

Healthier Communities Select Committee Agenda

Monday, 11 February 2019
7.30 pm, Committee Room 3
Civic Suite
Catford
SE6 4RU

For more information contact: John Bardens (02083149976)

Part 1

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Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Monday, 11 February 2019.

Janet Senior, Acting Chief Executive
Thursday, 31 January 2019

Councillor John Muldoon (Chair)	
Councillor Coral Howard (Vice-Chair)	
Councillor Peter Bernards	
Councillor Juliet Campbell	
Councillor Carl Handley	
Councillor Octavia Holland	
Councillor Sue Hordijkeno	
Councillor Sakina Sheikh	
Councillor Bill Brown (ex-Officio)	

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday 16 January 2019, 7.30pm

Present: Councillors John Muldoon (Chair), Coral Howard (Vice Chair), Peter Bernards, Carl Handley, Octavia Holland, Sue Hordijenko and Sakina Sheikh.

Also Present: Damien Egan (Mayor), Ben Travis (Chief Executive, Lewisham and Greenwich NHS Trust), Dr Ranga Rao (Clinical Director, South London and Maudsley NHS Foundation Trust), Dr Danny Ruta (Director of Public Health), Catherine Mbema (Acting Consultant in Public Health), Aileen Buckton (Executive Director for Community Services), and John Bardens (Scrutiny Manager).

1. Minutes of the meeting held on 3 December 2018

Resolved: the minutes of the last meeting were agreed as a true record.

2. Declarations of interest

The following non-prejudicial interest was declared:

- Cllr Peter Bernards has a business which works with the South London and Maudsley NHS Foundation Trust (in relation to item 7).

3. Responses from Mayor and Cabinet

- 3.1 It was noted that, while a formal response to the committee's referral from its last meeting on the health visiting elements of the public health grant cuts will be received in due course, it was agreed at Mayor and Cabinet on 12th December 2018 that the proposed cut to the health visiting service would be paused with a further report on public health cuts to be considered in 2019.

Resolved: the committee noted the update.

5. Bullying and harassment at Lewisham and Greenwich NHS Trust

Ben Travis (Chief Executive, Lewisham and Greenwich NHS Trust) introduced the report. The following key points were noted:

- 5.1 Figures from the 2017 Lewisham and Greenwich NHS Trust (LGT) staff survey showed that 29% of staff felt that they had been bullied or harassed in the previous 12 months.
- 5.2 LGT also carried out a Leadership Capacity Review which found that it is felt in the organisation that there is an issue with bullying and harassment at a senior level.

- 5.3 LGT subsequently commissioned an external review of bullying and harassment at the trust.
- 5.4 The review focused on those who have been involved in cases of bullying and harassment and is not therefore a representative sample of all colleagues in the trust.
- 5.5 The final report is based on conversations between the investigator and around 75 colleagues.
- 5.6 The principle findings of the review included: while bullying at LGT is not institutionalised, it is widespread and evident in all divisions; there is a sense from staff that this behaviour has been known about and condoned; investigations into cases of bullying has been sub-standard; there are still individuals within the organisation whose behaviour needs to be addressed.
- 5.7 An independent oversight panel is being established to hold the board to account on the review, which will communicate with stakeholders after every meeting to update on progress.

The committee asked a number of questions. The following key points were noted:

- 5.8 The LGT has mechanisms in place to pick up on cases of bullying and harassment, including anonymous reporting systems, but they are not being used to the extent that they should be. A lot of bullying and harassment cases are not formally reported anywhere.
- 5.9 One of the recommendations of the review was to re-energise exit interviews and ensure that they are consistently offered.
- 5.10 The trust will be agreeing with staff some clear objective criteria on behaviour and establishing a charter between the organisation and its employees, setting out what to expect from managers and what the trust expects in return. It will also be commissioning mandatory training for all leaders.
- 5.11 The trust's Equality, Diversity and Inclusion network and Staff-Side Committee were involved before the review was commissioned and throughout the process.

Resolved: the committee praised the trust for commissioning the review and recommended making the final report clear and accessible for staff with clear action points on what is going to done.

4. Delivery of the Lewisham Health and Wellbeing Priorities

Damian Egan (Mayor) introduced the report. The following key points were noted:

- 4.1 Life expectancy continues to increase across the borough for men and women, but there are still significant variations by ward.
- 4.2 The Health and Wellbeing Board is currently focusing on BAME health inequalities and has suggested that Lewisham CCG and Lewisham and Greenwich NHS Trust jointly fund a project with the Stephen Lawrence foundation. A BAME mental health summit was also recently held.
- 4.3 Premature deaths from heart disease have decreased in line with the rest of England, but there is no data on heart disease deaths by ethnicity in Lewisham.
- 4.4 The British Heart Foundation has found that stroke rates are highest in people of black ethnicity; that coronary heart disease rates are highest in south Asian populations; and that black, Caribbean, Indian, Pakistani and Bangladesh men have considerably higher prevalence of diabetes than the general population.
- 4.5 Uptake of cancer screening in the borough continues to be a concern. Rates are stable but fall significantly below national averages and target levels.
- 4.6 The revised contract between the CCG and GP practices requires GPs to increase screening rates for cervical cancer and to directly follow up on non-responders to bowel cancer screening invitations.
- 4.7 Flu immunisation uptake is stable but still below the national average and target levels.
- 4.8 The number of people smoking continues to decrease and is currently in line with London and England averages.
- 4.9 Chlamydia diagnoses have decreased but are still above the national average.
- 4.10 People presenting with HIV at late stage infection has increased but remains in line with the national average.
- 4.11 Lewisham has a relatively low proportion of eligible young women who are on Long-acting reversible contraception (LARC). Prescribing in general practice is very low compared to other boroughs. 40% of abortions in Lewisham are repeat abortions. LARC is a priority focus for the new Lambeth, Southwark and Lewisham sexual health strategy for 2019-24.

Resolved: the committee noted the report and suggested that LARC uptake is something that the committee could revisit at a future meeting.

6. Lewisham, Southwark and Lambeth Sexual Health Strategy 2019-24

Dr Danny Ruta (Director of Public Health) introduced the report. The following key points were noted:

- 6.1 There is a general downward trend in new diagnosis of STIs in Lambeth, Southwark and Lewisham (LSL), with the exception of gonorrhoea and syphilis (which most affect men who have sex with men (MSM)).
- 6.2 Alongside Lambeth and Southwark, Lewisham has the highest HIV rates in the country.
- 6.3 PrEP (pre-exposure prophylaxis), a drug taken by HIV-negative people before sex that reduces the risk of getting HIV, is still under national trial in England.
- 6.4 The joint Lambeth, Southwark and Lewisham sexual health strategy for 2019-24 is focused on four key areas: Healthy and fulfilling sexual relationships; Good reproductive health across the life course; High quality and innovative STI testing and treatment; Living well with HIV.
- 6.5 Protests at abortion clinics are monitored very closely. There has not been a high prevalence of demonstrations in recent months. Clinics have agreed to contact the council immediately if they notice any protest activity. Women are also asked if they have been harassed, which is also reported back to the council.
- 6.6 Pharmacy contracts are being changed so that they carry out structured consultations with women who ask for the morning-after pill in order to encourage them to start contraception.
- 6.7 Pharmacies will be able to prescribe up to a year's supply of contraception and directly book appointments at sexual health clinics for long-acting reversible contraception (LARC).
- 6.9 The Chair noted that the committee's Healthwatch representative, who sent his apologies for the meeting, had contacted the committee beforehand with a query about how well the strategy addresses the needs of homeless people, people with physical disabilities, and people with learning disabilities.
- 6.10 The director of public health agreed to provide a response post meeting.

Resolved: the committee noted the report and welcomed encouraging pharmacists to have structured consultations with women who ask for emergency contraception, but noted that a balance needs to be found so that women are not deterred from asking for contraception.

7. CQC report – South London and Maudsley NHS Foundation Trust

Dr Ranga Rao (Clinical Director, SLaM) introduced the report. The following key points were noted:

- 7.1 The CQC inspected South London and Maudsley NHS Foundation Trust (SLaM) in September 2018.
- 7.2 SLaM provides mental health services in Lewisham, Lambeth, Southwark and Croydon.
- 7.3 The CQC gave SLaM an overall rating of “good”. It noted improvements since its inspection in 2015.
- 7.4 The CQC recognised a number of examples of good practice, including: SLaM’s centralised Place of Safety; its specialist eating disorder services; and its work on new models of care.
- 7.5 The CQC also noted a number of SLaM’s digital innovations, including the piloting of electronic observations and a personal health record to engage patients digitally in their care.
- 7.6 Areas of good practice identified relating to Lewisham included: the ward manager on Powell Ward holding a weekly surgery where patients and their family members could meet to discuss any concerns they had; a ward at the Ladywell Unit had introduced a weekly health and well-being clinic, leading to an increase in patients referred for smoking cessation and gym membership; and staff at the Ladywell Unit receiving specialist training in cognitive behavioural therapy to enable them to provide better support for people with emotionally unstable personality disorders.
- 7.7 The CQC noted variations in standards care in acute wards across SLaM. Aspects of acute wards for adults of working age and psychiatric intensive care units received “inadequate” ratings.
- 7.8 The CQC’s biggest area of concern was bed occupancy. Bed occupancy in an acute mental health ward should be around 85%, but there were some bed occupancy rates of 100%, meaning that patients who were acutely unwell were unable to be admitted.
- 7.9 Following the CQC findings, SLaM has put in place an action plan. They have established a weekly monitoring plan with data tracking each of the areas rates as inadequate. This is monitored by the trust board. They have also established leadership walkabouts for the trust board and executives to spend time in wards speaking to staff to see if things are improving.
- 7.10 SLaM and are expecting the CQC to return in March 2019.

- 7.11 There was not a quality summit following the CQC inspection in September. SLaM expect to do this following the CQC's return in March.

Resolved: the committee noted the presentation and complimented SLaM for the examples of good practice highlighted by the CQC, in particular its centralised place of safety. It also noted, however, that the failure to hold a quality summit following the inspection was a breach of protocol.

8. Annual public health report – sexual health

Dr Catherin Mbema (Consultant in Public Health) introduced the report. The following key points were noted:

- 8.1 Sexual health was chosen as the topic for this year's annual public health report as there are a number of disappointing indicators relating to sexual health. This included repeat abortions and low uptake of long-acting reversible contraception (LARC).
- 8.2 The report is targeted at women between the ages of 15 and 44 in particular. It is in an online micro-site format and includes user experience and expert advice on longer acting forms of contraception.
- 8.3 The site also included links to the public health indicator dashboards.
- 8.4 The Chair noted that the director of public health, Dr Danny Ruta, would soon be retiring and thanked him on behalf of the committee for his contribution to public health in Lewisham.

Resolved: the committee noted the report and agreed to receive a link to the final version of the site once it is launched.

9. Information item: EU exit operational readiness in health and care

- 9.1 The Chair noted that the committee may receive a substantive item at its next meeting depending on developments with EU exit negotiations.

Resolved: the committee noted the report.

10. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the work programme.

- 9.1 The Scrutiny Manager noted that the work programme item at the next meeting, the final meeting of this municipal year, is a good opportunity for members of the committee to make suggestions about topics for review that the incoming committee could consider in the next municipal year.

Resolved: the committee agreed the work programme.

10. Referrals

There were no referrals to Mayor and Cabinet.

The meeting ended at 21.50pm

Chair:

Date:

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Healthier Communities Select Committee		
Title	Declaration of interests	
Contributor	Acting Chief Executive	Item 2
Class	Part 1 (open)	11 th February 2019

Declaration of interests

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

1. Personal interests

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

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

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

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

(b) and either

- (i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or
- (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

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

3. Other registerable interests

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

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

4. Non registerable interests

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

5. Declaration and Impact of interest on members' participation

- (a) Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take no part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**
- (b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in

consideration of the matter and vote on it unless paragraph (c) below applies.

