this loan, and are continuing negotiations to acquire further properties.
- 1.3 Due to the success of the programme, officers are now recommending that a further loan is extended to Lewisham Homes in order to extend the acquisition programme and continue to provide a better alternative to nightly paid accommodation.
- 1.4 The remainder of this report provides an update on the current situation regarding homelessness and temporary accommodation, an update on further initiatives and more detail on the operation of the acquisition programme and proposed further loan.

2. Recommendations

It is recommended that the Mayor:

- 2.1 Notes the current situation, policy context and pressures concerning the use of temporary accommodation for homeless households.

- 2.2 Notes the progress achieved in meeting the aims of the Lewisham Homes acquisition programme, including the savings from the reduced need to place households into nightly paid accommodation.
- 2.3 Note the rationale for a further £20m to be loaned to Lewisham Homes to acquire additional properties intervention for the purposes of temporary accommodation and homeless prevention, dependent on the demands of the service.
- 2.4 Agree that the Council provides a loan of up to £20m to Lewisham Homes, on the terms set out in this report, to enable Lewisham Homes to continue the acquisition programme as an additional intervention to help manage homelessness demand, and that the authority to finalise the terms of the loan agreement be delegated to the Executive Director for Resources and Regeneration.

3. Policy Context

- 3.1 The contents of this report are consistent with the Council's policy framework. It supports the achievements of the Sustainable Community Strategy policy objectives:

- Ambitious and achieving: where people are inspired and supported to fulfil their potential.
- Empowered and responsible: where people can be actively involved in their local area and contribute to tolerant, caring and supportive local communities.
- Healthy, active and enjoyable: where people can actively participate in maintaining and improving their health and well-being, supported by high quality health and care services, leisure, culture and recreational activities.

- 3.2 The proposed recommendations are also in line with the Council policy priorities:

- Decent homes for all - Investment in social and affordable housing, improve housing conditions and tackle homelessness

- 3.3 It will also help meet the Council's Housing Strategy 2015-2020 in which the Council commits to the following key objectives:

- Helping residents at times of severe and urgent housing need
- Building the homes our residents need
- Greater security and quality for private renters
- Promoting health and wellbeing by improving our residents' homes

4. Homelessness in London and Lewisham

- 4.1 The affordability pressures in the Private Rented Sector (PRS) in many parts of London have contributed to an increase in homelessness. In London as a whole, there were over 48,000 London households in temporary accommodation at the end of March 2015.
- 4.2 Over 19,000 households were accepted as Homeless in 2015/16 across London, an increase from 17,530 in 2014/15, and as the number of households requiring support is likely to increase in line with government changes these properties become ever more desirable to authorities and the market.
- 4.3 In Lewisham, there has been an 89% increase in the number of homeless households in temporary accommodation over the last five years and there are currently over 1,750 homeless households in temporary accommodation. The interventions outlined elsewhere in this report mean that this number has started to stabilise over the past 12 months, despite the challenges of the reduced supply of accommodation in the PRS and the increasing unaffordability of all tenures, and of increased demand caused by welfare reform.
- 4.4 The shortage of supply of both social housing and affordable private rented accommodation in Lewisham continues to lead to high demand on the Housing Needs Service. There are a number of contributory factors to the level of homelessness in Lewisham and across London. Property price inflation continues to considerably outstrip other measures of inflation, with figures from the Land Registry showing an annual price increase in Lewisham of 18% as at April 2016 compared to an annual price increase of almost 13% across the London area.
- 4.5 Increasing property prices and rents provides incentives for landlords to seek higher rents than can be afforded by residents on lower incomes, or to sell their properties whilst prices are high. This is exacerbated by ongoing shortfalls in the new supply of all forms of housing, particularly affordable housing, and a significant decrease in the movement of tenants within existing stock.
- 4.6 Between 2010/11 and 2015/16 the number of affordable properties to let has decreased by 40%. The Council has over 9,400 individuals and families on the Housing Register and this figure is increasing annually.
- 4.7 In the 2015-16 financial year, the Local Authority spent £14.6m on Bed and Breakfast type accommodation before income; with rental charges to clients, the net spend was £3.9m (an increase from £3.5m in 2014/15 and £1.5m in 2013/14). Additionally, in the 2015-16 financial year, £8.9m was spent on PSL and £2.3m on hostels before income.

5. The supply of temporary accommodation

- 5.1 The Council's in-borough temporary accommodation consists of a combination of hostels, which are owned by the Local Authority, Private

Sector Leased (PSL) properties which are procured on long leases and Privately Managed Accommodation (PMA). As of September 2016, the operational management of the temporary accommodation portfolio was transferred from the Council to Lewisham Homes.

- 5.2 The council seeks to procure properties where the rent is at or below the Local Housing Allowance (LHA), which is the maximum amount of rent which can be covered by housing benefit. However, procuring properties within LHA rates locally has become increasingly difficult.
- 5.3 LHA rates are set based on rental data as set at April 2015 and do not take into account the rapid increase in rental prices in London boroughs. In 2015 it was announced that LHA would be frozen for four years and as rents are forecast to continue to increase, this will lead to an ever reducing level of supply in the private market for those on housing benefit.
- 5.4 There are two LHA rates which apply in Lewisham, and the table below demonstrates that both LHA rates are less than average rents in the borough, even for cheaper properties. As at the end of August 2016, 25 two-bedroom properties were available for renting at the LHA rate in the borough, however in recent months this has dropped to as few as 8 available properties, and as the price of median market rent continues to increase it is expected that these numbers will reduce further.

