Appendix 4 – C – Service Reconfiguration

| 1. Cuts proposal | |
|----------------------|---|
| Proposal title: | Lewisham Youth Offending Service redesign |
| Reference: | C-09 |
| Directorate: | Children and Young People |
| Director of Service: | Pinaki Ghoshal |
| Service/Team area: | YOS |
| Cabinet portfolio: | Chris Barnham/Brenda Dacres |
| Scrutiny Ctte(s): | Children and Young People Select |

| 2. Decision Route | | | |
|-------------------|--------------------------|------------------------|-----------------------|
| Cuts proposed: | Key Decision* | Public Consultation | Staff Consultation |
| | Yes / No | Yes / No and | Yes / No and |
| | See para 16.2 of the | Statutory vs | Statutory vs |
| | Constitution | informal | informal |
| | https://lewisham.gov.uk/ | | |
| | mayorandcouncil/ | | |
| | aboutthecouncil/ | | |
| | how-council-is-run/ | | |
| | our-constitution | | |
| | No | No | Yes |

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The Youth Offending Service work on behalf of the courts to keep children and young people out of trouble. The statutory requirements and framework are governed by the CJ Act 1998 and the operational delivery accords with the National Standards for Youth Justice 2019. The Service aims to make changes within the current Team structures and the Service delivery model to:

- Build upon the strong foundations of the established model of operation (Trauma-Informed, Restorative. Unconscious bias) and Lewisham's Public Health approach to reducing violence.
- Provides the best placed structure to deliver on the National standards and Inspection priorities both HMIP and Ofsted
- Improve the delivery of group and community based interventions
- Effectively provide a multi-agency therapeutic hub based on evidence based practice and deliver on the model
- Respond to the higher risk and complexity factors presented by Children in the Youth Justice System particularly changes in pre court cohort and the development of the borough's Multi-agency Concern Hub.
- Ensure that prevention and out of court disposals aligns with improved early intervention to prevent first time entrants (health, education, Children's Social Care) and to the Early help and Prevention Improvement objectives
- Enhance Staff retention and career progression opportunities

Cuts proposal*

A saving of £152,000 is proposed to the overall staffing costs across the service. Following the success of the YOS there has been a reduction in the

3. Description of service area and proposal

number of young people in the criminal justice system and there are currently a number of vacant posts within the service. It is proposed that the redesign of the service will build on the successes of the service and make the reduction in staffing costs permanent. All staff impacts will look to mitigation via redeployment as first route where possible.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff: Model Benefits:

- **Community /outward focus –** more engagement with parents and community groups
- Enhanced Prevention Early Help increased school & health links & liaison
- Builds upon strong foundations TRM UB RJ multi-agency panels – family work - case formulations – reflective supervision and organisational learning
- Embeds our organisational learning approach strengthens evidence-based focus
- Reengages group work potential for innovative interventions outreach
- Aligns with wider borough and CYP divisional objectives for prevention and safeguarding using Contextual approaches

Risks associated with staff reductions will be offset by additional resilience, performance monitoring and further development of the award winning LYOS model

Outline risks associated with proposal and mitigating actions to be taken: The Service is likely to be Inspected next year 20-21 – vital that improvements are maintained and that cuts do not lead to a poor outcome

| 5. Financial information | | | | |
|---|------------------|------------------|---------------------|-------------|
| Controllable budget: General Fund (GF) | Spend £'000 | Income £'000 | Net Budget £'000 | |
| | 2,241 | 638 | 1603 | |
| HRA | | | | |
| DSG | | | | |
| Health | | | | |
| Cuts proposed*: | 2021/22 £'000 | 2022/23 £'000 | 2023/24 £'000 | Total £'000 |
| | 152 | | | 152 |
| | | | | |
| Total | 152 | | | 152 |
| % of Net Budget | 9.4% | % | % | % |

| 5. Financial information | | | | |
|--------------------------------------|-----------------|-----|-----|--------|
| Does proposal impact on: | General Fund | DSG | HRA | Health |
| Yes / No | | | | |
| If DSG, HRA, Health impact describe: | | | | |

| 1. Building Safer communities | Corporate priorities |
|---|--------------------------------|
| | 1. Open Lewisham |
| 2. Giving Children and young people the | 2. Tackling the Housing Crisis |
| best start in life | 3. Giving Children and young |
| 3. | people the best start in life |
| | 4. Building an inclusive local |
| 4. | economy |
| | 5. Delivering and defending: |
| 5. | health, social care & support |
| | 6. Making Lewisham greener |
| 6. | 7. Building safer communities |
| | |
| 7. | 8. Good governance and |
| | operational effectiveness |
| 8. | |

| 7. Ward impact | |
|-----------------|--|
| Geographical | No specific impact / Specific impact in one or more |
| impact by ward: | |
| | If impacting one or more wards specifically – which? |
| | |

| 8. Service equalities impact | | | | | |
|--|--|------------------------|-----|--|--|
| Expected impact on servic | Expected impact on service equalities for users – High / Medium / Low or N/A | | | | |
| Ethnicity: | Low | Pregnancy / Maternity: | Low | | |
| Gender: | Low | Marriage & Civil | Low | | |
| | | Partnerships: | | | |
| Age: | Low | Sexual orientation: | Low | | |
| Disability: | Low | Gender reassignment: | Low | | |
| Religion / Belief: | Low | Overall: | Low | | |
| For any High impact service equality areas please explain why and what mitigations are proposed: | | | | | |
| | | | | | |
| | | | | | |
| Is a full service equalities impact assessment required: Yes / No No | | | | | |

| 9. Human Resources impact | | | | |
|---|--|--|--|--|
| Will this cuts proposal have an impact on employees: Yes / No Yes | | | | |
| Workforce profile: | | | | |
| Posts FTE Vacant | | | | |

| 9. Human Resources impact | | | | | |
|---------------------------|----------------------|---------|-------------------------|---------------------|----------------|
| | Headcount in post | in post | Establishm ent posts | Agency / Interim | Not covered |
| Scale 1 – 2 | | | | cover | |
| Scale 3 – 5 | 1 | 1 | | | |
| Sc 6 – SO2 | 5 | 5 | | | |
| PO1 – PO5 | 26 | 19 | | 7 | 4 |
| PO6 – PO8 | 3 | 2 | | 1 | |
| SMG 1 – 3 | 1 | 1 | | | |
| JNC | | | | | |
| Total | 36 | 28 | | 8 | |
| Gender | Female | Male | | | |
| | 28 | 8 | | | |
| Ethnicity | BME | White | Other | Not Known | |
| | 25 | 11 | | | |
| Disability | Yes | No | | | |
| | | | | | |
| Sexual | Straight / | Gay / | Bisexual | Not | |
| orientation | Heterosex. | Lesbian | | disclosed | |
| | 27 | 2 | | 7 | |

10. Legal implications State any specific legal implications relating to this proposal:

| 11. Summary timetabl | e | | | |
|--|--|--|--|--|
| Outline timetable for main steps to be completed re decision and | | | | |
| implementation of pro | pposal – e.g. proposal, scrutiny, consultation (public/staff), | | | |
| decision, transition w | ork (contracts, re-organisation etc), implementation: | | | |
| Month | Activity | | | |
| September 2020 | Proposals prepared (this template and supporting papers | | | |
| | – e.g. draft public consultation paper, equalities | | | |
| | assessment and initial HR considerations) | | | |
| October 2020 | Proposals submitted to Scrutiny committees leading to M&C | | | |
| November to | Scrutiny meetings held with consultations ongoing | | | |
| December 2020 | | | | |
| November to | Consultations undertaken and full decision reports (where | | | |
| December 2020 | required) prepared | | | |
| December 2020 | Proposals to M&C, including Equality & HR assessments | | | |
| January 2021 | Decision reports return to Scrutiny at the latest | | | |
| February 2021 | · · · | | | |
| March 2021 | Cuts implemented | | | |
| | | | | |

| 1. Cuts proposal | |
|----------------------|--|
| Proposal title: | Housing Services Review |
| Reference: | C-10 |
| Directorate: | Housing, Regeneration and Public Realm |
| Director of Service: | Fenella Beckman |
| Service/Team area: | Housing Services Division |
| Cabinet portfolio: | Housing and Planning |
| Scrutiny Ctte(s): | Housing Select |

| 2. Decision Route | | | |
|-------------------|--------------------------|------------------------|-----------------------|
| Cuts proposed: | Key Decision* | Public Consultation | Staff Consultation |
| | Yes / No | Yes / No and | Yes / No and |
| | See para 16.2 of the | Statutory vs | Statutory vs |
| | Constitution | informal | informal |
| | https://lewisham.gov.uk/ | | |
| | mayorandcouncil/ | | |
| | aboutthecouncil/ | | |
| | how-council-is-run/ | | |
| | our-constitution | | |
| Housing Review | Yes | No | Yes, Statutory |

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The housing division operates with three core service group areas focussing on:

- Housing needs and refugee services: delivering our statutory homelessness services; front-line homelessness prevention and relief services and our work with residents who have no recourse to public funds.
- **Private sector housing agency**: works to manage and improve the private rented sector in Lewisham through licensing and enforcement interventions, and programmes to adapt homes for vulnerable people's changing needs. The Agency also procure temporary homes for a range of customers across the Council who are in housing need
- Housing Partnerships and Service Improvement: sets the framework for the way Lewisham delivers its housing services, through strategy, policy and analysis work. The group holds oversight of our housing management partnerships including Lewisham Homes (our ALMO) and RB3 (Housing PFI), as well as with registered providers. Also delivers our programme to support and house Syrian refugees.

Cuts proposal*

This proposal compliments two budget savings proposals put forward during the Phase 1 of the 20/21 savings programme. In Phase 1, currently going through the Select Committees, are proposals totalling £492k of cuts to the core budget from:-

- £120k efficiencies in Housing Needs
- £197k efficiencies in Private Sector Housing Agency
- £175k recharged to disabled facilities grant

3. Description of service area and proposal

As part of Phase 2 cuts, the housing division has been asked to identify an additional \pounds 600k savings for 20/21. This means that the overall reduction in General Fund budget will come to £1,092k (approx. 24.5% of the total budget for the Division).

In order to achieve this significant level of reduction in budget, this proposal is to undertake a full restructure of the Housing Needs service in order to streamline existing activity and identify areas where we can realise the additional efficiencies required. This review will include a look at our processes as well as review of staffing numbers.

Mitigating Actions for 21/22

Staff consultation is required and therefore the process is expected to continue into 2021/22. The majority of the savings is expected to come through the second half of 2021/22 with some coming through early 22/23.

All staff impacts will look to mitigation via redeployment as first route where possible.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

The Housing Services Division delivers a range of statutory activities. The review will ensure that the service (and therefore the Council) continues to meet its statutory obligations.

Regrettably the addition £600k budget saving required for 20/21 will mean reduction in staff numbers and redundancies. It is not possible to confirm how many staff will be impacted as the review will need to be completed but it is possibly in the range of 10-15 FTE.

It should also be borne in mind that the Division's budgets are supplemented by grants such as the New Burdens fund and the Flexible Homeless Support Grant. These have now been confirmed as continuing for 2021/22 at £4.9m. Staffing levels, through the use of fixed term contracts, will adjust in-line with the level of grant.

In summary:-

The impact of a proposed cut on the users of a service

• Service users may see some delays in the service they receive which we will try to mitigate in the transformation of the service to make it more efficient and effective. The introduction of the two new IT systems, Assure and the Integrated Housing System, should mean that most of our current manual processes and use of spreadsheets will cease and work flow will be automated

The impact of a proposed cut on the staff of a service.

• There will be an impact to staff across the Division as the number of posts funded from Core/General Fund needs to be reduced in order that we can realise the £600,000 savings target

The impact of the cut on the service overall.

• The overall impact of the cut on the service is that there will be a period of adjustments while this change programme is being implemented. There is

4. Impact and risks of proposal

likely to be a dip in service performance whilst we undertake the changes necessary to transform our approach. Our aim is to streamline our processes using the technology that has been invested over the last two years driving out inefficiencies and delivering a much more effective service to our residents.

The cumulative impact of the cut on LBL as a whole

- It is probably inevitable that this deduction will reduce the degree of flexibility in the service in the future and potentially our ability to respond to spikes in demand could be limited
- The cumulative impact of the cut on LBL as a whole will mean that the service has delivered its share of the budget savings required
- The service will need to work more closely with statutory and third sector partner organisations in order to meet the needs of customers who might require additional support

Outline risks associated with proposal and mitigating actions to be taken: The risks associated with this proposal is that the savings are not realised. The mitigating actions is to start the service transformation of the whole Division during the fourth quarter of 2020/21 so that we can complete the statutory processes staff consultations and recruitment into roles early in 2021/22.

The potential impact will also be mitigated from the recent investment in new housing systems to streamline processes and ensure more resilience in the service.

| 5. Financial information | | | | |
|--------------------------|---------|---------|------------|-------------|
| Controllable budget: | Spend | Income | Net Budget | |
| General Fund (GF) | £'000 | £'000 | £'000 | |
| | 33,422 | 28,777 | 4,645 | |
| HRA | | | | |
| DSG | | | | |
| Health | | | | |
| Cuts proposed*: | 2021/22 | 2022/23 | 2023/24 | Total £'000 |
| | £'000 | £'000 | £'000 | |
| Service Review | 300 | 300 | | 600 |
| | | | | |
| Total | 300 | 300 | | 600 |
| % of Net Budget | 6.5% | 6.5% | 0% | 12.9% |
| Does proposal impact | General | DSG | HRA | Health |
| on: | Fund | | | |
| Yes / No | Yes | | | |
| If DSG, HRA, Health | | | | |
| impact describe: | | | | |

| 6. Impact on Corporate priorities: list in order of DECREASING impact | | | |
|---|--------------------------------|--|--|
| 1. Good governance and operational Corporate priorities | | | |
| effectiveness | 1. Open Lewisham | | |
| 2. Tackling the Housing Crisis | 2. Tackling the Housing Crisis | | |
| | | | |

| . Impact on Corporate priorities: list in order of DECREASING impact | | | | |
|--|---|--|--|--|
| 3. | 3. Giving Children and young people the best start in life | | | |
| 4. | 4. Building an inclusive local economy | | | |
| 5. | 5. Delivering and defending: health, social care & support | | | |
| 6. | Making Lewisham greener Building safer communities | | | |
| 7. | 8. Good governance and operational effectiveness | | | |
| 8. | | | | |

| 7. Ward impact | |
|-----------------|--|
| Geographical | No specific impact / Specific impact in one or more |
| impact by ward: | Borough wide |
| | If impacting one or more wards specifically – which? |
| | Borough wide |

| 8. Service equalities impact | | | | | | | |
|---|-------------------|--------------------------|---------------|--|--|--|--|
| Expected impact on service equalities for users – High / Medium / Low or N/A | | | | | | | |
| Ethnicity: Medium - High Pregnancy / Maternity: Medium - High | | | | | | | |
| Gender: Medium - High Marriage & Civil: Medium - High | | | | | | | |
| Age: Medium - High Sexual orientation: Medium - High | | | | | | | |
| Disability: | | | | | | | |
| Religion / Belief: | Medium - High | Overall: | Medium - High | | | | |
| For any High impact serv | vice equality are | as please explain why an | id what | | | | |
| mitigations are proposed | d: | | | | | | |
| needs. It carries out these functions in a hugely challenging environment. The supply of new social housing in Lewisham has fallen (by more than half in six years) and as a result today we have more than 2400 homeless households in temporary accommodation. Cost pressures exist across the entire housing economy. Home ownership is out of reach for most, private renting is becoming harder to access for our lower income households, and overall demand on our register tops 10,000 households. The Covid-19 pandemic has presented new challenges and it is anticipated that demand from people in housing need over the coming 6-12 months is likely to rise. If this proposal is approved, a full service equalities assessment will be carried out and mitigation measures identified. Our aim is to ensure we continue to meet our statutory. | | | | | | | |
| If this proposal is approved, a full service equalities assessment will be carried out and mitigation measures identified. Our aim is to ensure we continue to meet our statutory obligations and ensure that we are providing a first class service to our residents. | | | | | | | |

|--|

| 9. Human Resources impact | | | | | |
|---|--|-----|--|--------|--|
| Will this cuts proposal have an impact on employees: Yes / No Yes | | | | | |
| Workforce profile: | | | | | |
| Posts | | FTE | | Vacant | |

| 9. Human R | 9. Human Resources impact | | | | | | |
|--------------------|---------------------------|------------------|-------------------------|------------------------------|--------------------------|--|--|
| | Headcount in post | in post | Establishm ent posts | Agency / Interim cover | Not covered | | |
| Scale 1 – 2 | | | | | | | |
| Scale 3 – 5 | 2 | 2.0 | | | 2 | | |
| Sc 6 – SO2 | 62 | 60.8 | | 5 | 62 | | |
| PO1 – PO5 | 45 | 44.8 | | 2 | 45 | | |
| PO6 – PO8 | 9 | 9.0 | | | 9 | | |
| SMG 1 – 3 | 1 | 1.0 | | 1 | 1 | | |
| JNC | 1 | 1.0 | | | 1 | | |
| Total | 125 | 123.6 | | | 125 | | |
| Gender | Female | Male | | 10 | Female | | |
| | 76 | 49 | | | 76 | | |
| Ethnicity | BME | White | Other | Not disclosed | BME | | |
| | 75 | 44 | 2 | 4 | 75 | | |
| Disability | Yes | No | PNTS | Not disclosed | Yes | | |
| | 4 | 42 | 34 | 45 | 4 | | |
| Sexual orientation | Straight / Heterosex. | Gay / Lesbian | Bisexual | PNTS | Straight / Heterosex. | | |
| | 86 | 1 | | 38 | 86 | | |

10. Legal implications

State any specific legal implications relating to this proposal:

At this time, if this proposal is approved a detailed proposal will be provided as part of the Change Management process and will include the full equalities assessment.

11. Summary timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:

| Month / Date | Activity |
|----------------|--|
| September – | Proposals prepared (this template and supporting papers |
| November 2020 | – e.g. draft public consultation paper, equalities |
| | assessment and initial HR considerations) |
| 17 November | Review of proposals at DMTs. |
| 25 November | Review at EMT of developed proposals |
| 2 December | Final review at EMT |
| 15 December | Cabinet Briefings on proposals |
| 5 January | Scrutiny Dispatch |
| w/c 11 January | All member briefing |
| Financial Year | Cuts Implemented |
| 2021/22 | |
| | |

| 1. Cuts proposal | |
|----------------------|---|
| Proposal title: | Reduced dependency on Agency/Fixed term Staff |
| Reference: | C-11 |
| Directorate: | Housing, Regeneration and Public Realm |
| Director of Service: | Zahur Khan – Director, Public Realm |
| Service/Team area: | Highways and Transport |
| Cabinet portfolio: | Cllr Sophie McGeevor - Cabinet Member for Environment and |
| | Transport |
| Scrutiny Ctte(s): | Sustainable Development Select Committee |

| 2. Decision Route | | | |
|-------------------|--|--|---|
| Cuts proposed: | Key Decision* Yes / No See para 16.2 of the Constitution https://lewisham.gov.uk/ mayorandcouncil/ aboutthecouncil/ how-council-is-run/ our-constitution | Public Consultation Yes / No and Statutory vs informal | Staff Consultation Yes / No and Statutory vs informal |
| | N | N | Y |
| | | | Temporary staff |

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed: Temporary staff are used to complement the permanent staff establishment, when necessary, in order to deliver service objectives, projects and programmes outside of normal workloads and plans or where staff of a specialist nature are required. Such temporary staff may be employed through an agency or fixed term route and may be funded through external funding such as Transport for London.

The Highways & Transport Service currently have several staff members, who meet the above criteria above and some are not paid for directly through specific grants. A reduction in overspend can be achieved through releasing temporary staff and assessing the workload and practices to ensure continuity of service.

