

Healthier Communities Select Committee		
Title	Select Committee work programme 2014/15	
Contributor	Scrutiny Manager	Item 10
Class	Part 1 (open)	16 July 2014

1. Purpose

To ask Members to agree an annual work programme for the Healthier Communities Select Committee.

2. Summary

This report:

1. Informs Members of the meeting dates for this municipal year.
2. Provides the context for setting the Committee's work programme.
3. Provides a provisional work programme for 2014/15 based on items that the Committee is required to consider by virtue of its terms of reference as well as: suggestions from the Committee in the previous administration; the need to follow up previous recommendations and reviews; and suggestions from officers.
4. Invites Members to decide on a programme of work for the 2014-15 administration, based on discussion and suggestions put forward at the meeting.
5. Informs Members of the process for Business Panel approval of the annual work programme.
6. Outlines how the work programme will be monitored and developed.

3. Recommendations

The Select Committee is asked to:

- Note the meeting dates and terms of reference for the Healthier Communities Select Committee.
- Consider the items suggested for the work programme, as listed at appendix B.
- Consider adding additional items to the work programme, taking into consideration the criteria for selecting topics; the background; and suggestions already put forward.
- Note the key decision plan, attached at appendix G, and consider any key decisions for further scrutiny.
- Agree a work programme for the municipal year 2014/15.
- Note how the work programme will be developed and monitored over the coming year.

4. Meeting dates

4.1 The following Committee meeting dates for the next municipal year were agreed at the Council AGM on 11 June 2014:

- 16 July 2014
- 3 September 2014
- 21 October 2014
- 2 December 2014
- 14 January 2015
- 24 February 2015

5. Context

5.1 The Committee's terms of reference are set out in appendix A. The Committee has a responsibility for carrying out the duties of the Overview and Scrutiny Committee as they relate to the provision of service by and performance of health bodies providing services for local people.

5.2 The Committee regularly scrutinises the work of Lewisham's Community Services directorate, which includes adult social care, joint commissioning, community education, the library & information service and public health. The Committee also has a role in questioning local providers and commissioners – including Lewisham and Greenwich NHS trust, South London and Maudsley NHS foundation trust and Lewisham's clinical commissioning group.

5.3 The Committee works with Healthwatch Lewisham and Lewisham's Health and Wellbeing board to improve services for local people.

Lewisham's Health and Wellbeing board

5.4 Health and Wellbeing boards were established as part of the Health and Social Care act 2012. Their role is to assess the health and wellbeing needs of local residents, develop a set of priorities and coordinate work to deliver on those priorities. The board is currently made up of representatives from:

- Lewisham Council, including the Mayor; the Cabinet Member for Community Services; the Executive Director for Community Services and for Children and Young People as well as the Director for Public Health.
- Lewisham and Greenwich NHS trust
- NHS England
- Local housing providers
- The Community and Voluntary Sector

5.5 The Health and Wellbeing board has developed a strategy, based on the finding of the Joint Strategic Needs Assessment. The strategy has three overarching aims:

- To improve health
- To improve efficiency
- To improve care

5.6 Its nine priorities are for action over the next ten years are:

- 1: Achieving a Healthy Weight
- 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years
- 3: Improving Immunisation Uptake
- 4: Reducing Alcohol Harm
- 5: Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking
- 6: Improving mental health and wellbeing
- 7: Improving sexual health
- 8: Delaying and reducing the need for long term care and support.
- 9: Reducing the number of emergency admissions for people with long term conditions

Healthwatch

5.7 Healthwatch is a consumer champion in health and care. It was also established by the health and social care act – and it is tasked with ensuring that local people have an active role in holding health and social care providers to account. Lewisham Healthwatch is facilitated by Voluntary Action Lewisham and led by a board of local people. Lewisham Healthwatch’s strategic aims are:

- Identifying concerns and risks and challenging others to take action;
- Advancing consumer rights and responsibilities;
- Promoting the design and delivery of services around the needs of a person;
- Developing the potential of the Healthwatch network.

Adult social care

5.8 Adult Social Care aims to help people aged 18 or over to continue to live as independently as possible within the community. The division incorporates:

- Assessment and Care Management teams
- Joint Health and Social Care (Therapies)
- Joint Health and Social Care (Prevention)
- Integrated Neighbourhood Teams
- Safeguarding and Quality Assurance
- Adults with a Learning Disability and Specialist Sensory Assessment teams.
- Prevention and Early Intervention services
- Day Opportunities

5.9 People thought to be in need of social care are assessed against a set of eligibility criteria, if their need reaches the criteria they are assigned a Personal Budget or Direct Payment to spend on meeting their needs. People can use their personal budget to receive support services such as home care, day care, respite care or breaks for Carers, as well as less traditional support options, such as employing a personal assistant, or accessing a range of bespoke community support options. Support is also provided for people to access residential and nursing care, where this offers the most appropriate type of support to meet their needs.

Joint commissioning

- 5.10 The Local Authority is the lead commissioner for Health and Social Care in Lewisham. This arrangement is supported by a legal agreement between the Local Authority and Lewisham Clinical Commissioning Group.
- 5.11 The Joint Commissioning Team is responsible for the commissioning of health and social care services for vulnerable adults including people with mental health problems, people with learning disabilities, older adults and people with a physical disability.

Public health

- 5.12 Public Health is concerned with the overall health and well-being of populations and communities. It involves identifying health risks and developing plans and programmes to improve the health of the population as a whole.
- 5.13 The Health and Social Care Act of 2012 gives local authorities the responsibility for improving the health of their local populations and says that local authorities must employ a Director of Public Health. The Director is currently supported by a ring-fenced budget. Directors of Public Health are required to publish annual reports that chart local progress against a national Public Health Outcomes Framework.