LHA & Private Market rates in Lewisham

	Weekly Cost - 2 Bed
Inner SE London LHA	£265.29
Outer SE London LHA	£198.11
30th Percentile Private Market Rent	£288
Median Private Market Rent	£310

- 5.5 To address the risk to the supply of temporary accommodation outlined above, the Council has taken a number of measures including:
- Expanding the Council’s hostel provision, including:
 - Kelvin House, a former office block converted into temporary accommodation as part of the Empty Homes programme
 - Hamilton Lodge, a former care home which will be let to homeless households in September 2016.
 - PLACE/Ladywell – constructed using modern methods of construction to deliver new temporary accommodation on a vacant site much more quickly.
 - Working with existing PSL landlords to promote the retention of PSL temporary accommodation.
 - Increasing permanent housing supply, including the Council’s own 500 home programme and working with partners to deliver a further 2000 affordable homes by 2018

- The Lewisham Homes acquisition programme, set out in more detail below.

6. Lewisham Homes Loan and Acquisition Programme

6.1 In January 2015 Mayor & Cabinet agreed that as a new strand to the Council's strategy to increase its supply of temporary accommodation, Lewisham Homes should be enabled to acquire properties on the open market. To facilitate this acquisitions programme, Mayor and Cabinet agreed that a commercial loan of £20m should be extended to Lewisham Homes.

6.2 As of September 2016, Lewisham Homes had acquired 57 properties through this scheme, as set out below:

Property size	Number
1 bed	1
2 beds	47
3 beds	9
Total completed	57

6.3 They are also in the process of negotiating the purchase of a further six properties, and will continue to make bids for suitable properties until they have spent the amount available to them under the current loan.

6.4 The properties are let at rents equivalent to the relevant Local Housing Allowance and let either to homeless households, or to prevent a household from becoming homeless. The rental income allows Lewisham Homes to manage and maintain the properties, and also make interest payments on the loan, thus providing an income for the Council in return for the capital committed.

6.5 Letting these properties to homeless households at Local Housing Allowance rates also enables the council to make a saving by reducing the need for expensive bed & breakfast accommodation.

6.6 The financial model for the programme assumes that at the end of ten years Lewisham Homes would dispose of the properties at market value and repay the principle of the loan to the Council.

6.7 The acquisitions programme has therefore been successful at increasing the supply of higher quality temporary accommodation available to the Council. It has also saved money by reducing the amount of nightly paid accommodation the Council would have had to procure, and the scheme also generates an income for the Council.

6.8 Officers are now recommending that a further £20m loan is extended to Lewisham Homes to continue the acquisition programme.

- 6.9 Due to the prevailing conditions of the housing market set out in this report, with house prices continuing to increase in Lewisham, it is anticipated that the new loan would be extended at a lower interest rate and for a longer period, as this would allow Lewisham Homes to pay a higher price for new acquisitions, to reflect this increase in prices.
- 6.10 The expansion and continuation of the acquisition programme would provide a significant benefit to the Council, further reducing the need to use expensive and unsuitable Nightly Paid accommodation for housing homeless households.
- 6.11 As set out above, the Mayor is requested to agree that officers negotiate with Lewisham Homes regarding the detail of this proposal, but based on the terms set out in this report.

7. Financial Implications

- 7.1 The proposal in this report is for the Council to loan Lewisham Homes up to £20m on an interest only basis with the principal to be repaid by Lewisham Homes at the term of the loan. While for the same purpose, this second loan is different to the first granted under the Lewisham Homes loan and acquisition programme.
- 7.2 The possible differences include:
- The loan will not be provided on market terms but at a rate to be negotiated to recover the Council's costs;
 - Properties will only be eligible to rent at Local Housing Allowance rents (and therefore covered by Housing Benefits);
 - The loan will qualify as State Aid exempt because the finance is provided exclusively for Social Housing;
 - The duration of the interest only loan will be longer, thirty to forty years compared to the ten years of the first loan; and
 - The loan will be drawn down and repaid in full at pre-agreed dates, and not on the call-off arrangement in place for the first loan.
- 7.3 These points of difference and the related accounting treatment are the details on which the Council will seek further advice as part of their negotiations with Lewisham Homes. In so far as they impact the terms of any loan, these points will be agreed by the Executive Director for Resources and Regeneration under the authority delegated by this report.
- 7.4 The risks to the Council of making such a loan are that Lewisham Homes is not able to maintain the interest payments or repay the principal on conclusion of the loan agreement. These are mitigated by the fact that, additional to the financing aspects of the loan, the Council should incur lower temporary accommodation costs as a result of being able to access these properties (as compared to other available stock) and its position protected by the security of the properties acquired by

Lewisham Homes with the loan. However, the risks remain higher for this loan, compared to the first one, due to the differences noted above.