Cuts proposal*

Pending a wider Public Realm review, there has been a short assessment of the resources within the Highways & Transport service. Ideally, temporary staff should be given a time limit for the needs of their services and strictly adhered to. Unfortunately, this is not the case in many situations, and staff can rollover from year to year, some for a considerable time.

With current budgetary pressures, it is proposed that these staff members be released by the end of March 2021. A review of the current workload, with a view to using our partners, to ensure continuity of workload delivery during this reduction.

It is proposed to maintain the same level of fee income and hence achieve the saving after these temporary staff leave, from April 2021.

3. Description of service area and proposal

This proposal can be delivered from 2021/22 with a reduction in overspend estimated in the region of $\pm 300,000$. – As per above.

Mitigating Actions for 21/22

- Review current contractual obligations via the current framework contractor, Watermans.
- Review management controls on issuing of works orders for resources.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

- Delivery of some projects could be delayed, and reassignment of some projects may lead to work load issues.
- With the length of service with some temporary staff, they may be entitled to redundancy payments.

Outline risks associated with proposal and mitigating actions to be taken:

• It should be noted that this proposal may impact on service delivery but steps will be taken to minimise this.

| 5. Financial information | | | | |
|---|------------------|------------------|------------------|-------------|
| Controllable budget: | Spend | Income | Net Budget | |
| General Fund (GF) | £'000 | £'000 | £'000 | |
| | 6,266 | 2,405 | 3,861 | |
| HRA | | | | |
| DSG | | | | |
| Health | | | | |
| Cuts proposed*: | 2021/22 £'000 | 2022/23 £'000 | 2023/24 £'000 | Total £'000 |
| Service Review (reduction in overspend) | 300 | | | 300 |
| | | | | |
| Total | 300 | | | 300 |
| % of Net Budget | 10% | % | % | 10% |
| Does proposal impact | General | DSG | HRA | Health |
| on: | Fund | | | |
| Yes / No | Y | N | N | N |
| If DSG, HRA, Health | | | | |
| impact describe: | | | | |

| 6. Impact on Corporate priorities: list in order of DECREASING impact | | | |
|---|--------------------------------|--|--|
| 1. Good governance and operational | Corporate priorities | | |
| effectiveness | 1. Open Lewisham | | |
| 2. | 2. Tackling the Housing Crisis | | |
| | | | |

| 6. Impact on Corporate priorities: list in orde | er of DECREASING impact |
|---|---|
| 3. | 3. Giving Children and young people the best start in life |
| 4. | 4. Building an inclusive local |
| 5. | economy 5. Delivering and defending: |
| 6. | health, social care & support 6. Making Lewisham greener |
| 7. | 7. Building safer communities |
| 8. | 8. Good governance and operational effectiveness |

| 7. Ward impact | |
|-----------------|--|
| Geographical | No specific impact / Specific impact in one or more |
| impact by ward: | No |
| | If impacting one or more wards specifically – which? |
| | |

| 8. Service equalities impact | | | |
|--|---|-----------|--|
| Expected impact on service | e equalities for users – High / Medium / Lo | ow or N/A | |
| Ethnicity: | Pregnancy / Maternity: | | |
| Gender: | Marriage & Civil | | |
| | Partnerships: | | |
| Age: | Sexual orientation: | | |
| Disability: | Gender reassignment: | | |
| Religion / Belief: | Overall: | | |
| For any High impact service equality areas please explain why and what | | | |
| mitigations are proposed: | | | |
| | | | |
| | | | |
| | | | |
| Is a full service equalities impact assessment required: Yes / No | | | |

| 9. Human Resources impact | | | | | |
|---------------------------|----------------|---------------|--------------|------------------------------|----------------|
| Will this cuts | s proposal hav | e an impact o | n employees: | Yes / No | Yes |
| Workforce p | rofile: | | | | |
| Posts | Headcount | FTE | Establishm | Vac | ant |
| | in post | in post | ent posts | Agency / Interim cover | Not covered |
| Scale 1 – 2 | | | | | |
| Scale 3 – 5 | | | | | |
| Sc 6 – SO2 | | | | | |
| PO1 – PO5 | 4 | 4 | 4 | | |
| PO6 – PO8 | 1 | 1 | 1 | | |
| SMG 1 – 3 | | | | | |
| JNC | | | | | |
| Total | 5 | 5 | 5 | | |
| Gender | Female | Male | | | |
| | 1 | 4 | | | |

| 9. Human Resources impact | | | | | |
|---------------------------|------------|---------|----------|-----------|--|
| Ethnicity | BME | White | Other | Not Known | |
| | 1 | 4 | | | |
| Disability | Yes | No | | | |
| | 0 | 2 | | | |
| Sexual | Straight / | Gay / | Bisexual | Not | |
| orientation | Heterosex. | Lesbian | | disclosed | |
| | 3 | 1 | | 1 | |

10. Legal implications State any specific legal implications relating to this proposal:

| 11. Summary timetable | | | | |
|-------------------------|--|--|--|--|
| Outline timetable for r | Outline timetable for main steps to be completed re decision and | | | |
| implementation of pro | pposal – e.g. proposal, scrutiny, consultation (public/staff), | | | |
| | ork (contracts, re-organisation etc), implementation: | | | |
| Month | Activity | | | |
| September 2020 | Proposals prepared (this template and supporting papers | | | |
| | - e.g. draft public consultation paper, equalities | | | |
| | assessment and initial HR considerations) | | | |
| October 2020 | Proposals submitted to Scrutiny committees leading to M&C | | | |
| November to | Scrutiny meetings held with consultations ongoing | | | |
| December 2020 | | | | |
| November to | Consultations undertaken and full decision reports (where | | | |
| December 2020 | required) prepared | | | |
| December 2020 | Proposals to M&C, including Equality & HR assessments | | | |
| January 2021 | Decision reports return to Scrutiny at the latest | | | |
| February 2021 | Final decisions at M&C with the Budget | | | |
| March 2021 | Cuts implemented | | | |
| | | | | |

| 1. Cuts proposal | |
|----------------------|--|
| Proposal title: | Weight Management Services |
| Reference: | C-12 |
| Directorate: | Community Services Directorate |
| Director of Service: | Catherine Mbema |
| Service/Team area: | Public Health |
| Cabinet portfolio: | Cllr Chris Best (Health and Adult Social Care) |
| Scrutiny Ctte(s): | Healthier Communities Select Committee |

| 2. Decision Route | | | |
|-------------------|--------------------------|------------------------|-----------------------|
| Cuts proposed: | Key Decision* | Public Consultation | Staff Consultation |
| | Yes / No | Yes / No and | Yes / No and |
| | See para 16.2 of the | Statutory vs | Statutory vs |
| | Constitution | informal | informal |
| | https://lewisham.gov.uk/ | | |
| | mayorandcouncil/ | | |
| | aboutthecouncil/ | | |
| | how-council-is-run/ | | |
| | our-constitution | | |
| £25,000 | Yes | Yes | No |
| | | | |

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed: Weight Management services in Lewisham include services provided by WW, Slimming World and specialist, targeted dietetic weight management services which are currently provided by Bromley Healthcare as part of wider CCG contract for Tier 3 weight management and dietetic provision for patients requiring specialist dietary intervention including prescribed oral nutrition supplements.

Cuts proposal*

The proposal is to stop funding the Council's contribution of £56,000 per annum towards specialist dietetic weight management provided by Bromley Health Care.

This is a proposed cut to a budget funded from the ring-fenced Public Health grant, so any reduction will need to be allocated to budgets delivering Public Health outcomes elsewhere in the Council.

Mitigating Actions for 21/22

The proposal is to reinvest £31,000 per annum to deliver alternative digital weight management support and targeted support for BAME people as a pilot in 2021/22 to inform future obesity and weight management commissioning for March 2022.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

4. Impact and risks of proposal

Obesity is a significant and rising public health issue in Lewisham, it is a significant risk factor for illnesses such as cancer, Covid-19, diabetes, cardiovascular disease. Reducing access to individual counselling as part of the weight management services will mean that a number of residents may be unable to access support to lose weight and may therefore be at increased risk of these conditions.

Outline risks associated with proposal and mitigating actions to be taken:

This proposal will reduce access to weight management services. By re-investing some of the funding towards piloting new approaches to digital services and services targeted at BAME populations we will seek to ensure that through re-commissioning for March 2022 we are able to make best use of limited resources. This will also help contribute to the Council's work on reducing health inequalities.

| 5. Financial information | | | | |
|---|----------|---------|------------|-------------|
| Controllable budget: | Spend | Income | Net Budget | |
| General Fund (GF) | £'000 | £'000 | £'000 | |
| | 16.2m | (16.5)m | (0.3)m | |
| HRA | | | | |
| DSG | | | | |
| Health | | | | |
| Cuts proposed*: | 2021/22 | 2022/23 | 2023/24 | Total £'000 |
| | £'000 | £'000 | £'000 | |
| Stop Council | 25 | | | 25 |
| contribution to CCG Weight Management Contract with Bromley Healthcare | | | | |
| | | | | |
| | | | | |
| Total | 25 | | | 25 |
| % of Net Budget | 8% | % | % | % |
| Does proposal impact | General | DSG | HRA | Health |
| on: | _ Fund _ | | | |
| Yes / No | | | | |
| If DSG, HRA, Health | | | | |
| impact describe: | | | | |

| 6. Impact on Corporate priorities: list in order of DECREASING impact | | | |
|---|--------------------------------|--|--|
| 1.Delivering and defending: health, social | Corporate priorities | | |
| care and Support | 1. Open Lewisham | | |
| 2. | 2. Tackling the Housing Crisis | | |
| | 3. Giving Children and young | | |
| 3. | people the best start in life | | |
| | 4. Building an inclusive local | | |
| 4. | economy | | |
| | | | |

| 6. Impact on Corporate priorities: list in order | 6. Impact on Corporate priorities: list in order of DECREASING impact | | | |
|--|---|--|--|--|
| 5. | 5. Delivering and defending: health, social care & support | | | |
| 6. | Making Lewisham greener Building safer communities | | | |
| 7. | 8. Good governance and | | | |
| 8. | operational effectiveness | | | |

| 7. Ward impact | |
|-----------------|--|
| Geographical | No specific impact / Specific impact in one or more |
| impact by ward: | No Specific Impact |
| | If impacting one or more wards specifically – which? |
| | |
| | |

| 8. Service equalities impact | | | | | | |
|--|-----------------|-------------------------------|-----------|--|--|--|
| Expected impact on servic | e equalities fo | or users – High / Medium / Lo | ow or N/A | | | |
| Ethnicity: | High | Pregnancy / Maternity: | Medium | | | |
| Gender: | Low | Marriage & Civil | Low | | | |
| | Partnerships: | | | | | |
| Age: | Low | Sexual orientation: | Low | | | |
| Disability: | High | Gender reassignment: | Low | | | |
| Religion / Belief: Low Overall: | | | | | | |
| For any High impact service equality areas please explain why and what | | | | | | |
| mitigations are proposed: | | | | | | |

Obesity is one of the three areas of focus for reducing BAME Health inequalities for Lewisham's Health and Wellbeing Board.

We do not currently have robust data to determine local adult obesity by ethnicity, this is available for England. There is a 53.6% prevalence of obesity for Black women compared to 27.5% for white women. (The Health survey for England 2017). Levels of obesity in Black men was 27.7% compared to 27.3% for White men. (The Health survey for England 2017)

Is a full service equalities impact assessment required: Yes / No

Yes

| 9. Human Resources impact | | | | | | |
|---------------------------|--|---------|------------|------------------------------|----------------|--|
| Will this cuts | Will this cuts proposal have an impact on employees: Yes / No No | | | | | |
| Workforce p | rofile: | | | | | |
| Posts | Headcount | FTE | Establishm | Vac | ant | |
| | in post | in post | ent posts | Agency / Interim cover | Not covered | |
| Scale 1 – 2 | | | | | | |
| Scale 3 – 5 | | | | | | |
| Sc 6 – SO2 | | | | | | |
| PO1 – PO5 | | | | | | |

| 9 Human R | esources imp | act | | | | |
|---|---|------------------|-----------------|------------------|--|--|
| 906 – PO8 | | act | | | | |
| SMG 1 – 3 | | | | | | |
| JNC | | | | | | |
| Total | | | | | | |
| Gender | Female | Male | | | | |
| Ethnicity | BME | White | Other | Not Known | | |
| Disability | Yes | No | | | | |
| Sexual orientation | Straight / Heterosex. | Gay / Lesbian | Bisexual | Not disclosed | | |
| | | | | | | |
| 10. Legal imp | | | | | | |
| State any spe | ecific legal im | olications rela | ting to this pr | oposal: | | |
| a series of amendments to the National Health Service Act 2006. The Act gives local authorities a duty to take such steps as it considers appropriate to improve the health of the people in its area. In general terms, the Act confers on local authorities the function of improving public health and gives local authorities considerable scope to determine what actions it will take in pursuit of that general function. | | | | | | |
| Secondary legislative provision, such as the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch representatives) Regulations 2013 require local authorities to provide certain public health services. The public health services which local authorities must provide are: | | | | | | |
| National Child Measurement Programme | | | | | | |
| | Health checks | | | | | |
| Open access sexual health services | | | | | | |
| | Public health advice service to Clinical Commissioning Groups | | | | | |
| | | | | | | |
| | | | | | | |

| 11. Summary timetable | | | | | |
|---|---|--|--|--|--|
| Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), | | | | | |
| | ork (contracts, re-organisation etc), implementation: | | | | |
| Month | Activity | | | | |
| September 2020 | Proposals prepared (this template and supporting papers | | | | |
| | – e.g. draft public consultation paper, equalities | | | | |
| | assessment and initial HR considerations) | | | | |
| October 2020 | Proposals submitted to Scrutiny committees leading to M&C | | | | |
| November to | Scrutiny meetings held with consultations ongoing | | | | |
| December 2020 | | | | | |
| November to | Consultations undertaken and full decision reports (where | | | | |
| December 2020 | | | | | |
| December 2020 | Proposals to M&C, including Equality & HR assessments | | | | |

| 11. Summary timetable | | | |
|-----------------------------|---|--|--|
| January 2021 | Decision reports return to Scrutiny at the latest | | |
| February 2021 | Final decisions at M&C with the Budget | | |
| March 2021 Cuts implemented | | | |

| 1. Cuts proposal | |
|----------------------|---|
| Proposal title: | Sexual and Reproductive Health Services in Primary Care |
| Reference: | C-13 |
| Directorate: | Community Services |
| Director of Service: | Catherine Mbema |
| Service/Team area: | Sexual and Reproductive Health |
| Cabinet portfolio: | Cllr Chris Best (Health and Adult Social Care) |
| Scrutiny Ctte(s): | Healthier Communities Select Committee |

| 2. Decision Route | | | |
|--|---|--|---|
| Cuts proposed: | Key Decision* Yes / No See para 16.2 of the Constitution https://lewisham.gov.uk/ mayorandcouncil/ aboutthecouncil/ | Public Consultation Yes / No and Statutory vs informal | Staff Consultation Yes / No and Statutory vs informal |
| | how-council-is-run/ our-constitution | | |
| £100,000 reduction to Sexual Health in Primary Care Budget | Yes | Yes | No |
| | | | |

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed: Sexual and Reproductive Health Services in Primary Care includes free condoms and pregnancy tests, HIV testing in GP surgeries, GP Long-Acting Reversible Contraception service at Pharmacy Emergency Hormonal Contraception and quick start on the Pill, Checkurself.

Cuts proposal*

This is a proposed cut to a budget funded from the ring-fenced Public Health grant, so any reduction will need to be allocated to budgets delivering Public Health outcomes elsewhere in the Council.

This proposal is to reduce the Sexual and Reproductive Health Service Budget by $\pounds 100,000$ from $\pounds 523,656$ to $\pounds 423,656$, a cut of 19%.

The budgets for SRH in Primary care in Lewisham have been increased over time in line with our Strategic aim to develop sexual and reproductive health services in primary care. These increases assumed that there would be significant continued growth in activity for GP LARC Service and Pharmacy SRH services. Unfortunately there have been delays in service development around these services and growth in activity has slowed as a result of Covid-19. This has led to an underspend in SRH in Primary Care Budget for the last two years.

Lewisham would continue to fund existing levels of GP LARC activity and seek to ensure that all women across Lewisham are able to access LARC through their GP within their Primary Care Network. We would also seek to increase LARC activity but

3. Description of service area and proposal

overall activity across SRH services in Primary Care would be limited to the new reduced budget.

Within this plan we also propose to de-commission the Checkurself service which is available for young people to test specifically for Gonorrhoea and Chlamydia because this is a duplication of online testing which is available through SHL for people of all ages.

Mitigating Actions for 21/22

LB Lewisham has recently developed a Local Action Plan to Support the delivery of the shared Lambeth, Southwark and Lewisham Sexual and Reproductive Health Strategy 2019-24. Elements of the action plan will be reconfigured to acknowledge the reductions in service availability that would arise from this cut.

For example, Lewisham Local SRH Action Plan includes plans to implement Sexual Health in Primary Care (SHIP) Training for GPs and Pharmacies in 2021 and the recruitment of a GP Sexual and Reproductive Health Champion. These both aim to raise general awareness of contraceptive offer and reproductive health amongst GPs and pharmacies in Lewisham, supporting the delivery of better sexual and reproductive advice to patients, including referral for LARC and knowledge of service availability.

To ensure that young people are aware of the SHL online testing offer we would promote this amongst this audience as part of the proposal to de-commission Checkurself.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

Service users: LARC availability is likely to reduce overall and/or be less available in certain parts of the borough.

Service users: Checkurself would no longer be available – but other online STI testing through SHL would be.

Outline risks associated with proposal and mitigating actions to be taken:

LARC prescribing data is a key indicator on the Public Health England Sexual and Reproductive Health national dashboard. Borough-level performance data is publically available.

Service underspend in Q1 and Q2 2020 is largely attributable to the effects of COVID-19. Demand for service likely to resume in 2021/22.

