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Healthier Communities Select Committee Agenda

Tuesday, 14 May 2019
7.30 pm,
Civic Suite
Catford
SE6 4RU

For more information contact: John Bardens (02083149976)

Part 1

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

Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Tuesday, 14 May 2019.

Janet Senior, Acting Chief Executive
Friday, 3 May 2019

Councillor John Muldoon (Chair) Councillor Coral Howard (Vice-Chair) Councillor Tauseef Anwar Councillor Peter Bernards Councillor Aisling Gallagher Councillor Colin Elliott Councillor Octavia Holland Councillor Olurotimi Ogunbadewa Councillor Jacq Paschoud Councillor Bill Brown (ex-Officio) Councillor Sakina Sheikh (ex-Officio)	

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Thursday 4 April 2019, 7.30pm

Present: Councillors John Muldoon (Chair), Coral Howard (Vice Chair), Tauseef Anwar, Peter Bernards, Olurotimi Ogunbadewa and Octavia Holland.

Apologies: Cllrs Gallagher and Paschoud, and Georgina Nunney (Principal Lawyer).

Also Present: James Lee (Director of Culture and Community Development), Aileen Buckton (Executive Director for Community Services), David Walton (Community Assets Manager), Nigel Bowness (Healthwatch), and John Bardens (Scrutiny Manager).

1. Confirmation of the Chair and Vice-Chair

John Bardens (Scrutiny Manager) opened the meeting and asked Members to confirm the appointment of the Chair and Vice-Chair.

Resolved: that Councillor John Muldoon be confirmed as the Chair and Councillor Coral Howard be confirmed as the Vice-Chair of the Select Committee.

2. Minutes of the meeting held on 11 February 2019

2.1 The committee discussed its previous referral to Mayor & Cabinet regarding the public health cuts and proposals relating to health visiting services. The committee requested a formal response to its referral and discussed receiving feedback on the discussions between Lewisham and Greenwich NHS Trust (LGT) and the Save Lewisham Hospital Campaign on health visitor ratios and the role of health visitor assistants.

2.2 The committee were informed that LGT and the Save Lewisham Hospital Campaign have been having discussions and that the outcome would be fed into the council's Early Help Review.

2.3 The committee discussed its referral to Mayor & Cabinet regarding advice and support services for people with disabilities and requested a formal response.

2.4 The committee were informed that £35k has been held back for allocation for these services based on the findings of the disability access commission later in the year.

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

3. Declarations of interest

There were no declarations of interest.

4. Responses from Mayor and Cabinet

There were no responses to consider.

5. Leisure centres

James Lee (Director of Culture and Community Development) introduced the report. The following key points were noted:

5.1 There are a number of structural issues with the current Fusion contract which mean that it is losing a significant amount of money. There have been market changes, with a significant increase in the number of budget gyms. Fusion's response to this, which has been to tighten expenditure control, has led to performance dropping. Gym memberships have subsequently decreased.

5.2 The council commissioned external contractors to examine the Fusion contract to see how much of the poor performance is due to structural issues and how much is down to Fusion's response. The analysis found that it is roughly an even combination of the two.

5.3 The analysis also stated that if the council sought to terminate the contract with Fusion it would be liable for significant costs and would be unlikely to be able to attract a new contractor to deliver those services on similar terms.

5.4 The message from the analysis is that the council needs to redouble its efforts in terms of its management of Fusion to ensure that they are delivering against their contractual terms.

5.5 Council officers have recently carried out a number of site visits and taken photographic evidence and financial performance data to a special contract review meeting with Fusion's senior directors.

5.6 A detailed action plan has since been drafted which will be closely monitored by the council's corporate procurement and legal teams.

5.7 The committee expressed concern about the decline in leisure attendances by women and BAME people. The committee noted that the cancellation of some aerobics classes has had an impact but queried whether there were any other the underlying reasons.

5.8 The committee asked if there are contingency plans for continuity of service if there was provider failure at short notice.

5.9 The committee were informed that if there was provider failure at short notice the council would have to go to emergency procurement. There is currently no capacity to bring the service in house.

Resolved: The committee noted the report and agreed to receive a follow-up item on the Fusion contract at its next meeting, as a Part 2 item, in order to examine financial performance data, including financial penalties applied, and contingency plans.

6. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the draft committee work programme for 2019/20. The committee made the following comments and suggestions:

6.1 The committee noted that there may be some changes stemming from the NHS Long-term Plan that it may wish to consider over the course of the year.

6.2 The committee noted that there will be an all-member briefing covering the NHS Long-term Plan in July.

6.3 The committee discussed BAME mental health access and agreed to consider the work of the Health and Wellbeing Board on BAME mental health inequalities at its next meeting in order to understand the remit of the Board's work and to see there are any areas where the committee could add value through scrutiny.

6.4 The committee discussed the council's Early Years Review and having sight of the parts of the review which fall with the committee's remit, particularly those relating to public health.

6.5 The committee requested a briefing on how the public health grant is spent.

6.6 The committee discussed receiving an update in June on the council's asset-based approach to adult social care. This would include the role of and impact on the voluntary sector.

Resolved: the Committee agreed the work programme for 2019/20.

7. Referrals

There were no referrals.

The meeting ended at 21.30pm

Chair:

Date:

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Healthier Communities Select Committee		
Title	Declaration of interests	
Contributor	Chief Executive	Item 2
Class	Part 1 (open)	14 May 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 not part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**

(b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in

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

(c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.

(d) If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.

(e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

6. Sensitive information

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

7. Exempt categories

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

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

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HEALTHIER COMMUNITIES SELECT COMMITTEE		
Title	**BAME Mental Health Inequalities Summary**	
Contributors	**Executive Director for Community Services**	**Item: 4**
Class	**Part 1**	**14 May 2019**

1. Purpose of Report

1.1. This report summarises the scope and aims of the Health and Wellbeing Board (HWB), Children and Young People Select Committee (CYPSC), and Children and Young People's Strategic Partnership Board's (CYPSPB) work in relation to Black and Asian minority ethnic (BAME) mental health inequalities.

2. Recommendation

2.1. Members are asked to note the work being done in relation to BAME mental health inequalities by the HWB, CYPSPB and CYPSC.

3. Local Context

3.1 The election of a new Mayor in May 2018 has brought a renewed focus on Mental Health. Building on the Mayor's electoral manifesto Lewisham's Corporate Strategy 2018 – 2022[1] has the following commitments as part of its *Delivering and defending: health, social care and support* priority:

- We will work to achieve parity of esteem and fair funding for mental health services.
- We will lead work with our health and wellbeing partners and our communities, to ensure that Black, Asian and minority ethnic groups gain appropriate access to mental health services.

It also has the following commitments under its *Giving children and young people the best start in life* priority:

- We will ensure that families from our BAME communities have equal access to care and support.
- We will increase the provision for children with special educational needs to meet children's learning needs within the borough.

3.2 As BAME mental health is an important area of focus for the Council several of its statutory and non-statutory committees, boards, and groups are working together and independently to take action to tackle mental health inequalities. The Health and Wellbeing Board, Children and Young People Strategic Partnership as well as the Children and Young People's Select Committee are all actively working on this.

[1] https://lewisham.gov.uk/mayorandcouncil/corporate-strategy

3.1 To ensure effective cooperation and avoid duplication this report outlines what the different groups and committees are currently focusing on in relation to BAME mental health inequalities in Lewisham.

4. Background: BAME Mental Health in Lewisham

4.1 In July 2018 the HWB considered a report[1][2] summarising the inequalities in prevalence and treatment of mental health for the BAME community in Lewisham. The following key issues were found:

- April 2018 approved mental health professional statistics illustrate that 35% of all Mental Health Act Administrator referrals were for people that categorise themselves as 'Black'.
- Black and minority ethnic (BME) residents are underrepresented in referrals to the local Improving Access to Psychological Services (IAPT).
- People that 'categorise themselves as Black' are overrepresented in Crisis and Psychosis care pathways within the community and inpatient services
- Compared with the Annual Psychiatric Mortality Survey (APMS) 2014 Lewisham's GP register has a higher rate of serious mental illness (SMI) amongst the Black population, however there is also a higher rate of SMI within the white population when comparing the APMS and GP register.

4.2 There are also significant differences in the rates at which the BAME community are accessing support. South London and Maudsley (SLAM) NHS trust 'Meeting the public sector equality duty' 2017 report shows that BAME young people in Lewisham gain less access to CAHMS services than their peers (approximately 58% of the young population were BAME according to the last census in 2011 but only approximately 46% of CAHMS services were supporting BAME young people in 2017).

5. Health & Wellbeing Board

5.1 The Health & Wellbeing Board is a statutory committee with several functions set out in the Health and Social Care Act 2012, which include but are not limited to:

- To encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
- To provide such advice, assistance or other support as its thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services.
- To encourage persons who arrange for the provision of health related services in its area to work closely with the Health and Wellbeing Board.
- To prepare Joint Strategic Needs Assessments (as set out in Section 116 Local Government Public Involvement in Health Act 2007).

[1] The 'Big Question' and Health Inequalities Report
[2] Appendix 3 MH Statistics

- To give opinion to the Council on whether the Council is discharging its duty to have regard to any JSNA and any joint Health and Wellbeing Strategy prepared in the exercise of its functions.

5.2 Lewisham's HWBB is chaired by the Mayor of Lewisham and its membership includes:

- Cabinet member for Health and Adult Social Care
- Executive Director for Community Services
- Chair of Lewisham Greenwich Trust
- 2 Representatives of Voluntary and Community Sector
- NHS England representative
- Healthwatch representative
- Chair of LCCG
- Director of Public Health Lewisham
- Chair of SLaM
- Chair of Lewisham Medical Council
- Executive Director of Children and Young People's Services

5.3 With its membership across commissioner, provider and community partners, the HWB is uniquely placed to lead on the reduction of health inequalities, by taking a systems-wide partnership approach to health.

5.4 In July 2018 the Lewisham HWB agreed that to utilise its unique role as a collective of system leaders it would focus on a "big question". It was decided that BAME health inequalities in Lewisham would be the first question that Lewisham would tackle, with mental health being the first specific area that the committee would focus on.

5.5 A BAME Mental Health Summit was held on 8 October at which the Mayor, Chair of the Health and Wellbeing Board gave the opening address. This summit was attended by members of the community and voluntary and community organisations as well as a mixture of officers and staff from Lewisham CCG and Lewisham Council. The summit took an in-depth look at different aspects of the BAME community's experiences of mental health. The different aspects were as follows:

- Role of faith and faith groups in BME mental health
- Culturally specific services for BME communities
- Mental health and other health conditions in BME communities
- Mental health, employment and housing in BME communities
- Mental health and wellbeing across the life course in BME communities
- Mental health in men in BME communities
- Mental health, education and the criminal justice system
- Support for community groups to meet BME mental health needs

5.6 In each of the thematic workshops several clear themes relating to the experiences that BAME residents have in relation to mental health services came up repeatedly as issues. These themes were:

- **Stigma** - the widespread stigma around mental health issues
- **Communication** - improved communication around what is already happening in terms of both community and statutory services.
- **Early intervention** - the need for earlier intervention with young people, via education and other routes to prevent mental ill health.
- **Genuine co-production** - from both the feedback forms and discussion it was evident that there needs to be a clear mechanism for genuine dialogue and co-production with BME communities for both mental and physical health.
- **Cultural competence of services**: There were discussions around understanding both the need for and benefits of culturally specific services, and the potential benefits of seeing a professional from a similar background as your own.

5.7 Following the BAME Mental Health Summit it was agreed that HWB members would meet with representatives from Lewisham BME Network to discuss next steps to move towards co-production. An externally facilitated workshop was held in early March. The meeting was designed to be an interactive first conversation between statutory organisations and Lewisham BME Health Network, and hoped to tackle the following outcomes:

- Develop a common understanding of systems change (policy, processes and behaviour).
- Reminds attendees of the issues e.g. Experience of Mental Health services, disparity between crisis and voluntary access to mental health provision, etc.
- Develop a common vision (important for steering ongoing dialogue and action).
- Agree principles underpinning how we work together.

5.8 Building on the workshop, the Executive Director for Community Services met with the BME Network Health lead to develop the approach to co-production. It was agreed that a good option for sustainably co-producing mental health services was for the BME Network and the Mental Health Provider Alliance to work together. A timeline setting out how this would work in practice is currently being developed by officers in joint-commissioning.

6. Children and Young People's Strategic Partnership

6.1 Lewisham Children and Young People's Strategic Partnership brings together agencies in Lewisham to improve outcomes for children, young people and their families. The partnership board includes the following member organisations:

- Lewisham Council
- Lewisham Clinical Commissioning Group
- Lewisham and Greenwich NHS Trust
- South London and Maudsley NHS Foundation Trust
- Lewisham Southwark College
- Voluntary and community sector

- Metropolitan Police

6.2 In order to prioritise activity; partners have developed a strategic Children and Young People's Plan. All agencies within the partnership share a single vision:

Together with families, we will improve the lives and life chances of the children and young people of Lewisham.

6.3 The Partnership Board has recently reviewed its Terms of Reference and is now focused on developing the new Lewisham Children and Young People's Plan for the borough. The work on the new CYPP is timely as it could enable a specific focus on BAME mental health in line with the council's Corporate Strategy.

6.3 In addition to incorporating BAME mental health issues into the CYPP the next meeting of the CYPSP board (18 June) is due to have a specific focus around mental health services.

7. Children and Young People's Select Committee

7.1 This select committee is responsible for fulfilling all the overview and scrutiny functions in relation to the social care of children and young people aged 0 – 19. This includes:

- the social services functions of the Council under all relevant legislation including but not limited to the Children Act 2004 and the Children and Families Act 2014 questioning other service providers to children and young people in Lewisham
- in relation to the provision of services for those under 19, exercise the Council's powers under all relevant Education Acts
- exercising the powers of the Council in relation to the provision of opportunities for education, training and learning outside the school environment including pre-school services
- making comments and recommendations to the Executive on the contents and the proposed contents of plans which make up the Council's policy framework
- considering children protection provision for vulnerable children; early years provision; special needs provision; schools and related services; youth services; youth offending; and challenging behaviour and transitional services for those leaving care.

7.2 In the summer of 2018, Councillor Holland was asked by the Cabinet Member for School Performance and Children's services, to review the extent to which the emotional and mental health needs of Lewisham's Children and Young People are being met and outline her suggested options for improvement. This report was considered as an appendix to a report on CAMHS waiting times which went to CYPSC in January 2019. Several of the recommendations in Cllr Holland's report focused on BAME children's mental health.

7.3 The development of the CAMHS Transformation Plan has taken the findings of the report into consideration already and the CYPSC heard that the report would be considered in future developments of the service.

8. Legal Implications

8.1 There are no specific legal implications

9. Crime and Disorder Implications

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

10. Equalities Implications

10.1 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). 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.

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

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

10.3 The duty continues to be a "have regard duty", and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

10.4 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled "Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice". The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but

nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: http://www.equalityhumanrights.com/legal-and-policy/equalityact/equality-act-codes-of-practice-and-technical-guidance/

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

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty

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

11. Environmental Implications

11.1 There are no environmental implications arising from this report.

12. Environmental Implications

12.1 There are no specific financial implications arising from this report.

If you would like further information on this report please contact James Bravin on james.bravin@lewisham.gov.uk / 020 8314 8393.

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Healthier Communities Select Committee		
Title	SLaM quality accounts	
Contributor	Scrutiny Manager	Item 5
Class	Part 1 (open)	14 May 2019

1. Purpose

As part of South London and Maudsley NHS Foundation Trust's plan to share and invite comments and contributions to its Quality Accounts, it has submitted the draft 2018/2019 Account to the Committee (attached).

The Quality Account highlights performance in key areas, so partners and staff know how the Trust is performing and how it is working to improve quality.

3. Recommendations

The Select Committee is asked to:

- Review the draft Account and agree any comments it wishes to be included in the final submission.

For further information, please contact John Bardens, Scrutiny Manager, on 02083149976.

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South London and Maudsley NHS Foundation Trust

DRAFT
Quality Account for 2018/2019

This is a draft Quality Account report and further information to be included following validation.

South London and Maudsley NHS Foundation Trust in numbers

230 COMMUNITY, INPATIENT AND OUTPATIENT SERVICES

NUMBER OF STAFF
4,800

INTERACTIONS WITH PATIENTS BASED ON LOCAL CLINICAL COMMISSIONING GROUP (CCG) 31 MARCH 2018

Lambeth CCG	Croydon CCG
328,185	241,155
Lewisham CCG	**Southwark CCG**
264,611	247,941

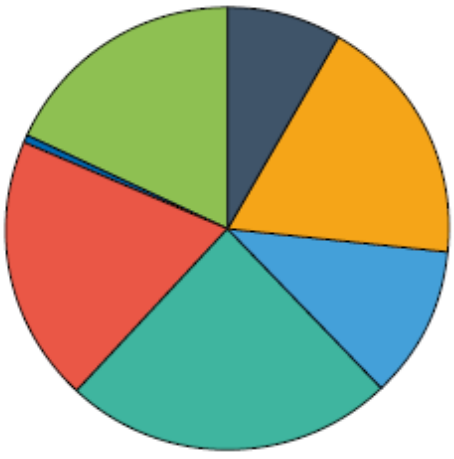
Across all four boroughs, around half of our contacts with patients are through face to face appointments, with the remaining number being a combination of emails, letters and telephone calls

We serve a population of **1.3 million** people

Treat **64,067** patients in the community

Provide **3,700** people with inpatient care

786 BEDS ACROSS 8 INPATIENT SITES



Average numbers of employees (wte basis)

Medical and dental	447
Administration and estates	976
Healthcare assistants and other support staff	604
Nursing, midwifery and health visiting staff	1,274
Scientific, therapeutic and technical staff	1,037
Social care staff	42
Agency and contract staff	948

Fig. 1: Trust in numbers

TRUST WORKFORCE ETHNICITY

2,669	192	317	1,211	213	92
WHITE	MIXED	ASIAN OR ASIAN BRITISH	BLACK OR BLACK BRITISH	OTHER ETHNIC GROUPS	NOT STATED

74
COMMUNITY SITES

We employ around **5,338** permanent staff

604 Healthcare assistants and other support staff

1,274 registered nurses

948 temporary staff employed across the year

1,037 scientific, therapeutic and other technical staff

447 medical and dental

976 administration and estates staff

Proud of our diverse workforce - over **40%** of our workforce are from a BME background

£381m
TURNOVER 2017/18

£10.5m
SURPLUS 2017/18

Over 75% of communications from our community teams to GPs includes a discussion about a service user's physical health

85%
WOULD RECOMMEND US TO FRIENDS AND FAMILY

96%
SAY THEY FOUND STAFF TO BE KIND AND CARING

Our 49 governors, 15,203 Trust members and external partners help us to prioritise our objectives every year

The number of partnerships with international organisations is increasing and we provide a number of clinical services and educational programmes in Europe, the Middle East and China.

In London we provide community and inpatient mental health services in Croydon, Lambeth, Lewisham and Southwark.

We provide drug and alcohol (addictions) services in Bexley, Greenwich, Lambeth and Wandsworth.

We also provide a series of partnership services working with other NHS organisations, local authorities, criminal justice services and the third sector.

Across the UK we provide approximately 50 national and specialist services for children and adults.

In Kent we provide specialist child and adolescent mental health services.

Fig. 2: Trust in Numbers

CONTENTS PAGE

Part 1: Statement on quality from our chief executive - DRAFT

The annual quality account report is an important way for the Trust to report on quality and demonstrate our commitment to improving the services we deliver to our service-users, their families, their carers and our local communities.

As a large, diverse mental health trust providing local and national services, we aim to make a difference to lives by seeking excellence in all areas of mental health and wellbeing: prevention, care, recovery, education and research. This year we refreshed the changing lives strategy with five strategic aims; Quality, partnership, a great place to work, Innovation and Value to help achieve this aim.

Each year we work with our commissioners, the CCGs, to agree funding available to provide mental health services in the boroughs we serve. The CCGs have worked with us to ensure that across Lambeth, Lewisham, Southwark and Croydon we have an increase this year that will enable us to invest in improving services and continue to work towards the quality and performance standards set out in the 5 year forward view. This year the Trust has received a 6.6% uplift across all of its CCG contracts for 2019/20.

Our priority now is to work with services to ensure investments are made in the right place to have most impact for the people that use our services and for our staff. Of course, to make this new investment count we must continue to carefully manage our existing resources and to ensure that we deliver real value – better outcomes for every pound we have to spend – for the people we serve.

SLaM continued its leadership role in joint working at system-level, covering 3.6 million people, through the South London Mental Health and Community Partnership (SLP), alongside Oxleas and South West London and St George's. Particularly significant progress was made in improving Adult Forensic patients' experience and care outcomes; providing care locally for CAMHS Tier 4 patients previously placed outside south London; and developing skills and improving retention rates across the south London NHS mental health nursing workforce. The SLP's work continued to deliver millions of pounds of savings for

reinvestment in local services through improved commissioning, new services and clinical pathways, and has been recognised for innovation and best practice in national awards and by NHSI, NHSE and CQC.

It is becoming clearer and clearer that we have a shared challenge within our local communities linked to mental health and emotional vulnerability which is approaching critical public health proportions. At the same time, we are on the cusp of being able to transform our understanding, identification and treatment of mental health issues in children and young people. A new partnership between SLaM, the IoPPN, KHP and the Maudsley Charity is seeking to radically transform our understanding, identification and treatment of mental health problems in children and young people.