- 7.5 As noted in the legal implications below, the proposal is consistent with the revised terms of the management agreement between the Council and Lewisham Homes. The risks to Lewisham Homes in accepting this loan, once the details are confirmed, will be for their Board to consider.

8. Legal Implications

Duties and powers

- 8.1 The Housing (Homeless Persons) Act 1977 places a duty on local housing authorities to secure permanent accommodation for unintentionally homeless people in priority need. Authorities' duties towards homeless people are now contained in Part 7 of the 1996 Housing Act (as amended) and are briefly summarised in 8.2 below.
- 8.2 When a household makes an application to a local authority for assistance with homelessness the authority is under a duty to carry out inquiries in order to satisfy itself as to what level of duty is owed to a homeless applicant. If an authority has reason to believe that a homeless applicant has nowhere to stay and is in priority need, then there is an immediate duty to make suitable temporary accommodation available pending further inquiries. The 'priority need groups' include households with dependent children or a pregnant woman and people who are vulnerable in some way e.g. because of mental illness or physical disability, having been in care, in the armed forces or subject to domestic violence.
- 8.3 The provision of the loan will enable Lewisham Homes to acquire more properties on the open market to provide temporary accommodation for homeless households. Lewisham Homes is a legal entity separate from the Council and can let tenancies in accordance with the assured tenancy regime set out in the Housing Act 1988 (the 1988 Act), in particular on an assured shorthold tenancy basis. The consequence is that the tenants would be subject to the limited protections afforded by the 1988 Act to assured shorthold tenants, chiefly, a minimum six month term, subject to termination on two months' notice. Rents can be charged at market levels although as indicated in the Report at paragraph 6.5, it is the intention of the Council and Lewisham Homes that the properties will be let at Local Housing Allowance level. Lewisham Homes' tenants would not have the benefit of the right to buy (RTB), notwithstanding the parent/subsidiary relationship between Lewisham Homes and the Council.
- 8.4 The power to permit Lewisham Homes to acquire and let these properties for temporary accommodation can be found in Section 1 of the Local Government Act 2011) which gives power to a local authority to do anything that individuals generally may do. Section 4 of the Localism Act provides that if a local authority is doing anything for a commercial purpose it must do so through a company. As Lewisham Homes is company which is an existing wholly owned subsidiary

of the Council Section 4 can be relied upon if the purpose was deemed to be for a commercial purpose.

- 8.5 The exercise of this discretionary power has to be reasonable. The Council could alternatively acquire these properties under S9 of the Housing Act 1985. However, importantly, this is only one element in a housing strategy to meet the needs of all homeless persons and is strictly for the much needed provision of high quality temporary accommodation for eligible homeless households pending their assessment for secure accommodation. In these circumstances and provided that this purpose is not strayed from it can be justified on the grounds of reasonableness.
- 8.6 Section 1 of the Local Government Act 2003 (the 2003 Act) provides a local authority with power to borrow money for any purpose relevant to its functions (or for the prudent management of its financial affairs). Given the requirements of Part 7 of the Housing Act 1996 the Council can rely upon the first "limb" of this Section 1. The borrowing needs to be within the prudential limits which the Council determines for itself in accordance with its duty under Section 3 of the 2003 Act and the Council is required to have regard to the Prudential Code for Capital Finance in Local Authorities (the Code) when carrying out these duties. This includes a requirement to have regard to its financial commitments and obligations to any companies or similar entities in which it has interests (such as Lewisham Homes).
- 8.7 In providing the proposed "on-lend" finance to Lewisham Homes the Council can rely upon the power in Section 24 of the Local Government Act 1988 which provides that a local housing authority has power to provide any person with financial assistance for the purposes of, or in connection with amongst other things the acquisition of any property which is or is intended to be privately let as housing accommodation. It requires Secretary of State consent to do so under Section 25 of the same Act. There is a general consent available in these circumstances. It covers any financial assistance (other than the disposal of an interest in land or property).

State Aid

- 8.8 Issues of State Aid arise under EU law which prevent Member states from granting aid to an organisation which would result in it being anti-competitive in the market. This may arise where a loan is not on market terms. However there is in any event an exemption to the State Aid prohibition for affordable housing. As stated in the body of this report, the precise terms upon which the Council's loan is to be provided are still to be agreed with Lewisham Homes. These matters will be agreed by the Executive Director for Resources and Regeneration under the authority delegated by this report. A final view on the state aid position and, if applicable, the application of the exemption, will be taken at this stage so as to ensure that there is no unlawful state aid.

Lewisham Homes Memorandum and Articles and the Management Agreement

8.9 Lewisham Homes Memorandum and Articles have been extended to enable acquisition of property, ownership of the same and letting such property as landlord for the purpose of temporary accommodation activity. The scheme of delegation in the Management Agreement between the Council and Lewisham Homes has also been amended to reflect this new function.

Nomination rights

8.10 The Council would have to be granted nomination rights in respect of the properties acquired by Lewisham Homes as the Council still retains the homeless function.