Reduction in availability of LARC may exacerbate unmet contraceptive need and widen BAME reproductive health inequalities:

 LARC prescribing in Lewisham is lower than the national average and as seen little improvement in the last four years. (46.8 vs 49.5 prescriptions per 1000. PHE 2018) NICE Guidance states that women should have a choice of all contraceptive methods including LARC methods. The 2019 LSL Contraceptive

| 4. In | ipact and risks of proposal |
|--------|--|
| | Needs Assessment highlighted a need to increase LARC prescribing in Lewisham in order to comply with NICE guidelines. |
| • | Use of Emergency Hormonal Contraception (EHC – "the morning after pill") in Lewisham exceeds both the national and London average, as do rates of abortion. One third of abortions in LSL are subsequent abortions. 87.6% of women prescribed EHC have used it before. This data provides strong evidence of unmet contraceptive need in Lewisham. |
| • | Women of Black ethnicity are the highest users of both EHC and termination services in Lewisham, suggesting particular unmet contraceptive needs in this population. |
| Mitiga | ation |
| • | Sexual Health in Primary Care training for GPs and pharmacies to improve awareness and signposting to existing services |
| • | PCN or GP Federation pilot to increased LARC availability Focussed work by the BAME Health Inequalities Working Group and SH Health Promotion Partnership to reduce inequalities in access, treatment and outcomes for people of Black ethnicity. |
| | • Mitiga • |

 The Council is jointly funding work with Birmingham to undertake specific equalities research to better support equalities considerations for these services.

| 5. Financial information | | | | |
|--------------------------|------------------|------------------|------------------|-------------|
| Controllable budget: | Spend | Income | Net Budget | |
| General Fund (GF) | £'000 | £'000 | £'000 | |
| | | | | |
| HRA | | | | |
| DSG | | | | |
| Health | | | | |
| Cuts proposed*: | 2021/22 £'000 | 2022/23 £'000 | 2023/24 £'000 | Total £'000 |
| | 100 | | | 100 |
| | | | | |
| | | | | |
| Total | 100 | | | 100 |
| % of Net Budget | % | % | % | % |
| Does proposal impact | General | DSG | HRA | Health |
| on: | Fund | | | |
| Yes / No | | | | |
| If DSG, HRA, Health | | | | |
| impact describe: | | | | |

| 6. Impact on Corporate priorities: list in order of DECREASING impact | | | | |
|---|--|--|--|--|
| 1. Delivering and defending: health, social Corporate priorities | | | | |
| care and support 1. Open Lewisham | | | | |

| 6. Impact on Corporate priorities: list in order of DECREASING impact | | | | | |
|---|----|-------------------------------|--|--|--|
| 2. Open Lewisham | 2. | Tackling the Housing Crisis | | | |
| | 3. | Giving Children and young | | | |
| 3. Giving children and young people the | | people the best start in life | | | |
| best start in life | 4. | Building an inclusive local | | | |
| 4. | | economy | | | |
| | 5. | Delivering and defending: | | | |
| 5. | | health, social care & support | | | |
| | 6. | Making Lewisham greener | | | |
| 6. | 7. | Building safer communities | | | |
| | | | | | |
| 7. | 8. | Good governance and | | | |
| | | operational effectiveness | | | |
| 8. | | | | | |
| | | | | | |

| 7. Ward impact | |
|-----------------|--|
| Geographical | No specific impact / Specific impact in one or more |
| impact by ward: | No specific impact |
| | If impacting one or more wards specifically – which? |
| | |

| 8. Service equalities impact | | | | | | |
|------------------------------|-----------------|------------------------------|-----------|--|--|--|
| Expected impact on servic | e equalities fo | or users – High / Medium / L | ow or N/A | | | |
| Ethnicity: | High | Pregnancy / Maternity: | N/A | | | |
| Gender: | High | Marriage & Civil | N/A | | | |
| | _ | Partnerships: | | | | |
| Age: | High | Sexual orientation: | N/A | | | |
| Disability: | Medium | Gender reassignment: | N/A | | | |
| Religion / Belief: | N/A | Overall: | High | | | |
| For any High impact service | ce equality are | eas please explain why and v | what | | | |
| mitigations are proposed: | | | | | | |
| | | | | | | |
| | | | | | | |

Is a full service equalities impact assessment required: Yes / No

-

Yes

| 9. Human Resources impact | | | | | | |
|---------------------------|--|---------|------------|------------------------------|----------------|--|
| Will this cuts | Will this cuts proposal have an impact on employees: Yes / No No | | | | | |
| Workforce p | rofile: | | | | | |
| Posts | Headcount | FTE | Establishm | Vacant | | |
| | in post | in post | ent posts | Agency / Interim cover | Not covered | |
| Scale 1 – 2 | | | | | | |
| Scale 3 – 5 | | | | | | |
| Sc 6 – SO2 | | | | | | |
| PO1 – PO5 | | | | | | |
| PO6 – PO8 | | | | | | |
| SMG 1 – 3 | | | | | | |
| JNC | | | | | | |
| Total | | | | | | |
| Gender | Female | Male | | | | |

| 9. Human Resources impact | | | | | | |
|---------------------------|------------|---------|----------|-----------|--|--|
| | | | | | | |
| Ethnicity | BME | White | Other | Not Known | | |
| | | | | | | |
| Disability | Yes | No | | | | |
| | | | | | | |
| Sexual | Straight / | Gay / | Bisexual | Not | | |
| orientation | Heterosex. | Lesbian | | disclosed | | |
| | | | | | | |

10. Legal implications

State any specific legal implications relating to this proposal:

The Health and Social Care Act 2012 ("the Act") introduced changes by way of a series of amendments to the National Health Service Act 2006. The Act gives local authorities a duty to take such steps as it considers appropriate to improve the health of the people in its area. In general terms, the Act confers on local authorities the function of improving public health and gives local authorities considerable scope to determine what actions it will take in pursuit of that general function.

Secondary legislative provision, such as the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch

Representatives) Regulations 2013 require local authorities to provide certain public health services. The public health services which local authorities must provide are:

- National Child Measurement Programme
- Health checks
- Open access sexual health services
- Public health advice service to Clinical Commissioning Groups

| 11. Summary timetable | | | | | | |
|--|--|--|--|--|--|--|
| Outline timetable for main steps to be completed re decision and | | | | | | |
| | oposal – e.g. proposal, scrutiny, consultation (public/staff), | | | | | |
| decision, transition w | ork (contracts, re-organisation etc), implementation: | | | | | |
| Month | Activity | | | | | |
| September 2020 | Proposals prepared (this template and supporting papers | | | | | |
| | e.g. draft public consultation paper, equalities | | | | | |
| | assessment and initial HR considerations) | | | | | |
| October 2020 | Proposals submitted to Scrutiny committees leading to M&C | | | | | |
| November to | Scrutiny meetings held with consultations ongoing | | | | | |
| December 2020 | ecember 2020 | | | | | |
| November to | Consultations undertaken and full decision reports (where | | | | | |
| December 2020 | required) prepared | | | | | |
| December 2020 | Proposals to M&C, including Equality & HR assessments | | | | | |
| January 2021 | Decision reports return to Scrutiny at the latest | | | | | |
| February 2021 | Final decisions at M&C with the Budget | | | | | |
| March 2021 | Cuts implemented | | | | | |
| | | | | | | |

| 1. Cuts proposal | |
|----------------------|---|
| Proposal title: | Substance Misuse Cuts (Public Health Budget) |
| Reference: | C-14 |
| Directorate: | Joint Commissioning (Public Health Grant) |
| Director of Service: | Dee Carlin |
| Service/Team area: | Prevention and Inclusion and Public Health Commissioning |
| Cabinet portfolio: | Cllr Chris Best, Cabinet Member for Health and Adult Social |
| | Care |
| Scrutiny Ctte(s): | Healthier Communities Select Committee |

| 2. Decision Route | 2. Decision Route | | | | | | |
|---------------------|--------------------------|------------------------|-----------------------|--|--|--|--|
| Cuts proposed: | Key Decision* | Public Consultation | Staff Consultation | | | | |
| | Yes / No | Yes / No and | Yes / No and | | | | |
| | See para 16.2 of the | Statutory vs | Statutory vs | | | | |
| | Constitution | informal | informal | | | | |
| | https://lewisham.gov.uk/ | | | | | | |
| | mayorandcouncil/ | | | | | | |
| | aboutthecouncil/ | | | | | | |
| | how-council-is-run/ | | | | | | |
| | our-constitution | - | | | | | |
| Primary care | NO | NO | NO | | | | |
| medication cost 70k | | | | | | | |
| Reduction in budget | NO | NO | NO | | | | |
| Tier 4 residential | | | | | | | |
| framework 50k | | | | | | | |
| 30k Training | NO | NO | NO | | | | |
| budget/SU | | | | | | | |
| consultation budget | | | | | | | |

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed: The Prevention, Inclusion and Public Health Commissioning team commissions a range of services to meet the needs of those with a drug and/or alcohol problem and to reduce harm to society as a whole. These are funded through ring-fenced income from the Public Health grant and the Mayor's Officer for Policing and Crime (MOPAC)

- A core contract for complex treatment of adults
- A Primary Care Recovery Service, incorporating an aftercare service.
- A Tier 4 framework for Residential Detox and Rehabilitation, and Structured Day Programmes
- Pharmacy Provision of needle exchange and supervised consumption of methadone.
- A contribution to an integrated Young Person's Health and Wellbeing Service commissioned by the CYP joint commissioning team.

Cuts proposal*

This is a proposed cut to a budget funded from the ring-fenced Public Health grant, so any reduction will need to be allocated to budgets delivering Public Health outcomes elsewhere in the Council.

3. Description of service area and proposal

The proposed £150k cut is made up of:

A proposed £70k cut to prescribing budgets through negotiating with South East London Clinical Commissioning Group (SEL CCG).

A £50k cut to the Tier 4 residential budget (Tier 4 services are specialist provision for people with more complex needs).

A £30k cut to the training, involvement and consultation budget.

4. Impact and risks of proposals

Outline impact to service users, partners, other Council services and staff:

Reduction in budget Tier 4 residential framework £50k: The proposed cut will increase the threshold for access to residential treatment in the borough and reduce the number of patients with complex needs who access Tier 4 residential care. People who do not meet the increased threshold will continue to be able to access community-based services.

It is estimated that this will reduce the number of bed spaces we commission by approximately 10. In part, this reflects the decline in use of Tier 4 residential care in 2020/21 as a result of COVID-19 and the uncertainty about future levels of service use.

Pre-COVID levels of beds commissioned were approximately 140 (2019/20). If demand were to increase to pre-COVID levels, the impact of this cut could include the risk of delayed Substance Misuse clients remaining in hospital (bed blocking), low referrals from hospital to community based settings, as well as increased care needs and risks to health and wellbeing.

£30k cut to involvement, training and consultation budget: this would represent a 50% cut to the existing budget for substance misuse training to partners across the borough, which supports them to identify, respond to and refer substance misuse issues.

It also reduces by 50% the budget for involvement and consultation, which enables the service to engage directly with service users to ensure services and commissioning reflect their voice and needs, and to engage with specific groups in the population to support equality of access and outcomes in the treatment system.

Outline risks associated with proposal and mitigating actions to be taken: Reduction of the aftercare service could risk an increase in people relapsing and returning to treatment. This will impact on individuals, their families and communities, and on capacity in the treatment system. To mitigate these risks the service will support residents to access services provided by partner's organisations and charities.

Elsewhere the service will look to mitigate affects by continuing to work closely with our partners and to best target remaining resources.

| 5. Financial information | | | | |
|---|------------------------------------|------------------|------------------|-------------|
| Controllable budget: | Spend | Income | Net Budget | |
| General Fund (GF) | £'000 | £'000 | £'000 | |
| × * | | | | |
| HRA | | | | |
| DSG | | | | |
| Health | Net 0 budget. Spend 3.7m. | | | |
| Cuts proposed*: | 2021/22 £'000 | 2022/23 £'000 | 2023/24 £'000 | Total £'000 |
| | 150 | | | 150 |
| | | | | |
| | | | | |
| | | | | |
| Total | £150k | | | 150 |
| % of Net Budget | Net budget is 0 | % | % | % |
| Does proposal impact | General | DSG | HRA | Health |
| on: | Fund | | | |
| Yes / No | | | | All |
| If DSG, HRA, Health impact describe: | | | | |

| 6. Impact on Corporate priorities: list in orde | 6. Impact on Corporate priorities: list in order of DECREASING impact | | | | | |
|---|---|--|--|--|--|--|
| 1. Delivering and defending: health, social | Corporate priorities | | | | | |
| care & support | 1. Open Lewisham | | | | | |
| | 2. Tackling the Housing Crisis | | | | | |
| 2. Building safer communities | 3. Giving Children and young | | | | | |
| | people the best start in life | | | | | |
| 3. Giving Children and young people the best | 4. Building an inclusive local | | | | | |
| start in life | economy | | | | | |
| 4. Building an inclusive local economy | 5. Delivering and defending: | | | | | |
| | health, social care & support | | | | | |
| 5. Good governance and operational | 6. Making Lewisham greener | | | | | |
| effectiveness | 7. Building safer communities | | | | | |
| 6. Making Lewisham greener | | | | | | |
| | 8. Good governance and | | | | | |
| 7. Tackling the Housing Crisis | operational effectiveness | | | | | |
| | | | | | | |
| 8. Open Lewisham | | | | | | |
| | | | | | | |

| 7. Ward impact | |
|-----------------|--|
| Geographical | No specific impact / Specific impact in one or more |
| impact by ward: | |
| | If impacting one or more wards specifically – which? |
| | ALL WARDS |

| 8. Service equalities imp | act | | | | |
|--|-----------------|-------------------------------|-----------|--|--|
| Expected impact on servi | ce equalities f | or users – High / Medium / Lo | ow or N/A | | |
| Ethnicity: Medium Pregnancy / Maternity: Medium | | | | | |
| Gender: | Medium | Marriage & Civil | Medium | | |
| | | Partnerships: | | | |
| Age: | Medium | Sexual orientation: | Medium | | |
| Disability: | Medium | Gender reassignment: | Medium | | |
| Religion / Belief: | Medium | Overall: | Medium | | |
| For any High impact service equality areas please explain why and what | | | | | |

For any High impact service equality areas please explain why and what mitigations are proposed:

We intend to carry out consultations and a full equalities impact assessment looking at the 40% reduction in the Substance misuse budget over the previous 5 years and the impact that this may have on health inequalities in the borough.

Is a full service equalities impact assessment required: Yes / No

YES

| 9. Human Resources impact | | | | | |
|---|--------------------------|------------------|------------|------------------------------|----------------|
| Will this cuts proposal have an impact on employees: Yes / No | | | | | No |
| Workforce p | rofile: | | | | |
| Posts | Headcount | FTE | Establishm | Vac | ant |
| | in post | in post | ent posts | Agency / Interim cover | Not covered |
| Scale 1 – 2 | | | | | |
| Scale 3 – 5 | | | | | |
| Sc 6 – SO2 | | | | | |
| PO1 – PO5 | | | | | |
| PO6 – PO8 | | | | | |
| SMG 1 – 3 | | | | | |
| JNC | | | | | |
| Total | | | | | |
| Gender | Female | Male | | | |
| | | | | | |
| Ethnicity | BME | White | Other | Not Known | |
| | | | | | |
| Disability | Yes | No | | | |
| | | | | | |
| Sexual orientation | Straight / Heterosex. | Gay / Lesbian | Bisexual | Not disclosed | |
| | | | | | |

10. Legal implications

State any specific legal implications relating to this proposal:

Providers will need to be issued with 6 months' notice period and would need to go through employment and redundancy processes.

| 11. Summary timetable | | | | | |
|--|--|--|--|--|--|
| Outline timetable for main steps to be completed re decision and | | | | | |
| implementation of pro | pposal – e.g. proposal, scrutiny, consultation (public/staff), | | | | |
| _decision, transition w | ork (contracts, re-organisation etc), implementation: | | | | |
| Month | Activity | | | | |
| September 2020 | Proposals prepared (this template and supporting papers | | | | |
| | – e.g. draft public consultation paper, equalities | | | | |
| | assessment and initial HR considerations) | | | | |
| October 2020 | Proposals submitted to Scrutiny committees leading to M&C | | | | |
| November to | Scrutiny meetings held with consultations ongoing | | | | |
| December 2020 | | | | | |
| November to | Consultations undertaken and full decision reports (where | | | | |
| December 2020 | required) prepared | | | | |
| December 2020 | Proposals to M&C, including Equality & HR assessments | | | | |
| January 2021 | Decision reports return to Scrutiny at the latest | | | | |
| February 2021 | Final decisions at M&C with the Budget | | | | |
| March 2021 | Cuts implemented | | | | |
| | | | | | |

| 1. Cuts proposal | |
|----------------------|--|
| Proposal title: | Integrated Sexual and Reproductive Health Services |
| Reference: | C-15 |
| Directorate: | Community Services |
| Director of Service: | Catherine Mbema |
| Service/Team area: | Sexual and Reproductive Health |
| Cabinet portfolio: | Cllr Chris Best (Health and Adult Social Care) |
| Scrutiny Ctte(s): | Healthier Communities Select Committee |

| 2. Decision Route | | | |
|----------------------|--------------------------|------------------------|-----------------------|
| Cuts proposed: | Key Decision* | Public Consultation | Staff Consultation |
| | Yes / No | Yes / No and | Yes / No and |
| | See para 16.2 of the | Statutory vs | Statutory vs |
| | Constitution | informal | informal |
| | https://lewisham.gov.uk/ | | |
| | mayorandcouncil/ | | |
| | aboutthecouncil/ | | |
| | how-council-is-run/ | | |
| | our-constitution | | |
| £150,000 reduction | Yes | Yes | No |
| to Integrated Sexual | | | |
| Health Budget | | | |

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

Payment for Lewisham residents accessing sexual and reproductive health services under the integrated sexual health tariff and the London e-service. This includes a range of testing and treatment for sexually transmitted infections alongside a wide offer of contraceptive interventions. Includes ISHT Clinic Spend, SHL E-Service and PrEP.

Cuts proposal*

This is a proposed cut to a budget funded from the ring-fenced Public Health grant, so any reduction will need to be allocated to budgets delivering Public Health outcomes elsewhere in the Council.

Sexual and reproductive health clinics in London are paid through the Integrated Sexual Health Tariff, which was established through the London Sexual Health Transformation Programme. Payment is based on activity, and residents have a right to access treatment anywhere in the country for which the Council is statutorily obliged to pay. Demand for services has increased over the past 5 years. Lewisham continues to experience high demand and need for sexual health services reflected through high rates of teenage pregnancy, abortion and sexually transmitted infections.

This proposal is to reduce the Integrated Sexual and Reproductive Health Budget by $\pounds 150,000$ from $\pounds 5,222,940$ to $\pounds 5,072,940$, a cut of 3%. It is anticipated that demand will continue to grow, but that through increased use of the e-service (self-test kit ordered online, delivered to home address) which was uncapped as part of business continuity measures for Covid-19, demand will be met in a more cost-effective way to deliver this cut.

3. Description of service area and proposal

Through negotiation with LGT, commissioners will seek to reduce the baseline activity delivered through the existing clinic contract in 2021/22 and in new contracts from 2022/23 onwards. It may be challenging for LGT to reduce their overall cost base for ISHT services because the case mix of patients will change because less serious cases will be diverted to the E-service for testing and treatment. This may result in reductions to access to clinic services. Should it not be possible to deliver savings through the LGT contract then a contingency measure would be to cap the e-service.

Mitigating Actions for 21/22

Increase clinic and primary care services' referrals to the E-Service (online STI testing) to ensure that access to STI testing is maintained.

Continue to interrogate demographic data from the E-Service to identify any gaps in populations accessing service, e.g. age, ethnicity, sexuality, and ensure increased use of digital channels does not exacerbate health inequalities.

Undertake work to understand the patient impact of revisions to service pathways, as recommended by the COVID SH Impact Assessment.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff: Service users will be encouraged to use e-service for STI testing and treatment.

LGT may have to make adjustments to their staffing establishment in SRH Clinics to align with changes in case mix and demand, and to manage a reduction in baseline activity and funding. They may also need to reduce access to deliver this saving. Should this not be possible then the e-service cap may need to be re-introduced to manage demand and cost.

Outline risks associated with proposal and mitigating actions to be taken: Risk: Access to STI Testing and treatment online or via telephone plus booked appointment (Covid safe practice but could be continued) may make services less accessible.

Mitigation: recommendation that services have sufficient capacity to maintain an "open door" for those who need to be seen face to face, and that services investigate this need prior to referring someone to the E-Service.

Risk: Reduced access may have disproportionate impact on certain groups, which may cause or exacerbate inequalities in sexual health and service access, e.g. those with privacy concerns around receiving packages to a shared address and / or privacy to complete home tests, or with concerns about security and privacy of online ordering.