Libraries and community education

- 5.14 The Lewisham Library and Information Service operates from seven buildings that the Council owns and manages, and from five community venues in which a peripatetic library service is available to residents.
- 5.15 Community Education Lewisham (CEL) operates out of three sites: Brockley Rise, Granville Park and Grove Park, all of which are council owned and managed by Lewisham Property Services. CEL offers a wide range of adult learning across the borough. Services are designed to welcome adults, many of whom may not otherwise take part in education or training. Courses provide accessible entry routes for new or returning learners and progression routes for existing learners.

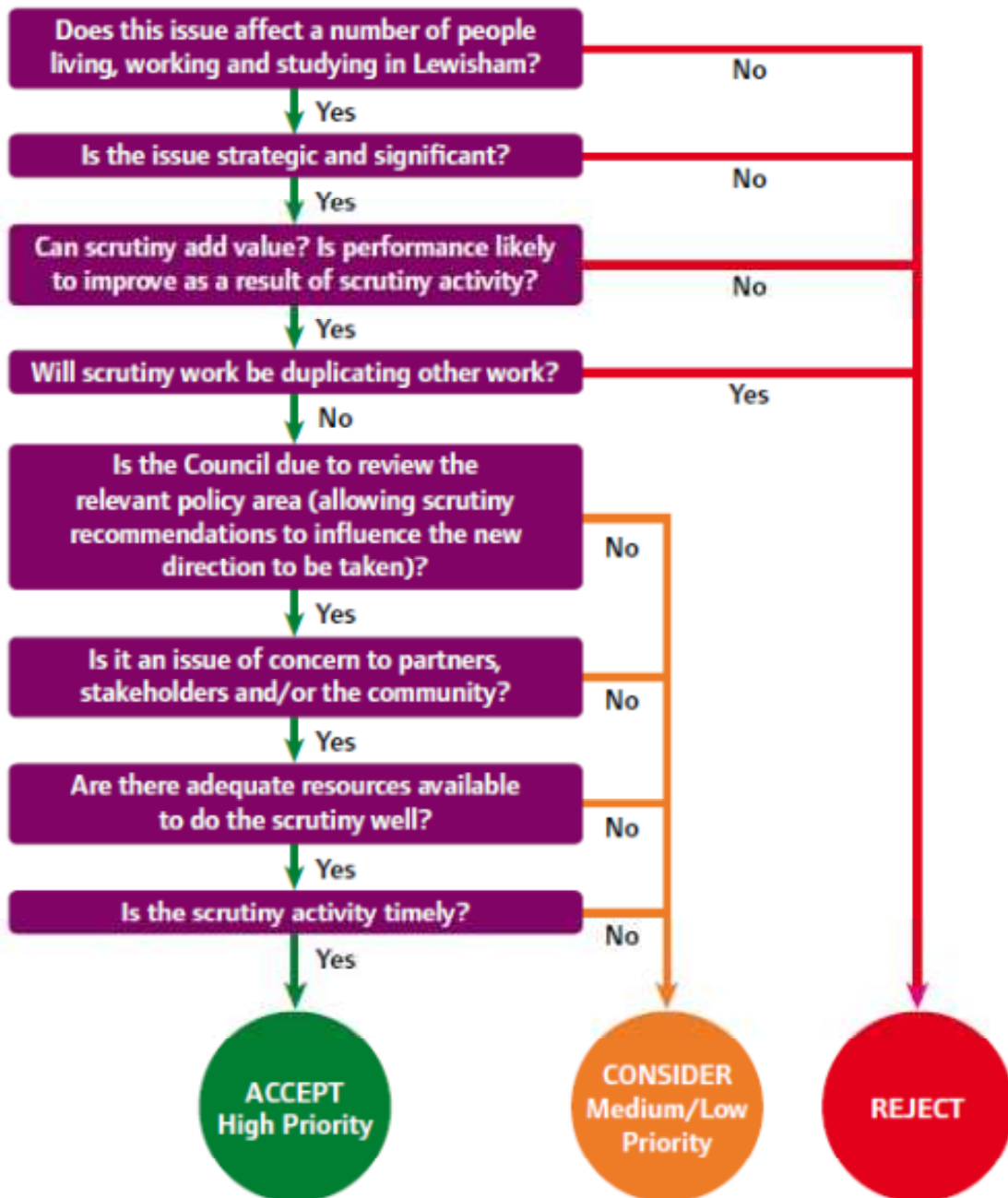
Further information about the work of these teams is in appendix C

6. Deciding on items to add to the work programme

- 6.1 When deciding on items to include in the work programme, the Committee should have regard to:
- items the Committee is required to consider by virtue of its terms of reference;
 - the criteria for selecting topics;
 - the capacity for adding additional items;
 - the context for setting the work programme - the key services, programmes and projects which fall within the committee's remit;
 - suggestions already put forward.

6.2 The following flow chart, based on the Centre for Public Scrutiny (CfPS) advice for prioritising topics for scrutiny should help members decide which items should be added to the work programme:

Scrutiny work programme – prioritisation process



7. Different types of scrutiny

7.1 It is important to agree how each work programme item will be scrutinised. Some items may only require an information report to be presented to the Committee and others will require performance monitoring data or analysis to be presented. Typically, the majority of items take the form of single meeting items, where members:

- (a) agree what information and analysis they wish to receive in order to achieve their desired outcomes;
- (b) receive a report presenting that information and analysis;
- (c) ask questions of the presenting officer or guest;
- (d) agree, following discussion of the report, whether the Committee will make recommendations or receive further information or analysis before summarising its views.

7.2 For each item the Committee should consider what type of scrutiny is required and whether the item is high or medium/low priority (using the prioritisation process). Allocating priority to work programme items will enable the Committee to decide which low and medium priority items it should remove from its work programme, when it decides to add high priority issues in the course of the year.

In-depth review

7.3 Some items might be suitable for an in-depth review, where the item is scrutinised over a series of meetings. Normally this takes five meetings to complete:

- Meeting 1: Scoping paper (planning the review)
- Meetings 2 & 3: Evidence sessions
- Meeting 4: Agreeing a draft report and recommendations
- Meeting 5: Signing off the final report.

7.4 If the Committee wants to designate one of its work programme items as an in-depth review, this should be done at the first meeting of the municipal year to allow sufficient time to carry out the review. A scoping paper for the review will then be prepared for the next meeting.

Rapid review

7.5 A rapid review is similar to an in-depth review; however, the evidence gathering is carried out at just one meeting, with the majority, or potentially the whole, of the meeting dedicated to the review. This should allow for a quicker completion of the review. A rapid review might be useful in a number of situations:

- A committee wants to carry out more than one review as part of its work programme;
- There is limited space within the work programme for a full in-depth review;
- The topic is one that has emerged as important during the course of the year and requires more attention than a standard item would bring, but does not warrant a full in-depth review;

- There is a need for a quicker turnaround than an in-depth review would allow;
- There is a very narrow focus for the review.

- 7.6 A rapid review will normally be carried out over the course of a three meeting cycle:
- Meeting 1: Discussion of scoping paper during work programme discussion
 - Meeting 2 Evidence session
 - Meeting 3: Agreeing a draft report and recommendations
- 7.7 As with the in-depth review process, a scoping paper describing the review and its aims will be produced ahead of the meeting. Depending on the timing of committee meetings and the urgency of the review, the scoping paper should usually be considered by the committee during the work programme discussion. The committee might also ask the Chair to work with the scrutiny manager following the meeting in order to finalise requirements for the evidence session. The terms of reference in the scoping paper for a single meeting review will, by necessity, focus on a much narrower area than for an in-depth review.
- 7.8 Sources of evidence for a rapid review will include the same types as for an in-depth review. As with an in-depth review, a report will be produced for consideration at the next available committee meeting. Draft recommendations, based firmly on evidence gathered for the review, could then be discussed at the same meeting and the final report, with recommendations, could be agreed by the committee. The Mayor would then be asked to respond, in the same way as for an in-depth review.

8. The Committee's areas of focus in the 2010-14 administration

- 8.1 The Healthier Communities Select Committee had an important role to play in the oversight and development of a number of areas of strategic importance over the last 4 years. The Committee carried out an in depth review into Preventing Premature Mortality; contributed to the cross-cutting Emergency Services Review; made a number of recommendations for improvement to services, via referrals to Mayor and Cabinet and partner organisations; and fulfilled its statutory duty under Section 7 of the Health and Social Care Act 2001, by scrutinising a number of proposals for substantial variations in the provision of local health services. The work of the Committee, and the evidence-based recommendations it made, had a direct impact on the development of both policy and service delivery in a number of areas. Below are some examples of the Committee's work:
- 8.2 Health and social care scrutiny protocol

In consultation with partners, the Healthier Communities Select Committee developed a comprehensive Health and Social Care Scrutiny Protocol. The protocol covers (a) how the Committee discharges its responsibilities and interacts with local NHS bodies, the Local CCG and Lewisham Healthwatch; and (b) what is expected of partners within those interactions. The protocol underpins all the interaction that the Committee has with partners and it has helped

consolidate relationships between the Committee and the health bodies it scrutinises.

8.3 Preventing premature mortality

In light of the publication of the white paper “Healthy Lives, Healthy People” in 2010, which set out the Government’s long term vision for the future of public health in England, the Committee decided to examine the action being taken to help people in Lewisham live healthier, longer lives and assess its efficacy and sufficiency. The Committee focused its work on the lifestyle issues primarily responsible for early deaths: smoking, unhealthy diets and lack of physical activity; and identified areas where more could be done to support, encourage and enable people to learn about and develop healthier lifestyles. The Committee made a series of recommendations which were adopted by the Council, schools and the local NHS and which helped shape local ‘Stop Smoking’ campaigns; enforcement action in regard to illegal sales of tobacco; and work to encourage healthy eating in schools. A further update on the implementation of the Committee’s recommendations forms a separate agenda item at this meeting.

8.4 University Hospital Lewisham

In 2012, the Committee met jointly with the Overview and Scrutiny Committee and Mayor & Cabinet to respond to the consultation on the report of the Trust Special Administrator (TSA) for the South London Healthcare NHS Trust, which included proposals affecting University Hospital Lewisham. Local residents, Hospital staff, GPs and the Council were very concerned about the proposals to no longer provide emergency care at the hospital and either reduce or remove critical care for women requiring hospital admission during pregnancy or an obstetric-led delivery. The result was a collective, robust response to the report, which challenged the assumptions and processes employed by the TSA. When the Secretary of State for Health subsequently accepted the TSA proposals, the Council took part in a judicial review of the decision, which was decided in Lewisham’s favour. A subsequent appeal by the Secretary of State was dismissed.

8.5 Adult social care

The Committee hosted an afternoon tea for residents using Adult Social Care Services. This allowed service users to meet with councillors in a relaxed setting and freely discuss their experiences of the care and support services they receive. Feedback from this event was provided to relevant service managers so that the views of service users could help shape the services being provided.

9. **Provisional 2014/15 work programme**

9.1 The Scrutiny Manager has drafted a provisional work programme for the Committee to consider, which is attached at appendix B. This includes:

- those items that the select committee is required to consider by virtue of its terms of reference
- monitoring of the recommendations of recent in-depth reviews

- items suggested by the Committee in the course of the previous year- and at the last meeting of the previous municipal year.
- items considered essential by senior Council officers
- the Lewisham Future programme

Suggestions from the committee

9.2 At its last meeting of the 2013/14 municipal year, the committee put forward the following suggestions for scrutiny topics for this year:

- The transition from child to adult social care
- Performance information for adult social care
- Development of the local market for adult social care services
- The potential of community enterprise hubs and time banks to be involved in service provision.

Suggestions from officers

9.3 The following are additional suggestions from officers:

- Adult social care integration programme

In response to the Government's stated ambition to make joined up and coordinated health and social care the norm by 2018, the Health and Wellbeing Board agreed in 2013 to increase the scale and pace of integrated working across health and social care in Lewisham and established the adult integration care programme.

The programme is being delivered jointly between Lewisham Council and Lewisham Clinical Commissioning group. The programme has three strategic objectives:

- Better Health - to make choosing healthy living easier;
- Better Care - to provide the most effective personalised care and support where and when it is most needed;
- Stronger Communities - to build engaged resilient and self-directing communities.

The programme is being delivered across a number of workstreams, which are monitored by the Adult Social Care integration programme delivery group.

9.4 It is up to the Committee to agree this provisional work programme and decide which additional items should be added.

The Lewisham Future programme

9.5 Through the Lewisham Future Programme the Council must save a further £95m from its £285m budget in the four years from 2014/15 to 2017/18. In order to achieve the savings, the Council has embarked on a series of thematic and cross-cutting reviews to fundamentally review the way it delivers services. This will mean that savings will be delivered over longer time periods and will need to be agreed and taken as and when they are identified. Officers have committed to

regular interactions with Members in order to facilitate scrutiny of the specific savings proposals arising from the major change programmes. The Select Committee will need to retain capacity in its work programme to consider these as is necessary.

10. Approving and monitoring the work programme

- 10.1 In accordance with the Overview and Scrutiny Procedure rules outlined in the Council's constitution, each select committee is required to submit their annual work programme to the Overview and Scrutiny Business Panel. The Business Panel will meet on 29 July 2014 to consider provisional work programmes and agree a co-ordinated Overview and Scrutiny work programme, which avoids duplication of effort and which facilitates the effective conduct of business.
- 10.2 The work programme is a 'living document' and as such will be reviewed at each meeting of the committee. This allows urgent items to be added and items which are no longer a priority to be removed. Each additional item added should first be considered against the criteria outlined above. If the committee agrees to add additional item(s) because they are high priority, it must then consider which medium/low priority item(s) should be removed in order to create sufficient capacity for the new item(s). The Committee has six scheduled meetings in its municipal year and its work programme needs to be achievable in terms of the amount of meeting time available.
- 10.3 At each meeting of the Committee there will be an item on the work programme presented by the scrutiny manager. When discussing this item, the committee will be asked to consider the items programmed for the next meeting. Members will be asked to outline what information and analysis they would like in the report for each item, based on the outcomes they would like to achieve, so that officers are clear on what they need to provide.

11. Financial implications

There may be financial implications arising from some of the items that will be included in the work programme (especially reviews) and these will need to be considered when preparing those items/scoping those reviews.

12. Legal implications

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

13. Equalities implications

- 13.1 The Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil

partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

13.2 The Council must, in the exercise of its functions, have due regard to the need to:

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

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

14. Crime and disorder implications

There may be crime and disorder implications arising from some of the items that will be included in the work programme (especially reviews) and these will need to be considered when preparing those items/scoping those reviews.

Background documents

Lewisham Council's Constitution

CfPS: The Good Scrutiny Guide – a pocket guide for public scrutineers

Appendices

Appendix A – Committee's terms of reference

Appendix B – Provisional work programme

Appendix C – Areas of the Council significant to the select committee

Appendix D – CfPS criteria for selecting scrutiny topics

Appendix E – How to carry out reviews

Appendix F – Terms of reference of the Health and Wellbeing Board

Appendix G – Key decision plan (June-October 2014)

Appendix A

The following roles are common to all select committees:

(a) General functions

To review and scrutinise decisions made and actions taken in relation to executive and non-executive functions

To make reports and recommendations to the Council or the executive, arising out of such review and scrutiny in relation to any executive or non-executive function

To make reports or recommendations to the Council and/or Executive in relation to matters affecting the area or its residents

The right to require the attendance of members and officers to answer questions includes a right to require a member to attend to answer questions on up and coming decisions

(b) Policy development

To assist the executive in matters of policy development by in depth analysis of strategic policy issues facing the Council for report and/or recommendation to the Executive or Council or committee as appropriate

To conduct research, community and/or other consultation in the analysis of policy options available to the Council

To liaise with other public organisations operating in the borough – both national, regional and local, to ensure that the interests of local people are enhanced by collaborative working in policy development wherever possible

(c) Scrutiny

To scrutinise the decisions made by and the performance of the Executive and other committees and Council officers both in relation to individual decisions made and over time

To scrutinise previous performance of the Council in relation to its policy objectives/performance targets and/or particular service areas

To question members of the Executive or appropriate committees and executive directors personally about decisions

To question members of the Executive or appropriate committees and executive directors in relation to previous performance whether generally in comparison with service plans and targets over time or in relation to particular initiatives which have been implemented

To scrutinise the performance of other public bodies in the borough and to invite them to make reports to and/or address the select committee/Business Panel and local people about their activities and performance

To question and gather evidence from any person outside the Council (with their consent)

To make recommendations to the Executive or appropriate committee and/or Council arising from the outcome of the scrutiny process

(d) Community representation

To promote and put into effect closer links between overview and scrutiny members and the local community

To encourage and stimulate an enhanced community representative role for overview and scrutiny members including enhanced methods of consultation with local people

To liaise with the Council's ward assemblies so that the local community might participate in the democratic process and where it considers it appropriate to seek the views of the ward assemblies on matters that affect or are likely to affect the local areas, including accepting items for the agenda of the appropriate select committee from ward assemblies.

To keep the Council's local ward assemblies under review and to make recommendations to the Executive and/or Council as to how participation in the democratic process by local people can be enhanced

To receive petitions, deputations and representations from local people and other stakeholders about areas of concern within their overview and scrutiny remit, to refer them to the Executive, appropriate committee or officer for action, with a recommendation or report if the committee considers that necessary

To consider any referral within their remit referred to it by a member under the Councillor Call for Action, and if they consider it appropriate to scrutinise decisions and/or actions taken in relation to that matter, and/or make recommendations/report to the Executive (for executive matters) or the Council (non-executive matters)

(e) Finance

To exercise overall responsibility for finances made available to it for use in the performance of its overview and scrutiny function.

(f) Work programme

As far as possible to draw up a draft annual work programme in each municipal year for consideration by the overview and scrutiny Business Panel. Once approved by the Business Panel, the relevant select committee will implement the programme during that municipal year. Nothing in this arrangement inhibits the right of every member of a select committee (or the Business Panel) to place an item on the agenda of that select committee (or Business Panel respectively) for discussion.

The Council and the Executive will also be able to request that the overview and scrutiny select committee research and/or report on matters of concern and the select committee will consider whether the work can be carried out as requested. If it can be accommodated, the select committee will perform it. If the committee has reservations about performing the requested work, it will refer the matter to the Business Panel for decision.

The following roles are specific to the Healthier Communities Select Committee:

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

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

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

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

(e) To fulfill all of the Council's Overview and Scrutiny functions in relation to social services provided for those 19 years old or older including but not limited to services provided under the Local Authority Social Services Act 1970, National Assistance Act 1948, Mental Health Act 1983, NHS and Community Care Act 1990, Health Act 1999, Health and Social Care Act 2001, NHS Act 2006, Health and Social Care Act 2012 and any other relevant legislation in place from time to time.

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

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

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

(i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to:-

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

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

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

Appendix B - Provisional Work Programme 2014/15

Work item	Type of item	Priority	Strategic priority	Delivery deadline	16-Jul	03-Sep	21-Oct	02-Dec	14-Jan	24-Feb
Lewisham future programme	Standard item	High	CP9	Jul						
Confirmation of Chair and Vice Chair	Constitutional req	High	CP9	Jul						
Select Committee work programme	Constitutional req	High	CP9	Jul						
Healthwatch annual report	Standard item	Medium	CP9	Jul						
Sexual health strategy	Standard item	Medium	CP9	Jul						
Better care fund update	Standard item	Medium	CP9	Jul						
Community mental health review: update	Standard item	High	CP9	Jul						
King's: elective services proposals	Standard item	High	CP9	Jul						
South East London five year commissioning strategy	Standard item	Tba	CP9	Sep						
In-depth review	In-depth review	Tba	CP9	Feb		Scope	Evidence	Evidence	Recs	Report
(or) rapid review (x2)	Rapid review	Tba	CP9	Feb		Scpoe	Evidence	Report& scope 2	Evidence	Report
Lewisham hospital update	Standard item	Tba	CP9	Sep						
Emergency services review: update	Standard item	Tba	CP9	Sep						
Health & Wellbeing strategy and delivery plan	Performance monitoring	Tba	CP9	Sep						

Transition from children's to adult social care	Standard item	Tba	CP9	Oct						
Development of the local market for adult social care services	Standard item	Tba	CP9	Oct						
Public Health 2013/14 annual report	Standard item	Tba	CP9	Dec						
CQC Local Compliance Manager update	Standard item	Tba	CP9	Jan						
Leisure centre contract	Performance monitoring	Tba	CP9	Dec						
Library and Information Service	Performance monitoring	Tba	CP9	Feb						
Community Education Lewisham annual report	Performance monitoring	Tba	CP9	Feb						

Shaping Our Future: Lewisham's Sustainable Community Strategy 2008-2020		
	Priority	
1	Ambitious and achieving	SCS 1
2	Safer	SCS 2
3	Empowered and responsible	SCS 3
4	Clean, green and liveable	SCS 4
5	Healthy, active and enjoyable	SCS 5
6	Dynamic and prosperous	SCS 6

Corporate Priorities		
	Priority	
1	Community Leadership	CP 1
2	Young people's achievement and involvement	CP 2
3	Clean, green and liveable	CP 3
4	Safety, security and a visible presence	CP 4
5	Strengthening the local economy	CP 5
6	Decent homes for all	CP 6
7	Protection of children	CP 7
8	Caring for adults and older people	CP 8
9	Active, healthy citizens	CP 9
10	Inspiring efficiency, effectiveness and equity	CP 10

Appendix C – Key areas of the Council for HCSC

Adult social care

Head of Service - Joan Hutton

Teams:

- Assessment and Care Management teams
- Joint Health and Social Care (Therapies)
- Joint Health and Social Care (Prevention)
- Integrated Neighbourhood Teams
- Safeguarding and Quality Assurance
- Adults with a Learning Disability and Specialist Sensory Assessment teams.
- Prevention and Early Intervention services
- Day Opportunities

The Work of the Division

Adult Social Care aims to help people aged 18 or over to continue to live as independently as possible within the community. We believe this is best achieved by working in partnership with other agencies to ensure that a person's needs can be identified and appropriate services put in place to meet these needs.

We carry out an assessment of needs and, if the assessed needs fit our eligibility criteria, people are assigned a Personal Budget or Direct Payment to spend on meeting their needs. People can use their personal budget to receive support services such as home care, day care, respite care or breaks for Carers, as well as less traditional support options, such as employing a personal assistant, or accessing a range of bespoke community support options. We also support people to access residential and nursing care, where this offers the most appropriate type of support to meet their needs.

If the assessed needs do not fit our eligibility criteria, people are supported to access a range of lower level preventative support options, designed to increase their independence and delay their need for more intensive social care support.

Whilst the Council provides some social care services itself, the majority are commissioned through the independent, community and voluntary sector. We therefore have an important role to play in ensuring that we have a range of quality providers offering services that meet the needs of the local population. We also have a range of support services such as safeguarding and quality assurance, contract monitoring and joint commissioning.

Assessment and Care Management

We are working closely with both the Clinical Commissioning Group (CCG) Lewisham and Greenwich Healthcare Trust (LGHT) and Public Health (now part

of the Council) to establish closer working arrangements and better communication across social care and health services.

Adult social care services are being reconfigured to deliver more accessible information and advice and effective Enablement services, which are short term intensive support that can delay the need for on-going care and support people to self manage when this is appropriate.

Four Neighbourhood teams have been established consisting of a core team of practitioners from community health and adult social care to work with GP practices and other community services to provide team working around the individual and multi disciplinary working. The vision for case management and key working within the multi-agency teams will be realised over a period of time. This will mean that the most appropriate practitioner will take the lead for each case involving other practitioners as and when necessary.

An improved approach to safeguarding and quality assurance of assessment service delivery has been established to ensure we protect adults from risk and that there is consistency of good practice and performance.

Two of the teams within the adult social care structure have jointly funded senior management posts and are working on the further integration of structures and posts. These teams are:

Joint Health and Social Care (Therapies)

This service area is led by a jointly funded service manager post and covers some acute health services as well as the Physiotherapy and Occupational Therapy Services, Speech and Language Therapies, Brymore Rehabilitation Beds and Bromley Neuro Team.

Joint Health and Social Care (Prevention)

This service area provides Information, Advice and Prevention services. There will be further refinement to joint working practice to reduce the number of people being admitted into hospital and to ensure that those people who do need hospital treatment are not delayed in returning home. Delivering high quality Enablement services so that people regain as much independence as possible is delivered by the staff working in this part of the service.

The Access and Information Team (SCAIT) is in the process of joining with the District Nurse Call Centre staff to form a central point of access so that people can be referred to the correct provision. In addition, and in accordance with the requirement for services that are preventative within the Care Bill, they provide high quality information advice and signposting to residents of the borough regarding Social Care, Health (including Public Health) and Community based services.

They also work with people identified as needing enablement services following a discharge from hospital or to prevent a hospital admission. A personalised

package of support for up to six weeks can be provided within the home or within a bed based facility so that optimum levels of independence can be realised. For those people who will need on-going support following this targeted intervention then a full overview assessment and support plan will be completed by these teams before the service user is transferred over to the most relevant Neighbourhood team.

Integrated Neighbourhood Teams

The four geographical Neighbourhood teams who work closely with GP practices across the borough are now established. The teams focus on preventing hospital admission, early identification of high risk service users with long term conditions and general care management.

Individualised support plans are provided using Personal Budgets, Direct Payments and Personal Health Budgets as the mechanism for the delivery of individual outcomes associated with the assessed needs of individual service users and carers.

The Community Connections neighbourhood development staff are also to be located within these teams. Community Connections is a preventative community development programme delivered by a consortium of voluntary sector organisations. It supports people to access opportunities in their community to maintain their independence.

Safeguarding and Quality Assurance

This team leads on the strategic and statutory safeguarding requirements by working alongside, and as part of, the Adult Safeguarding Board which will shortly become a statutory requirement for the Council. The team also has a focus on Quality Assurance, performance management, internal case audits and safeguarding practice across the whole adult social care system.

Adults with a Learning Disability and Specialist Sensory Assessment

These teams provide more specialist assessment and support to adults some of which may transition from Children's services. The Learning disability assessment team works in partnership with specialist LD health practitioners to support adults with a learning disability to reach their full potential.

Prevention and Early intervention Services

There are a range of services that support people to sustain and improve well-being. These include the Linkline/ telecare, special duty, shared lives, sheltered housing floating support and Enablement/ reablement. These services work closely with the integrated Neighbourhood teams and community connections to support people to remain as independently as possible within their own communities.

Day Opportunities

There are also a range of day opportunities that are provided to support people with Learning disabilities, older adults with dementia and working age adults with complex physical and sensory disabilities.

The Care Bill

The above gives a summary of the teams that are in place to deliver adult social care on behalf of the Council. Lewisham is well placed for implementation of the Care Bill as it is part of the London Care Bill Leads network and has established the Adult Integrated Care Programme and workstreams where work will be undertaken to implement the Care Bill requirements. Further information about the way adult social care works can be found within the Local Account which provides a comprehensive overview of services we provide to adults in Lewisham. The Local Account will be available on the Lewisham website shortly.

Libraries and Community Education

Libraries, Information and Broadway Theatre

The Lewisham Library & Information Service operates from seven buildings that the Council owns and manages, and from five community venues in which a peripatetic library service is available to residents.

The Service has sought increased integration with other council departments to better respond to current and future corporate priorities. Lewisham libraries are supporting the eAdmission process (for primary schools entrants), the Registrar, the Parking permit distribution, the Be Active scheme (Community Health Improvement Service – Health Checks and Shape Up Programmes), online applications to the Local Support Scheme (previously the Social Fund) and working with the Universal Credit Pilot team.

In the last few years, at a strategic level, Lewisham has joined the London Libraries Consortium, has introduced a new Library Management System, has introduced Collection HQ, a new piece of software that will analyse Lewisham's collections of stock comparing them to those of the rest of the country, and has restructured the Service. At an operational level, Lewisham has opened the refurbished Torrison Road Library co-located with a Children's Centre, decommissioned Wavelengths Library and opened the new Deptford Lounge, has decommissioned and re-commissioned the service provision for five community buildings and is working to launch an additional one in Evelyn, and has introduced the new scalable and replicable Community Library model.

The Broadway Theatre is a beautiful, Grade II listed art deco building housing two magnificent auditoria. The main Theatre seats 800, and the intimate Studio Theatre in the basement seats 90. The majority of events (around 80%) at the Broadway Theatre are 'hires' - excluding the pantomime season. However, the Studio Theatre programme is almost exclusively drama and musical productions produced in-house along with young, newly qualified professionals. The Theatre

also regularly hosts school and community group productions and over 16000 performers take to its stages each year - the great majority of these are children appearing in productions as diverse as the Holocaust memorial, dance showcases and pantomime.

Community Education Lewisham (CEL)

CEL offers a wide range of adult learning across the borough. Services are designed to welcome adults, many of whom may not otherwise take part in education or training. Courses provide accessible entry routes for new or returning learners and good progression routes. As well as acquiring new knowledge and skills, learners develop confidence, motivation and raised aspirations, as well as gaining health and social benefits. CEL also works across the borough to improve learners' progression into employment and provides courses for Jobcentre Plus. CEL aims to be community led and responsive to need across the borough and has an overarching goal: 'to be an outstanding Learning Community'.

CEL receives funding from the Skills Funding Agency (SFA) to provide adult education. This constitutes the bulk of CEL's income together with a small amount of fee income, which is usually around £400k to £500k per annum.

CEL operates out of three sites: Brockley Rise, Granville Park and Grove Park, all of which are council owned and managed by Lewisham Property Services. CEL also delivers a range of provision in community settings across the borough by working in partnership with Libraries and community groups.

In February 2014 CEL was given an overall rating of Good by OfSTED. Their report can be viewed here

<http://www.ofsted.gov.uk/provider/files/2346289/urn/53137.pdf>

Joint Commissioning

Head of Service - Dee Carlin

Teams:

- Mental Health Commissioning
- Complex Care and Learning Disabilities Commissioning
- Community Care and Support Commissioning

The work of the division

The Local Authority is the lead commissioner for Health and Social Care in Lewisham. This arrangement is supported by a legal agreement between the Local Authority and Lewisham CCG.

The Joint Commissioning Team is responsible for the commissioning of health and social care services for vulnerable adults including people with mental health problems, people with learning disabilities, older adults and people with a

physical disability. The team is currently being restructured to ensure that it is fit for purpose to deliver both Local Authority and CCG priorities.

There are lead commissioners for each of the key commissioning areas and each commissioner has a small team responsible for delivering a number of commissioning functions including needs assessment, service design, commissioning and procurement, contract monitoring and quality assurance and service redesign

Lead Commissioner for Mental health

Responsible for commissioning of all adult mental health services including psychological therapies in primary care, acute in-patient services, community mental health services, and services for older adults with mental health problems.

Current priorities for the team include the redesign of community mental health services and ensuring that mental health services are included in the wider integration programme between health and social care.

Lead Commissioner for Complex Care and Learning disabilities

This team is responsible for commissioning accommodation based services for people with learning disabilities and also for the commissioning and quality assurance of residential and nursing home placements for older adults and adults with a physical disability. The team also works with clients and their families to ensure that they are able to access placements that appropriately meet their needs. The team also commissions a number of health services for people with complex needs. This team is also responsible for commissioning services for people who are eligible for fully funded NHS care.

Lead Commissioner Community Care and Support

This team leads on the commissioning of services to support people to live in their homes, this includes domiciliary care services, equipment, meals on wheels, and voluntary sector services, and the team also commissions services to support people who require end of life care. The team will work closely with the new integrated neighbourhood teams to ensure that we commission services for people in the community that are high quality, personalised, outcome focused and cost effective

All of the commissioning teams work in close partnership with the Adult Social Care teams and the CCG commissioning team.

Upcoming issues:

- Implementation of new community mental health model to improve access to services and responsiveness
- Integration of mental health services for adults and older adults to ensure alignment with the wider integration programme

- Recommissioning of domiciliary care services to focus on delivering improved outcomes for service users
- Recommissioning of contract for nursing home placements to ensure we have sufficient access to high quality value for money services
- Commissioning of care provision for new extra care housing schemes coming on line over the next 12 months
- Redesigning our offer to Carers to ensure that we meet the requirements of the Care Bill
- Complete the implementation of the joint commissioning restructure to ensure that it is fit for purpose to deliver Local Authority and CCG strategic priorities

Public Health

Head of Service - Danny Ruta

Teams:

- Cancer, Health Intelligence, JSNA, Older People, Healthy Weight and Physical Activity
- CVD, Tobacco Control and Stop Smoking, Prevention of Alcohol and Drug-Related Harm, Health Inequalities
- Child and Maternal Health, and Health Protection
- Area-Based Community Development for Health
- Mental Health and Sexual Health

The work of the division

Public Health is concerned with the overall health and well being of populations and communities. It involves identifying health risks and developing plans and programmes to improve the health of the population as a whole.

Public Health functions, once the responsibility of national and local government alone, were, from 1974 divided at local level between those functions delivered by local authorities and those delivered by the local NHS. The Health and Social Care Act of 2012 gives local authorities the responsibility for improving the health of their local populations and reunites many of those functions separated since 1974. The Act says that local authorities must employ a Director of Public Health. The Director is currently supported by a ring-fenced budget. The Act requires Directors of Public Health to publish annual reports that chart local progress against a national Public Health Outcomes Framework.

All local Lewisham public health functions, including the commissioning of relevant services, became the responsibility of the London Borough of Lewisham in April 2013. The Public Health Division, the members of which moved to the Council as part of this change, is responsible for the majority of public health functions that were previously the responsibility of the local NHS. Other local public health functions, those that remained within local government in 1974, are the responsibility of several teams and are usually delivered by environmental health officers employed by the Council.