8.11 The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

8.12 In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

8.13 It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed above.

8.14 The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. The Mayor must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.

8.15 The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled "Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice". The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended

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

<https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance>

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

- [The essential guide to the public sector equality duty](#)
- [Meeting the equality duty in policy and decision-making](#)
- [Engagement and the equality duty: A guide for public authorities](#)
- [Objectives and the equality duty. A guide for public authorities](#)
- [Equality Information and the Equality Duty: A Guide for Public Authorities](#)

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

<https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance#h1>

9 Equality Implications

9.1 There are no specific equalities implications to this report.

10. Environmental Implications

10.1 There are no specific environmental implications to this report.

11. Background Documents and Report Author

11.1 There are no background documents to this report.

11.2 If you require further information about this report please contact Jeff Endean on 0208 314 6213

Chief Officer Confirmation of Report Submission		
Cabinet Member Confirmation of Briefing		
Report for: Mayor		<input type="checkbox"/>
Mayor and Cabinet		<input checked="" type="checkbox"/>
Mayor and Cabinet (Contracts)		<input type="checkbox"/>
Executive Director		<input type="checkbox"/>
Information	<input type="checkbox"/>	Part 1 <input checked="" type="checkbox"/>
		Part 2 <input type="checkbox"/>
		Key Decision <input type="checkbox"/>

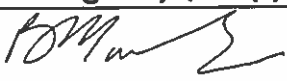
Date of Meeting	28 th September 2016
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Title of Report	Information Advice and Guidance in Schools - CYP Select Committee
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Originator of Report	Kate Bond	Ext. 46142
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At the time of submission for the Agenda, I confirm that the report has:

Category	Yes	No
Financial Comments from Exec Director for Resources		X
Legal Comments from the Head of Law		X
Crime & Disorder Implications		X
Environmental Implications		X
Equality Implications/Impact Assessment (as appropriate)		X
Confirmed Adherence to Budget & Policy Framework		
Risk Assessment Comments (as appropriate)		
Reason for Urgency (as appropriate)		

Signed: 

Executive Member

Date: 19th September 2016

Signed: 

Executive Director

Date: 19th September 2016

Control Record by Committee Support

Action	Date
Listed on Schedule of Business/Forward Plan (if appropriate)	
Draft Report Cleared at Agenda Planning Meeting (not delegated decisions)	
Submitted Report from CO Received by Committee Support	
Scheduled Date for Call-in (if appropriate)	
To be Referred to Full Council	

Mayor and Cabinet			
Title	Information Advice and Guidance in Schools Responso to CYP Select Committee	Item No	
Contributors	Sara Williams – Executive Director for Children and Young People		
Class	Part 1	Date	September 2016

1. Purpose of paper

- 1.1 As part of its work programme the CYP Select Committee undertook an in-depth review into independent advice and guidance (IAG) in Lewisham secondary schools.
- 1.2 This paper summarises the recommendations from the review and provides an initial response from the Children and Young People Directorate for the Mayor to note.

2. Context and background

- 2.1 The CYP Select Committee consulted with Young Advisors through the Lewisham Young Mayor programme and heard from young people about their concerns on the quality and amount of guidance and support they and their peers had received in relation to careers education at Key Stages 4 and 5 as well as for higher education. These concerns, and a number of recent legislative changes, meant that reviewing careers information, advice and guidance was particularly relevant at this time.
- 2.2 The review investigated the current situation in Lewisham including providing analysis of the statistics around those young people not in education, employment or training (NEET) and destination data of school leavers. It also had a strong emphasis on good practice looking closely at the London Ambitions Framework and also drawing on the evidence in the Gatsby report and from practitioners within Lewisham and other local authorities. There was also a strong focus on those young people who are most vulnerable such as looked after children and care leavers.
- 2.3 The review focussed its recommendations on areas where the local authority retains the statutory responsibility and where the local authority can provide support and guidance to support improvements in schools and educational setting across Lewisham. Every young person in Lewisham should receive one to one guidance and have as much exposure to the world of work as possible and that there should be as comprehensive as possible support to all vulnerable young people.

3. Recommendation

- 3.1 The Mayor is recommended to note and endorse the report for submission to the Select Committee.

4. Recommendations and responses

- 4.1 **Recommendation 1**

That LB Lewisham supports schools and careers advisors across the borough to identify and use up to date labour market information to ensure they are providing the best Careers Information, Advice and Guidance (CIAG) to young people and that there is an emphasis on one to one sessions wherever possible.

4.1.1 Response 1

The Lewisham IAG, Employability and Skills Framework is a centrally coordinated and brokered information, advice and guidance programme, including the coordination of post-16 pathways, including traineeship and apprenticeship awareness to all Lewisham secondary schools. This Framework is delivered by the Lewisham Education Business Partnership which is part of the Access, Inclusion and Participation Service in the CYP Directorate.

4.1.2 The aim of the framework is to:

- provide links labour market intelligence from sources such as Jobcentre Plus, London Councils or the Greater London Authority;
- improve borough wide awareness of post-16 employment pathways including traineeships and apprenticeships;
- provide access to traineeship and apprenticeship ambassadors for Lewisham schools; and
- offer post-16 events, assemblies, one-to-one advice and guidance, parents evenings and employer talks.

