
Overview and Scrutiny

Healthier Communities Select Committee end of administration report

Spring 2018

Membership of the Healthier Communities Select Committee 2014-18:

2014-15

Councillor John Muldoon (Chair)
Councillor Stella Jeffrey (Vice-Chair)
Councillor Paul Bell
Councillor Bill Brown
Councillor Ami Ibitson
Councillor Alicia Kennedy
Councillor Jacq Paschoud
Councillor Pat Raven
Councillor Joan Reid
Councillor Alan Till

2015-16

Councillor John Muldoon (Chair)
Councillor Stella Jeffrey (Vice-Chair)
Councillor Paul Bell
Councillor Colin Elliot
Councillor Ami Ibitson
Councillor Jacq Paschoud
Councillor Pat Raven
Councillor Joan Reid
Councillor Alan Till
Councillor Susan Wise

2016-17

Councillor John Muldoon (Chair)
Councillor Stella Jeffrey (Vice-Chair)
Councillor Paul Bell
Councillor Colin Elliot
Councillor Ami Ibitson
Councillor Jamie Milne
Councillor Jacq Paschoud
Councillor Joan Reid
Councillor Alan Till
Councillor Susan Wise

2017-18

Councillor John Muldoon (Chair)
Councillor Susan Wise (Vice-Chair)
Councillor Paul Bell
Councillor Peter Bernards
Councillor Colin Elliot
Councillor Sue Hordijkeno
Councillor Stella Jeffrey
Councillor Olurotimi Ogunbadewa
Councillor Jacq Paschoud
Councillor Joan Reid

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Chair's Introduction



Lewisham Council's Latin motto is generally rendered in English as "The welfare of the people is the highest law". So, it follows that we, as a Council, pay heed to how well the health needs of our people are met, and how partnerships between the diverse stakeholders are validated and empowered to deliver the best they can.

The reader will note that the remit of HCSC encompasses more than just health and social care services. In the limited space I have here, I hope I will be forgiven for focussing on health services. I perceive these as being under great threat from a Government wedded to austerity. The last administration saw Lewisham Council succeeding in its Judicial Review of the Health Secretary's plan to cut services at Lewisham Hospital. This administration saw the "Our Healthier South East London" NHS strategic plan morphing into the controversial Sustainability and Transformation Plan. So, the six South East London boroughs marshalled their resources to establish a Joint

Health Overview & Scrutiny Committee. A main area of contention was the Department of Health's initial intention to provide elective orthopaedic services (such as hip replacements) on two sites (excluding Lewisham Hospital). The JHOSC recommended a three site model, which would safeguard those services at Lewisham Hospital which were contingent on retaining elective orthopaedics. Fortunately, the STP programme board accepted the JHOSC request for a three site model. Two other JHOSCs were established engaging Croydon, Lambeth, Southwark & Lewisham Councils to scrutinise plans by South London and Maudsley NHS Foundation Trust to re-provide Places of Safety and to reconfigure mental health services for older adults.

I thank those Council officers who have supported the Committee from within the scrutiny team, involving attending meetings across London, sometimes in the early morning, often extending to late night. I thank the Council's managers, both for contributing to work programme planning and as witnesses and report writers. I am obliged to DH officials and to local NHS officials and governing body members, both commissioners and providers, for their willingness to engage and for their attendances at Committee. I am grateful to those representatives of Healthwatch and community organisations who have devoted time & energy to attending Committee, for their research and for giving evidence both oral & written.

I must also pay tribute to those Council officers who have gone beyond the call of duty in shouldering the burden of administering the London Scrutiny Network since I was elected as its chair three years ago. The Network has grown by bounds and leaps, hosting a major conference in January 2018. Its theme was how best all strands of government can work together to maximise the impact and value of scrutiny, truly engendering parity of esteem with the executive arm. The Network "spun off" the Pan-London JHOSC Forum, a regular meeting of representatives of London JHOSCs. The Forum permits JHOSCs to share experience and knowledge, recognising that patients receive health services from providers across London, not just from within the borough where they live.

Finally, I thank those Councillors who have served on the Committee during this administration, and to Cllrs Jeffrey and Wise for their contributions and counsel as vice-chairs.

A handwritten signature in blue ink, appearing to read "John Muldoon". The signature is fluid and cursive, written on a white background.

Councillor John Muldoon (Chair of the Healthier Communities Select Committee)

1. Introduction

- 1.1. Lewisham has 54 Councillors, representing 18 wards. Lewisham also has an executive mayor, who is elected by the whole borough.
- 1.2. Nine of Lewisham's Councillors are chosen by the Mayor to form his Cabinet.
- 1.3. 45 non-executive councillors are all members of the Overview and Scrutiny Committee. The Committee usually met four times in each year of this administration to consider cross cutting issues of strategic importance. Members of the Overview and Scrutiny Committee also form six select committees, which take on the responsibilities of the Overview and Scrutiny Committee for specific areas of work. In this administration, there have been six standing select committees, each has usually met eight times a year:
 - Children and Young People Select Committee
 - Healthier Communities Select Committee
 - Housing Select Committee
 - Public Accounts Select Committee
 - Safer Stronger Communities Select Committee
 - Sustainable Development Select Committee
- 1.4. This report provides a short summary the activities and achievements of the Healthier Communities Select Committee in the 2014-18 administration.
- 1.5. The Healthier Communities Select Committee has a responsibility for reviewing and developing policy in relation to environmental issues and infrastructure, as well as holding decision makers to account and monitoring the Council's performance. Throughout the course of this administration, the Committee has allocated time to respond to emerging issues and to review issues in depth. Each of the sections below sets out how the Committee has fulfilled its responsibilities over the past four years.
- 1.6. Over the course of the administration, the Committee has asked hundreds of questions of Council officers, guests and decision makers. It also has a formal option to send its views to the Council's executive Mayor and Cabinet through the use of referrals – to which the Executive is obliged to provide a written response. A summary of these referrals is included as an appendix to this report.

2. Overview

2.1. Meetings

- The Committee met six times in 2014-15.
- It met eight times in 15-16, 16-17 and 17-18.
- In all there were 31 Committee meetings in 2014-18.
- The Committee made 3 referrals to Mayor and Cabinet, 2 referrals to the Health and Wellbeing Board, and submitted its comments to local health partners on a number of occasions.

2.2. Terms of reference

- a) To fulfill all of the Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers in relation to health matters given to the Council's Overview and Scrutiny Committee by any legislation but in particular the NHS Act 2006 as amended, the Health and Social Care Act 2012, the Care Act 2014 and regulations made under that legislation, and any other legislation in force from time to time.
- b) To review and scrutinise the decisions and actions of the Health and Wellbeing Board and to make reports and recommendations to the Council and/or Mayor and Cabinet.
- c) To review and scrutinise in accordance with regulations made under Section 244 NHS Act 2006 matters relating to the health service in the area and to make reports and recommendations on such matters in accordance with those regulations.
- d) Require the attendance of representatives of relevant health bodies at meetings of the select committee to address it, answer questions and listen to the comments of local people on matters of local concern.
- e) With the exception of matters pertaining to the Council's duty in relation to special educational needs, to fulfill all of the Council's Overview and Scrutiny functions in relation to social services provided for those 19 years old or older including but not limited to services provided under the Local Authority Social Services Act 1970, Children Act 2004, National Assistance Act 1948, Mental Health Act 1983, NHS and Community Care Act 1990, NHS Act 2006, Health and Social Care Act 2012 and any other relevant legislation in place from time to time.
- f) To fulfill all of the Council's Overview and Scrutiny functions in relation to the lifelong learning of those 19 years or over (excluding schools and school related services).
- g) To receive referrals from the Healthwatch and consider whether to make any report/recommendation in relation to such referral (unless the referral relates solely to health services for those aged under 19 years of age, in which case the referral from the Healthwatch should be referred to the Children and Young People Select Committee.
- h) To review and scrutinise the Council's public health functions.
- i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to:

- people with learning difficulties
 - people with physical disabilities
 - mental health services
 - the provision of health services by those other than the Council
 - provision for elderly people
 - the use of Section 75 NHS Act 2006 flexibilities to provide services in partnership with health organisations
 - lifelong learning of those aged 19 years or more (excluding schools and school related services)
 - Community Education Lewisham
 - other matters relating to Health and Adult Care and Lifelong Learning for those aged 19 years or over
- j) Without limiting the remit of the Select Committee, to hold the Executive to account for its performance in relation to the delivery of Council objectives in the provision of adult services and health and lifelong learning.

2.3. Leadership

- 2.4. Councillor John Muldoon has been the Chair of the Select Committee for the past four years. There have been two Vice Chairs: Councillor Stella Jeffrey and Councillor Susan Wise.

2.5. Deciding on the work programme

2.6. At the beginning of each year of the administration, the Committee considered a range of topics for its upcoming work programme. This was comprised of:

- items the Committee was required to consider by virtue of its terms of reference;
- issues of importance to residents;
- the capacity for adding items to each meeting;
- suggestions already put forward by Members;
- issues arising from previous scrutiny;
- follow up to Committee referrals and reviews.

2.7. The Committee considered, discussed and prioritised the work programme using:

- the context for setting the work programme and advice from officers;
- criteria for selecting and prioritising topics developed from best practice.

2.8. At the end of each meeting the Committee reviewed the programme for upcoming meetings and decided on how the topics it had identified should be scrutinised. The Committee agreed at each meeting which items just required an information report to be provided to the Committee and which others required performance monitoring data or analysis to be presented. Typically, the majority of items took the form of single meeting items, where members:

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

2.9. Guests at Committee meetings

2.10. There have been more than 60 guests, experts and witnesses for reviews at the Committee's meetings in this administration. They attended to give their views on issues of importance, or to provide the Committee with information or analysis about a specific topic. The Cabinet Member for Community Services and the Mayor have also attended committee meetings to answer questions about the overarching vision for a policy - or to answer questions about the delivery of a service.

Date	Name	Organisation	Item attended in relation to
26-Apr-17	Colin Stears	Central Lewisham Care Partnership	Primary care update
27-Apr-17	Dr Prad Velayuthan	ICO Health Group	Primary care update
28-Apr-17	Dr Simon Parton	South Lewisham Group Practice	Primary care update
29-Apr-17	Rylla Baker	New Cross Health Centre	Primary care update
20-Jul-17	Diana Braithwaite	Lewisham Clinical Commissioning Group	Urgent care review - New Cross walk-in centre
20-Jul-17	Belinda Regan	Lewisham and Greenwich NHS Trust	LGT Quality Account
20-Jul-17	Professor Michael Preston-Shoot	Lewisham Safeguarding Adults Board	Adult safeguarding introduction
12-Sep-17	Jacky Bourke-White	Age UK Lewisham and Southwark	Social prescribing in-depth review
12-Sep-17	Folake Segun	Healthwatch Lewisham	Healthwatch annual report
01-Nov-17	Diana Braithwaite	Lewisham Clinical Commissioning Group	NHS Walk-in Centre
01-Nov-17	Belinda Regan	Lewisham and Greenwich NHS Trust	LGT CQC inspection
01-Nov-17	Lee McPhail	Lewisham and Greenwich NHS Trust	LGT systems resilience (winter pressures)
01-Nov-17	David Abrahams	Lewisham CCG	NHS Walk-in Centre
01-Nov-17	Debbie March	Lewisham CCG	NHS Walk-in Centre
01-Nov-17	Simon Parton	Lewisham Local Medical Committee	NHS Walk-in Centre
06-Dec-17	Charmaine Binns	Community Connections	Social prescribing in-depth review
06-Dec-17	Simon Parton	Lewisham Local Medical Committee	Social prescribing in-depth review
06-Dec-17	Michael Munson	Bromley and Lewisham Mind	Social prescribing in-depth review
06-Dec-17	Roz Hardie	Lewisham Disability Coalition	Social prescribing in-depth review
07-Feb-18	Marc Rowlands	Lewisham Clinical Commissioning Group	NHS Walk-in Centre
07-Feb-18	Simon Parton	Lewisham Local Medical Committee	NHS Walk-in Centre
07-Feb-18	Diana Braithwaite	Lewisham Clinical Commissioning Group	NHS Walk-in Centre
07-Feb-18	Vanessa Smith	South London and Maudsley NHS Foundation Trust	SLaM CQC inspections
07-Feb-18	Helen Kelsall	South London and Maudsley NHS Foundation Trust	SLaM CQC inspections
07-Feb-18	Elaine Rumble	South London and Maudsley NHS Foundation Trust	SLaM CQC inspections
07-Feb-18	Rose Hombo	South London and Maudsley NHS Foundation Trust	SLaM CQC inspections

08-Feb-18	Paula Eaton	Care Quality Commission	CQC care home inspections
2016/17			
18-May-16	Dr Hugh Jones	South London and Maudsley NHS Foundation Trust	SLaM quality account
18-May-16	David Norman	South London and Maudsley NHS Foundation Trust	SLaM quality account
18-May-16	Mary O'Donovan	South London and Maudsley NHS Foundation Trust	SLaM quality account
18-May-16	Amanda Pithouse	South London and Maudsley NHS Foundation Trust	SLaM quality account
18-May-16	Folake Segun	HealthWatch Bromley and Lewisham	Polish and Tamil communities' access to health
18-May-16	Sarah Wainer	Lewisham CCG	Health and social care integration
28-Jun-16	Andrew Billington	London Borough of Lambeth	HIV Services
28-Jun-16	Michelle Binfield	London Borough of Lambeth	HIV Services
28-Jun-16	Jane Evans	Lewisham and Greenwich NHS Trust	LGT quality accounts
28-Jun-16	Martin Wilkinson	Lewisham CCG	HIV Services
13-Sep-16	Tim Higginson	Lewisham and Greenwich NHS Trust	Health and social care integration
13-Sep-16	Tony Read	Lewisham CCG	Health and social care integration
13-Sep-16	Brian Fisher	Save Lewisham Hospital	Public health savings
18-Oct-16	Lee McPhail	Lewisham and Greenwich NHS Trust	Lewisham Hospital Update
18-Oct-16	Harvey McEnroe	Lewisham and Greenwich NHS Trust	Lewisham Hospital Update
18-Oct-16	James Archer	Public World	Health and social care integration
18-Oct-16	Susan Underhill	Age UK Lewisham and Southwark	Health and social care integration
18-Oct-16	Camilla Biggs	Age UK Lewisham and Southwark	Health and social care integration
18-Oct-16	Clive Grimshaw	London Councils	Health and social care integration
18-Oct-16	Fiona Grimshaw	Local Government Association	Health and social care integration
24-Nov-16	Harvey McEnroe	Lewisham and Greenwich NHS Trust	Lewisham Hospital Update
24-Nov-16	Marc Rowland	Lewisham CCG	Sustainability and Transformation Plans
24-Nov-16	Sussanah Masters	Lewisham CCG	Partnership commissioning intentions
12-Jan-17	Roz Hardie	Lewisham Disability Coalition	Health and social care integration
12-Jan-17	Nigel Bowness	Healthwatch Bromley and Lewisham	Health and social care integration
12-Jan-17	Cathy Ahley	Lewisham Pensioners' Forum	Health and social care integration
12-Jan-17	Marc Rowland	Lewisham CCG	Health and social care integration
12-Jan-17	Ashley O'Shaughnessy	Lewisham CCG	Health and social care integration
12-Jan-17	Colin Stears	St Johns Medical Centre	Health and social care integration
12-Jan-17	Simon Parton	Lewisham LMC	Health and social care integration
12-Jan-17	Roz Hardie	Lewisham Disability Coalition	Health and social care integration
2015/16			

25-Jun-15	Tony Nickson	Voluntary Action Lewisham	Healthwatch annual report 2014-15
26-Jun-15	Linda Gabriel	Healthwatch Bromely and Lewisham	Healthwatch annual report 2014-16
09-Sep-15	Ian Brandon	Care Quality Commission	CQC update
09-Sep-15	Simon Parton	Lewisham Local Medical Committee	Scoping Paper GP Do Not Attends
09-Sep-15	Diana Braithwaite	Lewisham CCG	Scoping Paper GP Do Not Attends
14-Oct-15	Martin Wilkinson	Lewisham CCG	Briefing Health and Adult Social Care Integration
14-Oct-15	Tim Higginson	Lewisham and Greenwich NHS trust	Briefing Health and Adult Social Care Integration
12-Nov-15	Susanna Masters	Lewisham CCG	Draft Partnership Commissioning Intentions
08-Dec-15	Tony Read	Lewisham CCG	The state of the local health economy
08-Dec-15	David Norman	South London and Maudsley NHS Foundation Trust	The state of the local health economy
08-Dec-15	Zoe Reed	South London and Maudsley NHS Foundation Trust	The state of the local health economy
08-Dec-15	Lynn Saunders	Lewisham and Greenwich NHS Trust	The state of the local health economy
08-Dec-15	Colin Stears	St John's Medical Centre	The state of the local health economy
02-Mar-16	David Norman	South London and Maudsley NHS Foundation Trust	CQC Compliance Inspection Results and actions
02-Mar-16	Amanda Pithouse	South London and Maudsley NHS Foundation Trust	CQC Compliance Inspection Results and actions
02-Mar-16	Folake Segun	Healthwatch Bromley and Lewisham	Vietnamese Community Access to Services
2014/15			
16-Jul-14	Roland Sinker	King's College Hospital	King's elective service proposals
16-Jul-14	Paul Donohoe	King's College Hospital	King's elective service proposals
16-Jul-14	Fran Bristow	South London and Maudsley NHS Foundation Trust	Community healthcare review update
16-Jul-14	Steve Davidson	South London and Maudsley NHS Foundation Trust	Community healthcare review update
16-Jul-14	Hugh Jones	South London and Maudsley NHS Foundation Trust	Community healthcare review update
16-Jul-14	Miriam Long	Lewisham Healthwatch	Healthwatch annual report
21-Oct-14	Rachel Braverman	Lewisham citizens advice bureau	Lewisham Future Programme
22-Oct-14	Susan Smith	Lewisham Mental Health Connection	Lewisham Future Programme
02-Dec-14	Kevin Brown	London Ambulance Service	Emergency Services Review: update
03-Dec-14	Graham Norton	London Ambulance Service	Emergency Services Review: update
04-Dec-14	Rita Craft	Campaign in Lewisham for Autism Spectrum Housing	Autism Strategy
05-Dec-14	Fran Bristow	South London and Maudsley NHS Foundation Trust	Community healthcare review update
14-Jan-15	Jemma Gilbert	NHS England	Primary Care Strategy
15-Jan-15	Jackie McLeod	Lewisham Clinical Commissioning Group	Primary Care Strategy
16-Jan-15	Nick O'Shea	Lewisham Mencap	Future of daycare services
17-Jan-15	Helen Kelsall	South London and Maudsley NHS Foundation Trust	Adult social care service changes

3. Policy development

3.1. One of the Committee's important functions is to lead on the development of emerging Council policy and to make recommendations to Mayor and Cabinet with Committee views, recommendations, concerns and endorsements. The Committee has scrutinised the development of a broad range of Council policies and strategies over the past four years, some notable examples include:

3.2. Health and social care integration

3.3. The integration of health and adult social care has been a significant focus of the committee over the administration. The committee has scrutinised and received regular updates on number of local key projects related to integration. This includes the development of Neighbourhood Care Networks, Health Devolution and the One Public Estates programme, the Our Healthier South East London (OHSEL) programme and the southeast London Sustainability and Transformation Plan (STP). The committee has also received a number of updates on the Lewisham Adult Integrated Care Programme and expressed its support for the aims of the programme. The committee has regularly noted the importance of risk stratification to identifying people most at risk of hospital admission.

3.4. In 2016/17 the committee carried out an in-depth review of integration in Lewisham. The committee expressed its support for the model of community-based care being developed, but noted that Lewisham should not seek to replicate another model. The committee also stressed the importance of communicating to residents in advance the changes that will come with closer integration. In March 2017 the committee agreed the final report and recommendations. The committee received an update in December 2017 where it was informed that Lewisham Health and Care Partners (LHCP) had now agreed a vision for community-based care, which will be communicated more widely, and appointed a communications and engagement lead to support this work.

Overview and Scrutiny

Health and adult social care integration

Healthier Communities Select Committee
March 2017



Membership of the Healthier Communities Select Committee
in 2016/17

Councillor John Muldoon (Chair)
Councillor Stella Jeffrey (Vice-Chair)
Councillor Paul Bell
Councillor Colin Elliot
Councillor Sue Hordjenko
Councillor Jamie Milne
Councillor Jacq Paschoud
Councillor Joan Reid
Councillor Alan Till
Councillor Susan Wise



3.5. The committee has received a number of updates on OHSEL and the southeast London STP over the course of the administration. The Chair of the Select Committee and the the Chair of Overview and Scrutiny both also sit on the 6-borough OHSEL Joint Health Overview and Scrutiny Committee. Both Chairs have regularly met senior managers of local trusts in order to engage while proposals are

being considered. Notes of these meetings were published in the agenda papers of later meetings of the committee. The committee has recognised that the OHSEL strategy is ambitious, but that without the changes proposed the delivery of healthcare in Lewisham would become increasingly financially difficult. The committee has also stressed the importance of the consultation process and ensuring that everyone who wants to contribute is able to do so.

3.6. Joint Health Overview and Scrutiny Committees

3.7. The Chair of the Healthier Communities Select Committee, Councillor Muldoon, alongside the Chair of Overview and Scrutiny, Cllr Hall, has sat on three Joint Health Overview and Scrutiny Committees (JHOSCs) over the course of this administration. This includes the Our Healthier South East London (OHSEL) JHOSC, mentioned above.

3.8. JHOSCs are established in order to scrutinise changes with the potential to affect more than one borough and provide a forum for councillors from those boroughs affected to represent the views of their respective areas. The OHSEL JHOSC was established to consider and respond to the proposals from the OHSEL programme for the reconfiguration of health services in south east London – Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. The JHOSC has met seven times since its inception in February 2016. Following strong representation from the committee on proposals to consolidate elective orthopaedic care onto two sites across south east London, the OHSEL programme agreed to test a orthopaedic clinical network across the existing three sites.

3.9. Councillor Muldoon and Councillor Hall have both also sat on two JHOSCs focused on proposals from the South London and Maudley NHS Foundation Trust (SLaM). The first on these considered the proposed consolidation of SLaM's existing "Places of Safety" to one site in Denmark Hill. The second JHOSC considered proposals to reconfigure mental health service for older adults across Lewisham, Southwark, Lambeth and Croydon. The Places of Safety JHOSC met twice and made a series of recommendations to improve the engagement and consultation process. The mental health of older adults JHOSC met for the first time in 2017 and made a series of recommendations to SLaM on clearly communicating the detail of the changes to patients, carers and the community so that people are able to make informed decisions about their care. The mental health of older adults JHOSC is expected to meet again in mid 2018.

3.10. Social prescribing in Lewisham

3.11. In 2017/18 the committee agreed to hold an in-depth review into social prescribing in Lewisham. Social prescribing is part of local health and care partners' increasing focus on prevention, early action and supporting an individual's wider health and wellbeing. The review set out to assess the extent of social prescribing in Lewisham, the evidence of effectiveness and partners' plans for the future. The committee held two evidences sessions with a range of witnesses including council and CCG officers and local voluntary and community sector stakeholders. The committee expressed its support for the aims of the social prescribing programmes in Lewisham and recognised the benefits of further social prescribing in Lewisham,

among GPs in particular. It also discussed building an evidence base for social prescribing interventions and addressing the gaps in coverage, particularly for young adults with learning disability.

3.12. Transition from children's to adult social care

3.13. The steps being taken to improve the transition process from children's and potentially to adult social care has been a key focus of the committee over the administration. The committee has received regular updates on the council's work in this area and members of the Children and Young People Select Committee have been invited to attend each time this issue has been considered by the committee. In 2015/16 the committee made a referral to Mayor and Cabinet about its views on the transition process and the need for transitional support where children are not eligible for adult social care upon reaching adulthood. The response from Mayor and Cabinet outlined the key areas of development as part of the preparing for adulthood agenda, including support for young people who do not meet the eligibility criteria for Adult Services. The committee has since continued to regularly monitor developments in this area.

4. Performance monitoring

4.1. The Committee allocated a significant part of its work programme in this administration to performance monitoring. The Committee's performance monitoring scrutiny takes a number of different forms. It might include challenging decision makers on the decisions they have taken or include scrutiny of service delivery in a particular area. Some examples are:

4.2. Lewisham Hospital

4.3. The committee has regularly examined the work of Lewisham and Greenwich NHS Trust (LGT) and the performance of Lewisham Hospital over the previous four years, receiving regular updates on its plans and performance and taking evidence from a number of senior managers at the trust. The committee has been invited to comment on the trust's quality accounts and planning for winter pressures, and carefully scrutinised the findings of CQC inspections.

4.4. The committee has commended the work of LGT and Lewisham Hospital in a number of areas, including the performance of specialist palliative care, the improvements made in patient discharge, and the CQC rating of "outstanding" for community services in Lewisham. It has also asked robust questions in relation to some of the findings of CQC inspections, and expressed its concern about staff recruitment and uncertainty in the wider NHS.



4.5. Lewisham CCG

4.6. The performance and plans of Lewisham CCG have regularly been scrutinised by the committee. The committee has been invited to comment on changes to primary care services in the borough, the CCG's long-term commissioning plans, and a number of other significant proposals.

4.7. The committee has welcomed the CCG's intention to move towards more prevention and outcome-based commissioning, and has noted that the greater use of technology has the potential to reduce costs and help people better manage their health and care.

4.8. The committee also closely monitored the CCG's consultation on the future of the Walk-in Centre at New Cross. The committee was asked to comment of the CCG's plans for consultation and, later, the results of that consultation. During this process, the committee took evidence from senior leaders at the CCG, ward councillors, and local campaign groups. The committee expressed concern about the confusion among some residents about the various ways of accessing GP services and sought reassurance that patients would be offered the GP extended hours service by their local GP practice if they are unable to get an appointment.



4.9. Healthwatch

4.10. The committee has established an effective working relationship with Healthwatch during this administration. The committee worked closely with Healthwatch to run a series of engagement events as part of the committee's review of health and care integration, and a representative of Healthwatch Lewisham regularly attends and contributes to committee meetings. The committee has received regular updates on the work of Healthwatch, including their annual reports and a number of reports on the findings of their ongoing engagement work.



5. Future challenges

- 5.1. Since 2010, Lewisham Council has delivered savings of £160m, at the same time as reorganising services and meeting increased demand. A further £4.8m of savings have been proposed for 2018/9, and in the years to 2020 further savings of around £35m will be required. This brings total savings since 2010 to almost £200m.
- 5.2. Savings are however becoming more difficult to achieve and the Council's reserves have been used to balance to budget for the past four years. Projections for the end of the 2017/18 financial year are an overspend £13m, with more than half of this amount relating to savings that have been agreed but not delivered.
- 5.3. Officers anticipate that post 2020 approximately £10m per year of savings will be required. As scrutiny committees devise their work programmes for the 2018-22 administration, they will need to give close consideration to the areas of Council spending within their remit.
- 5.4. For the Healthier Communities Select Committee this includes the smarter and deeper integration of social care and health, which has been identified as a source of significant savings. The largest part of spending in this areas relates to the delivery of adult social care services for frail, disabled and other vulnerable adults. Planned savings in this area are dependent on a number of factors, including the delivery of extra-care housing schemes, effective care planning, managing commissioning and market stability, and service reorganisations to take advantage of digital transformation. There is currently a savings gap for 2018/19 of £6.1m for this area.
- 5.5. The committee has closely monitored developments in this area over the course of the last administration, including the development of neighbourhood care networks and admission avoidance and hospital discharge services. In 2016/17 the committee also carried out an in-depth review into the adult integration care programme in Lewisham (see above). This is likely to continue to be a significant area of focus for the committee for the 2018-22 administration, particularly as plans for closer integration of health services across the whole of south-east London continue to be developed through the Sustainability and Transformation Plan process.
- 5.6. The integration of health and social care work strand now excludes changes to public health funding. The ongoing annual reductions of the public health grant to 2019/20 are being managed separately to keep spending in line with available grant. For Lewisham, there is a requirement for an annual 2.6% reduction, or £0.7m per year. There is over £15m of current expenditure in areas where there is discretion but no proposals at present. For 2018/19 the saving of £0.7m is expected to be largely met through the shared services work across London to align and reduce tariffs for sexual health services.
- 5.7. The committee scrutinised the development of Lambeth, Southwark and Lewisham three-borough sexual health strategy and plan on a number of occasions over the 2014-18 administration. This includes a number of proposed savings to sexual health services through changes to the sexual health tariff and the provision of

online testing. The impact of these changes and any further savings proposals will likely require close attention from the committee during the next administration.

- 5.8. Savings to culture and community services will also be an important area for the committee. This service area is responsible for, among other services, adult education and leisure, sports and recreation activities. The service is on budget for 2017/18 with a previously agreed saving for 2018/19. This leaves a savings gap for 2018/19 of £1.4m for this work strand.

Appendix:

Appendix A – scrutiny committee terms of reference

Appendix B – committee referrals and responses from Mayor and Cabinet 2014-18

Appendix A – scrutiny committee terms of reference

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 Healthier Communities Select Committee has these specific terms of reference:

- a) To fulfill all of the Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers in relation to health matters given to the Council's Overview and Scrutiny Committee by any legislation but in particular the NHS Act 2006 as amended, the Health and Social Care Act 2012, the Care Act

2014 and regulations made under that legislation, and any other legislation in force from time to time.

- b) To review and scrutinise the decisions and actions of the Health and Wellbeing Board and to make reports and recommendations to the Council and/or Mayor and Cabinet.
- c) To review and scrutinise in accordance with regulations made under Section 244 NHS Act 2006 matters relating to the health service in the area and to make reports and recommendations on such matters in accordance with those regulations.
- d) Require the attendance of representatives of relevant health bodies at meetings of the select committee to address it, answer questions and listen to the comments of local people on matters of local concern.
- e) With the exception of matters pertaining to the Council's duty in relation to special educational needs, to fulfill all of the Council's Overview and Scrutiny functions in relation to social services provided for those 19 years old or older including but not limited to services provided under the Local Authority Social Services Act 1970, Children Act 2004, National Assistance Act 1948, Mental Health Act 1983, NHS and Community Care Act 1990, NHS Act 2006, Health and Social Care Act 2012 and any other relevant legislation in place from time to time.
- f) To fulfill all of the Council's Overview and Scrutiny functions in relation to the lifelong learning of those 19 years or over (excluding schools and school related services).
- g) To receive referrals from the Healthwatch and consider whether to make any report/recommendation in relation to such referral (unless the referral relates solely to health services for those aged under 19 years of age, in which case the referral from the Healthwatch should be referred to the Children and Young People Select Committee.
- h) To review and scrutinise the Council's public health functions.
- i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to:
 - people with learning difficulties
 - people with physical disabilities
 - mental health services
 - the provision of health services by those other than the Council
 - provision for elderly people
 - the use of Section 75 NHS Act 2006 flexibilities to provide services in partnership with health organisations
 - lifelong learning of those aged 19 years or more (excluding schools and school related services)
 - Community Education Lewisham
 - other matters relating to Health and Adult Care and Lifelong Learning for those aged 19 years or over
- j) Without limiting the remit of the Select Committee, to hold the Executive to account for its performance in relation to the delivery of Council objectives in the provision of adult services and health and lifelong learning.

Appendix B – committee referrals and responses from Mayor and Cabinet 2014-18

- Health and social care integration update, 21st April 2015

The Committee agreed to share its views with Mayor and Cabinet, as follows:

Having received a report about health and social care integration, the Committee acknowledges the value of work by Community Connections and is concerned that it is not receiving core funding. The Community Connections service in Lewisham has as its priorities 'Five Ways to Wellbeing'. It provides interventions for adults who do not meet the eligibility criteria to receive care services from the Council. As such, its health and wellbeing focus is preventative in nature.

The Committee recommends that Mayor and Cabinet give serious consideration, when re-investing public health savings, to providing core funding for Community Connections.

Response, 25th June 2015

The record of the meeting of Mayor and Cabinet held on 13 May 2015 is as follows:

'Having considered an officer report, and a presentation by the Chair of the Select Committee, Councillor John Muldoon, the Mayor agreed that the views of the Healthier Communities Select Committee be received and the Select Committee be informed core funding would be provided for Community Connections.'

- Transition from children's to adult services, 25th June 2015

The Committee agreed to share its views with Mayor and Cabinet as follows:

Having considered a report about the transition of young people from children's to adult social care and received a report from officers; the Committee recommends that further work be carried out to improve the opportunities for children and young people to access education and care provision in Lewisham that meets their needs. The Committee is concerned about the number of young vulnerable people placed outside of the borough.

The Council should consider working with neighbouring boroughs to ensure that a range of provision is in place for children and young people in receipt of social care.

The Committee also recommends that the Council take into account the need for transitional support for families in cases where children are not eligible for adult social care upon reaching adulthood.

Response, 12th November 2015

We welcome the recommendations from the Healthier Communities Select Committee. New legislation – the Children and Families Act 2014 and the Care Act 2014 – has introduced wider responsibilities for all young people with special education needs. Our aim for all children and young people with special educational needs is that their needs are met within universal school and community settings wherever possible.

In August 2015, 380 children attend out of borough education provisions. Of the total number of children and young people who attend out of borough education provisions, 12 % (47) are in residential placements. The largest age cohort placed out of borough are those young people age 14 years to 18 years, accounting for 164 young people. Approximately 13% (22) of these 14-18 years old are in residential placements. Approximately 20% (75) of young people placed out of borough are aged 19 and over, approximately 21% (16) of these young people are in residential placements.

Outlined below are key areas of development that both children and adults services are working together on in order to develop the preparing for adulthood agenda, these include:

- *the establishment of clear pathways and service structures across the partnership which allows for transition arrangements to begin at 14yrs.*
- *development of multi-agency programme which supports practitioners to gain the knowledge and skills required to fully embed the principles of the all aspects of the preparing for adulthood agenda.*
- *ongoing co-production with parents and young people to ensure that they play an active role in developing this agenda.*
- *development of advice, information and signposting for young people, parents and professional, through the Local Offer. This includes those young people who do not meet the eligibility criteria for Adult Services.*
- *development of the market place to ensure that there is suitable provision in place to support young people aspiration and life choice through to adulthood.*
- *Lewisham is part of the south east London commissioning consortium for SEND, and will continue to explore opportunities with neighbouring boroughs to develop the local market.*
- Grove Park health centre, 20 July 2017

The Committee resolved to advise Mayor and Cabinet of the following:

Noting the confusion among residents about what is happening, the Committee recommends that the Mayor urges representatives from the Grove Park community, the ICO Health Group, the Lewisham CCG, Grove Park ward councillors, the Cabinet Member for Health, Wellbeing & Older People, and the Lewisham Local Medical and Pharmaceutical Committees to meet as soon as possible to discuss the future of primary care services in Grove Park, in particular to clarify the proposals for 54 Chinbrook Road and the process that is being followed.

Response

The Mayor thanked Councillor Muldoon for his diligence and observed there were separate considerations of health provision and planning matters at stake. He reported he had been made aware of the Healthier Communities Select Committee's deliberations and had also received a written request sent on behalf of the Overview & Scrutiny Business Panel. He noted that the planning process, which was outside his control, had concluded in August but that he had been happy to arrange, as requested, a cordial meeting of interested parties earlier in September. He therefore concluded that he had carried out the action being requested and that the Select Committee be informed of this fact.

Having considered an officer report, and a presentation by the Chair of the Healthier Communities Select Committee, Councillor John Muldoon, the Mayor:

RESOLVED that the views of the Select Committee as set out be received and asked that the Select Committee be informed that the requested action had been undertaken