- (c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.
- (d) If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.
- (e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

6. Sensitive information

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

7. Exempt categories

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

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

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HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report Title	Adult Learning Lewisham – annual report		
Ward	All	Item No	5
Contributors	Executive Director for Community Services		
Class	Part 1	Date: 11 February 2019	

1. Purpose of the Report

- 1.1 To update the Healthier Communities Select Committee on the adult learning services offered by Adult Learning Lewisham (ALL) from January to December 2018.

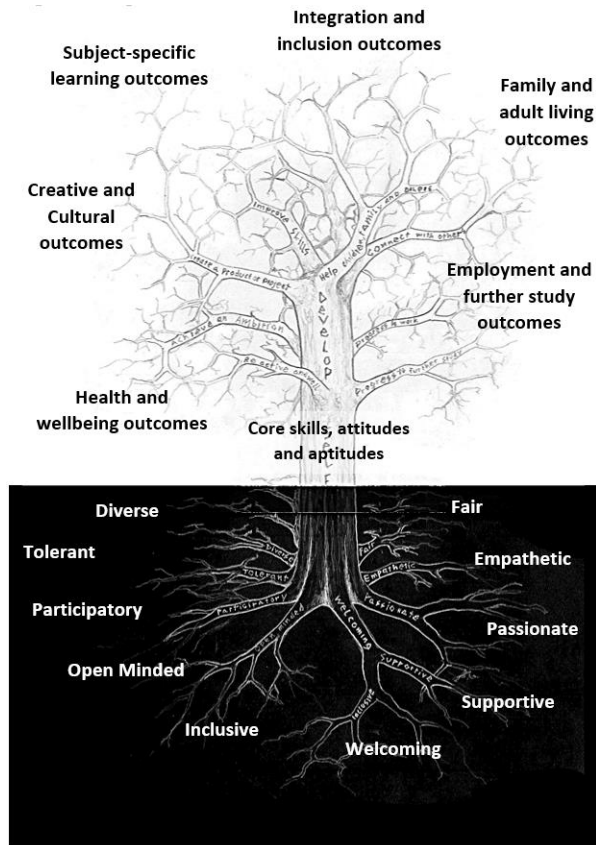
2. Recommendation

- 2.1 Members of the Healthier Communities Select Committee are asked to note the contents of this report.

3. Background and Headlines

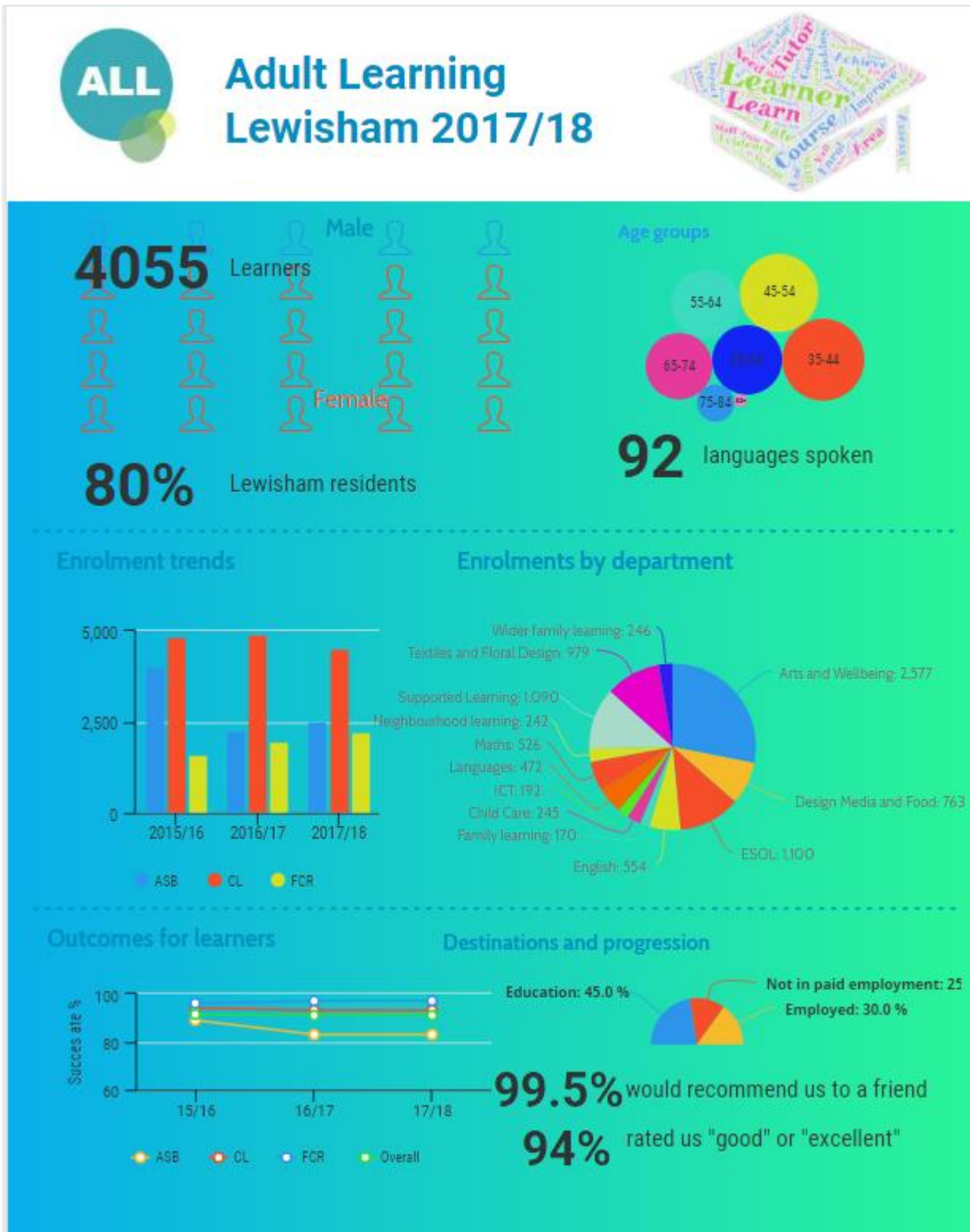
- 3.1 Adult Learning Lewisham is Lewisham Council's adult education service, delivering courses across the borough in order to meet the needs of learners, to inspire them and so enable them to fulfil their potential and flourish. The mission of the service is that *ALL Together We Flourish*, in other words that learners should be able to live well, fare well and do well as a direct result of engaging with the service. Adult education is increasingly seen as having value insofar as it contributes to an area's economy and productivity. ALL recognises the importance of developing skills for residents that enable them to progress in their employment. But ALL also recognises that there is significant outcomes of adult education, for example in contributing to the wellbeing, integration and culture of Lewisham's communities. So the service sees flourishing as a lifelong goal, and ALL helps learners to develop skills which will help them throughout their life: to progress in employment, to maintain health/wellbeing, to be integrated into Lewisham's communities, and to play a role in shaping Lewisham's and London's culture.
- 3.2 ALL's mission and values continue to be represented by the service's Tree of Values (overleaf). The branches of the tree represent the outcomes that learners can aspire to achieve. These have been amended, as part of the development in of an outcomes framework 2018, as outlined in 4.2 below. The roots of the tree represent the organisational ethos of ALL, and they remain linked to the governments' fundamental values that Ofsted expect to be instantiated in all educational institutions (ALL's equivalent are in italics): of democracy (*participatory*), rule of law (*fair*), freedom of expression (*open minded*), tolerance and respect (*diverse, inclusive and tolerant*). Added to these are ALL's own values of being *passionate, supportive, welcoming and empathetic*.

ALL Tree of Values 2018-19



- 3.3 ALL receives an Education & Skills Funding Agency (ESFA) grant of £3.3 million and currently employs approximately over 200 staff, 140 of whom are part-time tutors. Through its 'Pound Plus' policy, the service has been able to generate income of approximately £600,000, the majority of this is through fee income that is invested back into the adult learning service. ALL is still able to offer over 1,000 courses across ten different curriculum departments located in three bespoke education centres, as well as in community venues, across the borough. There are over 4000 learners enrolled on courses, and over 9,000 enrolments (each learner enrolling on just over two courses on average). As a council service Adult Learning Lewisham has a very high face-to-face interaction with residents and learners – around 270,000 'interaction hours' per year in total, making it a powerful civic vehicle for change and impact.
- 3.4 ALL has continued to develop and improve as a service over the past year. The service was inspected by Ofsted last academic year and in 2018 worked towards addressing the recommendations outlined in the report (4.3.2 below). ALL strengthened its partnerships with external organisations, including with Goldsmiths (as a route to university for students) and with the Horniman Museum in the development of its new World Gallery through ESOL learners and their families. Lewisham's reputation as an innovative and impactful adult learning provider has grown, and visits from the Department for Education and Greater London Authority confirmed this, with one civil servant noting after conversations with learners that "the day was one of the most powerful learning experiences I have had.". In July 2018 the service manager was elected to become co-chair of the national adult education network, LEAFEA, and this has led to the sharing of ALL's work on outcomes at a national level.

3.5 ALL is proficient at gathering and using data to inform and improve the service. The infographic below gathers together a number of different metrics to give an overview of ALL for the academic year 2017-18. The service remains a diverse one, with a wide range of age groups and ethnicities representative of the borough. There has been an increase in our full cost courses (funded entirely by the learners), and community learning courses saw an increase despite no additional funding being available. Qualification outcomes for learners are excellent and remain high, as do learner progression outcomes (see section 4.2).



4. Progress against Strategic Objectives

4.1 As noted in 3.1 the mission of the service is that *ALL Together We Flourish*. In order to achieve this mission the service has seven strategic objectives, each of which focuses on a theme critical to the success of ALL (the numbers in brackets represent the sections these are reviewed in this report).

- **Outcomes** (4.2): Ensuring positive impact and outcomes for learners leading to excellent headline achievement and progression rates.
- **Quality** (4.3): Providing teaching, learning and assessment that is outstanding or good in 90% of the provision, with excellent learner satisfaction ratings.
- **Safeguarding** (4.4): Ensuring ALL meets its Safeguarding and Prevent responsibilities.
- **Community** (4.5): Responding to the needs and views of learners and the wider community, working in partnership to shape future developments and curriculum.
- **Environment** (4.6): Ensuring ALL buildings, services and resources enable learning to take place in a safe, fit-for-purpose and inspiring environment.
- **Staff** (4.7): Supporting and investing in skills development for ALL staff
- **Finance** (4.8): Securing ALL on a sound financial footing and adding value to received funding.