Mitigation: Work to understand barriers to access, as indicated by service use data, and patient voice.

| 5. Financial information | | | | |
|---|----------------|-----------------|---------------------|-------------|
| Controllable budget: General Fund (GF) | Spend £'000 | Income £'000 | Net Budget £'000 | |
| | | | | |
| HRA | | | | |
| DSG | | | | |
| Health | | | | |
| Cuts proposed*: | 2021/22 | 2022/23 | 2023/24 | Total £'000 |
| | £'000 | £'000 | £'000 | |
| Reduce ISHT Budget | 150 | | | 150 |
| Total | 150 | | | 150 |
| % of Net Budget | % | % | % | % |
| Does proposal impact | General | DSG | HRA | Health |
| on: | Fund | | | |
| Yes / No | | | | |
| If DSG, HRA, Health impact describe: | | | | |

| 6. Impact on Corporate priorities: list in orde | r of DECREASING impact |
|---|--------------------------------|
| 1. Delivering and defending: health, social | Corporate priorities |
| care and support | 1. Open Lewisham |
| 2. Open Lewisham | 2. Tackling the Housing Crisis |
| | 3. Giving Children and young |
| 3. Giving children and young people the | people the best start in life |
| best start in life | 4. Building an inclusive local |
| 4. | economy |
| " | 5. Delivering and defending: |
| 5. | health, social care & support |
| 0. | 6. Making Lewisham greener |
| | |
| 6. | 7. Building safer communities |
| | |
| 7. | 8. Good governance and |
| | operational effectiveness |
| 8. | oporational onconventess |
| 0. | |
| | |

| 7. Ward impact | |
|-----------------|--|
| Geographical | No specific impact / Specific impact in one or more |
| impact by ward: | No specific impact |
| | If impacting one or more wards specifically – which? |
| | |

| 8. Service equalities impact | | | | | | |
|------------------------------|--|------------------------------|-----------|--|--|--|
| Expected impact on servic | e equalities for | or users – High / Medium / L | ow or N/A | | | |
| Ethnicity: | Ethnicity: High Pregnancy / Maternity: N/A | | | | | |
| Gender: | High | Marriage & Civil | N/A | | | |
| | | Partnerships: | | | | |
| Age: | Medium | Sexual orientation: | High | | | |
| Disability: | Medium | Gender reassignment: | Medium | | | |
| Religion / Belief: | N/A | Overall: | High | | | |

8. Service equalities impact

For any High impact service equality areas please explain why and what mitigations are proposed:

Our rates of HIV and STIs are the highest in England, and there are persistent inequalities in sexual and reproductive health, with young people, men who have sex with men (MSM) and black and minority ethnic (BME) communities suffering the greatest burden. Changes to access will impact people with these protected characteristics. Changes to access to integrated sexual and reproductive health services will also impact women seeking contraception.

By moving activity to the e-service there will be fewer opportunities for clinicians to identify other possible vulnerabilities and provide additional signposting and advice. This may have a significant impact on younger people, people with disabilities or people who do not identify with the gender they were assigned at birth.

Is a full service equalities impact assessment required: Yes / No

Yes

| 9. Human Resources impact | | | | | |
|--|--------------------------|------------------|------------|------------------------------|----------------|
| Will this cuts proposal have an impact on employees: Yes / No No | | | | | |
| Workforce p | rofile: | | | | |
| Posts | Headcount | FTE | Establishm | Vac | ant |
| | in post | in post | ent posts | Agency / Interim cover | Not covered |
| Scale 1 – 2 | | | | | |
| Scale 3 – 5 | | | | | |
| Sc 6 – SO2 | | | | | |
| PO1 – PO5 | | | | | |
| PO6 – PO8 | | | | | |
| SMG 1 – 3 | | | | | |
| JNC | | | | | |
| Total | | | | | |
| Gender | Female | Male | | | |
| | | | | | |
| Ethnicity | BME | White | Other | Not Known | |
| | | | | | |
| Disability | Yes | No | | | |
| | | | | | |
| Sexual orientation | Straight / Heterosex. | Gay / Lesbian | Bisexual | Not disclosed | |
| | | | | | |

10. Legal implications

State any specific legal implications relating to this proposal:

The Health and Social Care Act 2012 ("the Act") introduced changes by way of a series of amendments to the National Health Service Act 2006. The Act gives local authorities a duty to take such steps as it considers appropriate to improve the health of the people in its area. In general terms, the Act confers

10. Legal implications

on local authorities the function of improving public health and gives local authorities considerable scope to determine what actions it will take in pursuit of that general function.

Secondary legislative provision, such as the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 require local authorities to provide certain public health services. The public health services which local authorities must provide are:

- National Child Measurement Programme
- Health checks
- Open access sexual health services
- Public health advice service to Clinical Commissioning Groups

| 11. Summary timetable Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc), implementation: | | | | |
|--|--|--|--|--|
| Month | Activity | | | |
| September 2020 | Proposals prepared (this template and supporting papers | | | |
| | – e.g. draft public consultation paper, equalities | | | |
| | assessment and initial HR considerations) | | | |
| October 2020 | Proposals submitted to Scrutiny committees leading to M&C | | | |
| November to | Scrutiny meetings held with consultations ongoing | | | |
| December 2020 | | | | |
| November to | Consultations undertaken and full decision reports (where | | | |
| December 2020 | required) prepared | | | |
| December 2020 | Proposals to M&C, including Equality & HR assessments | | | |
| January 2021 | Decision reports return to Scrutiny at the latest | | | |
| February 2021 | Final decisions at M&C with the Budget | | | |
| March 2021 | Cuts implemented | | | |
| | | | | |

| 1. Cuts proposal | |
|----------------------|--|
| Proposal title: | Reduction of Management overheads for the Social Inclusion |
| | and Recovery Service (SLaM Lewisham Community |
| | Services) |
| Reference: | C-16 |
| Directorate: | Community services |
| Director of Service: | Dee Carlin |
| Service/Team area: | Adult Integrated Commissioning |
| Cabinet portfolio: | Cllr Chris Best (Health and Adult Social Care) |
| Scrutiny Ctte(s): | Healthier Communities Select Committee |

| 2. Decision Route | | | |
|------------------------|---|--|---|
| Cuts proposed: | Key Decision* Yes / No See para 16.2 of the Constitution <u>https://lewisham.gov.uk/</u> mayorandcouncil/ aboutthecouncil/ how-council-is-run/ our-constitution | Public Consultation Yes / No and Statutory vs informal | Staff Consultation Yes / No and Statutory vs informal |
| SIRs Overhead costs | No | No | No |
| | | | |

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed: Integrated Mental Health Community Services, Social Inclusion & Recovery. The service provides community re-integration for individuals with serious mental health issues offering 12 week programmes of support in order to assess needs and develop an individually tailored care plan.

Cuts proposal*

It is proposed that as a component of the Mental Health Provider Alliance Community Transformation the SIRs team be disaggregated. The roles will be integrated into the generic Community Mental Health Team retaining the functions of the team whilst reducing the overhead costs.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff: The integration of the SIRs intervention into the generic Community Mental Health service will provide increased access to services users as the functions/interventions become a component of the community service offer.

The staff affected by the change will be re-deployed within the community mental health teams.

Outline risks associated with proposal and mitigating actions to be taken:

4. Impact and risks of proposal

Management action is in place to ensure the integration is smooth and there is no negative effect on people who use services.

| 5. Financial information | | | | |
|---|-----------------|-----------------|---------------------|-------------|
| Controllable budget: General Fund (GF) | Spend £'000 | Income £'000 | Net Budget £'000 | |
| | 16.2m | 7.7m | 8.5m | |
| HRA | | | | |
| DSG | | | | |
| Health | | | | |
| Cuts proposed*: | 2021/22 | 2022/23 | 2023/24 | Total £'000 |
| | £'000 | £'000 | £'000 | |
| Reduction of | 50 ln | 0 | 0 | 50 |
| management | addition to | | | |
| overheads | existing | | | |
| | savings | | | |
| | proposal | | | |
| T - 4 - 1 | 50 | | | 50 |
| Total | 50 | 0/ | 0/ | 50 |
| % of Net Budget | 0.5% | % | % | % |
| Does proposal impact | General Fund | DSG | HRA | Health |
| on: Yes / No | Fund | | | |
| If DSG, HRA, Health | | | | |
| impact describe: | | | | |

| 6. Impact on Corporate priorities: list in order of DECREASING impact | |
|---|--|
| 1. 5 | Corporate priorities 1. Open Lewisham |
| 2. 2 | Tackling the Housing Crisis Giving Children and young |
| 3. 4 | people the best start in life 4. Building an inclusive local |
| 4. 7 | economy 5. Delivering and defending: |
| 5. 3 | health, social care & support 6. Making Lewisham greener |
| 6. 8 | 7. Building safer communities |
| 7. 1 | 8. Good governance and operational effectiveness |
| 8. 6 | |

| 7. Ward impact | |
|-----------------|--|
| Geographical | No specific impact / Specific impact in one or more |
| impact by ward: | n/a |
| | If impacting one or more wards specifically – which? |
| | |

| 8. Service equalities impact | | | | |
|--|-----------------|-------------------------------|-----------|--|
| Expected impact on servic | e equalities fo | or users – High / Medium / Le | ow or N/A | |
| Ethnicity: | Low | Pregnancy / Maternity: | Low | |
| Gender: | Low | Marriage & Civil | Low | |
| | | Partnerships: | | |
| Age: | Low | Sexual orientation: | Low | |
| Disability: | Low | Gender reassignment: | Low | |
| Religion / Belief: | Low | Overall: | Low | |
| For any High impact service equality areas please explain why and what | | | | |
| mitigations are proposed: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Is a full service equalities impact assessment required: Yes / No | | | | |

| 9. Human Resources impact | | | | | |
|--|--------------------------|------------------|------------|------------------------------|----------------|
| Will this cuts proposal have an impact on employees: Yes / No No | | | | | No |
| Workforce p | rofile: | | | | |
| Posts | Headcount | FTE | Establishm | Vac | ant |
| | in post | in post | ent posts | Agency / Interim cover | Not covered |
| Scale 1 – 2 | | | | | |
| Scale 3 – 5 | | | | | |
| Sc 6 – SO2 | | | | | |
| PO1 – PO5 | | | | | |
| PO6 – PO8 | | | | | |
| SMG 1 – 3 | | | | | |
| JNC | | | | | |
| Total | | | | | |
| Gender | Female | Male | | | |
| | | | | | |
| Ethnicity | BME | White | Other | Not Known | |
| | | | | | |
| Disability | Yes | No | | | |
| | | | | | |
| Sexual orientation | Straight / Heterosex. | Gay / Lesbian | Bisexual | Not disclosed | |
| | | | | | |

10. Legal implications

State any specific legal implications relating to this proposal:

The SIRs service is outlined in the NHS Contract between the SEL CCG and South London and Maudsley Trust. This is a historic arrangement outlining the integrated nature of joint commissioning in the borough. The SIRs specification will be removed from the contract and the functions outlined in the new service specification for Mental Health Community services

| 11. Summary timetable | | |
|--|--|--|
| Outline timetable for main steps to be completed re decision and | | |
| implementation of pro | pposal – e.g. proposal, scrutiny, consultation (public/staff), | |
| _decision, transition w | ork (contracts, re-organisation etc), implementation: | |
| Month | Activity | |
| September 2020 | Proposals prepared (this template and supporting papers | |
| | – e.g. draft public consultation paper, equalities | |
| | assessment and initial HR considerations) | |
| October 2020 | Proposals submitted to Scrutiny committees leading to M&C | |
| November to | Scrutiny meetings held with consultations ongoing | |
| December 2020 | | |
| November to | Consultations undertaken and full decision reports (where | |
| December 2020 | required) prepared | |
| December 2020 | Proposals to M&C, including Equality & HR assessments | |
| January 2021 | Decision reports return to Scrutiny at the latest | |
| February 2021 | Final decisions at M&C with the Budget | |
| March 2021 | Cuts implemented | |
| | | |

| 1. Cuts proposal | | |
|----------------------|---|--|
| Proposal title: | Re-configuration of Mental Health Supported Housing | |
| | pathway – Social Interest Group | |
| Reference: | C-17 | |
| Directorate: | Community services | |
| Director of Service: | Dee Carlin | |
| Service/Team area: | Adult Integrated Commissioning | |
| Cabinet portfolio: | Cllr Chris Best (Health and Adult Social Care) | |
| Scrutiny Ctte(s): | Healthier Select | |

| 2. Decision Route | | | |
|--|---|--|---|
| Cuts proposed: | Key Decision* Yes / No See para 16.2 of the Constitution <u>https://lewisham.gov.uk/</u> mayorandcouncil/ aboutthecouncil/ how-council-is-run/ our-constitution | Public Consultation Yes / No and Statutory vs informal | Staff Consultation Yes / No and Statutory vs informal |
| Reconfiguration of the Supported Housing Pathway | No | No | No |

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed: The Social Interest Group provides a range of supported housing services for individuals with Serious Mental Illness in order to facilitate community reintegration and independent living. The services are provided through the subsidiary charities SIG Penrose and SIG Equinox in Lewisham. The contracts across both services amount to a significant level of investment. As a component of an overall re-commissioning of the Mental Health Supported Housing Pathway, we have concluded that we can apply savings based on a reduction in care costs and management overheads.

Cuts proposal*

The Social Interest Group has specific contracts that are aimed at supporting those individuals with higher levels of Mental Health severity including housing and supporting individuals that are subject to detainment under the Mental Health Act (Penrose No Hope and Jigsaw project). Whilst demand for these services has been consistent, the level of need amongst the patient cohort has changed and in some circumstances is less severe. In addition, the management charges being applied to these services are considerable. Based on the factors above, we will reduce the contract value in-year and through the re-commissioning process for the Mental Health supported housing pathway reconfigure the services and approach to contract management to ensure greater efficiency and value for money in 22/23 through improved alignment of the contract to service users needs.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

4. Impact and risks of proposal

Reductions in the cost of care will have no direct impact as we would expect the provider to apply greater efficiencies and to ensure that service provision was aligned to service users needs.

Reductions in management costs will have no direct impact on the costs as they are not related to the direct support that service users receive.

Outline risks associated with proposal and mitigating actions to be taken: This is a cut in the contract value, and a change to contract management approach to reflect the level of complexity of people they are working with. There will be no impact on people who use the service or wider residents.

| 5. Financial information | | | | |
|--------------------------|---------|---------|------------|-------------|
| Controllable budget: | Spend | Income | Net Budget | |
| General Fund (GF) | £'000 | £'000 | £'000 | |
| | 16.2m | 7.7m | 8.5m | |
| HRA | | | | |
| DSG | | | | |
| Health | | | | |
| Cuts proposed*: | 2021/22 | 2022/23 | 2023/24 | Total £'000 |
| | £'000 | £'000 | £'000 | |
| Reduction of care | 100 | 150 | 0 | 250 |
| costs and Management | | | | |
| charges | | | | |
| | | | | |
| | | | | |
| Total | 100 | 150 | 0 | 250 |
| % of Net Budget | 1% | 2% | % | % |
| Does proposal impact | General | DSG | HRA | Health |
| on: | Fund | | | |
| Yes / No | | | | |
| If DSG, HRA, Health | | | | |
| impact describe: | | | | |

| 6 Impact on Corporate priorities: | list in order of DECREASING impact |
|-----------------------------------|--|
| 1. 5 | Corporate priorities 1. Open Lewisham 2. Tackling the Housing Crisis |
| 2. 2 | 3. Giving Children and young people the best start in life |
| 3. 7 | 4. Building an inclusive local economy |
| 4. 8 | 5. Delivering and defending: health, social care & support |
| 5. 3 | 6. Making Lewisham greener 7. Building safer communities |
| 6. 4 | 8. Good governance and |
| 7. 1 | operational effectiveness |

6. Impact on Corporate priorities: list in order of DECREASING impact

8.6

| 7. Ward impact | |
|-----------------|--|
| Geographical | No specific impact / Specific impact in one or more |
| impact by ward: | n/a |
| | If impacting one or more wards specifically – which? |
| | |

| 8. Service equalities impact | | | | | |
|--|--|------------------------|-----|--|--|
| Expected impact on servic | Expected impact on service equalities for users – High / Medium / Low or N/A | | | | |
| Ethnicity: | Low | Pregnancy / Maternity: | Low | | |
| Gender: | Low | Marriage & Civil | Low | | |
| | | Partnerships: | | | |
| Age: | Low | Sexual orientation: | Low | | |
| Disability: | Low | Gender reassignment: | Low | | |
| Religion / Belief: | Low | Overall: | Low | | |
| For any High impact service equality areas please explain why and what | | | | | |
| mitigations are proposed: | | | | | |
| | | | | | |

Is a full service equalities impact assessment required: Yes / No

| 9. Human Resources impact | | | | | |
|---|--------------------------|------------------|------------|------------------------------|----------------|
| Will this cuts proposal have an impact on employees: Yes / No | | | | | No |
| Workforce p | | | | | |
| Posts | Headcount | FTE | Establishm | Vac | ant |
| | in post | in post | ent posts | Agency / Interim cover | Not covered |
| Scale 1 – 2 | | | | | |
| Scale 3 – 5 | | | | | |
| Sc 6 – SO2 | | | | | |
| PO1 – PO5 | | | | | |
| PO6 – PO8 | | | | | |
| SMG 1 – 3 | | | | | |
| JNC | | | | | |
| Total | | | | | |
| Gender | Female | Male | | | |
| | | | | | |
| Ethnicity | BME | White | Other | Not Known | |
| | | | | | |
| Disability | Yes | No | | | |
| | | | | | |
| Sexual orientation | Straight / Heterosex. | Gay / Lesbian | Bisexual | Not disclosed | |
| | | | | | |

10. Legal implications

State any specific legal implications relating to this proposal:

The existing contract will need to be varied to incorporate the revised budget reductions.

| 11. Summary timetabl | 11. Summary timetable | | |
|--|--|--|--|
| Outline timetable for main steps to be completed re decision and | | | |
| implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc), implementation: | | | |
| Month | Activity | | |
| September 2020 | Proposals prepared (this template and supporting papers | | |
| | – e.g. draft public consultation paper, equalities | | |
| | assessment and initial HR considerations) | | |
| October 2020 | Proposals submitted to Scrutiny committees leading to M&C | | |
| November to | Scrutiny meetings held with consultations ongoing | | |
| December 2020 | | | |
| November to | Consultations undertaken and full decision reports (where | | |
| December 2020 | required) prepared | | |
| December 2020 | Proposals to M&C, including Equality & HR assessments | | |
| January 2021 | Decision reports return to Scrutiny at the latest | | |
| February 2021 | Final decisions at M&C with the Budget | | |
| March 2021 | Cuts implemented | | |
| | | | |

| 1. Cuts proposal | |
|----------------------|--|
| Proposal title: | Early Help and Prevention Re-commissioning |
| Reference: | C-21 |
| Directorate: | Children and Young People |
| Director of Service: | Catherine Bunten/Caroline Hirst |
| Service/Team area: | CYP Joint Commissioning |
| Cabinet portfolio: | Children's Services and School Performance |
| Scrutiny Ctte(s): | CYP |

2. Decision Route

| Z. Decision Roule | | | |
|---------------------|-----------------------------------|--------------|--------------|
| Cuts proposed: | Key Decision* | Public | Staff |
| | | Consultation | Consultation |
| | Yes / No | Yes / No and | Yes / No and |
| | See para 16.2 of the Constitution | Statutory vs | Statutory vs |
| | https://lewisham.gov.uk/mayorand | informal | informal |
| | council/abouthecouncil/how- | | |
| | council-is-run/our-constitution | | |
| £100,000 from youth | No | No - but | No |
| services budget | | consultation | |
| (buildings) | | in redesign | |
| £20,000 Children | No | No - but | No |
| and Family Centres | | consultation | |
| | | in redesign | |
| £50,000 Young | No | No | No |
| People's Health and | | | |
| Wellbeing service | | | |
| | | | |

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed: Youth Services in Lewisham are provided by Youth First, a staff and young person owned mutual. The service is contracted to provide all year round open access positive activities and experiences for young people including in adventure playgrounds and youth clubs.

