
Overview and Scrutiny

Emergency Services Review

Overview and Scrutiny Committee

October 2013

Membership of the Overview and Scrutiny Committee in 2013/14:

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1. Chair's introduction

To be added.



Councillor Alan Hall
Chair of the Overview and Scrutiny Committee

DRAFT

2. Executive summary

[Exec Summary should include the key findings of the review]

3. Recommendations

Having considered all the evidence received, the Overview and Scrutiny Committee makes the following recommendations:

	Committee (date)	Recommendation	Section
1	Overview and Scrutiny Committee (14 October 2013)	In the event that emergency services providers identify assets for disposal, the Council should be satisfied that there is no demand for alternative social and community use of that asset before it is disposed of, as set out in the Lewisham Core Strategy.	(7) Assets
2	Sustainable Development Select Committee (10 September 2013) Revised OSC	When putting forward proposals to close facilities or alter the delivery of services from public buildings, Lewisham's emergency services should consult with Councillors and the local community about the best use of their assets and any potential options for replacement facilities.	(7) Assets
3	Safer Stronger Communities Select Committee (3 September 2013)	Local councillors should be kept up to date with the names and contact details of the appropriate officers who have direct responsibility for managing officers working at ward level. These officers should engage with their relevant local assembly.	(8) Perception
4	Safer Stronger Communities Select Committee (3 September 2013)	Information about the local policing model should be provided to local assemblies by the appropriate senior officers.	(8) Perception
5	Safer Stronger Communities Select Committee (3 September 2013)	The decision to close Downham Fire Station leaves some residents, schools and businesses in Lewisham subject to unacceptable average attendance times, and at greater risk. The LFB ward level response times should be provided annually for consideration by Overview and Scrutiny in Lewisham and the relevant Cabinet Member.	(9) Response
6	Safer Stronger Communities Select Committee (3 September 2013)	The decision to close Downham Fire Station leaves some residents, schools and businesses in Lewisham subject to unacceptable average attendance times, and at greater risk.	(9) Response

		An annual update should be provided by the borough commander on LFB targets and performance in the borough.	
7	Safer Stronger Communities Select Committee (3rd September 2013)	The Safer Lewisham Partnership and the Safer Stronger Communities Select Committee should annually review if the MPS is on target to achieve the objective of providing 647 police officers in Lewisham by 2015.	(9) Response
8	Children and Young people Select Committee (2 July 2013)	Lewisham should seek to learn any lessons from the early rollout out of the Local Policing Model in Lambeth.	(9) Response
9	Safer Stronger Communities Select Committee (3 September 2013)	The work of Safer Neighbourhood Teams should be reported to the Safer Stronger Communities Select Committee annually, as part of the Safer Lewisham Partnership update.	(9) Response
10	Safer Stronger Communities Select Committee (3 September 2013)	Safer Stronger Communities Select Committee believe that the impact of the changed model of policing at a neighbourhood level will represent a real reduction in service. For this reason, the implementation of the new policing model should be reviewed annually by Overview and Scrutiny and the relevant Cabinet Member.	(9) Response
11	Overview and Scrutiny Committee (14 October 2013)	The Metropolitan Police Service should regularly publish information on its website outlining performance in relation to achieving the target response times of 15 minutes for urgent calls and 90 minutes for non urgent calls.	(9) Response
12	Overview and Scrutiny Committee (14 October 2013)	Safer Stronger Community Select Committee should continue to annually review performance information from the Metropolitan Police Service in Lewisham. The information provided to the Committee should include response time performance.	(9) Response
13	Healthier Communities Select Committee (4 September 210013)	The fact that Lewisham Hospital has had numerous LAS patients diverted to it from neighbouring trusts in recent months should be noted. Capacity and activity at neighbouring A&E departments, as well as Lewisham, should be closely monitored by Lewisham CCG before any future	(9) Response

		proposals to change to accident and emergency provision are proposed or implemented at Lewisham Hospital.	
14	Healthier Communities Select Committee (4 September 210013)	More public information on the Norovirus is needed to support people to self manage the illness where appropriate and to help prevent the spread of disease and the closure of hospital wards.	(9) Response
15	Safer Stronger Communities Select Committee (3 September 2013)	The LFB in Lewisham should focus its education and fire prevention activities in the priority postcodes that will be most significantly affected by the increase in ward level response times.	(10) Prevention
16	Children and Young people Select Committee (2 July 2013)	The possibility of setting up and funding a branch of the Fire Cadets in Lewisham should be explored as part the Youth Service's new commissioning approach.	(10) Prevention
17	Housing Select Committee (11 September 2013)	Housing providers should carry out further work to assess how information about vulnerable residents in high rise accommodation could be shared with the LFB in the event of a serious fire.	(10)Prevention
18	Housing Select Committee (11 September 2013)	Lewisham's social housing providers should be encouraged to have a clear policy in place that enables residents to report and escalate concerns about fire safety.	(10) Prevention
19	Housing Select Committee (11 September 2013)	Where non-critical risks are identified in Lewisham Homes properties, these should be recorded and added to an action plan, to be reported to the Housing Select Committee as part of the Lewisham Homes six monthly review.	(10) Prevention
20	Housing Select Committee (11 September 2013)	Lewisham's social housing providers should be asked to demonstrate that their maintenance, caretaking, contracted staff (and anyone else who has a responsibility for building maintenance or procurement of building works) are fully trained to understand fire risks and where relevant, to carry out work in line with the most recent fire safety advice.	(10) Prevention
21	Overview and Scrutiny Committee (14 October 2013)	An ongoing programme of fire safety awareness for tenants, including safe evacuation routes, should be instigated by all registered social landlords.	(10) Prevention

22	Overview and Scrutiny Committee (14 October 2013)	Clear information about fire safety, and safe evacuation routes, should be provided to all new tenants as part of their welcome pack.	(10) Prevention
23	Housing Select Committee (19 June 2013)	The Council should encourage Lewisham's housing providers to follow Lewisham Homes' risk based approach to installing sprinklers in their housing stock (referral).	(10) Prevention
24	Overview and Scrutiny Committee (14 October 2013)	Fire Safety should be considered strategically by the South East London Housing Partnership and good practice shared	(10) Prevention
25	Overview and Scrutiny Committee (14 October 2013)	Volunteering opportunities for adults, to support the cadet branches of the LFB and MPS, should be publicised locally to increase the capacity of the cadets to involve more young people.	(10) Prevention
26	Children and Young people Select Committee (2 July 2013) revised OSC	The Mayor should call on the Government to revise plans to transfer the funding for Youth Offending Services. Current funding will not cover costs and will have a significant impact on Council finances: the impact of this should be closely monitored by Mayor and Cabinet and reviewed by the Public Accounts Select Committee	(10) Prevention
27	Healthier Communities Select Committee (4 September 2013)	National campaigns, such as the recent "Choose well" campaign, need to be supported and reinforced locally. Clear, appropriate guidance should be given to people locally, about the most appropriate local service to access if they have an urgent medical need outside of GP hours, when they are making routine contact with health services.	(10) Prevention
28	Healthier Communities Select Committee (4 September 2013)	Out of Hours care and urgent care both need to be comprehensive, easily accessible and well publicised to enable the public to choose the most appropriate care setting for their needs.	(10) Prevention
29	Safer Stronger Communities Select Committee (3 September 2013)	The effectiveness of the police contact points in Lewisham should be reviewed by the borough commander after six months of operation, the results of the review should be provided to Overview and Scrutiny and the Safer Lewisham Partnership.	(11) Access

30	Healthier Communities Select Committee (4 September 2013)	The CCG has a key role in ensuring that appropriate urgent care and out of hours services are available. The Council and CCG need to work closely together to ensure that all the necessary care pathways are in place, and appropriately utilised, to ensure undue and inappropriate pressure is not placed on Accident and Emergency units.	(12) Partnership
31	Healthier Communities Select Committee (4 September 2013)	The Council should continue to work closely with Lewisham and Greenwich NHS Trust to ensure appropriate and timely discharge from hospital takes place where patients have social care needs.	(12) Partnership
32	Healthier Communities Select Committee (4 September 2013)	The CCG should work with the Lewisham and Greenwich NHS Trust to understand the high number of patients attending A&E who require specialist referral to the mental health team. The CCG should then review the appropriate care pathways, particularly the out of hours availability of services, to ensure that there is an appropriate level of service provided.	(12) Partnership
33	Healthier Communities Select Committee (4 September 2013)	Projected future population growth should be factored into all future service planning	(13) Future
34	Overview and Scrutiny Committee (14 October 2013)	The Mayor and Cabinet, the Safer Lewisham Partnership, the Health and Wellbeing Board should regularly review performance against the recommendations made within this report, in their role as local strategic leadership bodies.	(13) Future
35	Overview and Scrutiny Committee (14 October 2013)	The Mayor and the Council must continue to be vigilant to ensure that Lewisham has the best possible Emergency Services	(13) Future

4. Purpose and structure of review

4.1. Lewisham Council was concerned about the impact and scale of the cuts being proposed to emergency services in Lewisham and resolved in January 2013 that:

“Given the severity of cuts to emergency services across the borough, Council asks the Overview and Scrutiny Committee to undertake an urgent investigation into emergency service provision across the borough”¹.

4.2. In April 2013 the Overview and Scrutiny Committee decided to direct its select committees to carry out a review of emergency services in Lewisham. This was at a time when there were ongoing consultations about substantial organisational and operational changes to the Metropolitan Police Service (MPS), the London Fire Brigade (LFB) and the London Ambulance Service (LAS). Proposals to reduce the Accident and Emergency Service (A&E), and emergency maternity care, at Lewisham Hospital had recently been agreed by the Secretary of State for Health, despite strong opposition from thousands of local people, their elected representatives and the GPs responsible for commissioning acute care locally.

4.3. The Committee was concerned about the scale and pace of change being proposed to the delivery of emergency services in Lewisham and was worried that the cumulative impact of these proposals may not have been fully considered. The Committee wanted to ensure that the implications of all of the proposed changes were fully understood and planned for, and that a joined up approach to ensuring the best possible services for local people was taken. Given the ongoing reduction in local government funding, the Committee felt it important that the Council’s role in relation to emergency service provision was also taken into account.

4.4. The topic of emergency services in Lewisham met the criteria for carrying out a scrutiny review, because it was:

- an issue that affected a large number of people living, working and studying in Lewisham
- strategic and significant
- an appropriate time to carry out scrutiny of those services

Terms of reference and key lines of inquiry

4.5. The Overview and Scrutiny Committee considered how each of its Committees might best contribute to the review. It was agreed that the review would focus on:

- clarifying the key policy initiatives and financial constraints impacting locally
- identifying the local implications for services
- considering the potential impact of any service changes

4.6. In determining the scope of the review, the Overview and Scrutiny Committee considered the existing scope of responsibilities held by its select committees. The Committee was reminded that local authorities have an important statutory role in monitoring the performance of their local Crime and Disorder Reduction Partnership. In Lewisham this is known as the Safer Lewisham Partnership and it is monitored by the Safer Stronger Communities Select Committee.

¹ Lewisham Council meeting 23 January 2013

<http://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=138&MId=2369&Ver=4>

- 4.7. Local Authority Overview and Scrutiny functions also have an important statutory role in relation to the provision of service by and performance of health bodies providing services for local people. In Lewisham this statutory role is performed by the Healthier Communities Select Committee. These functions include:
- all powers given to the Council's Overview and Scrutiny Committee by the Health and Social Care Act 2001
 - to require the attendance of representatives of health bodies at meetings of the select committee to address it, answer questions and listen to the comments of local people on matters of local concern

Select Committee scrutiny

- 4.8. The Committee tasked the Select Committees with the following terms of reference:

Safer Stronger Communities Select Committee – Police and Fire Services

- To clarify the policy initiatives and financial circumstances impacting on the MPS and the LFB
- Identify the related impact on services and performance locally
- Consider the potential impact of any service changes

Healthier Communities Select Committee – Emergency healthcare

- To clarify the policy initiatives and financial circumstances impacting on the LAS and A&E provision in Lewisham
- Identify the related impact on services and performance locally
- Consider the potential impact of any service changes

Sustainable Development Select Committee – All services: estate and asset implications

- Consider the potential impact of any service changes as they impact on estate and assets

Housing Select Committee – landlord and tenant specific implications

- Identify the related impact on services and performance locally, particularly in relation to tenants and housing providers (Lift call outs, fire safety checking responsibilities etc)
- Consider the potential impact of any service changes specifically in relation to tenants and housing providers

Public Accounts Select Committee – financial implications

- Consider the potential financial impact, of any service changes, and how they may impact financially on the Council and its partners

Children and Young People Select Committee – Impact on young people Prevention

- Engagement with young people in schools via the schools police officer and Safer Neighbourhood Team engagement with primary schools
- Engagement work with young people in relation to fire prevention, fire safety and, if appropriate, in relation to hoax calling
- Support to schools emergency planning in relation to fire evacuation
- Any implications for children's social services including changes to youth offending services

- Potential healthcare service implications for children related to the proposed changes to A&E services and related acute paediatric services

4.9. Each committee considered the terms of reference allocated to it by the Overview and Scrutiny Committee, before considering a further report from officers about how its section of the review might be carried out. The Public Accounts Select Committee considered the terms of reference and resolved to defer to other Committees, unless it was required to carry out specific work on public finances.

Select Committee meetings

4.10. Select Committee's dedicated time at the following meetings in 2013 to the completion of the review:

Safer Stronger Communities Select Committee

- 8 May (evidence)
- 3 July (evidence)
- 3 September (recommendations)

Healthier Communities Select Committee

- 29 May (evidence)
- 9 July (evidence)
- 4 September (recommendations)

Sustainable Development Select Committee

- 22 May (evidence)
- 11 July (evidence)
- 10 September (recommendations)

Housing Select Committee

- 16 May (evidence)
- 19 June (evidence)
- 11 September (recommendations)

Children and Young People Select Committee

- 2nd July (evidence session and recommendations)

4.11. Alongside the written evidence considered (listed in the sources section) Committees received evidence from the following officers and representatives from the Council and partner organisations:

- David Abraham (Clinical Director for Strategy, Lewisham Clinical Commissioning Group)
- Dr Liz Aitken (Director of Service for Acute Medicine, Lewisham Healthcare NHS Trust)
- Kevin Brown (Assistant Director Operations London (South), London Ambulance Service)
- Graham Norton (Lewisham Operations Manager, London Ambulance Service)

- Joy Ellery (Director of Knowledge, Governance and Communications, Lewisham Healthcare NHS Trust)
- Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group)
- Mark Andrews (Borough Fire Commander)
- John Turner (Borough Fire Commander)
- Chief Superintendent Russell Nyman (Borough Police Commander)
- Superintendent Mike Gallagher (Deputy Borough Police Commander)
- Sergeant Steve Marks (MPS Lewisham)
- Hilary Barber (Lewisham Homes, Director of Corporate Services)
- Brian Regan (LBL Planning Policy Manager)
- Ian Smith (LBL, Director for Children's Social Care)
- Peter Stunell (LBL, Transport Policy Officer)
- John Roberts (LBL, GIS/CAD Manager)
- Geeta Subramaniam-Mooney (LBL, Head of Crime Reduction and Supporting People)

Other relevant meetings

- 4.12. 28 January 2013- The Mayor of London held a public meeting in Lewisham to hear local people's views on his draft Police and Crime Plan.
- 4.13. 22 April 2013- Central London Forward - The Chair of Overview and Scrutiny and the Cabinet Member for Community Safety attended a meeting of central London boroughs to discuss the impact of the fire service proposals on inner London. Information was received from the LFB as well as specialist information about maintenance, tall buildings, heritage buildings and response time in central London.
- 4.14. 22 May 2013 - The London Fire and Emergency Planning Authority held a public consultation meeting on the draft Fifth London Safety Plan at Sydenham Girls School.

Completion of the review

- 4.15. The Overview and Scrutiny Committee met in October to review the evidence gathered, consider the recommendations put forward by the select committees. The Overview and Scrutiny committee then agreed recommendations for action, that the Committee felt necessary, to safeguard the ongoing effective provision of emergency services for people in Lewisham, in light of the evidence considered. The summary of evidence gathered and the recommendations made are set out in the rest of this report.

5. Findings

- 5.1. The proposals for changes to the fire, police, ambulance and local accident and emergency services encompassed a large amount of detailed information, and aroused a huge amount of public interest, and in some instances concern. A large amount of written and verbal evidence was considered by the members of the Overview and Scrutiny committee, across a number of Select Committee meetings, over a period of six months.
- 5.2. By considering in detail: the service change proposals put forward by the various bodies responsible for the delivery of emergency services, the financial and policy context within which they were being made and the views and experiences of local people, members identified eight key themes, across all of the emergency services in Lewisham, that encompassed the key areas of concern that needed to be considered collectively:
- Finance
 - Assets
 - Perception
 - Response
 - Prevention
 - Access
 - Partnership
 - Future
- 5.3. As the aim of the review was to look at the proposed changes to the emergency services collectively, the evidence gathered and the conclusions of the Committee are outlined in relation to each of these eight key themes.

6. Finance

- 6.1. In May 2010 the incoming coalition government proposed to cut an average of 20% from government spending over the next four years. The aim of this was to decrease public expenditure and reduce the structural national deficit. In October 2010 a spending review was announced to cover the four years from 2011-12 to 2014-15 and reduce the government's budget by £83bn². As part of this the NHS is required by the government to make total savings of £20 billion per year by 2014/15 and trusts throughout the NHS therefore have efficiency targets of around 4-6 per cent per year. In the spending review of 2013 a further £11.5bn of savings were identified, including a 10% cut in resource budget for local government.
- 6.2. These significant reductions in public sector expenditure over the course of the current Parliament have had an impact at the local level. Lewisham Council has already cut its revenue budget by £53m since May 2010. Further savings of between £30m and £55m will be required in 2013/14 and 2014/15, with a likely estimated savings requirement of £85m over the next four years³.
- 6.3. Changes to the Emergency Services in London are being driven due to the pressures from central government to cut expenditure as well as the Mayor of London's commitment to reducing the Greater London Authority (GLA) precept drawn from council tax. Due to the scale and profile of the 2012 London Olympics savings had not been sought for police and fire from frontline service delivery, instead being drawn from efficiencies in the back office functions. However, through late 2012 and early 2013 announcements were made regarding changes to the emergency services:
- In April 2011 the London Ambulance Service (LAS) announced a five-year 'cost improvement programme' involving a reduction of £54 million in their budget, a 19% reduction.
 - In January 2013 the Commissioner of the London Fire Brigade (LFB) published proposals for the Draft Fifth London Safety Plan (LSP5), including the need for significant savings. A consultation period on the plan ran until June 2013, after which a final plan was produced and submitted.
 - In January 2013, the Mayor of London announced the publication of the draft London Police and Crime Plan 2013-16, which included the need for savings of £500m. Following a consultation period the final plan was announced in April 2013.
 - It was estimated that the hospitals that make up the neighbouring South London Healthcare NHS Trust (SLHT) will have overspent by £356m over the period 2004/05 to 2012/13. The Trust was placed under the Unsustainable Providers Regime, and a Trust Special Administrator (TSA) was appointed to address the financial issues of that Trust.

Fire

- 6.4. The draft LSP5 set out the budgetary pressures facing the LFB, with the government reducing funding by £31.5 million over the next two years and the Mayor of London reducing his council tax by 10 per cent by 2016. This reduced the money available for

² Spending Review (2010) HM Treasury: <https://www.gov.uk/government/publications/spending-review-2010>

³ Revenue Budget Savings Proposals 2013/16, report to all Select Committees: <http://councilmeetings.lewisham.gov.uk/documents/s18608/03SavingsReportSelectCommittees.pdf>

public services including the LFB, with the LFB required to save £45.4m over the next two years⁴.

- 6.5. At the Safer Stronger Communities Select Committee meeting held on 8th July 2013 the Lewisham Borough Fire Commander, John Turner outlined these financial pressures. Whilst there had been substantial reductions in funding of £52m in the last four years which had been achieved without reducing frontline services, it was clear that the new savings target of £45.4m over the next two years could not be found without making significant changes to how London is kept safe.
- 6.6. The LFB has a budget of £448.2m for the year 2012/13⁵ with which to plan and deliver services. The draft LSP5 set out proposals for how the LFB might deliver services to Londoners in a more efficient way and suggested:
- reducing the number of fire stations in London from 112 to 100, including stations at Downham and New Cross.
 - cutting the number of fire engines to 151 from 169 [A 151/100 option – 151 appliances at 100 stations]
 - having 520 fewer fire station staff (4,584) for fire engines and special vehicles
 - having 56 fewer middle managers [officers] (200).
- 6.7. The Chancellor's spending announcement for 2015/16 stated that fire and rescue authority budgets would be reduced by 7.5 per cent overall, meaning that funding would be reduced compared to that set out in the provisional grant settlement for 2014/15⁶. However, the London Mayor's budget guidance for 2014/15 maintains the London Fire and Emergency Planning Authority (LFEPA)'s funding for 2015/16 at the same level as that for 2014/15.⁷

LSP5 following the consultation

- 6.8. Following the consultation period, the draft LSP5 was submitted to LFEPA on 18 July 2013⁸. Changes made to the draft plan included proposing that there were 155 appliances at 102 stations (a "155/102" option) instead of the original "151/100" proposal, combined with changes to the Fire Rescue Units (FRUs) at Hornchurch and Millwall (saving £2.2m) which overall could save £18.1 million. This will mean the deletion of 360 station-based posts. However, it also represents a slight increase in the overall saving that will be achieved due to the inclusion of FRUs in the savings plans and associated reduction of posts from FRUs.
- 6.9. Within Lewisham the changes made to the LSP5 will mean the New Cross Fire station will remain open with one appliance. However, the FRU (a purpose built vehicle designed to provide specialist rescue functions), which is based at Millwall just outside the borough, will close. The LFB propose this action, suggesting that Millwall FRU consistently has the lowest level of utilisation of any FRU, and cover can be provided by neighbouring FRUs.

⁴ Draft Fifth London Safety Plan 2013-16 (Consultation version) http://www.london-fire.gov.uk/Documents/Draft_Fifth_London_Safety_Plan.pdf

⁵ Draft Fifth London Safety Plan consultation presentation (2013)

⁶ HM Treasury, Spending Round (2013)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209036/spending-round-2013-complete.pdf

⁷ The Mayor's Budget Guidance for 2014/15, GLA: <http://www.london.gov.uk/sites/default/files/2014-15MayorsBudgetGuidance.pdf>

⁸ Fifth London fire safety plan (Report to LFEPA 18 July 2013): <http://moderngov.london-fire.gov.uk/mgconvert2pdf.aspx?id=2064>

Police

- 6.10. The Mayor's Office for Policing and Crime (MOPAC) produced the Police and Crime Plan 2013-2016 in March 2013, which set out a number of priorities for the Metropolitan Police Service (MPS), including:
- reducing key neighbourhood crimes by 20% (which means up to 250,000 fewer crimes).
 - boosting public confidence in the police by 20%, up to 75%.
 - cutting costs by 20% (delivering £500m savings).
- 6.11. The Plan will deliver the £500m savings through changes to the rank mix to bring the MPS in line with other forces, reductions in the cost of back office support, more efficient use of property and reductions in the cost of IT support. This follows significant savings delivered in previous years, with net incremental savings delivered in 2011/12 of £146m and £70m 2012/13, realised through major change programmes covering Human Resources, Finance and Resource Management, and Property Facilities Management⁹.

The Local Policing Model

- 6.12. A new Local Policing Model (LPM) will be introduced which will change the way boroughs operate, and which will lead to moving more resources to the front line, with the aims of increasing visibility and flexibility as well as improving quality of service in order to increase public confidence. This will mean a change to the MPS's rank mix, with nearly a third fewer senior officers at Association of Chief Police Officers (ACPO) rank and over 1,000 fewer supervisors (all ranks between sergeant and chief superintendent). As the MPS has the highest support costs per head of population – £98 compared with the national average of £39 – the new model will reduce the organisation support costs and remove any duplication and unnecessary overheads.
- 6.13. At the Safer Stronger Communities Select Committee meeting held on 29th July 2013, the Deputy Borough Commander for MPS in Lewisham stated that, in order to achieve the savings required, the LPM would be implemented in Lewisham by 16th September 2013.
- 6.14. In Lewisham, there are proposals to increase the total number of officers from 593 to 647, an increase of 54 officers on 2011 levels as outlined in the draft Plan. With the new model there will be a total of 110 Police constables assigned to neighbourhood policing who will not have a specific ward but an area they are based in¹⁰. The Assistant Borough Commander stated that the number of neighbourhood officers would increase to 129 by 2016, up from 36 in 2007 and that Lewisham was due to have 116 officers in place by 16th September.

Savings from the police estate

- 6.15. The MOPAC/MPS Estate Strategy 2013-2016 sets out how the MPS will seek to deliver the changes to their estate. Buildings regarded as inefficient and no longer required will be closed and the money saved used to invest in new facilities. Capital sales of former operational buildings realised £78m between April 2007 and April 2013. There is a target

⁹ Police and Crime Plan (2013-16) <http://www.london.gov.uk/sites/default/files/PoliceCrimePlan%202013-16.pdf>

¹⁰ Emergency services review: MPS report to Safer Stronger Communities Select Committee (29 July 2013) <http://councilmeetings.lewisham.gov.uk/documents/s23832/04%20Emergency%20services%20review-%20police%20service%20290713.pdf>

of a further £268m from buildings which will not be required for operational use by April 2016. The aim set out in the strategy is to also reduce the total running costs of the estate to £140m each year by April 2016 (a 30% reduction on 2012 costs).¹¹

- 6.16. The Assistant Borough Commander informed the Safer Stronger Communities Select Committee that part of the savings contributions from Lewisham would come from the closure of stations. Brockley station has already closed because it had a low footfall and was considered unviable. Sydenham is also being closed, but a front desk will be opened at Catford Hill to cover the area previously covered by Sydenham.

[PICTURE: Brockley/Sydenham/Catford Hill police station]

Emergency Healthcare

- 6.17. In 2011, the London Assembly of the GLA carried out a strategic review of the future of the LAS.¹² It highlighted that demand was already higher for the LAS than other regional ambulance services, and the number of incidents attended by the LAS had increased 12 per cent in four years. However, the review also concluded that the organisation was only being forced to make large budget reductions after it had undergone a sustained period of growth.
- 6.18. The NHS is required by the government to make total savings of £20 billion per year by 2014/15 and trusts throughout the NHS therefore have efficiency targets of around 4-6 per cent per year. In order to meet this, in April 2011 the LAS announced a five-year 'cost improvement programme' involving a reduction of £54 million in the LAS budget (from an annual budget of approximately £280 million in 2011/12) by 2015/16 (a 19 per cent reduction compared to 2011/12). This will include a reduction in LAS staff posts of 893 (18 per cent reduction), consisting of 560 'frontline' posts (staff directly responsible for patient care), and 333 management and support posts.