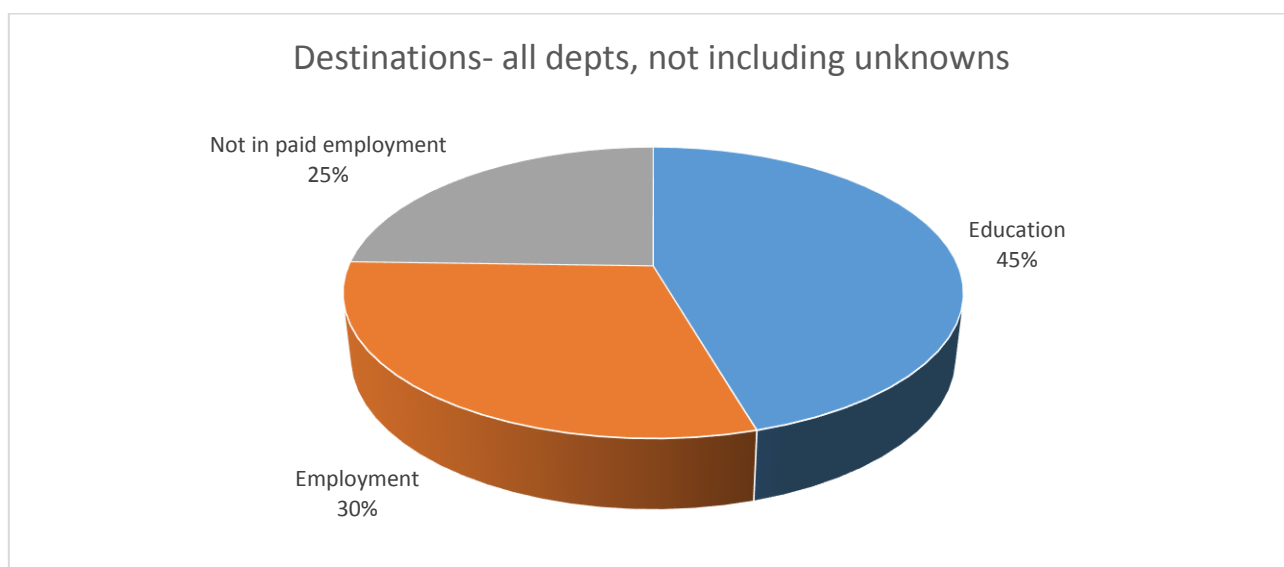
The rest of Section 4 focusses on the progress made over the past year against each of these seven objectives.

4.2 *Outcomes Objective: Ensure positive impact and outcomes for learners, leading to excellent headline achievement and progression rates.*

Overall achievement rates (previously called success rates – see Appendix B) for learners have been sustained at an exceptionally high level in 2018. Service wide achievement rates stand at 90.7%, which is identical to the figure for 2017, and achievement rates for Level 2 (including GCSE) are now very good at 88%. These figures represent another excellent performance by learners supported by ALL tutors and staff. This can be accounted for in part by the very good pass rates (96%) rates across all funding streams as well as by the high retention of learners who stay until the end of their course (93%). ALL continues to measure outcomes on non-accredited courses against the nine types of outcome that learners aspire towards (see table below) however, a new outcomes framework is being developed which rationalises these outcomes into six types (see section 12.2).

Outcome statement	Number of responses
a) I improved my skills in this subject	3035
b) I moved closer to my personal ambition	1902
c) I created a product or project	729
d) I improved my health or wellbeing	1341
e) I built friendships that I wouldn't otherwise have	1945
f) I was better able to support my children or grandchildren	774
g) I was able to progress towards work, or in my job	613
h) I have progressed towards further training	827
i) I developed a Core Characteristic or Skill (e.g. confidence, English, Maths, Computing, research, independent study)	1115

The outcomes in the table above are individual outcome declarations made by students. In addition to this, ALL now tracks learner destinations six months after the end of the course by calling and speaking to a large sample of learners (nearly 700). Of this sample 45% had progressed in education, 30% had progressed in paid employment, and 25% in voluntary work or other positive destinations (such as independent living).



4.3 Quality Objective: Provide teaching, learning and assessment that is outstanding or good in 90% of the provision. The service maintained its robust internal measures of quality throughout 2018. Adult Learning Lewisham systematically carries out Support for Learning Visits for tutors across all its curriculum areas, with over one hundred Support for Learning visits carried out last year (with over 95% graded good or better). The emphasis of these visits is on improving the quality of teaching, learning and assessment, and supporting the tutors with specific actions. In the ALL 2017-18 Self-Assessment Report every curriculum area was graded 'Good' (through the quality assurance process) with three curriculum areas 'Textiles and Floral Design', 'Languages' and 'Design Media and Food' being graded as 'Outstanding.' No area is 'requires improvement' or 'inadequate'. The service continues to move away from grading individual lessons to a more supportive ethos where tutors use self-reflection with input from the curriculum leader to identify the areas that could be improved or undertaken differently and explore different teaching strategies to address these. Tutors promote equality and diversity very well in teaching, learning and assessment. They are qualified, passionate, experienced subject specialists who regularly update their CPD. Tutors plan lessons and courses carefully to best meet the needs of their learners. They encourage independent learning and offer good information and materials to promote away from the classroom. Learners' ongoing assessment is very good, and learners are clear about their own progress and have a very good understanding of what they need to do to improve. Learner satisfaction ratings for the service remain very high, with 98% of learners rating the quality of teaching and learning as either good or excellent (up from 97% in 2016), and 98% rating the fairness and respect with which they had been treated as either good or excellent.

4.3.1 The recognised external arbiter of quality in the ACL sector is Ofsted who inspected the service in the academic year 2017-18. In their inspection report they noted the following strengths:

- the high quality of our teaching, learning and assessment
- the strong commitment of staff to quality
- the support for learners to achieve aspirations that go beyond a single course
- that learners enjoy a good standard of training and education
- the curriculum on offer meets the diverse needs of individuals
- the shared vision of helping people to learn and flourish
- the work with partners, including other council services
- the ongoing advice and support we give to help learners to progress
- the way in which we help learners to feel safe
- the success of our learners in achieving qualifications

They also noted that leaders and managers have created a culture whereby staff morale is high and staff turnover is very low, and that has remained the case since the inspection.

4.3.2 Ofsted did make a number of recommendations that would help the service in its aim of being an outstanding provider. These recommendations were fourfold:

- first, that staff continue to improve the effectiveness of target setting with learners;
- secondly that teachers make better use of initial assessments to help learners make progress;
- thirdly, to improve the proportion of learners who achieve qualifications at level 2;
- fourthly to reduce the gap in achievement between different groups of learners.

The ALL Quality Improvement Plan for 2018 included actions to address each of the recommendations above, and substantial progress has been made.

4.4 *Safeguarding Objective: Ensure ALL meets its Safeguarding and Prevent responsibilities.* In the 2017 inspection Ofsted noted that '*safeguarding is effective... leaders have maintained effective safeguarding policies and procedures*'. The ALL Safe Panel brings together all areas with responsibilities for Safeguarding, Prevent, E-Safety and Health & Safety (previously the responsibility of separate steering groups). This includes curriculum interest through the creation of safe learning environments within which learners feel supported, able to make mistakes and move forwards in their learning, and able to gain referrals to other council services where necessary. Safeguarding, and safety, incidents are monitored and tracked and reported (anonymised) to the ALL Safe panel, and staff are trained in safeguarding (section 4.7)

4.5 *Community Objective: Respond to the needs and views of learners and the wider community, working in partnership to shape future developments and curriculum.* Adult Learning Lewisham continues to build partnerships across the borough, with both internal LBL services and external organisations.

4.5.1 At a regional level ALL has been on the steering group for the central London sub-region, shaping this partnership in readiness for the devolution of the skills budget to the Greater London Authority in 2019. This partnership emerged from the Area Reviews, established by central government to solve the financial problems within the Further Education sector. Adult education providers in London took this as an

opportunity to review their structures, outcomes, efficiencies across the capital. Uniting as a sector has given ALL the opportunity to contribute to the development of the GLA's Skills for Londoners strategy and framework – providing extensive, comprehensive feedback, through GLA consultation. This led to the broadening of the GLA's understanding of 'skills' in their strategy, to include integration, health, and wellbeing as valued outcomes of adult education – which is a very positive outcome for ALL's learners. The service manager continues to engage with the GLA and the Department for Education on the debate around outcomes, their definition, underpinning principles, and measurement. An article by ALL detailing the distinct value of adult learning was published in 2018 as part of the Education & Training Foundations book 'The Purpose of Further Education Now'.

- 4.5.2 At a local and council level ALL retains successful links with services across the council to promote residents' wellbeing, for example being awarded the Sugar Smart certificate in 2018. Primary partnerships, in which ALL contributes to the strategic plans of other services, include the Work & Skills Strategy, the Mental Health and Wellbeing Strategy, the recommendations of the Poverty Commission, and the Memoranda of Understanding with Goldsmiths and London Southbank University. The service, its learners and its tutors continue to be a significant contributor to the cultural life of Lewisham. ALL supports learner-organised enterprise groups which exhibit and sell arts work across the borough and its many festivals. Possibly the most significant partnership developed in 2018 has been the strengthening of ladders to employment through the Work Well project with SLAM. This programme, aimed at supporting people managing mental ill health into employment, has successfully been hosted at Grove Park centre, with SLAM work coaches meeting clients and students across ALL's centres.
- 4.6 *Environment Objective: Ensure ALL buildings, services and resources enable learning to take place in a safe, fit-for-purpose and inspiring environment.* ALL continue to develop their Accommodation Strategy and are moving towards completion of the design, planning and costing and delivery of phase one of the project. This has delivered enhancements to the external environment, improvements to external signage across the three centres and internal way-finding, as well as changes to reception areas at both Brockley and Granville centre. Works continued throughout 2018, with a flooring upgrade of the stairwells at Brockley Centre, the creation of a fit-for-purpose pottery store and classroom furniture replacement. A full schedule to deliver the remaining phases of the project has been developed and will begin in 2019.
- 4.6.1 The Site Manager expertly organised and managed external contractors to ensure the delivery of high quality work (for example the extensive replacement of deteriorating windows at Brockley Rise centre). This effort has helped to increase in the service's efficiency and effectiveness when dealing with premises-related matters, which offers real added value to ALL's core business of learning. The unreliability of the Wi-Fi and LAN networks at Granville and Grove Park centres were finally addressed in 2018, and following a meeting with our Brent shared services colleagues ALL planned to install a new teaching network at these sites. The installation of fast, reliable, connections had the potential to transform the digital possibilities in the classrooms at those centres and bring them in line with Brockley Rise centre. The new network connection went live in October 2018 and now provides us with an extremely reliable and high bandwidth network that will support teaching, learning and innovation.

4.7 *Staff Objective: Support and Invest in skills development for ALL staff.* ALL continues to invest in continuous professional development for its tutors and other staff. In 2018 the service again successfully retained the Matrix standard for advice and guidance, which confirmed ALL's investment in training its staff. The Matrix approach to advice and guidance will stand the service in good stead as ALL contributes to the development of social prescribing mechanisms in the borough. In 2018 all staff undertook and completed relevant safeguarding training, which complements the Prevent training that all staff and tutors completed the previous year. This training promotes an understanding of the issues around safeguarding and reinforces reporting requirements. ALL has extended and added value to the Prevent programme with the development for 2019 of courses in critical thinking, which should build confidence for learners and staff in dealing with the issues and questions that emerge from the government's policy in this area.



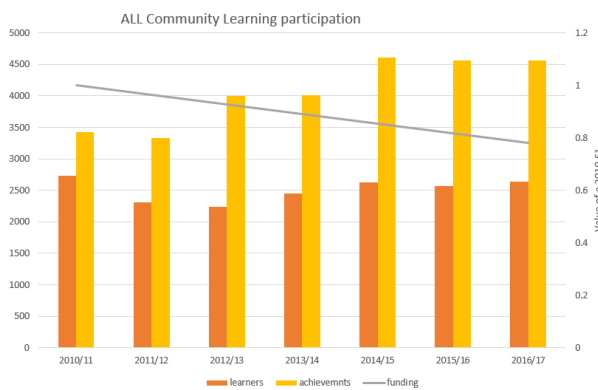
4.7.1 Staff and tutor Think Tanks continue to be used as an interactive vehicle for professional development. The purpose of ALL's think tanks is to bring additional energy to CPD sessions, to harness the expertise and experience of staff and tutors in activities and discussion, to raise the level (and as a side effect, the volume) of debate, and to explore some of the nuances of adult learning, which are critical to effective teaching, learning and assessment. Think Tanks in the past have looked at 'the Long Learner Journey', 'Fundamental British Values' and at 'Making the Right Choices'. In 2018 staff and tutors explored the outcomes of adult learning which helped informed the outcomes framework (12.2 below). This approach to CPD was noted as a success by the Matrix assessor: *Staff feel listened too, and were particularly effusive about the Think Tank events and how these 'idea days' ensure staff from the three centres shape provision.*

4.8 *Finance Objective: Secure ALL on a sound financial footing and adding value to received funding.* Funding for ALL in 2018 continued to be through the Department for Education via their Adult Education Budget. The AEB merges two funding streams, those for accredited courses and a block grant for adult community learning (broadly speaking for non-accredited courses). The budget for 2018-19 remained at the level of the previous year (see table below) although additional funding (£600,000) was successfully raised through fees as part of the service's Pound Plus policy which uses fees raised to reinvest in the service and add value to the government's contribution.