Children and Family Centres offer a variety of services and information, advice and support on a range of issues for children of all ages and their families. The core purpose of children and family centres is to improve outcomes for young children and their families as follows:

- Improved parenting and attachment: including by optimising the outcomes of the first 1001 days, and reducing toxic stress and the impact of factors leading to toxic stress.
- Improved school readiness: including support to reach key milestones and child development
- Improved child and family health and life chances: including child and maternal mental health and resilience & healthy weight
- Prevention of escalation: including support to children and their families to be safe and providing early help
- Housing, Employment & Finance Support: including support to mitigate impact of poor housing & employment support

This purpose is achieved by:

- Promoting and supporting access to early years entitlement
- Providing targeted evidence based interventions and help for families in need of 'early help', including family support, domestic violence programmes and CYP IAPT
- Delivering a range of programmes and activities to meet locally and individually identified needs including: anti-natal and post-natal advice and support; nutrition and healthy lifestyle sessions; Baby Hubs, Mindful Mums, speech and language therapy; piloting integrated development checks, baby massage; and breastfeeding support groups and peer support programme.
- Acting as a hub and building capacity in the local community, whilst brokering relationships between settings and providers in the statutory, voluntary and private sector

Children and Family Centres are expected to focus their work with children and families who meet two or more of the criteria in the Government's Troubled Families programme

Lewisham's Young People's Health and Wellbeing Service (YPHWS) works with young people aged 10-19, (up to 25 with additional needs) and offers support to any young person in Lewisham needing help or advice with emotional wellbeing, sexual health or substance misuse. The service provides outreach and short term support at universal and targeted levels (up to tier 3 for substance misuse). Their offer is a universal one. As part of this service, **Kooth** is sub-contracted and provides universal confidential online counselling (delivered by British Association for Counselling & Psychotherapy accredited counsellors) for Lewisham young people living, attending school or with a GP in the Lewisham borough and who are aged 10 to 19. Kooth is also available for targeted cohorts up to the age of 25, with the possibility for extending to <u>all</u> young people up to 25 (with no financial impact).

Cuts proposal*

It is proposed that there is a reduction to the overall value of the three contracts listed below:

- There will be an increase in move to more targeted youth provision. As part of these changes we aim to support Youth First through the support of a longer lease arrangement with some buildings. The Council provides additional money to support these buildings. This will be reduced by £100,000 as the expectation is that Youth First will generate increased income from the building to support its running costs. This is therefore not a reduction in youth work delivery.
- Through the development of an in-house Family support service there will be a reduction in the value of the contract for the commissioned service
- Through the re-tendering of the Young People's Health & Wellbeing Service there will be a small reduction in the value of the contract.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff: We intend to strengthen the quality and breadth of provision for young people at a 'targeted' level of need, and this is anticipated to have a positive impact overall.

4. Impact and risks of proposal

Families of younger children will still be able to access CFC services, though fewer universal sessions may be provided as the service focuses on the delivery of evidence based programmes. Targeted family support will be strengthened by our in house service.

Fewer young people may be able to access the YPHWS as the staff establishment will be reduced, however the CAHMS service has been growing in recent years.

Outline risks associated with proposal and mitigating actions to be taken:

These cuts proposals will deliver a reduced capacity in universal provision as we shift our available resources to those children and families most at need. There will also be a reduced capacity for emotional wellbeing support for young people through a reduced YPHWS.

However through the Early Help and Prevention Improvement Programme and the new strategy other areas for support are being developed. In addition commissioners are working with stakeholders to explore the universal and targeted offer for children and young people, including access to emotional wellbeing support.

There has been notification from NHSE that CCG CYP mental health budgets will increase incrementally until 2023/24. However, exact allocations for Lewisham are yet to be confirmed. Confirmation has already been secured from NHSE that budgets to support the Mental Health Support Teams (MHSTs) in Schools will increase from £588k in 20/21 to £875k in 21/22. This will result in increased emotional and mental health capacity for Lewisham young people across school settings. MHST funding allocations beyond March 2022 are yet to be confirmed.

Further mitigation will be provided by seeking to deliver our 'Family Thrive' service from locality bases (Covid19 permitting) and thereby providing a stronger LBL presence for children, young people and families in our communities. The targeted family support that is no longer delivered through children and families will be delivered by Family Thrive. This service will be closely aligned to our developing Family Information Service, parent champions work and wider i-Thrive implementation. We also seek to strengthen the partnership support available in the Early Help system, which will increase the resilience across services to be able to support children and families.

| 5. Financial information | | | | |
|---|----------------|-----------------|---------------------|-------------|
| Controllable budget: General Fund (GF) | Spend £'000 | Income £'000 | Net Budget £'000 | |
| HRA | | | | |
| DSG | | | | |
| Health Cuts proposed*: | 2021/22 | 2022/23 | 2023/24 | Total £'000 |
| | £'000 | £'000 | £'000 | |
| £100,000 from youth services budget | 100 | | | 100 |
| £20,000 Children and Family Centres | 20 | | | 20 |

| 5. Financial | | | | | |
|--|------------------|----------|--|--|---------------------------------------|
| information £50,000 Young People's Health and Wellbeing service | 50 | | | | 50 |
| | | | | | |
| Total | 170 | | | | 170 |
| % of Net Budget | % | % | | % | % |
| Does proposal impact on: | General Fund | DS | G | HRA | Health |
| Yes / No | YES | NC |) | NO | YES |
| If DSG, HRA, Health impact describe: | 120 | | | | 50 |
| 6. Impact on Corporate | priorities: list | in order | of DE | CREASING im | pact |
| Giving Children and best start in life 2. Delivering and defer care & support | nding: health, s | | 1. O _l 2. Ta 3. Gi | orate priorities ben Lewisham ackling the Hous wing Children ar cople the best st uilding an inclus | ing Crisis nd young art in life |
| 3. Building safer communities | | | economy 5. Delivering and defending: | | |
| 4. Building an inclusive local economy | | | health, social care & support 6. Making Lewisham greener 7. Building safer communities 8. Good governance and | | |
| 5. Tackling the Housing Crisis | | and | | | |
| 6. Open Lewisham | 6. Open Lewisham | | ok | perational effecti | iveness |
| 7. Good governance a effectiveness | nd operational | | | | |
| 8. Making Lewisham g | reener | | | | |

| 7. Ward impact | |
|-----------------|--|
| Geographical | No specific impact / Specific impact in one or more |
| impact by ward: | Borough wide |
| | If impacting one or more wards specifically – which? |
| | |

| 8. Service equalities impa | ct | | | | |
|----------------------------|--|------------------------------|--------|--|--|
| Expected impact on servic | Expected impact on service equalities for users – High / Medium / Low or N/A | | | | |
| Ethnicity: | Medium | Pregnancy / Maternity: | Low | | |
| Gender: | Medium | Marriage & Civil | N/A | | |
| | | Partnerships: | | | |
| Age: | Low | Sexual orientation: | Medium | | |
| Disability: | Low | Gender reassignment: | Low | | |
| Religion / Belief: | Low | Overall: | | | |
| | e equality are | eas please explain why and v | what | | |
| mitigations are proposed: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

8. Service equalities impact

Is a full service equalities impact assessment required: Yes / No

Yes

| 9. Human Resources impact | | | | | |
|---|--------------------------|------------------|------------|------------------------------|----------------|
| Will this cuts proposal have an impact on employees: Yes / No | | | | No | |
| Workforce p | rofile: | | | | |
| Posts | Headcount | FTE | Establishm | Vac | ant |
| | in post | in post | ent posts | Agency / Interim cover | Not covered |
| Scale 1 – 2 | | | | | |
| Scale 3 – 5 | | | | | |
| Sc 6 – SO2 | | | | | |
| PO1 – PO5 | | | | | |
| PO6 – PO8 | | | | | |
| SMG 1 – 3 | | | | | |
| JNC | | | | | |
| Total | | | | | |
| Gender | Female | Male | | | |
| | | | | | |
| Ethnicity | BME | White | Other | Not Known | |
| | | | | | |
| Disability | Yes | No | | | |
| | | | | | |
| Sexual orientation | Straight / Heterosex. | Gay / Lesbian | Bisexual | Not disclosed | |
| | | | | | |

10. Legal implications

State any specific legal implications relating to this proposal:

The changes to CFC contracts may incur TUPE obligations on the local authority.

Contracts or contract variations will be required for all three cuts in this proposal.

11. Summary timetable

| implementation of pro | main steps to be completed re decision and oposal – e.g. proposal, scrutiny, consultation (public/staff), ork (contracts, re-organisation etc), implementation: |
|-----------------------|---|
| Month | Activity |
| September 2020 | Proposals prepared (this template and supporting papers |
| | – e.g. draft public consultation paper, equalities |
| | assessment and initial HR considerations) |
| October 2020 | Proposals submitted to Scrutiny committees leading to M&C |
| November to | Scrutiny meetings held with consultations ongoing |
| December 2020 | |
| November to | Consultations undertaken and full decision reports (where |
| December 2020 | required) prepared |
| December 2020 | Proposals to M&C, including Equality & HR assessments |
| January 2021 | Decision reports return to Scrutiny at the latest |
| February 2021 | Final decisions at M&C with the Budget |

| 11. Summary timetable | | |
|-----------------------|------------------|--|
| March 2021 | Cuts implemented | |
| | | |

| 1. Cuts proposal | |
|----------------------|---|
| Proposal title: | Reduction to the generic Council funded CAMHS provision |
| Reference: | C-22 |
| Directorate: | CYP |
| Director of Service: | Caroline Hirst / Catherine Bunten |
| Service/Team area: | CYP Joint Commissioning |
| Cabinet portfolio: | Children's Service and School Performance |
| Scrutiny Ctte(s): | CYP |

| 2. Decision Route | | | |
|-------------------|--------------------------|------------------------|-----------------------|
| Cuts proposed: | Key Decision* | Public Consultation | Staff Consultation |
| | Yes / No | Yes / No and | Yes / No and |
| | See para 16.2 of the | Statutory vs | Statutory vs |
| | Constitution | informal | informal |
| | https://lewisham.gov.uk/ | | |
| | mayorandcouncil/ | | |
| | aboutthecouncil/ | | |
| | how-council-is-run/ | | |
| | our-constitution | | |
| £250k | Yes | Yes | |
| | | | |

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed: Lewisham CAMHS (excluding inpatient and some outpatient services) is commissioned by the CYP Joint Commissioning team on behalf of both the NHS SE London CCG and Lewisham Council. Services are delivered by South London & Maudsley (SLAM) NHS Foundation Trust.

Specialist community CAMHS support is available to all children and young people up to the age of 18 (up to 21 for care leavers) where significant mental health concerns have been identified. It is delivered through five core teams:

- Horizon generic team covering the whole borough which supports young people who have significant mental health problems (providing a 'front door' for the wider CAMHS service)
- Adolescent Resource & Therapy Service (ARTS) supporting young people who have offended or are at risk of offending and have mental health problems
- **Symbol** supporting young people who have been in care or will remain in care for the foreseeable future
- Neurodevelopmental Team (NDT) supporting young people with a diagnosed moderate to severe learning disability and/or a complex neuro-developmental disorder e.g. autistic spectrum disorders
- Lewisham Young People's Service (LYPS) supporting young people with severe mental illness or acute problems, including psychosis, repeated selfharm, personality disorder and acute depression

The CAMHS service is primarily a NHS service and the majority of funding for it has always come from the NHS, mainly through the CCG. It assesses and treats young people with emotional, behavioural or mental health difficulties. Lewisham, in common with other local authorities, works in partnership with the NHS and contributes some

funding, in pursuit of its objectives to promote children's wellbeing and broader public health.

In recent years there has been a significant increase in NHS funding for the CAMHS service as a whole including an uplift of approximately £600,000 last year. The overall CAHMS service has increased from £5.2M in 2018 up to £7.1M this year.

During this period waiting times from referral to assessment have improved and now no young person as to wait over a year for an assessment. A&E attendances have also reduced. Referrals have remained constant for the last three years of between 1,400 and 1,500 each year and following the end of the last lockdown referrals did not increase to a higher level.

Cuts proposal*

It is proposed that the LA contribution to the CAMHS generic team (Horizon) of £250,000 is withdrawn from April 2021. However it should be noted that the NHS has been increasing its contribution year on year and although the NHS increase to CAMHS funding next year is not yet confirmed it is expected to be similar to previous years and so although the Councils contribution is proposed to reduce, the overall budget will still go up and so there should be no reduction in the quality of service being provided.

The Council has in recent years worked with NHS partners to ensure sufficient priority was given to improving funding and the performance of mental health services. Despite the wider public sector funding pressures, this partnership has supported a 36% growth in overall funding over the four years 2017-18 and 2020-21, alongside improved performance on issues of concern such as waiting times, and access for disadvantaged groups such as Black young people. During this period, the Lewisham contribution has been maintained despite the Council's challenging financial position. In the present financial circumstances this is difficult to sustain, but the overall budget will increase and Council funding will be focussed on specific targeted groups rather than the generic service. Through improvements in the contract management approach better alignment of delivery and need can be achieved.

Mitigating Actions for 21/22

There has been notification from NHSE that CCG CYP mental health budgets will increase incrementally until 2023/24. However, exact allocations for Lewisham are yet to be confirmed. We hope to receive more information in early 2021. Confirmation has already been secured from NHSE that budgets to support the Mental Health Support Teams (MHSTs) in Schools will increase from 587,943 in 20/21 to £875,213 in 21/22. This will result in increased emotional and mental health capacity for Lewisham young people across school settings.

In addition through the Council's new Early Help and Prevention strategy, including a new Family Thrive Service there will be an improved offer for children and families below the threshold for a statutory intervention. The Family Thrive Service will include Family therapists.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

4. Impact and risks of proposal

As Horizon is the CAMHS generic service, it picks up all cases that fall outside the specialist CAMHS teams. It has the highest number of referrals and overall caseload across the service. If there is no increase in NHS funding, the reduction in the Council's contribution would reduce the capacity of the service to expand further to meet this need. However, increased NHS funding should be greater than the reduction in LA funding.

National CAMHS access targets are monitored and despite Lewisham falling short of these targets 12 months ago, over the last year performance has improved across all providers of evidence based mental health support.

Outline risks associated with proposal and mitigating actions to be taken:

It is our intention to secure additional resource from NHSE via the CCG, in line with NHSE guidance. The national i-Thrive framework is being adopted across all early help (including emotional health) services, which will in turn create a common shared language and improved pathways across the partnership to enable holistic support to be offered to CYP and families especially when working with complex issues and situations, that cross cut all levels of need. Commissioners are working with CAMHS and Children's social care to develop a range of early help approaches across the referral and assessment team and the new Family Thrive Service, which will support the early identification of need and earlier intervention for the prevention of escalation to specialist services such as CAMHS.

| 5. Financial information | | | | |
|--------------------------|-------------|---------|------------|-------------|
| Controllable budget: | Spend | Income | Net Budget | |
| General Fund (GF) | £'000 | £'000 | £'000 | |
| | | | | |
| HRA | | | | |
| DSG | | | | |
| Health | 250 | | | |
| Cuts proposed*: | 2021/22 | 2022/23 | 2023/24 | Total £'000 |
| | £'000 | £'000 | £'000 | |
| Reduction in LA | 250 | | | 250 |
| contribution to the | | | | |
| generic CAMHS team. | | | | |
| Total | 250 | | | 250 |
| % of Net Budget | % | % | % | % |
| Does proposal impact | General | DSG | HRA | Health |
| on: | Fund | | | |
| Yes / No | Y | | | |
| If DSG, HRA, Health | Health | | | |
| impact describe: | impact as | | | |
| | jointly | | | |
| | funded with | | | |
| | the CCG | | | |

| 1. Giving CYP the best start in life | Corporate priorities |
|---|--------------------------------|
| | 1. Open Lewisham |
| 2. Delivering and defending: health and | 2. Tackling the Housing Crisis |
| social care support | 3. Giving Children and young |
| 3. Building safer communities | people the best start in life |
| | 4. Building an inclusive local |
| 4. Building an inclusive local economy | economy |
| | 5. Delivering and defending: |
| 5. Good governance and operational | health, social care & support |
| effectiveness | 6. Making Lewisham greener |
| 6. Open Lewisham | 7. Building safer communities |
| 7. Tackling the housing crisis | 8. Good governance and |
| r. racking the notising chois | operational effectiveness |
| 8. Making Lewisham Greener | |

| 7. Ward impact | |
|-----------------|--|
| Geographical | No specific impact / Specific impact in one or more |
| impact by ward: | Borough wide implications |
| | If impacting one or more wards specifically – which? |
| | |

| 8. Service equalities impact | | | | | | |
|--|--|-------------------------------|-----------|--|--|--|
| Expected impact on servic | e equalities fo | or users – High / Medium / Lo | ow or N/A | | | |
| Ethnicity: | N/A | Pregnancy / Maternity: | N/A | | | |
| Gender: | N/A | Marriage & Civil | N/A | | | |
| | | Partnerships: | | | | |
| Age: | N/A | Sexual orientation: | N/A | | | |
| Disability: | N/A | Gender reassignment: | N/A | | | |
| Religion / Belief: | N/A | Overall: | N/A | | | |
| For any High impact service equality areas please explain why and what | | | | | | |
| mitigations are proposed: | | | | | | |
| Although there is a proposed reduction in the Council contribution to the service, the | | | | | | |
| overall budget is still expected to increase. | | | | | | |
| | | | | | | |
| Is a full service equalities i | Is a full service equalities impact assessment required: Yes / No No | | | | | |

| 9. Human Resources impact | | | | | | |
|---------------------------|-----------|---------|------------|------------------------------|----------------|--|
| Will this cuts | No | | | | | |
| Workforce p | rofile: | | | | | |
| Posts | Headcount | FTE | Establishm | Vac | ant | |
| | in post | in post | ent posts | Agency / Interim cover | Not covered | |
| Scale 1 – 2 | | | | | | |
| Scale 3 – 5 | | | | | | |
| Sc 6 – SO2 | | | | | | |
| PO1 – PO5 | | | | | | |
| PO6 – PO8 | | | | | | |
| SMG 1 – 3 | | | | | | |

| 9. Human Resources impact | | | | | |
|---------------------------|------------|---------|----------|-----------|--|
| JNC | N/A | | | | |
| Total | | | | | |
| Gender | Female | Male | | | |
| | | | | | |
| Ethnicity | BME | White | Other | Not Known | |
| | | | | | |
| Disability | Yes | No | | | |
| | | | | | |
| Sexual | Straight / | Gay / | Bisexual | Not | |
| orientation | Heterosex. | Lesbian | | disclosed | |
| | | | | | |

10. Legal implications State any specific legal implications relating to this proposal:

None – this is a NHS service

| 11. Summary timetable | | | | |
|--|--|--|--|--|
| Outline timetable for main steps to be completed re decision and | | | | |
| | oposal – e.g. proposal, scrutiny, consultation (public/staff), | | | |
| decision, transition w | ork (contracts, re-organisation etc), implementation: | | | |
| Month | Activity | | | |
| September 2020 | Proposals prepared (this template and supporting papers | | | |
| | - e.g. draft public consultation paper, equalities | | | |
| | assessment and initial HR considerations) | | | |
| October 2020 | Proposals submitted to Scrutiny committees leading to M&C | | | |
| November to | Scrutiny meetings held with consultations ongoing | | | |
| December 2020 | | | | |
| November to | Consultations undertaken and full decision reports (where | | | |
| December 2020 | required) prepared | | | |
| December 2020 | Proposals to M&C, including Equality & HR assessments | | | |
| January 2021 | Decision reports return to Scrutiny at the latest | | | |
| February 2021 | Final decisions at M&C with the Budget | | | |
| March 2021 | Cuts implemented | | | |
| | | | | |

| 1. Cuts proposal | |
|----------------------|--|
| Proposal title: | Reduction in the Health Visiting contract |
| Reference: | C-23 |
| Directorate: | Children and Young People |
| Director of Service: | Catherine Bunten/Caroline Hirst |
| Service/Team area: | CYP Joint Commissioning |
| Cabinet portfolio: | Children's Services and School Performance |
| Scrutiny Ctte(s): | CYP |

| 2. Decision Route | | | |
|---|---|--|---|
| Cuts proposed: | Key Decision* Yes / No See para 16.2 of the Constitution <u>https://lewisham.gov.uk/</u> mayorandcouncil/ aboutthecouncil/ how-council-is-run/ our-constitution | Public Consultation Yes / No and Statutory vs informal | Staff Consultation Yes / No and Statutory vs informal |
| £350,000 from Health Visiting contract in 2021/22 | Yes | No | No |

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The local authority has a duty to deliver the Healthy Child Programme to all Lewisham families with children between the ages of 0-2.5 years old, including five mandatory health and wellbeing reviews. This is delivered by the Lewisham and Greenwich Trust (LGT) Health Visiting Service. The current contract has one more year to run.

The universal and preventative Healthy Child Programme includes screening, immunisation, mandatory health and development reviews, and advice around health, wellbeing and parenting starting antenatally until 2.5 years old.

As well as this universal service offer, the Health Visiting service delivers more intensive targeted support to parents and children with additional needs, known as the Universal Plus (UP) and Universal Partnership Plus (UPP) offers.

The UP service short-medium term intervention from a Health Visitor where issues are identified such as perinatal mental health needs, feeding difficulties, infant health needs, domestic abuse, and developmental and behavioural difficulties. The UPP offer is provided where there is a new or ongoing safeguarding concern in relation to a family, and multi-agency response is required. Families will receive this support for a longer period.

Support is delivered predominantly via one-to-one home visiting, but also via groups (such as breastfeeding support, perinatal mental health and domestic abuse support), and appointments in community clinics. A digital offer is available via the website and social media pages, and there is a central helpline for families to receive support via

telephone. There has been an increased use of the digital offer during the Covid 19 pandemic.

At any one time, there are between 39,000 - 40,000 families receiving the universal Health Visiting Service, and an additional 1,500 - 1,700 families receiving a targeted UP or UPP service. The number of families assessed as requiring targeted support is steadily increasing.

Cuts proposal*

Lewisham has a new Early Help and Prevention Strategy, targeting support earlier toward families that are struggling and at risk of requiring a statutory intervention without help. The approach builds on strengths of existing services, drawing them together under a common vision to secure greater coherence and impact from the resources available. A stronger strategic in-house capacity will increasingly enable the Council to flex services to meet the full range of needs. Against that background, the cuts proposal is to reduce the value of the Health Visiting contract by £350,000 in 2021/22. This is funded through the Public Health grant and the saving here would be used to support the wider Early Help and Prevention service.

The annual value of the contract is £6.2M and incorporates both the Health Visiting Service and the School Nurse contract as a single contract in order to give LGT greater flexibility in their deployment of staff. The Council is aware that LGT have had long standing issues with recruiting suitably qualified staff into the service, in particular Band 6 Health Visitors (with 48 posts on the establishment). As of January 2021 the Council is aware that there are 15.3 fte vacancies, and even with the use of interim staffing the staffing underspend currently exceeds the proposed saving. The underspend remains with the Trust and is not returned to the Council.

Given the significant underspend currently, the Council expects that the Trust will not need to make any changes to the service it delivers and there should be no need for staff to be made redundant. While it is the Trust that would need to make the savings, this will be monitored by commissioners.

Sequencing of cuts

A redesign and re-commissioning process of the Health Visiting service will take place in 2021 resulting in a new contract for April 2022 onwards. We expect savings to be achieved through this process, and are exploring alternative commissioning and delivery models to enable us to deliver on this, for example alliance contracting with Children's Centres services and other early years provision. In addition, during the Covid pandemic the service has also worked in different ways including the use of video conferencing to make contact with families. In addition to improving the timeliness of health reviews, this has also been very well received by families and the continuation of this approach with some families could continue in the future.

Health Visiting services are also in the scope of the developing 'Family Hubs' approach that are part of the new Early Help and Prevention strategy agreed by Mayor and Cabinet in December 2020. There is an opportunity to work towards a greater integration across a range of child and family health services across each Family Hub. This will be developed during 2021.

3. Description of service area and proposal

The Health Visiting service is a core part of the early help offer in the borough, and there are a number of pieces of work planned as part of the new Early Help and Prevention strategy that will ensure the service is directly contributing to our strategic priorities and is aligned as closely as possible with the wider early help partnership, for example Health Visitors will form part of the neighbourhood-based Targeted Family Support teams.

As the current underspend is greater than the proposed cut it is anticipated that whilst \pounds 350k will be removed from the contract value there should be no impact on service users. Therefore this cut is effectively about contract management and better alignment of need a delivery approach.

Mitigating Actions for 21/22

Through a review of the maternity and early year's pathway we will seek to align and strengthen the support offer for families across the partnership. Clearer pathways and easier access to universal services across the board should help to improve the service offer.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

It is anticipated that the cut would be found through the existing vacancies in the service and a greater integration with the wider Early Help service. There should not be an impact on families.

Outline risks associated with proposal and mitigating actions to be taken:

Health Visitors have been the only professional that have face-to-face contact in the home with all Lewisham families in early infancy, regardless of need. Through this universal offer they play a key role in screening and early identification, which then facilitates access to additional support as needed.

A risk of reducing this universal offer is that emerging concerns which may not be proactively reported by parents (such as perinatal mental health, infant health and safety in the home, domestic abuse, developmental and attachment issues) could go unnoticed.

Mitigating actions

We would expect that the saving will be found from the existing underspend and that there will be no reduction in the service offer to families.

If, for an unanticipated reason the Health Visiting offer is scaled back, we would need to ensure that we build capacity in wider services or facilitate stronger partnership working to ensure that parents are still able to access support from an early year's practioner as required.

| 5. Financial information | | | | |
|--------------------------|---------|---------|------------|--------------|
| Controllable budget: | Spend | Income | Net Budget | |
| General Fund (GF) | £'000 | £'000 | £'000 | |
| | | | | |
| HRA | | | | |
| DSG | | | | |
| Health (inc Public | 6,224 | | | |
| Health) | | | | |
| Cuts proposed*: | 2021/22 | 2022/23 | 2023/24 | Total £'000 |
| | £'000 | £'000 | £'000 | |
| 350 | 350 | | | 350 |
| | | | | |
| | | | | |
| Total | 350 | | | 350 |
| % of Net Budget | % | % | % | % |
| Does proposal impact | General | DSG | HRA | Health |
| on: | Fund | | | |
| Yes / No | | | | Yes – Public |
| | | | | Health Grant |
| If DSG, HRA, Health | | | | |
| impact describe: | | | | |

| 6. Impact on Corporate priorities: list in order | r of DECREASING impact |
|--|---|
| 1. Giving Children and young people the best start in life | Corporate priorities 1. Open Lewisham |
| 2. Delivering and defending: health, social care & support | Tackling the Housing Crisis Giving Children and young people the best start in life Building an inclusive local |
| 3. Building safer communities | economy 5. Delivering and defending: |
| 4. Building an inclusive local economy | health, social care & support 6. Making Lewisham greener 7. Building safer communities |
| | 8. Good governance and operational effectiveness |
| | |

| 7. Ward impact | |
|-----------------|--|
| Geographical | No specific impact / Specific impact in one or more |
| impact by ward: | All |
| | If impacting one or more wards specifically – which? |
| | |

8. Service equalities impact Expected impact on service equalities for users – High / Medium / Low or N/A

| 8. Service equalities imp | act | | | |
|--|------|------------------------|------|--|
| Ethnicity: | Low | Pregnancy / Maternity: | High | |
| Gender: | High | Marriage & Civil | N/A | |
| | - | Partnerships: | | |
| Age: | Low | Sexual orientation: | Low | |
| Disability: | Low | Gender reassignment: | Low | |
| Religion / Belief: | Low | Overall: | | |
| For any High impact service equality areas please explain why and what | | | | |
| mitigations are proposed: | | | | |

Pregnancy/Maternity impact is potentially high as services are directed towards parents in the antenatal period and first 2.5 years following child birth.

Gender impact is high as service is more likely to be used by woman in maternity and as primary caregivers for infants.

Is a full service equalities impact assessment required: Yes / No

Yes

| 9. Human Resources impact | | | | | | |
|---|--------------------------|------------------|------------|------------------------------|----------------|--|
| Will this cuts proposal have an impact on employees: Yes / No | | | | | | |
| Workforce p | Workforce profile: | | | | | |
| Posts | Headcount | FTE | Establishm | Vac | ant | |
| | in post | in post | ent posts | Agency / Interim cover | Not covered | |
| Scale 1 – 2 | | | | | | |
| Scale 3 – 5 | | | | | | |
| Sc 6 – SO2 | | | | | | |
| PO1 – PO5 | | | | | | |
| PO6 – PO8 | | | | | | |
| SMG 1 – 3 | | | | | | |
| JNC | | | | | | |
| Total | | | | | | |
| Gender | Female | Male | | | | |
| | | | | | | |
| Ethnicity | BME | White | Other | Not Known | | |
| | | | | | | |
| Disability | Yes | No | | | | |
| | | | | | | |
| Sexual orientation | Straight / Heterosex. | Gay / Lesbian | Bisexual | Not disclosed | | |
| | | | | | | |

10. Legal implications

State any specific legal implications relating to this proposal:

A contract variation will be required to enact this proposal.

| 11. Summary timetable | | | | |
|-------------------------|--|--|--|--|
| Outline timetable for r | Outline timetable for main steps to be completed re decision and | | | |
| implementation of pro | pposal – e.g. proposal, scrutiny, consultation (public/staff), | | | |
| _decision, transition w | ork (contracts, re-organisation etc), implementation: | | | |
| Month | Activity | | | |
| September 2020 | Proposals prepared (this template and supporting papers | | | |
| | – e.g. draft public consultation paper, equalities | | | |
| | assessment and initial HR considerations) | | | |
| October 2020 | Proposals submitted to Scrutiny committees leading to M&C | | | |
| November to | Scrutiny meetings held with consultations ongoing | | | |
| December 2020 | | | | |
| November to | Consultations undertaken and full decision reports (where | | | |
| December 2020 | required) prepared | | | |
| December 2020 | Proposals to M&C, including Equality & HR assessments | | | |
| January 2021 | Decision reports return to Scrutiny at the latest | | | |
| February 2021 | Final decisions at M&C with the Budget | | | |
| March 2021 | Cuts implemented | | | |
| | | | | |

| 1. Cuts proposal | |
|----------------------|--|
| Proposal title: | Culture Team Salaries |
| Reference: | C-24 |
| Directorate: | Community Services |
| Director of Service: | Liz Dart – Director of Culture, Libraries and Learning |
| Service/Team area: | Culture |
| Cabinet portfolio: | Cllr Andre Bourne |
| Scrutiny Ctte(s): | Safer Stronger Communities Select Committee |

| 2. Decision Route | | | | | |
|---------------------|---|---|--|--|--|
| Key Decision* | Public Consultation | Staff Consultation | | | |
| | | Yes / No and | | | |
| | | Statutory vs informal | | | |
| | iniornai | IIIIOIIIIdi | | | |
| | | | | | |
| aboutthecouncil/ | | | | | |
| how-council-is-run/ | | | | | |
| our-constitution | | | | | |
| No | No | No | | | |
| | Yes / No See para 16.2 of the Constitution https://lewisham.gov.uk/ mayorandcouncil/ aboutthecouncil/ how-council-is-run/ our-constitution | Yes / NoConsultationYes / NoYes / No andSee para 16.2 of the ConstitutionStatutory vs informalhttps://lewisham.gov.uk/ mayorandcouncil/ aboutthecouncil/ how-council-is-run/ our-constitutionInformal | | | |

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed: The Culture Team directly manages the Broadway Theatre, Civic Events, our relationship with the cultural sector and is leading Borough of Culture 2022.

Cuts proposal*

A small reduction to the Culture Team salaries budget removing some additional support that was provided to help the team manage Borough of Culture. The removal of this funding would require Broadway Theatre staff to be deployed to the Borough of Culture Team and would mean that the Theatre would not be able to fully re-open until after Borough of Culture although an Autumn Season of events would take place from October 2022 at the Broadway Theatre as part of the Borough of Culture Programme and to mark the re-opening of the theatre following refurbishment.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff: The Broadway Theatre is currently closed due to Covid and to enable a programme of capital works to be undertaken. These works are scheduled to be completed in October 2022 so the Theatre staff would be available to be partially redeployed to support the Borough of Culture programme in the meantime whilst continuing to plan for re-opening.

Outline risks associated with proposal and mitigating actions to be taken:

4. Impact and risks of proposal

The Theatre staff will need to balance preparing for re-opening following the capital works programme with working on Borough of Culture. However, there is an overlap with these areas of work and the Theatre staff have benefited from working on other Culture Team projects during the Covid closure forming strong working relationships with the rest of the team and other cultural partners. The ability to redeploy staff in this way between the teams means that these roles are protected for the duration of the works.

| 5. Financial information | | | | |
|--------------------------|------------------|------------------|------------------|-------------|
| Controllable budget: | Spend | Income | Net Budget | |
| General Fund (GF) | £'000 | £'000 | £'000 | |
| | | | 472 | |
| HRA | | | | |
| DSG | | | | |
| Health | | | | |
| Cuts proposed*: | 2021/22 £'000 | 2022/23 £'000 | 2023/24 £'000 | Total £'000 |
| Ontion 1 | | £ 000 | 2.000 | 60 |
| Option 1 | 60 | | | 60 |
| | | | | |
| Total | 60 | | | 60 |
| % of Net Budget | 13% | % | % | 13% |
| Does proposal impact | General | DSG | HRA | Health |
| on: | _ Fund _ | | | |
| Yes / No | | | | |
| If DSG, HRA, Health | | | | |
| impact describe: | | | | |

| 6. Impact on Corporate priorities: list in order | r of DECREASING impact |
|--|------------------------|
| | |

| 1. Open Lewisham | Corporate priorities | | |
|---|--------------------------------|--|--|
| | 1. Open Lewisham | | |
| 2. Building an inclusive economy | 2. Tackling the Housing Crisis | | |
| | 3. Giving Children and young | | |
| 3. Giving children and young people the | people the best start in life | | |
| best start in life | 4. Building an inclusive local | | |
| 4. Making Lewisham Greener | economy | | |
| | 5. Delivering and defending: | | |
| 5. Building safer communities | health, social care & support | | |
| | 6. Making Lewisham greener | | |
| 6. | 7. Building safer communities | | |
| | | | |
| 7. | 8. Good governance and | | |
| | operational effectiveness | | |
| 8. | | | |
| | | | |

| 7. Ward impact | |
|-----------------|---|
| Geographical | No specific impact / Specific impact in one or more |
| impact by ward: | |

| 7. Ward impact | | | |
|--|---------------------|--------------------------------------|-----------------|
| | f impacting one | e or more wards specifically – | which? |
| | | | |
| Comico oruglitico in | | | |
| Service equalities in supported impact on source | | for users – High / Medium / Lo | $\sim 10^{-10}$ |
| Ethnicity: | N/A | Pregnancy / Maternity: | N/A |
| Gender: | N/A | Marriage & Civil | N/A |
| | | Partnerships: | |
| Age: | N/A | Sexual orientation: | N/A |
| Disability: | N/A | Gender reassignment: | N/A |
| Religion / Belief: | N/A | Overall: | |
| or any High impact se | rvice equality a | reas please explain why and v | vhat |
| nitigations are propose | ed: | | |
| | | | |
| No specific impact on ser | vice equalities for | or users | |
| s a full convice equality | ne impact accord | ssment required: Yes / No | No |
| s a fuil service equaliti | es impact asses | ssment required: Yes / No | INO |

| 9. Human Resources impact | | | | | |
|---|--------------------------|------------------|------------|------------------------------|----------------|
| Will this cuts proposal have an impact on employees: Yes / No | | | | | No |
| Workforce p | rofile: | | | | |
| Posts | Headcount | FTE | Establishm | Vacant | |
| | in post | in post | ent posts | Agency / Interim cover | Not covered |
| Scale 1 – 2 | | | | | |
| Scale 3 – 5 | | | | | |
| Sc 6 – SO2 | | | | | |
| PO1 – PO5 | | | | | |
| PO6 – PO8 | | | | | |
| SMG 1 – 3 | | | | | |
| JNC | | | | | |
| Total | | | | | |
| Gender | Female | Male | | | |
| | | | | | |
| Ethnicity | BME | White | Other | Not Known | |
| | | | | | |
| Disability | Yes | No | | | |
| | | | | | |
| Sexual orientation | Straight / Heterosex. | Gay / Lesbian | Bisexual | Not disclosed | |
| | | | | | |

10. Legal implications State any specific legal implications relating to this proposal:

None

| 11. Summary timetable | | | | |
|--|--|--|--|--|
| Outline timetable for main steps to be completed re decision and | | | | |
| implementation of pro | posal – e.g. proposal, scrutiny, consultation (public/staff), | | | |
| decision, transition w | ork (contracts, re-organisation etc), implementation: | | | |
| Month | Activity | | | |
| September 2020 | Proposals prepared (this template and supporting papers | | | |
| | – e.g. draft public consultation paper, equalities | | | |
| | assessment and initial HR considerations) | | | |
| October 2020 | Proposals submitted to Scrutiny committees leading to M&C | | | |
| November to | Scrutiny meetings held with consultations ongoing | | | |
| December 2020 | | | | |
| November to | Consultations undertaken and full decision reports (where | | | |
| December 2020 | required) prepared | | | |
| December 2020 | Proposals to M&C, including Equality & HR assessments | | | |
| January 2021 | Decision reports return to Scrutiny at the latest | | | |
| February 2021 | Final decisions at M&C with the Budget | | | |
| March 2021 | Cuts implemented | | | |
| | | | | |

| 1. Cuts proposal | |
|----------------------|--|
| Proposal title: | Reducing leisure spend – temporary Closure of the Bridge |
| Reference: | C-26 |
| Directorate: | Community Services |
| Director of Service: | James Lee |
| Service/Team area: | Communities, Partnerships and Leisure |
| Cabinet portfolio: | Andre Bourne |
| Scrutiny Ctte(s): | Healthier Communities |

| 2. Decision Route | | | |
|-------------------|--------------------------|------------------------|-----------------------|
| Cuts proposed: | Key Decision* | Public Consultation | Staff Consultation |
| | Yes / No | Yes / No and | Yes / No and |
| | See para 16.2 of the | Statutory vs | Statutory vs |
| | Constitution | informal | informal |
| | https://lewisham.gov.uk/ | | |
| | mayorandcouncil/ | | |
| | aboutthecouncil/ | | |
| | how-council-is-run/ | | |
| | our-constitution | | |
| Closure of the | Yes | Yes | No |
| Bridge Leisure | | | |
| Centre | | | |

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

NB – This is an expenditure reduction proposal rather than a budget saving.

The Bridge Leisure Centre forms part of the leisure contract recently awarded to Greenwich Leisure Limited (GLL) following the cessation of the contract previously operated by Fusion Lifestyle and has operated at a significant deficit over recent years.

Overall, the contract represents a significant financial risk to the Council with the maximum contract value for the first two years being $\pounds4,040,248$ with a 5 year total of $\pounds9,373,729$.

As such officers have been reviewing all aspects of the contract to reduce financial exposure while still offering a quality and comprehensive leisure offer in the borough.

This review has been undertaken following the receipt of forecasted income / expenditure figures for the operation of all site and in conjunction with recently undertaken condition surveys and building inspections. It is clear from this review that The Bridge represents the single biggest financial risk in the contract, with losses under the previous contract of circa £500k in pre Covid conditions.

In the three year period to 31st March 2020, during which The Bridge was operated by Fusion, the financial performance worsened each year with diminished income partially offset by cost savings but producing increased deficits annually as shown in Table 1 below :

| Table 1 The Bridge - Financial Performance - £'000 | | | | |
|--|--------|--------|--------|--|
| £'000 2019/20 2018/19 2017/18 | | | | |
| Total Income | £623 | £787 | £859 | |
| Total Expenditure | £1,216 | £1,211 | £1,273 | |
| Loss | £594 | £424 | £413 | |

Of the six facilities within the GLL Leisure Contract, The Bridge produces the largest deficit and is in the poorest condition requiring the greatest capital investment to return it to an acceptable condition.

Cuts proposal*

The Bridge Leisure Centre remains closed while the new Physical Activity Strategy is developed (which will include the undertaking of consultation) and there is full consideration of the future of leisure facilities in the Borough taking into account that Strategy.

NB: The full details of this proposal are set out in a full Mayor and Cabinet report titled Leisure Management Arrangements to be consider on 13th January 2021.

It is anticipated that to reopen the site in 2021 would require payment of an annual subsidy payment of circa £750,000 in revenue and circa £450,000 essential capital works with a further c£600,000 of works that would be considered as necessary with the first few years of reopening. The revenue figure is derived from reviewing the financial performance of the centre over the past three years where annual losses averaging almost £500,000 have been recorded and projecting the negative effects of COVID upon attendance levels which would further reduce the level of income and increasing the operational deficit. It may be that following the second lockdown there is a further deterioration in public usage of leisure facilities that may further increase this sum.

Whilst the benefits to health and wellbeing of providing a service at The Bridge are considerable, it is important to recognise that there are five other leisure centres in the borough, and a number close by in neighbouring boroughs.

As such, given the current financial pressure on the Council it is recommended that The Bridge Leisure Centre remains closed while the new Physical Activity Strategy is developed (which will include the undertaking of consultation) and there is full consideration of the future of leisure facilities in the Borough taking into account that Strategy. Officers will work to retain access to other services on the site i.e. the Indoor Bowls Centre and outdoor pitches.

There are inherent problems with The Bridge due to the age and design of the building which will always present difficulties in the customer experience and the quality of services. Originally a private Sports and Social Club, its layout was not designed to be a public leisure centre.

A recent condition survey has identified significant works are required to return The Bridge to an acceptable standard of provision with further investment required for COVID Secure standards.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

The closure of The Bridge will result in the loss of a swimming pool and a range of other health and fitness facilities.

However, there are a number of other pools within close proximity and the Council plans to undertake a feasibility study into the replacement of the facility in the medium term.

Outline risks associated with proposal and mitigating actions to be taken:

Full details

| 5. Financial information | | | | |
|---|------------------|------------------|---------------------|-------------|
| Controllable budget: General Fund (GF) | Spend £'000 | Income £'000 | Net Budget £'000 | |
| | | | | |
| HRA | | | | |
| DSG | | | | |
| Health | | | | |
| Cuts proposed*: | 2021/22 £'000 | 2022/23 £'000 | 2023/24 £'000 | Total £'000 |
| Closure of facility | 355 | ~ 000 | 2 000 | 355 |
| Total | 355 | | | 355 |
| % of Net Budget | % | % | % | % |
| Does proposal impact | General | DSG | HRA | Health |
| on: | Fund | | | |
| Yes / No | Yes | No | No | No |

| 6. Impact on Corporate priorities: list in orde | r of DECREASING impact |
|---|---|
| 1. Giving Children and young people the best | Corporate priorities |
| start in life | 1. Open Lewisham |
| 2. Delivering and defending: health, social care | 2. Tackling the Housing Crisis |
| & support | 3. Giving Children and young |
| 3. Building an inclusive local economy | people the best start in life |
| | 4. Building an inclusive local |
| 4. Building safer communities | economy |
| | 5. Delivering and defending: |
| 5. | health, social care & support |
| | 6. Making Lewisham greener |
| 6. | 7. Building safer communities |
| 7. | 8. Good governance and operational effectiveness |

6. Impact on Corporate priorities: list in order of DECREASING impact

8.

| 7. Ward impact | |
|-----------------|--|
| Geographical | No specific impact / Specific impact in one or more |
| impact by ward: | |
| | If impacting one or more wards specifically – which? |
| | Highest impact in Sydenham and Bellingham |

| 8. Service equalities impact | | | | |
|---|--------------|-------------------------------|---------------|--|
| Expected impact on servic | e equalities | for users – High / Medium / I | _ow or N/A | |
| Ethnicity: | M | Pregnancy / Maternity: | М | |
| Gender: | M | Marriage & Civil | М | |
| | | Partnerships: | | |
| Age: | M | Sexual orientation: | М | |
| Disability: | M | Gender reassignment: | М | |
| Religion / Belief: | M | Overall: | М | |
| Is a full service equalities impact assessment required: Yes / No | | | Yes – on full | |
| | | | Physical | |
| | | | Activity | |
| | | | Strategy | |

| 9. Human Resources impact | |
|---|----|
| Will this cuts proposal have an impact on employees: Yes / No | No |

о

10. Legal implications

State any specific legal implications relating to this proposal:

| 11. Summary timeta | 11. Summary timetable | | | |
|---|---|--|--|--|
| Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc), implementation: | | | | |
| Month | Activity | | | |
| November to | Consultations undertaken and full decision reports (where | | | |
| December 2020 | required) prepared | | | |
| December 2020 | Proposals to M&C, including Equality & HR assessments | | | |
| January 2021 | Final decisions at M&C with the Budget | | | |
| February 2021 | Consultation on Physical activity strategy begins | | | |
| Autumn 2021 | 21 Further report to Mayor and Cabinet | | | |
| | | | | |

| 1. Cuts proposal | | | | |
|----------------------|---|--|--|--|
| Proposal title: | osal title: Supported Housing Services | | | |
| Reference: | C-28 | | | |
| Directorate: | irectorate: Community Safety | | | |
| Director of Service: | Service: Dee Carlin | | | |
| Service/Team area: | Prevention Inclusion & Public Health Commissioning. | | | |
| Cabinet portfolio: | Cllr Chris Best (Health and Adult Social Care) | | | |
| Scrutiny Ctte(s): | Healthier Communities Select Committee | | | |

| 2. Decision Route | | | |
|--|---|--|---|
| Cuts proposed: | Key Decision* Yes / No See para 16.2 of the Constitution <u>https://lewisham.gov.uk/</u> mayorandcouncil/ aboutthecouncil/ how-council-is-run/ our-constitution | Public Consultation Yes / No and Statutory vs informal | Staff Consultation Yes / No and Statutory vs informal |
| Adult Placement Scheme – Mental Health | No | Yes | No |
| Parent & Child Service | No | Yes | No |
| | | | |

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The accommodation based support services in Lewisham are legacy 'Supporting People' services. These services are arranged in three 'pathways' for mental health, young people and vulnerable adults with different levels of support, broadly grouped from 'assessment' (24 hour), specialist (medium) to 'move-through' (visiting). Due to the Council's financial position, investment in these services has reduced from £13,901,015 in 2010 to £4,865,097 in 2019, or a 65% cut, with a commensurate reduction in commissioning staffing. Cuts to date have been made through significant staffing reductions across the board, and through service closure, particularly large reductions in lower support accommodation. As far as possible these cuts have been made working with providers to reduce costs and maximise other income to minimise service closures.

The level of cuts to date mean that further cuts will need to be achieved through service closure as described. Service closures have significant impacts elsewhere in the system: in housing and temporary accommodation costs across the board, and specifically in mental health in residential and acute placements, in vulnerable adults in social care and hospital discharge, and in the young people's pathway for children's social care. Proposed closures have been prioritised with this in mind.

Proposed cuts:

Adult Placement Service – Mental Health

The Adult Placement service was commissioned to provide 12 placements using a Shared Lives model to support people with enduring mental health needs. This annual contract value is: £188,047 which includes £120,000 carers' payments.

This service has not performed as intended, and has not been able to recruit and retain 12 carers. At present the service offers 4 APS placements, and diverts carers' payments for 2 service users to the in-house Shared Lives service. The funding linked with this service affects 6 service users overall.

Parent & Child Service:

The Parent & Child service was commissioned to provide supported accommodation to young homeless parents between the ages of 16-25. The annual contract value is $\pounds 93,554$.

This service has carried voids across the contract where there does not seem to be any clear demand from the Housing Options Team or Children's Social Care. The small amount of support funding does not enable 24 hour staff cover, and therefore cannot be used to meet the more complex needs of young people requiring more supervision.

Cuts proposal*

This proposal sets out cuts to the following services:

- Decommissioning of the Adult Placement Service annual contract price: £188,047 (cut of £159,919).
- 2) Decommissioning of the Parent & Child Service annual contract price: £93,554.

Mitigating Actions for 21/22

Current service users will be moved to accommodation options that best meet their needs in the absence of the closed service. 3 service users from the adult placement service will be accommodated within the Council's Shared Lives service. The remaining £28,128 will be transferred to the Council's Shared Lives service with these service users. The Council will ensure that the needs of any new service users not currently provided for will be managed through improved contract management of the remaining provider contracts.

There is no other direct mitigation for these closures, other than the commissioning and contract management team working closely with external and internal partners to prioritise access and make best use of remaining resources.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff: Impact of decommissioning the Adult placement service:

• Impact to the 4 service users residing in APS placements: Of the 4 service users residing in the APS, 3 have been assessed as suitable to move to alternative supported housing accommodation. 1 service user would require the ongoing care & support that he currently receives in the APS placement

| 4 | www.at.avd.viele.cf.www.cc.l |
|-------------|--|
| 4. In | npact and risks of proposal |
| | and would therefore recommend that funding to continue this support would be |
| | transferred to the LBL Shared Lives team to enable the placement to continue. |
| • | Impact to the 2 service users where carers payments are diverted to LBL |
| | Shared Lives service: It has been assessed that these 2 service users will |
| | require ongoing placement in the LBL Shared Lives service, and it is |
| | recommended that funding to continue this support is transferred to the LBL |
| | Shared Lives team to enable these placements to continue. |
| • | Impact to partners, other Council services and staff: A recent joint review between LBL and SLaM of the mental health supported housing pathway |
| | (finalised in November 2020) recommended that the ASP be decommissioned |
| | as it has not been able to meet the needs of the mental health cohort where |
| | carers would often refuse service users with sever and enduing mental health |
| | needs. It is therefore anticipated decommissioning this service would have little |
| | impact on partners in the borough. |
| | impact on particles in the bolough. |
| | There is an ask to continue 2 placements with the LBL Shared Lives service. |
| | However, as these placements are already being managed by the Shared |
| | Lives team, officers do not anticipate any negative impact provided the carers |
| | funding remains in place. |
| | 5 |
| | There is an ask to transfer one placement from the APS to the Shared Lives |
| | team. However, as this carer is also used by the Shared Lives team, officers |
| | do not anticipate any negative impact, provided the carers payment can be |
| | transferred. |
| | |
| <u>Impa</u> | ct of decommissioning the Parent & Child service: |
| • | Impact on service users residing in the service: Of the 16 current tenants |
| | all are eligible for move on via the Housing Register and 8 are already bidding |
| | for move on accommodation, 1 has been put forward and is awaiting outcome |
| | of the application, and the remaining 6 will be ready for independent move on |
| | across the year. There are not foreseen cost shunts to provide alternative / |
| | more specialist provision. |
| • | Impact to partners, other Council services and staff: This service has |
| | carried voids across the contract, and utilisation of the service across |
| | 2019/2020 averaged at 75% across the year. There does not seem to be a |
| | clear demand from HOC or CSC for this service, although referrals to the service from the HOC team has recently improved as has the utilisation of the |
| | service from the mod team has recently improved as has the duitsation of the service. |
| | |
| | Referrals from CSC often requiring a higher level of support or more specialist |
| | parenting assessment which is not available in the service. Closing the service |
| | would likely see more young parents placed in TA who are likely to need |
| | support to develop parenting and independent living skills. More investment |
| | would be needed to make this service deliver for a higher need cohort. |
| | C C |
| Both | contracts have a 6 month notice period in their contract. |
| | |
| | ne risks associated with proposal and mitigating actions to be taken: |
| Adult | t Placement scheme: |
| • | Risks associated with continuity of support for existing tenants if funding to |
| 1 | maintain / transfer to Share Lives placements is not agreed. |

4. Impact and risks of proposal

Mitigation: This proposal recommends transferring carers payments for 3 service users to shared lives to mitigate this risks

- Risks associated with securing suitable pathway accommodation: LBL have a large commissioned pathway and work closely with non-commissioned providers where it is likely we will identify suitable placements
- Reduction in mental health accommodation options: Mitigation: LBL has a large mental health pathway with a range of commissioned and non-commissioned services. This proposal will only reduce this pathway by 6 bed spaces.

Parent & Child Service:

- Move on from the service may take some time. Mitigation: service users ready for move on could be decanted into suitable TA.
- Cost shunts into TA budget: Mitigation: all service users are eligible for Housing Benefit which can be claimed to offset TA costs.

The Council will ensure that the needs of any new service users not currently provided for will be managed through improved contract management of the remaining provider contracts.

| 5. Financial information | | | | |
|--------------------------|---------------|---------|---------|----------|
| Controllable | Spend £'000 | Income | Net | |
| budget: | | £'000 | Budget | |
| General Fund (GF) | | | £'000 | |
| | £6.9m | £2.0m | £4.9m | |
| HRA | | | | |
| DSG | | | | |
| Health | | | | |
| Cuts proposed*: | 2021/22 £'000 | 2022/23 | 2023/24 | Total |
| | | £'000 | £'000 | £'000 |
| APS service | £106,613 | £53,306 | | £159,919 |
| Parent & Child | £62,369 | £31,185 | | £93,554 |
| Service | | | | |
| | | | | |
| | | | | |
| Total | 168,982 | 84,491 | | 253,473 |
| % of Net Budget | 3% | 2% | % | 5% |
| Does proposal | General Fund | DSG | HRA | Health |
| impact on: | Yes | No | No | No |
| Yes / No | | | | |
| If DSG, HRA, Health | | | | |
| impact describe: | | | | |

| 6. Impact on Corporate priorities: list in orde | . Impact on Corporate priorities: list in order of DECREASING impact | | |
|---|--|--|--|
| 1. | Corporate priorities | | |
| | 1. Open Lewisham | | |
| 2. Decommissioning any supported | 2. Tackling the Housing Crisis | | |
| accommodation based services will impact | | | |

| 6. Impact on Corporate priorities: list in order | r of DECREASING impact |
|--|--------------------------------|
| on tackling the housing crisis by reducing | 3. Giving Children and young |
| options for vulnerable homeless groups. | people the best start in life |
| 3. Decommissioning the parent and child | 4. Building an inclusive local |
| service will impact on giving Children & YP | economy |
| the best start in life removing a specialist | 5. Delivering and defending: |
| parenting service. | health, social care & support |
| 4. | 6. Making Lewisham greener |
| | 7. Building safer communities |
| 5. Supported housing services are key to | |
| defending health, social care, and support | 8. Good governance and |
| providing accommodation based solutions | operational effectiveness |
| for vulnerable homeless cohorts and | |
| offsetting demand on primary care & social | |
| care services | |
| 6. | |
| 7. Supported Housing services contribute | |
| to building safer communities offering | |
| supported accommodation services to | |
| vulnerable groups who may otherwise rough | |
| sleep, be involved in criminal justice | |
| system, or require support with mental | |
| health and substance misuse issues. | |
| 8. Supported Accommodation services are | |
| cost effective alternatives to most expensive | |
| placement options to meet the council's | |
| statutory responsibilities towards young | |
| people aged 16 +,Children Leaving Care and | |
| 117 aftercare duties for those who have | |
| been sectioned under section 3 of the MH | |
| Act. | |
| | |

| 7. Ward impact | | |
|-----------------|--|--|
| Geographical | No specific impact / Specific impact in one or more | |
| impact by ward: | No specific impact | |
| | If impacting one or more wards specifically – which? | |
| | | |

| 8. Service equalities impact | | | | | |
|---|------|------------------------|------|--|--|
| Expected impact on service equalities for users – High / Medium / Low or N/A | | | | | |
| Ethnicity: | Low | Pregnancy / Maternity: | High | | |
| Gender: | High | Marriage & Civil | Low | | |
| | | Partnerships: | | | |
| Age: | Low | Sexual orientation: | Low | | |
| Disability: | Low | Gender reassignment: | Low | | |
| Religion / Belief: | Low | Overall: | Low | | |
| For any High impact service equality areas please explain why and what | | | | | |
| mitigations are proposed: | | | | | |
| Gender: Gender has been flagged as high in this proposal. Decommissioning the | | | | | |
| parent and child service will impact more on females than males. To date, 100% of | | | | | |

8. Service equalities impact

referrals to the service, and bed-spaces allocated have been to young women who are either pregnant or who have a young infant.

Pregnancy / Maternity: has been flagged as high as this service is the only supported housing service in the borough commissioned to work with young females who are pregnant or who have a young child.

Is a full service equalities impact assessment required: Yes / No

| 9. Human Resources impact | | | | | |
|--|------------|---------|------------|------------------------------|----------------|
| Will this cuts proposal have an impact on employees: Yes / No no | | | | | |
| Workforce p | rofile: | | | | |
| Posts | Headcount | FTE | Establishm | Vac | ant |
| | in post | in post | ent posts | Agency / Interim cover | Not covered |
| Scale 1 – 2 | | | | | |
| Scale 3 – 5 | | | | | |
| Sc 6 – SO2 | | | | | |
| PO1 – PO5 | | | | | |
| PO6 – PO8 | | | | | |
| SMG 1 – 3 | | | | | |
| JNC | | | | | |
| Total | | | | | |
| Gender | Female | Male | | | |
| | | | | | |
| Ethnicity | BME | White | Other | Not Known | |
| | | | | | |
| Disability | Yes | No | | | |
| | | | | | |
| Sexual | Straight / | Gay / | Bisexual | Not | |
| orientation | Heterosex. | Lesbian | | disclosed | |
| | | | | | |

10. Legal implications

State any specific legal implications relating to this proposal:

6 month notice periods apply to both contracts lists above should LBL wish to terminate.

| 11. Summary timetabl | e | | |
|--|--|--|--|
| Outline timetable for main steps to be completed re decision and | | | |
| implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), | | | |
| decision, transition work (contracts, re-organisation etc), implementation: | | | |
| Month | Activity | | |
| September 2020 | Proposals prepared (this template and supporting papers | | |
| | e.g. draft public consultation paper, equalities | | |
| | assessment and initial HR considerations) | | |

| 11. Summary timetable | | | | |
|-----------------------|---|--|--|--|
| October 2020 | Proposals submitted to Scrutiny committees leading to M&C | | | |
| November to | Scrutiny meetings held with consultations ongoing | | | |
| December 2020 | | | | |
| November to | Consultations undertaken and full decision reports (where | | | |
| December 2020 | required) prepared | | | |
| December 2020 | Proposals to M&C, including Equality & HR assessments | | | |
| January 2021 | Decision reports return to Scrutiny at the latest | | | |
| February 2021 | Final decisions at M&C with the Budget | | | |
| March 2021 | Cuts implemented | | | |
| | | | | |

| 1. Cuts proposal | |
|----------------------|--|
| Proposal title: | Crime, Enforcement & Regulation Service Restructure |
| Reference: | C-29 |
| Directorate: | Community Services |
| Director of Service: | James Lee, Director of Communities, Partnerships and Leisure |
| Service/Team area: | Crime, Enforcement & Regulation (CER) |
| Cabinet portfolio: | Cllr Brenda Dacres |
| Scrutiny Ctte(s): | Safer Stronger Communities |

2. Decision Route

| Z. Decision Roule | | | |
|-----------------------|---------------|--------------|--------------|
| Cuts proposed: | Key Decision* | Public | Staff |
| | | Consultation | Consultation |
| | Yes / No | Yes / No and | Yes / No and |
| | | Statutory vs | Statutory vs |
| | | informal | informal |
| Restructure of Crime, | No | No | No |
| Enforcement & | | | |
| Regulation Service | | | |

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed: The Crime, Enforcement & Regulation Service (CER) comprises of;

- Crime Reduction (Anti-social Behaviour & Community Safety)
- Public Nuisance
- Licensing
- Trading Standards
- > CCTV
- Prevent (Counter Terrorism)
- Counter Extremism
- Violence Against Women & Girls (VAWG)
- Violence Reduction Team

And works;

- To provide an initial response to complaints anti-social behaviour, noise and other statutory nuisance with 5 working days, prioritising reactive action on the most significant and persistent cases of nuisance and disorder.
- To meet our obligations to investigate statutory nuisance and take action taking into account the service risk matrix.
- To deliver a robust and effective administrative licensing function for the authority and tackle licence breaches and related nuisance.
- To respond to the most serious and detrimental Trading Standards concerns using an intelligence led model with regard to the following key areas: Fair Trading & Product Safety and other consumer protection matters where there is a duty to investigate/respond. Assess and where appropriate respond to all referrals from Citizens Advice Consumer Service where a relevant crime has been identified.
- To reducing serious violence amongst those under 25 years old with particular focus on knife- enabled crime, child sexual exploitation and domestic abuse.

3. Description of service area and proposal

- To tackle all strands of violence against women and girls with particular focus on domestic and sexual abuse
- To prevent hate crime occurring in Lewisham and increase reporting of hate crime and public confidence
- To prevent vulnerable people from becoming radicalised
- To deliver the National Extremism Strategy at a local level in Lewisham and build an understanding of the drivers, prevalence and wider harms of extremism to encourage a more cohesive and resilient community.
- To focus on work in relation to identified geographical hotspots, premises and people of interest and using regulatory and enforcement provisions across the partnership and community as appropriate. This includes business crime and community safety related issues that impact on local residents. This links with work under the strands of Organised Crime including drugs as a driver for violence, firearms, human trafficking, Child Sexual Exploitation, Economic crime and cybercrime

Cuts proposal*

This restructure is required to refocus generic officers into specialist areas to enable better management of staff and more effective delivery of those service areas.

The following restructure is proposed within the Crime, Enforcement & Regulation Service for 2020/21 which will provide a saving of £50,000.

Review of the CER Licensing/ Trading Standards/ ASB/ Statutory Nuisance Service - which would consider a reorganisation to provide 2 dedicated teams of officers to focus on the following service areas:

- Licensing & Trading Standards
- Anti-Social Behaviour & Nuisance

The proposal seeks to reorganise the CER service whilst refocusing officers into specialist service areas in order to meet budget savings requirements and enable more effective management of these service areas with reduced staff. The proposal does not seek to make redundancies. There are currently vacancies within the Service which will be utilised to achieve the proposed structure changes.

The restructuring and amalgamation of the crime, enforcement and regulatory services, along with food safety and environmental protection in August 2015 achieved a saving of £800,000 to the Local Authority. This saving had an impact on the ability on the new Crime, Enforcement & Regulation Service to deliver on statutory obligations but this was mitigated in part by taking action such as the cessation of running an out of hours noise nuisance service and capacity to deal with issues. The impact of these previous savings on existing officers has seen an increase in individual workload and pressure to deliver on statutory timescales with less resource.

A further reduction in officers was undertaken to make further savings in 2019/20 which has put further pressure on the existing officers and the Service as a whole to deliver against some nationally set statutory deadlines. Additionally, a number of new legislative changes have added further to the workload of officers, including the Business and Planning Act 2020 and Animal Welfare Regulations in 2018 which has added a new complex licensing and enforcement regime that needs to be delivered. It has been identified by management that the generic nature of officer's roles is causing a strain on the service's ability to effectively deliver on the specialist aspects of the

3. Description of service area and proposal

service as well as difficulties in distributing an ever increasing workload by the way of cases and complaints.

The service often has to deal with conflicting priorities which make it very difficult to deliver an effective service to residents. The case load across the service has seen significant increase since 2015. In 2015 the CER Service recorded 1014 cases and in 2019 this had increased to 3979 cases. To August 2020, the number of cases recorded was 2741 and this increase in cases, which has caused a strain on officer workloads, had already increased due to the most recent downsizing in 2019. Managing this increase alongside delivering on statutory functions such as licencing functions has become increasingly difficult.

By restructuring and focusing officers on specific work areas (licensing & trading standards, ASB & nuisance) it will enable a more streamlined work allocation process where management can more effectively balance officer workloads and better utilise available capacity.

The restructure aims to provide a regular out of hour's noise response service at weekends, which is currently run on an ad hoc basis following its deletion in 2015. Members have expressed a willingness to see it revived in a more structured way due to an increase in complaints from residents since is deletion. By revising job descriptions and dedicating officers to work in the focused area, a more formal arrangement will be able to be put in place to provide a regular provision of out of hours working.

This will also enable the service to explore income generation opportunities around pre application advice for licensing. Dedicated officers who specialise in the licensing area would also be able to provide professional advice or assist with applications for a fee. This is currently undertaken for free and takes up a significant amount of time. This new structure will also support the service to undertake better enforcement on unlicensed activity in the borough and therefore could generate more income on license fees.

The new job roles outlined in the restructure will provide focus and attention to these key areas of the service and provide the structure for more effective management of the increasing work demands. Officers within those roles will be able to develop further their specialism in the focused areas which they have been unable to achieve in the generic role, which is stretched across a wide and often conflicting area of work. Additionally, the separation of duties between teams will enable the clear separation between the roles of Licensing Authority and Responsible Authority under the Licensing 2003 under noise enforcement, both of which set within the current service structure amongst the amalgamated officer roles.

A further requirement on the service is that it employs a number of qualified officers to undertake inspections for animal activity licences as part of the animal welfare regulations 2018. As part of the transitional arrangements, the need to have officers who hold the QFQUAL level 3 qualification was delayed until October 2021. This training is likely to be costly with prices for 4 days courses starting at £1000. At the moment, a small number of officers and a manager deliver this area of work, however the generic nature of the job descriptions makes it difficult to embed the need of the qualification in to the service requirements of the role as it would currently require a change to everyone's job description. Therefore the focusing of officers in thematic areas will help to determine which officers need and should be put forward to further training to meet this statutory requirement at a cost to the council.

3. Description of service area and proposal

The future changes to legislation around Brexit will require a significant level of input from trading standards where much of the currently enforced legislation is EU legislation. Businesses will likely need a high level of input from the service around advice and support to comply with any changes or fallouts that might arise. The service is not currently in a strong position to deliver this, with a lack of resources focused on this area and a low level of specialist knowledge. This restructure aims to address this, by focusing officers and management on this area, as well as introducing a senior trading standards officer post who is required to have a high standard of qualification in trading standards to provide the level of knowledge, skill and specialism required to meet the requirements of the service.

The creation of the specific posts with the trading standards remit also ensures the service can effectively meet its statutory requirements in this area and deliver an effective programme of work in this area. Currently the service delivers this through the generic officers, which due to the general strain on time due to workload, results in the lack of specialism being developed. The creation of these roles will help to focus officers on this work area. Additionally, the creation of the PO5 Senior trading standards Officer will ensure that a qualified officer is employed with the appropriate training to deliver on the council's statutory function around weights and measures

The management structure within the service has also altered since the first amalgamation in 2015, which started with 4 team managers, to currently 2 managers delivering the services around licensing, trading standards and ASB and nuisance. The redrafted job descriptions for the 2 management roles better reflect what these officers currently deliver on, and the structure provides senior officers who will further support the delivery of these services.

The restructure, and associated budget cut, has been kept relatively modest as a wider examination of large parts of the service are already planned through the enforcement review which formed a previous savings proposal. The proposed saving is circa 2.5% of the overall service budget.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff: Risks of savings proposed and suggested mitigation

a) Reduction of Staff in the Crime, Enforcement & Regulation Service

Risks of not restructuring:

Impact on Service Users: There is a clear need to restructure the service. Due to the recent changes in staffing and the increase in workload it is now difficult to allocate and deliver on within an amalgamated service. The risk on not restructuring to focus officers on specific duties is that statutory duties and legal obligations such as licensing and trading standards functions are not fulfilled. This has a knock on effect to residents, resulting in possible delays in notifications about applications, loss of time on public consultation periods and applications or complaints not being able to be fully considered in line with our current working protocols.

4. Impact and risks of proposal

Impact on Crime, Enforcement & Regulation Service Staff: Without a restructure of roles and responsibilities, the remaining 2 Crime, Enforcement & Regulation Team Managers will be responsible for managing large groups of staff with no support, and will have to coordinate services across the 2 existing teams, which causes problems with managing capacity and officer time. For example, one manager may need to allocate work to an officer in the other generic team, but this is difficult to do as they are not their direct line manager. The officers will continue to have a mixed and often chaotic workload, stretched across a range of areas with conflicting priorities. This will have an impact on officers' response times to new and existing cases/issues. The service will continue to be a reactive service, rather than one that can proactively plan and deal with problems.

Impact on partners: reduced capacity of officers to work in a problem solving, multi-agency manner with partners such as the police, Housing Associations, fire and voluntary sector to jointly act on issues to resolve in the short, medium and longer term.

Impact on other council staff: the service supports and often leads on complaints where there are complex and interconnected issues across areas such as planning, rogue landlords, highways, street enforcement, markets etc. – the lack of structured management and capacity will impact on our ability to do so. Supporting events, both council led and otherwise will be limited.

b) Risks of restructuring

- Potential risks to escalation of statutory nuisance/ ASB / trading standards matters which could impact on the safety of individuals.
- There are risks to delivering statutory obligations in Anti-Social Behaviour, Licensing, Public Nuisance and Trading Standards work as this saving would reduce the staff numbers/resources (further to the 2015 savings) to carry out this work. Risks in these areas can be short, medium and longer term and reflects on the ability of the Council to deal with resident complaints.
- Potential risks to responding quickly to issues that will impact negatively on residents and businesses
- Risks to delivering a multi-agency response that would better resolve the issue for the medium and long term.
- There could be further cuts and changes within our external partners i.e. the police which will have a cumulative impact on the response and ability to act appropriately and timely to issues of crime and ASB.

Mitigation:

- Review the locally set indicators to delivering the service response, where they are not a mandated legal time frame (such as licencing deadlines)
- Continue to use a risk based approach to focus resources on those issues of high harm or high levels of complaints.
- Working with departments in the council to understand the impacts and clarify what the Council collectively can and cannot respond to.

4. Impact and risks of proposal

- Working with partners to agree a new set of expectations and roles and responsivities
- All staff impacts will look to mitigation via redeployment as first route where possible.

Outline risks associated with proposal and mitigating actions to be taken:

| 5. Financial information | | | | |
|---|------------------|------------------|---------------------|-------------|
| Controllable budget: General Fund (GF) | Spend £'000 | Income £'000 | Net Budget £'000 | |
| | 2,037 | | 2,037 | |
| Cuts proposed*: | 2021/22 £'000 | 2022/23 £'000 | 2023/24 £'000 | Total £'000 |
| Restructure of CER service | 50 | | | 50 |
| Total | 50 | | | 50 |
| % of Net Budget | 2.5% | % | % | 2.5% |
| Does proposal impact on: | General Fund | DSG | HRA | Health |
| Yes / No | Yes | No | No | No |

| 6. Impact on Corporate priorities: list in orde | r of DECREASING impact |
|---|--------------------------------|
| 1. Building safer communities | Corporate priorities |
| | 1. Open Lewisham |
| 2. Open Lewisham | 2. Tackling the Housing Crisis |
| | 3. Giving Children and young |
| 3. | people the best start in life |
| | 4. Building an inclusive local |
| 4. | economy |
| | 5. Delivering and defending: |
| 5. | health, social care & support |
| | 6. Making Lewisham greener |
| 6. | 7. Building safer communities |
| | |
| 7. | 8. Good governance and |
| | operational effectiveness |
| 8. | |
| | |

| 7. Ward impact | |
|-----------------|--|
| Geographical | No specific impact / Specific impact in one or more |
| impact by ward: | All wards |
| | If impacting one or more wards specifically – which? |
| | All wards |

| 8. Service equalities impact | | | | |
|--|--------|------------------------|-----|--|
| Expected impact on service equalities for users – High / Medium / Low or N/A | | | | |
| Ethnicity: | Medium | Pregnancy / Maternity: | Low | |

| Gender: | act Medium | Marriage & Civil | Low | |
|--|---------------|----------------------|--------|--|
| | | Partnerships: | | |
| Age: | Medium | Sexual orientation: | Medium | |
| Disability: | Medium | Gender reassignment: | Medium | |
| Religion / Belief: | Medium | Overall: | Medium | |
| For any High impact service equality areas please explain why and what mitigations are proposed: | | | | |
| | | | | |
| | | | | |

Is a full service equalities impact assessment required: Yes / No

No

9. Human Resources impact

Will this cuts proposal have an impact on employees: Yes / No

No

10. Legal implications

State any specific legal implications relating to this proposal: Legal/Statutory requirements

There are a number of statutory requirements which the Council must meet within the Crime, Enforcement & Regulation Service area. These are set out below. However the Level / Frequency/Amount that needs to be delivered for most areas are dependent on local need and policy.

| Statutory Area of Activity | Duty of Local Authority |
|-------------------------------|---|
| Weights & Measures | Appoint chief inspector and enforce |
| | legislation. No level of activity specified |
| Fair Trading & Product Safety | Enforce legislation and consider certain |
| | types of fair trading complaint |
| Noise | Investigate complaints and serve |
| | abatement notice if considered a |
| | statutory nuisance (EPA) |
| Crime and Offender management | Statutory responsibilities to reduce |
| | reoffending. |
| | S17 to prevent crime and disorder. |
| Anti-Social Behaviour | Duty to develop a Community Trigger |
| | protocol for ASB, advertise and |
| | implement. ASB & Policing Act 2014 |
| Licensing | Statutory duty to consider and grant |
| | licences for alcohol and entertainment, |
| | gambling, scrap metal, marriages and |
| | animal activities and related statutory |
| | processes around enforcement. |

| 11. Summary timetable | | |
|-----------------------|--------------------|--|
| | | |
| Month | Activity | |
| November 2020 | Proposal drafted | |
| December 2020 | Staff consultation | |

| 11. Summary timetable | | |
|-----------------------|---|--|
| January 2021 | Decision reports return to Scrutiny at the latest | |
| February 2021 | Final decisions at M&C with the Budget | |
| March 2021 | Cuts implemented | |
| | | |

| 1. Cuts proposal | | |
|----------------------|---------------------------|--|
| Proposal title: | Access and Inclusion | |
| Reference: | C-30 | |
| Directorate: | Children and Young People | |
| Director of Service: | Angela Scattergood | |
| Service/Team area: | Education | |
| Cabinet portfolio: | Cllr Barnham | |
| Scrutiny Ctte(s): | CYP | |

| 2. Decision Route | | | |
|---|---|--|---|
| Cuts proposed: | Key Decision* Yes / No See para 16.2 of the Constitution <u>https://lewisham.gov.uk/</u> mayorandcouncil/ aboutthecouncil/ how-council-is-run/ our-constitution | Public Consultation Yes / No and Statutory vs informal | Staff Consultation Yes / No and Statutory vs informal |
| Rationalisation of Business support across Education services of £70,000 | No | No | Yes |

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

Business Support for Access, Inclusion and Participation Across the Service there are seven Business Support posts that support Admissions, Attendance, CME, EHE, Safeguarding, Inclusion, services to schools and Legal and Finance functions.

Cuts proposal*

Business Support

It is proposed to review the wider business support for Education Services which is likely to lead to a reduction in the number of staff providing this support. This would be a target saving of £70,000.

Mitigating Actions for 21/22

To rationalise the business support element across the remaining Business support teams.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff: There is likely to be a reduction in staffing. All staff impacts will look to mitigation via redeployment as first route where possible.

Outline risks associated with proposal and mitigating actions to be taken: Increased remote working have changed the nature of the support that is required.

| 5. Financial information | | | | |
|--------------------------|---------|---------|------------|-------------|
| Controllable budget: | Spend | Income | Net Budget | |
| General Fund (GF) | £'000 | £'000 | £'000 | |
| | | | | |
| HRA | | | | |
| DSG | 2018 | | | |
| Health | | | | |
| Cuts proposed*: | 2021/22 | 2022/23 | 2023/24 | Total £'000 |
| | £'000 | £'000 | £'000 | |
| Business Support | 70 | | | 70 |
| | | | | |
| | | | | |
| Total | 70 | | | 70 |
| % of Net Budget | 3% | % | % | % |
| Does proposal impact | General | DSG | HRA | Health |
| on: | Fund | | | |
| Yes / No | Yes | Yes | | |
| If DSG, HRA, Health | | | | |
| impact describe: | | | | |

| 6. Impact on Corporate priorities: list in orde | er of DECREASING impact |
|--|--|
| 1. Giving Children and young people the best start in life | Corporate priorities 1. Open Lewisham |
| 2. | Tackling the Housing Crisis Giving Children and young people the best start in life |
| 3. | 4. Building an inclusive local economy |
| 4. | 5. Delivering and defending: health, social care & support |
| 5. | 6. Making Lewisham greener 7. Building safer communities |
| 6. | 8. Good governance and |
| 7. | operational effectiveness |
| 8. | |

| 7. Ward impact | |
|-----------------|--|
| Geographical | No specific impact / Specific impact in one or more |
| impact by ward: | No specific impact |
| | If impacting one or more wards specifically – which? |
| | |

| 8. Service equalities impact | | | |
|--|-----|------------------------|-----|
| Expected impact on service equalities for users – High / Medium / Low or N/A | | | |
| Ethnicity: | Low | Pregnancy / Maternity: | n/a |
| Gender: | Low | Marriage & Civil | n/a |
| | | Partnerships: | |
| Age: | Low | Sexual orientation: | n/a |

| 8. Service equalities impact | | | | |
|--|-----|----------------------|-----|--|
| Disability: | Low | Gender reassignment: | n/a | |
| Religion / Belief: | Low | Overall: | | |
| For any High impact service equality areas please explain why and what mitigations are proposed: | | | | |
| | | | | |
| Is a full service equalities impact assessment required: Yes / No No | | | | |

| 9. Human Resources impact | | | | | |
|---|-------------------------|------------------|---------------|------------------------------|----------------|
| Will this cuts proposal have an impact on employees: Yes / No Yes | | | | | |
| | | | aughan and Ed | | s & Inc |
| Posts | Headcoun | FTE | Establishme | Vac | |
| | t in post | in post | nt posts | Agency / Interim cover | Not covered |
| Scale 1 – 2 | 1 | 1 | | | |
| Scale 3 – 5 | 3 | 3 | | | |
| Sc 6 – SO2 | 7 | 6.3 | | | |
| PO1 – PO5 | | | | | |
| PO6 – PO8 | | | | | |
| SMG 1 – 3 | | | | | |
| JNC | | | | | |
| Total | 11 | 10.3 | | | |
| Gender | Female | Male | | | |
| | 10 | 1 | | | |
| Ethnicity | BME | White | Other | Not Known | |
| | 8 | 3 | | | |
| Disability | Yes | No | PNTS | Not disclosed | |
| | 1 | 3 | 4 | 3 | |
| Sexual orientation | Straight / Heterosex | Gay / Lesbian | Bisexual | Not disclosed | PNTS |
| | 6 | | | | 5 |

10. Legal implications

State any specific legal implications relating to this proposal:

11. Summary timetable

Outline timetable for main steps to be completed re decision and
implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff),
decision, transition work (contracts, re-organisation etc..), implementation:MonthActivity

| 11. Summary timetable | | | |
|-----------------------|--|--|--|
| September 2020 | Proposals prepared (this template and supporting papers | | |
| | – e.g. draft public consultation paper, equalities | | |
| | assessment and initial HR considerations) | | |
| October 2020 | Proposals submitted to Scrutiny committees leading to M&C | | |
| November to | Scrutiny meetings held with consultations ongoing | | |
| December 2020 | | | |
| November to | Consultations undertaken and full decision reports (where | | |
| December 2020 | required) prepared | | |
| December 2020 | Proposals to M&C, including Equality & HR assessments | | |
| January 2021 | Decision reports return to Scrutiny at the latest | | |
| February 2021 | Final decisions at M&C with the Budget | | |
| March 2021 | Cuts implemented | | |