As required by the Health and Social Care Act 2012, and to support the work of the Health and Wellbeing Board, the Council, CCG and the NHS England have developed a Joint Strategic Needs Assessment, with an additional responsibility to produce a joint Health & Wellbeing Strategy to meet the needs identified. Lewisham's Health and Wellbeing Strategy is available for Members, and the Joint Strategic Needs Assessment can be accessed via: www.lewishamjsna.org.uk.

There are three domains of Public Health: Health Protection; Health Improvement and Health Service Public Health (maximising the impact of the Health Service on the Public Health). The Public Health Division works closely with Lewisham Clinical Commissioning Group (CCG) on this last domain, providing advice and support to the CCG in its work of commissioning local health services and ensuring quality improvements in these and other services. National guidance is to the effect that about 40% of a local Public Health team's work is spent on this domain. Increased emphasis on Health Improvement and improving the wider determinants of health should be one of the main benefits of moving Public Health back to local government. Health Protection, which includes screening, the control of communicable disease, toxic hazards and the impact of radiation, as well as issues like air quality, is shared with other teams within the Council and with various national bodies.

The Public Health budget allows the Council to deliver a comprehensive range of mandatory and discretionary public health functions.

Public Health mandatory functions include:

- Access to sexual health services
- National Child Measurement Programme
- NHS Health Check Programme
- Local Health Protection Plan
- Public health advice to NHS Commissioners/CCG

Public Health discretionary functions include:

- Tobacco control and stop smoking services
- Alcohol and drug misuse services
- Public health services for children and young people.
- Interventions to tackle obesity such as community lifestyle and
- Weight management services
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- Public mental health services
- Dental public health services
- Accident injury prevention
- Local initiatives on workplace health
- Local initiatives to reduce excess deaths as a result of seasonal
- Mortality
- Behavioural and lifestyle campaigns to prevent cancer and long-term
- Conditions

- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion

Future areas of focus (2014-15)

- Reduce cancer mortality
- Improve maternal health and the health of children under five.
- Reduce drug & alcohol misuse
- Advice/Support to CCG
- Housing and health
- Improve community safety and offender health
- Health protection
- Workplace health
- Health improvement training
- Public health intelligence / Joint Strategic Needs Assessment
- Reduce smoking
- Health of school age children
- Healthy weight and physical activity
- Reduce cardiovascular disease mortality
- Improving sexual health
- Reduce domestic violence
- Improve public mental health
- Public health contracts review
- Public health support of the Adult Integrated Care Programme

Further information

Lewisham's Health and Wellbeing Strategy is available for members, and the Joint Strategic Needs Assessment can be accessed via: www.lewishamjsna.org.uk

Healthier Communities Select Committee: key partners

- Lewisham Clinical Commissioning Group
- Lewisham and Greenwich NHS Trust
- South London and Maudsley NHS Foundation Trust
- Healthwatch

Further information about these organisations can be found in the Healthier Communities Select Committee briefing information made available at the Committee's training session on 2 July 2014, please contact Timothy Andrew (Scrutiny Manager) for copies.

Appendix D – Criteria for selecting topics

The Centre for Public Scrutiny (CfPS) has developed a useful set of questions to help committees prioritise items for scrutiny work programmes:

General questions to be asked at the outset

- Is there a clear objective for scrutinising this topic – what do we hope to achieve?
- Does the topic have a potential impact for one or more section(s) of the population?
- Is the issue strategic and significant?
- Is there evidence to support the need for scrutiny?
- What are the likely benefits to the council and its customers?
- Are you likely to achieve a desired outcome?
- What are the potential risks?
- Are there adequate resources available to carry out the scrutiny well?
- Is the scrutiny activity timely?

Sources of topics

The CfPS also suggest that ideas for topics might derive from three main sources: the public interest; council priorities; and external factors. These are described below.

Public interest

- Issues identified by members through surgeries, casework and other.
- Contact with constituents.
- User dissatisfaction with service (e.g. complaints).
- Market surveys/citizens panels.
- Issues covered in media

Internal council priority

- Council corporate priority area.
- High level of budgetary commitment to the service/policy area (as percentage of total expenditure).
- Pattern of budgetary overspend.
- Poorly performing service (evidence from performance indicators/ benchmarking).

External Factors

- Priority area for central government.
- New government guidance or legislation.
- Issues raised by External Audit Management Letters/External Audit reports.
- Key reports or new evidence provided by external organisations on key issue.

Criteria to reject items

Finally, the CfPS suggest some criteria for rejecting items:

- issues being examined elsewhere - e.g. by the Cabinet, working group, officer group, external body;
- issues dealt with less than two years ago;
- new legislation or guidance expected within the next year;
- no scope for scrutiny to add value/ make a difference;
- the objective cannot be achieved in the specified timescale.

How to carry out an in-depth review



Appendix F – Health and Wellbeing board terms of reference

- To carry out statutory functions of the Health and Wellbeing Board under the Health and Social Care Act 2012, as amended from time to time, regulations thereunder and all other relevant statutory provision. Activities of the Health and Wellbeing Board include, but may not be limited to, the following:-
- To encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area
- To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services
- To encourage persons who arrange for the provision of health related services in its area to work closely with the Health and Wellbeing Board
- To prepare joint strategic needs assessments (as set out in Section 116 Local Government Public Involvement in Health Act 2007), in respect of which the Council and each partner clinical commissioning group will prepare a strategy for meeting the needs included in the assessment by the exercise of the functions of the Council, the NHS Commissioning Board or the clinical commissioning groups
- To give its opinion to the Council on whether the Council is discharging its duty to have regard to any joint strategic needs assessment and any joint health and wellbeing strategy prepared in the exercise of its functions
- To exercise any Council function which the Council delegates to the Health and Wellbeing Board, save that it may not exercise the Council's functions under Section 244 NHS Act 2006 (statutory consultee in relation to substantial variations in service etc)