	2016-17	2017-18	2018-19
Adult Education Budget	£3,256,897	£3,256,897	£3,256,897

5. Comparison with the national picture

- 5.1 Funding in real terms for adult education has been in decline for over ten years. The graphs below show the performance of Adult Learning Lewisham in relation to national performance. The left hand graph shows participation in ALL since 2010, and the right hand graph shows the national picture. Both graphs have a steadily declining line showing cuts in real term funding. Participation at ALL, after a low point in 2012-13, has recovered and numbers have been maintained at a similar level to 2011. Over the same period there have been more achievements year-on-year. But funding has decreased by 22% in real terms, and taking into account inflation, the value of funding for community learning is actually below that of 2001. At a national level, funding has also fall by 22%, but in community learning national participation has fallen by 25% - there has been no recover, or bounce-back, in national participation figures. So Adult Learning Lewisham is going against the national trend of decline.



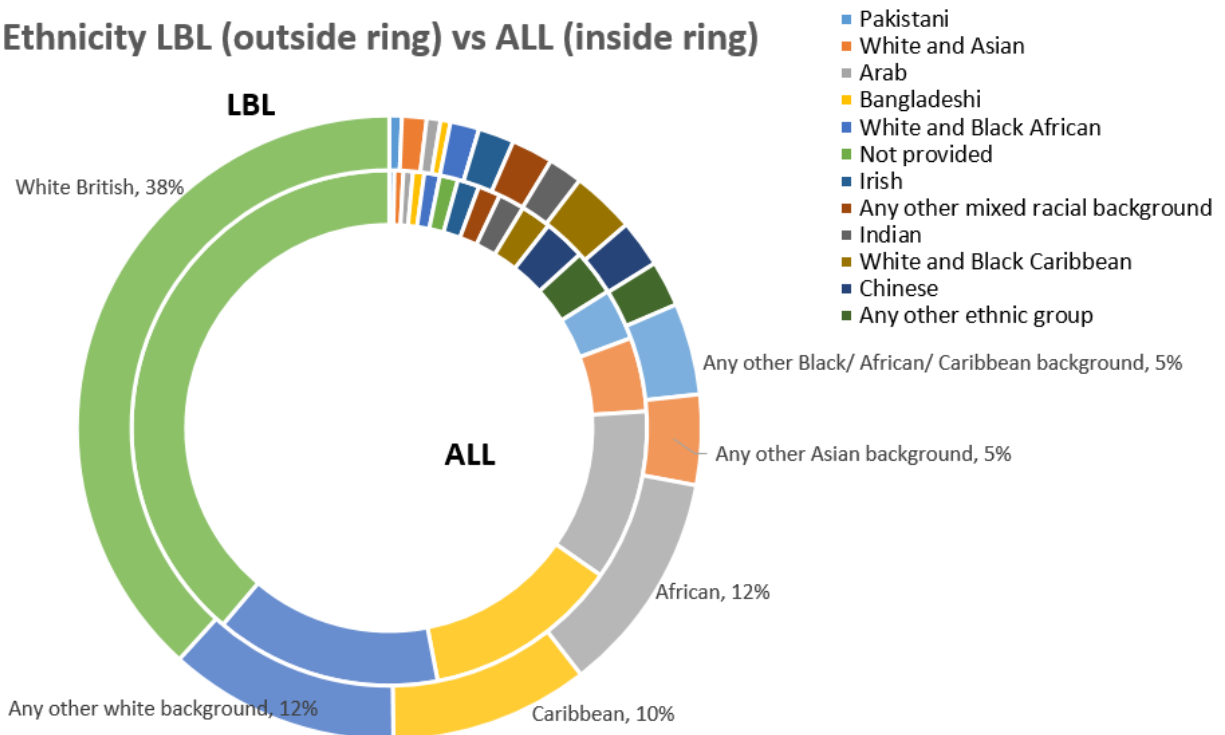
- 5.2 The reasons for the continued strong performance of Adult Learning Lewisham against a picture of national decline in numbers might include: the cross-organisational approach to marketing that the service has maintained; the continued strong brand of ALL in its marketing; investment in a new marketing apprentice in 2018; investment in online enrolment facilities (now accounting for nearly 20% of ALL's enrolments); and the high quality of the provision itself, with very positive word-of-mouth (96% of learners would recommend ALL's courses to a friend).

6. ALL Learner Demographics

- 6.1 Four thousand learners enrolled on courses within Adult Learning Lewisham in 2017-18, with most learners enrolling on at least two courses meaning that we have over 9000 enrolments over the year. Of these learners 20% are male and 80% are female. Over 40% of learners are new to adult education. Learners come from across the age range of adults, with a quarter of ALL learners aged 35-44, and a third of learners aged 55 or older. Learners who are managing mental ill health, or have declared a learning or physical disability, now make up 18% of enrolments which reflects the success of two of our specialist curriculum areas (Supported

Learning and Mindlift). Around two thirds of ALL learners (62%) are from non-white British ethnic groups, which is on par with Lewisham residents as a whole (61.7%). Finally, participation in ALL by people from areas of high multiple deprivation (measured by IMD 2015) remain high, with 79% of our enrolments coming from the most deprived half of LSOAs, and only 3% from the least deprived quartile.

Ethnicity LBL (outside ring) vs ALL (inside ring)



7. Financial implications

7.1 As discussed in 5.1 above, funding in real terms continues to be reduced and additional costs (including an increase in national insurance, pensions contributions and a nationally agreed pay settlement) has meant that ALL has had to adjust its expenditure (and curriculum provision) to accommodate these budgetary pressures.

7.2 The service will be funded by the Greater London Authority from 2019 onwards, and the service will monitor closely the financial impact that this might have on its provision of courses for residents.

8. Legal Implications

8.1 It is one of the roles of the Select Committee to review policy within its terms of reference. It can make enquiries and investigate options for future direction in policy development. Additionally the Committee can require the Executive Members or Executive Directors to attend before it to explain amongst other things the extent to which actions taken implement Council policy and provide evidence of the same.

8.2 The power for local authorities to provide an adult education service for adults is a discretionary one. This discretion should be exercised reasonably in the sense that only relevant matters should be taken into account and irrelevant considerations ignored.

9. Crime and Disorder Implications

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

10. Equalities Implications

- 10.1 The London Borough of Lewisham, like all inner London boroughs, is a place of heterogeneity, with areas of high income, high qualification rates and low unemployment sitting alongside areas of high multiple deprivation. Lewisham still has one of the highest percentages of people claiming JSA in London (at 2.6%). Rates of mental ill health are higher than in London or nationally, and this has been identified as a council priority – 3,400 people in Lewisham are on the severe mental health register. Of all skills, a lack of English has been identified as the largest barrier to employment by the Office of National Statistics (2014). The percentage of Lewisham households (9%) with no adults who can speak English is amongst the highest in the country, with 10,000 residents in those households.
- 10.2 Lewisham residents have a high level of qualification, with 54% of Lewisham residents educated to NVQ Level 4 and above (compared to a GB average of 36%). Widening this to Level 3 reveals that 70% have NVQ Level 3 and above which is equivalent to at least 2 A Levels. The proportion of residents with no qualifications has decreased from 17.7% in 2011 to 7.5% in 2015. There has also been a notable rise in those with Level 4 or higher (degree or equivalent). However, the distribution of residents with high levels of qualifications is not evenly spread over the borough, and geographical location is correlated with low qualifications.
- 10.3 ALL remains the only Grade 2 'Good' provider of adult skills in Lewisham. It offers accessible entry routes for new or returning learners as well as progression routes that are used by learners to further their skills and education. In addition, ALL provides a range of informal learning activities aimed at communities in areas of high and multiple deprivation across the borough. Paragraph 6.1 above outlines the effectiveness of ALL's response to the inequality and disadvantage amongst some of Lewisham's communities. The service will continue to work in partnership with other services, and the voluntary sector, to reach those residents least likely to engage, but most likely to benefit, from adult learning.

11. Environmental Implications

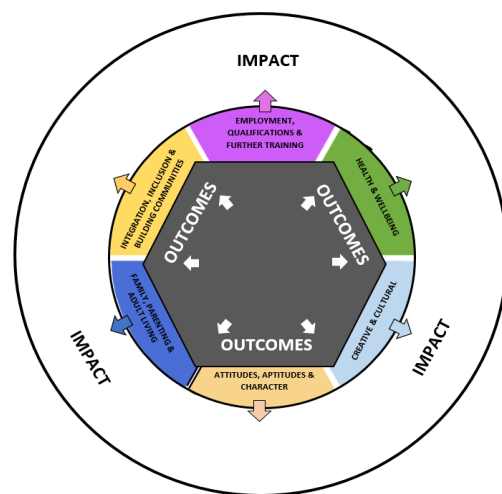
11.1 There are no environmental implications arising from this report.

12. Conclusion – What Lies Ahead?

- 12.1 Devolution: The devolution of the AEB skills budget to the mayoral combined authorities, including the GLA, will take place in 2019. There is still uncertainty about the implications of this, particularly the financial impact on adult education providers, in part because the government's Comprehensive Spending Review is also taking place in 2019. In preparation for devolution, the Governance Group met in July to review a range of possible outcomes of devolution and assess the risks and opportunities of these. There was an agreement that the business focussed approach of the service (diversifying funding streams, ensuring the right pricing, and being watchful of costs) remains the best way forwards.

12.2 An outcomes framework: The GLA are committed to commissioning provision by outcomes once the AEB budget is devolved to them. For the past few years ALL has been significantly involved in the national and regional government reviews of adult community learning in London, and this involvement has led to a sharpening of focus of the value and civic outcomes of adult community learning in Lewisham. Through learner forums, through workshops with curriculum leaders and managers, through partnerships with services across Lewisham Council, through meetings with external partners, through detailed data analysis, and through think tanks with staff and tutors, ALL has been able to better define its outcomes and their role in meeting community needs. In the past year Adult Learning Lewisham has played a significant part in developing a framework that captures the value of adult education through its outcomes. These outcomes fall into six categories (figure below), and ALL will continue to work on this framework, and the accompanying metrics, to ensure the value and impact of adult learning is properly captured.