4.1.3 The programme engages fully trained careers guidance practitioners to deliver the Lewisham provision, working towards the guidelines and specification set at all times. The programme offers:

- One-to-one interviews and small group advice and guidance sessions;
- attendance at option evenings and parents evenings;
- action plans and on-going programme of support targeted at young people identified at risk of NEET, or not making a post-16 transition;
- support with post-16 applications;
- in-school support on GCSE/results days;
- support schools in their broader careers education activities;
- facilitate school and borough wide careers events, industry days, progression; apprenticeships or HE events;
- employer talks, careers fairs, motivational speakers, college and university visits, coaches and mentors; and
- a centrally organised borough wide Post-16 Opportunities event. With all local schools and colleges available to promote their post-16 provision at a neutral venue.

4.1.4 Currently five Lewisham education institutions buy this traded service and they are Bonus Pastor Catholic College, Conisborough School, Sydenham School, Trinity School and Sedgehill School. Abbey Manor College and the Lewisham Young Women's Project also buy the service.

4.2 Recommendation 2

That LB Lewisham ensure that governor training highlights the recommendation from the Gatsby Report for each school to have one governor with oversight of CIAG and that this is included in the annual governor training programme.

4.2.1 **Response 2**

This is already included in the annual governor training programme.

4.3 **Recommendation 3**

That LB Lewisham ensure Looked After Children not educated in Lewisham get as good CIAG offer as those that are, including 100 hours of experience of the world of work. Further, that there is an increased focus on partnership working with other local authorities and providers to enable this outcome.

4.3.1 **Response 3**

Every child in care to Lewisham regardless of their place of residence is managed by a key professional in the Lewisham Virtual School who is responsible for all of their education outcomes. The service does not differentiate between expected learner outcomes on the basis of their place of residence.

Whilst there maybe logistical difficulties in relation to geography or placement type the Lewisham Virtual School Post-16 Coordinator would expect the target of 100 hours to apply to all of our young people using local partnerships where appropriate.

4.4 **Recommendation 4**

That the focus on tracking, supporting and monitoring NEETS (young people not in education, employment, or training) is maintained and that tracking and monitoring of 'unknowns' is improved. LB Lewisham should continue to look at good practice to ensure the numbers and percentage of both NEETS and unknowns are reduced.

4.4.1 **Response 4**

The Raising the Participation Age (RPA) means that all young people are under a duty to participate in education or training until the end of the academic year in which they turn 18 years old.

4.4.2 Local authorities have responsibilities to support young people into education or training, which are set out in the following duties to:

- Make available to young people below the age of 19 support that will encourage, enable or assist them to participate in education or training¹.
- to promote the effective participation of young people in education, employment or training²; and
- to make arrangements to establish the identities of those not participating and who are failing to fulfil the duty to participate in education or training³.

4.4.3 The local authority will continue to track the participation of young people in education and training, and ensure that young people who are not in education, employment or training (NEET) are supported to participate.

4.4.4 However, on 8th July 2016, the Department for Education (DfE) announced it would reduce the requirement on local authorities to track, record and report education training and employment activities of young people.

¹ Section 68 Education and Skills Act 2008

² Section 10 ESA 2008

³ Section 12 ESA 2008

At present, local authorities are required to track young people up to their 20th birthday. So that those who are NEET – or at risk of not participating – can be identified and supported. The change ends tracking earlier: at the end of the academic year in which the young person has their 18th birthday. This brings tracking and reporting more in line with the duty to participate under the Raising of the Participation Age. There is no change to track young people with special education needs or disabilities (SEND) up to their 25th birthday.

4.4.5 To encourage the Raising of the Participation Age the Lewisham NEET Tracking Team and the Baseline key work (one-to-one youth work) service have supported Lewisham young people who are at risk of not being in Education, Employment or Training (NEET) or NEET.

However the keywork element of the Youth Service which was delivered through Baseline is no longer being provided in the same form. The team has been divided up between Lewisham Children’s Social Care and the new **Participation Team** (previously the NEET Tracking Team).

The Participation Team takes referrals relating to young people aged 16-19 (up to 25 for those who have learning difficulties and disabilities) who are:

- At risk of Not being in Education, Employment or Training (NEET); or
- NEET

The Team focuses in particular on teenage mothers, young carers, young offenders, young people with substance misuse, young people with learning difficulties and/or disabilities and care leavers.

4.4.6 **NEETS (Year 12-14):** (15Billion, London Councils and DfE published data: NCCIS Management Information requirement⁴)

	Cohort size	Lewisham NEET adjusted	London average	England average
End August 2013	9007	4.2% (355 YP)	4.8%	6.6%
End August 2014	9,514	4.7% (417 YP)	5.7%	7.2%
End August 2015	9,007	4.6% (387 YP)	5.3%	6.4%
End Aug 2016	8,888	4.3 (355 YP)	Not available	Not available

⁴ The Department publishes a range of information on young people NEET: Information on the number and proportion of young people NEET in each local area drawn from the client databases maintained by local authorities. An annual estimate, based on average figures for November to January each year, is available. The statistical first release: Participation in education, training and employment by 16- to 18-year-olds in England is published each June. This is a publication of the official statistics, which draws together information from a range of sources to estimate the number and proportion of young people in England who are NEET.

4.4.7 NEET Breakdown by years, August 2016:

Year 12	Year 13	Year 14
2% (57)	4.2% (117)	26.6% (181)

4.4.8 Unknowns: At the end of August 2015: 835 YP and 9.3%.

	16-19 Unknowns	Year 12 Unknowns	Year 13 Unknowns	Year 14 Unknowns	Statistical Neighbours (16-18)	London Average (16-18)	England Average (16-18)
Aug 2014	8.8% (838)	0.7% (62)	1.2% (91)	6.9% (685)	15.3%	11.8%	19.3%
Aug 2015	9.3% (835)	0.4% (36)	1.3% (120)	7% (689)	53.1%	34.2%	24.2%
Aug 2016	9.1% (808)	2.1% (61)	6.4% (188)	8.2% (559)	Not available	Not available	Not available

4.4.9 In England local authorities are currently tracking the activity of approximately 600,000 18 year olds in order to identify 35,000 who are NEET. Local authorities are only able to identify 35,000 of the 81,000 who we know from official statistics to be NEET despite the considerable resources currently dedicated to this work.

Furthermore, contact will have been made with 18 year olds in England who are NEET because they will receive support from Jobcentre Plus or other specialists.

4.4.10 Currently, through a collaborative approach, there is the infrastructure in place to deliver the RPA statutory duties, including targeted support with:

- support from Lewisham schools and post-16 providers;
- effective engagement with the DWP / JCP reengagement keywork programme;
- 14-19 team resource to track and monitor NEET young people and their outcomes and destinations;
- Youth Support Service keyworker support;
- the Lewisham NEET Traineeship; and
- a range of private and voluntary sector organisation programmes.

4.5 Recommendation 5

The Committee notes that apprenticeships and traineeships are not uniform in quality and recommends that support should be put in place to help young people assess the quality and relevance of potential apprenticeships and traineeships. For example the use of the National Apprenticeship Framework 'kite mark' system. Advisors should be receiving training and guidance as to how to support young people to gauge the relevance and quality of potential offers.

4.5.1 Response 5

The National Apprenticeship Service (NAS) focuses on increasing the number of apprentices and trainees in England. NAS works with employers to help them introduce apprentices and trainees into their businesses, helps those looking to start their careers find an apprenticeship or traineeship opportunity and contribute towards the costs of the training and qualifications. NAS engages with a wide range of partners to help design and ensure the standards for the frameworks for apprentices and trainees, and implement all Government policies aimed at improving the quality and quantity of apprenticeships and traineeships. All apprenticeships and traineeships advertised through the NAS website meet the national quality standard.

4.5.2 The Lewisham IAG, Employability and Skills Framework provides traineeship and apprenticeship awareness to all Lewisham secondary schools. This would include the importance of quality apprenticeships and traineeships and how to apply for roles on the NAS website. The information available to young people focusses on how to apply for a quality apprenticeship or traineeship. Schools are encouraged to direct young people to the NAS website. The framework also offers:

- Awareness of post-16 employment pathways including traineeships and apprenticeships; and
- provide access to traineeship and apprenticeship ambassadors for Lewisham schools.

4.5.3 Each year at the annual Lewisham IAG Conference there is a universal session for all Lewisham Careers Coordinators and Advisors providing an update on 'Apprenticeships and Traineeships'. This session is often delivered by NAS or a GOV.UK representative, members of the Lewisham Apprenticeship Programme and the Lewisham EBP Manager. On average 70 delegates from Lewisham schools attend the conference.

4.5.4 The Lewisham Apprenticeship programme encourages Lewisham young people to apply for quality roles through the local authority scheme and supports the interview and application process. The local authority continue to provide support to the Apprentices during their programme this includes developing skills in time management, financial awareness, resilience etc. Every apprentice has access to a mentor in addition to their college tutors and line managers. The council facilitates a monthly Apprenticeship Forum to allow apprentices to meet and discuss matters of interest, as well as find out what is happening across the programme. It is expected that most quality apprenticeship programmes would offer some of this support.

4.6 **Recommendation 6**

That traineeships, apprenticeships and alternative education routes be understood and promoted as equally valid progression routes as Higher Education and degrees.

4.6.1 **Response 6**

The Education Act 2011⁵ requires governing bodies to ensure that all registered learners at the school are provided with independent careers guidance from year 8 (12-13 year olds) to year 13 (17-18 year olds). The governing body must ensure that the independent careers guidance provided:

- Is presented in an impartial manner.
- Includes information on the range of education or training options, including Apprenticeships and other vocational pathways.
- Is guidance that the person giving it considers will promote the best interests of the learners to whom it is given.

4.6.2 The Lewisham IAG, Employability and Skills Framework provides awareness of post-16 employment pathways including traineeships and apprenticeships as an alternative to higher education progression routes. This includes access to traineeship and apprenticeship ambassadors for Lewisham schools.

4.7 Recommendation 7

⁵ http://www.legislation.gov.uk/ukpga/2011/21/pdfs/ukpga_20110021_en.pdf

That the LB Lewisham Participation Team continue to support schools to improve their careers offer and emulate good practice both through the peer review on careers provision and through the careers guidance network and forum and the positive relationships these have fostered.

4.7.1 Response 7

The Careers Guidance Peer Reviews 2014 / 2016 supported senior leaders in Lewisham secondary schools (including special schools and PRUs) to meet their statutory responsibilities and to further develop the of quality advice and guidance so that it would be truly independent, impartial and inspirational.

4.7.2 The individual Peer Reviews were carried out by local authority officers and practitioners from schools. This consisted of a checklist of the key elements of the statutory guidance. Providers were asked to provide notes on how they are meeting that guidance.

4.7.3 Each school was provided with a report of the visit which included agreed strengths and aspects of careers guidance that were particularly noteworthy, together with areas for improvement and actions to be taken.

4.7.4 As this is not part of a statutory duty for the local authority, to enable the Participation Team to continue the Peer Review framework in 2016/17, as part of the Lewisham IAG, Employability and Skills Framework, it will be offered to Lewisham schools as a traded service.

4.8 Recommendation 8

That the planning policy on targets for numbers of apprenticeships as part of large developments should be monitored and the impact measured to ensure developers are meeting their obligations.

4.8.1 Local labour obligations are included in Section 106 agreements on all large developments. The obligations generally, are reasonable endeavours to achieving eve 50% local labour and local businesses. Apprenticeship can be a part of this activity; however, the local authority do not set specific targets.

All projects are required to submit monthly monitoring reports which measures employment, skills and business social value outcomes. The reports are reviewed by the Local Labour and Business Team.

4.9 Recommendation 9

Taking into account concerns raised by the Young Advisors, the Committee recommends that advisors, schools and other education settings should ensure they take into consideration young peoples' mental health and wellbeing when providing careers advice.

4.9.1 Response 9

Lewisham local authority is looking at the elements of HeadStart approach that can be taken forward on the following:

How do I help myself? – developing our online support and offer.

Who is noticing me? – developing the workforce through MH FA training, and working with the Academic Resilience Approach.
Who is holding my hand? – identifying and navigating the pathway into help and support for most vulnerable children.

Specifically for those offering careers advice – the [Academic Resilience Tools](#) on the young minds website are a really useful resource. As is the [MindEd FREE elearning](#) modules for anyone working with young people.

Specifically a recommendation for action would be that those offering careers advice to young people are expected to attend the accredited Mental Health First Aid Training for young People (part of the Public Health Training programme).

4.10 **Recommendation 10**

That LB Lewisham should put an increased focus on supporting young carers to access high quality careers information, advice and guidance. Statistically this group of young people are very much more likely to be not in education, employment or training or be “unknown”.

4.10.1 **Response 10**

In Lewisham, the local authority continues to support vulnerable young people which includes Looked after Children, Care Leavers, Teenage Pregnant, Teenage Parent, Refugee / Asylum seekers, Youth Offenders, LLDD, Substance Misuse and Young Carers.

4.11 **Recommendation 11**

Support should be put in place to ensure young people are apprenticeship/work or college ready. This should include skills such as time management, financial awareness, resilience, emotional support and understanding their rights and requirements. Further, a children’s rights officer should be appointed to work across the borough and support young people.

4.11.1 **Response 11**

The Lewisham Apprenticeship programme has been running since April 2009 and aims to create real and valuable training opportunities for 16 to 24 year olds that will enable them to build a career. So far the programme has placed 400 16 – 24 year olds into opportunities across the borough and been very successful; 75% of apprentices have entered jobs so far.

4.11.2 The local authority continue to provide support to the apprentices during their programme this includes developing skills in time management, financial awareness, resilience etc. Every apprentice has access to a mentor in addition to their college tutors and line managers. The council facilitates a monthly Apprenticeship forum to allow apprentices to meet and discuss matters of interest, as well as find out what is happening across the programme. It is expected that most quality apprenticeship programmes would offer some of this support.

4.11.3 The appointment of Children’s Rights Officer does not sit with current statutory duties in relation to the Raising of the Participation Age or Careers Education and would require an additional resource to be identified.

5. Further implications

At this stage there are no specific financial, legal, environmental or equalities implications to consider. However, this report will go to CYP Select Committee in October 2016 and at that point there maybe implications to consider, which will then be returned to Mayor and Cabinet.