The project's vision is for an ambitious programme of research, clinical innovation and education across three key themes – mother and baby, brain development, and contemporary childhood. The programme will connect clinicians and researchers working across SLaM and the IoPPN in a range of localities. It will also support the creation of a brand new centre at Denmark Hill. It will be supported in part by the Trust's first major fundraising campaign, which will launch in September 2019.

Finally, our workforce is our most valuable asset and it is imperative that all staff feel valued, supported and engaged in order to provide the highest quality of service. Feedback from the Staff Survey and the BME Network indicates that the experiences by our BME staff are reported as less positive. Diversity and inclusion are core to the delivery of good high quality services by motivated and engaged staff and therefore the Trust Board has set the Organisation the challenge by Spring 2021 to improve the experience of our BME staff by setting some clear goals and objective sin this area, including improved representation of BME staff in senior positions and improved career opportunities.

The CQC's publication of its rating and full report can be found at the following website: http://www.cqc.org.uk/provider/RV5

To our best knowledge the information presented in this report is accurate and I hope you will find it informative and stimulating.

Dr Matthew Patrick
Chief Executive Officer

ADD IN BOROUGH ALLIANCES

Trust Vision

> Everything we do is to improve the lives of the people and communities we serve and to promote mental health and wellbeing for all - locally, nationally and internationally.

Trust Strategy

During 2018 we refreshed our Trust Strategy which is named 'Changing Lives' because everything we do is to help people to improve their lives. The refreshed strategy was approved by the Board in September 2018 and launched in October 2018.

This strategy builds on the direction of travel set out in our previous strategy, with five strategic aims that include a strong focus on the quality of our services. These are:

Fig. 3: Trust strategic aims

2018/2019 quality priorities

The quality priorities set for 2018/2019 below incorporated the broader quality domains of patient safety, clinical effectiveness, both patient and staff experience. Progress against these priorities are outlined later in this report. These areas continue to be priorities for 2019/2020.

Fig. 4: 2018/19 quality priorities

Care Quality Commission (CQC)

Below highlights the current Trust CQC rating.

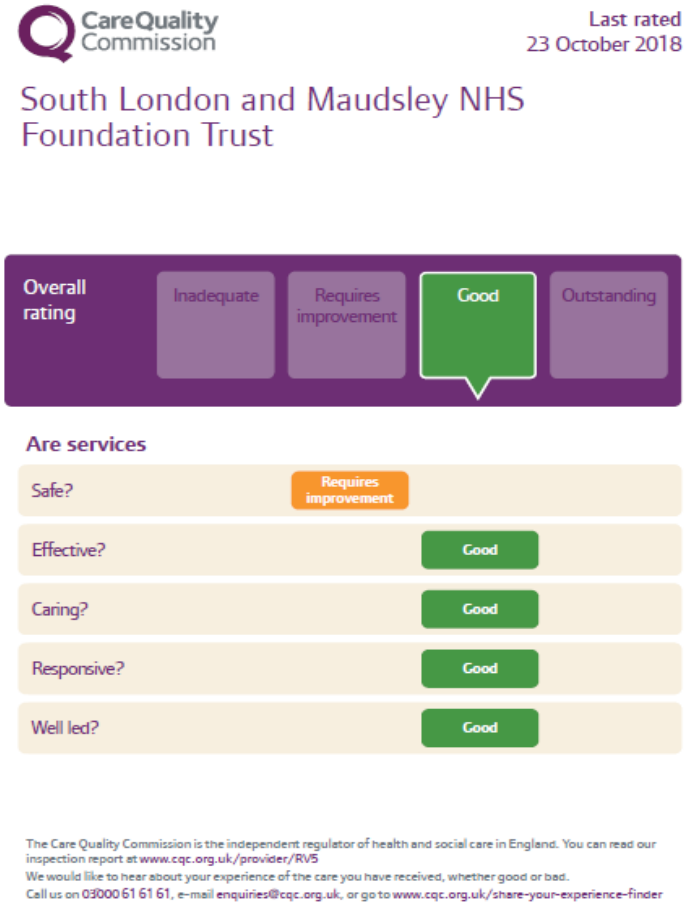


Fig. 5: Current trust CQC rating

Service user involvement

SLaM's Recovery College had 569 new students in the past year, with a total of 3,186 students participating since its launch with Maudsley Charity funding in 2014. Students consist of:

- People who use SLaM services
- Supporters (carers, family and friends) of SLaM's service users
- People who have been discharged from SLaM services within the last six months and their supporters
- Anyone working with SLaM as a volunteer or peer supporter or who is on the Involvement Register
- SLaM staff (not including students on clinical placement).

The workshops and courses aim to provide the tools for recovery through a learning approach that complements the existing services provided by the Trust. Every course and workshop is co-designed and co-run by trainers with lived experience working alongside trainers from the mental health profession.

The trust runs an Involvement Register as a way for the trust to advertise and allocate opportunities to people who want to use their experience of using our services to help us to develop and improve them in the future. The trust's Peer Support scheme provides additional support to people leaving services from people with a lived experience.

There are currently 350 active volunteers across the Trust, of which approximately 47% have had lived experience. Volunteers make a valued contribution to many areas and services across the trust, including inpatient wards, administration and reception areas, phlebotomy, community group befriending, football group volunteers, IT support for service users, peer support befriending, Bethlem Community Café, Bethlem Museum of the Mind and Gallery, and gardening.

Part 2: Review of quality performance 2018/2019

Review of progress made against last year's priorities

Our 2018/2019 quality priorities were selected after consultations with stakeholders and staff from our services and are highlighted below:

Fig. 6: Quality priorities 2018/19

The following summarises progress made against each priority over the year. The priorities set for 2018/19 were three-year targets to allow for systems to embed and afford real sustained improvement. Therefore whilst targets have not been achieved fully in 2018/19, good systems have been embedded and progress

has been made, such as around care plans. The metric indicators to measure performance in the key

	Trust wide		CAMHS	Croydon & BDP	Lambeth	Lewisham	Southwark & Addictions	PMOA
	17/18	18/19						
Reducing violence by 50% over 3 years								
Reducing violence by 50% over 3 years	4158	4372	659	1198	665	661	812	377
Reduction in restraint by 50% in over 3 years	1716	1789	357	386	257	275	396	118
Reduction in prone restraint – zero by 3 years	708	549	40	92	80	134	188	15
Reduction in the use of rapid tranquilisation by 25% in 3 years	840	772	25	143	140	173	224	47

priorities are outlined below:

Patient safety

How did we do?

The number of reported incidents of violence and aggression appears to be on an increasing trajectory. With a focus on restrictive practice and violence reduction it is expected that the quality of the data will improve and thus is likely to increase before reducing again. At present, Trust wide data do not show any indicators of change however there have been local areas of change, for example, an area of particularly good performance is the reduction in use of prone restraint in the Lambeth directorate.

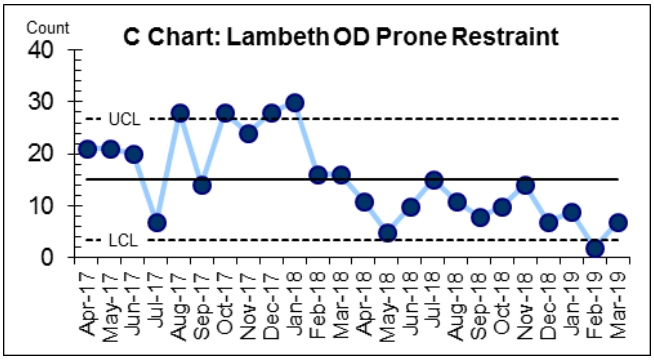


Fig. 8: Lambeth OD Prone Restraint

The main focus with the work around Rapid Tranquillisation has been to ensure that where it is being used in the Trust it is done so safely and with appropriate physical health monitoring. An area of good performance is in Lewisham directorate, which may be seeing a downward shift in the rates of rapid tranquillisation usage, including a two week period in the male PICU where no rapid tranquillisations were used at all.

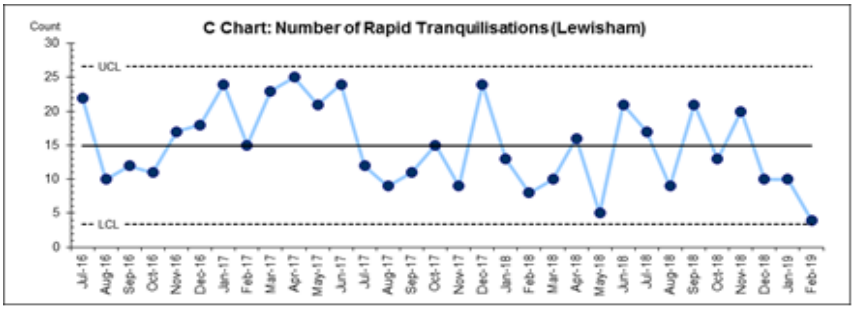
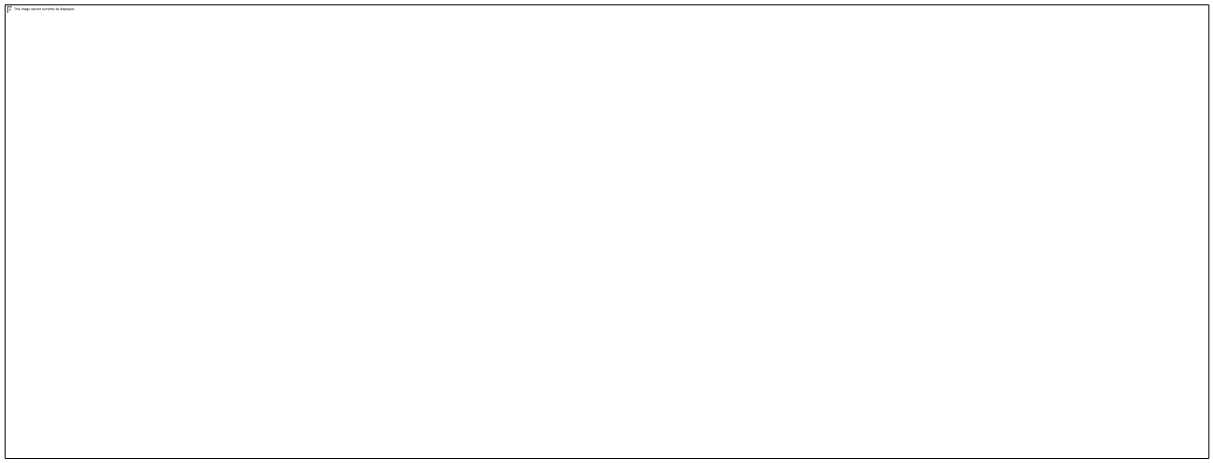


Fig. 10: Lewisham OD Rapid Tranquilisation

	Trust wide		CAMHS	Croydon & BDP	Lambeth	Lewisham	Southwark & Addictions	PMOA
	17/18	18/19						
Right care, right time in appropriate setting								
Reduction in the amount of time waiting from referral to first assessment. (Days)	45	47.8	88.62	71.72	20.78	21.90	16.78	64.56
Reduction in crisis readmissions by 10%	311	295	19	80	56	55	71	14

How did we do?



ICare is a trust wide Quality Improvement (QI) programme within the general adult care pathway (inpatient and community). There are three work streams:

1. Patient safety
2. Standardised ways of working
3. Patient flow and capacity

Inpatient operational care process model

Inpatient Care Process Model (CPM) and expectations of community in the adult acute inpatient care pathway ow)

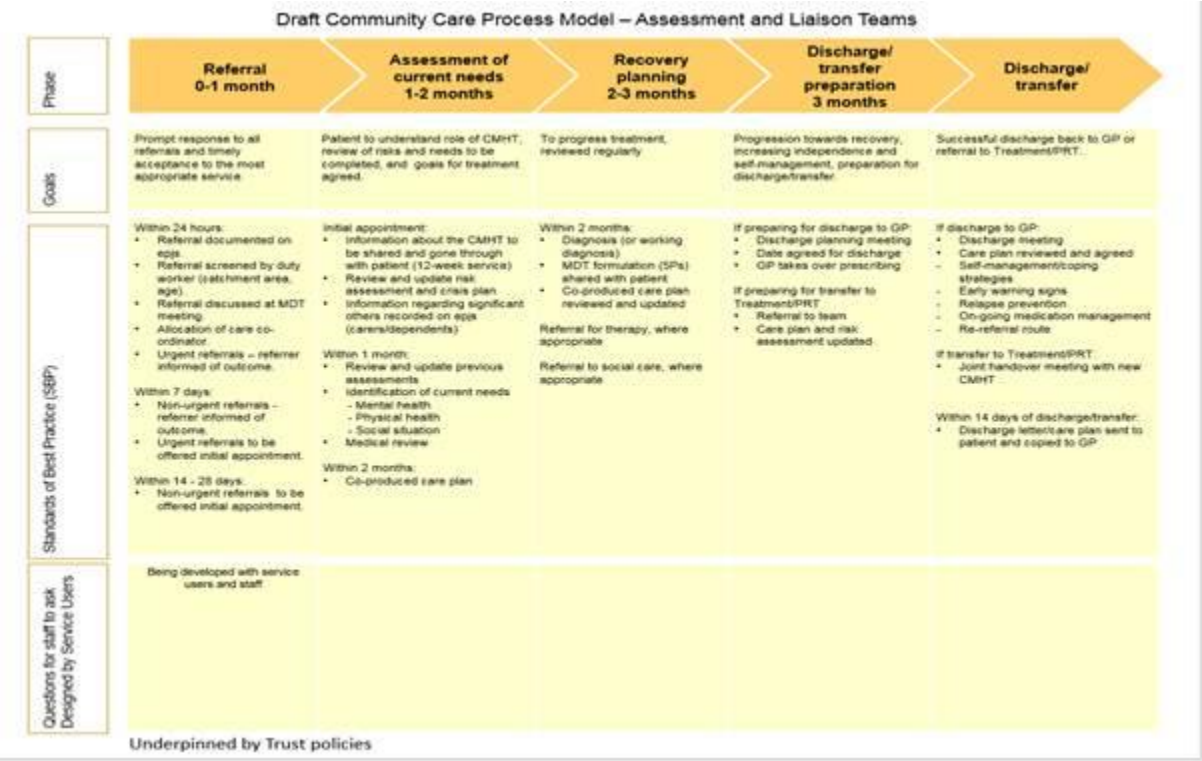
The inpatient CPM has taken ten months to develop and is being tested in Lewisham, prior to scale up and spread across the Trust. The first phase is collecting baseline data with staff and service users and carers to identify which standards of best practice are being demonstrated and the focus for priorities for improvements. Initial tests will focus on the admission and discharge elements of the process in order to prioritise the improvement in flow.

Community CPM (see visual below)

Several engagement events were held throughout 2018 with staff, service users and carers, and partner organisations to inform the development of the Community Care Process Model. Feedback from these

Service user and carer involvement

events, along with data, have formed the basis of the community care process model (CPM) that is being drafted with clinicians, service users and carers from Southwark community teams, where the model will initially be tested.



CPM Model- Draft Community Care Process Model- Treatment/Promoting Recovery Teams

Fig. 7: Progress against quality priorities 2018/19

	Trust wide		CAMHS	Croydon & BDP	Lambeth	Lewisham	Southwark & Addictions	PMOA
	17/18	19/20						
Service User and carer involvement								
Increase number of identified carers/ friends/family for person in receipt of care	50.3%	51.1%	64.3%	42.5%	63.6%	65.5%	58.2%	51%
Increase in the number of care plans over the next three years that have been co-produced with the service user and the contents shared with them. Target: 100%	54.3%	78%	85%	77%	58%	60%	75%	64%
Increase the number of positive responses to 90% over the next three years regarding patients recommending the service to friends and family if they needed similar care or treatment	85%	85.36%	85.55%	81.42% (Croydon) 82.13% (BDP)	80.02%	81.03%	78.81% (Southwark) 93.93% (Addictions)	92.65%

How did we do?

Carer Engagement- Increase in identified carers

This year work was completed with Business Intelligence to establish a reporting mechanism to broaden the terminology for identifying carers to include Carer, Family member, Children's Guardian, nearest relative, next of kin, Resident and Non-resident parent, Friend, recognising that not everyone identifies with the word carer.

There has been communication with the Service Directors/Clinical directors and the Carers leads in each directorate.in preparation for the Quality compliance meetings to discuss ways to increase the number of identified carers.

Work streams to help with improvement in this area, included:

Work with communications to raise awareness for "Think Carer" month

Directorates to remind staff / do a drive for the month to complete field on EPJ re contact information – role and relationship (provided guidance/rationale).

If directorates have carers leads/ champions on wards for example, consider doing a snapshot audit of completion of contact form completion for identified carer or family – identify gaps and complete as appropriate, feedback on ideas to improve. Work ongoing in the directorates to engage and work with families and carers and examples of this could be promoted.

Co-produced Care plans

This year has seen a continued effort by clinical services to improve in the numbers of care plans being co-produced with service users. Ongoing monitoring of this by monthly audits has seen an increase during the year and was identified as an improvement in the recent 2019 CQC inspection.

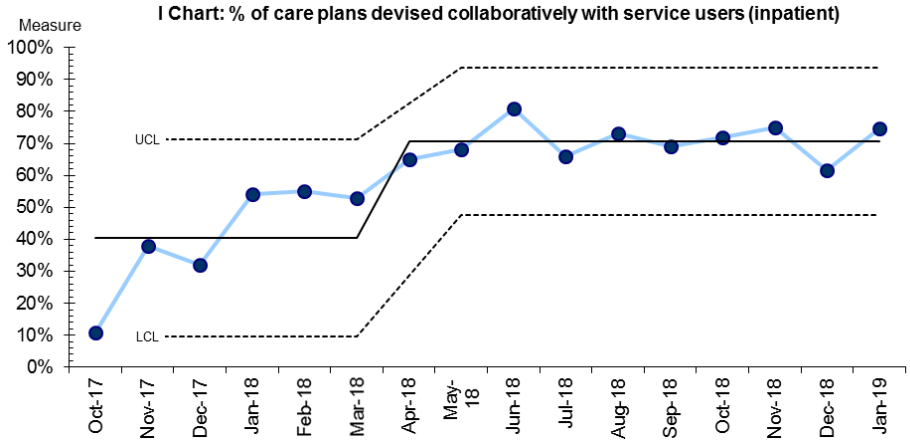
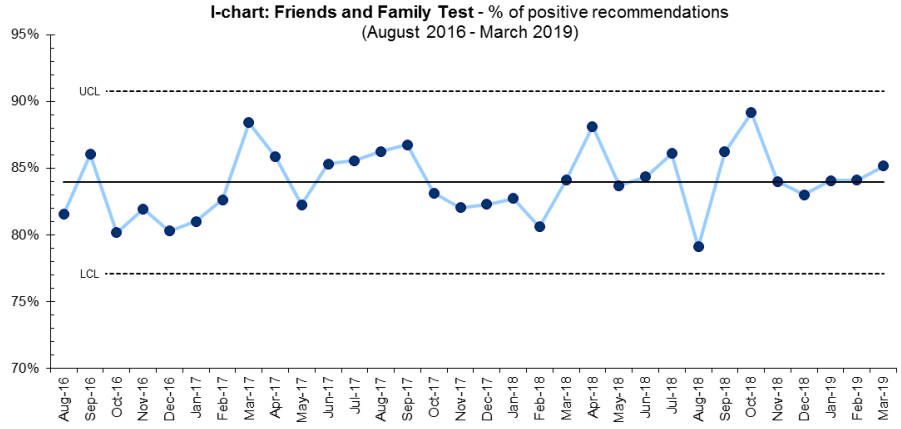


Fig. 11: Percentage of care plans co-produced with service users (Trust wide – inpatient)

Friends and Family Test

The trust collects approximately 12,000 FFT responses annually. It is available in several formats to aid collection of opinions from different patient groups, such as easy-read for Learning Disabilities and child- and adolescent-friendly formats. The trust's FFT score sees peaks twice a year when the Addictions directorate complete their bi-annual push for responses. The trough in August 2018 was due to a temporary issues with the freepost address which paper surveys are returned to. The FFT score has been maintaining or exceeding the median line for the past two quarters. The trust has a number of projects in development to improve FFT performance, which includes the co-production of a dementia-friendly survey, launching in the Place of Safety, development of a trust PEDIC dashboard in Power BI, and a project to validate some new core PEDIC questions. These new questions have been developed with staff, service users and the IoPPN to ensure the questions are consistently interpreted across patient groups, valid and reliable, which will make it easier for people to give us feedback. The trust has also been part of the national working group for the review of the FFT with NHS England.



Safer staffing and staff experience

	Trust wide		CAMHS	Croydon & BDP	Lambeth	Lewisham	Southwark & Addictions	PMOA
	17/18	18/19						
Staff experience								
Reduce turnover of staff by 10% in a rolling year over next 3 years	18.6%	18.9%	26.76%	19.69%	17.8%	13.17%	14.06%	17.99%
Increase the number of positive responses to 75% over the next three years of the number of staff who would recommend SLaM as a place to work	60%	58.9%	N/A	N/A	N/A	N/A	N/A	N/A
Increase the number of positive responses to 75% over the next three years of the number of staff who, if a friend or relative needed treatment, would be happy with the standard of care provided by the organisation.	61%	58.6%	N/A	N/A	N/A	N/A	N/A	N/A

How did we do?