- Integration, inclusion and building communities
- Employment, vocational skills and further training
- Health and wellbeing
- Creativity and culture
- Aptitudes, attitudes and character
- Family, parenting and adult living



For further information please contact Gerald Jones, ALL Service Manager, ext. 46189

Appendix A - Abbreviations

ACL – Adult Community Learning
AEB – Adult Education Budget
ALL – Adult Learning Lewisham
CPD – Continuous Professional Development
DfE – Department for Education
ESFA – Education & Skills Funding Agency
ESOL – English for Speakers of Other Languages
FE – Further Education
GLA – Greater London Authority
IMD – Index of Multiple Deprivation
JSA – Job Seekers Allowance
LBL – London Borough of Lewisham
LEAFA – Local Education Authority Forum for the Education of Adults
LSOA – Lower Super Output Area
Mindlift – ALL’s supported learning programme for adults with a learning difficulty or disability
NVQ – National Vocation Qualification
Ofsted – Office for Standards in Education
SLAM – South London & Maudsley NHS Health Trust

Appendix B - Achievement, Retention and Pass rates

In 2017 the DfE and ESFA changed the nomenclature of the key rates used to measure the quality of a provider. The changes are:

Name for rate pre-2017	Name for rate post-2017
Achievement rate	Pass rate
Retention rate	Retention rate
Success rate	Achievement rate

The meaning of these terms is as follows:

- *Pass Rate* – the rate of learners who pass their qualification or learning goals measured as a percentage of the number of learners who are still on the course at the end. (This was previously called the ‘achievement rate’ by funders and inspectors)
- *Retention Rate* – the rate of learners who are still attending the course when it finishes measured as a percentage of the number of learners who started the course.
- *Achievement Rate* – the rate of learners achieve their qualification of learning goals measured as a percentage of the total number of learners who started the course. This is a tougher test of organisational performance than the pass rate. (This was previously called the ‘success rate’ by funders and inspectors).

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Healthier Communities Select Committee		
Report Title	HCSC Recommendations on Social Prescribing: Update on progress	
Key Decision	No	Item no: 6
Wards	Borough wide	
Contributors	Executive Director for Community Services	
Class	Part 1	Date: January 2019

1. Purpose

1.1 Healthier Communities Select Committee conducted a review into social prescribing during 2017. The response to the recommendations was presented by the Executive Director of Community Services for Mayoral consideration in June 2018, this report provides an update on progress for those recommendations.

2. Recommendations

2.1 Healthier Communities Select Committee is:

- Asked to note the progress on activity arising from the recommendations that were made in the report in June 2018.
- Note the next steps for the development of social prescribing in Lewisham to be taken forward by Health and Care Partners.

3. Policy Context

3.1 Members of the Healthier Communities Select Committee considered a scoping note for the in-depth review of social prescribing in June 2017. The scoping note set out the policy context, summarised below:

3.2 The challenge of caring for an elderly population, with increasingly complex health needs, has generated considerable interest in the benefits of social prescribing.

It has been estimated that 20% of GP visits are attributable to social rather than medical problems (2010 Marmot review, 'Fair Society, Healthy Lives').

3.3 A growing body of evidence has demonstrated the value of person-centred and community-centred approaches, alongside greater local understanding of NHS England's self-care aspiration. This underpins why coordinated action on self-care and social prescribing is important. The evidence indicates that involving people in community life is positive for individual health and wellbeing outcomes, stimulates creativity and innovation and is good for the wider community.

3.4 The *General practice forward view* (2016) emphasised the role of voluntary sector organisations, through social prescribing specifically – in efforts to reduce pressure on GP services. In addition, social prescribing contributes to a range of broader Government objectives, for example in relation to employment, volunteering and learning.

- 3.5 In 2017 the Mayor of London produced a draft Health Inequalities Strategy 'Better Health'. A key ambition of the strategy is to support the most disadvantaged Londoners to benefit from social prescribing to improve health and wellbeing and to see "that social prescribing becomes a routine part of community support across London".
- 3.6 In November 2018 the Health and Social Care Secretary announced plans to establish a National Academy for Social Prescribing to lead the practice under a renewed drive to improve the prevention of ill health. The academy is to "be the champion of, build the research base, and set out the benefits of social prescribing across the board, from arts to physical exercise, nutritional advice and community classes".
- 3.7 In a conference at the King's Fund the Health and Social Care Secretary remarked that "Social Prescribing is fundamental to prevention and prevention is fundamental to the future of the NHS". A view that is widely supported.
- 3.8 The objectives of social prescribing also support the principles set out in more recent NHS policy documents. In January 2019 the NHS published the Long Term Plan which sets out a ten year plan to make the NHS "fit for the future, and to get the most value for patients out of every pound of taxpayers' investment ". The Plan sets out the new funded action the NHS will take to strengthen its contribution to prevention and reducing health inequalities.
- 3.9 Social Prescribing is prominent within the plan and features an ambition to train 1000 link workers this year and incrementally over the next few years and to see 900,000 people referred to social prescribing schemes by 2023.
- 3.10 At London level the consultation document released in December 2018 "Social Prescribing: Our Vision for London 2018-28 Improving lives, Improving health" sets out a vision developed by the Greater London Authority, NHS England, Healthy London Partnerships and the London Social Prescribing Network for every Londoner to have easy access to social prescribing to meet their changing needs, from cradle to grave with a focus on developing healthy and thriving communities."
- 3.11 The plan sets out a road map for social prescribing and how it can be scaled up across the city, so that everyone can access a wide variety of support within their own community. Finally, the south east London Sustainability and Transformational Partnership (STP) , in common with all London's STPs, includes a commitment to self-care and social prescribing.
- 3.12 Social prescribing Schemes, like SAIL and Community Connections support Lewisham's Sustainable Community Strategy priority of: Healthy, active and enjoyable, where people can actively participate in maintaining and improving their health and wellbeing and Safer; where people feel safe and live free from crime, antisocial behaviour and abuse.

- 3.13 Social prescribing schemes contribute to Lewisham’s corporate priorities of caring for adults and older people, working with health services to support older people and adults in need of care; and inspiring efficiency, effectiveness and equity: ensuring efficiency and equity in the delivery of excellent services to meet the needs of the community. Social prescribing also contributes to promoting wellbeing and the priority of active, healthy citizens, providing leisure, sporting, learning and creative activities for everyone.
- 3.14 Lewisham Health and Care Partners are committed to supporting people to maintain and improve their physical and mental wellbeing, to live independently and to have access to high quality care when needed. Transforming the care that people receive in the community (Community Based Care) so that more people can be cared for out of hospital, is critical to achieving this. Social prescribing schemes play a key role in preventing the need for health and care and help connect people to services and activities to promote wellbeing. The aim is for community based care to be:
- **Proactive and Preventative** – By creating an environment which promotes health and wellbeing, making it easy for people to find the information and advice they need on the support, activities, opportunities available to maintain their own health and wellbeing and to manage their health and care more effectively.
 - **Accessible** – By improving delivery and timely access when needed to planned and urgent health and care services in the right setting in the community, which meet the needs of our diverse population and address inequalities. This includes raising awareness of the range of health and care services available and increasing children’s access to community health services and early intervention support.
 - **Co-ordinated** – So that people receive personalised health and care services which are coordinated around them, delivered closer to home, and which integrate physical and mental health and care services, helping them to live independently for as long as possible.

4 What is social prescribing?

4.1 The scoping paper previously considered by Healthier Communities Select Committee provided a definition of social prescribing that came from the Annual Social Prescribing Network Conference held in London on 20 January 2016:

4.2 Short definition:
Enabling healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and wellbeing.

4.3 Fuller definition:
A means of enabling GPs and other frontline healthcare professionals to refer patients to a link worker - to provide them with a face to face conversation during which they can learn about the possibilities and design their own personalised solutions, i.e. ‘co-produce’ their ‘social prescription’- so that people with social, emotional or practical needs are empowered to find solutions which will improve their health and wellbeing, often using services provided by the voluntary and community sector.

4.4 Social prescribing schemes can include a variety of activities which might be delivered by the community and voluntary sector; examples include arts projects, sporting activity, gardening, cookery, crafts, peer support and other social groups.

5 The extent of social prescribing in Lewisham

5.1 Lewisham has a rich and vibrant voluntary and community sector and this is reflected in local social prescribing activity. The scoping note previously submitted to the Healthier

Communities Select Committee in 2017 provided detail about social prescribing interventions in Lewisham. Further examples of social prescribing were presented to the Healthier Communities Select Committee during the evidence sessions held on the 20th July and the 7th September 2017.

- 5.2 In summary, this includes activity that might be considered 'formal' or systematic social prescribing schemes. These tend to have a formalised mechanism for making referrals and a link worker or coordinator who will follow up on the referral. Examples include Community Connections, SAIL Connections and some of the interventions commissioned by Public Health such as exercise on referral, Weightwatchers / Slimming World and the "Be Inspired" programme delivered by Greenwich Co-operative Development Agency (GCDA).
- 5.3 There are many other examples of 'Informal' social prescribing activities delivered by voluntary and community sector organisations, these tend not to be linked into a formal referral system or have a designated link worker or co-ordinator.
- 5.4 London Voluntary Services Council (now known as the Charity Hub for London) have mapped social prescribing initiatives in London and have highlighted the work of Sydenham Gardens and the Prince's Trust. In addition, a range of activities are delivered by community organisations that health and care partners can refer into. Additional examples are:
- 5.5 Natures Gym who provided 2685 volunteer hours to support conservation activities in Lewisham parks. Trinity Laban's 'Retired not Tired' programme provides opportunities for over 60s to take part in creative activity, interact socially and develop new skills. Meet Me at the Albany is a programme of activities for isolated older people produced by Entelechy Arts and the Albany.

6 Developing Social Prescribing in Lewisham

- 6.1 Health and Care Partners participated in the HCSC review and welcome the opportunity to raise the profile and benefits of social prescribing. The themes from the review will continue to be monitored by the joint stakeholder group established by Health and Care Partners in 2017.
- 6.2 The stakeholder group focussed on identifying gaps in social prescribing, understanding how schemes worked locally and evaluating the infrastructure and capacity of the local voluntary and community sector to deliver, with particular focus on the formal mechanisms for referral. This showed a flourishing sector in Lewisham with formal schemes targeted at specific groups, for example over 60s, people with long term conditions etc. In taking the work forward the group established that an approach that includes both physical and mental health, with broader health and wellbeing objectives would be of benefit.
- 6.3 The SAIL Connections Impact Report (The first twelve months, 2017) shows that since the formal launch in February 2017 SAIL has been embraced by local stakeholders with over 50 different organisations using the checklist, 1063 referrals have been received to date and 926 older people have received support. About 20% of referrals are from GP practices. A significant number of referrals have also been received from the voluntary sector, hospital and the police. Each SAIL checklist generates on average 1.4 onward referrals including to the Community Fall Service, Mindcare, Dieticians and the WarmHomes Project.

- 6.4 The average age of service users is 78 but this extends to 98 years old. The service has also received 61 referrals for people under 60 years of age and who are considered suitable for preventative services listed on the checklist.
- 6.5 SAIL will continue to promote the service to widen access. For example, they have focussed outreach with housing providers in the most deprived areas of the borough. They have also targeted health and care professionals in order to ensure access to those with limited community access, socially isolated and to people experiencing a range of physical and mental health conditions.
- 6.6 23% of checklists include a referral to a Community Connections Facilitator to combat social isolation and the SAIL team work closely with Community Connections by referring people to community based groups and activities including social activities, lunch clubs, befriending, exercise classes and community learning.
- 6.7 In 2017-2018, Community Connections Development Workers supported 39 groups through development plans and made 517 development visits to those and other groups around the borough. Meanwhile, Community Facilitators supported 804 vulnerable adults through person-centred planning and work. The team supported an additional 201 vulnerable adults through advice provided to the London Borough of Lewisham Social Care team. 72% of those supported reported an improvement in their overall wellbeing after Community Connections’
- 6.8 The enthusiastic response and steady increases in referrals tells us that SAIL has local value and can assist health professionals refer to a range of non- clinical interventions to support patients’ wellbeing.
- 6.9 A full Evaluation of the SAIL Project was conducted earlier this year using a Social Return on Investment (SROI) methodology, it also included an assessment of social value by including case studies, stories and stakeholder feedback. The evaluation demonstrates the SAIL model to be highly effective and achieving excellent outcomes for older people in Lewisham.
- 6.10. The most consistently highlighted benefits of the project were that it improves efficiency, making it very quick to make multiple referrals, and improves access to services. The SAIL checklist achieves this through its simplicity and by gathering multiple services onto a single form. Healthcare services can now receive referrals from the community and likewise there is capacity for an increase in referrals to Police, fire prevention and community services from Healthcare professionals. Analysis in the evaluation has shown that for every £1 invested so far, the return has been £4.91.
- 6.11 Additional benefits of the SAIL Connections model highlighted by Partners include:
- Identifying and supporting those who are ‘hard to reach’ or likely to slip through the gaps in services
 - Meaning older people do not ‘go around in circles’ when seeking support, which can be a causal factor in relapse or deterioration in health
 - A flexible and person-centred approach

7. Developing the Lewisham Social Prescribing Model

- 7.1 SAIL Lewisham is currently only available to those aged 60 plus and is unable to offer the longer-term support required to address the complex underlying issues affecting people with serious health issues. The provision of a broader social prescribing scheme that supports a wellbeing offer to people of working age with access to arts,

gardening and community activity has great potential. This proposed expansion of this model is now in a feasibility stage.