Increased demand for ambulances

- 6.19. However, in January 2013, the LAS issued a joint statement with the lead commissioner of the service for London Primary Care Trusts, NHS North West London, advising that the LAS was facing increasing levels of demand, and that although a rise in demand was planned for, the increase was 3.2 per cent more than expected. Therefore, although the LAS was facing pressure to work differently and more efficiently to make the best use of the funding it receives, more investment was needed to increase staffing levels. The LAS and the commissioners are currently considering what changes and investment are required for the next financial year to ensure more staff are available to respond to patients who need an emergency ambulance and have published a consultation document 'Our plans to improve the care we provide to patients', outlining their aims and priorities.¹³
- 6.20. At the Healthier Communities Select Committee meeting on 29 May 2013 the Committee was informed that the LAS recently received £14.8 million of extra funding, £7.8 million for this year to enable the recruitment of 240 more frontline staff to deal with the increased demand for services. The additional funding had been provided because

¹¹. MOPAC/MPS Estate Strategy (2013-2016): http://www.london.gov.uk/sites/default/files/MOPAC%20Estates%20Strategy_0.PDF

¹². The future of the London Ambulance Service: A strategic review December (2011), Health and Public Services Committee <http://www.london.gov.uk/mayor-assembly/london-assembly/publications/all-publications/the-future-of-the-london-ambulance-service>

¹³. 'Our plans to improve the care we provide to patients' (April 2013)

demand for the service had increased every year for the last 10 years, with a 6.4% increase in calls 2012/13 including an increase of 12.2% on life threatening (category A) calls. The LAS intends to employ an additional 240 members of staff over the next two years, with 120 starting in January 2014, and the other 120 in January 2015.¹⁴

- 6.21. In Lewisham the local Lewisham Clinical Commissioning Group (CCG) commissions services from the LAS via a central commissioning team for London CCGs, via a CCG consortium agreement. Lewisham CCG also works locally with the LAS to manage and monitor the commissioned services and the interfaces between services for the local emergency care system.

Impact of the Trust Special Administrator

- 6.22. In addition to the pressures on the LAS, there has been recent uncertainty about the status of Lewisham Hospital's Accident and Emergency (A&E) unit. In July 2012, the Secretary of State for Health appointed a TSA to South London Healthcare NHS Trust, with effect from 16 July 2012 to address issues around the Trust's finances. It was estimated that the hospitals that make up SLHT will have overspent by £356m over the period 2004/05 to 2012/13. According to the TSA these losses are largely a result of the excessive costs of the Private Finance Initiative (PFI) contract payments being made by the Trust¹⁵.
- 6.23. Although Lewisham Hospital is not part of the SLHT, among the recommendations made by the TSA were some related to Lewisham Hospital. These included proposals for Lewisham Hospital to lose its fully admitting A&E service, its 24 hour surgical and medical inpatients' service, its inpatient paediatric service, its critical care and obstetric led maternity units and its complex in patient surgery unit. As it would no longer provide emergency care it was proposed that Lewisham Hospital become a centre for elective surgery and be merged with Queen Elizabeth Hospital Woolwich in a new Trust. In addition there would be a rationalisation of the Lewisham Hospital estate, with a 58% reduction in the size of the hospital. The TSA attributed £22.6m worth of revenue savings to the Lewisham asset disposal.
- 6.24. Lewisham Council's response to the TSA draft report containing this proposal highlighted a number of issues with the financial suppositions outlined in the TSA report¹⁶. The response suggested that:
- The financial case put forward by the TSA lacked sufficient detail and the financial modelling appeared to be inconsistently applied across the Trusts.
 - The estate and land use assumptions regarding the Lewisham Hospital site appeared flawed, with both the amount of land available for disposal, and the value of that land overestimated.
 - The proposals failed to provide sufficient space for the clinical support services required for the proposed elective centre.
 - The financial viability of the proposed elective centre relied upon a level of activity that would require sub-regional agreements and did not take into account patient choice and competition.

¹⁴. Healthier Communities Select Committee minutes

¹⁵ Securing sustainable NHS services: the Trust Special Administrator's report on South London Healthcare NHS Trust and the NHS in south east London (2013) Office of the Trust Special Administrator
<http://www.tsa.nhs.uk/sites/default/files/documents/FINAL%20REPORT.pdf>

¹⁶ Lewisham Council Response to the TSA recommendations (December 2012)
<http://councilmeetings.lewisham.gov.uk/documents/s20359/Lewisham%20Hospital.pdf>

- The way in which the TSA had dealt with Lewisham Hospital's PFI was flawed – if it had been considered on the same basis as the PFI costs of South London Healthcare Trust then Lewisham Healthcare NHS Trust would appear not to be in deficit.
- The implications of a poor implementation of the proposals would be an increase in the risk of financial instability either for the commissioners or for the providers in Lewisham.

6.25. Lewisham subsequently launched a legal challenge in the High Court to the decision of the Secretary of State for Health to implement the recommendations of the TSA. On 31st July 2013 the High Court ruled that the Secretary of State had breached provisions of the National Health Services Act 2006¹⁷. The government is currently appealing against this decision.

¹⁷ Judgement on Lewisham Hospital (2013) R (on the application of LB of Lewisham and others) v Secretary of State for Health and the TSA for South London Hospitals NHS Trust, Judiciary of England and Wales:
<http://www.judiciary.gov.uk/media/judgments/2013/lb-lewisham-v-sos-health>

7. Assets

- 7.1. Emergency Service providers inhabit a number of buildings across the borough and across London. In order to make savings, a key factor will be the rationalisation and more efficient use of assets. In addition to supporting savings targets, some of the potential income from the disposal of surplus assets held by organisations could be used towards modernising equipment and premises and improving services.

The planning framework

- 7.2. The disposal of assets and their future use will be influenced by the planning frameworks and policies in place. The London Plan is the overall strategic plan for London, and it sets out a fully integrated economic, environmental, transport and social framework for the development of the capital to 2031. It forms part of the development plan for Greater London. London boroughs' local plans need to be in general conformity with the London Plan, and its policies guide decisions on planning applications by councils and the Mayor of London. The London Plan defines community facilities as including a wide range of facilities such as 'health provision, nurseries, schools, colleges and universities, community, cultural, play, recreation and sports facilities, places of worship, fire stations, policing and other criminal justice or community safety facilities and many other uses and activities which contribute to making an area more than just a place to live'¹⁸.
- 7.3. At the meeting of the Sustainable Development Select Committee on 11 July 2013, Members were provided with information about planning protections for community facilities as set out in the London Plan and the Lewisham Core Strategy. The London Plan has a strong theme of promoting and protecting community and other social facilities as an essential element in supporting inevitable growth in population, ensuring sustainable communities and reducing health inequalities.
- 7.4. The London Plan requires boroughs to assess the need for social infrastructure and community facilities and ensure that this need is capable of being met wherever possible. Adequate provision for these facilities is considered particularly important in major areas of new development and regeneration. The London Plan also sets out that proposals which would result in a loss of social infrastructure in areas of defined need for that type of social infrastructure without realistic proposals for re-provision should be resisted; and the suitability of redundant social infrastructure premises for other forms of social infrastructure for which there is a defined need in the locality should be assessed before alternative developments are considered.
- 7.5. If the current use of a facility is no longer needed, boroughs should take reasonable steps to identify alternative community uses where the needs have been identified.

[PICTURE: Some sort of 'community facility' in Lewisham]

- 7.6. The Lewisham Core Strategy places a strong emphasis on ensuring the provision and protection of appropriate social infrastructure in the context of the promotion of growth in the borough's regeneration areas and the need to ensure the sustainability of communities borough-wide. The Core Strategy Policy emphasises that there should be

¹⁸. The London Plan <http://www.london.gov.uk/priorities/planning/london-plan>

no net loss of facilities. Existing floor space and facilities should be protected except where provision is being reconfigured, upgraded or is being re-located in order to improve services and meet identified needs as part of a published strategy by a local service provider.

- 7.7. In all such cases the Council will need to be satisfied that the overall level of social and community provision is improved and there is no demand for an alternative social and community use for that floor space. This policy approach should ensure that facilities are fit for purpose and provide sufficient flexibility to meet the needs of both the providers and local communities.
- 7.8. The Lewisham Core Strategy defines community facilities as 'community services that improve community well-being and which implement Core Strategy Objective 11: Community well-being'¹⁹. The Lewisham Core Strategy also sets out that the Council will apply the London Plan policies relating to healthcare, education and community and recreational facilities to ensure:
- there is no net loss of facilities
 - the needs of current and future populations arising from development are sufficiently provided for
 - the preferred location for new uses will be in areas that are easily accessible and located within close proximity of public transport, other community facilities and services and town and local centres
 - co-location of services and multi-use facilities are encouraged and supported
 - a safe and secure environment is created and maintained.

Recommendation 1:

In the event that emergency services providers identify assets for disposal, the Council should be satisfied that there is no demand for alternative social and community use of that asset before it is disposed of, as set out in the Lewisham Core Strategy.

Fire

- 7.9. The London Fire Brigade's approach to their assets is set out in the Fifth London safety Plan (LSP5)²⁰ under their fourth strategic aim, 'Resources'. Objectives related to the use of the LFB's assets include:
- Explore options for further shared services.
 - Review property services.
 - Provide nine new fire stations through the Private Finance Initiative (PFI) and deliver the capital programme of station improvements.
 - Explore arrangements for operational staff to undertake routine maintenance and repairs on stations.
 - Start a programme to replace the pumping fleet and investigate options for improving their environmental performance.

¹⁹ Lewisham Core Strategy (adopted 2011)

<http://www.lewisham.gov.uk/myserives/planning/policy/Documents/CoreStrategyAdoptedVersion.pdf>

²⁰ LSP5 (2013-16) p6

- 7.10. Some of the savings identified in LSP5 are related to their improved handling of assets. The original plan included proposals to close New Cross and Downham fire stations, although under the revised plan only Downham station is due to close.

Modelling for risk

- 7.11. The models used to decide on where fire engines were to be removed and fire stations closed were based on the LFB's historic incident data for five years, to build a picture of risk across London, as historic incidents have been found to be a very strong predictor of where incidents will happen in the future. The modelling took into account the demand for attendance generated by local risks, as well as the volume of incidents.
- 7.12. Other factors that contributed to the proposals included the desirability of retaining at least one station in every borough, the physical quality and utility of each station, the recognition that some stations had received substantial levels of recent investment; that some stations were in a government funded PFI programme and that some stations provided multiple or difficult to relocate functions. However, in the response to the consultation on the LSP5, the LFB emphasised that the delivery of their agreed corporate property strategy was not an explicit criteria used for the selection of stations set out in the final draft plan and it did not play any part in the selection of stations which were due to close.

The LFB asset plan

- 7.13. The LFB's corporate asset plan sets out the following objectives:²¹
- To ensure that our fire stations and other buildings are fit for purpose, in a satisfactory condition and energy efficient;
 - To ensure that our fire stations and other buildings are well placed to enable us to reach incidents effectively and to the attendance standards we have set;
 - To use the approved Fire Station Design Brief (2008) for all new builds and as a basis for refurbishments and to keep it under review to ensure it's appropriateness for future flexible working and a modern fire service providing a consistent and suitable standard of accommodation for all our appliances;
 - To continue to provide fire stations in prominent locations where possible that provide a positive and reassuring presence to the community;
 - To include facilities where the community can meet and go for fire safety advice and information;
 - To maintain our properties and preserve their value in accordance with the "lifing policy" that where possible, no stations shall be over sixty years old;
 - To maximise the use of space in our estate including training facilities;
 - To continue to unlock the potential latent value in our estate, where appropriate, through engaging private sector developer partnerships on appropriate sites under our Corporate Property Project initiative;
 - To continue to take steps to reduce our carbon footprint, with sustainable development in design, and strive for the Excellent BREEAM rating for new designs;
 - To continue to ensure compliance with Statutory and Regulatory Codes;
 - To continue to identify income generating opportunities, where appropriate;

²¹. LFB Asset Management Plan (2011): Delivering property improvement & management [http://www.london-fire.gov.uk/Documents/FEP1831_\(Appendix\).pdf](http://www.london-fire.gov.uk/Documents/FEP1831_(Appendix).pdf)

- To continue to develop effective joint working through partnership arrangements, and where appropriate co-location, with other agencies and the community, including shared services and functions with other local government organisations;
- To continue to deliver good value for money for our property assets and make further efficiency savings.

- 7.14. At the time of drafting this document, no decisions have been taken on what will happen to stations that are closed. In the past, when stations have been closed they have been marketed and sold with the capital receipt used where possible to invest in essential improvements to the service, for example to buildings and equipment. The capital obtained from sales is not a permanent source of income and the LFB indicated that they should not be used to support revenue spending like day to day running costs.
- 7.15. The property strategy for managing any closed sites will follow procedures used for previous decommissioning of stations (and other LFB sites). The disposal of any site will need to take place over a phased period and the appropriate security arrangements will be put in place for sites awaiting disposal. The LFB already share accommodation with the London Ambulance Service (LAS) and with the Metropolitan police Service (MPS) and will continue to work with other emergency services to fully exploit this potential, although the LFB has very little surplus land or properties that could be used in this way.²²

Police

- 7.16. The MOPAC/MPS Estate Strategy 2013-2016²³ indicates that as at March 2013, the MPS operated from 955,948 square metres of space in a total of 671 properties of which 400 properties had day-to-day operational activities; 97 properties are no longer required for operational use; and 174 properties were residential. The Estate Strategy supports the following aims:
- Develop the required Front Counter portfolio and create the new Contact Points across London. In addition, raise the profile of public facing properties through consistent standards of signage and corporate 'look and feel'.
 - Reduce the total running costs of the MOPAC estate to £140m each year by 2015/16 – a 30% reduction on 2012 costs.
 - Reduce the amount of space occupied by up to 300,000 sq m by 2015/16.
 - Provide up to 950 modern cells, reducing the cost of the custody estate, and provide suitable facilities to support the reduction in the time it takes for a detainee being taken into custody to be processed.
 - Reduce the amount of residential accommodation owned by MOPAC to no more than 200 units whilst working with Residential Providers to offer affordable accommodation to officers and staff close to where they work.
 - Create a more efficient estate, fit for the operational needs of the 21st century, with a much smaller headquarters and less costly buildings.
- 7.17. Achieving this aims will be in addition to the 10% reduction achieved in the annual cost of running the police estate between 2009 and 2013. The MPS intends to sell its New Scotland Yard headquarters and compress the amount of space used for desk based staff. The strategy also includes plans for the disposal of a number of police stations and the creation of police 'contact points' in other public buildings.

²² Fifth London fire safety plan (Report to LFEPA 18 July 2013): <http://moderngov.london-fire.gov.uk/mgconvert2pdf.aspx?id=2064>

²³ MOPAC/MPS Estate Strategy (2013-2016), p9

Closures in Lewisham

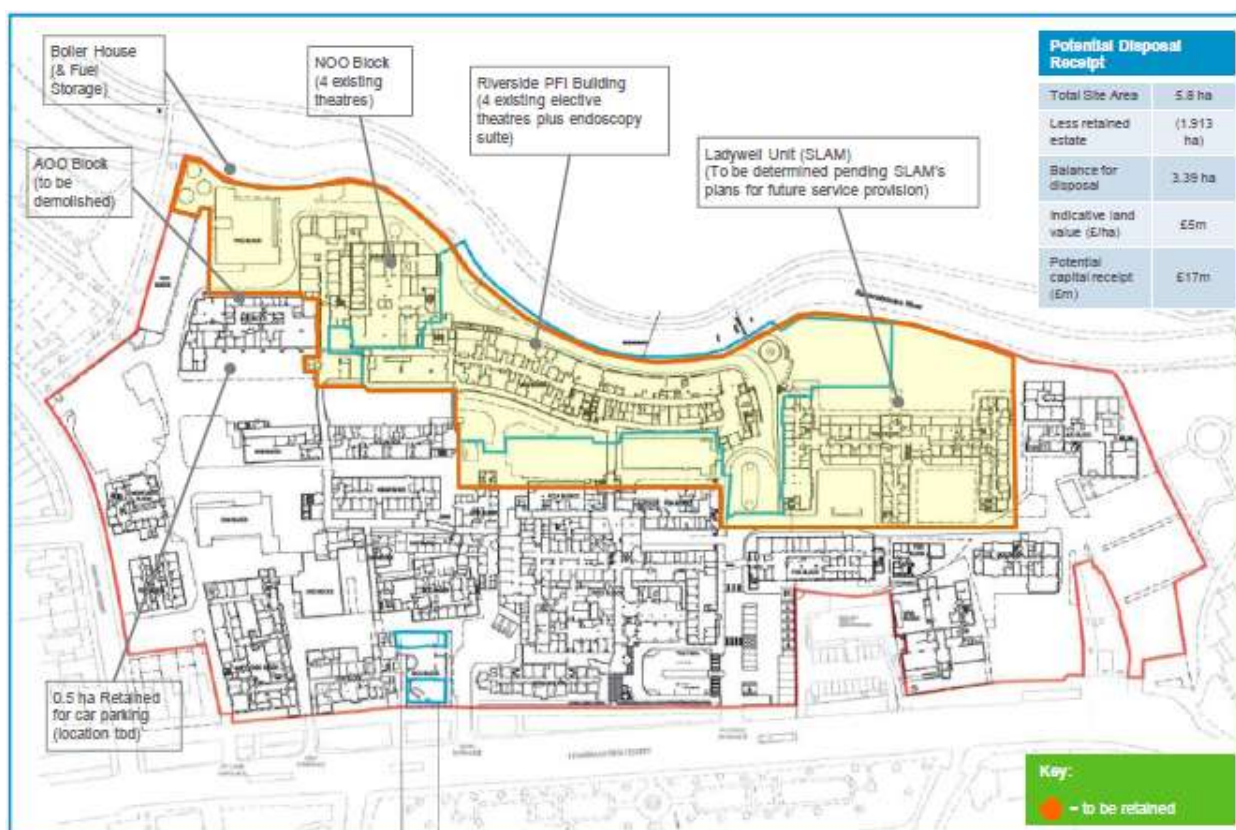
- 7.18. In Lewisham, the police stations at Brockley and Sydenham have been declared surplus to operational requirements. As stated earlier, Brockley station has already been closed as it was deemed unviable to keep it open for a small number of visitors. Catford Hill station, which is currently being used as a deployment base, will serve as a contact point open to the public, covering the area previously covered by Sydenham Police Station once that station closes. The local force has no budget for new builds and any money being allocated for new buildings would be in the form of PFI.

Emergency Healthcare

- 7.19. The LAS has 3 bases within Lewisham, at Deptford, Forest Hill and Lee. There are no proposals to change any of these assets. The LAS has an agreement with the LFB that at a number of locations across London they share a “standpoint”: a convenient location at which the ambulances can wait for emergency calls to be allocated to them, enabling them to be wait and be deployed at the most appropriate locations to reach emergency calls promptly.
- 7.20. Following the Trust Special Administrator’s (TSA) proposals for changes to the Lewisham Hospital site, Lewisham Council queried whether the draft recommendations were based on realistic assessments and whether they were deliverable.

Challenging the TSA over asset usage

- 7.21. The Council highlighted that the successful implementation of the TSA’s preferred option would result in significant changes to the Lewisham Hospital site. These changes included a reduction of almost 60 per cent in the size of the site, and the major refurbishment of the remaining buildings, so that the hospital becomes a centre of excellence of elective care. However, whilst the TSA presumed that such changes would free up a substantial package of land for sale, the Council identified substantial problems with the proposals and the assumptions on which they had been based. The Council highlighted that:
- the site contains a Grade II listed building and conservation area status in parts of the site.
 - The Council also owns the Registry Building which is on the eastern boundary of the site alongside the High Street, which could restrict use.
 - In line with existing planning policy, If ever plans were received by the Council for the site, the Council would pursue a mixed ‘housing and business use’ on the site (to help generate employment in an economically deprived area) rather than solely residential usage, which would reduce the land value, and retail usage would be completely rejected.



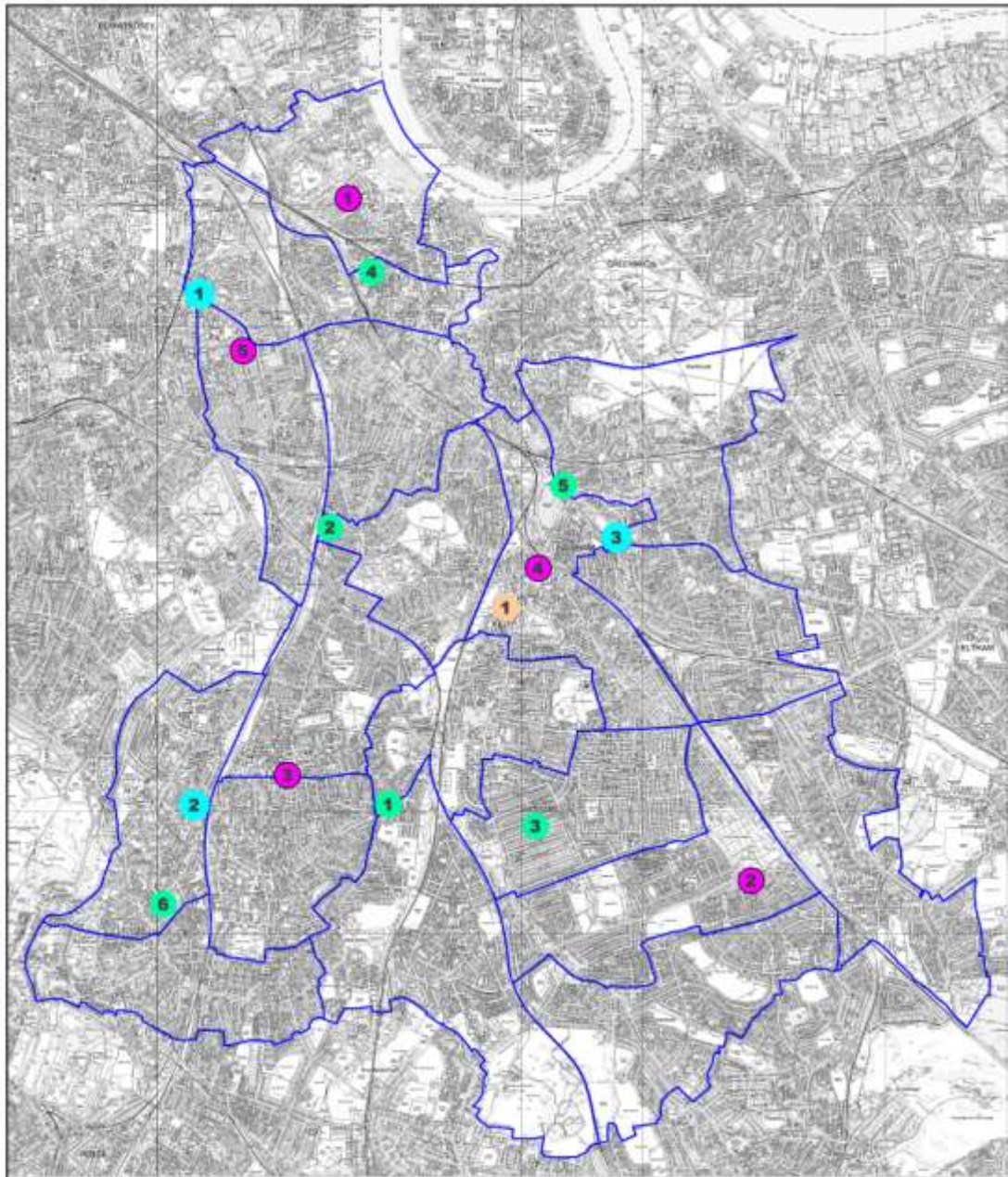
Source: TSA

- 7.22. An indicative assessment showed that 25 per cent of the land currently shown for disposal would need to be retained. When considered in combination with the Council's assessment a more realistic disposal price per hectare would be £3.3m, not £5m as suggested by the TSA. The savings that the TSA could expect to make from the site would be substantially reduced and the planning restrictions which would be placed on the site by the council would mean that the development potential was limited.
- 7.23. Considering the substantial investment that Lewisham and Greenwich NHS Trust has already made in its buildings and facilities, including a refurbishment and rationalisation of its urgent care centre and accident and emergency department, the Council recommended that the TSA reconsider fully the viability of removing provision from Lewisham.
- 7.24. As noted in the Finance section, Lewisham undertook a successful legal challenge against the decision of the Secretary of State for Health to implement the recommendations of the TSA. The Government has been given leave to appeal the ruling in Lewisham's favour and a hearing of the appeal is imminent.

Recommendation 2:

When putting forward proposals to close facilities or alter the delivery of services from public buildings, Lewisham's emergency services should consult with Councillors and the local community about the best use of their assets and any potential options for replacement facilities.

Emergency services asset map



LONDON AMBULANCE STATIONS		FIRE STATIONS		POLICE ASSETS	
ID	ADDRESS	ID	ADDRESS	ID	ADDRESS
1	Deptford, 1 New Cross Road, London SE14 5QB	1	Deptford 180 Crofton Street, SE5 8TH	1	Orise, Colford 16, SE28 4PB
2	Furzed 191, 511 Garvick Road, London SE23 3ZP	2	Downham, 205 Regent Road, SE1 5JH (Proposed closure)	2	Brixley Police Station, SE19 2AS (Planned closure)
3	Lee, 142 Lee High Road, London SE13 5PH	3	Furzed 191, 150 Stamford Road, SE23 1HP	3	Colford Police Station, 333 Seething Road, SE9 2DQ
		4	Lewisham, 348/350 Lewisham High Street, SE13 6BH	4	Deptford Police Station, 115-124 Amersham Vale, SE19 6LQ
		5	New Cross 280 Green's Road SE14 5JH	5	Lewisham Police Station, 33-63 High Street Lewisham, SE13 5JZ
				6	Sydenham Police Station, 179 Dalmeida Road, SE26 4RH (Planned closure)

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All plan scale
 Date:
 Drawn:
 Checked:
 Approved:
 Drawing ref:

Emergency services

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8. Perception

- 8.1. The “Emergency Services” are highly valued by the British public. Calling 999 and feeling confident that appropriate help, free at the point of service, is going to arrive quickly is an important foundation of civil society. Changes to emergency provision, particularly when there is no real public concern with the current provision, can cause some distress and anxiety. Explaining the rationale of any proposed service changes to people and giving service users/the local community the opportunity to comment on the proposals before any decision is taken and any changes are made, is a key part of planning, informing and implementing service changes.
- 8.2. As previously outlined, a number of London wide, or South- East London wide, service changes to emergency services have been announced recently that are, to varying degrees, prefixed by outlining of a financial imperative for the proposed changes. When a service change is perceived as a “cut” or reduction in quality or quantity of services, or a reduction in the accessibility of service, it can cause high levels of concern across the community, particularly by those most directly impacted.
- 8.3. The terms “engagement” and “consultation” are often used to refer to the process of talking to people about proposed changes before they happen. “Engagement” with service users and the public can play a critical role in helping people understand the role of services, and the challenges they face, and can directly impact on the public perception of the services and any changes proposed. Public perception is also heavily shaped by people’s direct experiences of the services that they receive, as well as the experiences of their loved ones, friends and neighbours.
- 8.4. Some public services are legally required to carry out a formal consultation process for a prescribed period of time when proposing major changes to services, with an expectation that the views of local people and service users will inform the final decision that is made. In Lewisham in recent months, proposals were published in relation to the fire service and accident and emergency service at Lewisham Hospital that plainly felt to the local community as a “cut” in services for people in Lewisham, that were driven primarily by financial motives: the Trust Special Administrator (TSA) proposals to reduce Accident and Emergency (A&E) provision at Lewisham Hospital, as well as to remove emergency maternity care from the Lewisham Hospital site, and the London Fire Brigade (LFB) plans for the restructuring of services explicitly mentioned the closure of two fire stations in the borough and the loss of 64 fire brigade staff. This section will look at how consultation with people in Lewisham took place, the views expressed about the proposals relating to emergency services in Lewisham, and if/how those views were taken into account.

Fire

- 8.5. In January 2013 the LFB Draft Fifth London Safety Plan (LSP5) was published by the Commissioner of the LFB, outlining the context for and specific changes proposed to the services delivered by the LFB. The plan advised that there was a need for the LFB to save £45.4million over the coming two years. It is within the context of needing to make large scale financial savings that the specific plans for service changes, which included the closure of 12 fire stations in London, 2 in Lewisham, 18 fire engines and over 500 fire fighters, were outlined for consultation.

- 8.6. The consultation on LSP5 was put forward as an opportunity for Londoners “to have a say on how their fire and rescue service is run...I urge everyone to visit our website and tell us what they think”²⁴. (LFB Commissioner Ron Dobson). As the responsible body that “runs the London Fire Brigade and makes decisions on key matters including strategy, policy and the Brigade’s budget”²⁵, the London Fire and Emergency Planning Authority (LFEPA) was the body responsible for putting the proposals to Londoners.
- 8.7. Before the consultation with Londoners began, the draft plan made headlines as LFEPA recorded its opposition to many of the proposals in the plan put forward by the Commissioner, namely the station closures, and appliance and staff reductions, and had attempted to reject the elements of the plan that dealt with station closures before it was put out for consultation with Londoners. In response to this the Mayor of London used his powers of direction to instruct LFEPA to begin a public consultation, by 13 February, on the version of the plan that was originally presented to it.
- 8.8. At an extraordinary meeting of the Authority on Monday 11 February, a majority of members supported a resolution to not comply with the Mayor’s direction. Subsequently, the Mayor wrote to LFEPA saying that he would seek legal redress to ensure that his direction was followed. At a meeting of the Appointments and Urgency Committee on Tuesday 26 February members voted to authorise that public consultation on the whole of the draft fifth London Safety Plan could begin.
- 8.9. This discord between the governing body, the Mayor of London and the Commissioner and the focus on the context of the financial savings underpinning the proposed service changes set the tone for the consultation process and drew attention to the concerns the governing body had about the reasons for and appropriateness of the specific proposals put forward. The consultation went ahead from 4 March 2013 to 17 June 2013. Over 1800 online responses to the consultation questionnaire were submitted, with another 400 questionnaires completed and posted to LFB. A further 102 formal responses were submitted from organisations, groups and individuals.
- 8.10. Lewisham Council submitted a response to the consultation outlining the concerns, of the Council and its constituents, of the potential implications of the proposal to close two fire stations in the borough. The Council felt the proposals to close New Cross and Downham Fire Stations would have a disproportionate impact on the borough, relative to impacts on other boroughs of the proposals and would reduce the level of emergency service, and therefore safety, for some of the most deprived areas of the borough. The concerns about the impact of the proposals on the safety of people in Lewisham were echoed by local politicians, local groups and large numbers of local people with people gathering together outside the threatened stations to protest and the proposals²⁶
- 8.11. Thirteen petitions, with signatures totalling 21,770, were submitted in response to the consultation, specifically opposing the closure of fire stations. Of those petitions, two were specifically in opposition to the proposed closure of Downham Fire station and totalled over 4700 signatures.

²⁴. LFB Press release, Ron Dobson (10 June 2013): http://www.london-fire.gov.uk/news/LatestNewsReleases_lastchanceonfireconsultation.asp#UkBmidJJOAg

²⁵. LFB News release (4 June 2013) http://www.london-fire.gov.uk/news/LatestNewsReleases_Sayonfirebrigadeproposals.asp#UkGXItJJMuc

²⁶. News Shopper article on LSP5 consultation (15 July 2013): http://www.newshopper.co.uk/news/10548683.Downham_fire_deaths_on_Boris_Johnson_s_head_after_station_closure_says_campaigner/

- 8.12. Phoenix Community Housing is a not-for-profit resident-led housing association that owns and manages over 6000 homes in the Bellingham, Whitefoot and Downham areas of Lewisham. They responded to the consultation voicing concerns on behalf of all of the tenants of the association, that the loss of Downham fire station, and increased response times in the surrounding wards would mean significantly less cover and increased risk for tenants in those areas.²⁷
- 8.13. Public meetings were also held across London as part of the consultation process, with 24 meetings held in total as some meetings were held jointly between two boroughs. LFB recorded the attendance at the 24 meetings at approximately 1330 and approximately 180 people attended the meeting held in Lewisham, which was the second highest attendance for all of the public meetings held as part of the consultation.
- 8.14. In analysing the consultation, the LFB noted that: “there was very strong opposition to any reduction in the number of fire stations, fire engines and fire fighter posts across all respondents (94% - 2, 010 out of 2145)”.²⁸
- 8.15. After the consultation process had concluded, the original proposals were revised by the Commissioner to suggest the closure of 10, rather than 12 fire stations with one of those being retained being New Cross Fire station. The proposals were also altered to reduce the total number of fire engines by 14 rather than 18 and to increase the loss of fire-fighters from 520 to 552, but this was suggested with a focus on specialised fire rescue units and the crewing of those units.
- 8.16. Throughout the respective formal consultation processes, the rationale for the proposals were put forward. Professional assurances were given that the quality and accessibility of services would not be negatively impacted. These reassurances were based upon modelling which showed that the average attendance times would remain close to the targets of six minutes for the first appliance and eight minutes for the second appliance across London. The Commissioner maintains that, in some instances, the public expectations and perceptions of the structures necessary to deliver effective services was incorrect:
- “The belief that emergency cover depends upon the resources normally located in a locality was strongly felt and expressed. It is true that cover is significantly affected by the availability of nearby resources but respondents made insufficient allowance for the evidence provided that shows how Brigade resources are, in fact, deployed from any station to maintain pan-London response performance.”²⁹
- 8.17. However, in considering the ward level information regarding attendance times, it was clear to local people that there was a direct link to the reduction of fire stations and the attendance time they could anticipate, if they were to need the LFB in an emergency. The marked rise in average attendance times to above the six and eight minute averages in the localities around the stations proposed for closure, indicated to local people that the proximity of resources did have a tangible impact on the effectiveness of the emergency services that they could expect to receive and the perception, that the emergency fire service people in Lewisham could expect to receive would diminish as a

²⁷ Phoenix Community Housing Response to Draft Fifth London Safety Plan consultation (17 June 2013)

²⁸ Fifth London fire safety plan (Report to LFEPA 18 July 2013): <http://moderngov.london-fire.gov.uk/mgconvert2pdf.aspx?id=2064>

²⁹ Fifth London fire safety plan (Report to LFEPA 18 July 2013): <http://moderngov.london-fire.gov.uk/mgconvert2pdf.aspx?id=2064>

result of these changes, persists, even if the ward level averages appear to be in line with targets.

- 8.18. The Overview and Scrutiny Committee fully support the legal action undertaken by Lewisham Council and others in relation to Downham Fire Station.

Police

- 8.19. In January 2013, the Mayor of London announced the publication of the draft London Police and Crime Plan 2013-16, including the need for savings of £500m. Following a consultation period the final plan was announced in April 2013. The Plan set out the 20:20:20 target that the Mayor has set the Metropolitan Police Service (MPS), to:
- Reduce key neighbourhood crimes by 20%
 - Boost public confidence in the police by 20%, up to 75%.
 - Cut costs by 20% (delivering £500m savings).
- 8.20. The Mayor's Office for Police And Crime (MOPAC) carried out a London wide consultation on the draft Police and Crime Plan, and a number of public engagement meetings were held, including on in Lewisham that was well attended by local people, concerned to fully understand the potential impact on Lewisham.
- 8.21. The new Local Policing Model was outlined within the London Police and Crime Plan and is a key part of how the MPS plan to meet those targets. The different model of policing aims to change the way boroughs operate and move more resources to the front line; increasing the visibility and flexibility of the police; and thereby improve the quality of the service in order to increase public confidence.
- 8.22. This model of policing aims to build on the success of the very popular Safer Neighbourhood Team (SNT) model that has been in place across boroughs for a number of years and has seen dedicated sergeants, Police Constables (PCs) and Police Community Support Officers (PCSOs) in all wards in the borough building strong relationships with the local SNT panels and local people and schools.
- 8.23. SNT's were very popular with their local communities and the model of a local team based in the ward was well understood, with good relationships built up with local people, businesses and schools in every ward. There were concerns voiced locally that the changes to the local policing model would undermine the relationships and local knowledge built up and progress made to date, with only one dedicated PC per ward always being assigned to a ward under the new model, in place of the previous sergeant, PC and PCSO (s) allocated to each ward.
- 8.24. In response to these concerns, the Assistant Borough Commander advised the Safer Stronger Communities Select Committee that under the new model, 110 police constables will be assigned to neighbourhood policing, however they would be assigned to an area rather than specific wards"³⁰. He further stated that the total number of neighbourhood officers would be 129 by 2016, up from 36 in 2007, and that 116 of those officers were due to be in place by September 2013. He also advised members that

³⁰. Emergency services review: police service report safer Stronger Communities (29 July 2013)
<http://councilmeetings.lewisham.gov.uk/documents/s23832/04%20Emergency%20services%20review-%20police%20service%20290713.pdf>

some existing PSCO's were being recruited to fill the new police constable posts, ensuring that their experience was not lost and that there was a balance across the borough of experienced and probationary officers with an existing knowledge of the area.

- 8.25. At the public meeting held by MOPAC in the Civic Suite and at the Safer Stronger Communities Select Committee, it was advised that, in Lewisham, under this model the total number of officers in the borough should increase from 593 to 647, an increase of 54 officers on 2011 levels.
- 8.26. There were concerns raised by members locally regarding the actual increase on officers that could be expected in Lewisham as a result of the implementation of the plan. The baseline figures, of officers per borough in 2011, used in the draft plan to show the increase of officers in each borough by 2015, have been challenged by members of the London Assembly. In relation to Lewisham, the number of officers in 2011 was quoted in the draft plan as being 593. In the data available on the London Data Store,³¹ and submitted in response to the consultation on the plan,³² the actual number of officers in Lewisham at that time was 634. This means that rather than an additional 54 officers in the borough by 2015, there would only be an actual increase of 13 additional officers.
- 8.27. Members have highlighted public concern that the knowledge and experience built up in the current SNTs will be lost within the changed model, and the dedicated front line ward based support will actually be reduced rather than improved, to one officer from at least four per ward, with the 110 police constables moving around the borough rather than being more closely aligned to ward areas. Members were also concerned that the effective relationships built up with local councillors and ward panels would be disrupted with the changed model and the loss of a number of dedicated local officers.

Recommendation 3:

Local councillors should be kept up to date with the names and contact details of the appropriate officers who have direct responsibility for managing officers working at ward level. These officers should engage with their relevant local assembly.

Recommendation 4:

Information about the local policing model should be provided to local assemblies by the appropriate senior officers

- 8.28. Since 2011 there had been a match funding arrangement in place, where the Council had provided funding for six police constables, from 2011-2013, with a matched number of additional posts provided by the MPS. These post holders were deployed to assist with integrated offender management as well as to tackle anti-social behaviour, guns & gangs and serious youth violence. Given the pressure on the Council finances, and the

³¹ The London Data Store was created by the GLA to make all the data it holds available for analysis and use by the public <http://data.london.gov.uk>

³² Response to Police and Crime Plan Consultation London Assembly Labour Group and Joanne McCartney <http://www.london.gov.uk/sites/default/files/Joanne%20McCartney%20AM%2C%20London%20Assembly.pdf>
<http://www.london.gov.uk/sites/default/files/London%20Assembly%20Labour%20Group.pdf>

imminent changes to the local policing model, and lack of clarity at that time, about potential future matched funding arrangements, ceasing the funding of the six police constable posts was agreed as a saving in February 2013, that this funding would not be provided by the Council once the existing contract ended in 2013.

- 8.29. The Safer Lewisham Partnership Plan recognises that people in the borough want to 'feel safe in their communities'. One of the key aims of the Mayors 20:20:20 plan is to increase satisfaction in policing (up to 75%) – in relation to the figures given by Supt. Gallagher, this figure has already been achieved in Lewisham. Further information has been requested about the low confidence figures
- 8.30. Safer Stronger Communities Select Committee heard from Assistant Borough Commander Michael Gallagher in July that Satisfaction levels in Lewisham had shown a marked improvement in the past five years. Satisfaction with local policing was now at 78%, up from 52% in 2007. However, confidence was currently at 55%, which was low in comparison to other areas and confidence figures had seen a downward trend in recent years. High levels of satisfaction in comparison to low levels of confidence would seem to indicate that in Lewisham people's interactions with the police were generally positive, but the general feeling in the area about the police's ability to deal with crime was low. This is recognised by the MPS locally as something that they need to tackle as a priority within the new policing model in Lewisham.
- 8.31. Lewisham has an active and vibrant Community Police Consultative Group (LCPCG) which has a rich history of supporting the wider community in Lewisham in engaging with the police. The LCPCG is an independent forum for Lewisham's residents, businesses and representatives of community organisations to engage with the police and other agencies who are working to make Lewisham a safer place.
- 8.32. Under the Mayor of London's proposals, the LCPCG will be replaced by a Safer Neighbourhood Board which would have a slightly different role and focus than the engagement approach of the current forum. The Mayor's Police and Crime Plan only set out high level proposals for the creation and delivery of safer neighbourhood boards, further information is still awaited but it has been proposed that the new Board would hold the Borough Commander to account for the performance of the local force and monitor:
- Complaints
 - Stop and Search figures
 - Custody visiting
 - Crime figures
- 8.33. Arrangements for the new Safer Neighbourhood Board in Lewisham will need to be in place by April 2014. It is important to have an effective mechanism of engagement for the police and local community that builds on previous engagement. Further information from the Mayor of London's office regarding the creation of the new Boards is awaited.
- 8.34. The Assistant Borough Commander informed the Safer Stronger Select Committee that part of the savings contributions from Lewisham would come from the closure of stations. Brockley station had already closed because it had a low footfall and was therefore unviable. Sydenham would also close, but a front desk would be opened at Catford Hill to cover the area previously covered by Sydenham. Concerns were raised by members, and members of the public that access for local people to their local police

officers would be hindered by these changes, and concerns were raised about the new bases for the local ward based teams, as these stations currently provided bases for the local SNT's.

- 8.35. In responding to the Police and Crime Plan consultation, the Safer Lewisham Partnership advised, in relation to the closure of police stations,:

“There is concern that officers may be located at such a distance from the areas they serve that the notion of greater police numbers on Neighbourhood Teams may not actually be visible to the local residents. There is clearly a concern that there is a feeling amongst local residents that the closure of public service buildings as a whole is symbolic and has feelings of loss and disinvestment”³³.

Emergency Healthcare

- 8.36. Of all the proposals related to emergency services in the borough recently, the one that has received the most publicity and the strongest reaction from local people has been the proposal affecting Lewisham hospital. Thousands of local people have petitioned and marched against the proposals and organised a campaign to oppose the plans for change at the hospital site.
- 8.37. The Trust Special Administrator (TSA) was appointed by the Secretary of State for Health, under the unsustainable provider regime, to tackle the problem of a failing trust that provided acute services in two neighbouring boroughs. The TSA published a draft report outlining the actions he proposed the Secretary of State should take to tackle the financial problems of the failing trust and continue to provide health services to the population that trust served.
- 8.38. There was shock and dismay across Lewisham as the TSA proposed major service changes to the services provided in a separate Trust, Lewisham Healthcare NHS Trust, which provides acute and community health services across the borough of Lewisham from its base at Lewisham Hospital. The TSA proposed reducing the accident and emergency provision from a fully admitting A&E and also proposed the loss of emergency maternity care, with only a midwife led unit remaining in Lewisham.
- 8.39. Public reaction to these proposals was widespread, across Lewisham and beyond, with the consultation meetings organised by the TSA to discuss his draft proposals being well attended and his proposals vociferously challenged by local people at those meetings, in responses to the consultation and in the local press.
- 8.40. The enormous level of public concern with the proposals related to changing the services and reducing accident and emergency provision at Lewisham hospital led to a high profile campaign to “Save Lewisham A&E” being launched. The campaign group was extremely well organised and lead by local Lewisham GP's with numerous events, including marches and vigils, organised and attended by 1000's of local people.
- 8.41. Amongst the range of events organised, the campaign organised a “Lewisham People's Commission of Inquiry” to review the proposals and their potential impact on the local community. The Panel was chaired by Michael Mansfield QC and heard evidence from

³³ Safer Lewisham Partnership Consultation Response to the MOPAC Police and Crime Plan consultation (2013)
http://www.london.gov.uk/sites/default/files/Safer%20Lewisham%20Partnership_0.pdf

Professor Colin Leys, Professor Allyson Pollock, a number of GPs, hospital clinicians and nurses, patients and patient representatives, the Mayor of Lewisham and church and community representatives. The inquiry³⁴ highlighted the wide range of people and communities in Lewisham who had come together to oppose the proposals and who all articulated their opposition to this “cut” to services for people in Lewisham.

- 8.42. The strength of feeling about maintaining the emergency services and a full maternity service at Lewisham Hospital remains. In the face of the Secretary of State decision to appeal the legal decision made Lewisham Council agreed, at its meeting on 19 September 2013, that:

“Lewisham Council has been totally vindicated in challenging the decision of the Secretary of State over reducing maternity and A&E provision at Lewisham Hospital. The Judge concurred with the Council’s sound legal arguments that Jeremy Hunt acted beyond the powers set out in the Unsustainable Provider Regime (UPR). The decision by Jeremy Hunt to downgrade the hospital facilities led to widespread condemnation and anger across all Lewisham communities and to a highly successful community campaign led by SaveLewishamHospital, which also challenged the decision at the High Court.

Council is disappointed that the Secretary of State has decided to ignore the weight of legal arguments and to appeal against the ruling and as a result waste even more much needed public money and lead to further months of uncertainty within the borough and its communities.

Lewisham Council will continue to argue the case that Lewisham Hospital is well-run, respected and financially solvent. The Special Administrator should never have been allowed to make recommendations outside his remit and these should never have been adopted by the Secretary of State. Council will continue to make these sound legal arguments and fight for sustainable health services within the borough for its communities”:³⁵

- 8.43. The Overview and Scrutiny Committee fully supports the legal action taken by the Council in relation to Lewisham Hospital.

³⁴ Lewisham People’s Commission of Inquiry Initial report <http://www.savelewishamhospital.com/wp-content/uploads/2013/04/Lewisham-Commission-initial-findings-8-July-2013.pdf>

³⁵ Motion at Lewisham Council meeting 19 September 2013
<http://councilmeetings.lewisham.gov.uk/documents/s24525/Motion%201%20Proposed%20Councillor%20Foxcroft%20Seconded%20Councillor%20Hall.pdf>

9. Response

- 9.1. In an emergency, 999 services are committed to reaching people as quickly as possible. For the most serious incidents London's emergency services set these targets for first response:
- The fire services in six minutes
 - The ambulance service in eight minutes
 - The Police in 15 minutes
- 9.2. The emergency services are called to a range of different incidents for a variety of different reasons and there are many different factors impact on the speed with which they can respond. The challenges and risks involved in each incident are likely to be different to some extent and in a number of cases the alarm is raised when the attendance of emergency services is not essential, however, when life saving services are required a difference of a few seconds can be vitally important.
- 9.3. The London Fire Brigade (LFB), the Metropolitan Police Service (MPS) and the London Ambulance Service (LAS) each intend to change the way in which they deliver their services to Londoners. The financial challenge set by government and the Mayor of London's office has created an urgent imperative for all three services to change the way they ensure that London is kept safe.
- 9.4. For the Fifth London Safety Plan (LSP5) the LFB consulted on proposals to close two stations in Lewisham, which would have resulted in the loss of the engines and crews stationed in these areas (New Cross and Downham). The LFB maintained that that proposals would have ensured that borough *average* times in Lewisham would still be within London wide targets. Nonetheless, information provided for the review illustrated that the proposed changes would have a much more significant impact on the borough's communities at the ward level. Discussions during the review also raised concerns about the LFB's ability to reach the worst affected parts of the borough during a major emergency as well as the additional time it takes to receive and despatch emergency calls and the ability of a third fire engine, when required, to reach the scene of a serious incident.
- 9.5. The MPS is also changing the way it delivers its services. The Local Policing Model (LPM) and an ambitious programme of asset rationalisation are intended to move officers from stations and enable them to spend more time in neighbourhood teams, dealing with local issues. The LPM is also designed to free up emergency teams from dealing with non critical work in order to ensure that they retain the ability to respond rapidly when required. To facilitate this change some investigative and custody responsibilities will be moved to local policing teams.
- 9.6. Last year (2012/13) the LAS received 1.7 million calls and it attended more than a million incidents³⁶. In the most serious cases the LAS aims to reach patients within eight minutes. Unlike the fire service, the initial response is often only part of the emergency assistance required. Most often, the ambulance service must then ensure that it is able to speedily and safely admit patients to a hospital accident and emergency department (A&E).

³⁶ London Ambulance Service Annual Report (2012/13): http://www.londonambulance.nhs.uk/about_us/publications.aspx

- 9.7. Plans to downgrade Lewisham Hospital Accident and Emergency (A&E) have been reported previous sections of the report. The potential loss of this emergency facility at the heart of the borough required the LAS to reconsider how it would deliver the best clinical outcomes for Lewisham citizens. Reports of overcrowding at A&E departments in neighbouring boroughs led to serious concerns about the future health and wellbeing of Lewisham citizens.
- 9.8. The Council has been outspoken in its support for Lewisham Hospital's A&E department. Plans to substantially change the delivery of services from Lewisham hospital were judged to have been based on incomplete consideration of local issues and deemed unlawful by the courts. In the context of the proposed changes, Lewisham NHS Healthcare Trust has been working to ensure that its services continue to function effectively and robustly.
- 9.9. Changes to services at Lewisham Hospital are only part of the challenge for the LAS. All emergency services spend a proportion of their time dealing with non-critical incidents and false alarms. Differentiating between the most critical incidents and responding to issues that might be better deal with by other services is one of the LAS's key areas of work and a key challenge for its future success. Integrating services with other healthcare providers supporting people to make appropriate choices about their health care needs are ambitions that the LAS has committed to achieving.

Fire

- 9.10. In the Fourth London Safety Plan in 2010, the London Fire Brigade stated:

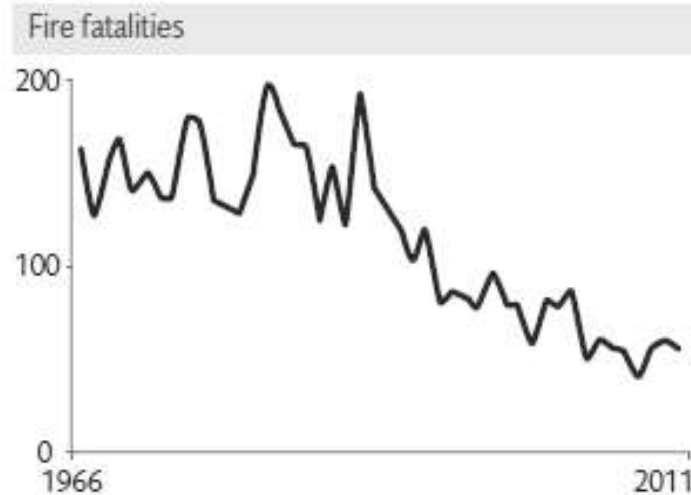
'While we have been successful over the past decade in reducing the number of emergency incidents we have to attend... this does not directly lead to a reduction in the number of staff or vehicles we need. The numbers of incidents are reducing, but the complexity of incidents has increased and the risks we face are more involved.'

(Fourth London Safety Plan³⁷ 2010-13, p12)

- 9.11. In contrast, LSP5 sets out proposals to reduce the number of fire stations in the city from 112 to 102; as well as to reduce the number of fire engines by 14 to 155 and cut the number of fire fighters in the city by 552 (around 10% of the workforce).
- 9.12. London is a city of churn and change. As its population, its infrastructure, its people and its technology have changed so has the risk posed by fire. The LFB's data demonstrates that the risk from being injured or killed in a fire is at an all time low and the number of recorded incidents in London has fallen to its lowest level since records began in 1965. The simultaneous rise in London's population over this period leads the LFB to suggest that there is not necessarily a link between population growth and the number of recorded fires. Moreover, in its safety plans, the LFB sets out proposals to refocus its efforts on preventative work to ensure that the number of incidents, injuries and deaths continues to fall.

³⁷ Fourth London Safety Plan (2010-2013) <http://www.london-fire.gov.uk/Documents/LSP4.pdf>

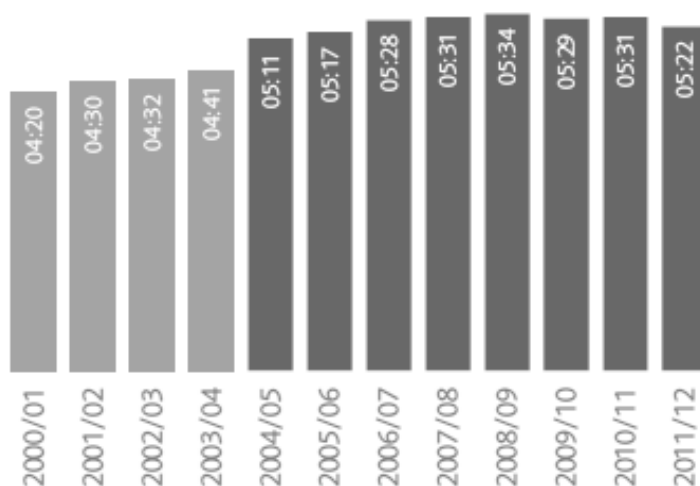
Fire deaths



Source: Draft LSP5 (p15)

- 9.13. The draft fifth London safety plan set out proposals to close two of Lewisham's five fire stations. However, following consultation on the plan the Commissioner revised the proposals in order to reduce the number of fire rescue units and fire fighters in the city, whilst retaining two of the fire stations that had been proposed for closure. The revised plans retained New Cross station but upheld the decision to close Downham fire station. The proposals were initially rejected by the London Fire and Emergency Planning Authority (LFEPA). In response, the Mayor of London issued the authority a direction to implement the plans by mid-September which meant that LFEPA was subsequently required to agree to implement the changes.
- 9.14. At the time of drafting this report, Lewisham Council, in partnership with a number of other London Boroughs had agreed to instigate legal proceedings against the Mayor of London and the Commissioner of the London Fire Brigade in relation to the decision to close Downham fire station.
- 9.15. The LFB carried out modelling to assess the impact of the proposed closure of its 12 (later amended to 10) fire stations across the city. The changes also included the removal of 16 fire engines from stations with more than one engine, and the deployment of those engines to other stations. One of the driving policy principles behind the changes has been the retention of London-wide average attendance times. In 2004, following the abolition of national standards for response times, the LFB set the target of having a first fire crew at the scene of an incident in six minutes. The target for a second engine (if required) is eight minutes. The chart below sets out the London wide average for the last decade:

London average attendance times (first appliance)



Performance against London standard for first appliance to all incidents across London 2000/1 – 2011/12 (minutes) Source: LSP5 supporting document 8 (p5)

9.16. Original data in the draft fifth London safety plan indicates that as a result of the proposed changes to the LFB, attendance by a first fire engine would increase by 13 seconds to an average of 5m:33s and a second engine would increase by 10 seconds to an average of 6m:32s.

9.17. This information needs to be considered in relation to the types of incidents the LFB is responding to. The chart below demonstrates that the majority of incidents attended by the force are not emergencies.

A three year average of the ten most attended incident types

INCIDENT TYPE	2009/12 AVERAGE	%
False alarm – Automatic fire alarms	42,938	35
Outdoor fires	14,868	12
False alarm – good intent	13,919	11
Shut in lift releases	9,760	8
Locked in/out	7,257	6
Flooding	6,862	6
Dwelling fires	6,845	6
Road traffic accidents	3,649	3
Other building fires	3,156	3
Road vehicle fires	2,839	2
All attendances	123,208	

Note: Eight per cent of incidents fall outside the top ten.

Source: Draft LSP5 (p13)

9.18. In Lewisham, current average response times are 4m:47s minutes for first fire engine and 6m:03s minutes for a second fire engine. However, modelling carried out for the draft plan indicated that, under the original proposals attendance times in Lewisham would increase to 5m:18s and 6m:15s s. The chart³⁸ below illustrates how effective the LFB has been in achieving its targets in Lewisham:

Fire engine speed of response

	2005/06	2011/12	Change
Average 1 st fire engine response	04:50	04:51	0%
Average 2 nd fire engine response	06:16	06:20	1%
1 st fire engine within 6 minutes (%)	79	79	0
1 st fire engine within 12 minutes (%)	99	99	0
2 nd fire engine within 8 minutes (%)	85	84	-1

Note: The LFB fire engine arrival targets are 1st in 6 minutes; 2nd in 8 minutes

Source: LFB statistics pack for Lewisham (2013)

DRAFT

³⁸ LFB in Lewisham (2013): <http://www.london-fire.gov.uk/Documents/statistics-pack-lewisham.pdf>

9.19. Incidents in Lewisham

This table summarises all the incidents attended in the borough over the last three years.

Incident Group	Incident Type	Sub type	2009/10	2010/11	2011/12
Fire	Primary Fire	Dwelling	312	281	258
		Other Building	80	78	100
		Other Transport	1	0	0
		Outdoor	21	22	33
		Road Vehicle	104	99	71
	Chimney Fire	Dwelling	1	0	3
		Other Building	1	0	0
	Late Call	Dwelling	2	0	0
		Other Building	1	0	0
		Outdoor	0	0	0
	Secondary Fire	Road Vehicle	0	0	0
		Dwelling	1	1	0
		Other Building	3	2	1
		Outdoor	373	438	407
		Road Vehicle	0	4	1
Fire Total			900	925	874
Special Service		Advice Only	21	14	18
		Animal assistance incidents	24	19	22
		Assist other agencies	32	33	28
		Evacuation (no fire)	14	8	14
		Flooding	300	319	334
		Hazardous Materials incident	15	17	10
		Lift Release	417	226	190
		Making Safe (not RTC)	40	42	35
		Medical Incident	8	13	16
		No action (not false alarm)	64	74	82
		Effecting entry/exit	381	337	335
		Other rescue/release of persons	26	16	15
		Other Transport incident	7	4	9
		Removal of objects from people	12	7	7
		Rescue or evacuation from water	0	0	2
		RTC	113	105	111
		Spills and Leaks (not RTC)	45	54	42
		Stand By	1	0	0
		Suicide/attempts	6	5	5
	Water provision	3	0	1	
	Flood call attended - Batch mobilised	3	1	1	
Special Service Total			1,532	1,294	1,277
False Alarm	AFA		1,078	1,060	1,031
		False alarm - Good intent	598	551	549
		False alarm - Malicious	76	104	98
False Alarm Total			1,752	1,715	1,678
All incidents attended			4,184	3,934	3,829

Source: LFB in your borough (2013)³⁹

Impact at the local level

- 9.20. ‘...the number and disposition of crews affects attendance times. Some places produce little demand for attendance. But when that attendance is required, it can only be serviced in a way that maximises (but does not guarantee) rescue and the minimisation of damage and casualties, by having crews that can attend quickly.’ (Fourth London Safety Plan, p42)
- 9.21. The LFB has modelled the impact of the changes proposed in the draft fifth London safety plan. The results of this work were initially set out as borough averages. In Lewisham the modelling showed that, on average, a first fire engine would reach the scene of an incident 22 seconds slower than the current average and a second engine would reach the scene of an incident 5 seconds slower.
- 9.22. In order to understand the potential local impact of the proposed changes at ward level, rather than just the average response time for the entire borough, the Safer Stronger

³⁹ LFB in your borough 2013: http://www.london-fire.gov.uk/Documents/LFB_in_your_borough_2012-13_-_Lewisham.pdf

Communities Select Committee asked the Borough Commander to provide ward level modelling data. Members received this information at their meeting on 8 May 2013 and it was made available on the LFB consultation website:

Ward level data

Ward Name	Borough	2011/12 Fire Incidents	2011/12 All Incidents	Current Performance (3 Year Average)	Post LSP5 Performance
Bellingham	Lewisham	57	177	06:29	06:55
Blackheath	Lewisham	37	189	04:48	04:54
Brockley	Lewisham	44	253	05:28	05:41
Catford South	Lewisham	19	94	05:29	06:13
Crofton Park	Lewisham	41	180	04:01	04:07
Downham	Lewisham	63	166	05:54	07:38
Evelyn	Lewisham	49	343	04:32	04:37
Forest Hill	Lewisham	38	178	05:41	05:45
Grove Park	Lewisham	67	187	05:10	06:27
Ladywell	Lewisham	38	129	04:56	05:01
Lee Green	Lewisham	20	131	04:29	04:35
Lewisham Central	Lewisham	56	470	04:06	04:11
New Cross	Lewisham	72	298	05:04	05:31
Perry Vale	Lewisham	34	179	04:16	04:22
Rushey Green	Lewisham	77	252	04:46	04:53
Sydenham	Lewisham	44	206	06:14	06:21
Telegraph Hill	Lewisham	44	206	05:15	07:24
Whitefoot	Lewisham	73	191	05:08	07:57

Source: Draft LSP5 supplementary document 22

- 9.23. These figures indicated that in the worst affected ward (Whitefoot) average attendance times would increase by almost three minutes for the first engine, taking the ward outside of the London-wide 6 minute target set by the Brigade, along with Telegraph Hill, Sydenham, Downham, Catford South, Grove Park and Bellingham.
- 9.24. On 18 July, the London Fire Commissioner provided a response to the draft fifth London safety plan consultation. The Commissioner revised the proposals in order to further cut the number of fire fighters in the city but also to reduce the number of fire engines being lost and decrease station closures from twelve to ten.
- 9.25. The revised proposals will retain New Cross station. Subsequent to this change the average ward response times would be impacted in this way:

Ward response times (retaining New Cross station)

Ward Name	Borough	2011/12 Fire Incidents	2011/12 All Incidents	2011 Population	2011 Households	Current Performance (3 Year Average)	155/102	Impact
Bellingham	Lewisham	57	177	14,775	6,107	06:29	06:55	00:26
Blackheath	Lewisham	37	189	14,039	6,423	04:48	04:48	00:00
Brockley	Lewisham	44	253	17,156	7,435	05:28	05:28	00:00
Catford South	Lewisham	19	94	15,214	5,712	05:29	06:13	00:44
Crofton Park	Lewisham	41	180	14,937	6,263	04:01	04:07	00:06
Downham	Lewisham	63	166	14,567	6,061	05:54	07:38	01:44
Evelyn	Lewisham	49	343	16,603	6,883	04:32	04:32	00:00
Forest Hill	Lewisham	38	178	14,854	6,506	05:41	05:45	00:04
Grove Park	Lewisham	67	187	14,648	6,182	05:10	06:26	01:16
Ladywell	Lewisham	38	129	14,515	5,762	04:56	04:56	00:00
Lee Green	Lewisham	20	131	14,573	6,320	04:29	04:35	00:06
Lewisham Central	Lewisham	56	470	17,446	7,722	04:06	04:11	00:05
New Cross	Lewisham	72	298	15,756	6,576	05:04	05:04	00:00
Perry Vale	Lewisham	34	179	15,618	6,707	04:16	04:22	00:06
Ruthey Green	Lewisham	77	252	14,916	6,257	04:46	04:53	00:07
Sydenham	Lewisham	44	206	15,605	6,793	06:14	06:21	00:07
Telegraph Hill	Lewisham	44	206	16,414	6,855	05:15	05:16	00:01
Whitefoot	Lewisham	73	191	14,249	5,527	05:08	07:57	02:49

Source: LFB revised ward level data (2013)⁴⁰

- 9.26. As might be anticipated, this improves the average attendance in wards surrounding New Cross station. However, there is no improvement for Whitefoot or Downham. Bellingham, Catford South, Grove Park and Sydenham all still remain outside of the six minute target time.
- 9.27. The LFB maintains that response times are not the only factor which determines risk of injury or death in a fire. The location and intensity of the fire are also important, as is the mobility of people in the vicinity of the fire. Furthermore, the Safer Stronger Communities Select Committee heard that the move to dynamic mobilisation⁴¹ in 2014 would make the location of fire stations less relevant. Nonetheless, it is recognised that response to primary (serious) fires needs to be as rapid as possible. The following table provides an overview of the London wide impacts of the revised proposals:
- 9.28. The LFB sends a second fire engine to all primary fires (the most serious incidents, and those involving people). The following table sets out the average number of fire engines required at incidents in 2011/12:

Category	Type	2011/12
Fires	Primary	2.1
	Secondary	1.2
False Alarms	Automatic fire alarm	1.7
	Good Intent	1.9
	Malicious (hoax)	1.8
Special Services	Road traffic accidents	1.9
	Spills and leaks	1.3
	Lift Release	1.0
	Flooding	1.0
	Effecting Entry	1.0
	Making Safe	1.5
	All others	1.6
All incidents		1.6

Source: Draft LSP5 supporting document 8 (p12)

⁴⁰ Revised ward level data (accessed online August 2013): http://www.london-fire.gov.uk/Documents/Ward_performance_data_revised_plan.pdf

⁴¹ 'Dynamic mobilisation' is a system which tracks the actual location of fire engines and deploys them to the nearest incidents based on their location, rather than the location of their home station.

9.29. Information provided for the review suggests that a single fire crew cannot enter a burning building to rescue people trapped inside. Ward times have also been provided for the attendance of a second fire crew at the scene of a fire. The original consultation material included this model for the attendance of a second fire crew at the scene of an incident:

Ward Name	Borough	2011/12 Fire Incidents	2011/12 All Incidents	Current Performance (3 Year Average)	Post LSP5 Performance
Bellingham	Lewisham	57	177	07:31	07:43
Blackheath	Lewisham	37	189	06:46	06:48
Brockley	Lewisham	44	253	06:37	06:55
Catford South	Lewisham	19	94	06:44	07:14
Crofton Park	Lewisham	41	180	04:40	04:42
Downham	Lewisham	63	166	08:04	08:18
Evelyn	Lewisham	49	343	06:52	06:58
Forest Hill	Lewisham	38	178	06:11	06:14
Grove Park	Lewisham	67	187	06:56	07:40
Ladywell	Lewisham	38	129	06:22	06:23
Lee Green	Lewisham	20	131	06:24	06:36
Lewisham Central	Lewisham	56	470	06:00	06:03
New Cross	Lewisham	72	298	06:50	07:31
Perry Vale	Lewisham	34	179	05:09	05:11
Rushey Green	Lewisham	77	252	05:52	05:54
Sydenham	Lewisham	44	206	06:48	06:51
Telegraph Hill	Lewisham	44	206	07:30	08:03
Whitefoot	Lewisham	73	191	07:29	08:02

Source: Draft LSP5 supporting document 22

9.30. The chart below sets out the impact of retaining New Cross station:

Ward Name	Borough	2011/12 Fire Incidents	2011/12 All Incidents	2011 Population	2011 Households	Current Performance (3 Year Average)	155/102	Impact
Bellingham	Lewisham	57	177	14,775	6,107	07:31	07:43	00:12
Blackheath	Lewisham	37	189	14,099	6,423	06:46	06:46	00:00
Brockley	Lewisham	44	253	17,156	7,435	06:37	06:37	00:00
Catford South	Lewisham	19	94	15,214	5,712	06:44	07:13	00:29
Crofton Park	Lewisham	41	180	14,937	6,263	04:40	04:40	00:00
Downham	Lewisham	63	166	14,567	6,061	08:04	08:18	00:14
Evelyn	Lewisham	49	343	16,603	6,883	06:52	06:52	00:00
Forest Hill	Lewisham	38	178	14,854	6,506	06:11	06:11	00:00
Grove Park	Lewisham	67	187	14,648	6,182	06:56	07:39	00:43
Ladywell	Lewisham	38	129	14,515	5,762	06:22	06:23	00:01
Lee Green	Lewisham	20	131	14,573	6,320	06:24	06:33	00:09
Lewisham Central	Lewisham	56	470	17,446	7,722	06:00	06:03	00:03
New Cross	Lewisham	72	298	15,756	6,576	06:50	06:50	00:00
Perry Vale	Lewisham	34	179	15,618	6,707	05:09	05:11	00:02
Rushey Green	Lewisham	77	252	14,916	6,257	05:52	05:54	00:02
Sydenham	Lewisham	44	206	15,605	6,793	06:48	06:51	00:03
Telegraph Hill	Lewisham	44	206	16,414	6,855	07:30	07:31	00:01
Whitefoot	Lewisham	73	191	14,249	5,527	07:29	08:02	00:33

Source: LFB revised ward level data

9.31. It is clear that even with the revised proposals, the borough average attendance figures for both first and second appliance, mask the fact that average attendance times in a number of wards in the borough would be well above the LFB target average attendance times.

Recommendation 5:

The decision to close Downham Fire Station leaves some residents, schools and businesses in Lewisham subject to unacceptable average attendance times, and at greater risk. The LFB ward level response times should be provided annually for consideration by Overview and Scrutiny in Lewisham and the relevant Cabinet Member.

Critical seconds

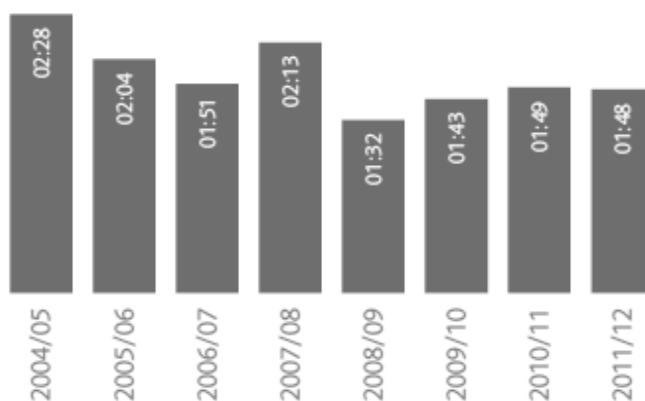
- 9.32. Even though the dangers created by the outbreak of fire are contingent on a number of factors, in the most serious cases, fire can spread rapidly, with devastating effect.
- 9.33. The LFB maintains that threat to life and risk to property are dependent on the speed with which fires are detected and reported to the emergency services as well as the materials involved in the fire, the location of the fire within a building and the construction of the building. The mobility of the people in proximity to the fire and the measures put in place to ensure that there are practical means of escape are also significant factors.
- 9.34. The LFB acknowledges that very few fires are reported immediately and that any delay might allow a fire to spread or to increase in intensity. It is recognised that the speed with which the LFB is alerted to an incident plays a significant part in the chances of people being injured or killed as a result of the fire:
- “The fatality rate in fires where we are called in the first five minutes is low (at around 15 fatalities per 1,000 fire casualties). When we are called between five and 10 minutes this rises slightly to 19 fatalities per 1,000 fire casualties. But in fires where we are called to the fire after the first 10 minutes, the rate more than doubles to around 47 fatalities per 1,000 fire casualties”.⁴²
- 9.35. The LFB reiterates that most fires are small and only cause minimal damage. However, it is also acknowledged that when an emergency response is required for the most serious fires, it is needed as quickly as possible:
- ‘Many fires are small with around 60 per cent causing only slight damage. Those that do develop into more severe fires do so very quickly and the fire can become very hostile less than five minutes from the start.’ (Draft LSP5, supporting document 8, p11)
- 9.36. However, fires can spread quickly and it can rapidly increase in intensity. The term *flashover* is used to describe circumstances in which the intense heat created by a fire causes it to spread through the air. In its consultation documents, the LFB reports the results of tests replicating instances of fire in domestic environments:
- ‘During the tests, ‘flashover’ occurred around five minutes after the fire was first ignited. Anyone still in the room at the time of flashover would be critically injured.’
- (Draft LSP5, supporting document 8, p11)
- 9.37. The LFB is confident that its plan adequately assess the level of risk to Londoners and it believes that there will be no increase in fire deaths as a result of its savings proposals. Even so, the proposals represent a change in direction by the LFB. In its previous risks

⁴² Draft LSP5 Supporting document 8 <http://www.london-fire.gov.uk/Documents/Sup08-Getting-to-emergency-incidents-as-quickly-as-possible.pdf>

assessments and plans it committed to preserving London's fire fighting capacity to assure it had the capability to deal with major incidents, emergencies and complex operations. Yet in spite of this change, the LFB states that average attendance times will only increase marginally and that response times will remain within safe levels.

- 9.38. The response times set out in the charts above only measure one part of a chain of events, which starts with the a fire breaking out and ends with people being taken out of harms way or the fire being extinguished. The LFB distinguishes between the time it takes for a call operator to deal with an emergency call (control activity) and the time it takes for a fire crew to mobilise and reach a fire (crew activity). The response times stated in the report thus far are only for crew activity. This is the time from which a call is received at a fire station to the time that an engine arrives as the scene of a fire.
- 9.39. The LFB has a average target time of 1m 30s for a call centre operator to pickup a call and dispatch a fire crew. The chart below sets out performance against this target:

Time taken to handle an emergency call (minutes)



Source: Draft LSP5, supporting document 8 (p3)

- 9.40. This activity adds, on average, almost two minutes to the average attendance time modelling.
- 9.41. Another essential factor in the speed of response crews is the time it takes to detect a fire and raise the alarm. The time it takes to detect a fire is dependent on a number of different factors. The LFB highlights the importance of installing and maintaining smoke detectors and calling 999 as soon as possible after a fire starts. As part of its future plans it intends to focus prevention work on people it has identified as being at the most risk from fire.
- 9.42. The data also indicates that when the LFB responds to incidents in less than ten minutes the risk of being injured in the fire is broadly even and that almost all critical incidents are responded to in less than 10 minutes. As part of its consultation, the LFB published figures setting out the distribution of responses to incidents by borough. This data indicates that despite the fall in attendance times, in almost all cases, fire engines should arrive at the scene of an incident within 10 minutes.

Emergency response

'...there are regular enough large incidents in London to justify the level of emergency response capacity which we hold ready each day.' (Fourth London Safety Plan, p42)

- 9.43. Current plans will reduce the number of available fire fighters, fire engines, fire stations and specialist teams across London. The LFB maintains that it would be able to respond to a major emergency or widespread civil disturbance without leaving areas of the borough exposed or without sufficient cover to deal with residential fires. However, the discrepancy in the positions outlined in the fourth London safety plan and the fifth London safety plan places extra emphasis to the response times.
- 9.44. The anticipated fall in response times is based on data from existing incidents and modelling. If fire crews are located a long way from areas of the borough in which they are required because, for example there is a major incident in the centre of London, then the impact on response times in the borough might be exacerbated. Furthermore, there is the possibility that the drop in response times could lead to buildings being more severely damaged before fire crews are able to arrive at the scene, forcing them to spend additional time at incidents they attend.
- 9.45. The LFB is committed to ensuring that first and second engines arrive at the scene of an incident within the stated average times. In relation to third engines at the scene of an incident and specialist equipment, the LFB is committed to getting to incidents as quickly as possible. The LFB maintains that very few incidents require a third engine, and of those that do, many are false alarms. However, at the end of the LSP5 consultation period the LFB provided response times for third engines. Times for Lewisham are as follows:

Lewisham	All primary fires in buildings		To high rise buildings (of 6-storeys or more)		Fires at high rise height (at 6 storeys or above)	
	Number	3+ pumps	Number	3+ pumps	Number	3+ pumps
	357	98	24	17	6	5

Source: reproduced from draft LSP5 supporting documents- third appliance response times⁴³

⁴³ Third appliance response times: http://www.london-fire.gov.uk/Documents/Third_appliance_response_times.pdf

9.46. Average response times for wards are as follows:

Ward name	Borough name	Performance calculation		Total number of 3+ appliance incidents
		Number of incidents	(Average) 3rd pump att time (mm:ss)	
Bellingham	Lewisham	12	09:15	15
Blackheath	Lewisham	14	07:59	20
Brockley	Lewisham	19	08:30	26
Catford South	Lewisham	1	05:39	4
Crofton Park	Lewisham	21	07:13	35
Downham	Lewisham	5	10:33	10
Evelyn	Lewisham	48	09:13	69
Forest Hill	Lewisham	9	08:04	15
Grove Park	Lewisham	9	07:28	14
Ladywell	Lewisham	13	06:57	22
Lee Green	Lewisham	1	18:51	4
Lewisham Central	Lewisham	40	07:17	67
New Cross	Lewisham	16	07:26	31
Perry Vale	Lewisham	8	07:17	20
Rushey Green	Lewisham	37	07:06	51
Sydenham	Lewisham	30	08:01	44
Telegraph Hill	Lewisham	9	07:06	17
Whitefoot	Lewisham	3	07:35	6

Source: Third appliance response times, p10

Recommendation 6:

The decision to close Downham Fire Station leaves some residents, schools and businesses in Lewisham subject to unacceptable average attendance times, and at greater risk. An annual update should be provided by the borough commander on LFB targets and performance in the borough.

9.47. The LFB highlight some of the anomalous times identified in the response of third appliances. It highlights the time for Lee Green (18:51), it maintains that the time (for a single call out to the ward) is unusually high because the engine called to the scene was called out but found to be no longer required. This was the single call out for a third appliance in the ward. Nonetheless, response times over 20 minutes are excluded from all of the LFB's response time reporting. This is because the LFB believes that it would be highly unlikely for any appliance to take longer than 20 minutes to arrive at the scene of an incident.

Police

9.48. In spring 2013 the Mayor of London consulted on his Police and Crime Plan (2013-16). The plan sets out the Mayor's 20:20:20 vision for policing in London. Data presented in the plan indicates that, almost half of the crime recorded in London falls under these categories:

- Burglary
- Violence with injury
- Robbery
- Theft from the person
- Criminal damage
- Motor vehicle crime (theft from or theft of).

- (Mayor's Police and Crime Plan: p15).

9.49. Therefore the Mayor has set out his ambition to:

- Reduce these key neighbourhood crimes by 20%
- Boost public confidence in the police by 20%, up to 75%.
- Cut costs by 20% by delivering £500m savings.

9.50. In order to meet these challenges the MPS has embarked on a substantial reorganisation of the delivery of its services. The stated aim of the reorganisation is to increase the focus on local policing and move police from stations onto the streets. As part of the changes the MPS has committed to:

- Maintaining boroughs and wards as the foundation for delivery
- Reducing management costs and investing in frontline teams
- Moving police officers into Safer Neighbourhood Teams (SNTs) to increase visibility and impact on the street
- Encouraging the conversion of Police Community Support Officer (PCSO) posts into Police Constables (PCs)
- Simplifying the policing structure, reducing separate teams and squads to increase operational flexibility
- Establishing more effective ways to control and assign tasks to local police in order to increase speed of operations and their effectiveness.

9.51. In order to achieve these aims, the Mayor's Police and Crime Plan sets out proposals to change the number of officers stationed in each borough by 2015. In Lewisham, there are proposals to increase the total number of officers from 593 to 647, which is an increase of 54 officers on 2011 levels. It is anticipated that the largest proportion of these officers will be allocated to safer neighbourhood teams.

The Local Policing Model

'Reforms to the local policing model mean the police in London will be more visible and available with more police officers out on the street where the public want to see them.' Stephen Greenhalgh, Deputy Mayor for Policing and Crime (Mayor's Police and Crime Plan 2013-16⁴⁴)

9.52. The Local Policing Model (LPM) is designed to enhance the focus on policing in neighbourhoods. The most recent update from the MPS stated that the individual elements of the model are:

- The borough senior leadership team. Which will be responsible for delivering Total Policing objectives in the borough and maximising the professionalism and productivity of officers and staff.
- Grip and pace centre. Tasked with driving daily activity and directing the borough response to emerging issues. It will increase supervision, oversight and senior leadership team decision making.
- Neighbourhood policing teams. Providing the visible face of local policing in London, building on the SNT model, they will be responsible for investigating some local crimes, and will be focussed on enforcement and reassurance activities.

⁴⁴ Mayor's Police and Crime Plan (2013-16) <http://www.london.gov.uk/sites/default/files/PoliceCrimePlan%202013-16.pdf>

- Borough support units. Tasked proactively through the Grip and Pace Centre and borough tasking process to deal proactively with emerging crime issues. They will also be used to honour our commitments to pan London events.
- Emergency response. Which will provide a prompt and effective response to emergency calls from the public and provide a high quality initial investigation.
- Investigation. To be delivered through a reduced number of specialist squads and to ensure both reactive and proactive investigations are effective through out and provide high quality victim care.
- Custody. Locally managed service delivering custody as an MPS facility, improving standards of detainee care, providing economies and efficiencies of scale.

9.53. Each ward in the borough will have one dedicated police constable and one dedicated police community support officer. These named officers will remain dedicated to local policing and they will not be moved to other areas.

9.54. (Add chart being provided by the borough commander's office based on the following):

The new structure of Neighbourhood policing under LPM
 1 x Chief Inspector; 3 x Inspectors; 15 x Local Policing Team (LPT) Police Sergeants; 4 x additional Police Sergeants (1 x Licensing, 1 x Specials, 1 x Youth engagement and schools, 1 x Partnership); 18 x dedicated ward Police Constables; 128 x Police Constables on LPT; and 36 Police Community Support Officers.

9.55. Police officers from Lewisham's 18 wards will be organised into three policing clusters, with 6 wards in each cluster. There will be 41 officers in the north and south clusters. The central cluster will have 46 officers because it covers the borough's town centres.

9.56. Sergeants will move officers within the cluster in order to make policing resources more flexible, effective and efficient. Each area inspector will balance cluster priorities with borough and ward priorities. In addition to the improved flexibility of the model, the LPM will enable the Borough Commander to hold cluster inspectors to account for issues in their areas.

9.57. A major recruitment drive is taking place in the borough to bring the local force up to full strength before it implements the LPM. The Lewisham MPS has stated that it is committed to drawing as many of these recruits as possible from London to ensure that they have local knowledge. Members of the Safer Stronger Communities Select Committee questioned the Deputy Borough Commander about the difficulties and potential pitfalls of moving officers into area based teams at the same time as attempting to maintain local connections.

9.58. The Committee was also concerned about the savings being achieved through the reduction of experienced officers in specialist teams, which appeared to result in responsibilities being reallocated to local policing teams. The most pressing concern was that local teams were being brought up to strength with new officers, many of whom would be serving out their probation at the critical phase of transition to the new model. The LPM is being implemented in Lewisham from mid September.

Recommendation 7:

The Safer Lewisham Partnership and the Safer Stronger Communities Select Committee should annually review if the MPS is on target to achieve the objective of providing 647 police officers in Lewisham by 2015

Recommendation 8:

Lewisham should seek to learn any lessons from the early rollout of the Local Policing Model in Lambeth

Responding to local issues

- 9.59. Ward based safer neighbourhood teams will make three promises to their wards. These will be SMART (specific, measurable, attainable, relevant, time-bound) objectives which are simple, easy to monitor and straightforward to implement. It is intended that this focus on neighbourhood priorities will be balanced with wider priorities in the three policing clusters.

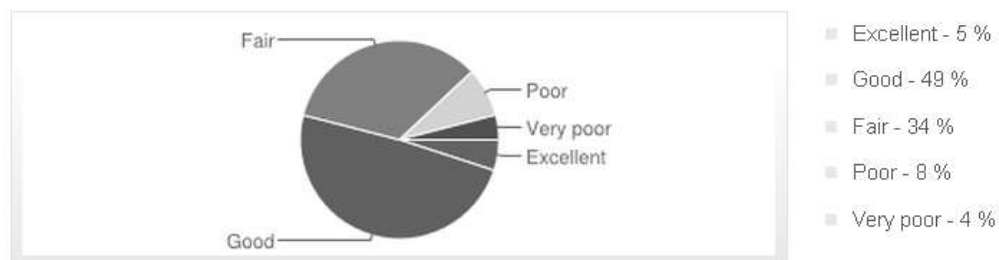
Recommendation 9:

The work of Safer Neighbourhood Teams should be reported to the Safer Stronger Communities Select Committee annually, as part of the Safer Lewisham Partnership update.

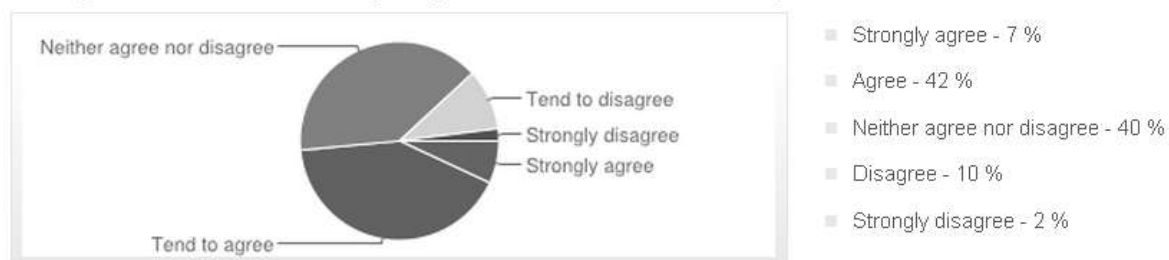
- 9.60. Brockley and Sydenham police stations are being closed as part of the MPS's asset rationalisation programme. People will be able to contact the police over the phone, on the internet and at Lewisham's remaining police stations. The MPS has committed to retaining one 24 hour police front counter in each borough, which will be open seven days a week. In Lewisham this will be Lewisham police station. Officers will also be available Wednesday and Thursday evenings between 7 and 8pm, and Saturday between 2 and 3pm at the following 'contact points':
- Contact point 1 Blackheath Ward, Blackheath BR Station, SE3
 - Contact point 2 New Cross Ward, Deptford Lounge, Deptford SE8
 - Contact point 3 Bellingham Ward, Catford Hill Police station, Catford, SE6
 - Contact point 4 Sydenham Ward, Sainsbury's Savacentre, Sydenham, SE26
 - Contact point 5 Catford South Ward, Torridon Road Post Office, Catford, SE6
- 9.61. Figures from the MPS⁴⁵ indicate that public satisfaction levels with policing in London have remained consistent over the last five years. Satisfaction with local policing is now at 78%. However, public confidence in policing in Lewisham remains at around 55%, which is low in comparison to other areas. The high level of overall satisfaction in comparison to low levels of confidence indicates that interactions with the police across London are generally positive, but the general feeling in Lewisham about the police's ability to deal with crime is significantly lower. The figures below (accessed in July 2013) show recent police confidence levels in the borough.

⁴⁵ MPS confidence and satisfaction data - Surveys in the MPS: Londoners' Views Count (2013)
http://www.met.police.uk/about/documents/lvc_quarter_1_13_14.pdf

Taking everything into account, how good a job do you think the police in this area are doing?



To what extent do you agree that the local police are dealing with the things that matter to people in this community?



Source: Met Police Uk (url)⁴⁶

- 9.62. The focus on neighbourhood policing and priority crimes is expected to increase confidence and satisfaction levels.
- 9.63. Detailed plans for Safer Neighbourhood Boards, which will replace Community Police Consultative Groups, have not yet been published. The Head of Crime Reduction and Supporting People advised the Safer Stronger Communities Select Committee that it would likely be in the best interests of Lewisham if decisions about the functions and the membership of the board were agreed locally, in order to build on the successful elements of the Lewisham Community Police Consultative Group.
- 9.64. The Council continues to work with its partners in the Safer Lewisham Partnership to work towards:
 - Reducing key crimes with particular reference to serious youth violence and violence against women and girls
 - Ensuring all public services work collaboratively and with communities to prevent crime support victims and reduce re-offending and improving confidence across all criminal justice agencies.
 - Ensuring that anti-social behaviour, which is the issue of greatest concern to residents, is dealt with swiftly and proportionately, with the victim at the heart of finding a resolution.
- 9.65. The Partnership's strategic action plan sets out how partners work together to tackle crime and disorder priorities, build on best practice around effective crime reduction and set clear objectives and outcomes to be achieved.

⁴⁶ Lewisham Police Confidence results. Accessed online at: <http://www.met.police.uk/confidence/lewisham.html> on 18/07/13

Recommendation 10:

Safer Stronger Communities Select Committee believe that the impact of the changed model of policing at a neighbourhood level will represent a real reduction in service. For this reason, the implementation of the new policing model should be reviewed annually by Overview and Scrutiny and the relevant Cabinet Member.

Emergency response

- 9.66. The MPS has a target response time of 15 minutes for urgent calls and 90 minutes for less urgent calls and, as noted above, the MPS has committed to providing visits to all victims of crime who request one.
- 9.67. By 2015 the LPM will reduce the number of officers dedicated to emergency response in Lewisham from 50 to 40. Emergency calls will still remain with emergency response teams but other, non urgent work such as the detention of suspects and attendance at minor incidents, will be distributed to other teams.
- 9.68. The MPS does not publish response times for its emergency teams on its website. Nor are the response times available on the MOPAC website. Additional resources are being focused on connecting with Londoners through differing channels. The roll-out of the non-emergency police 101 number is designed to enable residents to easily access information and to report non-serious incidents. This is also designed to limit the number of non-urgent calls to 999.
- 9.69. In the case of major incidents at the London level, dedicated ward based officers are expected to remain based in their ward, with support from a dedicated PCSO.

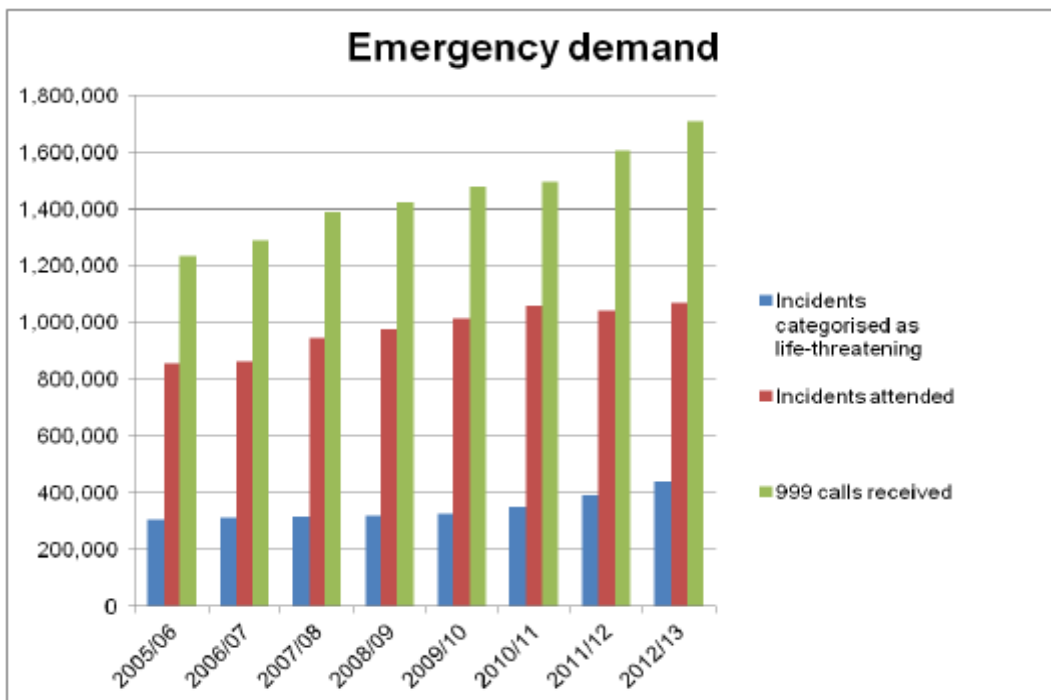
Recommendation 11:

The Metropolitan Police Service should regularly publish information on its website outlining performance in relation to achieving the target response times of 15 minutes for urgent calls and 90 minutes for non urgent calls.

Recommendation 12:

Safer Stronger Community Select Committee should continue to annually review performance information from the Metropolitan Police Service in Lewisham. The information provided to the Committee should include response time performance.

Emergency healthcare



Source: LAS Annual Report (2012/13)

9.70. Across London the demand for emergency healthcare is increasing. In 2012/13 the number of 999 calls received by the LAS reached 1.7 million (as illustrated by the chart above). The number of incidents attended has also increased over the past five years, as have the number of life-threatening incidents attended.

9.71. In order deliver the best clinical outcomes for patients and to manage the level of demand placed on the service, the LAS categorises emergency incidents according to their seriousness⁴⁷. 'Category A' calls are designated as the most serious life-threatening cases. These are instances where patients are critically injured or are in need of emergency intervention in instances such as heart attack or breathing obstruction. The service aims to reach these patients within eight minutes.

9.72. Category C cases are further divided according to their seriousness. They range from urgent cases, which require a response within 20 minutes, to non-urgent incidents, which require a response within an hour.

9.73. The LAS consistently achieves the national target of reaching 75% of category A cases in eight minutes and 95% of cases within 19 minutes. The chart below sets out how Lewisham has performed against the category A target in 2013:

Call categories and examples

Category A: Immediately life threatening needing an ambulance response within eight minutes – for example, a patient in cardiac arrest.

Category C1: Include diabetic patients who are confused due to a low blood sugar, requiring an ambulance response within 20 minutes.

Category C2: Traumatic injuries with no primary symptoms (for example, patients who are conscious and able to talk, and with no evidence of serious bleeding), needing an ambulance response within 30 minutes.

Category C3: Include some abdominal pains and headaches where the patient is fully alert, requiring an enhanced telephone assessment within 30 minutes.

Category C4: Include minor cuts, nosebleeds and back pain with no injury, needing an enhanced telephone assessment within 60 minutes.

⁴⁷ Call categories and examples – LAS, our plans to improve the care we provide for patients (2013): <http://tinyurl.com/ohxb85n>

Category A response times: target 75% within eight minutes

	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13
Bromley	80%	82%	80%	75%	80%	78%	79%
Greenwich	87%	87%	85%	80%	84%	84%	80%
Lambeth	84%	84%	83%	83%	84%	81%	79%
Lewisham	84%	86%	83%	75%	80%	77%	77%
Southwark	84%	85%	83%	80%	83%	80%	77%

Source: LAS online⁴⁸

9.74. Achieving and maintaining rapid response times is a key indicator of the effectiveness of ambulance services. However, as with other healthcare providers, the service has to ensure it achieves response times at the same time as improving clinical outcomes for patients. There are 11 clinical quality indicators, as follows⁴⁹:

- Outcome from acute ST-elevation myocardial infarction (STEMI50)
- Outcome from cardiac arrest - return of spontaneous circulation - measuring patients in cardiac arrest who, following resuscitation, have a pulse/ heartbeat on arrival at hospital.
- Outcome from cardiac arrest - survival to discharge - the rate of those who recover from cardiac arrest and are subsequently discharged from hospital.
- Outcome following stroke for ambulance patients
- Proportion of calls closed with telephone advice or managed without transport to A&E (where clinically appropriate)
- Re-contact rate following discharge of care (i.e. closure with telephone advice or following treatment at the scene)
- Call abandonment rate
- Time to answer calls
- Service experience - the LAS is required to demonstrate how it finds out what people think of its service – and how the service acts on that information.
- Category A 8 minute response time
- Time to treatment by an ambulance-dispatched health professional

9.75. To continue to achieve these targets in the context of increasing demand and government pressure on NHS finances, the LAS is embarking on a number of changes to the delivery of its services. In its most recent consultation, 'Our plans to improve the care we provide for patients: a time for a change'⁵¹, the LAS highlighted the motivation for it to alter the delivery of its services. Amongst the reasons for change it stated:

- Demand from stakeholders
- Changes in the culture of the NHS
- Increased levels of demand
- Staff workloads
- The implications of GP commissioning

⁴⁸ LAS, Latest response times (accessed online September 2013):

http://www.londonambulance.nhs.uk/about_us/how_we_are_doing/meeting_our_targets/latest_response_times.aspx

⁴⁹ LAS, Clinical quality indicators (accessed online September 2013):

http://www.londonambulance.nhs.uk/about_us/how_we_are_doing/clinical_quality_indicators.aspx

⁵⁰ STEMI is an acronym meaning 'ST segment elevation myocardial infarction', which is a type of heart attack.

⁵¹ LAS, our plans to improve the care we provide for patients (2013): <http://tinyurl.com/ohxb85n>

- The potential for the increased integration of services
(Our plans to improve the care we provide for patients, p4-5)

- 9.76. The consultation, which ran from 25th April to 24th May, sets out its vision for ambulance services in 2015. The LAS has committed to reaching all patients requiring a face to face assessment within one hour, as well as noting the requirement to improve working practices and build effective working relationships with other healthcare services.
- 9.77. The LAS has identified that many of the calls it receives do not require an emergency response and might be better dealt with by other healthcare providers. One of its clinical quality indicators measuring the *'proportion of calls closed with telephone advice or managed without transport to A&E'* is designed to provide a measure of the interaction of the entire urgent care system. The LAS believes that this measure should reflect the availability of alternative urgent care destinations (for example, walk-in centres) and provision of treatment to patients in their homes.
- 9.78. Yearly increases in calls to the LAS and the rise in the number of life-threatening incidents mean that the service needs to ensure that it targets its resources to ensure that it has capacity to deal with the most serious cases. It intends to enhance its work with out of hours GP services, urgent care centres, NHS111 and London's other healthcare providers to ensure that patients are directed to the services that will best meet their needs. In order to meet its future obligations the LAS intends to:
- adapt its frontline workforce
 - introduce a clinical career structure
 - provide more telephone clinical assessments for less serious calls
 - align rosters with demand
 - provide rest breaks
 - change annual leave arrangements
 - increase vehicle availability
 - extend the use of active area cover
 - respond differently to patients
- (Our plans to improve the care we provide for patients, p17⁵²)

Emergency response

- 9.79. At its busiest times, the LAS has 300 crews from 70 stations in operation throughout London. It receives more than 4000 calls a day, about 40 of which are to the most serious life threatening emergencies. Lewisham has three ambulance stations, which form part of the LAS's Southern division.
- 9.80. An 'active area cover policy', which positions ambulances, bikes and staff are in locations of high demand, is used by the LAS to increase the speed of response times and improve clinical outcomes. In future it is proposed that the use of active area cover is increased, in order to continue to improve responsiveness.
- 9.81. Ambulances are fitted with a computerised data terminal system which notifies ambulance crews of the route to the nearest hospital, as well as urgent care, walk in, major trauma, cardiac or stroke centres, or areas of excellence, dependent on the needs

⁵² LAS, our plans to improve the care we provide for patients (2013)

of each patient. Crews use their judgement to decide which hospital is the most appropriate. This might mean they need to change their planned destination in cases where a patient's condition deteriorates while in the ambulance.

- 9.82. The target for patient handover from ambulance to hospital is 15 minutes. In Lewisham the current average time for handover is 13.2 minutes. On occasion, during periods of high demand, this can take significantly longer, which increases the time before the ambulance and crew are available to respond to another call.
- 9.83. The LAS ensures that it has robust divert policies in place to deal with instances when A&Es are unable to accept patients. It is rare for ambulances to be turned away from A&E. The two main reasons for this to happen are:
- clinical safety issues
 - an unexpected incident occurring at the hospital
- 9.84. There were 1 or 2 diverts from Lewisham Hospital A&E to other A&Es last winter because of issues with capacity. There were significantly more diverts from Queen Elizabeth Hospital in Woolwich and Princess Royal University Hospital in Farnborough. Lewisham A&E received some of these diverted ambulances. In previous years the A&E had received approximately 3 diverts from other hospitals. However, last winter there were 22 'diverts' to Lewisham Hospital by other services. It was also reported by the LAS that during periods of highest demand in the winter queues were developing at Queen Elizabeth Hospital, which caused ambulances to avoid the hospital and choose other A&Es, including Lewisham.

Recommendation 13:

The fact that Lewisham Hospital has had numerous LAS patients diverted to it from neighbouring trusts in recent months should be noted. Capacity and activity at neighbouring A&E departments, as well as Lewisham, should be closely monitored by Lewisham CCG before any future proposals to change accident and emergency provision are proposed or implemented at Lewisham Hospital.

Lewisham Hospital A&E

- 9.85. In preparedness for the proposed changes to Lewisham Hospital A&E, when the Trust Special Administrator (TSA) draft report was published, the LAS carried out mapping work to assess the impact of the downgrading of the hospitals' emergency department. One of the key difficulties with the changes in the borough would have been the travel time to A&Es outside of the borough, and the time it would take ambulance crews to return from locations outside of the borough back to active service in Lewisham, which may have increased response times, particularly at busy periods. The LAS is keeping proposals for the hospital under review.
- 9.86. During December 2012 A&E activity at Lewisham Hospital increased by 10%, when compared to the same period 2011/12, in addition the impact of patients from outside of the borough attending the department and being admitted rose significantly. As a result, Lewisham Hospital did not meet the target of 95% of patients being seen, treated and discharged from A&E within 4 hours of arrival in A&E.

- 9.87. As well as the significant increase in official and unofficial ambulance diversions from other hospitals, the achievement of this target was hampered by a number of factors, including:
- A severe Norovirus outbreak in December and early January, which considerably impeded performance for that period. The outbreak closed 123 beds in the hospital, which had a significant impact on the capacity of the hospital to deal with admissions from the A&E.
 - Mental health activity from December 2012 until the end of March 2013. During this period there were 608 patient arrivals who required specialist referral to the Mental Health Team. Of the 608 arrivals 241 breached the four hour performance standard, or 39.64% of patients.
- 9.88. Times may also have been impacted by a change to the triage process being used in A&E. Staff at the hospital were also working with the potential impact of the TSA recommendations, which cast doubt over the future of the hospital.
- 9.89. In response to targeted actions taken by management and clinicians in the A&E, performance improved significantly toward the end of April 2013. Joint work was undertaken across the hospital and across the local healthcare system to identify necessary actions to support achievement of the A&E targets. As a result of these efforts Lewisham is now on track in meeting the 95% A&E target; it achieved 95.55% in the last quarter. The action plan remains in place to help the A&E continue to meet the target of 95% of patients to be seen, treated and discharged from A&E within 4 hours.
- 9.90. The A&E is also making improvements to its triaging processes in order to deliver treatment quickly and to signpost patients to other services where necessary. There are a number of initiatives that which are designed to improve the patient experience in A&E that are being developed in Lewisham. These include:
- improvements in the accessibility of patient records
 - additional senior medical assessment earlier in the triage process
 - more joined-up working across the hospital and with social care and primary care.

Recommendation 14:

More public information on the Norovirus is needed to support people to self manage the illness where appropriate and to help prevent the spread of disease and the closure of hospital wards.

Impact of the TSA proposals

- 9.91. Effective maternity services rely on the ability to deal with unforeseen emergencies in pregnancy and delivery. Throughout pregnancy and delivery, medical situations can develop that require emergency intervention, and in most cases the speed with which those interventions happen can have a huge impact on the health of mothers and babies, and in some cases, the speed of emergency response can be a matter of life or death.
- 9.92. Lewisham Hospital currently has a fully functioning maternity and obstetric-led delivery unit, as well as a midwife led birthing unit. Both of which are extremely well utilised and well regarded by women. The TSA proposed removing the obstetric led delivery unit at

Lewisham hospital, leaving no emergency provision for maternity services at that site. This proposal would mean that all pregnant women in Lewisham would have to travel out of the borough to access obstetric led maternity services. The potential knock –on affects of such a decision were immediately obvious to pregnant women and those who had previously used maternity services: any woman in labour who developed complications would need to be transferred by ambulance to another hospital as an emergency, putting extra pressure on LAS and exacerbating an already stressful medical emergency for the mother. In removing such a core service from Lewisham hospital, there were fears voiced locally that this was an attempt to “run down” Lewisham hospital by the “back door”. The lack of emergency maternity provision would impact on neo-natal and special care baby and paediatric services, as well as leading to less people choosing to use the midwife led service that would remain as there would no longer be the safety net of emergency care on site if needed.

- 9.93. The Council and its partners highlighted serious concerns about the impact of the TSA’s proposals on emergency clinical care for children in the borough. The most pressing concern was that the loss of the A&E department might have a significant impact on paediatric accident and emergency services and on children’s services more generally. In its response to the TSA, the Council noted that Lewisham had been rated “outstanding” by the Care Quality Commission and Ofsted for its child safeguarding. Yet, the TSA proposals did not adequately assess the potential effect of the loss of A&E services on children, even though there is currently a paediatric A&E at Lewisham Hospital, alongside the adult A&E department.
- 9.94. The Council and its partners believe that the quality of care in the borough across a range of services has been enhanced by effective partnership working and the creation of effective communication between healthcare providers. Therefore, removing services from the hospital would have created the risk that these quality relationships and patient centred partnerships would be lost.

Mental health

- 9.95. In the Council’s response to the TSA recommendations, it was also noted that the proposals would have had a detrimental impact on mental health services in the borough. The co-location of services at Lewisham hospital with an on-site psychiatric inpatient unit, provides opportunities for close working relationships and liaison between psychiatrists and nurses and results in effective management and early discharge.
- 9.96. There are on average 150 people who are seen by the South London and Maudsley NHS Trust (SLaM) psychiatric liaison team based in Lewisham Hospital A&E. 20 per cent of these patients are admitted to the Ladywell unit. The Council was concerned that returning people to the Ladywell unit from other A&E sites would result in increased staff and transport costs⁵³.
- 9.97. A protocol for psychiatric inpatients at Ladywell that require emergency medical attention has been agreed between SLaM and Lewisham Hospital. This protocol ensures that those with mental health problems receive prompt medical treatment and are returned to the Ladywell Unit as soon as possible.

⁵³ Council response to the TSA proposals (2012) p16

9.98. The Council was concerned that the TSA's recommendations would have resulted in patients having to travel by ambulance to other hospitals where would not have been responded to as quickly or effectively, causing them and potentially other patients unnecessary distress.

Maintaining 999 services

9.99. The LFB, MPS and LAS have all stated their commitment to responding rapidly to emergency incidents. All three services face a combination of practical and financial challenges in maintaining and improving their services to citizens in the coming years.

9.100. The LFB has set out a series of proposals to alter the way it works. It intends to focus additional efforts on working with citizens to prevent fires and to tackle the most serious risks and hazards. Nonetheless, the service has been instructed to find substantial savings from its budget and as a result it intends to close 10 fire stations and reduce the number of fire fighters, fire engines and specialist teams in the city.

9.101. The LFB believes that in the face of these challenges, it can maintain average response times across the city. In Lewisham the LFB predicts that it will be able to maintain better than average times across most wards. However, more detailed figures setting out average attendance times at ward level indicate that some wards will be well outside of the average attendance times provided for the borough. Further questions were raised in the review about response times to high rise buildings and the complexity of the risks involved in dealing with major emergencies and serious incidents.

9.102. The Police force in Lewisham has been tasked with meeting the MPS' 20:20:20 challenge, which aims to reduce key neighbourhood crimes, increase satisfaction and make major savings to its budget. The MPS believes that there will be more officers deployed in Lewisham at the neighbourhood level than there were in 2011. However, questions about the number of officers working in Lewisham and the redistribution of work from specialist teams to officers at the local level were raised through out the review.

9.103. The LPM will change the way that neighbourhood teams are organised. One police officer and one police community support officer will be dedicated to working at ward level. All other ward officers will be flexibly deployed into three areas clusters. In order to bring MPS Lewisham up to strength the service has engaged in a major recruitment drive. The changes will be implemented in September 2013.

9.104. The LAS has set out plans to better meet the demands of its patients. The LAS has set out ambitious plans to change the way it deals with calls and to improve the working practices of ambulance staff. The LAS intends to proactively manage the calls it receives and direct non-critical calls to appropriate alternative provision.

9.105. The A&E in Lewisham is focused on providing effective patient care and good quality clinical outcomes. Where issues have been identified with waiting times actions have been put in place to deal with problems. In response to the TSA recommendations the Council set out a series of concerns about the potential impact for patients in Lewisham. Serious concerns were raised about the impact on children's services and mental health provision as well as the major impact on patient care that would have resulted from the loss of A&E services.

9.106. The challenge remains for all services to continue to improve the effectiveness and quality of the services they deliver whilst tackling the substantial financial challenges they have been given. The Overview and Scrutiny Committee has concerns about the services ability to deliver all of their stated objectives, particularly in relation to the threatened loss of emergency service provision, including but not limited to, fire safety with the loss of Downham fire station, accident and emergency care and emergency maternity care at Lewisham Hospital.

DRAFT

10. Prevention

- 10.1. Prevention forms a key part of the strategies and plans of the emergency services within London. There is a recognition that responding to and dealing with emergency situations is the most expensive and difficult part of their business. Given the financial pressures that emergency services are under, preventing the need to respond in the first place is one of the most effective ways of cutting costs, as well as keeping people safe and well.

Fire

- 10.2. Prevention is the first of the six aims identified by London Fire Brigade (LFB) in the Fifth London Safety Plan (LSP5), whilst the second stated aim of protection also touches on prevention issues. The strategic objectives that extend from these aims include to reduce fires and the impact that they have and to target people most at risk (Draft LSP5, supporting document 5⁵⁴)
- 10.3. The LFB identify that preventing fires in the home is important, as this is where most casualties occur. A key tool the LFB use to improve fire safety in the home is a home fire safety visit (HFSVs), where fire-fighters visit people in their homes to provide fire safety advice and fit free smoke alarms. The LFB work with business and industry to make sure that the owners and occupiers of a wide range of buildings understand their responsibilities under the fire safety laws. They also try to influence those responsible for designing buildings so that fire safety measures, such as sprinklers, are installed.

Changing behaviours

- 10.4. The LFB identifies that the best way of reducing the potential for fires to occur is to change the behaviour of residents. The LSP5 highlights that the LFB will continue to try and improve fire safety awareness. The LFB have analysed some of the demographic information associated with injuries and the risk of fire to try to identify those most at risk, to better target their preventative work. They found that the following groups are most at risk and should therefore be targeted:
- Group M –contains large numbers of pensioners in their later retirement years, many of whom live on low incomes in social housing or in care homes
 - Group N – contains people on limited incomes mostly renting small flats from local councils or housing associations. Typically these are young single people or young adults sharing a flat.
- (Draft LSP5, supporting document 5, p2)
- 10.5. While the LFB feel that HFSVs have been successful in increasing awareness and preventing fires, they recognise that they have not been able to reach a group of people that, while less vulnerable, have the most fires. Group G (Young Educated People In London) are underrepresented for fire risk and casualty causing fires, but because they make up such a high proportion of London (31 per cent) this group is responsible for a quarter of all dwelling fires. Trying to encourage this group of Londoners to change their behaviour in order to reduce fires has proven a particularly difficult challenge for LFB as they have found that they do not respond to direct forms of communication such as local newspaper articles or visits. LFB will use social media opportunities to help facilitate

⁵⁴ Draft LSP5, supporting document 5, Targeting those most at risk from fire (<http://www.london-fire.gov.uk/Documents/Sup05-Targeting-those-most-at-risk-from-fire.pdf>)

behavioural change. The LFB have already been able to demonstrate through the use of short term social media campaigns how they can reduce fires in this particular group.⁵⁵

- 10.6. At Safer Stronger Communities Select Committee on 8 May 2013 the Borough Commander reiterated the LFB's intention to increase their focus on preventative work. One of the LSP5 targets is to increase the number of HFSVs being carried out by crews from local stations. Within Lewisham the plan is to deliver 3,015 HFSVs in the borough per year, an increase on the 2,355 that were delivered in 2011/12, with these visits targeted at those who are most at risk. The LFB will also work with the Area Community Safety Team and use borough staff to support all ad-hoc and pre-planned community safety events⁵⁶.

Recommendation 15:

The LFB in Lewisham should focus its education and fire prevention activities in the priorities postcodes that will be most significantly affected by the increase in ward level response times.

- 10.7. The LFB believe that working with young people at an early age to increase fire safety awareness can have a positive impact and have invested in working with young people in a variety of ways. The LSP5 highlights that this will continue. The Children and Young People Select Committee were advised by the Borough Commander that the LFB Schools Team offers an educational programme free to all London's primary schools on an annual basis. The LIFE Project (Local Intervention Fire Education) is aimed towards at-risk and socially excluded young people 13-17. From April 2008 to March 2013, 113 Lewisham children took part in LIFE.
- 10.8. The LFB also runs a Community Fire Cadets scheme. The scheme is primarily a youth engagement programme which offers young people the opportunity to work alongside the LFB to gain a recognised qualification and life skills they can use in the work place. The scheme is aimed initially at young people who are having difficulty at school, have been excluded socially or educationally and are at risk of anti-social behaviour. It is designed to provide young people with positive opportunities to improve community cohesion and reduce undesirable behaviour by enhancing key citizenship skills.
- 10.9. Places on the Cadet scheme are by referral only, via agencies, schools or organisations who work with young people. The scheme is running in the boroughs of Bexley and Havering, with more courses planned to start in September 2013 in the boroughs of Haringey, Barking and Dagenham, Waltham Forest and Redbridge.⁵⁷

Recommendation 16:

The possibility of setting up and funding a branch of the Fire Cadets in Lewisham should be explored as part the Youth Service's new commissioning approach.

⁵⁵ Draft LSP5, supporting document 5 (Targeting those most at risk from fire)

<http://www.london-fire.gov.uk/Documents/Sup05-Targeting-those-most-at-risk-from-fire.pdf>

⁵⁶ LFB in Lewisham (2012/13)

<http://councilmeetings.lewisham.gov.uk/documents/s22246/Appendix%20B%20LFB%20in%20your%20borough%202012-13%20Lewisham.pdf>

⁵⁷ Children and Young People Select Committee minutes (02/07/13)

10.10. Lewisham Council has a fire safety advisor who provides emergency planning information for schools, although the LFB can and does provide help and advice to schools as well, attending schools and working with them directly, if requested.

Preventing fires through improved housing

10.11. Housing providers have a large role to play in making sure that buildings under their control are safe and less likely to catch fire, as well as ensuring their tenants are aware of what they can do to lessen the risk of fire and be safe. The Council has a key role both as a regulator, with the power to carry out some enforcement action, and as an organisation which deals regularly with landlords..

10.12. At the Housing Select Committee on 16 May 2013 the Committee received an update on action taken to implement the recommendations of the Lakanal House inquest. Lakanal House is a high rise housing block in the London Borough of Southwark which, in 2009, was unfortunately the site of a fire which spread through the building and resulted in the deaths of 6 people. The findings of the inquest into the Lakanal House fire in Southwark were announced in March 2013 and the recommendations covered six key areas:

- Publication and promotion of fire safety
- Signage in high rise residential buildings
- Policy and Procedures concerning fire risk
- Training of staff engaged in maintenance and refurbishment work on existing buildings
- Access for emergency vehicles
- Retro fitting of sprinklers

10.13. Lewisham's housing providers were asked by the Council to respond to each of the recommendations to provide an assurance that all areas highlighted in the recommendations had been addressed in Lewisham. The key points highlighted were:

- Fire safety and advice leaflets have been given to all residents in high rise blocks.
- Lewisham Homes and RB3 are both 100% compliant on fire safety
- Lewisham Homes and RB3 employ fire safety specialists
- Both Lewisham Homes and RB3 are compliant on access for emergency services and vehicles
- Many buildings managed by Lewisham Homes are being assessed for the feasibility of fitting sprinklers with sheltered housing blocks being prioritised

10.14. A key to ensuring safety in high rise blocks is the effectiveness of measures to limit the spread of fire. These measures should be both built in to the initial design, and routinely considered in the ongoing maintenance of the building. In high rise buildings, each fire door (assuming it is fitted and maintained properly) should hold back the spread of fire by 30 minutes.

10.15. In addition to effective design and maintenance of buildings, tenants knowing the appropriate action to take when discovering a fire, and how to safely evacuate the building, is crucial in ensuring their safety in the event of a fire.

Recommendation 17:

Housing providers should carry out further work to assess how information about vulnerable residents in high rise accommodation could be shared with the LFB in the event of a serious fire.

- 10.16. The Housing Select Committee was advised that the Council works closely with Lewisham Homes and Regenter B3 to ensure that their buildings were 100% fire safety compliant, including the fitting of fire and escape doors, maintaining signage and carrying out risk assessments. Where the condition of buildings had deteriorated or there were older doors installed, maintenance operatives had been trained to ensure work was being carried out to the required standard. In addition, Lewisham Homes employed a specialist company to fit flat entrance fire doors and there would be ongoing assessment of the doors, once fitted.
- 10.17. Where work is being carried out on properties as part of the Decent Homes programme, Lewisham Homes ensure that fire safety measures are built in or enhanced as part of the works. One example outlined to members was the inclusion of self-closing kitchen doors as part of the decent homes work upgrading kitchens.
- 10.18. Fire safety checks are carried out in Lewisham Homes' properties on a monthly basis. Any problems can also be identified by caretakers during their daily checks of buildings and then dealt with accordingly. Any complaints or queries by residents in respect of fire safety were dealt with through the repairs and maintenance system. Work was ongoing to inform residents about fire safety.

Recommendation 18:

Lewisham's social housing providers should be encouraged to have a clear policy in place that enables residents to report and escalate concerns about fire safety.

Recommendation 19:

Where non-critical risks are identified in Lewisham Homes properties, these should be recorded and added to an action plan, to be reported to the Housing Select Committee as part of the Lewisham Homes six monthly review.

Recommendation 20:

Lewisham's social housing providers should be asked to demonstrate that their maintenance, caretaking, contracted staff (and anyone else who has a responsibility for building maintenance or procurement of building works) are fully trained to understand fire risks and where relevant, to carry out work in line with the most recent fire safety advice.

Recommendation 21:

An ongoing programme of fire safety awareness for tenants, including safe evacuation routes, should be instigated by all registered social landlords.

Recommendation 22:

Clear information about fire safety, and safe evacuation routes, should be provided to all new tenants as part of their welcome pack.

- 10.19. In the LSP5, the LFB strongly promotes the use of sprinklers. Section 20 of the London Building Act (1939) made it a requirement for buildings over a certain height to have additional fire suppression systems in place to limit the spread of fires in tall buildings, which often included sprinkler systems designed to impede the spread of fire, increasing the fire service's ability to control the situation when they arrive at the scene. The

Council had committed to assessing the feasibility of installing sprinklers in each of the developments proposed as part of the 'New Homes, Better Places' programme.

- 10.20. The requirements of the London Building Act have now been withdrawn, which mean that buildings originally designed with these requirements in place need no longer comply. This means, in theory, that if a sprinkler system was previously installed purely to meet the requirements of section 20 of the London Building Act, the building owner could remove it. When renovating the building, or if there are maintenance issues with the sprinkler system, more owners may take this approach over time. If enough buildings have these systems removed it could significantly deteriorate the protection levels of building stock in Lewisham and across the Capital.
- 10.21. In a referral to Mayor and Cabinet made on 16 May 2013 the Housing Select Committee emphasised the importance of sprinkler systems in containing fires and preventing loss of life. The Committee believes that this is particularly important because of the changes proposed in the LSP5. The Committee supports the work undertaken by Lewisham Homes, in assessing the feasibility of installing sprinklers, and recommends that the Council urges other housing providers to adopt a similar risk based approach.

Recommendation 23:

The Council should encourage Lewisham's housing providers to follow Lewisham Homes' risk based approach to installing sprinklers in their housing stock (referral).

Recommendation 24:

Fire Safety should be considered strategically by the South East London Housing Partnership and good practice shared

Police

- 10.22. The Police Reform and Social Responsibility Act 2011 requires the Mayor's Office for Policing And Crime (MOPAC) to produce a Police and Crime Plan that sets out a strategy for policing and crime reduction for London over four years. In January 2013 MOPAC published a draft Police and Crime Plan for London for 2013-16, which was finalised in and published in March 2013, following consultation.
- 10.23. The Plan identifies key goals for the Metropolitan Police Service (MPS) and other criminal justice agencies, and sets out strategies around crime prevention, police resources and performance, and justice and resettlement. The Plan acknowledges that Londoners and communities have a vital role to play in crime prevention and MOPAC is keen to encourage and enable communities to do this. The plan focuses on 3 distinct strands; People, Places and Problems. Many of these preventative initiatives will be carried out by the voluntary and community or 'third' sector in conjunction with statutory partners, particularly local authorities. The Mayor and MOPAC want to specifically focus spending on preventative work on young people and early intervention.⁵⁸

- 10.24. Under the People strand, MOPAC will:

⁵⁸ Mayor of London's Police and Crime Plan (2013-16)

- establish a Safer Neighbourhood Board in every borough by 2014 giving local Londoners and victims a greater voice. These Boards will establish local policing and crime priorities and fulfil a range of important functions. ,
- use £1m per year from the London Crime Prevention Fund utilised through reforming MOPAC's community engagement structures
- review the MPS practice for engaging with people to ensure it adheres to good practice
- every secondary school in London will have a Safer Schools Officer, if they want one, as part of the new local policing model
- continue to encourage the recruitment of special constables to meet the Mayors commitment to having 10,000 special constables in London (there are currently over 5,000)
- continue to promote the MPS Volunteer Police Cadets to young people and to encourage increased participation by young black and minority ethnic Londoners, with a target of a quarter of all police cadets to be recruited from among young people who are vulnerable to crime and/or social exclusion
- ensure that the Community Safety Accreditation Scheme is maintained for London.

10.25. Under the Places strand, MOPAC will:

- build on existing crime mapping to develop hotspot maps to inform and focus crime prevention work
- share the analysis with community safety and criminal justice partners so local multi-agency responses to local problems can be developed
- develop a strategic licensing function to gather data from all relevant agencies including the police, London Ambulance Service (LAS) and A&E departments.
- work with local authorities to consider what more they can do to 'design out crime' when making planning and investment decisions
- work with Transport for London (TfL) and the British Transport Police to improve transport safety and security.

10.26. Under the Problems strand, MOPAC will:

- develop an alcohol related crime strategy for London focused on prevention, enforcement and diversion.
- develop a drugs strategy for London, aligned to the Government's strategy, to reduce demand, restrict supply and build recovery.
- work through partners on the London Crime Reduction Board (LCRB) to commission and fund a pan-London domestic violence service
- establish a sustainable funding model for Rape Crisis Centres beyond 2016, and ensure that the MPS is focused on solving more rapes and other serious sexual offences
- establish a taskforce to confront harmful practices, such as female genital mutilation
- work through the LCRB to improve understanding of anti-social behaviour (ASB) levels across London to ensure the right response can be coordinated and to share best practice in developing strategies to deal with common forms of ASB
- work with London's diverse communities to develop an effective hate crime reduction strategy.

Delivering the MOPAC plan

- 10.27. The Local Policing Model (LPM) aims to put neighbourhood policing at the heart of what the MPS does. MOPAC believe the model will ensure service delivery is consistent, flexible and responsive to the needs of Londoners. Safer Neighbourhood Teams (SNTs) will be led by a Neighbourhood Inspector who will be accountable for dealing with crime and disorder in a local area. Every borough will continue to have a team who specialise in responding to emergency calls and provide a high quality service at that first contact with police. When not on a call, emergency response teams will be deployed on patrol.
- 10.28. Within Lewisham there are three policing 'clusters', each comprising of six wards. Under the new system one officer per ward will be focused solely on the ward. SNTs will make three promises to wards, objectives which are simple, easy to monitor and straightforward to implement including things like street briefings, meetings, patrols and increased focus on particular crimes. Ward panels will remain the same as before the implementation of the model and ward priorities will feed into cluster priorities. With the extra police available at neighbourhood level, there will be an enhanced role for ward inspectors.
- 10.29. As part of changes to the police under the LPM, Safer Schools Officers, who were attached to Safer Neighbourhood Teams (SNT), will be brought back into one team and will be based in specific secondary schools. There will be 8 Safer Schools Officers based between 9 schools. 6 secondary schools in Lewisham are currently without officers and schools without an officer placed with them will have a named point of contact within the local SNT. Officer placement was decided on a needs basis and Lewisham currently has a comparable amount of Safer Schools Officers to other London boroughs. Primary schools will have an named SNT officer as a single point of contact.⁵⁹ It was emphasised that Safer Schools Officers are not in schools to control behaviour or enforce discipline.
- 10.30. The MPS also runs the Volunteer Police Cadets (VPC), a uniformed voluntary youth organisation open to young people aged 13 -18 from across London's diverse communities, irrespective of their background or financial circumstances and including those vulnerable to crime or social exclusion. There is a VPC Unit in every borough and it is a central component of the MPS' youth outreach work. It has four aims:
- Developing 'Social Citizens'
 - Creating a warm, supportive and enthusiastic youth community with a welcoming approach
 - Providing effective peer, leader and role model guidance using proven techniques
 - Inspiring community involvement using restorative problem solving approaches
- 10.31. The VPC work with the Princes Trust and cadets are given the opportunity to gain Duke of Edinburgh awards and other accredited skills and training. Cadets take part in a range of high profile events. The Cadets provided 50,000 hours of volunteering time during 2010 in activities such as:
- Local Crime Prevention initiatives including Leaflet Deliveries and phone marking Stewarding at events
 - 'Mystery Shopper' operations to detect underage sales of fireworks, alcohol and knives

⁵⁹ Children and Young People Select Committee minutes (02/07/13)

- Large high profile events such as the London Marathon, Trooping the Colour, Remembrance Sunday

Recommendation 25:

Volunteering opportunities for adults, to support the cadet branches of the LFB and MPS, should be publicised locally to increase the capacity of the cadets to involve more young people.

Young offenders

- 10.32. Within the Police and Crime Plan it is highlighted that youth offenders have the highest rate of reoffending (approximately 70%) and the cost of young people in the criminal justice system is high. Addressing reoffending is therefore important to crime prevention. There are a number of projects aimed at tackling reoffending rates including “Project Daedalus”, which is a three year pilot project aimed at tackling high rates of youth re-offending through a partnership project between MOPAC, the Ministry of Justice, Youth Justice Board and other agencies.
- 10.33. In responding to the Police and Crime Plan, the Safer Lewisham Partnership noted: “A focus on youth is pleasing, however we are unclear as to why the reduction in reoffending is not for adults as well as for youth. In addition, we are extremely concerned that at a time when additional financial burdens are being placed upon the local authority in relation to remands there are expectations of this significant level of reduction”.⁶⁰
- 10.34. At the Children and Young people Select Committee on 2 July 2013, the Committee heard that changes to the way the Youth Offending Service is funded means that local authorities have the responsibility to fund accommodation for young offenders on remand. This represents a pressure of close to £500k a year. Estimates from the Youth Justice Board are that there should be a 10-25% reduction in the need for remand bed nights. So far there has been a 1% reduction. The Committee expressed its concern that central government has not provided enough money to pay for accommodation for young offenders and that this could represent a serious financial pressure for the Council.⁶¹

Recommendation 26:

The Mayor should call on the Government to revise plans to transfer the funding for Youth Offending Services. Current funding will not cover costs and will have a significant impact on Council finances: the impact of this should be closely monitored by Mayor and Cabinet and reviewed by the Public Accounts Select Committee

Probation

- 10.35. At its meeting on 29 July 2013, the Safer Stronger Communities Select Committee heard from the London Probation Trust about the Government’s proposals for reforming

⁶⁰ Safer Lewisham Partnership Response to the Draft Police and Crime Plan 2013-2016 Consultation http://www.london.gov.uk/sites/default/files/Safer%20Lewisham%20Partnership_0.pdf

⁶¹ Children and Young People Select Committee minutes (02/07/13)

the delivery of offender services in the community to reduce reoffending rates whilst delivering improved value for money⁶². The Committee was concerned about the proposals and referred their views to Mayor and Cabinet, highlighting the following key points:

- The Committee wishes to express, in the strongest terms, its opposition to the Government's proposals for reforming the delivery of probation services and the management of adult offenders.
- The Committee is opposed to the privatisation of provision for rehabilitation of offenders. The Committee is extremely concerned about the suitability of private sector organisations to manage community rehabilitation and probation. It is also concerned about the transfer of offenders between private and public provision because of the unpredictable level of risk posed by offenders as well as the complicated arrangement of the payment mechanism being proposed.
- The Committee is troubled by the failure of some government contracts with the private sector to meet basic standards of transparency and cost effectiveness.
- The Committee is concerned about the risks involved in the transition from existing provision to the new structure of services.
- The Committee does not believe that all of the potential risks to the successful implementation of the new model have been fully considered.
- The Committee believes that further representations should be made by the Council to the appropriate authority setting out the concerns about these changes.

Emergency Healthcare

10.36. Dealing with emergency healthcare needs is one of the most expensive parts of the healthcare economy. Preventing the need for emergency and acute healthcare provision is a key way for healthcare to reduce its costs and address the financial constraints that it has been put under.

Reducing demand for emergency responses

10.37. Demand on the LAS is expected to continue to increase, so therefore it is clear that change is needed to maintain a safe and high-quality service for patients and good working conditions for staff. Many of the 999 calls the LAS receive are for patients who do not have life threatening injuries and illnesses, and who do not need an ambulance crew to attend. Instead they can be given a full clinical assessment over the phone and safely be offered advice, or redirected to other healthcare providers.

10.38. The "Choose Well" campaign was a national public awareness campaign, promoting the different range of choices that people have when accessing healthcare, and encouraging people to choose the most appropriate care to meet their health need. Across South East London almost £6million is spent every year treating people in A&E with minor ailments.⁶³ The campaign highlighted that unless someone has a life threatening emergency, obviously need hospital admission or investigation, have broken bones or serious injury, the best care is not always hospital. Alternatives such as a local pharmacist or GP, in particular the GP out of hours service, could provide appropriate care quickly and efficiently, but could also save money



⁶² Safer Stronger Communities Select Committee Minutes (29/07/13)

⁶³ Choose Well campaign (2013): <http://www.lewishamccg.nhs.uk/YourHealth/Pages/Choosewell.aspx>

for the NHS. The table (right) highlights the variety of healthcare services that are available to people and what they can offer.

- 10.39. At the Healthier Communities Select Committee meeting on 29 May 2013 the Committee heard from the Assistant Director Operations London (South) and the Lewisham Operations Manager for LAS that a key improvement on demand in acute emergency care would be seen if the public were better supported to access services more appropriately to their needs, rather than going to A&E or calling an ambulance for a matter that should be treated via primary or urgent care. However people have different personal views about what is urgent and an emergency, as well as having differing pain thresholds, so the key is to continue to educate people about services and appropriate healthcare choices. It is part of the responsibility of the local CCG to commission appropriate pathways to care outside general nine to five provision.
- 10.40. Lewisham CCG also has a key role in ensuring that appropriate community based and urgent care services are available to meet demand, as well as to work jointly with Lewisham Council on interaction between, and where appropriate integration of, health and social care services to support people in ensuring appropriate care and support is available to help prevent medical needs escalating to emergency situations.

Recommendation 27:

National campaigns, such as the recent “Choose well” campaign, need to be supported and reinforced locally. Clear, appropriate guidance should be given to people locally, about the most appropriate local service to access if they have an urgent medical need outside of GP hours, when they are making routine contact with health services

Recommendation 28:

Out of Hours care and urgent care both need to be comprehensive, easily accessible and well publicised to enable the public to choose the most appropriate care setting for their needs.

- 10.41. At the Healthier Communities Select Committee meeting on 9 July 2013, the Committee were informed that there are a number of initiatives that can improve the patient experience in A&E that are being developed in Lewisham, including:
- improvement in patient records accessibility.
 - more senior medical assessment earlier in the triage process
 - more joined-up working across the hospital and with social care and primary care.

Better discharging and reduced admissions

- 10.42. Lewisham Council's response to the draft Trust Special Administrator (TSA) report highlights a number of examples of where preventative work is already being undertaken⁶⁴. In 2010, the NHS Trust managing Lewisham Hospital was commissioned to provide community health services in the Borough. This allowed for the vertical integration of acute and community services and provided stronger links to the Council's services and other primary care services and closer models of working were developed.

⁶⁴ Lewisham Council response to TSA report (2012) p11, <http://councilmeetings.lewisham.gov.uk/documents/s23319/05AppendixYCouncilResponseToTheTSA02072013.pdf>

This included the presence of a dedicated social worker within the accident and emergency department at Lewisham Hospital to provide advice and referrals for incoming patients as appropriate. The integration of acute and community health services into one local NHS trust has also played a key role in contributing to Lewisham's achievement of an "outstanding" rating for children's safeguarding.

- 10.43. In Lewisham, a model of partnership working between the Council and health partners to achieve better health outcomes for Lewisham residents has been continuously developing over recent years. This approach recognises the need to improve and develop community based services and decrease the reliance on unnecessary and delayed hospital stays. Partners recognise that increased requirements for community based care places additional burdens on social care expenditure and provision. In Lewisham, this is being managed through the locally integrated system which has allowed efficiencies to be made across the health and social care economy.
- 10.44. While increased prevention work can help to reduce the need for emergency response and the expense associated with it, a key thread throughout the evidence has been the need for balance between prevention and response to emergencies. There will still be a need for effective responses from the emergency services when required and as such this safety net aspect of their provision cannot be overlooked.
- 10.45. Lewisham Healthcare NHS Trust was one of a very small number of Trusts, and the only one in London, to gain an 'Excellent' rating from the Health Care Commission for the quality of its care of newborn infants and children. This quality continues in the provision of a Children's A&E on the Lewisham site. Direct access to specialist staff explains the low rates of admission of Lewisham children to hospital. Children's needs are identified and met quickly without the need for distressing and avoidable admissions. Admission rates for gastroenteritis, for example, are the lowest in the sector and less than half the average London rate.⁶⁵

Pressures on the Council's adult social care budget

- 10.46. At £81.1m, the adult social care budget is the largest net budget in the Council (33% of the total) and is therefore central to the Council's financial position. The pressures on the Council's budget have therefore impacted on the budget for adult social care. Savings of over £13m have been achieved since 2009/10 and are highlighted below:⁶⁶

2010/11	£0.256m
2011/12	£2.916m
2012/13	£2.05m
2013/14	£8.306m
(Including 14/15 effect)	

- 10.47. The approach to savings and cost reduction has been to minimise the negative impact on individual service users. Savings have therefore concentrated on the following areas:
- Reducing social work and assessment unit costs to meet the Audit Commission recommended benchmark of 10% of the overall Adult Social Care Budget

⁶⁵ Lewisham Council response to TSA report (2012) p11,

<http://councilmeetings.lewisham.gov.uk/documents/s23319/05AppendixYCouncilResponseToTheTSA02072013.pdf>

⁶⁶ Funding and Financial Management of Adult Social care Review –Public Accounts Select Committee (17/07/13)

<http://councilmeetings.lewisham.gov.uk/documents/s23763/03%20Finances%20of%20Adult%20Social%20Care%20Review%20170713.pdf>

- Prolonging the need for ongoing services through the provision of reablement and short term early intervention
- Developing integrated health and social care services with both Acute and Community Health partners
- Changing the mix of care from nursing and residential to care which supports people to live at home, moving from Council commissioned homecare to direct payments
- Contract efficiencies, particularly Learning Disability supported accommodation
- Joint procurement – such as the meals contract and equipment provision
- Income generation through a review of the charging policy.

DRAFT

11. Access

- 11.1. Appropriate access to emergency services by those that need them is key to their effectiveness. The proposals to close a number of Lewisham's front-facing public buildings represent a significant change to the way in which citizens interact with public services. The fire service's proposals to close Downham fire station will not only impact on the response times in the borough, they are also likely to impact on citizens perception of their safety and the work carried out by the service to engage with the community.
- 11.2. The Metropolitan Police Service's (MPS) decision to close Brockley and Sydenham stations will also impact on the way citizens interact with their local police. Whilst the MPS suggests that its changes will result in greater police presence in neighbourhoods and better access to local officers, opportunities to engage with the force will be significantly altered by the proposals to withdraw from these buildings.
- 11.3. One of the greatest areas of concern in the borough has been the proposals to downgrade services at Lewisham hospital's accident and emergency department and the impact this would have on citizens access to appropriate services. The Sustainable Development Select Committee focused their attention on the ongoing access to services element of the emergency services proposals, and explored the potential wider impact of the proposals on people in Lewisham accessing appropriate emergency services.

Access for all

- 11.4. Lewisham is a diverse borough. It draws from the variety and richness of its population to build on its successes and to achieve its vision for sustainable communities. The Council endeavours to build on this strength in the delivery of its services.
- 11.5. The Comprehensive Equality Scheme (CES) for 2012-16 provides an overarching framework and focus for the Council's work on equalities and helps to ensure compliance with the Equality Act⁶⁷. The Council's equality objectives through the CES are to:
- Improve access to services
 - Close the gap in outcomes for citizens
 - Increase participation and engagement
- 11.6. In order to meet the requirements of the equality act public bodies (including the fire service, the Council, the MPS and healthcare providers) must, in the exercise of their 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.

⁶⁷ 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.

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

Fire

11.7. The London Fire Brigade (LFB) uses 'lifestyles' rather than protected characteristics as the focus of its preventative work. It believes that lifestyle groupings provide the most accurate means of targeting preventative work in relation to fire risk:

'Whilst it is true that certain lifestyles identified as being at higher risk will also contain people who share protected characteristics, belonging to a protected characteristic group in the first place does not place individuals at risk.' (Fifth London Safety Plan LSP5, p98)

11.8. The equality analysis for LSP5 covers five areas:

- Management of calls to automated fire alarms
- Working with neighbouring brigades
- Operational efficiencies
- Shut in lift incidents, and
- Targeting people at risk.

11.9. These plans set out the focus of the LFB to ensure that the changes being proposed do not have a disproportionately negative impact on a protected group. However, the equality analysis carried out for the LSP5 used average borough attendance times for the assessment, rather than ward based times. The LFB deems further analysis at the ward level unnecessary, because analysis at borough level did not identify significant impact on any group. Ward level data, however, is widely used for the planning and targeting of services across public sector service providers. This is particularly important in densely populated London Boroughs as ward averages can mask great disparities across the area, and ward level data can accurately identify areas where more people with protected characteristics are living.

11.10. There is a recognition that there are groups of people who are more at risk of fire than others. In supplementary document 13 (targeting those most at risk from fire) the LFB demonstrates the potential impact of the changes on social groups in London. These social groups are based on lifestyle profiles of target populations. These profiles are set out in the chart below:

Table 2: New Mosaic segmentations compared to accidental fires and casualties in the home

Group	Description	# of Homes	% of Homes	# of Fires (3y)	% of Fires (3y)	# of Casualties (3y)	% of Casualties (3y)
A	Residents of isolated rural communities	1,170	0%	4	0%	1	0%
B	Residents of small and mid-sized towns with strong local roots	72,131	2%	215	1%	36	1%
C	Wealthy people living in the most sought after neighbourhoods	228,145	7%	927	5%	125	4%
D	Successful professionals living in suburban or semi-rural homes	34,800	1%	82	0%	8	0%
E	Middle income families living in moderate suburban semis	382,946	12%	1,436	8%	300	9%
F	Couples with young children in comfortable modern housing	28,094	1%	77	0%	7	0%
G	Young, well-educated city dwellers	1,020,303	31%	4,554	25%	805	24%
H	Couples and young singles in small modern starter homes	188,927	6%	946	5%	207	6%
I	Lower income workers in urban terraces in often diverse areas	458,907	14%	2,636	15%	531	16%
J	Owner occupiers in older-style housing in ex-industrial areas	36,571	1%	129	1%	28	1%
K	Residents with sufficient incomes in right-to-buy social housing	60,041	2%	245	1%	47	1%
L	Active elderly people living in pleasant retirement locations	57,110	2%	239	1%	41	1%
M	Elderly people reliant on state support	61,520	2%	647	4%	98	3%
N	Young people renting flats in high density social housing	634,196	19%	5,566	31%	1,130	33%
O	Families in low-rise social housing with high levels of benefit need	36,688	1%	213	1%	49	1%
U		-	0%	-	0%	-	0%
London		3,301,549	100%	17,916	100%	3,413	100%

Source: draft LSP5, supporting document 5, (p4)⁶⁸

- 11.11. The profiles do not highlight any protected characteristic, apart from age. Another significant factor in determining the risk of injury in fire is housing quality, which may be an indicator of social deprivation. The importance of age is recognised in the LFB's consultation documents and the equality impact assessment for LSP5. It is maintained that by targeting the most at risk groups, including older people, particularly those living in unsuitable housing, there may well be a positive impact on this protected group. The LFB's proposals will not target specific protected groups because it believes that people from these groups are spread across London, and because the equality analysis at borough level does not indicate any significant detrimental impact to any specific group.
- 11.12. Furthermore the LFB believes that the removal of stations will not impact on their work carrying out home fire safety visits and other work with public sector partners to ensure that target groups are prioritised in preventive work.
- 11.13. Nonetheless, age is an important factor in fire related fatalities. As is poor health and impaired mobility. LSP5 identifies this: 'In 2011/12, almost one in three of those dying from fire had been in receipt of some form of care.' (London Safety Plan, p99)

⁶⁸ Draft LSP5, supporting document 5 (Targeting those most at risk from fire)
<http://www.london-fire.gov.uk/Documents/Sup05-Targeting-those-most-at-risk-from-fire.pdf>

11.14. The LFB maintains that:

‘By targeting those most at risk, this will naturally include people who share protected characteristics and the outcome of the five main proposals is expected to have a positive impact on elderly people, those with disability, mobility or health issues, and those living in deprivation in particular.’

11.15. As has been set out in other sections of the report, the ward based response times in the closest vicinity to the stations being closed will fall significantly. The subsequent reduction in service to the most vulnerable, specifically because they are disproportionately represented amongst fire related fatalities is a cause for concern. The three wards closest to Downham Fire Station are amongst those with the highest levels of deprivation in the borough and have high levels of social housing.

Police

11.16. The police are changing the way citizens access their services. As set out in previous chapters. The MPS as been challenged to substantially reduce the extent of its estate. In Lewisham Brockley and Sydenham stations will be closed and officers will work from fewer stations.

11.17. MPS data indicates that numbers of people reporting crimes at front counters has fallen by almost half in the past five years. This is likely to be because citizens use different forms of accessing information and communicating with the police. The data also shows that in 2011/12 fewer than 1 in 8 were reported at front counters.

11.18. The MPS believes that the low footfall at Brockley and Sydenham stations made it unfeasible to keep them open. At the meeting of Safer Stronger Communities Select Committee Members heard that the police would move to using ‘contact points’ in the borough. Neighbourhood officers are due to be at these sites on Wednesday and Thursday evenings between 7 and 8pm, and Saturday between 2 and 3pm. The sites are listed above in section 8 (Response).

11.19. At a Contact Point residents will be able to do the following things:

- Report a crime.
- Report lost property or hand in found property.
- Make an appointment to speak to a local officer.
- Hand in self-reporting forms for road traffic accidents.
- Obtain crime prevention advice.
- Obtain advice about police related matters.
- Collect found items by appointment.
- Discuss community concerns.
- Make an appointment to give a statement (if a visit is not requested).
- Make an appointment to speak to an officer about a complaint against police.

Recommendation 29:

The effectiveness of the police contact points in Lewisham should be reviewed by the borough commander after six months of operation, the results of the review should be provided to Overview and Scrutiny and the Safer Lewisham Partnership.

- 11.20. The MPS also intends to maintain engagement with Londoners through a greater focus on neighbourhood policing. Each ward will have a dedicated officer and a police community support officer.
- 11.21. The MPS has also offered a visit to every victim of crime who wants one. The MPS believes that this service will enable victims to be supported in an setting of their choosing, rather than having to attend a police station. It is also anticipated that it will be easier to target translation and support services to people who need them, because these services are not typically available at police station counters.
- 11.22. The Mayor's Police and Crime plan sets out how the MPS will be challenged to meet the Mayor's Office for Police And Crime (MOPAC) 20:20:20 challenge. In the plan, the Mayor commits to:
- Work with relevant voluntary organisations (particularly the specialist violence against women and girls sector) and others to develop more and better ways for the public to report crime.
 - Reflecting the increasing importance of online reporting methods, embrace new technologies like a smart phone crime reporting application.
 - Continue to support and publicise the 101 non-emergency number and campaigns like Crimestoppers to encourage more reporting.
 - Develop more opportunities for victims to report crime through third parties such as the Havens – the specialist centres in London, run by the NHS for people who have been raped or sexually assaulted – as well as the four Rape Crisis Centres.
- 11.23. People in Lewisham need to feel that they will have access to the police, locally, when they need them, in a timely and appropriate manner. This confidence in the local police presence is crucial to public perception of the MPS in Lewisham. To increase confidence in the MPS in Lewisham, by 20% from its declining levels, will be challenging if perception locally is that the police presence, and access to the police locally, is diminishing.

Emergency healthcare

- 11.24. The emergency service proposals with the greatest potential transport impacts in the borough were the plans which were put forward for the reconfiguration of services at Lewisham Hospital. The Sustainable Development Select Committee resolved to assess the potential impact of the proposals to downgrade Lewisham hospital's A&E in relation to travel, across the borough.
- 11.25. Going beyond his remit to make recommendations about the future of the South London healthcare NHS Trust (SLHT), the Trust Special Administrator (TSA) recommended that Lewisham hospital's A&E should be downgraded. If his changes had been implemented, this would have meant that the most critical emergency cases would have been dealt with by other hospitals in South East London. These were:
- Princes Royal University Hospital, Bromley (PRUH)
 - Kings College Hospital, Camberwell (KCH)
 - Queen Elizabeth Hospital, Woolwich (QEH)
 - Queen Mary, Sidcup (QMS)
 - Guys Hospital, London Bridge (GH)
 - St Thomas' Hospital, Southwark (STH)

11.26. As part of the delivery of his final report, the TSA's office commissioned a Health and Equalities Impact Assessment⁶⁹ (HEIA) to further consider the impact of the changes in the borough. Working with transport for London it found the following Public Transport Accessibility Levels (PTAL) for each of the hospital sites:

11.27. PTAL for Hospitals in South London

Hospital	PTAL	Description
UHL	5	Very good
PRUH	2	Poor
KCH	4	Good
QEH	3	Moderate
QMS	2	Poor
GH	6b	Excellent
STH	5	Very good

Source: TfL (provided by TSA 2012)

11.28. Lewisham hospital has a public transport accessibility level of 'very good' whereas the Queen Elizabeth Hospital's accessibility level is described as 'moderate', Kings College Hospital is described as 'good' and Princess Royal University Hospital is described as 'poor'. Furthermore, the HEIA recognises that the PTAL levels only provide an indication of accessibility to the hospital and do not take into account the complexity of travelling to the site from other parts in South East London. The HIEA recognises that there would be an impact on patients:

11.29. 'Greater transport times and difficulty in accessing healthcare services can lead to patients restricting their usage of healthcare service. Further, in some circumstances the timeliness by which patients can access care could have a direct impact on health outcomes' (HEIA p44)

11.30. This concern was echoed by Lewisham's Director of Public Health, who has stated that⁷⁰ the changes would have a serious detrimental impact on relatives and carers:

'If acutely ill patients are no longer admitted to UHL, this will result in increased costs incurred by relatives and carers when visiting patients admitted to alternative hospitals. Residents from deprived communities in the three most affected postcode areas (SE6 4AN, 4TW, 2BY) will experience public transport price increases of £1.90, an 82% increase in the cost of travel. These costs cannot be reimbursed under the Hospital Travel Cost Scheme.' (DPH response to TSA consultation p2)

11.31. The HEIA indicated that work with TfL would need to take place to ensure residents are able to maintain access to services, particularly from the south of the borough. The TSA's report recognises that this would be particularly important for disabled people, older people and those at risk. However, the TSA's discussions with TfL indicated that there is no funding available for additional bus services (TSA final report p51)

⁶⁹ TSA, Health and Equality Impact Assessment (2012):

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127493/VOL-3-Appendix-L.pdf.pdf

⁷⁰ Lewisham Director of Public Health's response to the TSA consultation (2012) <http://www.tsa.nhs.uk/document/lewisham-director-public-health-response>

11.32. In March, a question was asked of the Mayor of London about TfL's work with the TSA's office to mitigate the impacts of the proposed changes⁷¹. The Mayor outlined discussions between TfL and the TSA's office and contended that:

'In most cases there is either a direct link from Lewisham to the four sites identified in the Special Administrator's report or the sites can be accessed with one interchange...'

11.33. He advised that TfL was 'monitoring developments'. The response also noted that preparations for the proposed changes would be enhanced if the TSA's office was able to outline how many trips each day might be affected.

11.34. The Sustainable Development Select Committee requested that officers in the Council's transport division carry out detailed analysis of transport connections from postcodes in the borough to the five major hospital sites outside of the borough. This work indicated that residents' journeys would generally be less convenient and involve more changes; leading to longer journeys and, in many cases, higher fares.

11.35. TfL's travel planner was used as the basis of research. St Thomas' Hospital and Guys Hospital greatly benefited from train access. However possible access issues onto train services from platforms was not factored in, although access at the stations to platforms was taken into account. Journeys involving express services where Oyster cards were not accepted were excluded from the research exercise.

11.36. The analysis indicated that significant numbers of journeys would involve one or more changes, whereas there is a direct route to Lewisham Hospital in most cases. For many journeys more walking would be involved and the concern was that patients may find this an added difficulty. It was also anticipated that the changes would have a detrimental effect in terms of the ease with which friends and relatives would be able to visit people in hospitals that are more difficult and expensive to get to.

Maintaining access

11.37. The LFB has carried out a significant level of analysis on targeting people most at risk from fire. Their work indicates that age, quality of housing and receipt of care are significant factors in determining the risk of fire related injury. However, this analysis was carried out at borough, rather than ward level, which means the analysis did not take account of the characteristics of the populations in the vicinity of the stations being proposed for closure. The Overview and Scrutiny Committee believes that the ward level data is extremely relevant when considering fire risk and planning service changes.

11.38. The MPS are making significant reductions to their estate. In Lewisham both Brockley and Sydenham stations are closing. The MPS maintains that this is because it was unfeasible to keep these stations open for so few visitors and that citizens are now using other means of contacting the force and accessing information. The MPS will use 'contact' points' in non-police buildings during the week to enable citizens to meet police officers and report local issues.

11.39. Large reductions in emergency service provision at Lewisham Hospital were proposed, which would lead to people in Lewisham having to travel further to other hospital sites

⁷¹ GLA, Mayor's question time (March 2013), Lewisham hospital travel <http://mgt.london.gov.uk/mgt/public/question.do?id=46050>

more so than is currently the case. Analysis carried out by the Council's transport division identified the impact this would have on patients and visitors attempting to access hospital sites outside of the borough. People living in Lewisham would have to take significantly longer journeys, with more transport changeovers to hospital sites that are not currently as well served by public transport infrastructures as the Lewisham hospital site is, as acknowledged in the Public Transport Accessibility Levels assessment carried out as part of the HEIA of the TSA proposals.

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12. Partnerships

- 12.1. Working in partnership is important for the effective delivery of public services. In the area of health and wellbeing in particular, partnership working across a number of organisations is essential for the effective delivery of health and social care. Emergency Service providers, alongside the Council, Lewisham Clinical Commissioning Group (CCG), Lewisham and Greenwich NHS Trust, South London and Maudsley NHS Foundation Trust (SLaM), and other bodies such as Healthwatch, work closely together to ensure there is 'joined-up' working that makes the services work for the benefit of the patient.
- 12.2. There are also a number of statutory bodies and responsibilities that ensure local authorities work closely in partnership with the emergency services and other public bodies. The Health and Social Care Act 2012 (the Act) as well as redefining the roles of, and relationships between, different sections of the health infrastructure, introduced the Health and Wellbeing Board. The Act establishes a duty on the Health and Wellbeing Board to encourage integrated working. The Board includes a number of members, which include the elected Mayor or the executive leader, and other key local representatives including the director of public health and the local CCG and Healthwatch.
- 12.3. Emergency services and the local authority work closely together via 'community safety partnerships', introduced in the Crime and Disorder Act 1998, as amended by the Police and Justice Act 2006. In Lewisham, this is called the Safer Lewisham Partnership and is chaired by the Mayor. Other members will include representatives from Lewisham Metropolitan Police Service (MPS), the London Fire Brigade (LFB), the London Probation Service and Victim Support.
- 12.4. As detailed in the Finance section, the government's spending review was announced to cover the four years from 2011-12 to 2014-15 and reduce the government's budget by £83bn. This will be taken by savings from government departments, including local government. These austerity measures will ensure that local authorities and the emergency services will work more closely together in the future, as all bodies look to pool resources and deliver more effectively on the resources they currently have. As public services continue to make budget savings, all agencies will have to continue to look for new ways to work together more closely together.

Fire

- 12.5. The Council has a number of duties in relation to housing within its jurisdiction. As well as being a housing provider, under the Housing Act 2004, a local authority has a statutory requirement to know about the condition of all housing stock in its area. There are also other pieces of legislation, such as the Regulatory Reform (Fire Safety) Order 2005, which came into force in October 2006, and imposed obligations in relation to fire risk assessments in certain buildings. As well as other statutory duties in respect of health and safety, fire hazards, anti-social behaviour, and homelessness, for example, the Council routinely works closely with the emergency services on an almost daily basis

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⁷² Duties placed on local government (accessed online September 2013) <http://data.gov.uk/dataset/statutory-duties-placed-on-local-government>

- 12.6. The Council has worked closely with Lewisham Homes and RB3 to ensure that their buildings are 100% fire safety compliant, including the fitting of fire and escape doors, maintaining signage and carrying out risk assessments. The Council will continue to work closely with housing providers, as the Council has committed to assessing the feasibility of installing sprinklers in each of the developments proposed as part of the 'New Homes, Better Places' programme⁷³.
- 12.7. The Council and LFB, work well together in the priority area of emergency planning and the Council have always found the LFB to be a valuable partner in this area of work. They also work together in other areas, such as Youth work, commending the work of the LIFE programme (Local Intervention Fire Education); noting that the Council have supported this for many years. "It is important that development of any youth work is done in conjunction with Local Authorities and appropriate voluntary and community groups to ensure that greatest impact and variety of provision is available whilst supporting all agencies trying to do valuable work in the local community"⁷⁴.
- 12.8. The Council have highlighted, in responding to consultation, the issue of fire risks, as a significant and important area of anti-social behaviour. The Council noted that "Local Authorities should be able to work closely with the Fire service to help identify and review empty properties, and work closely with environmental services to support removal of fly-tipping / discarded items etc. which are a fire risk."⁷⁵
- 12.9. LFB have a number of partnership relationship with a number of organisations locally including Lewisham Age Concern. LFB work in partnership with age concern to identify at risk elderly people and deliver a targeted Home Fire Safety Visit (HFSV) programme, fitting smoke alarms and carrying out home fire safety checks. LFB also work with the Lewisham Handyperson Scheme, providing smoke detectors which are then fitted by the handyperson scheme operatives and the Sanctuary Project, supplying fire proof letter boxes, smoke alarms and other fire safety material depending on the level of risk to persons that have been subject to domestic and homophobic violence⁷⁶.
- 12.10. It is important that this local preventative work continues and is not negatively impacted by the reduction of fire-fighters in the borough.

Police

- 12.11. The MPS has demonstrated a number of ways in which it works closely in partnership to provide an effective service, with the strategic liaison being via the Safer Lewisham Partnership.
- 12.12. MPS work very closely with schools, and this relationship is cemented by Safer School Officers. The police locally also like to conduct flexible approaches to police-school relations, for example having a police presence at the end of the day at Sydenham Girls School to reassure vulnerable girls. Schools communicate closely with parents, and information provided by Safer Neighbourhood Teams (SNTs) and Safer Schools Officers

⁷³ Minutes of the Housing Select Committee (16/05/13);

<http://councilmeetings.lewisham.gov.uk/documents/s22970/01%20Minutes%20160513.pdf>

⁷⁴ London Borough of Lewisham's response to ISP5 consultation (2013);

<http://councilmeetings.lewisham.gov.uk/documents/s22941/Fifth%20London%20Safety%20Plan%20Referral%20Response.pdf>

⁷⁵ London Borough of Lewisham's response to the TSA report (2012)

<http://councilmeetings.lewisham.gov.uk/documents/s19348/Appendix%20A%20-%20Council%20response%20to%20the%20TSA.pdf>

⁷⁶ LFB in Lewisham (2012-13)

is also sent to parents where appropriate. The relationship between schools, parents and the police is developed and maintained with regular communication.

- 12.13. In terms of partnership in respect of locations, evidence presented to the review stated that numerous options for public access to their local SNTs have been explored but there are no plans at this time to provide a “shop front” in every ward as Bromley MPS has done. The MPS advised they would be happy to work with the Council to further explore joint location options when planning public access to SNTs. The MPS In Lewisham also feel they work well with the Safer Transport teams, who are not directly affected by the Mayor’s Office for Policing and Crime (MOPAC) proposals, but will likely go through their own reorganisation in due course.
- 12.14. The Safer Lewisham Partnership has successfully established an information-sharing protocol with the A&E at Lewisham hospital, so that anybody admitted with a stab wound has their details automatically passed onto the Crime Reduction service. The patient can then be contacted to see if they require support or additional interventions.

Emergency healthcare

- 12.15. To deliver effective healthcare, strong partnerships are necessary to deliver positive health outcomes. This is why the Council, Lewisham CCG, Lewisham and Greenwich NHS Trust, SLaM and other health practitioners have developed close working relationships over a number of years.
- 12.16. When primary care trusts ceased providing community services, an integrated care trust in Lewisham was created at Lewisham Healthcare NHS Trust, bringing together local acute and community health services. This has allowed the Council and its partners to exploit the advantages local connections to improve services and pathways. Integration and joint working has enabled significant progress to be made locally in improving outcomes and experiences for patients.
- 12.17. The CCG, Lewisham and Greenwich NHS Trust and the Council have recently formally agreed a new integrated model for community based health and social care services. This will increase further the ability of the whole system to reduce admissions and length of stays, assisting in the effective delivery of emergency care. The focus of this work has initially been, primarily, older people with long-term conditions.

Recommendation 30:

The CCG has a key role in ensuring that appropriate urgent care and out of hours services are available. The Council and CCG need to work closely together to ensure that all the necessary care pathways are in place, and appropriately utilised, to ensure undue and inappropriate pressure is not placed on Accident and Emergency units.

- 12.18. A partnership, established initially between the Primary Care Trust, Lewisham Hospital and the Council has developed a “whole systems approach” to ensure that patients were discharged much more quickly and efficiently. Consequently, in 10/11 and 11/12, this resulted in Lewisham’s performance for delayed transfers of care from hospital being the best in its statistical comparator group and well above the average for England and London as a whole. Lewisham Hospital and the Council continue to work closely

together to ensure early, appropriate, discharge and admission avoidance in the future. This partnership work is having a real impact, as evidenced by out-of borough patients having a length of stay in the hospital which is 2.7 days longer on average than Lewisham residents.

Recommendation 31:

The Council should continue to work closely with Lewisham and Greenwich NHS Trust to ensure appropriate and timely discharge from hospital takes place where patients have social care needs.

- 12.19. Lewisham CCG also works locally with the London Ambulance Service (LAS) to manage services in relation to, the local emergency care system There is also a pan-London monitoring system in place that monitors how busy all A&E departments are, and it also informs the routing of ambulances to hospitals when diverts may be in place. This information is monitored by the CCG and LAS locally.
- 12.20. Lewisham CCG also has a key role to play in ensuring that appropriate community based urgent care services are available to meet demand, and all local GPs and healthcare professionals have a role to play in advising people how to access the most appropriate service for their needs, when they have a non routine medical need. More encouragement and information is needed so that the public use the most appropriate services in the first instance, rather than going to A&E in the first instance if their medical need is not an emergency.
- 12.21. Lewisham CCG, the Council and Lewisham and Greenwich NHS Trust have also recently created “multi-agency neighbourhood clusters”, led by GPs and Adult Social Care, to care for more patients in the community and to attempt to further break down barriers between acute and community provision. The cluster teams bring together social work staff, occupational therapists, physiotherapists, district nurses, community matrons and GP practice staff.
- 12.22. The Council supports a Drug and Alcohol triage worker on the Lewisham Hospital site, able to work with patients who regularly attend A&E due to drink and/or drugs and divert them from acute services to more appropriate rehabilitation and intervention services.⁷⁷

Recommendation 32:

The CCG should work with the Lewisham and Greenwich NHS Trust to understand the high number of patients attending A&E who require specialist referral to the mental health team. The CCG should then review the appropriate care pathways, particularly the out of hours availability of services, to ensure that there is an appropriate level of service provided.

- 12.23. Partnership arrangements in Lewisham have enabled children with highly complex health needs to be supported at home by a specialist community nursing team with rapid access to in-patient support when needed; and supported the development of vulnerable

⁷⁷ London Borough of Lewisham's response to the TSA report (2012), p17
<http://councilmeetings.lewisham.gov.uk/documents/s19348/Appendix%20A%20-%20Council%20response%20to%20the%20TSA.pdf>

families' pathways from A&E and maternity, to the most appropriate community support, including health visiting, the Family Nurse Partnership and local GPs.

- 12.24. Strong partnership arrangements have also led to improved safeguarding of local children, with Ofsted's most recent inspection of Lewisham's services for Looked After Children and Safeguarding concluding that "Safeguarding outcomes for children and young people are outstanding".⁷⁸ Ofsted acknowledged that the strength of the partnership arrangements that have been developed in Lewisham deliver a safe, co-ordinated service responsive to adults and children at risk – arrangements that would be destabilised and damaged by changes to A&E services at Lewisham Hospital.
- 12.25. Strong and effective relationships at a local level between the Council and emergency service providers are key to effective service delivery. Strong partnership working is responsible for the effective delivery of a wider range of services than is initially obvious when looking at "emergency services" so, these relationships have to continue to develop to ensure the best possible services are provided for all local people.

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⁷⁸ London Borough of Lewisham's response to the TSA report (2012)
<http://councilmeetings.lewisham.gov.uk/documents/s19348/Appendix%20A%20-%20Council%20response%20to%20the%20TSA.pdf>

13. Future

- 13.1. Lewisham is a vibrant and diverse borough. Its population is fluid and dynamic, accessing London's education, employment, health, cultural, sporting and other experiences far beyond local geographical boundaries. The most recent census (2011) indicates that the borough's population continues to grow. In 2011 the total population figure was nearly 276,000 people, which represents a 10.8% increase on Lewisham's 2001 census population and a 3.5% increase on the 2010 Office of National Statistics' Mid Year Population Estimate. London's total population figure according to the 2011 census was 8,173,900, a 14.0% increase since 2001. Lewisham is set to see its population increase to estimates of 321,000 by 2021; this is an increase of over 44,000 residents in a ten year period⁷⁹.
- 13.2. Lewisham has a young population, with a quarter of residents aged between 0–19. By contrast, just under 10% of the population is aged over 65. Lewisham is also a very socially and ethnically diverse borough. With more than 170 different languages spoken; Lewisham is the 15th most ethnically diverse local authority area in England. Recent data indicates that 40 per cent of Lewisham residents are of black and minority ethnic origin. However, the generational profile of residents is such that three quarters of school pupils in Lewisham's primary and secondary schools are of black and minority ethnic origin, which illustrates the changing profile of the borough⁸⁰.
- 13.3. Lewisham is a diverse borough, but the pattern of population change across London is uneven. Where many citizens are physically and geographically mobile, others are confined or constrained in their movements. In this context, London's emergency services have highlighted their ambition to work more closely with partners to respond to common problems and search for innovative solutions the most difficult challenges. However, whilst in some cases the prevailing financial climate will act as a catalyst to change, in others it may prevent organisations from reaching out to partners.
- 13.4. There are ambitious plans in Lewisham to build new homes, create new spaces for new businesses and enhance the local infrastructure. The Council's core strategy sets out plans to enable more than 10000 homes to be built in the borough by 2026. In addition to the substantial redevelopment of Loampit Vale in Lewisham town centre, there are plans for major developments in Deptford and Catford. The redevelopment of Convoys Wharf, the largest single development site in the borough, is intended to provide more than 3000 new homes as well as new infrastructure, employment opportunities and new public spaces. Current plans for Convoys Wharf include proposals to construct three new tall towers adjacent to the Thames. Other major developments at Surrey Canal Triangle, Lewisham Gateway, Plough Way and Deptford Town Centre will provide new homes, leisure facilities and employment areas. The Council intends to act as a catalyst to the development of Catford town centre, which will remain as the borough's civic hub. The Council also has plans to build more than 500 new homes, as part of its new homes better places programme.
- 13.5. Lewisham Council faces a considerable challenge to reduce its budget and alter the way it delivers its services. The Government announced in June 2013 that additional savings of £11.5bn would have to be found from government departments for 2015-16, to allow

⁷⁹ Office of National Statistics, National Population Projections Summary (October 2012).

⁸⁰ Comprehensive Equality Scheme (2012-2016) p5

for £3bn of spending per year on capital projects. This means that further cuts will be made to local government.

13.6.

GRAPH TO BE INSERTED HERE

13.7. In the context of changing patterns of service provision, continued cuts to budgets and the shifting patterns of Lewisham's population, a clear view of the future provision of services is difficult to achieve. This review has sought to determine the current and potential future impact of the changes to Lewisham's emergency services. Throughout the course of the review, each committee gathered evidence to enable it to assess what Lewisham's emergency services might look like in the years ahead based on the proposals for change recently put forward for those services.

Recommendation 33:

Projected future population growth should be factored into all future service planning.

Fire

13.8. 'We want to make London a safer city and our vision is to be a world class fire and rescue service for London, Londoners and visitors.' (LSP5 2013⁸¹)

13.9. By 2015 the LFB in Lewisham plans to operate with one less station, a reduced number of fire fighters and one less fire engine. If the LFB's proposals proceed as planned, Downham station will have been closed in early 2014. The LFB city wide will have reconfigured its services and reduced the number of stations, fire fighters and specialist teams it has available. There will also have been a reduction in resources of £45.4m over 2013-2015.

13.10. Over the period of LSP5 the LFB aims to:

- reduce house fires by 2%
- increase its home fire safety visits, targeting the most vulnerable to ensure that 8-out-of-10 of households at the highest risk are visited by fire safety officers.
- be more responsive to the needs of the elderly and more vulnerable older people, with fires reduced in care homes and sheltered housing by 3%.
- reduce deaths in fires by 4% and all outdoor rubbish fires by 14%.

13.11. By 2015 the LFB aims to provide a more effective and efficient service, whilst improving prevention work, enhancing the condition of its equipment and bolstering resilience. The brigade aims to reduce the amount of time it spends on false alarms call-outs, reducing them by 9%. It also intends to lower the number of calls to people stuck in lifts (without distress) by 8%. Station staff will be expected to spend 13% of their time on community safety.

⁸¹ Draft LSP5 (2013) p45

13.12. The Overview and Scrutiny Committee remains concerned that the decisions made in relation to the level of resources needed across London to meet these targets, did not adequately take into account all available data and all relevant risk factors. The average response times in certain wards in Lewisham, along with projected population increases, will make keeping all Londoners safe a difficult challenge by 2015.

Police

13.13. 'I am confident this (Police and Crime Plan 2013-16) will help achieve my mission to make London the safest and greatest big city on earth.'⁸² (Mayor of London)

13.14. The Mayor of London has set out his vision for justice in London:

- A metropolis considered the greatest and the safest big city on earth.
- A Metropolitan Police Service (MPS) that becomes the UK's most effective, most efficient, most respected, even most loved police force.
- A capital city where all public services work together and with communities to prevent crime, seek justice for victims and reduce reoffending.

13.15. By 2016, according to the Police and Crime Plan, the MPS in Lewisham will have reduced neighbourhood crimes by 20%, increased public confidence in the police by 20% and the service will have delivered its portion of the budget savings for the Metropolitan Police –£500m in total – by 2016.

13.16. This would all have to be achieved with the loss of Brockley and Sydenham stations, less officers permanently dedicated to each and every ward in the borough and with only an additional 13 police officers than were actually deployed in Lewisham 5 years previously.

13.17. The Local Policing Model would have been fully implemented, with the aim of making the MPS more responsive to the public and able to deal with crime, and tackle potential crime in hot-spot areas, much more effectively. MOPAC believe that this would have helped the public grow in confidence in the capabilities of their local police force.

13.18. Lewisham's three policing 'clusters' will have been created with the aim of deploying officers across the borough "flexibly", based on local priorities and identified issues. The size of emergency response teams will have reduced. In each ward one dedicated officer will remain focused on ward priorities, without being moved to other duties.

13.19. Whilst welcoming and supporting the MPS aims of reducing crime in Lewisham and increasing public confidence in the police locally, the Overview and Scrutiny Committee remain concerned that the financial constraints facing the MPS will make achieving these targets increasingly difficult.

13.20. Data shows that the actual increase in police officers in Lewisham by 2015 will be 13 not the 54 originally claimed by MOPAC which, along with reduced dedicated ward based officers, will make achievement of their aims extremely challenging. With the increasing population in the borough, and the financial constraints facing the MPS and the Council, the wide range of factors that impact on crime levels will be difficult to continue to tackle effectively to achieve a 20% reduction in neighbourhood crime;

⁸² Mayor's Police and Crime Plan (2013) p12

Emergency healthcare

13.21. The London Ambulance Service intends to make significant changes to the way in which it delivers its services by 2015. In their 'time for a change' consultation the service committed to the following:

- Every patient who rings 999 to have a response within one hour – either by telephone assessment or an ambulance attendance.
- Our rosters will enable us to match ambulance availability with 999 call demand.
- We will have established close working relationships with clinical commissioning groups to identify gaps in service and improve access to appropriate healthcare options.
- Patients will experience a seamless referral to appropriate providers, for example, NHS 111, crisis and falls teams.
- Every patient who requires a face to-face assessment will be attended within an hour by a paramedic with enhanced assessment skills who has the right
- training and experienced clinical support.
- On scene senior clinical support will be provided to staff where needed.
- Staff will benefit from an embedded clinical career structure, education and regular meaningful feedback and appraisals.
- We will be less reliant on private and voluntary ambulance services as we will have recruited more staff. P5)

13.22. By 2015 the £15m of extra funding recently announced would have been invested, with 240+ of new frontline staff working in the LAS and helping it to fulfil its objectives and improve clinical outcomes. Patients who were in immediate life threatening situations needing an ambulance should receive a response within eight minutes. All patients would be receiving a response within one hour – either by telephone assessment or an ambulance attendance. There should be ongoing effective co-ordination between the LAS and Lewisham CCG to identify gaps in service and improve access to appropriate healthcare options.

13.23. By 2015 the Council, the CCG, the LAS, Lewisham and Greenwich Hospital NHS Trust, SLaM, Lewisham Healthwatch and a range of other local organisations will have continued to work closely together to ensure effective care pathways are in place and that people in Lewisham are fully informed about the most appropriate services for their needs. The strong partnership focus of the CCG and Council in joint commissioning, and of the Council and Lewisham and Greenwich Healthcare trust in terms of social care, discharge and safeguarding, will have been maintained in the face of reducing budgets and an increasing population.

13.24. The Overview and Scrutiny Committee recognises the strength of the partnership working that exists in relation to health and social care in Lewisham, and the benefit that such strong partnerships bring to providing effective prevention and care for local people. The financial challenges facing local government and increasing populations will make maintaining effective care pathways for local people an increasingly challenging task.

The future of Lewisham's emergency services

- 13.25. The future of the emergency services in the coming years will be shaped by the budget savings they have had to implement since the 2010 General Election as well as the shadow of continued budget savings after 2015. Driven by financial constraints, the emergency services will need to develop more innovative and co-operative ways of working. This includes not only within the respective organisation but with other emergency services and a wide range of other public sector bodies, healthcare organisations, and charities. Into the future and beyond 2015, they will have to think further about how they can develop their ways of working in order to continue to deliver results in austere times.
- 13.26. The future of Lewisham's 999 Emergency Services will be shaped by budget savings they have had to implement since the 2010 General Election. All projections are that the public finances will continue to face real term cuts.

The scale of the challenge for Lewisham is immense. The affect of these cuts are only just becoming apparent and tangible. This will leave a legacy for many years come.

Recommendation 34:

The Mayor and Cabinet, the Safer Lewisham Partnership, the Health and Wellbeing Board should regularly review performance against the recommendations made within this report, in their role as local strategic leadership bodies.

Recommendation 35:

The Mayor and the Council must continue to be vigilant to ensure that Lewisham has the best possible Emergency Services

14. Monitoring and ongoing scrutiny

- 14.1. The Overview and Scrutiny Committee has made a number of recommendations for action by the Mayor and Cabinet of Lewisham Council, the Metropolitan Police Service, the London Fire Brigade, the London Ambulance Service, the Safer Lewisham Partnership, Lewisham Clinical Commissioning Group, Lewisham and Greenwich NHS Trust, the Health and Wellbeing Board and the South East London Housing Partnership.
- 14.2. This report, and the recommendations within it, will be referred to all of those bodies for consideration and response, as well as to The Mayors Office for Police and Crime.
- 14.3. The Overview and Scrutiny Committee requests a response from each of those bodies, and according to the constitution of the London Borough of Lewisham, expects to receive a response to this report and its recommendations from the Mayor and Cabinet within 2 months of receipt.
- 14.4. To note, as per the Constitution of the London Borough of Lewisham:
- Healthier Communities Select Committee has health scrutiny powers as outlined in legislation: the Health and Social Care Act 2001, the NHS Act 2006 as amended, the Health and Social Care Act 2012 and regulations made under that legislation.
 - The Safer Stronger Select Committee has crime and disorder scrutiny powers transcribed in legislation: Sections 19 and 20 Police & Justice Act 2006, as amended from time to time, and all other relevant legislation.
- 14.5. The Overview and Scrutiny Committee, and its Select Committees, may decide to consider some of the issues raised in the report and its recommendations (in accordance to their Terms of Reference) as part of ongoing 2013/14 work programme. These strategic issues of concern might also be considered as part of the development of the 2014/15 work programme for scrutiny.

15. Glossary of terms

Anti-Social Behaviour (ASB)

- While there is no precise definition of antisocial behaviour it covers acting in a way that causes or is likely to cause alarm or distress to one or more people in another household. To be antisocial behaviour, the behaviour must be persistent.

Accident and Emergency (A&E)

- The accident and emergency department at any hospital, a medical treatment facility specializing in acute care of patients who present without prior appointment, either by their own means or by ambulance.

Association of Chief Police Officers (ACPO)

- Association comprising chief officers who hold a substantive rank or appointment at the rank of Assistant Chief Constable level or above as well as senior police staff equivalents

Clinical Commissioning Group (CCG)

- Clinically led groups that include all of the GP groups in their geographical area and organise the delivery of NHS services in England

Comprehensive Equality Scheme (CES)

- The Council's commitment to equality for citizens, service users and employees. It sets out the equality objectives that the Council will work towards

Emergency Department (ED)

- Another name for Accident and Emergency

Fifth London Safety Plan (LSP5)

- The London Fire and Emergency Planning Authority's Integrated Risk Management Plan as required by the government's national framework for the fire and rescue service.

Fire Rescue Units (FRU)

- A purpose built vehicle designed to provide specialist rescue functions

General Practitioner (GP)

- A doctor who treats acute and chronic illnesses and provides preventive care and health education to patients.

Greater London Authority (GLA)

- The strategic regional authority for Greater London, consisting of a directly elected executive Mayor of London and an elected 25-member London Assembly with scrutiny powers. It has powers over transport, policing, economic development, and fire and emergency planning.

Health and Equalities Impact Assessment (HEIA)

- Assesses the impact of the Trust Special Administrator's recommendations for an NHS Trust on the health of the local population and its impact on specific groups within the local population and staff.

Home Fire Safety Visit (HFSV)

- A visit by the fire brigade to a home offering advice on how to make the home safe.

Lewisham Community Police Consultative Group (LCPCG)

- An independent community forum holding public meetings where the community can discuss policing, community safety and related issues with senior officers from the police, the council and other organisations

Lewisham and Greenwich Hospital NHS Trust

- The newly created NHS Trust, made up of the former Lewisham Healthcare NHS Trust and Queen Elizabeth Hospital

Lewisham Healthcare NHS Trust

- Ran local hospital and community healthcare services in Lewisham, formally ceased to function in October 2013.

Local Intervention Fire Education (LIFE)

- An intensive course facilitated by the Fire Rescue service and firefighters at operational fire stations. The programme offers young people over the age of 14 the opportunity to learn new skills as well as building on existing ones.

Local Policing Model (LPM)

- New model of policing designed to move resources to the front line, increase visibility and flexibility and improve quality of service to increase public confidence. Neighbourhood policing is at the basis of the model.

Local Policing Team (LPT)

- The policing team focussed on a specific local area, made up of the Safer Neighbourhoods Team.

London Ambulance Service (LAS)

- The NHS trust that supplies ambulance services across London, duties include responding to emergency 999 calls.

London Fire Brigade (LFB)

- London's fire and rescue service

London Fire and Emergency Planning Authority (LFEPA)

- Runs the London Fire Brigade and makes decisions on key matters including strategy, policy and the Brigade's budget.

Mayor of Lewisham

- The directly elected Mayor of the London Borough of Lewisham, Sir Steve Bullock

Mayor of London

- The directly elected Mayor of Greater London, Boris Johnson

Mayor's Office for Policing and Crime (MOPAC)

- Sets the strategic direction and accountability for policing, led by the Mayor of London and supported (by the Deputy Mayor for Policing and Crime. Responsible for the formal oversight of Scotland Yard including budget-setting, performance scrutiny and policy development

Metropolitan Police Service (MPS)

- The police service for London

National Health Service (NHS)

- The publicly funded healthcare system for the UK

Office for Standards in Education, Children's Services and Skills (Ofsted)

- Inspects and regulates services which care for children and young people, and those providing education and skills for learners of all ages.

Police Community Support Officer (PCSO)

- A civilian member of police staff employed as a uniformed non-warranted officer

Police Officer (PC)

- Also known as a Police Constable, the first rank of the police force and the most common officer.

Primary Care Trust (PCT)

- PCTs were largely administrative bodies, responsible for commissioning primary, community and secondary health services from providers. Abolished under the Health and Social Care Act 2012 and replaced by Clinical Commissioning Groups.

Private Finance Initiative (PFI)

- Method for funding public infrastructure projects with private capital.

Public Transport Accessibility levels (PTAL)

- A method used in transport planning to assess the access level of geographical areas to public transport.

Safer Lewisham Partnership (SLP)

- The statutory crime and disorder partnership for Lewisham, it has a duty to conduct an audit of crime, disorder, anti-social behaviour and drug misuse in Lewisham, to consult widely on the findings and set strategies to tackle the issues identified

Safer Neighbourhood Teams (SNT)

- Police teams dedicated to local communities and additional to other policing teams and units in London. They deal with day-to-day crime and disorder issues.

South London and Maudsley NHS Foundation Trust (SLaM)

- Provides mental health and substance misuse services to people from Croydon, Lambeth, Southwark and Lewisham.

South London Healthcare Trust (SLHT)

- Healthcare Trust covering South London and including Princess Royal University Hospital, Bromley, Queen Elizabeth Hospital, Woolwich and Queen Mary's Hospital, Sidcup. The Trust was dissolved on 1st October 2013.

Transport for London (TfL)

- The local government body responsible for most aspects of the transport system in Greater London. Its role is to implement the transport strategy and to manage transport services across London.

Trust Special Administrator (TSA)

- Part of the process to provide a rapid resolution to problems within a significantly challenged NHS foundation trust, the TSA exercises the functions of the chairman and directors of the Trust to develop recommendations for the Secretary of State.

Urgent Care Centre (UCC)

- Offers treatment to anyone with a minor injury, without the need for a referral or appointment

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16. Sources

Committee meeting minutes and reports

Safer Stronger Communities Select Committee - agendas, reports and minutes available online:

8 May 2013:

<http://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=189&MId=2921&Ver=4>

3 July 2013:

<http://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=189&MId=2922&Ver=4>

3 September 2013:

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Healthier Communities Select Committee - agendas, reports and minutes available online:

29 May 2013:

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4 September 2013:

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Sustainable Development Select Committee - agendas, reports and minutes available online:

22 May 2013:

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Housing Select Committee – agendas, reports and minutes available online at:

16 May 2013:

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<http://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=135&MId=2903&Ver=4>

11 September 2013:

<http://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=135&MId=3081&Ver=4>

Children and Young People Select Committee – agendas, reports and minutes available online:

2 July 2013:

<http://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=134&MId=2861&Ver=4>

Fire

Draft fifth London fire safety plan (2013) - (consultation version)

http://www.london-fire.gov.uk/Documents/Draft_Fifth_London_Safety_Plan.pdf

Draft fifth London safety plan (LSP5) supporting documents (2013)

- [01 - Our aims, objectives, risks, commitments and targets](#)
- [02 - Incident profiles](#)
- [03 - Historical data 1970 to 2011](#)
- [04 - 2030 incident projections](#)
- [05 - Targeting those most at risk from fire](#)
- [06 - Management of Calls to Automated Fire Alarms](#)
- [07 - Review of shut in lift policy](#)
- [08 - Getting to emergency incidents as quickly as possible](#)
- [09 - Working with neighbouring brigades](#)
- [10 - Station workloads and capacity](#)
- [11 - Fire service modelling](#)
- [12 - Charging for attendance at incidents](#)
- [13 - Three year headline targets 2013 - 2016](#)
- [14 - Fire Service performance comparisons](#)
- [15 - Deliberative consultation and polling results](#)
- [16 - Equality analyses](#)
- [17 - Sustainable development impact assessment](#)
- [18 - Crewing of appliances](#)
- [19 - Adjustments to officer rota cover](#)
- [20 - Operational efficiency work](#)
- [21 - Report to Authority](#)
- [22 - Ward impacts of changes to fire stations and engines](#)
- [23 - Attendance time performance distributions by borough](#)
- [24 - Third fire engine attendance time performance](#)
- [Third appliance response times by wards](#)

Fifth London fire safety plan (Report to LFEPA 18 July 2013):

<http://modern.gov.london-fire.gov.uk/mgconvert2pdf.aspx?id=2064>

Draft fifth London fire safety plan consultation presentation (2013):

<http://www.london-fire.gov.uk/Documents/LSP5-presentation.pdf>

LFB Asset Management Plan (2011): Delivering property improvement & management

[http://www.london-fire.gov.uk/Documents/FEP1831_\(Appendix\).pdf](http://www.london-fire.gov.uk/Documents/FEP1831_(Appendix).pdf)

Fifth London safety plan (2013-16) (final version):

<http://www.london-fire.gov.uk/Documents/LSP5-authority-version-18-july-following-september-authority-meeting.pdf>

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<http://councilmeetings.lewisham.gov.uk/documents/s22941/Fifth%20London%20Safety%20Plan%20Referral%20Response.pdf>

LFB press release, Ron Dobson (10 June 2013):

http://www.london-fire.gov.uk/news/LatestNewsReleases_lastchanceonfireconsultation.asp#.UkBmjdJJOAg

LFB News release (4 June 2013):

http://www.london-fire.gov.uk/news/LatestNewsReleases_Sayonfirebrigadeproposals.asp#.UkGXItJJMuc

New Shopper article on LSP5 consultation (15 July 2013):

http://www.newsshopper.co.uk/news/10548683.Downham_fire_deaths_on_Boris_Johnson_s_head_after_station_closure_says_campaigner/

Phoenix Community Housing Response to Draft Fifth London Safety Plan consultation (17 June 2013)

Fourth London Safety Plan (2010-2013):

<http://www.london-fire.gov.uk/documents/lsp4.pdf>

LFB in Lewisham (2013):

<http://www.london-fire.gov.uk/Documents/statistics-pack-lewisham.pdf>

LFB in your borough (Lewisham) (2013):

http://www.london-fire.gov.uk/Documents/LFB_in_your_borough_2012-13_-_Lewisham.pdf

Police

Mayor's Police and Crime Plan (2013-16):

<http://www.london.gov.uk/sites/default/files/PoliceCrimePlan%202013-16.pdf>

Policing and Public Access in London (2013):

<http://www.london.gov.uk/sites/default/files/Policing%26PublicAccess%20UPLOAD.pdf>

MOPAC/MPS Estate Strategy (2013-2016):

http://www.london.gov.uk/sites/default/files/MOPAC%20Estates%20Strategy_0.PDF

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<http://www.hmic.gov.uk/media/metropolitan-response-to-the-funding-challenge.pdf>

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<http://www.tsa.nhs.uk/sites/default/files/documents/FINAL%20REPORT.pdf>

The future of the London Ambulance Service: A strategic review (2011), Health and Public Services Committee:

<http://www.london.gov.uk/mayor-assembly/london-assembly/publications/all-publications/the-future-of-the-london-ambulance-service>

LAS: our plans to improve the care we provide to patients (April 2013)

http://www.londonambulance.nhs.uk/news/news_releases_and_statements/idoc.ashx?docid=b8243ca4-2eeb-40fe-8447-c8c2e61b4d1b&version=-1

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http://www.londonambulance.nhs.uk/about_us/how_we_are_doing/clinical_quality_indicators.aspx

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<http://councilmeetings.lewisham.gov.uk/documents/s19348/Appendix%20A%20-%20Council%20response%20to%20the%20TSA.pdf>

Frontline response to the TSA proposals (December 2012):

<http://councilmeetings.lewisham.gov.uk/documents/s19425/Appendix%20B%20-%20Frontline%20report.pdf>

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<http://www.tsa.nhs.uk/document/lewisham-director-public-health-response>

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127493/VOL-3-Appendix-L.pdf.pdf

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<http://www.lewishamccg.nhs.uk/YourHealth/Pages/Choosewell.aspx>

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