For further information please contact Ruth Griffiths, Service Manager, Access, Inclusion and Participation on 020 8314 3499

Chief Officer Confirmation of Report Submission			
Report for:	Mayor	<input type="checkbox"/>	
	Mayor and Cabinet	<input checked="" type="checkbox"/>	
	Mayor and Cabinet (Contracts)	<input type="checkbox"/>	
	Executive Director	<input type="checkbox"/>	
Information	<input type="checkbox"/> Part 1	<input checked="" type="checkbox"/>	<input type="checkbox"/> Part 2
			<input type="checkbox"/> Key Decision

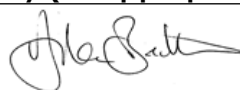
Date of Meeting	28 September 2016
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Title of Report	Response to the Comments of the Safer Stronger Communities Select Committee on Lewisham Metropolitan Police Service Update
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Originator of Report	Geeta Subramaniam – Head of Crime Reduction and Supporting People	Ext. 49569
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At the time of submission for the Agenda, I confirm that the report has:

Category	Yes	No
Financial Comments from Exec Director for Resources	x	
Legal Comments from the Head of Law	x	
Crime & Disorder Implications	x	
Environmental Implications	x	
Equality Implications/Impact Assessment (as appropriate)	x	
Confirmed Adherence to Budget & Policy Framework	x	
Risk Assessment Comments (as appropriate)		
Reason for Urgency (as appropriate)		

Signed  Director/Head of Service
 Date 19/9/2016

Signed  Cabinet Member
 Date 20/9/2016

Control Record by Committee Support

Action	Date
Listed on Schedule of Business/Forward Plan (if appropriate)	
Draft Report Cleared at Agenda Planning Meeting (not delegated decisions)	
Submitted Report from CO Received by Committee Support	
Scheduled Date for Call-in (if appropriate)	
To be Referred to Full Council	

MAYOR AND CABINET		
Report Title	Response to the Comments of the Safer Stronger Communities Select Committee on the Lewisham Metropolitan Police Service Update	
Key Decision	No	Item No.
Ward	All	
Contributors	Executive Director for Community Services, Head of Crime Reduction and Supporting People	
Class	Part 1	Date: 28 September 2016

1. Purpose

- 1.1 This report sets out the response to the views and comments arising from the Safer Stronger Communities Select Committee, about discussions held with the Lewisham Borough Commander under the Lewisham Metropolitan Police Service update items at its meeting on the 4 July 2016.

2. Recommendations

It is recommended that the Mayor:

- 2.1 Approves the responses from the Executive Director for Community Services to the comments from the Safer Stronger Select Committee.
- 2.2 Agrees that this report should be forwarded to the Safer Stronger Communities Select Committee.

3. Background

- 3.1 On 4 July 2016, the Safer Stronger Communities Select Committee considered an item entitled Lewisham Metropolitan Police Service Update. Following the Select Committee a referral was made to the Mayor and Cabinet on 13 July 2016. The Committee resolved to advise Mayor and Cabinet of the following:
- 3.2 Referral 1
- 3.2.1 The Committee was interested to hear about the plans expressed by London's new Deputy Mayor for Policing and Crime to run an extensive consultation on proposals to remodel police services in London. The Committee was concerned about proposals, developed before the 2016 London mayoral election, for a potential merger of the 32 Borough Command Units across London. This would mean that there would not be one borough commander responsible for policing in the borough of Lewisham.
- 3.2.2 The Committee expressed its concern at these plans, as cooperation between local authorities and the metropolitan police is strengthened by having the boundaries of local police forces in London correspond with borough boundaries.

3.3 Response

- 3.3.1 The Borough Commander will keep the Mayor, Cabinet Member, and Committee updated on this. It is likely that there will be pilot boroughs for a number of options and changes to police operational delivery which will help to form part of any future plans and feed into any consultations. Once consultations on proposals open the Head of Crime Reduction and Supporting People will ensure the Committee and relevant others are fully sighted.

3.4 Referral 2

- 3.4.1 The Committee welcomed the support for Police Community Support Officers (PCSOs) expressed by the Lewisham Police Borough Commander. The Committee values the work done by PCSOs and would welcome an opportunity to increase their numbers.

3.5 Response

- 3.5.1 This is noted and the Borough Commander will feed this back into the Service.

3.6 Referral 3

- 3.6.1 The Committee requested that they were formally asked to comment on any consultation responses on behalf of the Council to plans by the Mayor of London or Greater London Assembly for changes to the discharge of crime and disorder function in the borough.

3.7 Response

- 3.7.1 The London Mayor's Police and Crime Plan, which is a statutory requirement, will be drafted in the autumn 2016, and will be formally consulted on late Autumn into the Winter of 2016. The Head of Crime Reduction and Supporting People will ensure the Committee is fully sighted on the draft Plan and the Committee is welcomed to make comments. In addition there will be a formal response made by the Safer Lewisham Partnership.

4. Financial Implications

- 4.1 Any financial implications in respect of the above will be part of the considerations of the London Mayor's Office for Policing and Crime.

5. Legal Implications

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

6. Crime and Disorder Implications

- 6.1 Any crime and disorder implications will be fully considered once proposals are clearer.

7. Equalities Implications

- 7.1 One of the Partnership's key outcomes is to ensure equity in representation and that equality and diversity issues are followed in the work of the partnership.

8. Environmental Implications

- 8.1 Environmental implications in respect of any policy changes are critical and due regard and consideration is given as appropriate.

Background papers

Safer Stronger Communities Select Committee Referral to Mayor and Cabinet – 13 July 2016

For further information on this report please contact Geeta Subramaniam-Mooney, Head of Crime Reduction and Supporting People on 020 8314 9569.