7.2 Four Neighbourhood Community Development Partnerships (NCDPs), one in each neighbourhood were set up in 2017. The NCDPs, delivered by Community Connections, bring together voluntary and community sector organisations and groups in that area to support community development and connect to statutory health and care providers.

7.3 Community Connections workers are encouraging local community groups to engage with each partnership, organising the partnership meetings, and playing a key role in aligning the work programmes of the different community development workers in each neighbourhood to maximise the use of resources and avoid duplication. The NCDPs clearly have the potential to enhance the role of the voluntary and community sector in relation to social prescribing.

7.4 In 2018 Neighbourhood Community Development Partnerships each produced a neighbourhood community development plan which was informed by the Community Connections gaps analysis and identified key priorities. This plan informs the future work of the local NCDP partnership and local health and care partners. A small grant fund of £25k was made available for each partnership to deliver local solutions to the local priorities identified. This scheme will continue in 2019/20.

7.5 The development of the Health and Wellbeing on-line directory of services has a close link with the expansion of any future social prescribing model. A project to deliver improvements in the content as well as the search functions and navigability of the directory will support the approach to self-care and support self-navigation.

8.0 Response to specific recommendations

8.1 Officers responded to the recommendations that were made by the HCSC in a report presented to Mayor and Cabinet in June 2018. An update on the progress to the specific recommendations is set out in Appendix A.

9. Financial Implications

9.1 Although there are no specific financial implications arising from this report, any proposed activity or commitments arising from activity to support the development of social prescribing will need to be agreed by the delivery organisations concerned and be subject to confirmation of resources.

10. Legal implications

10.1 There are no specific legal implications arising from this report.

11. Crime and Disorder Implications

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

12. Equalities Implications

12.1 Although there are no specific equalities implications arising from this report, the development of social prescribing will continue to focus on improving health and care outcomes and reducing inequalities across the borough.

13. Environmental Implications

13.1 There are no specific environmental implications arising from this report.

14. Conclusion

Healthier Communities Select Committee conducted a review into social prescribing during 2017. This report provides an update on the response to the recommendations that resulted from the review and describes how social prescribing is being developed in Lewisham.

If there are any queries on the content of this report please contact
Fiona.kirkman@lewisham.gov.uk or on 020 83149626

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HEALTHIER COMMUNITIES SELECT COMMITTEE		
Title	'Care at Home': Progress Update	
Contributors	Executive Director for Community Services	Date: 7
Class	Part 1	11 February 2019

1. Purpose of Report

- 1.1 In December 2018, members noted the proposal by the London Borough of Lewisham (LBL), Lewisham Clinical Commissioning Group (LCCG), Lewisham and Greenwich NHS Trust (LGT) and South London and Maudsley NHS Trust (SLaM) to bring together a number of services that support adults to live as independently as possible in their own homes.
- 1.2 This report provides a progress update on activity to develop 'Care at Home'. It also provides further detail on the benefits for patients and service users.

2. Recommendation

- 2.1 Members are asked to note the progress in relation to developing 'Care at Home'.

3. Policy Context

- 3.1 The Mayor and Cabinet's developing strategic policies and plans are committed to providing dignified and compassionate care services. The Council has agreed to the phased implementation of the Ethical Care Charter which marks a key step towards improving the health, safety and dignity of vulnerable people in receipt of home care.
- 3.2 In January 2019, NHS England published its 'Long Term Plan' setting out its vision for a financially sustainable health and care system. Building on the work to integrate health and care to date, the plan commits to increasing the focus on NHS organisations to work with their local partners.
- 3.3 Care at Home will contribute to Lewisham's Health and Wellbeing Strategy, the corporate priority to care for adults and older people and the Council's commitment to working with health services to support older people and adults in need of care. Care at Home will contribute to the Council's priority in relation to inspiring efficiency, effectiveness and equity as well as the delivery of the Sustainable Community Strategy, in particular the priority relating to improving health outcomes and supporting people with long term conditions so that they can maintain their independence.
- 3.4 Lewisham Health and Care Partners¹ (LHCP) are committed to supporting people to maintain and improve their physical and mental wellbeing, to live independently and to have access to high quality care when needed. Care at Home will support LHCP to deliver its ambition for community based care i.e. care that is preventative and pro-active, accessible and co-ordinated.

4. Background

- 4.1 The Government wants every area in England to integrate health and social care by 2020. Lewisham's Health and Care Partners are working together to develop new arrangements for delivering integrated care across the borough. Social workers, therapists and district

¹ LHCP includes the London Borough of Lewisham, Lewisham Clinical Commissioning Group, Lewisham and Greenwich NHS Trust, South London and Maudsley NHS Foundation Trust and One Health Lewisham.

nurses have been working alongside GPs on the same neighbourhood footprint for some time. However, the virtual teams operate with different processes and systems and care remains fragmented.

- 4.2 Building on the work to date, services and functions that provide care and support to people in their own homes are now being formally integrated. The aim is to improve the co-ordination of care, reduce variation and duplication and improve the quality and accessibility of care and support.

5. Progress Update

- 5.1 *Partnership Agreement* – The Mayor and Cabinet delegated responsibility for reshaping existing arrangements for joint working to the Executive Director for Community Services on the advice for the Executive Director for Resources and Regeneration and the Head of Law. LBL and LGT have now agreed the principles of the partnership agreement and a Section 75 will be developed by April. The schedules that set out the detail of the agreement will continue to be developed over the next 6-9 months.

- 5.2 *Engagement and Co-production* – building on the LHCP engagement event in October, two Experience Based Co-design (EBCD) workshops will take place in March 2019. EBCD is an approach that enables staff and patients/service users to co-design services. The approach is different to other service improvement techniques in that it involves gathering experiences from patients/service users and staff through in-depth interviewing, observations and group discussions. A short edited film is created from the interviews and staff and patients/service users are brought together to identify and implement activities that will improve the service. The workshops will involve staff from LBL, LGT and domiciliary care providers as well as patient / service users.

- 5.3 *Governance* – the Care at Home Partnership Board will now involve representatives from the voluntary sector. A Steering Group with representation from primary care, mental health, community health and adult social care has been set up and terms of reference agreed. An Operational Group is meeting every two weeks to oversee the delivery of the project plan. The group has prioritised activity to support collaborative approaches to assessment, care planning and training. The initial focus for this will be pressure care and patients / service users that require double handed packages of care, both areas where collaborative working could quickly realise positive benefits.

- 5.4 *Project management* – a full time project manager has been appointed and starts on 4th February. The project manager will be working closely with operational managers and front line staff. Key areas of focus in the next six months include:

- Co-ordinating two Experience Based Co-design workshops and supporting staff to progress identified areas.
- Developing and delivering initial communications to all teams in scope.
- Supporting operational leads to establish consistent joint neighbourhood meetings for the services in scope.
- Working with the Mental Health Provider Alliance Group to develop and deliver a joint workshop to explore interfaces.
- Working with estates leads to complete the move of Neighbourhood 1 Adult Social Care team to the Waldron.
- Initiating key projects including: apprenticeships; workforce development and collaborative working with domiciliary care.

6. Benefits for Patients / Service Users

6.1 The Care at Home Business Case set out key deliverables which will contribute to the outcomes agreed by Lewisham's health and care partnership. These deliverables include:

- A shared approach to assessment and care planning for patients / service users with complex health and care needs.
- More co-ordinated care and support through, for example, key working and expanded trusted assessor roles within multi-disciplinary teams.
- New 'bridging' or 'hybrid' roles to reduce duplication, improve quality and staff retention.
- Joint training and on-going support to raise quality, deliver holistic care and improve patient and service user experience.
- Co-located teams with staff having access to all relevant information.
- Stronger connections between the statutory health and care sector and the voluntary and community sector.

6.2 The following case studies illustrate the range of benefits to different patients / service users with complex health and care needs.

6.3 Case Study 1: John

John is 82. He lives on his own and has a heart condition and diabetes. He has become increasingly frail, has lost weight and is struggling to manage his personal care. John has become very socially isolated since his wife died two years ago and is feeling depressed. He has three children but they do not live in London. The GP has made a referral to SCAIT for a social care assessment and has asked the DN service to visit to monitor blood sugar levels and administer insulin.

What will be different for John and the professionals who co-ordinate his care in future?

- John would receive a single assessment by one person from the Care at Home team who would co-ordinate the care he needs (physical and mental health) as his key worker. He would tell his story once. One assessment, trusted by other health and care professionals, would save unnecessary duplication.
- The approach to the assessment would identify what is important for John. It would be holistic and person centred.
- The key worker would draw on strong knowledge of and relationships with other professionals (developed through sharing office space, regular collaborative working and joint training) to organise the care and support that John needs and wants quickly. This may include support from voluntary and community sector organisations.
- Care workers and district nurses will work closely together to support John. His blood sugar levels and insulin administration may be delivered by specially trained carers under the supervision and guidance of the district nurses. The carers would raise any concerns about John's condition with the district Nurses who would respond quickly to prevent any deterioration in his health.
- Health and care professionals would work more collaboratively to make the best use of resources and provide the right care at the right time.
- A single referral process for an integrated team would mean that the GP only refers once, saving clinical time.

6.4 Case Study 2: Jim

Jim is 68 and lives with his wife Yvonne. He was diagnosed with dementia a year ago and requires help with washing and dressing. In recent months his dementia has become more severe and he is becoming increasingly agitated. His wife is struggling to cope and frequently calls both his GP and Linkline. The GP has asked the District Nurse to visit to

take blood tests to rule out any physical causes for his deterioration. The GP has also referred Jim to the Community Mental Health Team. Two new care workers recently joined the team. They have limited experience of caring for people with dementia and want to know more about how best to care for Jim.

What will be different for Jim and the professionals who co-ordinate his care in future?

- Care workers would work more closely with other health and care professionals to support Jim. The carers would have noticed Jim's deterioration, spoken with his wife and liaised with the GP to access additional support for Jim more quickly. The care workers may have had training to take bloods under the guidance of the district nurses.
- Carers with skills and experience in caring for people with dementia would be allocated to work with his existing carers to support Jim.
- The team would identify a key worker with the most relevant skills, such as a CPN (Community Psychiatric Nurse) to support Jim.
- The support needs of Jim and his wife Yvonne would be considered by the key worker.
- One care plan would be developed for Jim, rather than a care plan by each individual professional. The care plan would be accessible to Jim, his family and all those involved with his care.