The newly designed Operations Directorate leadership teams are recruited to and have gained traction. The teams clearly know their wards and teams well and are sighted on the quality issues of which staffing is a part. Recruitment activity continues in earnest and through the General Managers, the Matrons and the Heads of Nursing we are ensuring that ward teams have the support they need to recognise and deliver the expected standards of care.

Actions to improve staff experience are detailed in the Trust's Staff Survey Action Plan and include the following:

- Executive visibility walkabouts
- Changing Lives Roadshows
- Staff fora
- Flexible working policy and HR oversight of requests
- E-Rostering
- ICare
- Wellbeing strategy
- Schwartz rounds
- BME and Lived experience networks
- Transparency in acting up and secondments
- Four Steps to Safety
- Various local QI projects
- Reinforcing the bullying and harassment policy with a personal message from the CEO
- Promoting FTSU

In addition we have added a local question to the Friends and Family Test (FFT) about perceptions of career progression and promotion based on ethnicity. This is one of the three key aspirations of the Workforce Race Equality Standard (WRES) action plan. It is recognised that this question is only asked once per year so in order to gain more regular feedback it has been included in the quarterly FFT survey.

SLaM scored 'about the same' as most other trusts that took part in the 2018 National Community Mental Health Survey. One survey section scored 'better' than most other trusts, related to changes in who people see (7.3/10). A total of five questions increased on 2017 scores (two significant shifts; a shift of 5 or more), 20 decreased (ten significant shifts) and for three there was no change. One individual question scored 'better' than most other trusts in relation to changes in who people see having a positive impact upon care (8.2/10) and was also one of the two questions with a significant shift upwards. A total of two questions scored 'worse' than most other trusts in 2018 (care organisation and involvement in agreeing what care will be received; 7.4/10 and 6.6/10 respectively). The scores for the top two rankings on the overall experience question stayed the same as last year (16% 10/10 and 11% 9/10). When comparing SLaM scores against other London-region trusts only, SLaM scored within the highest 20% for two survey sections (health and social care workers and changes in who people see) and within the lowest 20% for six sections.

Section	Significant shift upwards	Score
Support and wellbeing	Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	6.7
Changes in who people see	What impact has this had on the care you receive?	8.2

Fig. 12: National community mental health survey – questions with significant shift upwards

Section	Top five performing questions	Score
Organising care	Do you know how to contact this person if you have a concern about your care?	9.4
Changes in who people see	What impact has this had on the care you receive?	8.2
Organising care	Have you been told who is in charge of organising your care and services?	7.8
Overall views of care and services	Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	7.8
Treatments	Were these NHS therapies explained to you in a way you could understand?	7.6

Fig. 13: National community mental health survey – top five performing questions

Section	Bottom five performing questions	Score
Support and wellbeing	In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?	5.3
	In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?	4.7
	In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	4.1
	In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	3.7
	Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you?	3.6

Fig. 14: National community mental health survey – bottom five performing questions

The survey free-text comment themes largely reflect the trust's other experience feedback. The theme care and treatment received the most free-text comments (35.71%), of which the largest sub theme was that people had a general positive experience of their treatment (n=17) and excellent care (n=17). The largest number of negative comments related to wanting more support from staff (n=10) or more sessions (n=9). There were also many comments about staff, of which most were positive (n=28) with some negative comments regarding staff turnover and staffing levels (n=5). The theme with the largest number of negative comments was appointments and access, with 17 comments regarding long waiting times.

Overall, when comparing the national survey results with local trust feedback, including the trust-wide survey programme (PEDIC), it seems that respondents to the 2018 national survey generally reported a more negative experience. This apparent discrepancy could be due to a number of reasons such as small sample size and differences in sample population, methodology and timeframe. As such, services should consider these results in conjunction with other feedback mechanisms and in light of any actions that have taken place in the time following the data collection period. This will enable the findings to be incorporated into local improvement initiatives. To further improve experience of services, the Trust continues to implement the Patient and Public Involvement (PPI) strategy and report to the Service User Involvement and Family and Carers Committees, which in turn report to the Quality Committee.

National Staff Survey 2018

In 2018, 1939 staff across the Trust took part in this survey. The response rate was 43% which is below the average for mental health/learning disability trusts in England (54%) and compares with a response rate of 44% last year.

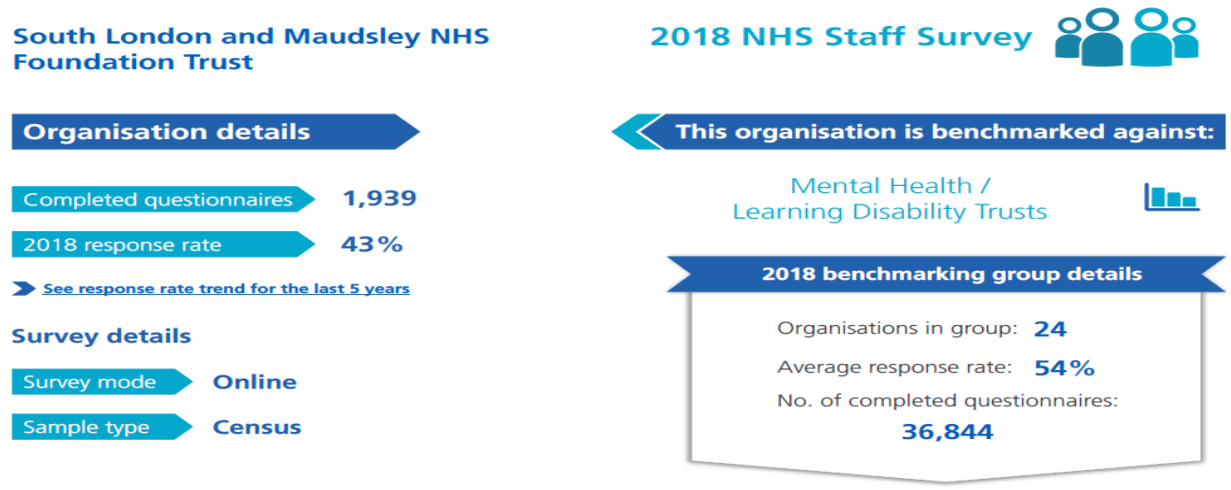
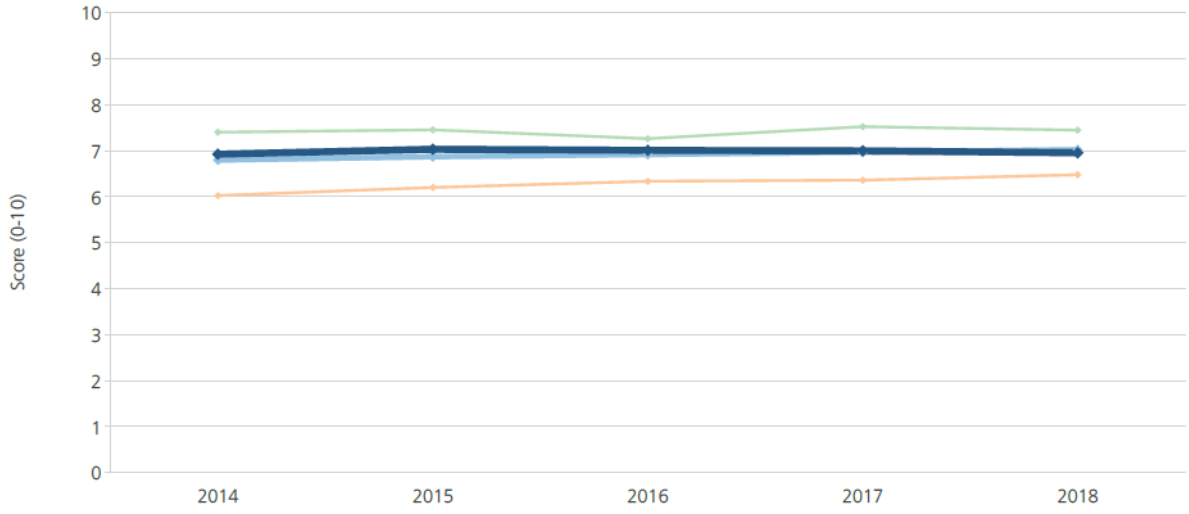


Fig. 15: 2018 NHS Staff survey details

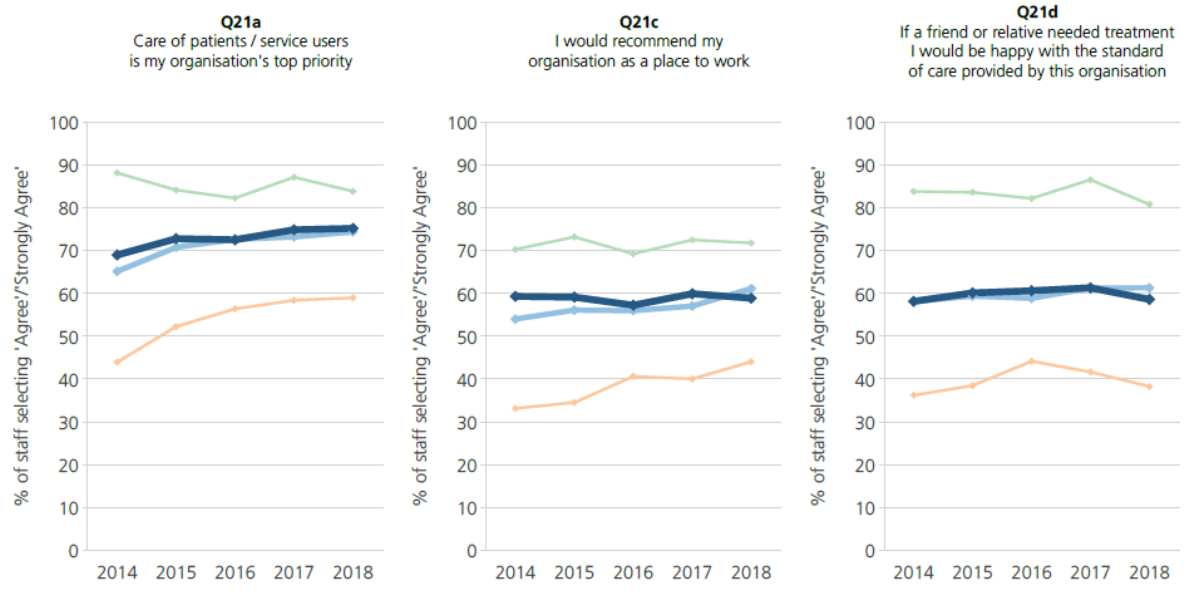
Overall Staff engagement

Below the Graph highlights Trust performance with staff engagement overall. SLaM performed alongside the average score of 7.0 and the same as 2017.



	2014	2015	2016	2017	2018
Best	7.4	7.5	7.3	7.5	7.4
Your org	6.9	7.0	7.0	7.0	7.0
Average	6.8	6.9	6.9	7.0	7.0
Worst	6.0	6.2	6.3	6.4	6.5
No. responses	1,752	1,689	1,814	1,872	1,919

Fig. 16: 2018 NHS Staff survey results – staff engagement



	Q21a 2014	Q21a 2015	Q21a 2016	Q21a 2017	Q21a 2018	Q21c 2014	Q21c 2015	Q21c 2016	Q21c 2017	Q21c 2018	Q21d 2014	Q21d 2015	Q21d 2016	Q21d 2017	Q21d 2018
Best	88.1%	84.2%	82.3%	87.1%	83.9%	70.3%	73.2%	69.2%	72.5%	71.8%	83.8%	83.6%	82.2%	86.5%	80.8%
Your org	69.0%	72.8%	72.5%	74.9%	75.2%	59.3%	59.1%	57.2%	59.9%	58.9%	58.1%	60.1%	60.6%	61.3%	58.6%
Average	65.1%	70.8%	72.6%	73.2%	74.3%	54.0%	56.1%	55.9%	57.0%	61.1%	58.1%	59.4%	58.9%	61.2%	61.3%
Worst	43.9%	52.2%	56.4%	58.4%	59.0%	33.1%	34.5%	40.6%	40.0%	44.0%	36.2%	38.4%	44.1%	41.6%	38.2%

Fig. 17: 2018 NHS Staff survey results – detailed staff engagement theme

Key Findings – Overall Trust

Theme	2017 score	2017 respondents	2018 score	2018 respondents
Equality, diversity & inclusion	**8.6**	1786	**8.3**	1853
Health & wellbeing	**6.0**	1825	**5.7**	1875
Immediate managers	**7.1**	1824	**7.1**	1886
Morale		0	**5.9**	1843
Quality of appraisals	**5.7**	1653	**5.5**	1717
Quality of care	**7.3**	1603	**7.3**	1625
Safe environment - Bullying & harassment	**7.8**	1758	**7.7**	1831
Safe environment - Violence	**9.0**	1753	**9.1**	1818
Safety culture	**6.7**	1801	**6.6**	1862
Staff engagement	**7.0**	1872	**7.0**	1919

Fig. 18: 2018 NHS Staff survey results – key findings

There are some similarities between the Trust's overall results and the national picture. Nationally there are disappointing scores in relation to health and well-being, bullying and harassment, increases in the areas of stress and musculo-skeletal problems, and worsening perceptions of fairness of opportunity or career progression. Similarly, there are improvements nationally in the fairness of treatment of staff involved in incidents.

Next steps

Much of the work the Trust embarked upon over the past year to improve staff experience needs to be sustained over the long term to make a difference. The Trust-wide action plan is largely therefore a reinforcement of actions that are already in train, though renewed energy is needed to ensure they start delivering tangible results.

Now that the new borough-based clinical operational structure is well-established, the new directorates are being asked to develop and implement targeted local action plans to complement and reinforce this Trust-wide plan. These will be shared in due course.

Workforce Race Equality Standard

Below outlines the percentage of staff experiencing harassment, bullying or abuse from staff in 12 months.

White	Trust score 2017: 23%	Trust score 2018: 25%
BME	Trust Score 2017: 26%	Trust Score 2018: 31.6%

Fig. 19: Percentage of staff experiencing harassment, bullying or abuse from staff in 12 months.

Our workforce is our most valuable asset and it is imperative that all staff feel valued, supported and engaged in order to provide the highest quality of service. Feedback from the Staff Survey and the BME Network indicates that the experiences by our BME staff are reported as less positive. Diversity and inclusion are core to the delivery of good high quality services by motivated and engaged staff.

The WRES Implementation Plan Year 1 and Year 2 are aimed at continuing to develop the foundations for change for equality and inclusion within the Trust, especially for BME staff where their reported experience is less favourable than white staff. This report identifies the difference in experience between white and BME staff and applicants through the 9 different WRES standards including Board composition and the proportional ethnicity of staff across the different pay scales and bandings. Four standards are taken from the Annual Staff Survey.

The first 9 months of Year 1 of the WRES Implementation Plan has provided useful learning with a range of degrees of progress. The Snowy White Peaks Group's reflection is that the components of the plan largely remain valid however there is a need in Year 2 to become much more focused in ensuring full implementation in all parts of the Trust and in obtaining detailed monitoring and more contemporaneous data that will enable Operational Directorates and Corporate Directorates to spot issues as they arise and adjust their plans and behaviours accordingly.

To remind ourselves, the Board's 3 Aspirations approved at its May 2017 meeting are that there will be proportionate numbers of BME staff

- Across all senior grades
- Within disciplinary processes
- Accessing career development opportunities

We are continuing with implementing the Action Plan which will include a further phase of the inclusive leadership organisational intervention, the development and implementation of a mentoring programme, ongoing monitoring of recruitment success and referral to formal disciplinary process and additional training of Diversity in Recruitment Champions to participate in recruitment to senior roles within the Trust.

Freedom to Speak Up Guardian

2018/19 has been a busy year for FTSU in the Trust. As the statistics show in the Board reports, we have seen an increasing number of cases being raised and a growing recognition of the function across the Trust.

The National Guardian's Office [NGO] declared October 2018 to be a national Freedom to Speak Up month and the Trust fully participated. Many activities were carried out across the Trust to increase staff awareness of the function. This was reported in detail at a presentation to the Board at the end of October. As a result of the activity 3 new Advocates came forward to join the FTSU Network and cases jumped from 9 in Q2 to 19 in Q3.

The CQC in August 2018 scrutinised the FTSU function as part of the Well Led Inspection. They identified 3 "should do's" about the need to continue to promote the function so that every member of staff is aware of it; to ensure there is clear open recruitment to the role of Advocate; and to continue to train and develop the Advocates. A report to the Delivery Board in February 2019 has demonstrated satisfactory progress on all 3 fronts.

Preparation is underway for the Board to undertake a self-review against the Guidance for Boards on Freedom to Speak Up in NHS Foundation Trusts. The response to the Guidance was reported to the Board by the Chief Executive in October 2018 and the Self-Review exercise will take place in May 2019.

The second Annual Report of the Freedom to Speak Up Guardian will be presented to the Board in April 2019 with quarterly reports to the Board from the FTSUG for the rest of the year. This report will analyse the cases for 2018/19, reported quarterly to the NGO, identifying themes and barriers to speaking up as well as learning and improvement opportunities.

Equality information and objectives

The Trust has a longstanding commitment to demonstrating accountability for its performance on promoting equality within its workforce and service provision. The Trust publishes a suite of annual equality information to demonstrate how it complies with its equality obligations. This includes the following:

- 2018 Workforce equality information: This provides equality data for staff with different protected characteristics on a range of workforce metrics.
- 2018 Trust-wide equality information: This provides information on the demographic profile of the Trust's service users and the experience of service users from all protected characteristics during the previous three years
- 2018 ethnicity reports for Croydon, Lambeth, Lewisham and Southwark: These provide ethnicity access and experience ethnicity data on key services in each borough. This year's report also includes outcome data for Improving
- Workforce Race Equality Standard (WRES) information
- Annual gender pay gap report.

The Trust's equality objectives are set out in our Integrated Equalities Action Plan 2018-21. It aligns the Trust's approach to promoting equality for its workforce and for service users, carers, families and communities and reflects the strategic priorities of the Trust's 'Changing Lives Strategy'. It captures existing commitments, legal requirements, prioritised areas for improvement and sets out measures of success over the next three years.

From this year the Board will receive an integrated annual report on action plan delivery, equality information and a refreshed Equality Delivery System (EDS 2) assessment in June. This alignment will provide the Board with an efficient and effective view of implementation and outcomes of all work streams in the Integrated Equalities Action Plan. It will also enable the Trust to be more focussed and responsive to the equality information it publishes each year.

Part 3: Priorities for improvement and statements of assurance from the Trust Board

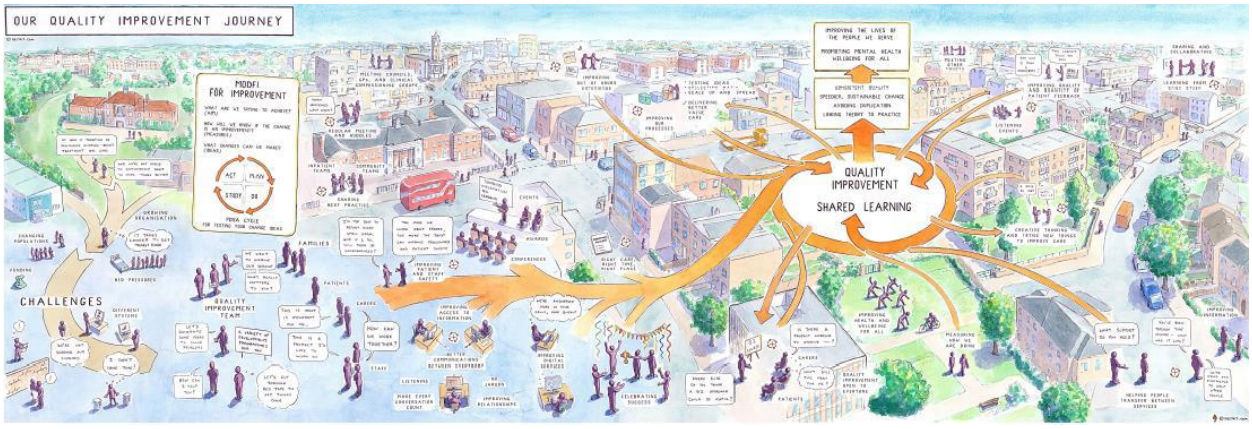
Our priorities for improvement for 2019/2020

The priorities for 2019/2020 have rolled over from 2018/2019 and remain arranged under the four areas outlined below which incorporate the broader domains of patient safety, clinical effectiveness, patient experience and staff experience. It was agreed to set the priorities over a three year stretch target to enable QI programme and relevant work streams to embed and sustain real improvement. Achievement relating to these priorities will be reported in next year's Quality Accounts.

- We will reduce violence by 50% over three years with the aim of reducing all types of restrictive practices
- All patients will have access to the right care at the right time in the appropriate setting
- Within three years we will routinely involve service users and carers in: service design, improvement, governance and the planning and delivery of their loved one's care.
- Over the next three years we will enable staff to experience improved satisfaction and joy at work

Fig. 20: Percentage of staff experiencing harassment, bullying or abuse from staff in 12 months.

Quality Improvement (QI)



Instrumental in achieving the Trust Quality priorities is the QI methodology underpinning the many improvement work streams within the Trust, the main trust wide ones are outlined below:

Improving Care and Outcomes (ICare) with general adult mental health inpatient and community services

Introduction and background

ICare is a trust wide Quality Improvement (QI) programme within the general adult care pathway (inpatient and community). It was set up in May 2017 with support from the Institute for Health Care Improvement (IHI), in response to problems that were highlighted with inconsistency in the quality of care and outcomes for people who use SLaM services. Whilst there were some areas of excellent practice, others required improvement. Too many patients are admitted outside of their local borough, significant variation in hospital length of stay was highlighted; with some significant delays in some areas, and teams were not always working at their best across boundaries with teams in other CAGs and with primary and social care.

The IHI quality improvement collaborative methodology was adopted as an approach. This provides an opportunity for the four boroughs to work together to develop and improve a consistent approach to care (access, safety experience) and outcomes.

Seven key principles, developed collaboratively underpin the approach, namely that Icare improvement work would:

1. Have clear sponsorship and leadership from senior clinicians and managers
2. Be co designed or co-produced with patients being at the centre and involve carers, staff and external stakeholders
3. Make systematic use of data to inform and test and change ideas for improvement
4. Ensure service users and staff feel are physically and psychologically safe to use and work in services
5. Provide opportunities for people to develop their knowledge and skills in QI methodology to enable them to test changes, share learning and scale up and spread successes.
6. Be supported by the Quality improvement and SLaM Partners (QISP) team, who have expertise in QI methodology (methods, tools, measurement, value) and psychological approaches to organisational development
7. Governed through weekly Icare meetings

Patient Safety

There are a range of initiatives being tested to improve the safety of our inpatient units. ICare has focussed on Four Steps to Safety and latterly the testing of behaviour support plans.

Four Steps to Safety

Four Steps to Safety was initially launched in January 2016 and involved an extensive suite of interventions to reduce violence and aggression. This is a trust wide initiative and for adult mental health this work has been incorporated into ICare. Between January – April 2018, the QI Team facilitated a review of the work across each CAG, identifying the challenges and what had worked well. The findings were presented at an Inpatient Safety Learning event in May 2018. As a result, the initiative was relaunched with fewer interventions:

- DASA: A risk assessment tool used to identify and communicate the likelihood of violence and aggression over a very short period of time, prompting staff to provide support earlier to prevent incidents from escalating.
- Report-out board: A visual tool used to update the team of specific tasks and who in the team is responsible for which task, to help ensure people's needs are being met.

- Proactive engagement: 'Checking-in' conversations with patients during each shift to identify and act on their needs promptly.
- Mutual agreement: A document coproduced with patients and staff around the values and shared expectations of how people will behave towards each other.
- SBARD (**S**ituation, **B**ackground, **A**ssessment, **R**ecommendation, **D**ecision): A communication tool used for clinical handovers to ensure the concise communication of pertinent information.

Successes and challenges

The QI Team have worked alongside the Modern Matrons in adult mental health to support the acute wards to implement the Four Steps to Safety. There are pockets of success where wards have fully implemented the interventions and are demonstrating improvements. However, we have not yet reached the target of a reduction by 50% by refreshing the programme as highlighted above, we are hopeful of nearing the quality priority target.

Standardised ways of working

We want to ensure that the people who access our services experience the same standards of care no matter which borough they live in or which service they are under. Both the inpatient and community operational care process models (CPM) are being developed with service users, carers and staff so that people know the fundamental standards of care, namely standards of best practice (SBP), they can expect to receive in every ward and community team. The theory is that if we have SPB that these will reduce variation in practice and have a positive impact on patients receiving timely assessments and treatment thereby reducing need for admission, improving experience and achieving outcomes that matter to them. The operational standards for the SBP in the models below, have been developed in the context of Royal College of Psychiatrists' Standards and learning from other mental health Trusts, Trust polices for good practice and national guidance. Furthermore, it has been informed and developed using Trust data and the outputs of the detailed care process maps produced with clinicians, service users and carers.

The aim therefore is:

For inpatient CPM that:

The patient experience and recovery journey is structured, purposeful, collaborative, safe and compassionate, taking into account complex needs and harm minimisation.

For the community CPM that:

Together with partners provide the community with easy access to the right mental health services, of the right quality, for the right length of time that meets their needs

We will measure whether the inpatient and community CPMs contribute to making a difference to outcomes using the agreed set of outcome and process measures for ICare, including length of stay, number of admissions, readmissions with 30 days, adherence to SBP, patient experience and staff engagement and cost. Local and more specific ward/community improvement measures will be used in addition and will be determined based on the needs of local teams.

Care Quality Commission (CQC); inspection July 2018 results and actions

The Trust is required to be registered with the CQC and its current registration status is registered, without condition. In 2018 SLaM participated in a Well Led review of the Trust as well as a CQC inspection of the following services outlined in the table below:

Pathway
Acute wards for adults of working age and Psychiatric intensive care units
Community- based mental health services for older people
Forensic Inpatient/Secure wards
Mental health crisis services and health based paces of safety
Specialist Services- Eating Disorders
Specialist Services- Lishman Unit

Fig. 21: Services inspected by CQC in 2018.

Whilst the overall rating for the Trust remains the same at 'Good' the Trust received a regulation 29A (HSCA) Warning notice for the Acute and PICU pathway.

The Trust was asked to make improvements by the 1st April 2019 and ensured an appropriate action plan was brought in place which would build on the many actions that were already underway as a part of borough reorganisation. Following receipt of the Warning Improvement Notice the Trust Senior Management Team set about engaging with Trust Executive to develop a robust and achievable improvement plan.

These discussions resulted in the following priority areas for improvement:

(i) Fundamental standards of care
(ii) Governance
(iii) Leadership and culture
(iv) Clinical pathways including flow and discharge planning.

There was also a clear focus on ensuring that there is the right infrastructure in place (enablers) to support these improvements and a clear structure for engaging and communicating with staff (communication), service users and carers.

The CQC re-inspected the Trust in April 2019 and initial verbal feedback indicates there has been significant improvement and the warning notice is no longer in place.

Managing clinical risk

Managing clinical risk is central to all the work that we do, to manage risk all clinical staff receive clinical risk management training commensurate with their grade and experience.

Audit

Participation in national quality improvement programmes

National quality accreditation schemes, and national clinical audit programmes are important for a number of reasons. They provide a way of comparing our services and practice with other Trusts across the country, they provide assurances that our services are meeting the highest standards set by the professional bodies, and they also provide a framework for quality improvement for participating services.

The National Clinical Audits and National Confidential Inquiries that SLaM was eligible to participate in during 2018/19 are listed below:

- Four national Prescribing Observatory for Mental Health (POMH-UK) audits:
  - Valproate prescribing in bipolar illness
  - Use of antipsychotic long-acting injections for relapse prevention
  - Use of Clozapine
  - Rapid tranquilisation
- Commissioning for Quality and Innovation (CQUIN) 2017/18 Indicator 3a: Improving Physical Healthcare to Reduce Premature Mortality in People with Severe Mental Illness (SMI)
- National Audit of Care at the End of Life
- National Clinical Audit of Anxiety & Depression
- National Clinical Audit of Anxiety and Depression – Psychological Therapies Spotlight Audit
- National Clinical Audit of Psychosis – EIP Spotlight Audit

The reports available to the provider in 2018/2019 were reviewed and SLaM intends to take the following actions to improve the quality of healthcare provided.

National Audit	Key actions
CQUIN Indicator 3a: Improving Physical Healthcare to Reduce Premature Mortality in People with Severe Mental Illness (SMI)	Develop strategy to improve communication with GP mental health leads. Physical Health Improvement and Implementation Leads to review and develop pathways to ensure appropriate physical health interventions are offered/received.
National Audit of Care at the End of Life	Report not yet available
National Clinical Audit of Anxiety & Depression	Report not yet available
National Clinical Audit of Anxiety and Depression – Psychological Therapies Spotlight Audit	Report not yet available
National Clinical Audit of Psychosis	Please see Fig. 24 below

Fig. 23: Participation in national quality improvement programmes

NCAP 2018

In general performance was around the national average. Notable findings include:

- Monitoring of most physical health risk factors was above the national average.
- Prescribing practice was above average but provision of information to patients was below average in some respects.
- Availability of psychological therapies appeared to be above the national average.

Detailed recommendations are detailed in the table below, which Trust Leads will take forward.

Recommendation topic	Detailed recommendation	NICE Guidance
Physical health monitoring	Have at least an annual assessment of cardiovascular risk (using the current version of Q-Risk)	NICE CG181, 1.1.8
	Receive appropriate interventions informed by the results of the intervention	

	Have the results of this assessment and the details of the interventions offered recorded in their case record	
Psychological therapies and family interventions	Deploying sufficient numbers of trained staff who can deliver these interventions	NICE CG178, 1.4.4.1
	Making sure that staff and clinical teams are aware of how and when to refer people for these treatments	
Provision of written information	Are given written or online information about the anti-psychotic medication they are prescribed	NICE CG178, 1.3.5.1
	Are involved in the prescribing decision, including having a documented discussion about benefits and adverse effects of the medication.	
Employment and training opportunities	Ensure that all people with psychosis who are unable to attend mainstream education training or work are offered alternative educational activities according to their individual needs; and that interventions offered are documented in their care plan	NICE CG178, 1.5.8.1
Annual summary of care	An annual summary of care should be recorded for each patient in the digital care record. This should include information on medication history, therapies offered and PH monitoring/interventions; be updated annually; be shared with the patient and their primary care team.	N/A
Use of data in conjunction with NHS digital	NHS Digital, NWIS, Commissioners, Trusts and Health Boards should work together to put in place key indicators for which data can easily be collected, perhaps using an Annual summary of care (see rec 5). This work should be informed by the NCAP results and the experience of the NCAP team.	N/A

Fig. 24: NCAP recommendations 2018

POMH-UK audits

Participation in the five Prescribing Observatory Audits (POMH-UK) managed by the Royal College of Psychiatrist's Centre for Quality Improvement

SLAM pharmacy has submitted data for the 2018-19 POMH-UK audits, as required. Below is a summary of the findings from those audits. SLAM is trust 022 and TNS is the total national sample.

Use of antipsychotic long-acting injections for relapse prevention

This survey assessed adherence with certain recommendations in the NICE guideline for the management of psychosis and schizophrenia in adults. SLAM submitted data for a random sample of community patients.

Overall, a higher proportion of patients in SLAM had evidence of the assessment of side effects of a depot, as shown below.

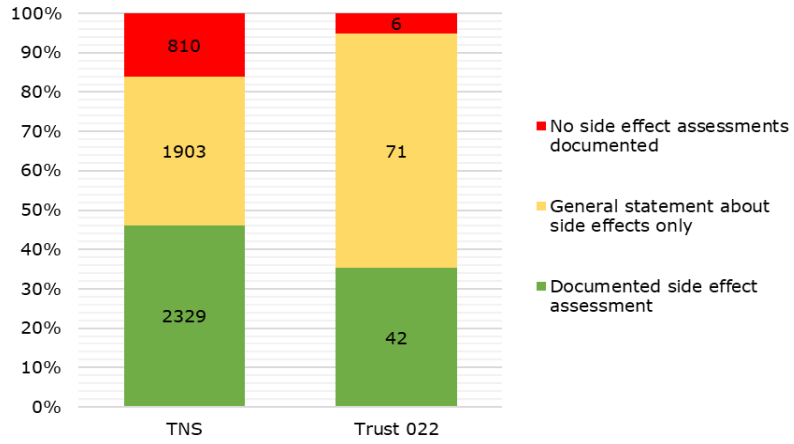


Fig. 25: POMH - Use of antipsychotic long-acting injections for relapse prevention

A similar proportion of patients in SLAM and the average national sample had received a medication review within the previous year and had a clinical plan documented in their notes for the management of non-adherence with a depot, as shown below.

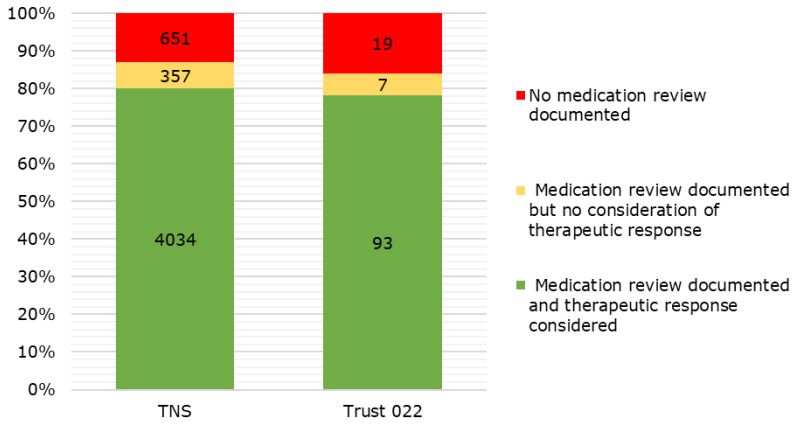


Fig. 26: POMH - Use of antipsychotic long-acting injections for relapse prevention

A similar proportion of patients in SLAM and the average national sample had a clinical plan documented in their notes for the management of non-adherence with a depot, as shown below.

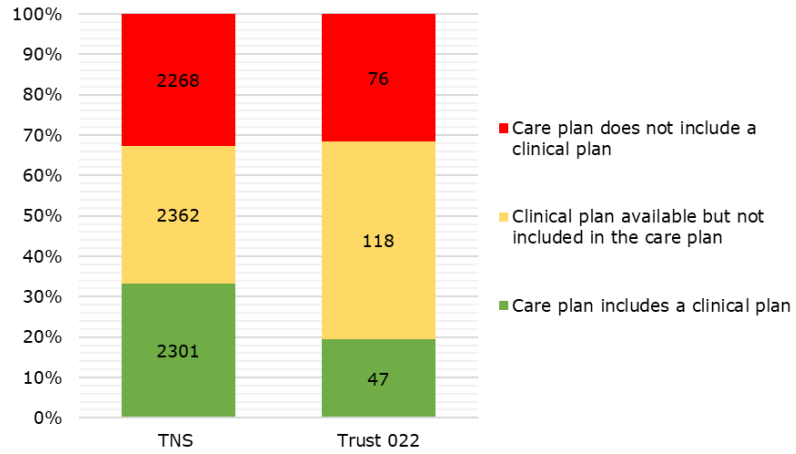


Fig. 27: POMH - Use of antipsychotic long-acting injections for relapse prevention

Actions: Clinicians have been informed of results and recommendations.

POMH – valproate prescribing in bipolar illness

Valproate should not routinely be prescribed for women of childbearing age. All patients prescribed valproate should have an annual physical health check. In 2017 the trust participated in the re-audit of valproate use in bipolar disorder. Results were reported in 2018.

Overall, more patients had evidence of physical health monitoring in SLAM compared with the average national sample, as shown below.

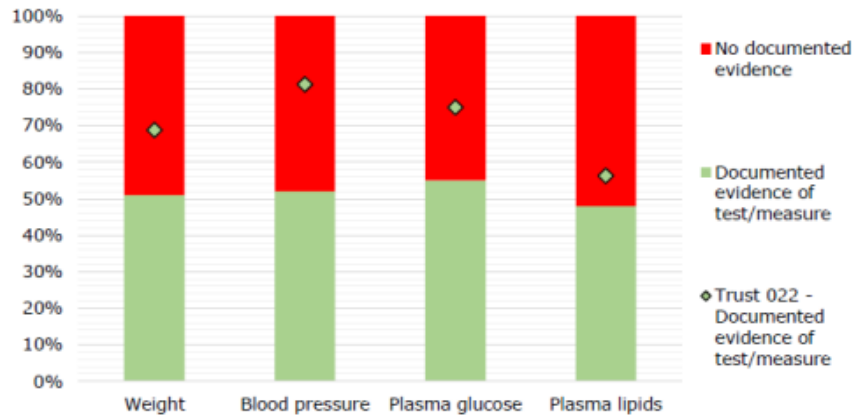


Fig. 28: POMH - valproate prescribing in bipolar illness

Fewer women of childbearing age were prescribed valproate in SLAM compared with the average national sample, as shown below.

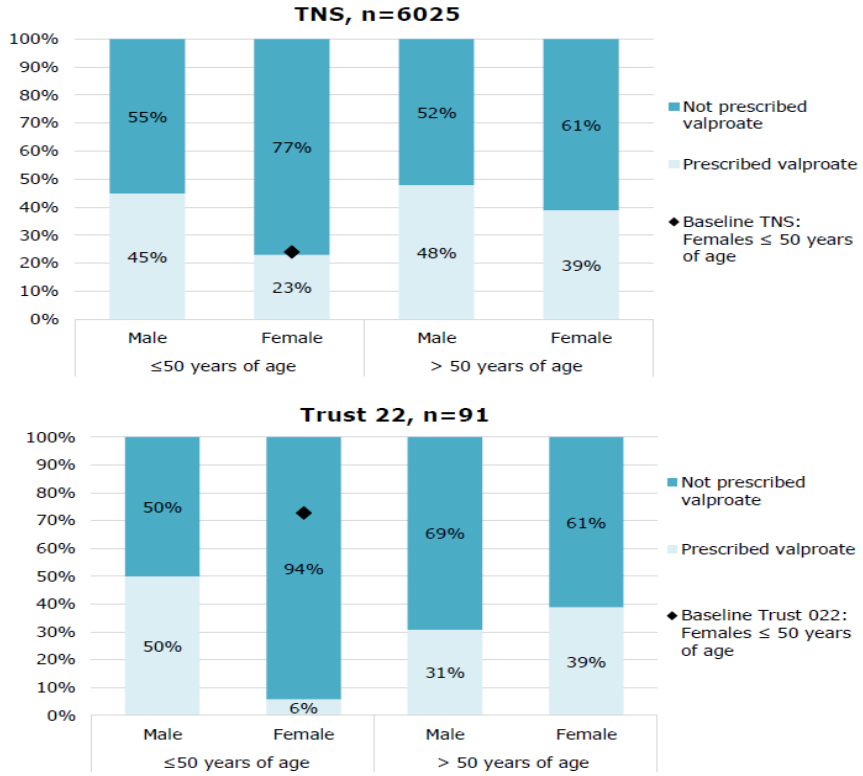


Fig. 29: POMH - valproate prescribing in bipolar illness

Actions: Clinicians have been informed of the results. In addition, clinicians have been informed of the MHRA requirements for valproate use in women of childbearing age. When supplying valproate to pharmacy checks that the women of childbearing age have been enrolled in the pregnancy prevention programme (PPP) and that they are given information about teratogenic potential of valproate. Prescribers are informed of any women who have not been enrolled in the PPP.

POMH – Rapid tranquilisation (RT)

Data were collected in March 2018.

Overall, no patients were administered IM haloperidol, which is in line with SLAM RT policy. Monitoring of physical and mental health after RT was evident for fewer patients in SLAM than in the average national sample (as shown below)

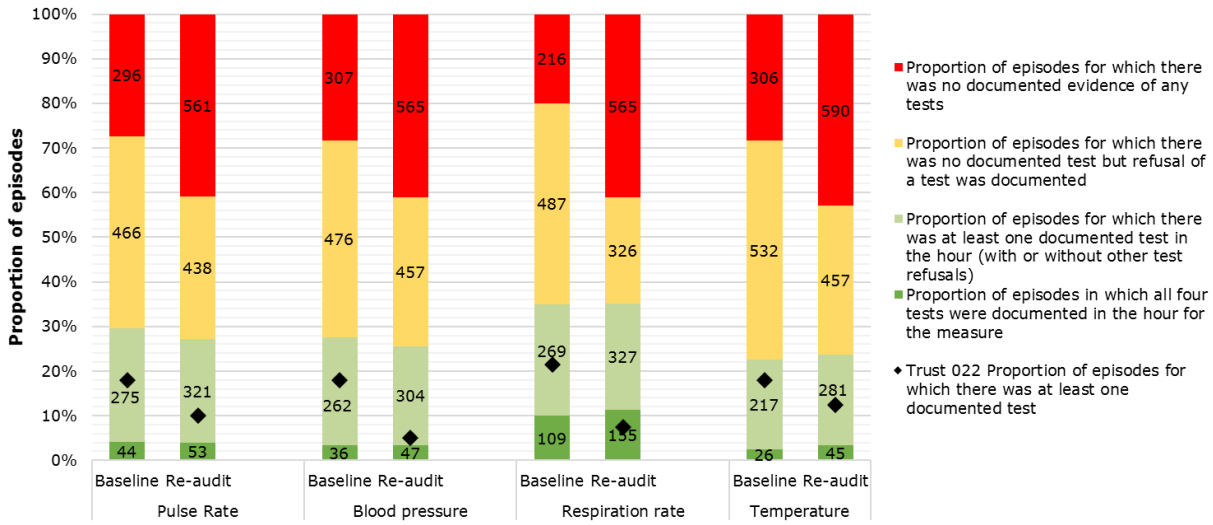


Fig. 30: POMH – Rapid Tranquilisation

Actions: The RT policy has been updated to include the updated physical health monitoring requirements after RT. The trust has provided training on physical health monitoring after RT. Individual incidents of RT are identified each week from prescription charts by pharmacy and followed up by the nursing team to ensure physical health monitoring was completed.

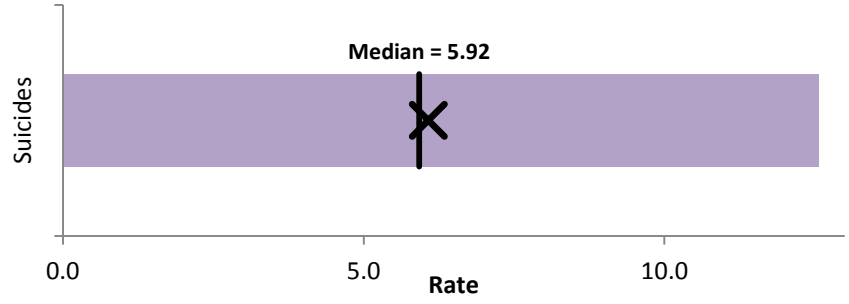
Use of clozapine

Data have been submitted. Awaiting report

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)

The Trust participated in the NCISH which reviews data relating to people who have died by suicide or were convicted of homicide based on the most recent available figures (2014-2016).

The figure below gives the range of results for mental health providers across England, based on the most recent available figures for suicides (2014-16). 'X' marks the position of the Trust. Rates have been rounded to the nearest 1 decimal place and percentages to whole percentage numbers.



Suicide rate

The suicide rate was 6.08 (per 10,000 people under mental health care) between 2014-16.

Fig. 31: Suicide Rate (2014-2016)

The Trust is implementing a new suicide project group on 09th May 2019 which will look at the implementation zero suicide strategy which will report into the mortality review group.

Trust Clinical Audit Programme

Audit	Status	Summary	Outcomes
Care Plan and Risk Assessment - Inpatient and Community Monthly	Complete	To monitor ongoing care plan and risk assessment documentation.	There is good documentation of issues being identified in care plans, as well as support and intervention plans to address identified needs. Most care plans are written in ways which will be understood by service users and carers. There is good documentation with regards to risk domains being identified accurately. Care Plan and Risk Assessments are reviewed monthly at Performance and Quality meetings. Service Directors will be supported to deliver improvements.
QuESTT – Inpatient Monthly	Complete	The Quality, Effectiveness and Safety Trigger Tool (QuESTT) is completed by inpatient wards on a monthly basis. It is a safety trigger tool developed so individual wards can anticipate where standards may start to deteriorate and therefore act to prevent care failures occurring.	Action plans for wards scoring Red, Blue and Amber have been formulated in a timely manner to address concerns highlighted in the relevant month's QuESTT tool. Services continue to experience unusual demand and high acuity on some of the units which is being monitored. Vacancies and supervision compliance also being monitored. QuESTT scores are reviewed monthly at Performance and Quality meetings. Where wards score Red, Blue or Amber, action plans are recorded onto Datix for review and implementation. Immediate action is taken at the time of the audit with concerns/increasing risk and escalated.
Policy	Complete	The audit was undertaken to assess policy documentation across the Trust and identify and determine whether policies adhered to the Trust Policy for the Development and Management of Trust wide Policies. The audit followed changes in the clinical policy process carried out by the Clinical Policy Working Group (CPWG). All policies (179) publicised on the Trust intranet, from 25th October 2017 to 28th February 2018, were included within the audit.	A summary was brought to the attention of the Operational SMT and Policy leads were made aware of any overdue policies. An ongoing outcome is that the standard of policies are monitored and reviewed within the Clinical Policy Working Group according to the agreed checklist.
Duty of Candour	Complete	The audit was undertaken to assess ongoing compliance with the Being Open and Duty of Candour policy (2018) and to review the action plan from the 2017 audit. A sample of 80 serious incidents was randomly extracted from the Datix incident reporting system spread across a period of twenty months up to June 2018. The sample was split equally between Serious Incident Requiring Investigation (SIRI) and Serious Incidents (SIs).	The audit demonstrated high levels of compliance for SIRIs, but overall lower levels for C grade incidents which met the criteria for Duty of Candour. The recommendation from this audit was to continue to implement the comprehensive action plan that was derived following the 2017 audit.

Engagement and Observation	Complete	The audit highlighted that while there was evidence of positive engagement with service users and observations were carried out correctly there still needed to be an improvement in documentation of these events. The audit involved four different approaches; incident analysis, service user questionnaire, daytime monitoring of interactions on the wards and night time monitoring too.	Compared to the 2015 audit, there is a significant improvement in observations of service users of the highest level of risk however overall compliance around record keeping for intermittent observations was generally low across most standards and require improvement. This includes documentation of decision making, risk assessments and care planning. Audit results are informing the Engagement and Observations policy review currently underway.
Domestic Abuse	Complete	The audit aimed to assess awareness, knowledge and understanding of domestic violence among clinical staff. An electronic survey was emailed to all clinical staff and included questions regarding their attitudes and identification processes, and knowledge. A total of 167 responses were returned.	Staff reported that they feel confident in asking questions about domestic violence and documenting risks and history on EPJS. 20% increase in the number of staff reporting they knew who their borough MARAC representative is. Required improvements identified regarding staff awareness and in staff reporting they felt confident in conducting a safety assessment for children. A re-audit is planned for 2019. Trust safeguarding Lead and safeguarding children advisors to look at the current training package to ensure that the current slides reflect domestic abuse and the impact on children. Trust Safeguarding adult lead will provide an update on guidance offered in the recent intercollegiate adult safeguarding document in relation to domestic abuse.
Safeguarding Children	Complete	The audit is designed to assess the current compliance with the Safeguarding Children Policy Principles and Procedures (2014). A random sample of 150 cases was selected where children were identified in the child risk screen in a minimum of 50 cases. The sample of 150 was distributed between 13 Safeguarding Children leads for data collection. Data was collected from 1st June 2018 to 20th July 2018.	Whilst compliance was generally high there were some standards which needed improving. Recommendations in light of this audit include informing or reminding staff about timelines of completion and appropriate review of child need risk screens.
Supervision	Complete	The Supervision Audit assessed the current compliance with the Supervision Policy V5 (2018) standards for the Quality of Supervision. The Supervision Audit is a Trust-wide review of the quality of supervision as it has been experienced by all staff groups, not limited to clinical staff. An online survey was circulated to all staff.	There was an increase of 3% in staff receiving supervision compared with the 2013 audit. There was high compliance relating to supervision enabling staff to do their jobs better, feeling valued and able to raise concerns, although the former two questions did decrease on 2013 results.

Section 132 - Inpatient and Community Treatment Order	Complete	The audit assessed whether patients detained under the Mental Health Act (MHA) or subject to a Community Treatment Order (S17A/CTO) are informed of their statutory rights via the S132/132A and whether rights are repeated as required by policy.	The standards audited indicated that policy is being adhered to, however there is room for improvement. As such, recommendations in light of this audit include the reissuing of a Blue Light Bulletin to emphasise the importance of improved compliance with S132, the issue of a Purple Light Bulletin, updates of the weekly MHA monitoring tables, continuation of a QI project to improve compliance at ward level and a re-audit in 12 months to check compliance.
Central Alerting System	Complete	The audit assessed compliance with reporting, actioning and maintaining evidence logs.	For reportable alerts, 100% compliance was confirmed for reporting, actioning and maintaining evidence logs. However, a lack of a formal system for logging drug alerts and non-reportable alerts was identified. Formal logging systems for drug alerts and non-reportable alerts have been implemented and governance arrangements formalised with compliance reporting and annual reports. The policy has been updated.

Fig. 32: Trust clinical audit programme (2018/19)

Patients participating in research

The number of patients receiving NHS services provided or sub-contracted by SLaM for the reporting period, 1 April 2018 – 31 March 2019, that were recruited during that period to participate in research approved by a research ethics committee was 3,578.

SLaM research is having an impact in many areas including:

- **Developing novel treatments:** e.g. Trials of Cannabidiol (CBD) for psychosis.
- **Influencing health policy:** e.g. Enhancing treatment guidelines for depression
- **Improving services based on our research evidence:** e.g. First episode service for eating disorders (FREED)

More information can be found here: https://www.kcl.ac.uk/ioppn/research/agenda.aspx

Commissioning for Quality and Innovation (CQUIN)

As last year, 2.5% of SLaM income is conditional on achieving quality improvement and innovation goals agreed between SLaM and any person they entered into an agreement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. The value of these payments for 2018/19 was £6.0m and at the time of writing the Trust is collating quarter four reports for submission to our commissioners.

Hospital Episode Statistics Data – HES

SLaM submitted records during 2018/19 to the Secondary Uses services (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

	In-Patients – SUS data Apr -Dec 2018	Out-patients and Community – Mental Health Monthly Data Set (MHMDS) Nov 2018 (Final)
NHS No	98.1%	99.1%
GP Practice code	98.9%	98.3%

Fig. 33: Percentage of records relating to patient care which included the patient's NHS No and GP practice code.

Information Governance

Our submission for the NHS Digital Information Governance (IG) Toolkit 2017-18 demonstrated 90% compliance, which is satisfactory compliance. The submission was independently assessed by internal audit with a substantial assurance outcome.

The Trust Digital Services are continuing to lead the digital transformation programme. The IG Operating Model has been implemented to further improvements around IG compliance with national standards and key legislation whilst implementing the trust's Digital Strategy.

The Trust undertook the General Data Protection Regulations (GDPR) preparedness programme overseen by the Information Security Committee (ISC). The ISC is also overseeing the Cyber Security Programme with close engagement and independent reviews by NHS Digital's careCERT and careCERT Assure Programmes. The trust has undertaken an extensive review of all data assets and data flows undertaking data protection impact assessments. All trust policies have been updated in line with the Data Protection Act 2018 and an updated Privacy Notice to notify service users and the public published. The Trust appointed a Data Protection Officer to oversee compliance and has set up the SE London DPO Forum to enable knowledge exchange and regional compliance between the DPOs.

SLaM refreshed NHS Digital's SCCI1596 Secure Email Standard conformance and @slam.nhs.uk continues to be accredited as a secure email system since 30 September 2017.

The Trust has worked with regional partners to sign up to a single, consistent, clear and unified data sharing framework across SE London. This has led to further expansion of the shared care record with the successful implementation of the Virtual Care Record (VCR).

The Trust continues to provide clear, concise and up-to-date notification material to service users to ensure they are sufficiently informed about the way their personal data is utilised with opportunities to opt-out of any scheme.

Assurance around IG is presented to relevant committees chaired by the Caldicott Guardian, the CCIO and the Chief Information Officer (the Senior Information Risk Officer). The Trust Senior Management and the Board receives regular updates on levels of data assurance.

Payment by Results Clinical Coding

SLaM is not subject to a Payment by Results Clinical Coding audit as it has not provided acute hospital services during the 2018/2019 financial year. Mental health services have a different payment approach which includes mental health care clusters. Our clinical information system has built in alerts to remind clinicians that a mental health cluster has expired which promotes data capture.

We see high quality data as key to informing the provision of high-quality care, both at an individual patient level and in terms of commissioning services for our local populations.

Currently we recognise that, like many NHS organisations, we have challenges with both the consistency and accuracy of data across our systems, and ensuring this data is used in a meaningful way to drive improvements in our services.

Last year we started our data framework project to address these issues, specifically to develop an online automated Trust dashboard so that all staff can access data to make better data informed decisions. As part of this on-going project we have been addressing the issue of data quality through our weekly project meetings, looking at how, where and by whom data is entered, and how that data is integrated across our systems and subsequently presented back to staff in a way that is useful.

Our series of data summits 'Operation SOS: Solving our Systems' brought together our data system owners to collaboratively address these issues, and meanwhile work has continued to develop a new user interface for our electronic health record ePJS (launch April 2019) that will make accurate, timely and complete data entry easier for staff.

Over the course of the coming year we will continue to build on our data quality work, through development of our informatics strategy, system architecture and the establishment of the Trust's new Quality Centre, which will see intelligent, high quality data use as central to improvements across our system for the benefit of all our patients, carers and staff.

National indicators 2018/2019

SLaM is required to report performance against the following indicators:

- Care Programme Approach (CPA) 7 day follow-up
- Access to Crisis Resolution Home Treatment (Home Treatment Team Gatekeeping)
- Re-admission to hospital within 28 days of discharge

National indicators 2019/2020

SLaM is required to report performance against the following indicators:

- Care Programme Approach (CPA) 7 day follow-up
- Access to Crisis Resolution Home Treatment (Home Treatment Team Gatekeeping)
- Re-admission to hospital within 28 days of discharge

Care Programme Approach (CPA) seven day follow-up

Follow up within seven days of discharge from hospital has been demonstrated to be an effective way of reducing the overall rate of death by suicide in the UK. Patients on the care programme approach (CPA) who are discharged from a spell of inpatient care should be seen within seven days.

National Target	SLaM 2015/16	SLaM 2016/17	SLaM 2017/18	SLaM 2018/19	National Average 2017/18	Highest Trust % or Score 2017/18	Lowest Trust % Score 2017/18
Not specified (formerly 95%)	96.99%	**97.1%**	**97.5%**	**96%**	95.4% (Q3)	100%	69.2%

Fig. 34: CPA, seven day follow up

The lowest/highest and National Average scores (for a Trust) are based on the Q1-3 scores in 2017/18 published at the time of writing the quality account available at www.england.nhs.uk/statistics

SLaM considers that this data is as described for the following reasons: There continues to be a strong operational and performance focus on this indicator within the Trust.

The Trust performance continues to be comparable with previous years.

Access to Crisis Resolution Home Treatment (Home Treatment Team)

Home Treatment Teams provide intensive support for people in mental health crisis, in their own home. Home Treatment is designed to prevent hospital admissions and give support to families and carers.

The indicator here is the percentage of admissions to the Trust's acute wards that were assessed by the crisis resolution home treatment teams prior to admission.

	National Target	SLaM 2015/16	SLaM 2016/17	SLaM 2017/18	SLaM 2018/19	National Average 2017/18	Highest Trust % or Score 2017/18	Lowest Trust % Score 2017/18
Number of admissions to acute wards that were gate kept by the CRHT teams	95%	95.9%	**96.5%**	99.9%	**96.1%**	98.5 (Q3)	100%	84.3%

Fig. 35: Access to crisis resolution

The lowest/highest and National Average scores (for a Trust) are based on the Q1-3 scores in 2016/17 published at the time of writing the quality account available at www.england.nhs.uk/statistics

Note: that Psychiatric Liaison Nurse assessments of patients in Emergency Departments are included in the gatekeeping performance figures for previous years. Following the creation of the Assessment and Referral Centre (ARC) in 2016 with embedded Home Treatment the ARC now acts as the single point of access for the adult care pathway. PLN's now refer to ARC who do the HTT assessment as part of the admission/diversion process.

SLaM considers that this data is as described for the following reasons: The Acute Referral Centre (ARC) is fully operational and all patients are triaged through this system.

Readmissions to hospital within 30 days of discharge for patients 0 – 15 years and 16+ years

Readmission within 30 days Standard measure is 30 days	SLaM 2018/19
Patients readmitted to hospital within 30 days of being discharged (0 – 15 years)	10.9%
Patients readmitted to hospital within 30 days of being discharged (16 years or over)	5.9%

Fig. 35: Readmissions to hospital for within 30 days by age group

SLaM considers that this data is as described for the following reasons: The routine monitoring indicator for readmissions for mental health contracts and Clinical Commissioning Groups (CCG) is readmissions within 30 days. The Benchmarking Network for Adult Mental Health report 2016/17 reports that the Trust had a 4% emergency readmission rate in comparison to a national mean of 9% for emergency readmissions within 30 days.

SLaM intends to take the following actions to improve this indicator score, and so the quality of its services, by ongoing monitoring of the Adult mental health pathways, a redesign of our community provision and the implementation of QI initiatives.

Core indicators

The following indicators form part of appendices 1 and 3 of the Single Oversight Framework (SOF) published by NHS Improvement.

Indicator	SLaM 2018/19	National Target	National Target Met
1. Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	74%	50%	✓
2. Improving access to psychological therapies (IAPT): proportion of people completing treatment who move to recovery	50.1%*	50%	✓
3. Improving access to psychological therapies (IAPT): patients seen within 6 weeks of referral	90.8%	75%	✓
4. Improving access to psychological therapies (IAPT): patients seen within 18 weeks of referral	99.3%	95%	✓

5. Care programme approach (CPA) follow-up: proportion of discharges from hospital followed up within seven days	96.1%	Not specified (formerly 95%)	✓
6. Admissions to adult facilities of patients under 16 years old	0	Not specified	✓
7. Inappropriate out-of-area placements for adult mental health services ***(This is a new requirement for 2017/2018 and reporting begins in Q4/18 which is broken monthly in the data presented.)***	Apr-18 – Feb-19 11,173 OBDs	Not specified	✓

Fig. 36: Core indicators

*The yearly average for indicator 2 for 2017/18 was 48per cent although by the end of the financial year the Trust had achieved a recovery rate of 52per cent

Indicators two, three and four are based on collated monthly internal Trust reporting, NHS Digital will publish full year performance later in 2019/20.

The indicator percentage of CPA patients with a review in 12 months is not specified within the Single Oversight Framework. The Trust continues to monitor this internally through performance reviews.

Service Users Experience of Health and Social Care Staff Service Users Experience of Health and Social Care Staff

	SLaM 2017	SLaM 2018	Highest Trust Score 2018	Lowest Trust Score 2018
Service users experience of Health and Social Care Staff *Scores out of 10*	7.5	7.2	7.7	5.9

Fig. 37: Service users experience of health and social care staff

SLaM considers that this data is described for the following reasons:

The patient survey responses to the question of how users of services found the health and social care staff of the Trust show that in 2018, overall SLaM scores for this section were about the same as other mental health Trusts. The average Health and Social Care Worker section score for SLaM patients was 7.2 with other Trusts performing in a range of 5.9 to 7.7. The score for Q4 decreased by 0.2 points and Q5 increased by 0.1 points, although these changes are not categorised as significant shifts (changes of 5 points).

		SLaM 2018	Lowest trust score	Highest trust score	SLaM (n)	SLaM 2017	SLaM 2016	SLaM 2015	SLaM 2014
Health and social care workers									
S1	Section score	7.2	5.9	7.7		7.6			
Q4	Were you given enough time to discuss your needs and treatment?	7.3	6.2	8.0	176	7.5	7.3	7.6	8.0
Q5	Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.1	5.7	7.5	168	7.0	7.1	7.1	7.8

Fig. 38: National survey of people who use community mental health services 2018

The trust continues to prioritise service user and carer involvement. Feedback regarding this is collected in a systematic way across the Trust, including through the local experience survey programme, PEDIC. This work is taken forward as part of the Patient and Public Involvement strategy and directorate improvement plans.

Patient safety incidents resulting in severe harm or death

The Trust records all reported incidents on a database, in order to support the management of, monitoring and learning from all types of untoward incident. In addition patient safety incidents are uploaded to the National Reporting and Learning Service (NRLS) for further monitoring and inter-trust comparisons. The NRLS system enables patient safety incident reports to be submitted to a national database which is designed to promote understanding and learning.

The process of reporting trust data to the NRLS and NRLS publication of national data is retrospective by nature. For the latest benchmarked data, SLaM reported:

NRLS Data Q1-Q2 17/18	SLAM 17/18	Average for Mental Health Trusts	Highest Trust % or Score 17/18	Lowest Trust % or Score 17/18
Reported Incidents per 1000 bed days	=	51.5%	126.47 %	16%
Number of incidents resulting in severe harm	0.5%	0.3%	2.0%	0.0%
Number of incidents reported as deaths	0.2%	1.0%	3.8%	0.0%

NRLS Data Q1-Q2 18/19	SLAM 18/19	Average for Mental Health Trusts	Highest Trust % or Score 18/19	Lowest Trust % or Score 18/19

Reported Incidents per 1000 bed days	-	55.5	114.3	24.9
Percentage of incidents resulting in severe harm	0.2%	0.3%	2.1%	0.0%
Percentage of incidents reported as deaths	0.7%	0.9%	2.3%	0.1%

Fig. 39: NRLS (National Reporting and Learning Service) Data

Learning from Deaths

During 2018/19, 511 SLaM patients died. This is a reduction from 565 deaths in 2017/18. This comprised the following number of deaths which occurred in each quarter of that reporting period: 120 in the first quarter; 133 in the second quarter; 134 in the third quarter; 124 in the fourth quarter.

144 case record reviews and 62 investigations have been carried out in relation to 511 of the deaths.

In 23 cases, a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

Number of deaths where case record review or investigation was carried out	**Q1 2018/19**	**Q2 2018/19**	**Q3 2018/19**	**Q4 2018/19**
	29	36	47	94

Fig. 40: Number of deaths where case record review or investigation was carried out

Number of deaths reported in 2018/19 where case record review or investigations were carried out	**Total**
	CRR 144 SIRI 62

Fig. 41: Number of deaths reported in 2018/19 where the case record review or investigation was carried out in 2018/19

Our mortality reviews used adapted versions of two frameworks: the Mazars framework, and an adapted version of the grading system for case reviewers from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD). Reviewers assess and grade the care provided to a patient using the two systems to assess and identify learning or a requirement for further review.

We have identified a number of learning points from case record reviews and investigations conducted in relation to the deaths identified above:

- The quality of risk assessments and care plans in some cases has been variable.
- Where care plans and risk management plans were completed these were not always individualised or specific enough.
- In PMOA there have been instances of referrals to the Memory Service that were either late, or the patient was too physically unwell.
- Mortality reviews have identified the need for improved physical health follow up in the community. This should include better links with primary care and better care planning.

Actions taken

The Trust has taken the following actions during 2018/19:

- In PMOA there is work underway with GPs to redesign the referral process and referral form.
- Older Adult have worked with CRISS to develop a tool to monitor antipsychotic monitoring for patient with dementia.
- Quality improvement projects to improve the waiting times for patients with a diagnosis of dementia have been ongoing; including increasing memory service capacity in Croydon.
- Up to date Information on community SALT services has been circulated to community teams.
- The inpatient nutrition screening tool is being redeveloped and that will include feeding / swallowing issues.

The Trust continues to assess the impact of the actions highlighted in mortality reviews.

In 2019/20 we will be implementing the Royal College of Psychiatrists' standardised care review tool for mental health services. The new care review tool will replace the existing mortality review tool in Datix. All deaths will be subject to completion of Section 1 of the review tool. Comprehensive mortality reviews (Section 2) will be triggered by Red Flags identified, or by random allocation of cases to be reviewed. The Red Flags included are:

- Family, carers or staff have raised concerns about the care provided.
- Diagnosis of psychosis or eating disorders during the last episode of care.
- Psychiatric inpatient at time of death, or discharged from inpatient care within the last month.
- Under Crisis Resolution and Home Treatment Team (or equivalent) at the time of death.
- Other locally determined criteria for review.

Directorates will be expected to randomly allocate 5% of all reported deaths for a mortality review. We are currently in the process of ratifying our mortality review policy and making changes to Datix. Directorates might decide on locally determined red flag criteria, and this will be presented and recorded in the Mortality Review Group meetings.

Duty of Candour 2017/2018

A number of actions have been taken during this year, including:

- A Duty of Candour information poster was produced April 2018.
- The Policy was revised in June 2018 including guidance for staff, template letters and external website reference.
- The Maud intranet site was updated regarding Duty of Candour in August 2018.
- The Serious Incident Review Group has continued to increase the scrutiny and oversight of Duty of Candour for serious incident investigations.

Further work that will be taking place in 2019/2020, including:

- Datix fields will be updated to help to improve Datix reporting.
- A QI project will be undertaken during 2019 to improve Datix reporting

Governance and Assurance

The Trust has robust operational and quality governance systems and processes in place to monitor the quality of care provided.

The Trust Board receives assurance from the Quality Committee (QC) chaired by a Non-Executive Director. The purpose is to:

- Provide assurance to the Board of Directors on the delivery of the Trust's Quality Strategy.
- Examine where there have been failures in service or clinical quality and monitor progress against action plans to address them.
- Ensure that there are processes in place to monitor quality effectively.
  - Identify risks related to service and clinical quality and provide assurance to the Board that the principal risks threatening quality are being managed appropriately at all levels within the Trust.
  - Consider issues escalated by the committees accountable to the Quality Sub-Committee.

Annex 1

NHS Croydon CCG, NHS Lambeth CCG, NHS Lewisham CCG and NHS Southwark CCG Joint Statement on South London and Maudsley NHS Foundation Trust's Quality Account 2017/18
May 2018

Council of Governors' reply to Quality Accounts 2017/18

South London and Maudsley NHS Foundation Trust (SLaM) Quality Accounts 2017/18

Response from Healthwatch Southwark

Annex 2
Statement of Directors' Responsibilities In Respect of the Quality Report

Chair
South London and Maudsley NHS Foundation Trust

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

Glossary

Approved Mental Health Professionals (AMHP)	AMHPs are mental health professionals who have been approved by a local social services authority to carry out certain duties under the Mental Health Act. They are responsible for coordinating assessment and admission to hospitals.
Care Programme Approach (CPA)	The Care Programme Approach (CPA) is a type of support that a person might receive or be offered if they have mental health problems or complex needs. The Care Programme Approach is inclusive of: an assessment of needs, a care plan, regular review of your needs and the care plan and a Care Co-ordinator.
Care Quality Commission (CQC)	The Care Quality Commission (CQC) is a health and adult social care regulator in England. The CQC inspects services based on five Key Lines of Enquiry, these are: safety, effectiveness, caring, responsiveness and well-led.
Chief Clinical Information Officer (CCIO)	Deputy Medical Director for Information
Clinical Academic Group (CAG)	SLaM is divided into "Clinical Academic Groups". Services fall into particular CAGs depending on who they treat and what treatment they provide. The Trust's CAGs are as follows: **Acute Care:** provides treatment and care to people who are experiencing a mental health crisis and need to be home treated or on occasion admitted to hospital. Acute Care services include 17 inpatient wards, 4 home treatment teams, 4 intensive care inpatient units, a 24 hour crisis line and centralised bed management services and a central place of safety service**.** **Addictions:** provides community services to adults with drug and alcohol disorders. **Behavioural and Developmental Psychiatry (BPAD):** Provides Forensic and neurodevelopmental services to adults. **Child and Adolescent Mental Health Services (CAMHS):** Provides a range of mental health services for children and young people. **Mental Health for Older Adults (MHOA):** Provides services to those either: over the age of 65 with dementia (see Dementia entry) or severe and complex mental health needs or under the age of 65 who develop dementia **Psychological Medicine and Integrated Care:** provides clinical care clinical care across mental and physical health through the General Hospital Liaison services with four acute hospitals. PMIC also provides services for people from around the country who need specialist care for eating disorders, perinatal problems, chronic fatigue syndrome, Neuropsychiatry, memory disorders, psychosexual conditions and HIV mental health. **Psychosis:** The largest CAG within SLaM provides services to adults experiencing Psychosis.
Clinical Commissioning Groups (CCG)/Commissioner	A Clinical Commissioning Groups (CCG) (also known as Commissioners) "are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area." (*About CCGs, NHS Clinical Commissioners*). SLaM is commissioned by Croydon, Lambeth, Lewisham and Southwark CCG.
Control Objectives for Information and Related Technologies (CoBIT)	IT governance and management framework which covers risk management, assurance and audit, data security, governance and governance
Commissioning for Quality and Innovation (CQUIN)	Commissioning for Quality and Innovation (CQUIN) is a payment framework whereby quality improvement goals are linked to financial reward.
Datix	Datix is the incident reporting system which SLaM uses for the recording of incidents and complaints.
Electronic Observation Solution (eOBs)	Electronic Observations Solution is the digitalisation of patient observations (vital signs) also known as early warning signs (MEWS) as opposed to the use of paper MEWS Charts.
Electronic Patient Journey System (ePJS)	ePJS is the electronic system that SLaM uses to document patient notes.

Health Service Journal (HSJ)	The Health Service Journal (HSJ) is a website and serial publication which covers topics relating to the National Health Service and Healthcare.
Hospital Episode Statistics (HES)	Hospital Episode Statistics is a data repository held by the Health and Social Care Information Centre (see Health and Social Care Information Centre entry) which stores information on hospital episodes i.e. admissions for all NHS trusts in England.
Local Care Record (LCR)	An secure integrated portal between SLaM, GSTT, KCH and 90+ GP practices in Southwark and Lambeth electronic health records, which provides instant real-time access to health records to care professionals during direct care.
Mental Health Minimum Data Set (MHMDS)	Mental Health Minimum Data Set (MHMDS) is a regular return of data from providers of NHS funded adult secondary mental health services, produced during in the course of delivering services to patients.
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	NCISH is a National Confidential Inquiry into Suicide and Homicide by People with Mental Illness which collected suicide data in the UK from 2003-2013 (The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report 2015: England, Northern Ireland, Scotland and Wales July 2015. University of Manchester). It is commissioned by the Healthcare Quality Improvement Partnership (see Healthcare Quality Improvement Partnership entry).
National Health Service England (NHSE)	National Health Service England (NHSE) is a body of the Department of Health (see Department of Health entry) which leads and commissions NHS services in England.
National Reporting and Learning Service (NRLS)	The National Reporting and Learning Service (NRLS) is a system which enables patient safety incident reports to be submitted to a national database which is designed to promote understanding and learning.
Prescribing Observatory for Mental Health -UK (POMH-UK Audits)	The Prescribing Observatory for Mental Health UK audits are National Clinical Audits (see National Clinical Audit entry) which assess the practice of prescribing medications within mental health services in the United Kingdom.

Fig. 40: Glossary

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Healthier Communities Select Committee			
Title	Recommissioning of Building Based Day Services for Older Adults		
Key decision	Yes	**Item no**	6
Wards	All wards		
Contributors	Executive Director for Community Services		
Class	Part 1	14 May 2019	

1. Purpose of report

1.1. This report sets out information about the wide range of community based activities that have been developed by Lewisham Council and partners for all older adults. These activities are also available to, and accessed by, older adults eligible for council funded services. This offer reflects long partnership working with the voluntary and community sector and the implementation of Direct Payments and Personal Budgets.

1.2. This report details the impact of these developments on commissioned building based day services for older adults in Lewisham. Notably, that demand has reduced from an average of 56 places used a day in 2012/13 to 34 places in 18/19. Commissioned building based day services are currently delivered at the Calabash Centre, Cinnamon Court and Cedar Court, two of which carry significant level of voids on the current contracts.

1.3. Officers are seeking agreement from Mayor and Cabinet on the 5th June 2019 to commence consultation on the proposal to recommission the 3 current building based day services as a single service at the end of this contract period. This would deliver an estimated saving to the Council of £135,000 at 18/19 contract prices.

1.4. The proposal would constitute a significant change in service delivery and a formal consultation will be required with service users, their families and other significant stakeholders about the impact of this proposal, specifically:

- The impact of combining the three services currently delivered at Calabash, Cedar Court and Cinnamon Court into a single location
- Views as to where the service should be located (Calabash, Cedar or Cinnamon – subject to further information from Housing 21)
- Views as to how important ethnic and cultural needs will be met within the single service offer

1.5. Officers are also seeking agreement to short contract extensions at the Calabash Centre, Cedar Court and Cinnamon Court up to June 2020 to enable continuity of service provision through the period of consultation, the reporting of the consultation outcomes to Mayor and Cabinet and Healthier Community Select Committee in October 19, and if the decision is to proceed with the proposal, to allow for the implementation of a procurement and service change process.

2. Recommendations

Healthier Communities Select Committee are invited to comment on the recommendations being made to Mayor and Cabinet on the 5th June as follows:

2.1. Note the wide range of community based activities now available to older adults in Lewisham as set out in section 5.1.

2.2. Note the details of the current building-based day service offer for older adults commissioned at Cedar Court, Cinnamon Court and the Calabash Centre and the ongoing reduction in usage as set out in section 5.2.

2.3. Note the proposal that the three services should be commissioned as a single offer at one location

2.4. Note that the proposal is that the single location should be the Calabash Centre.

2.5. Note that the proposal is that the support for people from BME backgrounds will be provided as part of the single service and that it is proposed that the BME specific day service will no longer be commissioned as a stand-alone service

2.6. Agree that officers can commence a 3 month formal consultation with service users, their families and key stakeholders the results of which will be reported back to Mayor and Cabinet

2.7. Agree that existing contracts with Hestia at Calabash and with Housing 21 at Cinnamon Court and Cedar Court be extended up until the end June 2020 (6- 9 months) to support the consultation and the implementation of any potential outcomes

3. Policy Context

3.1. The function of Adult Social Care is to ensure that vulnerable adults receive services appropriate to their needs within the framework of statutory duties and agreed policies. For adults, this is determined through the completion of an assessment in accordance with section 9 of the Care Act 2014 and associated guidance and regulations, followed by the application of the appropriate eligibility criteria and service decisions.

3.2. The Care Act 2014 is the most substantial piece of legislation relating to adult social care to be implemented since 1948. It consolidated previous legislation, common law decisions and other good practice guidance. The Care Act places a wide emphasis on prevention, the provision of advice and information, changes to eligibility, funding reform and market shaping and commissioning. This final aspect of the Act also emphasises the use of personal budgets and direct payments to promote individualisation of provision, and requires the Council to promote appropriate service supply across the provider market and assure quality and diversity to support the welfare of adults in the community. It also requires the Council to engage with providers and local communities when redesigning service and planning for the future.

3.3. There have been a number of government documents which set out the pathway of 'Personalisation' as a way of meeting needs so that eligible service users have both greater flexibility about the service they receive and greater control over how they are delivered (for example: 'Putting People First' (2007); 'Transforming Social Care' [LAC (DH) 2008]; 'Caring for Our Future: reforming care and support' (2012)).There is also emphasis upon the achievement of outcomes which the service user prefers/desires, rather than provision of service to a uniform pattern. The policy and guidance documents promote the provision of Direct Payments whereby eligible adults are given an assessed sum as cash to purchase their own service and the local authority's role, rather than being one of a direct provider of services, has become one more focused on market development and shaping to help provide opportunity, choice and options.

3.4. The Council seeks to maximise the independence of older adults by enabling them to live in their own homes in their local communities wherever possible. This is reflected when allocating resources in adult social care by prioritising community care services for those with the most needs.

3.5. Older adults may have Care and Support needs which are eligible under the Care Act 2014 for Council funded care. A care assessment seeks to identify ways in which an individual can meet their needs and achieve their desired outcomes. This includes using:

- Their personal resources, abilities, skills, knowledge, potential, etc.
- Their social network and its resources, abilities, skills, etc.
- Community resources

3.6. Outcomes which can be supported by day activities, direct payments and day services include, but are not limited to:

- Developing and maintaining family or other personal relationships
- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing personal care needs
- Socialisation
- Reducing loneliness

3.7. The recommendations within this report also relate directly to the Council's Corporate Strategy 2018-2022 priorities:

- Delivering and defending: health, social care and support – Ensuring everyone receives the health, mental health, social care and support services they need.
- Open Lewisham – Lewisham is a welcoming place of safety for all where we celebrate the diversity that strengthens us

3.8. The Corporate Strategy also sets out the Council's commitment that when considering whether to commission services, there will be an assumption that the Council is our preferred provider and to in-source our contracts. An initial options appraisal has been carried out by officers to compare the options for the future delivery of older adults day services.

3.9. The options appraisal was undertaken using a standard framework, drawn from a model designed by the Association of Public Sector Excellence to allow Local Authorities to explicitly consider insourcing of services, which assesses various options and appraises these using both qualitative and quantitative metrics. The qualitative considerations for each operating model were: the risks associated with service delivery, the barriers to entry into the marketplace (high start-up costs or other obstacles that prevent new competitors from easily entering an industry), the responsiveness and control achievable, and the commercial potential. The quantitative assessment looked at the potential and likely estimated cost of service delivery under each model. When combined the qualitative and quantitative measures provide an indication of the overall value for money and ranking of each option. Given the nature of the services the three options considered were: insourcing, placing a contract with an external provider, and the Council itself either setting up or procuring a service provider.

3.10. It is to be noted however that this model has not been previously used by the Council and that as with all models it is a desk top exercise which attempts to predict an outcome for each scenario. As such there is potential for the actual results to differ from those anticipated, and there is further the inherent risk that the modelling itself is not reliable.

3.11. The results of this exercise (as summarised at Appendix 3) were presented to the IJCG as part of the procurement Gateway 1 review with the recommendation that the Council procures this service through an external provider.

4. Background

4.1. Over the past ten years, there has been a significant reduction in the numbers of people in Lewisham who are placed in residential and nursing care homes. The Council has worked to develop the support available in the Community to enable people to maintain independence and to stay in their own homes for longer.

4.2. The Council has also been shaping and growing its community based service offer to older adults, including older adults eligible for council funded services. The detail of these developments are set out in Section 5, but

include Council-funded initiatives such as Community Connections, Meet Me at the Albany, and the Active Elders group at Calabash.

4.3. As a result of these changes, there has been a decrease in the numbers of older people with mild to moderate levels of need accessing formally commissioned building-based day services, and an increase in demand from people with moderate to high levels of care and support needs.

4.4. Officers' view is that this reduction in demand for day services also reflects the growth in take up of Direct Payments across all groups, including older adults. People can use the money, which would otherwise be allocated to a commissioned day service, to create their own routines and preferred ways of meeting their needs through the use of Personal Assistants or by purchasing their service from a provider of choice. This means that people are able to access a wider range of community-based activities.

4.5. The reduction in overall demand for building-based day services was previously reported in the 'Recommissioning Culturally Specific Day Services for Older Adults' report to Mayor and Cabinet in 2014. In this report, the number of commissioned spaces in the BME-specific service was reduced from 51 places a day to 30 places a day. This reflected that the numbers of attendees at the day service fell well below the contracted level at that time.

4.6. The reduction in demand was further highlighted in the 'Remodelling Lewisham Council's Day Service Offer.' report to Mayor and Cabinet in 2015, which detailed that services at Cedar and Cinnamon Court were under delivering on the 50 day services spaces commissioned by approximately 10 spaces per day. Commissioned capacity at the Housing and Care 21 services was consequently reduced in 2017 to 12 spaces per day at each service, with the option to spot-purchase additional places.

4.7. Conversely and in line with general demographics, there is a growing number of older adults with severe dementia meaning there is a slow but steady growth in demand for dementia specific provision. Since October 2015 the Council has increased the number of places per day from 19 to 24 in readiness at its own directly-provided service at the Ladywell Centre. That said, this additional provision is also under delivering on its commissioned level of service.

4.8. The Council currently commissions three building based day services for older adults eligible for funded care: one for BME older adults at the Calabash Centre owned by the Council and managed as part of the day service contract with Hestia Care & Support and Cedar Court and Cinnamon Court owned and managed by Housing 21 delivered in their Extra Care settings. Additionally, the Council also directly provides a dementia specific day service for older adults at the Ladywell Centre.

4.9. When contracts for Housing 21 and Hestia were extended or recommissoned in 2017, it was planned that all 3 contracts should end in September 2019. This purpose was to allow for a check point to determine

whether this was an ongoing trend or whether these decreases in demand were 'one off'. Evidence is that this reduction is consistent and should be considered as a trend that will continue. This is further detailed in Appendix 1 – Historic Usage.

4.10. While numbers of older adults referred to commissioned building based services overall are decreasing, the people being referred are increasingly physically frail. There is also an increase in older adults requiring intimate personal care in addition to the social interaction and range of activities usually associated and commissioned with day services. This needs to be addressed in any new offer commissioned by the Council.

4.11. The recommendations make in this report were previously presented for consideration at the Integrated Joint Commissioning Board on 28th February.

5. Voluntary and Community Sector day activities for older adults

5.1. Lewisham has a thriving voluntary and community sector which provides a wide range of clubs and activities for all age groups in the borough. There are also a large number of clubs and activities aimed specifically at older people living in the borough including exercise classes like yoga or Zumba, coffee/lunch clubs, arts and cultural activities, and volunteering opportunities. Some activities are regular and some are 'ad hoc' or run in short blocks. They are usually advertised through local community groups or in newsletters like the quarterly Positive Ageing Council Newsletter.

5.2. The Council works closely with the voluntary and community sector and grant funds a range of organisations and activities which work with older people to reduce their social isolation, and improve their health and wellbeing.

5.3. Lewisham Council and Clinical Commissioning Group supports SAIL Connections through the Better Care Fund. SAIL Connections is a social prescribing project for older people hosted by Age UK Lewisham and Southwark in Partnership with a wide range of services across sectors. The core aims of the project includes: improved health and wellbeing in older people, prevention of falls and malnutrition in older people; improved mental resilience and decreased social isolation; improved fire safety, security and financial inclusion of older people. An evaluation of the project, demonstrated that over the initial 18 month period supported 926 older people had been supported and 1185 referrals had been made to partner organisations including: Community Connections, Information and Advice, Occupational Therapy, Lewisham Community Falls Services, London Fire brigade, Linkline and Carers services. 23% of checklists include a referral to a Community Connections Facilitator to combat social isolation.

5.4. Community Connections, also funded through the Better Care Fund, and the Council's Main Grant Programme is a preventative community development programme linking the NHS, Lewisham Council and Community Services. Community Facilitators work one-to-one with vulnerable adults (18+) to identify and engage with community groups or activities that may help to

improve their health and wellbeing using a person-centred approach based on the '5 Ways to Wellbeing'.

5.5. Community Connections' Community Development Workers support the local community and voluntary sector through their work with groups, organisations and individuals, to develop new services, build capacity and give guidance and support to groups looking for funding. Community Connections also work in partnership with the Council's Public Health and Culture and Communities teams to deliver the Neighbourhood Community Development Partnerships. In 2018/19 and 2019/20, Public Health allocated £25,000 to each neighbourhood to improve community health and wellbeing. There have been a wide range of projects funded through the NCDPs from befriending to intergenerational projects, cookery classes, exercise classes, Storytelling, and "Holiday at Home".

5.6. Lewisham 'Table Talk' aims to share information about what's going on in Lewisham with people who otherwise may not access opportunities. Volunteers visit different venues around the borough including libraries, leisure centres and GP surgeries and provide information about what's going on in Lewisham. Another valuable resource, The Lewisham Wellbeing Map, is being developed locally by volunteers to map the different organisations, projects and groups which work in Lewisham to improve health and wellbeing.

5.7. Lewisham's Main Grant Programme funds a wide range of initiatives which benefit the health and wellbeing of older adults in the borough. Some examples of organisations and projects which are funded through the Main Grant Programme to work specifically with older people include Grant:

- Age Exchange
- The Albany
- Entelechy Arts
- Stanstead Lodge Seniors Club
- The Front Room Club (St. Luke's Downham)
- Wheels for Wellbeing

5.8. In addition to grant funded services, the Council also commissions an Integrated Mental Health and Wellbeing service which promotes the health and wellbeing of the whole population. The service is delivered by Bromley, Lewisham and Greenwich Mind in partnership with a wide range of voluntary sector organisations, and working closely with South London & Maudsley NHS Foundation Trust (SLaM). The service supports people to manage their mental health and wellbeing problems, stay well, recover, achieve their personal goals and connect with their local community.

5.9. The Council also commissions a Dementia Service which launched in February 2018 and is delivered by Bromley, Lewisham and Greenwich Mind in partnership with organisations like Sydenham Garden, and working closely with South London & Maudsley NHS Foundation Trust (SLaM). The Dementia Service provides: Advice and Information Service; Dementia

Training; Carers Support and Information; Horticultural Project, and; Arts Reminiscence Groups. The Groups which the service provides aim to:

- increase social interaction
- maintain mental and physical wellbeing,
- maintain everyday living skills so people can stay in their own homes and communities for longer
- maintain cognitive function
- improve confidence and self-esteem
- improve quality of life

5.10. In addition, Bromley and Lewisham Mind also operate a Dementia Day Service in Beckenham which is available to Lewisham residents for 'full days or for drop in sessions. The Council does not currently have any spot or block contracts with the service, which has capacity for 36 people to attend overall and advised of 12 vacant places a day as at December 2018. 6 Lewisham social care clients currently attend using a Direct Payment plus 2 residents who pay for their own service there. The service can support people with a wide range of needs, including personal care and advanced behavioural symptoms often associated with Dementia.

5.11. Though not a directly commissioned or grant funded service, the Council heavily subsides the Active Elders Group at the Calabash Centre. For £134 a day, 2 days a week, older Lewisham residents of African Caribbean origins have access to one of the rooms at the Calabash Centre, as well as its other facilities such as meals, to operate a social club where retired men and women can get together and play dominoes, know and generally keep each other company and reminisce about their experiences with a likeminded group of people. The club is very highly regarded and valued by the people who attend.

6. Commissioned and directly provided older adults day services

6.1. The Council currently directly commissions 3 building-based day services for older adults at Cedar Court, Cinnamon Court and the Calabash Centre. The contracts for these services, which provide a total of 49 place a day across the 3, are due to end in September 2019. The Council also directly provides 24 day service places per day for people with severe dementia at the Ladywell Centre. Details of the number of places and costs of services are shown in Table 1 below. Indicative Pen Portraits for the users of all 4 services can be found at Appendix 1.

6.2. The Council currently commissions 12 day service places per day at both Cinnamon Court Deptford and Cedar Court Grove Park (total places 24 per day). The costs of the 'general' (non dementia specific) older adults' day services provided at Cedar Court and Cinnamon Court are £43.93.

Table 1 - Service Costs

Service	Ave. cost per person per day	Number of contracted places	Total Cost of Service per annum (18/19)
H21 at Cedar Ct	£43.93	12	£131,790
H21 at Cinnamon Ct	£43.93	12	£131,790
Hestia at Calabash	£43.90	25	£274,375
In-house provider at Ladywell Dementia	£80.96	24	£485,760
Total		**73**	**£1,023,715**

6.3. The Older Adults' day service at the Calabash Centre is delivered by Hestia Support. The Council currently commissions 25 day service places per day at this service, which was specifically commissioned as a service for people from Black and Minority Ethnic Communities. The Costs of the 'general' (non-dementia specific) older adults' day services provided at the Calabash Centre are £43.90.

6.4. There is flexibility to spot purchase additional places built into all 3 commissioned service contracts. However, since the current contracts were commissioned in 2014 for Calabash and 2017 for Housing 21, this facility has only been required at Cedar Court.

6.5. Staff in all commissioned services are paid at the London Living Wage, which was increased to £10.55 per hour in November 2018.

6.6. The Council directly provides 24 day service places at the Ladywell Centre for people with advanced dementia. The costs of Ladywell Dementia Day Service are £80.96 a day, which reflects the specialised nature of the higher care and support needs associated with the behavioural and psychological symptoms of advanced dementia.

6.7. As at March 2019, 135 individual service users attend the 4 building based day services for a total of 309 days. The majority of people attend for between 1 and 3 days a week. A small number (14) attend for 5 days a week. Current Service Usage is shown in more detail in Table 2 below.

Table 2 – Service usage as at 31 March 2019

Service	5 days	4 days	3 days	2 days	1 day	Total no of days	Total no of users
Cedar Court			6	13	15	59	34
Cinnamon Court	1	3	5	5	4	46	18
Calabash	4	2	7	12	13	86	38
Ladywell Dementia	2	2	10	21	12	102	47
TOTAL	7	7	28	51	44	293	137

6.8. All Day Services with the exception of Cedar Court were underutilised in 2017/18 and continued to be underutilised in 18/19. This is shown in the Table 3, below.

Table 3–Analysis of Usage

Service name	Hestia Service at the Calabash Centre		Housing 21 Service at Cedar Court		Housing 21 Service at Cinnamon Court		In-House Dementia Service at Ladywell	
Period	17/18	18/19	17/18	18/19	17/18	18/19	17/18	18/19
Commissioned Days	25	25	12	12	12	12	24	24
Ave number per day on register	23	17	12 (+8)	12(+2)	12	10	19	18
Ave number per day attendance	18	15	12 (+2)	12	9	7	15	16
Ave percentage of people on register	91%	68%	163%	120%	100%	83%	77%	75%
Ave percentage of people attending	73%	60%	121%	100%	75%	58%	63%	66%
Spare capacity based on usage	7	**10**	0	0	3	**5**	9	**8**

6.9. Across all services there were a higher average number of people on the register than actually attend on an average day. This is to be expected given the age and care and support needs of service users.

6.10. There were an average of 23 more spaces commissioned per day than were required in 2018/19 financial year based on actual attendance. The service at the Calabash Centre was underused by an average of ten places per day in 18/19 and the service at Cedar Court was underused by an average of 5 placed per day in 2018/19.

6.11. The service take up at Cedar Court is higher than at Cinnamon Court, however there has been a reduction in demand for this service, as illustrated

by the declining total numbers of people on the register and total numbers of people attending between 2017/18 and 2018/19.

6.12. The service at the Calabash Centre was commissioned specifically as a service for people from Black and Minority Ethnic communities. The service was last commissioned for 25 places in 2015, which was a reduction on the previous contract for 30 people per day. There was an expectation within the contract that the provider would ensure numbers on the register were above the numbers of commissioned places to allow for the usual service user appointments and other absences and to ensure that the service is used to its maximum capacity. Even so, demand for this service continues to fall, as people access a broader range of community based day activities.

6.13. Recent quality assurance visits to the service have highlighted additionally that some of the people who attend the Calabash Centre currently are developing additional support needs directly related to personal care and more serious symptoms of dementia. This, plus the level of referrals being low, again signpost to further ongoing reduction in numbers.

6.14. The Council's in-house Specialist Dementia Service at Ladywell is also underutilised. There were an average of 18 people on the register and 16 people attending in 2018/19 financial year. The service therefore has additional capacity to support older adults with dementia.

7. The case for changes to commissioned services

7.1. There has to be sufficient 'core' places commissioned for any contract to be cost efficient. It is officers' view that the demand for commissioned building based day services is now at the level where it is no longer efficient to commission a service across 3 separate contracts, across 3 separate locations.

7.2. The rationale and need for Council commissioned day services for older adults is changing. Historically, day services were accessed by people with overall low level support needs. Now, the need for activity and socialisation for this low to medium need group of people is being increasingly met by the Council's wider offer as set out in paragraph 5 above, and the demand for day services is from people with more significant care and support needs.

7.3. As at March 2019, the majority (69%) of people accessing Older Adults Day Service at March 2019 were assessed as having increasing needs for intimate personal care and assistance, a service characteristic not historically commissioned in these services. Therefore there would seem to still be a demand for a commissioned service offer for older adults who are physically frail at a price the Council can afford. There is an opportunity to develop the general older adults' service specification to ensure that the service can better meet current and future needs of Lewisham residents.

7.4. The proposal is therefore to re-commission all older adults services as a single service at a single location in response to the ongoing reduction in demand for building based day service places.

7.5. Commissioning one service in a single-location, will assist with maintaining provision of a broader number and range of activities as well as better provision of personal care related services. An enhanced level of staffing is proposed to give better support for delivering personal care, possibly dependent on further analysis of service user need, double handed personal care, and medication administration.

7.6. Commissioning older adult day services in this way would have a positive impact on service users, as they will be able to receive personal care support during the day and continue to access day services should their needs change. Currently, those service users who attend the Hestia Service at the Calabash aren't able to access full personal care support.

7.7. The single service would be commissioned for 30 places per day, with the ability to spot purchase an additional 10 places per day. This would provide sufficient capacity for the current service users based on actual usage of 34 places per day across all 3 building based services over the past 2 years, as shown in Table 3 at paragraph 6.3. By commissioning a block of 30 places and making use of spot purchased places, the Council would not incur void costs should the demand for the service continue to decline in line with current trends. Commissioning as a single service would mean that the Council was no longer paying for places no longer required currently. This would release in the region of £135,000 savings, even with an amount built into the new service for personal care, by reducing the costs of void places.

7.8. The specification would be written in a way similar to current to facilitate the high levels of day to day 'no show' of older adults because of illness etc by setting a higher level of expected attendance than commissioned places and also supporting unexpected peaks in demand through spot purchased places.

7.9. Officers have approached Housing 21 to advise on whether they would be prepared to support an independent provider to deliver a day service from Cinnamon Court or Cedar Court, which are also the locations of their extra care services. Should they not agree to this on reasonable terms and the proposal to commission a single day service be agreed, it would need to be located at the Calabash Centre.

7.10. The Calabash Centre is in the ownership of the Council and was refurbished as part of the 2014 award of contract to support this number of people in addition to sharing space with other groups such as people with a learning disability and the Active Elders voluntary group.

7.11. The response from Housing 21 will inform whether the Council recommends to Mayor and Cabinet to consult on the Calabash as the preferred location, or whether views are sought on options to provide the single service from either the Calabash centre, Cedar Court or Cinnamon Court.

7.12. The impact of combining 3 services into a single service whether at the Calabash Centre or elsewhere does, however, have an impact as it means that the Council will no longer commission a separate BME specific day service for older adults. Service users of the current BME specific day service at the Calabash are predominantly Black Caribbean (78%), with other service users coming from Black African, Mixed Race, and Black other Backgrounds. The activities programme and meal choices at this service are reflective of the cultural and religious needs of this community.

7.13. The services at Cedar Court, Cinnamon Court and Ladywell Dementia all support people from a range of diverse backgrounds. The Council expects all services to support people in a person-centred way, respecting their needs and preferences. Service users from Black Caribbean communities make up 39% of service users at Cinnamon Court and 29% of service users at Ladywell Dementia Service. Whilst service users at Cedar Court are predominantly White British (75%), this is broadly reflective of the fact that the over 65s population in Lewisham is less diverse than Lewisham's population (65% of over 65s are White British), and that Grove Park, where the service is located, is less diverse than other parts of Lewisham.

7.14. The Council could look to mitigate any possible impact of not having a specific BME service offer in the following ways: it could work with the Active Elders group to explore the possibility of their offering formal support services to eligible people; requiring the re-commissioned service offer to provide a range of meal choices and an activities programme which reflects the preferences and cultural needs of these specific service users.

8. Proposed Consultation

8.1. Moving from 3 services to a single service, and no longer commissioning a BME specific building based offer is considered a significant change in service. It therefore requires the Council to carry out a formal consultation to ensure that it is aware of the full implications of its decision, and to consider what mitigation it might put in place. Should Mayor and Cabinet agree to commence consultation on 5th June, officers will ensure that this consultation includes opportunities for service users and their families directly affected by the proposals to meet with officers to have a full understanding of any specific needs and preferences they may have.

8.2. Officers will write to service users and their families directly affected by the proposals and provide dates for face to face meetings in the daytime at the services. This will enable people to participate in the consultation in a familiar environment and with support staff available that know them well. An additional meeting will be held in the evening for family members who want to meet face to face with officers, but who are unable to attend meetings during the working day.

8.3. The consultation will seek views from service users and their families about the impact of the proposed changes. Service users will also be asked to identify any ways the Council can work with them to minimise and mitigate any potential negative impacts.

8.4. Officers will also write to key stakeholder groups including the Positive Ageing Council, Age Concern, and Your Voice in Health and Social Care, to ensure that they are aware of the consultation. Officers will also offer to address their meetings or management committees.

8.5. The consultation will also be formally posted on the Council's website.

8.6. Indicative Consultation Timetable:

Dates	**Key Milestones**
7th June 2019	Consultation Launched (letters out to service users and their families, survey online, telephone number).
July 2019 Dates TBC	Meetings at each scheme (during the day) and one evening meeting at the Civic Suite.
August 30th 2019 (12 weeks)	Consultation closed
8th October 2019	Healthier Communities Select Committee
10th October 2019	Mayor and Cabinet

9. Proposed Extension to Contracts

9.1. The existing contracts with Housing 21 at Cedar Court and Cinnamon Court, and with Hestia at the Calabash Centre end in September 2019. Officers are, therefore, requesting that should Mayor and Cabinet agree the proposal for the existing 3 building based day services to be commissioned as a single service that these contracts are extended for a period of a minimum of 6 and maximum of 9 months to March or June 2019 on the current terms and conditions to support the consultation period and any commissioning and procurement that may be required following further presentation to Mayor and Cabinet in September for a final decision.

10. Financial Implications

10.1. The current annual cost for Older Adults Day Services is £1,025,715. The total value of the three commissioned service contracts, which are the subject of this report, is £537,955.

Service	**Ave. cost per person per day**	**Number of contracted places**	**Total Cost of Service per annum (18/19)**
HC21 at Cedar Ct	£43.93	12	£131,790
HC21 at Cinnamon Ct	£43.93	12	£131,790
Hestia at Calabash	£43.90	25	£274,375

In-house provider at Ladywell Dementia	£80.96	24	£485,760
	Total	**73**	**£1,023,715**

10.2. The current void costs at the Calabash Service, Cedar and Cinnamon Court is approximately £165,000 per annum, based on 15 void places at £44 per day, 5 days a week, 50 weeks a year. The proposals seek to eliminate this cost by reducing overall capacity to align with current usage.

10.3. However an investment in a new single service would be required to allow for additional requirements in new spec. This cost of additional staffing at key times is estimated at £30,000 p.a.

10.4. The overall potential impact of the proposals is therefore a budget reduction of approximately £135,000. Should the proposals be implemented then the budget for commissioned Older Adults Day Services would be reduced to £403,000 p.a. (and overall budget for Older Adult Day Services would be £890,000 p.a.)

10.5. There may be costs associated with TUPE and/or redundancy of staff for which the Council may have some liability. Full information will be provided when final recommendations are brought back to Mayor and Cabinet following the consultation period.

10.6. The Cost of the extension to the contracts at Cedar Court, Cinnamon Court and the Calabash Centre is £403,467 for 9 months.

11. Legal Implications

11.1. Services to adults are provided according to the statutory framework provided by the Care Act and associated guidance. Changes to service provision to individuals can only be carried out after re assessment of need, changes to service configuration overall, after full and proper consultation with those affected or likely to be affected, or having an interest in the proposals, with sufficient time and opportunity being provided for proper consideration and response. What are often referred to as the Cabinet Office Principles set out that there is no one framework for consultation (although there has been Judicial comment on frameworks which have been challenged), but there must be consultation at a point when the proposals are at a formative stage, provide sufficient information and reasons for any proposal to allow for intelligent and informed consideration, and allow adequate time for consideration and response.

11.2. In making proposals for service changes, a Local Authority has an overall duty to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness(S3 LGA99), and also to consult for the purpose of deciding how to fulfil the duty.

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

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

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

11.5. It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed above. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for Mayor and Cabinet, bearing in mind the issues of relevance and proportionality. Mayor and Cabinet must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.

11.6. The Equality and Human Rights Commission (EHRC) has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance. The Council must have regard to the statutory code in so far as it relates to the duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found on the EHRC website.

11.7. The EHRC has issued five guides for public authorities in England giving advice on the equality duty. The ‘Essential’ guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice.

12. Crime and disorder implications

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

13. Equalities implications

13.1. An Initial Equalities Analysis Assessment has been carried out and has identified that the proposals may have a negative impact on the protected characteristic of Race because part of the proposal is to no longer separately commission a BME-specific service. This may particularly affect the current service users at the Calabash Centre, as the majority of those clients are people from African-Caribbean. It is not clear however whether this impact would be significant as a large number of African-Caribbean people now also access other older adult day services and opportunities, which was not the case when the Calabash Service was originally specified.

13.2. The improvements to the service offer generally will help to offset any potential negative impact and officers are exploring ways to mitigate any possible negative impact through the use of personalised care plans which reflect people's culture and ethnicity. This will be considered through the Consultation.

13.3. The changes will primarily affect older people with a disability, as they are the primary users of this service. The possible negative impact of the change is that people may have to travel further to a single service offer, however, the negative impact would be mitigated by the provision of travel assistance in line with the Council's Travel Assistance Policy. The improved service offer which will be able to support people with higher care and support needs is likely to also positively benefit the protected characteristics of Disability and Age.

14. Environmental implications

14.1. There are no environmental implications arising from this report.

Background Documents and Report Originator

Title	Date	File Location	Contact Officer
Recommissioning Culturally Specific Day Services for Older Adults	**12th February 2014**	**Link**	**Heather Hughes**
Remodelling Lewisham Council's Day Service Offer and Associated Transport including Evening Club Provision	**11th February 2015**	**Link**	**Heather Hughes**

If you have any queries relating to this report please contact Laura Harper on 0208 314 6096

Appendix 1 – Pen portraits of service users in commissioned/directly managed services

Anonymised pen portrait of person supported at Lewisham in-house dementia service

Mr R is an 85 year old man who attends Ladywell Dementia Day Service 5 days a week. Mr R lives with his daughter (also his main carer), and other family members live nearby and visit regularly. Mr R was diagnosed in dementia in 2013 and the disease has progressed over the years causing many changes in his presenting behaviour. Mr R has severe memory loss and is no longer able to communicate effectively. He requires prompting and constant supervision as he has little insight into his care needs and risks. He can be aggressive and become distressed easily. At times he refuses care.

Mr R started attending Ladywell 1 day a week in 2014 and has increased to 5 days a week gradually over time due to increasing needs. Mr R used to attend the Calabash service, but his needs could no longer be met there and he needs additional support around wandering and managing his aggressive behaviour. Mr R also has arthritis which can cause severe pain and cannot access the first floor of his home. OT have assessed and have recommended a downstairs bathroom is installed.

Mr R attends the day service to socialise as he is no longer able to access the community safely due to the advanced behavioural symptoms of his dementia. The day service also enables his main carer to have a break from their caring role.
In addition to attending the day service Mr R receives 28 hours domiciliary care support in the morning, evening and at bed time. In order to access the day service, the Council provides transport.

Anonymised Pen Portrait of person supported at Cinnamon Court

Ms A is a 90 year old woman. She lives alone and her family live in another part of London. They provide support at weekends and do shopping and other domestic tasks for Ms A. Ms A primary needs are physical, though she does experience confusion from time to time, which is linked to some of the medication which she takes for pain relief.

Ms A is a full time wheelchair user and requires double-handed support with a hoist for personal care. In addition to attending day care, she also receives 21 hrs double-handed domiciliary care support a week, and has a package of telecare through linkline in case of an emergency.

Due to her mobility difficulties, Ms A is unable to access the community. Ms A attends Cinnamon Court day service 2 days a week where she enjoys socialising and participating in organised activities.

Anonymised Pen Portrait of person attending Cedar Court

Mr T is a 78 year old man who lives with his wife, who is his main carer, in a single storey bungalow. His daughter lives nearby and helps with domestic tasks. Mr T has had a diagnosis of dementia since 2016 and is also diagnosed with COPD and diabetes. Mr T uses a frame to mobilise indoors and uses a wheelchair outdoors due to mobility issues.

Mr T attends Cedar Court day service 3 days a week to enable him to socialise as it is difficult for him to access the community due to his mobility difficulties. Over the past year his wife has reported an increase in the frequency of Mr T's confused episodes which can leave Mr T agitated. In addition to this Mr T receives support with personal care of 10.5 hrs a week to minimise self-neglect. His diabetes is monitored by the district nurse as he is at high-risk of pressure ulcers. Mr T is rarely left alone, and has linkline telecare installed in his home. The 3 days which Mr T attends the day service enable Mr T's wife to take a break from her caring role and to attend to her own wellbeing.

Anonymised Pen Portrait of person attending Calabash Centre

Mrs L is an 80 year old woman who lives with her daughter and adult grandchild. Her daughter is her main carer and provides support at home with dressing, washing, preparing meals and all domestic tasks.

Mrs L was recently diagnosed with dementia, but has been attending the day service since she had a stroke in 2014 which left her speech and mobility affected. She is able to mobilise independently over short distances but is not able to access the community independently. She attends the centre 2 days a week to help reduce the risk of socialisation whilst her family are at work. She enjoys the art and exercise activities in particular. Over recent years she has started to experienced memory loss and disorientation to time, place and people, which prompted a referral to the memory clinic and her dementia diagnosis.
Mrs L does not currently have any package of support other than Linkline, as her care is managed by her daughter and her grandchild.

Appendix 2 - Historic Service Usage

Cedar Court							
Year	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**
Number of contracted places	30	30	20	30	30	12	12
Ave number people on register each day	24	20	15	18	18	17	14
Ave number of people attending each day	18	15	12	14	14	14	12

Cinnamon Court							
Year	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**
Number of contracted places	30	20	20	20	20	12	12
Ave number people on register each day	19	18	15	13	13	12	10
Ave number of people attending each day	16	14	12	10	11	9	7

Calabash (formerly St Mauritius)							
Year	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**
Number of contracted places	30	51	51	25	25	25	25
Ave number people on register each day	29	45	30	24	23	18	17
Ave number of people attending each day	22	36	27	21	20	13	15

Ladywell Dementia							
Year	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**
Number of contracted places	19	19	21*	24	24	24	24
Ave number people on register each day	19	18	18	21	22	19	18
Ave number of people attending each day	16	16	14	18	19	15	16

*The capacity changed from 19 to 24 on 01/10/14

Appendix 3 – Options Appraisal for delivery of service

1. Officers have carried out an options appraisal on possible delivery options for a single day service for older adults. The options which were considered were: Commercial contractor, In-house, Wholly Owned Contractor. The option to make use of a shared service was not considered as there was no relevant local shared service.

2. The options appraisal was undertaken using a standard framework, drawn from a model designed by the Association of Public Sector Excellence to allow Local Authorities to explicitly consider insourcing of services, which assesses various options and appraises these using both qualitative and quantitative metrics. The qualitative considerations for each operating model were: the risks associated with service delivery, the barriers to entry into the marketplace (high start-up costs or other obstacles that prevent new competitors from easily entering an industry), the responsiveness and control achievable, and the commercial potential. The quantitative assessment looked at the potential and likely estimated cost of service delivery under each model. When combined the qualitative and quantitative measures provide an indication of the overall value for money and ranking of each option. Given the nature of the services the three options considered were: insourcing, placing a contract with an external provider, and the Council itself either setting up or procuring a service provider.

3. It is to be noted however that this model has not been previously used by the Council and that as with all models it is a desk top exercise which attempts to predict an outcome for each scenario. As such there is potential for the actual results to differ from those anticipated, and there is further the inherent risk that the modelling itself is not reliable.

4. Please see table below which summarises the options appraisal for service delivery models:

Delivery option	**Surety of Service Delivery 10%**	**Barriers to entry into marketplace 10%**	**Responsiveness and Control 10%**	**Commercial potential 10%**	**Cost 60%**	**TOTAL (out of 100%)**
Commercial contractor	*7*	*7*	*7*	*5*	*60*	**86**
In house	*7*	*6*	*8*	*6*	*48.79*	**75.79**
Wholly owned contractor	*7*	*5*	*7*	*7*	*48.79*	**74.79**

5. Commercial Contractor Model – In this scenario the Council commissions the service from a third party. This is the current delivery model for services at Cedar Court, Cinnamon Court and the Calabash Centre. On this basis the commercial contractor model scored high on surety of service delivery as the service has been delivered consistently to a high standard in the commissioned service arrangements. Commissioned services are contract monitored and receive quality assurance visits to ensure that they are working well. Barriers to entry into the marketplace were low as there is an existing local provider market for day services. On this basis the commissioned service model also scored

high in this area. The Commercial Contractor scored high on price as it costs approximately £100,000 below the alternative options to commission services. The appraisal model scored the Commercial Contractor as the most favourable delivery route for the general older adults day service.

6. In-house service model – In this scenario the Council would bring the service in-house with direct management arrangements. The benefit of the in-house service option would be greater responsiveness and control over how the service is delivered. The in-house service option scored high in this area. It should be noted that the Council currently has limited management infrastructure for the delivery of day services, and continues to prioritise the direct delivery of specialist services like the Dementia day service at Ladywell, and the Intensive Support Resource Service and Challenging needs service for people with a learning disability. In order to take on the management of another service additional management capacity would be required and this could have a negative impact on the surety of delivery of the service and act as a barrier to entry into marketplace. This is reflected in the options appraisal scores given to the in-house service for these areas. The costs of the in-house service option would be approximately £100,000 more per annum than the proposed contracted service option.

7. Wholly owned Contractor Model - In this scenario the Council would need to create a new wholly owned company which would manage the day-to-day operations of the day service. The Council as sole owner of the company would retain responsibility and accountability for its actions. As such the scores which given to this option for Surety and Delivery were high, and similarly the scores for responsiveness and control were high, though not as high as in the in-house scenario as there would be less direct control. The costs are assumed to be the same as the in-house service model, though there may be additional costs associated with contract monitoring the wholly owned contractor model. The barriers to the marketplace are high as this would likely be a new company which would need to establish new structures and ways of working, as well as recruiting and training staff. This option does however have some commercial potential, which remains untested, and has therefore been scored higher than the in-house option and the commercial contractor option in this area.

8. It is not recommended to in-source this service at this time as the Commercial Contractor scores higher in the option appraisal than the In-house Option and the Wholly Owned Contractor Model.

Healthier Communities Select Committee			
Title	Select Committee work programme		
Contributor	Scrutiny Manager	Item	7
Class	Part 1 (open)	14 May 2019	

1. Purpose

1.1 To advise members of the committee's work programme for the 2019/20 municipal year and to agree the agenda items for the next meeting.

2. Summary

2.1 The committee drew up a draft work programme at the beginning of the municipal year for submission to the Business Panel for consideration.

2.2 The Business Panel will consider the proposed work programmes of each committee on 7 May 2019 to agree a co-ordinated overview and scrutiny work programme.

2.3 The work programme can, however, be reviewed at each select committee meeting to take account of changing priorities.

3. Recommendations

3.1 The Committee is asked to:

- consider the work programme attached at **Appendix B** – and discuss any issues arising from the programme
- consider the items scheduled for the next meeting – and specify the information the committee requires to achieve its desired outcomes
- review the forthcoming key decisions set out in **Appendix C –** and consider any items for further scrutiny

4. The work programme

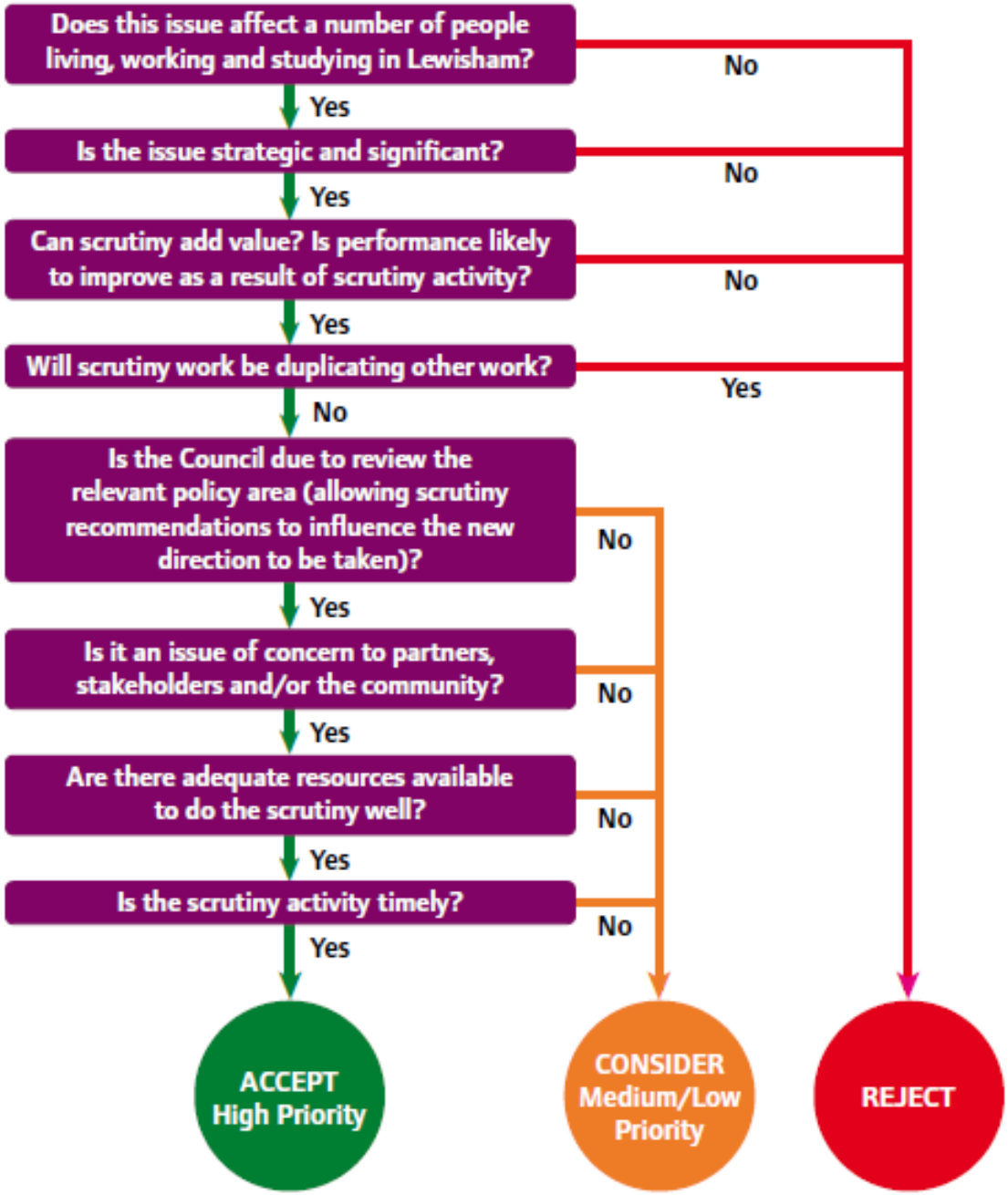
4.1 The work programme for 2019/20 was agreed at the 4 April meeting.

4.2 Members are asked to consider if any urgent issues have arisen that require scrutiny and if any items should be removed from the work programme.

4.3 Any additional items should be considered against the prioritisation process before being added to the work programme (see flow chart below).

4.4 The committee's work programme needs to be achievable in terms of the meeting time available. If the committee agrees to add additional items, members will also need to consider which lower-priority items should be removed to create sufficient capacity.

Scrutiny work programme – prioritisation process



4.5 Items within the committee's work programme should be linked to the priorities of the Council's Corporate Strategy.

4.6 The Council's Corporate Strategy for 2018-2022 was approved at full council in February 2019.

4.7 The strategic priorities of the Corporate Strategy for 2018-2022 are:

1. ***Open Lewisham*** - Lewisham is a welcoming place of safety for all, where we celebrate the diversity that strengthens us.

2. ***Tackling the housing crisis*** - Everyone has a decent home that is secure and affordable.

3. ***Giving children and young people the best start in life*** - Every child has access to an outstanding and inspiring education, and is given the support they need to keep them safe, well and able to achieve their full potential.

4. ***Building an inclusive local economy*** - Everyone can access high-quality job opportunities, with decent pay and security in our thriving and inclusive local economy.

5. ***Delivering and defending: health, social care and support*** - Ensuring everyone receives the health, mental health, social care and support services they need.

6. ***Making Lewisham greener*** - Everyone enjoys our green spaces, and benefits from a healthy environment as we work to protect and improve our local environment.

7. ***Building safer communities*** - Every resident feels safe and secure living here as we work together towards a borough free from the fear of crime.

5. The next meeting

5.1 The following items are scheduled for the next meeting on 25 June 2019.

5.2 The committee is asked to specify the information and analysis it requires for each item, based on the outcomes it would like to achieve, so that officers are clear about what information they need to provide.

Agenda item	Review type	Relevant Corporate Priority	Priority
Mental Health Alliance	Standard item	***Delivering and defending: health, social care and support***	High
Lewisham and Greenwich NHS Trust (LGT) CQC inspection	Performance monitoring	***Delivering and defending: health, social care and support***	High
LGT quality account	Performance monitoring	***Delivering and defending: health, social care and support***	High
Primary care CQC inspections update	Performance monitoring	***Delivering and defending: health, social care and support***	High
Asset-based approach to adult social care	Standard item	***Delivering and defending: health, social care and support***	High

6. Referrals

6.1 Below is a tracker of the referrals the committee has made in this municipal year:

Referral title	Date of referral	Date considered by Mayor & Cabinet	Response due at Mayor & Cabinet	Response due at committee

7. Information items

7.1 Some potential work programme items might be low priority and may only require a briefing report for information to be produced for the committee to note and will not need to be considered at a formal committee meeting.

7.2 Below is a tracker of the information items received by the committee:

Item	Date received

8. Financial Implications

There are no financial implications arising from this report.

9. 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.

10. Equalities Implications

10.1 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.

10.2 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.

10.3 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.

11. Date of next meeting

The date of the next meeting is Tuesday 25 June 2019.

Background Documents

Lewisham Council's Constitution

Centre for Public Scrutiny: the Good Scrutiny Guide

Healthier Communities Select Committee work programme 2019/20

Item	Type	Priority	Delivery	04-Apr	14-May	25-Jun	03-Sep	08-Oct	02-Dec	15-Jan	18-Mar
Budget cuts proposals	Standard item	High	Ongoing								
Confirmation of Chair and Vice Chair	Constitutional req	High	Apr								
Leisure centre contracts	Performance monitoring	High	Apr								
Work programme 2019-20	Constitutional req	High	Apr								
BAME mental health access	Standard item	High	May								
South London and Maudsley NHS Foundation Trust quality account	Performance monitoring	High	May								
Older Adults Day Activities and Day Services	Standard item	High	May								
Leisure centre contracts	Performance monitoring	High	May								
Mental Health Alliance	Standard item	High	Jun								
Lewisham and Greenwich NHS Trust (LGT) CQC inspection	Performance monitoring	High	Jun								
LGT quality account	Performance monitoring	High	Jun								
Primary care CQC inspections update	Performance monitoring	High	Jun								
Asset-based approach to adult social care	Standard item	High	Jun								
Adult safeguarding annual report	Performance monitoring	High	Sep								
Adult Learning Lewisham annual report	Performance monitoring	High	Oct								
Public health grant cuts	Standard item	High	Dec								
Lewisham hospital winter pressures	Performance monitoring	High	Dec								
Delivery of the Lewisham Health & Wellbeing priorities	Performance monitoring	High	Jan								
Lewisham People's Parliament	Standard item	High	Mar								

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

Meetings			
1)	Thu 4th April 2019	5)	Tue 8th October 2019
2)	Tue 14th May 2019	6)	Mon 2nd December 2019
3)	Tue 25th June 2019	7)	Wed 15th January 2020
4)	Tue 3rd Sept 2019	8)	Wed 18th March 2020

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FORWARD PLAN OF KEY DECISIONS

Forward Plan May 2019 - August 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 toKevin 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.

December 2018	**Beckenham Place Park update**	24/04/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Brenda Dacres, Cabinet Member for Environment and Transport (job share)		
December 2018	**New Woodlands School Remodelling works Contract Award**	24/04/19 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	**Description of matter under consideration**	**Date of Decision Decision maker**	**Responsible Officers / Portfolios**	**Consultation Details**	**Background papers / materials**
			Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
February 2019	**Watergate Special School Expansion Contract Award**	24/04/19 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
December 2018	**Proposals for private rented sector licensing in Lewisham**	24/04/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
February 2019	**Re-Procurement of Tier 4 Substance Misuse framework Contract for adult substance misuse services**	24/04/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet member for Health and Adult Social Care		
February 2019	**Community Grant Appeals Outcomes**	24/04/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Jonathan Slater, Cabinet Member for Community Sector		

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**
February 2019	**Business Rates Revaluation Support Scheme'**	24/04/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
March 2019	**Corporate Facilities Management Update**	24/04/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
March 2019	**New Cross Area Framework and Station Opportunity Study**	24/04/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Mayor Damien Egan, Mayor		
March 2019	**Planning Service Residential Extensions and Alterations SPD**	24/04/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Mayor Damien Egan, Mayor		
March 2019	**Procuring external consultancy support for managing a Travel and Transport Programme**	24/04/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet member for Health and Adult Social Care		
March 2019	**Excalibur Phase 3 enabling works**	24/04/19 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		
April 2019	**Travel and Transport Programme**	24/04/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
May 2018	**Stillness School Kitchen and Dining Hall Contract**	07/05/19 Executive Director for Children and Young People	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
March 2019	**Extension of Contracts for operation of CCTV contron Room and maintenance of CCTV equipment**	07/05/19 Executive Director for Community Services	Aileen Buckton, Executive Director for Community Services and Councillor Joani Reid, Cabinet Member for Safer Communities		
December 2018	**Heathside and Lethbridge Phases 5 & 6 Land Assembly. Part 1 & 2**	08/05/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
February 2019	**Authorisation to consult on adoption of new Conservation**	08/05/19 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**
	Area Appraisal and Article 4 Direction Deptford High Street Conservation Area		Customer Services and Mayor Damien Egan, Mayor		
March 2019	**Violence Reduction Approach**	08/05/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Joani Reid, Cabinet Member for Safer Communities		
March 2019	**Fleet Vehicle Replacement Programme**	08/05/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Brenda Dacres, Cabinet Member for Environment and Transport (job share)		
April 2019	**Church Grove Community Led Housing Finalising Lease Arrangements**	08/05/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
April 2019	**Future options for the Parks Service**	08/05/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Sophie McGeevor, Cabinet Member for Environment and Transport (job share)		
April 2019	**Procurement of Management Development Programmes**	08/05/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	**Description of matter under consideration**	**Date of Decision Decision maker**	**Responsible Officers / Portfolios**	**Consultation Details**	**Background papers / materials**
	2019		Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
April 2019	**Adult Learning Lewisham Fees Increase**	08/05/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Jonathan Slater, Cabinet Member for Community Sector		
October 2018	**Chelwood Nursery Expansion**	21/05/19 Executive Director for Resources and Regeneration	Kevin Sheehan, Executive Director for Customer Services and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
October 2018	**Rockbourne Community Centre Refurbishment**	21/05/19 Executive Director for Resources and Regeneration	Kevin Sheehan, Executive Director for Customer Services and Councillor Brenda Dacres, Cabinet Member for Environment and Transport (job share)		
April 2019	**Proposal to re-procure the Refugee Resettlement Programme support provision**	21/05/19 Executive Director for Customer Services	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**
April 2019	**Cycle Superhighway**	05/06/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Mayor Damien Egan, Mayor		
October 2018	**Neighbourhood CIL Strategy**	05/06/19 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Mayor Damien Egan, Mayor		
December 2018	**Review of older adults day services and day activities**	05/06/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet member for Health and Adult Social Care		
August 2018	**Lewisham Strategic Heat Network Business Case**	05/06/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Mayor Damien Egan, Mayor		
March 2019	**Children and Young People's Plan 2019-22**	05/06/19 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
April 2019	**Financial Results 2018/19**	05/06/19	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 Amanda De Ryk, Cabinet Member for Finance and Resources		
February 2019	**Adoption Lewisham Park Conservation Area, accompanying Article 4 direction, and appraisal document**	26/06/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Mayor Damien Egan, Mayor		
February 2019	**Provision of Services to Adults with Learning Disabilities - Contract Award**	26/06/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor and Cabinet member for Health and Adult Social Care		
April 2019	**Financial Forecasts 2019/20**	26/06/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
April 2019	**Medium Term Financial Strategy**	26/06/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		
April 2019	**Revised List of Locally Listed Buildings**	26/06/19 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Mayor Damien Egan,		

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		
April 2019	**Permission to Tender Tier 2/3 Drug Services/Shared Care**	10/07/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Joani Reid, Cabinet Member for Safer Communities		
February 2019	**Children and Young People's Plan 2019-22**	17/07/19 Council	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance and Children's Services		
November 2018	**Neighbourhood CIL Strategy**	17/07/19 Council	Janet Senior, Executive Director for Resources & Regeneration and Mayor Damien Egan, Mayor		
April 2019	**Award of Contract Tier 4 Substance Misuse Framework**	18/09/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Joani Reid, Cabinet Member for Safer Communities		
February 2019	**Insurance Renewal**	30/10/19 Mayor and Cabinet	David Austin, Head of Corporate Resources and Councillor Amanda De Ryk, Cabinet Member for Finance and Resources		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	**Description of matter under consideration**	**Date of Decision Decision maker**	**Responsible Officers / Portfolios**	**Consultation Details**	**Background papers / materials**
April 2019	**Contract Award Tier 2/3 Drug Services/Shared Care**	20/11/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Joani Reid, Cabinet Member for Safer Communities		
April 2019	**Anti-Idling Enfocement**	20/11/19 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Brenda Dacres, Cabinet Member for Environment and Transport (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**

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HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report Title	**Exclusion of the Press and Public**		
Key Decision	**No**		**Item No. 9**
Ward	**All**		
Contributors	**Chief Executive**		
Class	**Part 1**	**Date 14 May 2019**	

Recommendation

It is recommended that under Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12(A) of the Act, and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

10. **Leisure centre performance**

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