6.5 Case Study 3: Dianne

Dianne is 55 and has a long term neurological condition which presents as a personality disorder. Dianne is morbidly obese and has developed severe pressure sores. Dianne has difficulty managing her medicine and frequently calls the GP when she feels unwell, requesting a home visit. The DNs visit every day to care for Dianne's pressure sores. Carers also visit each day to support Dianne with her personal hygiene but she is frequently reluctant to let them into the house.

What will be different for Dianne and the professionals who co-ordinate her care in future?

- The team would identify a key worker, possibly a district nurse with a good relationship with Dianne. The key worker would liaise with other professionals, such as LIMOS (Lewisham Medicines Optimisation Service) to help Dianne manage her medication.
- Care workers and district nurses would work closely together to support Dianne. They would organise joint visits to support Dianne to build a better relationship with the carers. The carers would have better knowledge of pressure care and quickly raise any concerns with the district Nurses. This could prevent Dianne being admitted to hospital.
- The district nurses would work with OTs in the team to carry out a joint assessment to get Dianne the support she needs to help manage her pressure sores.
- Better medicines management and pressure care would result in Dianne feeling less unwell and potentially reduce the number of requests for a GP to visit.

10. Financial Implications

10.1 The financial implications were set out in the previous report submitted in December. There is no further update.

11. Legal Implications

11.1 The Council has various statutory obligations to provide services to individuals, including those services which will be affected by the changes proposed by the Care at Home arrangements. However, the proposed changes will not alter those obligations and to that extent there are no specific legal implications arising from this report.

11.2 The Council has agreed to enter into an arrangement (called in this report a 'Section 75 Agreement') with Lewisham and Greenwich NHS Trust (LGT, an NHS body) under

which certain functions of LGT and certain health-related functions of the Council will be delivered. Responsibility for reshaping existing arrangements for joint working, which include a Section 75 agreement and necessary associated documents, has been delegated to the Executive Director for Community Services on the advice for the Executive Director for Resources and Regeneration and the Head of Law.

12. Crime and Disorder Implications

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

13. Equalities Implications

13.1 The OBC sets out the preliminary activity undertaken in relation to equalities impact analysis. An Equalities Analysis Assessment will be undertaken on the final operating and delivery model to ensure that its implementation would not affect adversely any resident with a protected characteristic.

14. Environmental Implications

14.1 There are no environmental implications arising from this report.

15. Conclusion

15.1 Progress continues to be made to develop and deliver the integrated arrangements set out in the Outline Business Case for Care at Home which will enable improved outcomes for service users and patients, achieve efficiencies as well as more effective and flexible use of resources.

Background Documents

None

If you would like further information on this report please contact Carmel Langstaff on carmel.langstaff@lewisham.gov.uk / 020 8314 9579.

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Healthier Communities Select Committee			
Title	Select Committee work programme		
Contributor	Scrutiny Manager	Item	9
Class	Part 1 (Open)	Date	11 February 2019

1. Purpose

- 1.1 To provide Members of the Select Committee with an overview of the work programme for 2018-19 and to propose a draft work programme for 2019-20.

2. Summary

- 2.1 At the beginning of the municipal year each select committee is required to agree a work programme for submission to the Overview and Scrutiny Business Panel. The Panel considers the suggested work programmes and coordinates activities between select committees in order to maximise the use of scrutiny resources and avoid duplication.
- 2.2 The meeting on 11 February is the last scheduled meeting of the Healthier Communities Select Committee in the 2018-19 municipal year. This Committee's completed work programme is attached at appendix B. The Committee is being asked to put forward suggestions for the 2019-20 work programme.

3. Recommendations

- 3.1 The Select Committee is asked to:
- Review the issues covered in the 2018-19 municipal year
 - Consider the prioritisation process and priorities themes for the 2019-20 work programme
 - Put forward ideas and suggestions for Members of the Committee to consider for the development of their work programme in 2019-20
 - Consider any other matters that it may wish to suggest for future scrutiny, including topics for in-depth review.
 - Note the completed work programme attached at **appendix B**
 - Take note of the key decisions attached at **appendix C**
 - Note the draft work programme for 2019-20 attached at **appendix D**

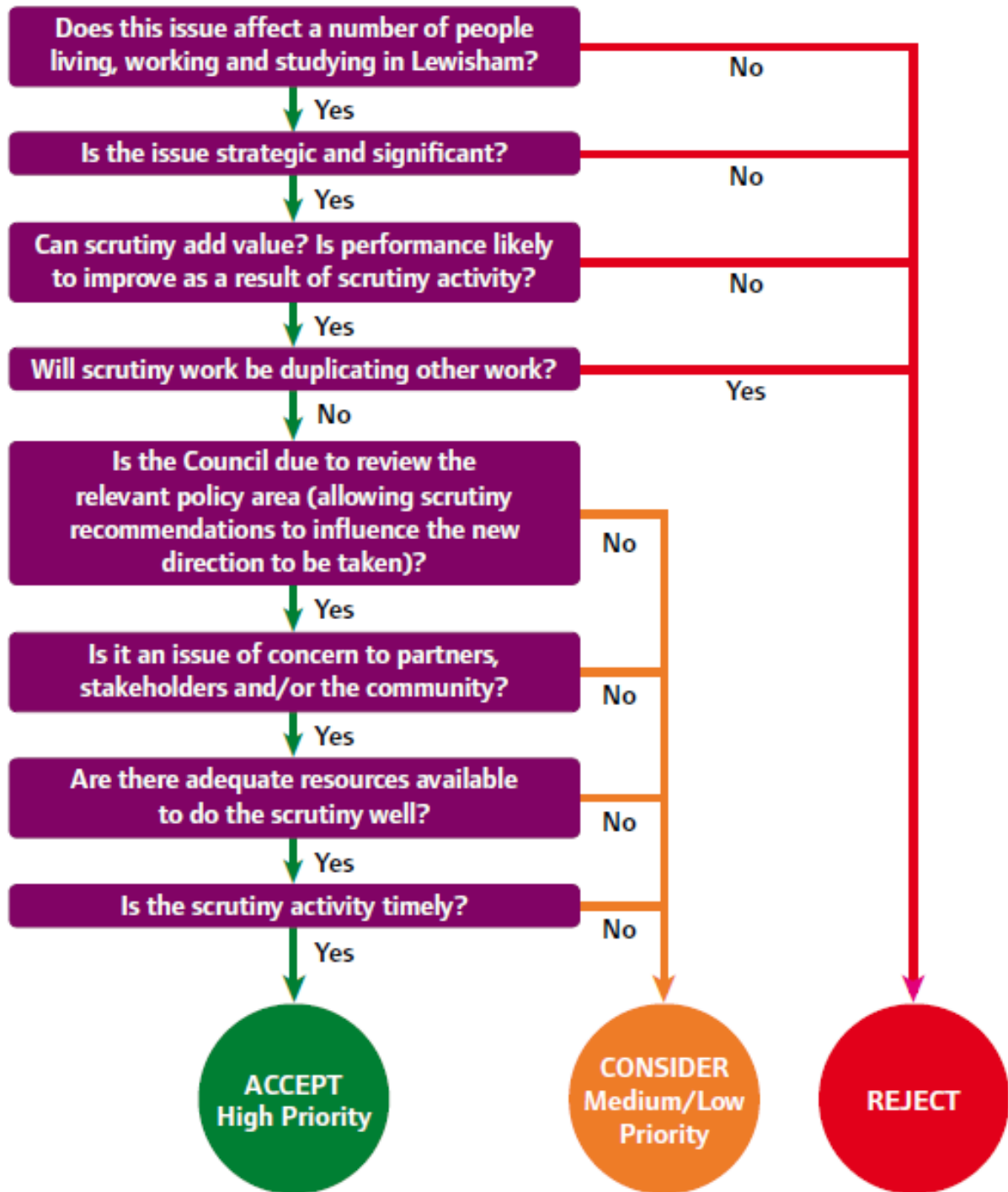
4. Healthier Communities Select Committee 2018-2019

- 4.1 The Healthier Communities Select Committee had 6 meetings in the 2018-19 municipal year:
- 27 June 2018
 - 4 September 2018
 - 9 October 2018
 - 3 December 2018
 - 16 January 2019
 - 11 February 2019

5. Prioritising and planning for 2019-20

- 5.1 Eight meetings will be scheduled for the 2019-20 municipal year. A work programme report will be put forward at the first Healthier Communities Select Committee meeting of 2019-20. The report will take account of the committee's previous work, and will draw on a range of sources for ideas and suggestions.
- 5.2 There are a number of matters that the committee may wish to consider for further scrutiny in 2019-20, these include:
- Integration of health and care services
 - Transition from children's to adult social care
 - Government green paper on adult social care
 - Voluntary and community sector capacity
 - The NHS long-term plan
 - Sexual and reproductive health
 - Public health cuts and health visiting
 - EU exit operational readiness in health and care
 - Leisure centres
- 5.3 The Committee is also asked to consider a draft work programme for 2019-20 for members to review, revise and agree (see appendix D). The draft work programme takes account of the Committee's previous work and incorporates:
- the scrutiny prioritisation process and potential key themes and priorities for 2019-20
 - issues arising as a result of previous scrutiny;
 - issues that the Committee is required to consider by virtue of its terms of reference;
 - items requiring follow up from Committee reviews and recommendations;
 - standard reviews of policy implementation or performance, which is based on a regular schedule;
 - items suggested by Council officers
- 5.4 The Committee will also need to give consideration to:
- issues of importance to Local Assemblies
 - decisions due to be made by Mayor and Cabinet
- 5.5 The flow chart below may help Members consider work programme items. The Committee's work programme needs to be achievable in terms of the amount of meeting time available. If the Committee agrees to add additional item(s) because they are urgent and high priority, Members will need to consider which medium/low priority item(s) should be removed in order to create sufficient capacity for the new item(s).
- 5.6 Items within each Select Committee work programme are linked to the Council's corporate priorities. Work is currently underway to develop a new corporate strategy, which will give corporate expression to the priorities of the new administration. Once developed, scrutiny work programmes can be adjusted to reflect the new corporate strategy and corporate priorities, if required.

Scrutiny work programme – prioritisation process



6. Healthier Communities Select Committee terms of reference

- 6.1 The Council's constitution sets out the Committee's powers, as defined by the terms of reference. These are included at **appendix A**. The Committee should familiarise itself with the terms of reference and consider its remit when selecting items for scrutiny.
- 6.2 The Council's constitution sets out the Committee's powers, based on the legal underpinning of the Council's Overview and Scrutiny Committee by legislation: in particular the NHS Act 2006 as amended, the Health and Social Care Act 2012, the Care Act 2014 and regulations made under that legislation, and any other legislation in force from time to time. The Committee has the ability to call decision makers to account for a decision or any series of decisions made. The Committee may also decide to call officers from partner organisations to answer questions about the delivery of health care services in the borough.
- 6.3 The Committee's role is to examine issues relating to, but not limited to, matters such as: public health; adult social care; services for disabled people; day care provision; delivery of healthcare by partners.
- 6.4 The Committee is also required to review proposals for substantial changes in services and decide whether or not consultation is required in the instance that those changes will have a significant impact on local people.

7. Financial Implications

There are no financial implications arising from the implementation of the recommendations in this report.

8. Legal Implications

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

8. Equalities Implications

- 8.1 The Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 8.2 The Council must, in the exercise of its functions, have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
 - advance equality of opportunity between people who share a protected characteristic and those who do not.

- foster good relations between people who share a protected characteristic and those who do not.

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

Background Documents

Lewisham Council's Constitution

Centre for Public Scrutiny: the Good Scrutiny Guide

Appendix A

Healthier Communities Select Committee terms of reference

(a) To fulfill all of the Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers in relation to health matters given to the Council's Overview and Scrutiny Committee by any legislation but in particular the NHS Act 2006 as amended, the Health and Social Care Act 2012, the Care Act 2014 and regulations made under that legislation, and any other legislation in force from time to time. For the avoidance of doubt, however, decisions to refer matters to the Secretary of State in circumstances where a health body proposes significant development or significant variation of service may only be made by full Council.

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

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

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

(e) With the exception of matters pertaining to the Council's duty in relation to special educational needs, to fulfill all of the Council's Overview and Scrutiny functions in relation to social services provided for those 19 years old or older including but not limited to services provided under the Local Authority Social Services Act 1970, Children Act 2004, National Assistance Act 1948, Mental Health Act 1983, NHS and Community Care Act 1990, NHS Act 2006, Health and Social Care Act 2012 and any other relevant legislation in place from time to time.

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

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

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

(i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to: people with learning difficulties; people with physical disabilities; mental health services; the provision

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

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

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

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Healthier Communities Select Committee work programme 2018/19

Programme of work

Work item	Type of item	Priority	Strategic priority	Delivery deadline	27-Jun	04-Sep	09-Oct	03-Dec	16-Jan	11-Feb
Lewisham future programme	Standard item	High	CP9	Ongoing			Budget cuts			
Confirmation of Chair and Vice Chair	Constitutional req	High	CP9	June						
Select Committee work programme 2017/18	Constitutional req	High	CP9	June						
Sexual and reproductive health services	Standard item	Medium	CP9	June						
Public health grant cuts consultation	Standard item	High	CP9	September						
Draft LSL sexual health strategy	Standard item	High	CP9	September						
Healthwatch annual report	Standard item	Medium	CP9	September						
Overview of adult social care services	Information item	Medium	CP9	September						
TB prevention	Information item	Medium	CP9	September						
Improving access to and provision of primary care	Performance monitoring	High	CP9	October						
Adult safeguarding annual report	Standard item	High	CP9	October						
Pathology services	Information item	High	CP9	October						
Blue badge applications	Information item	Medium	CP9	October						
Public health grant cuts consultation	Standard item	High	CP9	December						
Lewisham hospital update (systems resilience)	Performance monitoring	High	CP9	December						
Pathology services	Standard item	High	CP9	December						
Care at Homes: arrangements for integrating health and care services	Standard item	High	CP9	December						
Partnership commissioning intentions	Information item	High	CP9	December						
Delivery of the Lewisham Health & Wellbeing priorities	Standard item	High	CP9	January						
Bullying and harassment at Lewisham and Greenwich NHS Trust	Standard item	High	CP9	January						
Final LSL sexual health strategy	Standard item	High	CP9	January						
SLaM CQC report	Standard item	Medium	CP9	January						
Public health annual report	Standard item	Medium	CP9	January						
Lewisham People's Parliament	Standard item	Medium	CP9	February						
Adult learning Lewisham annual report	Standard item	Medium	CP9	February						
Social prescribing review update	Standard item	Medium	CP9	February						
Care at Home update	Standard item	Medium	CP9	February						
EU exit operational readiness	Standard item	Medium	CP9	February						

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

Meetings					
1)	Tuesday	27 June	4)	Thursday	3 December
2)	Thursday	4 September	6)	Tuesday	16 January
3)	Thursday	9 October	7)	Thursday	11 February

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Healthier Communities Select Committee work programme 2019/20

Programme of work

Work item	Type of item	Priority	Strategic priority	Delivery deadline	April	May	June	September	October	November	January	February
Budget cuts proposals	Standard item	High		Ongoing								
Confirmation of Chair and Vice Chair	Constitutional req	High		Apr								
Work programme 2019-20	Constitutional req	High		Apr								
Leisure centre contract	Performance monitoring	High		Apr								
In-depth review	In-depth review	High		May		Scope	Evidence session	Evidence session	Report			
Lewisham and Greenwich NHS Trust (LGT) CQC inspection	Performance monitoring	High		May								
South London and Maudsley NHS Foundation Trust quality account	Information item	Medium		May								
Healthwatch annual report	Standard item	High		June								
LGT quality account	Information item	Medium		June								
Adult safeguarding annual report	Performance monitoring	High		Sept								
Adult Learning Lewisham annual report	Performance monitoring	High		Oct								
Lewisham hospital update	Performance monitoring	High		Nov								
Delivery of the Lewisham Health & Wellbeing priorities	Performance monitoring	High		Jan								
Public health annual report	Standard item	Medium		Jan								
Lewisham People's Parliament	Standard item	Medium		Feb								

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

Meetings			
1)		5)	
2)		6)	
3)		7)	
4)		8)	

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FORWARD PLAN OF KEY DECISIONS

Forward Plan February 2019 - May 2019

This Forward Plan sets out the key decisions the Council expects to take during the next four months.

Anyone wishing to make representations on a decision should submit them in writing as soon as possible to the relevant contact officer (shown as number (7) in the key overleaf). Any representations made less than 3 days before the meeting should be sent to Kevin Flaherty, the Local Democracy Officer, at the Council Offices or kevin.flaherty@lewisham.gov.uk. However the deadline will be 4pm on the working day prior to the meeting.

A "key decision"* means an executive decision which is likely to:

- (a) result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates;
- (b) be significant in terms of its effects on communities living or working in an area comprising two or more wards.

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
October 2018	Housing Assistance Policy	16/01/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
November 2018	Gambling Statement	16/01/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Joani Reid, Cabinet Member for Safer Communities		
November 2018	Adoption of Perry Vale and Christmas Estate Conservation Area Article 4 Direction and Conservation Area Appraisal	16/01/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Mayor Damien Egan, Mayor		
November 2018	Contract Award Carers Specialist Information Advice and Support Service	16/01/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor		
May 2018	2 PCSA Contract Awards for Stage 1 of two SEND school expansion projects	16/01/19 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
December 2018	Council Tax Base	16/01/19	David Austin, Head of		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
		Mayor and Cabinet	Corporate Resources and Councillor Joe Dromey, Cabinet Member for Finance, Skills and Jobs (job share)		
December 2018	Decent Homes Update'	16/01/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
December 2018	Article 4 Direction to withdraw PD rights for change of use from dwelling house (Use Class C3) to small HMOs (Use Class 4)	16/01/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Mayor Damien Egan, Mayor		
December 2018	Stillness Junior School Instrument of Government	16/01/19 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
December 2018	Financial Regulations and the Directorate Schemes of Delegation	16/01/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Councillor Joe Dromey, Cabinet Member for Finance, Skills and Jobs (job share)		
December 2018	Demolition of Mayow Road Warehouse to build new	16/01/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
	Council Homes		Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
December 2018	Proposal to discontinue Main Grants funding to Lewisham Disability Coalition	16/01/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Jonathan Slater, Cabinet Member for Community Sector		
December 2018	New Homes Better Places: Longfield Crescent	16/01/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
December 2018	Tipping, Transportation & Treatment of Organic Waste Contract award	16/01/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Brenda Dacres, Cabinet Member for Parks, Neighbourhoods and Transport (job share)		
August 2018	Council Tax Reduction - Consultation 2019-20	23/01/19 Council	Kevin Sheehan, Executive Director for Customer Services and Councillor Joe Dromey, Cabinet Member for Finance, Skills and Jobs (job share)		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
October 2018	Council Tax Base	23/01/19 Council	David Austin, Head of Corporate Resources and Councillor Joe Dromey, Cabinet Member for Finance, Skills and Jobs (job share)		
December 2018	Financial Regulations and the Directorate Schemes of Delegation	23/01/19 Council	David Austin, Head of Corporate Resources and Councillor Joe Dromey, Cabinet Member for Finance, Skills and Jobs (job share)		
December 2018	Gambling Statement	23/01/19 Council	Aileen Buckton, Executive Director for Community Services and Councillor Joani Reid, Cabinet Member for Safer Communities		
October 2018	Greenvale expansion phase 1: demolition contract award report	29/01/19 Executive Director for Resources and Regeneration	Kevin Sheehan, Executive Director for Customer Services and Councillor Chris Barnham, Cabinet Member for School Performance		
October 2018	Chelwood Nursery Expansion	29/01/19 Executive Director for Resources and Regeneration	Kevin Sheehan, Executive Director for Customer Services and Councillor Chris Barnham, Cabinet Member for School Performance		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
October 2018	Rockbourne Community Centre Refurbishment	29/01/19 Executive Director for Resources and Regeneration	Kevin Sheehan, Executive Director for Customer Services and Councillor Brenda Dacres, Cabinet Member for Parks, Neighbourhoods and Transport (job share)		
December 2018	Provision of Healthwatch - Extension of Contract	29/01/19 Executive Director for Community Services	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor		
December 2018	Annual Budget 2019-20	06/02/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Councillor Joe Dromey, Cabinet Member for Finance, Skills and Jobs (job share)		
October 2018	Public Health cuts revised proposals	06/02/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor		
November 2018	Award of a Printing Services Contract for the ICT Shared Service Authorities	06/02/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
November 2018	Lewisham Transport Strategy and Local Implementation Plan 2019-2041	06/02/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Brenda Dacres, Cabinet Member for Parks, Neighbourhoods and Transport (job share)		
November 2018	Determined Admission Arrangements 2019-20	06/02/19 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
December 2018	Parking Policy Update	06/02/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Brenda Dacres, Cabinet Member for Parks, Neighbourhoods and Transport (job share)		
December 2018	Beckenham Place Park update	06/02/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Brenda Dacres, Cabinet Member for Parks, Neighbourhoods and Transport (job share)		
December 2018	Redevelopment of PLACE/Ladywell site	06/02/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
November 2018	Corporate Strategy	13/02/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
November 2018	Adoption of Charter against Modern Slavery and Approval of 1st Annual Modern Slavery and Human Trafficking Statement	13/02/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Joani Reid, Cabinet Member for Safer Communities		
October 2018	Neighbourhood CIL Strategy	13/02/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Mayor Damien Egan, Mayor		
December 2018	Public Health Neighbourhood Grants	13/02/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Jonathan Slater, Cabinet Member for Community Sector		
December 2018	Council Budget Update	13/02/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Councillor Joe Dromey,		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Cabinet Member for Finance, Skills and Jobs (job share)		
	The activation of 10 previously agreed 1 year contract extensions	13/02/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor		
November 2018	Neighbourhood CIL Strategy	27/02/19 Council	Kevin Sheehan, Executive Director for Customer Services and Mayor Damien Egan, Mayor		
November 2018	Annual Budget 2019-20	27/02/19 Council	David Austin, Head of Corporate Resources and Councillor Joe Dromey, Cabinet Member for Finance, Skills and Jobs (job share)		
November 2018	Adoption of Charter against Modern Slavery and Approval of 1st Annual Modern Slavery and Human Trafficking Statement	27/02/19 Council	Aileen Buckton, Executive Director for Community Services and Councillor Joani Reid, Cabinet Member for Safer Communities		
August 2018	Lewisham Strategic Heat Network Business Case	13/03/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Mayor Damien Egan, Mayor		

FORWARD PLAN – KEY DECISIONS					
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December 2018	Commissioning of Older Adults Day Services	13/03/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor		
December 2018	Learning Disability Framework - shortlisting approval	13/03/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor		
May 2018	Stillness School Kitchen and Dining Hall Contract	19/03/19 Executive Director for Children and Young People	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
December 2018	Heathside and Lethbridge Phases 5 & 6 Land Assembly. Part 1 & 2	27/03/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
December 2018	Proposals for private rented sector licensing in Lewisham	27/03/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
December 2018	New Woodlands School Remodelling works Contract	24/04/19 Mayor and Cabinet	Sara Williams, Executive Director, Children and		

FORWARD PLAN – KEY DECISIONS

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	Award		Young People and Councillor Chris Barnham, Cabinet Member for School Performance		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials