

Healthier Communities Select Committee Supplementary Agenda

Wednesday, 1 November 2017

7.00 pm,
Civic Suite
Catford
SE6 4RU

For more information contact: John Bardens (02083149976)

This meeting is an open meeting and all items on the agenda may be audio recorded and/or filmed.

Part 1

Item		Pages
4.	Lewisham Future Programme	F_PRO
7.	NHS Walk-in Centre and improved provision and access to primary care - public consultation update	F_PRO

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Healthier Communities Select Committee			
Report Title	Lewisham Future Programme 2018/19 Revenue Budget Savings Report		
Key Decision	No	Item No.	4
Ward	All Wards		
Contributors	Executive Director for Resources & Regeneration		
Class	Part 1	Date:	1 November 2017

Lateness: This report was not available for the original dispatch because officers needed additional time to complete their review of possible savings.

Urgency: The report is urgent and cannot wait until the next meeting of the Mayor & Cabinet to enable any savings decisions to be implemented promptly to achieve a full year effect and influence the preparation of the budget report for Mayor and Cabinet on the 7 February 2018.

Where a report is received less than 5 clear days before the date of the meeting at which the matter is being considered, then under the Local Government Act 1972 Section 100(b)(4) the Chair of the Committee can take the matter as a matter of urgency if he is satisfied that there are special circumstances requiring it to be treated as a matter of urgency. These special circumstances have to be specified in the minutes of the meeting.

1. PURPOSE

- 1.1. To set out the officer revenue budget savings proposals to be considered by Scrutiny, and need to be approved as part of the preparation of a balanced budget for 2018/19.

2. EXECUTIVE SUMMARY

- 2.1. The Council's net General Fund budget for 2017/18 is £232.7m. This is based on using reserves for the fourth consecutive year to balance the budget and follows three years of Directorates overspending, in part due to the delivery of savings becoming harder. The current Directorate projections for 2017/18 are for an overspend of over £13m, of which £7m relates to previously agreed but as yet unachieved savings.
- 2.2. To put the Council's finances on a sustainable footing, the Medium Term Financial Strategy identifies the need for £33m of ongoing savings in the two years to 2019/22 - £22m in 2018/19 and £11m in 2019/20. This is on top of the need to address the persistent in-year overspend in Directorate budgets.

- 2.3. The MTF5 anticipates that post 2020 approximately £10m per year of savings will be required. These savings projections remains an estimate pending confirmation of any policy, funding, or wider implications from the Chancellor of the Exchequer's Autumn Budget in November and Local Government Finance Settlement announcement in December. And the next Comprehensive Spending Review (CSR), expected in 2020.
- 2.4. From 2010 to 2020 this will bring the total savings made and required to £193m, of which £160m have been agreed with £153m delivered and £7m in the forecast overspend. This report concentrates on the £40m - £7m to be delivered (agreed and part of the 2017/18 budget) and the £33m to be identified (£22m in 2018/19 and £11m in 2019/20).
- 2.5. Through the Lewisham Future Programme approach officers have worked hard to identify possible new savings proposals towards meeting these savings targets. In so doing, targets by work strand have been set on a differential basis to protect front-line services where possible.
- 2.6. The detail presented in this report identifies potential savings proposals from officers of £4.85m. By work strand these are:

Savings proposals for 2018/19	Prev. agreed	New proposals	Total	Target	Gap
	£'000	£'000	£'000	£'000	£'000
A - Smarter & deeper integration of social care & health	300		300	6,100	-5,800
B - Supporting People		70	70	0	70
D – Efficiency Review		1,000	1,000	0	1,000
E - Asset rationalisation		500	500	4,400	-3,900
I - Management & corporate overhead		1,290	1,290	3,300	-2,010
J - School effectiveness		360	360	600	-240
K - Drugs & alcohol		30	30	0	30
L- Culture & community services	130		130	1,000	-870
M - Strategic housing		250	250	600	-350
N Environment services			0	2,300	-2,300
O - Public Services		500	500	1,400	-900
P - Planning & economic development		270	270	600	-330
Q - Early intervention & safeguarding	150		150	1,700	-1,550
Proposals	580	4,270	4,850	22,000	-17,150

- 2.7. Proformas are provided for the new savings for 2018/19 and are appended to this report.
- 2.8. At this stage, if all these savings proposals are agreed and there are no surprises from the local government finance settlement in December, the Council's budget for 2018/19 would need to be set using £17.15m of reserves. By not overstating the level of possible savings at this stage this will hopefully give services the time to address the 2017/18 overspends and consolidate and extend the service changes already in train.
- 2.9. Overall the strategic direction for services in terms of the Lewisham Future Programme and Lewisham 2020 themes remains sound. Management focus is on:
- Catching up and delivering unachieved savings from 2017/18 and taking management action to bring overspends back in-line with budgets;
 - Continuing the work to manage demand, improve service effectiveness and efficiency, and generate income to bring the return for this work through the financial monitoring in 2018/19; and
 - Work on bringing forward further proposals to close this gap as soon as possible, including through 2018/19 so that part year effects can be taken.
- 2.10. Finally, the report notes that the Public Health savings are being made separate and there is over £15m of current expenditure in areas where there is discretion but no proposals at present. This spend will be kept under review as part of the work outlined above.

3. RECOMMENDATIONS

- 3.1. The scrutiny committees are asked to:
- 3.1.1. Note the progress with identifying savings, the £17m shortfall against the target for 2018/19, and the implications for the use of reserves.
- 3.1.2. Review the new savings proposals presented in Section 9 and Appendices i to xii, totalling £4.3m and referenced: B4; D2; E8; I12, 13, 14, & 15; J3; K5; M8; O5; and P3.
- 3.1.3. Note the previously agreed savings for 2018/19 in Section 11, totalling £0.6m and referenced: A19; L8; and Q6 & 7.
- 3.1.4. Note the update on progress in relation to Public Health savings in Section 12.
- 3.1.5. Make any recommendations to the Public Accounts Select Committee for referral to Mayor & Cabinet.

4. STRUCTURE OF THE REPORT

4.1. The report is structured into the following sections with supporting Appendices.

Section	Title
1	Purpose of the report
2	Executive summary
3	Recommendations
4	Structure of the report
5	Financial Context
6	Lewisham Future Programme Approach
7	Principles
8	Lewisham 2020
9	Savings
10	Other Areas
11	Previously Agreed Savings
12	Public Health Savings Update
13	Timetable
14	Financial implications
15	Legal implications
16	Conclusion
17	Background documents
	Appendices

5. FINANCIAL CONTEXT

5.1. The Council has a net General Fund budget for the current financial year, 2017/18, of £232.7m. The schools Dedicated Schools Grant (DSG) and Housing Revenue Account (HRA) are discrete and so do not form part of this savings report.

5.2. In addition, the Council receives and spends other income and grants for General Fund services which are budgeted for on a net nil basis – i.e. expenditure matches the level of income. These include: Public Health, Better Care Fund & improved Better Care Fund, fees and charges; and various grants for areas such as troubled families and homelessness. Any overspend in these areas has to be met from other resources in the General Fund.

- 5.3. In 2016/17 the Council ended the financial year with a Directorate overspend position of £9m with the largest pressures being in the areas of Children's Social Care, Joint Commissioning, Adult Social Care, and Environment. These pressures arise from a combination of the:
- Impact of government policy changes;
 - Market developments and responses to inspection findings;
 - Demand pressures as the population of Lewisham grows; and
 - Difficulties in delivering agreed savings with the full financial impact.
- 5.4. The 2017/18 budget is under pressure from the need to deliver services within the available level of financial resource and identify further savings. The 2017/18 budget was set using £5m of reserves as insufficient savings were agreed. This savings shortfall is carried forward and forms part of the £22m target for 2018/19. Furthermore, Directorates are currently forecasting an end of year overspend in the region of £13m, including £7m of as yet unachieved savings. Any overspend also has to be met from the use of the Council's once-off reserves and provisions.
- 5.5. In the eight years between 2010/11 and 2017/18 the Council has agreed savings of £160m of which £153m have been delivered and £7m form part of the forecast overspend for 2017/18 as noted above.
- 5.6. In July 2017, the Council's Medium Term Financial Strategy (MTFS) was presented to members. This referenced a number of risks, the likelihood and impacts of which remain uncertain. The main risks are in the areas of:
- government policy and funding changes;
 - development and changes for London via the devolution agenda;
 - employment and business prospects impacting the local tax take; and
 - demographic change and the wider social implications resulting from the above.
- 5.7. For 2018/19 and beyond, to put the Council's finances on a sustainable footing, the MTFS identifies the need for £33m of ongoing savings in the two years to 2019/20 – split £22m in 2018/19 and £11m in 2019/20.
- 5.8. The MTFS also anticipates that post 2020 approximately £10m per year of savings will be required. These longer dated savings projections remain uncertain pending confirmation of any policy, funding, or wider economic changes. These estimates will be revisited for any implications from the Chancellor of the Exchequer's Autumn Budget in November and Local Government Finance Settlement announcement in December. And, looking further ahead, for the next Comprehensive Spending Review (CSR) expected in 2020.

6. LEWISHAM FUTURE PROGRAMME APPROACH

- 6.1. The Lewisham Future programme is the Council's approach to making the transformational changes necessary to reposition itself strongly for the future

while living within the financial resources at its disposal. It is guided by the Council's enduring values and Corporate Savings Principles agreed in 2010 (see Appendix x), the elected administration's manifesto commitments, and its emerging political priorities for the savings.

- 6.2. The Council continues to approach the task of identifying savings around the thematic and service areas agreed in the Programme. This involves looking at the anticipated savings required for the five years to 22/23, considering the finances available, growth and other pressures on Council services, and other wider social and economic risks and opportunities. The MTFs identifies a base line savings requirement of £52m over the next five years, equivalent to a reduction of 22% from the 2017/18 net General Fund budget of £232m.
- 6.3. Given the level of uncertainty noted in the financial context above, targets by work strand have only been set for the next two years, to 2019/20. These total £33m and will take the Council to the end of the current four year settlement from Government to 2019/20. As in previous years, the Lewisham Future Programme continues to try and protect front line services where possible and fairly reflect what has been delivered to date.

Work strand and savings target as % of net General Fund budget		£m
A	Smarter & deeper integration of social care & health	-9.2
B	Supporting people	-0.0
D	Efficiency	-0.0
E	Asset rationalisation	-6.6
H	Enforcement & regulation	-0.0
I	Management & corporate overheads	-4.9
J	School effectiveness	-0.9
K	Crime reduction	-0.0
L	Culture & community services	-1.5
M	Housing strategy & non-HRA services	-0.9
N	Environmental services	-3.4
O	Public services	-2.1
P	Planning & economic development	-0.9
Q	Safeguarding & early intervention services	-2.6
	Total	-33.0

- 6.4. As for 2017/18 the cross cutting work strands C, F & G have not been set targets. These areas, include business and customer transformation, shared services, and income generation. This is to avoid duplicate work and the risk of double counting. This does not mean work in these areas stops, indeed these areas are the focus of the Lewisham 2020 approach set by members (see below).
- 6.5. Savings identified by these enabling approaches will be tracked but with the main financial monitoring continuing via the service budgets. This is to ensure that the Council has a direct view and understanding of where savings are

being taken from budgets and that the responsible budget holders are clear on the budgets they have and are responsible for managing within

- 6.6. The focus of the savings has to be on the net General Fund budget as this is the subject of the statutory requirement for the Council to set a balanced budget. However, in respect of the Lewisham 2020 transformation enablers it is also important to look at the full (gross) scale of activity to effectively change operational models and culture through different ways of working. This further highlights where the scale of the Council's activity is and where there are more opportunities to re-shape, rather than stop services, while delivering the savings required.

7. PRINCIPLES

- 7.1. As noted above, the proposals are presented by Lewisham Future Programme thematic work strand. They have been developed with regard to the nine savings principles defined by the Council to take a one Council view (avoid cost shunting), build for sustainable options where possible, and be equitable by putting the customer first (see Appendix x).
- 7.2. Savings are presented in the context of the budget and scope of the service areas in each work strand. The savings are presented as (although not in this order): 1) those proposals officers are progressing, 2) those proposals which need further member input and decisions to progress, and 3) those areas under review but further work is required before savings can be proposed with certainty.
- 7.3. To facilitate tracking of the individual proposals, as was done last year, the referencing used by Lewisham Future Programme work strand is the same and the numbering continues on from the 2017/18 proposals.

8. LEWISHAM 2020

- 8.1. The savings proposals will also be assessed through the lens of the enabling approaches, set out in the Lewisham 2020 strategy, to help with monitoring how the savings and service changes are delivered.
- 8.2. The Lewisham 2020 themes are:
- Creating the conditions where communities will be able to support themselves;
 - Actively exploring all opportunities to share services;
 - Digitising our services and our interactions with residents (to help simplify and manage demand); and
 - Developing entrepreneurial approaches to income generation, particularly in relation to assets.

- 8.3. The table below summarises examples of savings made to date and proposed (as set out in this report) by Lewisham 2020 transformation theme.

Transformation theme	Examples - proposed
Communities supporting themselves	<ul style="list-style-type: none"> None at this time
Sharing Services	<ul style="list-style-type: none"> None at this time
Digitising services	<ul style="list-style-type: none"> Implementing enterprise resource planning system for finance, HR & payroll processes
Managing demand	<ul style="list-style-type: none"> Offering better housing solutions for those in temporary accommodation
Income generation	<ul style="list-style-type: none"> Improve accuracy of single person discount claims Planning Services

- 8.4. In addition to the approaches noted above, the level of savings required continues to require work on cost control in all areas (e.g. use of agency staff, contract management, etc.) and an acceptance of more service and financial risk through leaner corporate governance, risk and control arrangements.

9. SAVINGS

- 9.1. The £4m of savings presented in overview in this section all relate to the savings required of £22m in 2018/19. The £0.6m of previously agreed savings for 2018/19 that also contribute to this target are recapped in Section 11 below.
- 9.2. As there is a substantial gap in the level of savings proposed against the target required for 2018/19, the current financial position and ongoing work is also presented by work strand.

A Smarter & deeper integration of social care & health

Budget

2017/18 Budget book			Savings target for 2018/19 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
112.9	-44.3	68.6	-6.1

Scope

- 9.3. The largest part of this area's spend relates to the delivery of Adult Social Care services, which offer a range of care and support services to help frail, disabled and other vulnerable adults to remain independent, active and safe.

Support is provided in their own homes, in a community setting or in a care home. Also important to the success of this area is the work with partners on shaping local health services and support for the health of the local population.

- 9.4. This work strand now excludes changes to Public Health funding (including early years health visiting) as the ongoing annual reductions of this grant to 2019/20 are being managed separately to keep spending in line with available grant (see Section 12 below).
- 9.5. The gross level of expenditure reflects the level of annual Better Care Fund and improved Better Care Fund monies, income from self-funding clients, and other grants for these services. The net budget includes the contribution from the Adult Social Care precept raised as part of the Council Tax which is meeting the above inflationary rises to the London Living Wage.
- 9.6. The Adult Social Care Precept (ASCP) was levied in 2016/17 at 2% on Council Tax and in 2017/18 at 3%. Going into 2018/19 this has added £4.6m to the service budget. As part of the four year settlement with Government to 2019/20 the Council can levy a further 3% on Council Tax for the ASCP. The MTFS assumes this will be done by 1% on 2018/19 and 2% in 2019/20.

Savings

- 9.7. In 2017/18 the service is forecasting an overspend of £1m which includes unachieved savings of £3m which have slipped.
- 9.8. Work continues to deliver these savings as planned. The savings are dependent on delivery of the extra care housing schemes, effective care planning, managing commissioning and market stability, and service reorganisations to take advantage of the systems upgrade and digital transformation work currently underway.
- 9.9. This service area is very dependent of the good working relationships with partners and there is a lot of potential change in respect of the integration of health and care governance, financing and operational arrangements, both locally and at the south east London regional level. This complicates planning.
- 9.10. No new savings are proposed at this time as the work still in progress needs to be concluded and the impact evaluated to avoid any unintended consequences. This leaves a savings gap for 2018/19 of £6.1m for this workstrand.

B – Supporting People

Budget

2017/18 Budget book			Savings target for 2018/19 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
17.6	-8.2	9.4	-0.0

Scope

- 9.11. The service is focused on supporting those vulnerable people who are working to overcome addiction, the impact of violence or mental health issues to help them get back into main stream support.

Savings

- 9.12. This service are is current forecasting a balanced budget for 2017/18.
- 9.13. No further savings target has been set for this area in 2018/19 following the re-procurement of contracts in recent years. This will be kept under review. Nonetheless the service is proposing one saving for £70k in respect of service rental income.

Risks

- 9.14. The risk of taking this approach is felt to be minimal at 1% of the budget.

Summary

- 9.15. The potential saving for work strand B – is:

D – Efficiency Review	18/19 £'000	Key decision	Public consultation	Staff consultation
B4 – Service economy rental income	70	N	N	N

- 9.16. Please see appendix i for the saving proforma B4.

D Efficiency Review

Budget

- 9.17. No specific budget applies to this work strand and as such no savings target has been attributed. However, as set out in the MTFs, allowance is made in the financial modelling for the budget for annual inflationary increases. For 2018/19 these are £1.1m for pay and £2.6m for non-pay expenditure.

Savings

9.18. For the past four years the allocation of inflation has been reduced by £2.5m annually as a general cost control measure. It is now proposed to reduce the levels of inflationary growth allocated to services by £1.0m when setting the base budgets for 2018/19.

Risks

9.19. The risk to achieving this saving is that services will not be able to contain their expenditure within the tighter limits, either on staffing costs (including agency spend) or contract expenditure, resulting in an overspend.

Summary

9.20. The potential saving for work strand D – is:

D – Efficiency Review	18/19 £'000	Key decision	Public consultation	Staff consultation
D2 – reduction in allocated inflation	1,000	Y	N	N

9.21. Please see appendix i for the saving proforma D2.

E Asset rationalisation

Budget

2017/18 Budget book			Savings target for 2018/19 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
47.7	-40.4	7.3	-4.4

Scope

9.22. This service works to renew the physical fabric of the borough sustainably and to enhance the overall well-being of Lewisham as a place. This is managed through programme management capital delivery, school place expansion programme, town centre regeneration, asset strategy, contract management, maintenance of the corporate estate (including investment assets), and transport (including highways improvement and lighting).

Savings

- 9.23. This service are is forecasting an overspend of £0.6m for 2017/18, mainly due to shortfalls income from utilities companies for licensed work and advertising income.
- 9.24. While not delivered exactly as profiled, the service has delivered the budget reductions agreed as savings in previous years. Given the scale of the Council’s assets and landlord commitments, any significant future savings will need to come as income from development rather than cost reduction. By its nature such development is complex and takes time, many years, to bring forward.
- 9.25. As part of this work is ongoing to bring forward Private Rented Scheme (PRS) development options as a means to generating additional income for the Council while also providing additional housing stock in the Borough.
- 9.26. **E8** – Establishment of Joint Venture to develop Besson Street PRS - £0.5m
 - Subject to the Mayor and Cabinet decision on the Besson Street procurement in December 2017, it is anticipated that the value realised from the proposed partnership will start to accrue from 2018/19.

Risks

- 9.27. The risks and challenges to achieving these savings will be the ability to appraise, design, procure, partner and deliver developments at pace and in line with the Council’s, often competing, financial, economic development, planning and social objectives.

Summary

- 9.28. The potential saving for work strand E – is:

E – Asset Rationalisation	18/19 £'000	Key decision	Public consultation	Staff consultation
E8 – income from PRS joint venture for Besson St.	500	Y	N	N

- 9.29. Please see appendix ii for the saving proforma E8. This leaves a savings gap for 2018/19 of £3.9m for this work strand.

H Enforcement & regulation

- 9.30. No savings target has been set for this area following the major reorganisation and change of approach to an intelligence led and targeted response service. Some aspects of this service, in particular food standards, are subject to

external inspection and the approach now in place is proven but with concerns noted for any further reductions. The service performance is being monitored before further risks and savings are considered.

I Management & corporate overheads

Budget

2017/18 Budget book			Savings target for 2018/19 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
22.4	-5.7	16.7	-3.3

Scope

- 9.31. The services included within this work strand include the corporate and democratic core, the cost of members and senior management, and the corporate administrative services that help coordinate and support the externally focused work in Directorates. These services include: Human Resources; Legal and Electoral Services; Corporate Resources; Finance; Policy, Performance and Governance; and Strategy.

Savings

- 9.32. Most of these services are spending to budget in 2017/18. The main exception is Information Technology where an overspend of £1.2m is forecast. This has arisen due to: 1) the higher than expected costs to complete the digital upgrade work as part of making Lewisham's technology fit for purpose going into the shared service with the London Borough of Brent; and 2) lower than expected savings from the expansion of the shared service to include other partners, most recently the London Borough of Southwark.
- 9.33. From this starting point, the four savings proposed in this work strand continue the rigorous focus on tightening up procedures to increase productivity and realise further efficiencies. They are:
- 9.34. **I12** – Administration budget cut - £0.02m
- Further reduce the administrative budget to support senior management
- 9.35. **I13** – More efficient and effective finance processes - £0.2m
- Following the move to Oracle Cloud as part of the 'Invest to Save' work to implement an Enterprise Resource Planning (ERP) system, revisit the finance operating model and procedures to streamline processes.
- 9.36. **I14** – Loss of the Police Officer secondment - £0.07m
- In 2017/18 the Police Officer secondment programme was ended by the Metropolitan Police Service.
- 9.37. **I15** – Review of accounting policies in respect of the balance sheet - £1.0m

- As part of the Treasury Management Strategy review the Council's Minimum Revenue Provision policy and re-evaluate the appropriate levels required in line with current asset valuations to remain prudent.

Risks

9.38. The risks and challenges to achieving these savings will be to ensure Council business is covered satisfactorily, undue risk and cost shunts do not arise, and statutory obligations continue to be met in full. These risks remain particularly acute in the area of management and corporate overheads as the Council has emphasised savings from these corporate support functions and their related activities in services (e.g. local finance, technology and business support activities) to protect front line services to citizens.

Summary

9.39. The savings being proposed for work strand I – are:

I – Management & corporate overheads	18/19 £'000	Key decision	Public consultation	Staff consultation
I12 – Administration budget cut	20	N	N	N
I13 – More efficient and effective finance processes	200	N	N	Y
I14 – Loss of the Police Officer secondment	70	N	N	N
I15 – Review of accounting policies in respect of the balance sheet	1,000	Y	N	N

9.40. Please see appendix iii to vi for the saving proforma proposals I12 to I15. This leaves a savings gap for 2018/19 of £2.0m for this work strand.

J School effectiveness

Budget

2017/18 Budget book			Savings target for 2018/19 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
2.6	-1.1	1.5	-0.6

Scope

9.41. The Service includes all functions related to raising standards of achievement in schools; governors; elective home education; the Attendance and Welfare service; improving schools' and settings' capacity to meet the needs and raise

standards for all children. The Service also includes Looked After Children education, Not in Education or Employment Training (NEET) reduction, a traded HR service for schools and places planning and delivery of those places across early years, mainstream school places and Special Education Needs (SEN) places.

Savings

- 9.42. The service is currently spending to budget. While it is not anticipated that the Council's statutory duties for schools, and particularly safeguarding within them, will be removed schools funding is to be channelled to them directly. This is likely to change the relationship and level of engagement the Council has with schools and the related costs or recharges appropriate for the Council's work with schools in future.
- 9.43. The savings proposed for this are:
- 9.44. **J3** – Statutory functions for school effectiveness - £0.36m
- The Department for Education (DfE) has moved the grant supporting statutory education services to the schools.

Risks

- 9.45. The risks to this service include the demographic pressures with a growing number of children and young people in London, a rising level of need for additional support in schools with a high level of pupils eligible for free school meals, and the national funding formula changes which is putting cost pressures on Lewisham schools.

Summary

- 9.46. The savings being proposed for work strand J – are:

J – School Effectiveness	18/19 £'000	Key decision	Public consultation	Staff consultation
J3 – Statutory functions for school effectiveness	360	?	?	?

- 9.47. Please see appendix vii for the saving proforma for proposal J3. This leaves a savings gap for 2018/19 of £0.24m for this work strand.

K Crime reduction

Budget

2017/18 Budget book			Savings target for 2018/19 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
3.1	-1.2	2.9	-0.0

Scope

- 9.48. The service is focused on Crime reduction, safer neighbourhood initiatives and CCTV. Supporting children and young people who are involved in or are the victims of crime.

Savings

- 9.49. No savings target has been set for this area as it is now almost entirely covered by the overlap with decisions on public health spending and reliance on London Mayoral funding. Overall the service is on budget but experiencing some pressures from Youth Justice and Remand costs.
- 9.50. However, a saving for £30k is proposed to reduce the allocated resource to support problem solving processes which could require small amounts of resources to deliver and tackle problems identified throughout the year.

Risks

- 9.51. The risk of taking this approach will be slower and less flexible response from the Council impacting users and partners.

Summary

- 9.52. The potential saving for work strand K – is:

K – Crime Reduction	18/19 £'000	Key decision	Public consultation	Staff consultation
K5 – Reduce budget for problem solving support	30	N	N	N

- 9.53. Please see appendix **i** for the saving proforma K5.

L Culture & community services

Budget

2017/18 Budget book			Savings target for 2018/19 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
16.5	-7.2	9.3	-1.0

Scope

- 9.54. The service area is responsible for libraries, arts and entertainment, adult education, community/neighbourhood development (including grants programme) and leisure, sports and recreation activities.

Savings

- 9.55. The service is on budget for 2017/18 with a previously agreed saving for 2018/19 – see Section 11 below. The majority of services here fall into those described in Section 10 below and no savings are proposed at this time.
- 9.56. This leaves a savings gap for 2018/19 of £1.4m for this work strand.

M Housing strategy & non-HRA services

Budget

2017/18 Budget book			Savings target for 2018/19 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
26.5	-20.9	5.6	-0.6

Scope

- 9.57. This division includes the following service areas: housing strategy and programmes; housing needs (including housing options and homesearch); and private sector housing agency.

Savings

- 9.58. The service is on budget for 2017/18 but with some variations in spending by area as welfare reforms impact and housing developments come on stream. The saving proposed is:
- 9.59. **M8** - Reduced costs of providing nightly paid accommodation - £0.25m
- This will be achieved by focusing on demand, cost, and developing more suitable alternative accommodation.

Risks

- 9.60. The risks and challenges to achieving these savings are to address current pressures on No Recourse to Public Funds, Temporary Accommodation and

an income shortfall on private sector leasing services while also delivering savings.

Summary

9.61. The savings being proposed for work strand M – are:

M – Housing strategy and non HRA services	18/19 £'000	Key decision	Public consultation	Staff consultation
M8 – Reduced costs of providing nightly paid accommodation	250	N	N	N

9.62. Please see appendix viii for the saving proforma for proposal M8. This leaves a savings gap for 2018/19 of £0.3m for this work strand.

N Environmental services

Budget

2017/18 Budget book			Savings target for 2018/19 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
35.9	-17.5	18.5	-2.3

Scope

9.63. This division includes the following service areas: waste management (refuse and recycling); cleansing (street sweeping); Green Scene (parks and open spaces); fleet and passenger services; bereavement services, and markets.

Savings

9.64. The service is forecasting an overspend of £2m in 2017/18. This is due to unachieved savings due to the delayed implementation of savings in respect of service changes and anticipated income streams, and rising contract and waste disposal costs.

9.65. A review of shared service options for refuse collection and the depot is underway but these are longer dated to deliver. An added complexity is that the Wearside depot site may be impacted by the Bakerloo Line extension. Transport for London (TfL) recently consulted on proposals for a ventilation and access shaft on the north eastern part of the Wearside depot site, together with a wider piece of land around this shaft for a works site. TfL are also proposing that overrun tunnels, which provide parking for trains that

are not in operation, be located underneath this portion of the depot site. These tunnels may assist in the potential second phase of the Bakerloo Line extension from Lewisham to Hayes. This could have an impact on the future use of the site.

- 9.66. The focus is on delivering these previously agreed savings and exploring the potential future strategic options for the service. No new savings are proposed at this time. This leaves a savings gap for 2018/19 of £2.3m for this service.

O Public services

Budget

2017/18 Budget book			Savings target for 2018/19 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
14.7	-2.4	12.3	-1.4

Scope

- 9.67. This division provides the ‘front door’ to a wide range of services across the Council. This includes the Customer Contact Centre; Registration; Revenues; Benefits; Business Support; Emergency Planning; and Parking Management services.

Savings

- 9.68. The service is currently overspending by £1m in 2017/18 mainly due to income shortfalls, cost of collection, and adjusting to less administration grant while also implementing Universal Credit. It is anticipate that management actions already in train will correct this position by 2018/19.
- 9.69. Management is working on extending these efficiencies through further automation of online forms to support channel shift, changing customer engagement and practices, and improving debt collection practices.
- 9.70. The saving proposed for 2018/19 relates to debt collection and is:
- 9.71. **O5** – Council tax single person discount review - £0.5m
- Following a more detailed data matching exercise on those claiming this discount it is expected that more Council Tax will now be collected.

Risks

- 9.72. The general risks and challenges to achieving savings in this area are the ability to communicate and change user expectations and the routes to

engaging with the Council. This should also improve compliance and limit the opportunities for customers to incorrectly present their circumstances

Summary

9.73. The saving being proposed for work strand O – is:

O – Public Services	18/19 £'000	Key decision	Public consultation	Staff consultation
O5 – Council tax single person discount review	500	N	N	N

9.74. Please see appendix viii for the saving proforma for proposal O9. This leaves a savings gap for 2018/19 of £0.9m for this work strand.

P Planning & economic development

Budget

2016/17 Budget book			Savings target for 2018/19 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
2.6	-1.6	1.0	-0.6

Scope

9.75. This division provides employment and business support for local businesses or those seeking to invest in Lewisham; maintenance of the local economic assessment; strategic leadership on business employment and the EU. Development and the use of land in the long term public interest are achieved through a positive and proactive approach to shaping, considering, determining, and delivering development proposals.

Savings

9.76. The service is currently forecasting a small underspend for 2017/18 due to slightly higher than anticipated income. As housing and planning policies continue to change and developments in Lewisham mature it is anticipated that the service will be able to generate more income.

9.77. The proposal is for the service to target additional income of £270k in 2018/19.

Risks

- 9.78. The risks and challenges to achieving these savings are tied to the performance of the London economy and the related demand for planning services that result.
- 9.79. Please see appendix xii for the saving proforma for proposal K5. This leaves a savings gap for 2018/19 of £0.3m for this workstrand.

Q Safeguarding & early intervention services

Budget

2017/18 Budget book			Savings target for 2018/19 £m
Gross Exp. £m	Income £m	Net Gen. Fund Exp. £m	
38.5	-0.8	37.7	-1.7

Scope

- 9.80. This work strand covers all Children’s Social Care functions, including early intervention services such as Children’s Centres and Targeted Family Support. The service works with children who need to be looked after and safeguarded from harm.
- 9.81. The work strand also includes the services to individual children with complex needs; those with special educational needs; the youth service; and the youth offending service and health care commissioning for children and young people.

Savings

- Overspending by £7.5m across children social care by £5.6m and targeted services/early intervention by £1.9m
 - Some £1m of undelivered savings and savings strategy focused on strengthened MASH arrangements and more local fostering options
- 9.82. In 2017/18 the service is forecasting an overspend of £7.5m which includes unachieved savings of £1m which have slipped. Overspending on these services is a recognised pressure for councils nationally.
- 9.83. The bulk of the overspend reflects higher than expected demand for these services which drives overspending on both staffing budgets to manage the work and through the cost of placements and support. In the long run the decisions in the MASH will help manage this demand and flow through to placements.
- 9.84. Consistent with the strategic direction established by the service following the Ofsted review in 2016/17, work is ongoing to better understand the data and

performance of current social work practices to influence decision making and the allocation of resources to help reduce reliance on agency staff and the number and the cost of placements through earlier and alternative less costly interventions where possible. This is being supported by the digital transformation work in progress to improve systems and service information.

- 9.85. No new savings are proposed at this time as the work still in progress needs to be concluded. This leaves a savings gap for 2018/19 of £1.7m for this workstrand.

10. OTHER AREAS

Discretionary spend

- 10.1. In preparing the above there is over £10m of discretionary spend which has not been put forward for further consideration at this stage.
- 10.2. These budgets are for valued services. However, with some minimum statutory obligations, they are discretionary services. So if the savings proposals presented here and to follow do not meet the level of savings necessary to set a balanced budget, then these discretionary spend areas may also need to be revisited before 2019/20.

11. PREVIOUSLY AGREED SAVINGS

- 11.1. In September 2016, the Mayor agreed savings for 2018/19. These, totalling £0.580m, are tabled below and re-presented to the Mayor for noting and re-endorsement:

Previously Agreed 2018/19 Revenue Budget Savings Proposals

Ref.	Description	2018/19 £'000
A	Smarter & deeper integration of social care & health	
A19	Workforce productivity from better technology	300
L	Culture and Community Services	
L8	Facilities management – retender of contract for Deptford Lounge	130
Q	Safeguarding and Early Intervention	
Q6	Developing alternative pathways for care – improved planning	100
Q7	Redesign of CAMHS	50
	Total	580

12. PUBLIC HEALTH

- 12.1. Following the Spending Review and Autumn Statement 2015 the Government announced further cuts to funding for public health services and a continuing of the ring fence. In 2017/18 the additional responsibility for early years health visiting was transferred to local authorities as part of the public health funding.
- 12.2. For Lewisham, while the annual reduction is less than for the general fund, there is still a requirement of for an annual 2.6% reduction, or £0.7m, per year.
- 12.3. The proposals for reducing public health spending are being managed by the Community Services Directorate under the scrutiny of the Healthier Select Committee. For 2018/19 the saving of £0.7m is expected to be largely met through the shared services work across London to align and reduce tariffs for sexual health services.

13. TIMETABLE

- 13.1. The key dates for considering this savings report via scrutiny and Mayor and Cabinet (M&C) are as follows:

Review of Savings proposals	Children & Young People	Healthier	Housing	Public Accounts	Safer Stronger	Sustainable
Select Ctte.	1 Nov	1 Nov	9 Nov	16 Nov	2 Nov	8 Nov
M&C	6 December					

- 13.2. The M&C decisions are then subject to the usual Business Panel scrutiny call in process and reconsideration at the following M&C if necessary. This report will be presented to the Overview and Scrutiny Business Panel on the 19th December 2017.
- 13.3. If required, two more savings rounds can be taken through the decision process, still with the possibility of achieving a full-year effect of savings in 2018/19. The key dates for these rounds are as follows:

Review of Savings proposals	Children & Young People	Healthier	Housing	Public Accounts	Safer Stronger	Sustainable
Select Ctte.	11 Dec	30 Nov	14 Dec	20 Dec	13 Dec	14 Dec
M&C	10 January 2018					
Select Ctte.	30 Jan	24 Jan	31 Jan	6 Feb + Budget	25 Jan	18 Jan
M&C	7 Feb + Budget					

- 13.4. The Overview and Scrutiny Business Panel for these rounds will be 23 January and 20 February respectively.
- 13.5. In addition to the above, further proposals will need to be presented for decision during 2018/19, with the possibility of achieving a partial year effect for that year and full year effect for future years.

14. FINANCIAL IMPLICATIONS

- 14.1. This report is concerned with the saving proposals to enable the Council to address the future financial challenges it faces. There are no direct financial implications arising from the report other than those stated in the report and appendices itself.

15. LEGAL IMPLICATIONS

Statutory duties

- 15.1. The Council has a variety of statutory duties which it must fulfil by law. The Council cannot lawfully decide not to carry out those duties. Even where there is a statutory duty there is often a discretion about the level of service provision. Where there is an impact on statutory duty that is identified in the report. In other instances, the Council provides services in pursuit of a statutory power, rather than a duty, and though not bound to carry out those activities, decisions about them must be taken in accordance with the decision making requirements of administrative law.

Reasonableness and proper process

- 15.2. Decisions must be made reasonably taking into account all relevant considerations and disregarding all irrelevant matters. These are particular to the service reductions proposed and are set out in the body of the report. It is also imperative that decisions are taken following proper process. Depending on the particular service concerned, this may be set down in statute, though not all legal requirements are set down in legislation. For example, depending on the service, there may be a need to consult with service users and/or others and where this is the case, any proposals in this report must remain proposals unless and until that consultation is carried out and the responses brought back in a further report for consideration with an open mind before any decision is made. Whether or not consultation is required, any decision to discontinue a service would require appropriate notice. If the Council has published a procedure for handling service reductions, there would be a legitimate expectation that such procedure will be followed.

Staffing reductions

- 15.3. If service reductions would result in redundancy, then the Council's usual redundancy and redeployment procedure would apply. If proposals would result in more than 20 but fewer than 100 redundancies in any 90 day period, there would be a requirement to consult for a period of 30 days with trade unions under Section 188 Trade Union and Labour Relations (consolidation) Act 1992. The consultation period increases to 45 days if the numbers are 100 or more. This consultation is in addition to the consultation required with the individual employees. If a proposal entails a service re-organisation, decisions in this respect will be taken by officers in accordance with the Council's re-organisation procedures.

Equalities Legislation

- 15.4. The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 15.5. In summary, the Council must, in the exercise of its functions, have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - Foster good relations between people who share a protected characteristic and those who do not.
- 15.6. It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed in the paragraph above.
- 15.7. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. The Mayor must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.
- 15.8. The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled "Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice". The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what

public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at:

<https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-codes-practice>

15.9. <https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance>

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

- The essential guide to the public sector equality duty.
- Meeting the equality duty in policy and decision-making.
- Engagement and the equality duty: A guide for public authorities.
- Objectives and the equality duty. A guide for public authorities.
- Equality Information and the Equality Duty: A Guide for Public Authorities.

15.11. The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at:
<https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance#h1>

15.12. The EHRC has also issued Guidance entitled “Making Fair Financial Decisions”. <https://www.equalityhumanrights.com/en/advice-and-guidance/making-fair-financial-decisions>. It appears at Appendix ix and attention is drawn to its contents.

15.13. The equalities implications pertaining to the specific service reductions are particular to the specific reduction.

15.14. Members are reminded that the overall equalities in respect of these savings and the other scrutinised and presented to Mayor & Cabinet in September 2015 were considered through the individual proposals and overall. Appendix xi presents that information for ease of reference.

The Human Rights Act

15.15. Since the introduction of the Human Rights Act 1998 (HRA) the rights set out in the European Convention on Human Rights (ECHR) have been incorporated into UK law and can be enforced in the UK courts without recourse to the European courts.

15.16. Those articles which are particularly relevant in to public services are as follows:-

- Article 2 - the right to life
- Article 3 - the right not to be subject to inhuman or degrading treatment
- Article 5 - the right to security of the person
- Article 6 - the right to a fair trial
- Article 8 - the right to a private and family life, home and correspondence
- Article 9 - the right to freedom of thought, conscience and religion
- Article 10 - the right to freedom of expression
- Article 11 - the right to peaceful assembly
- Article 14 - the right not to be discriminated against on any ground

The first protocol to the ECHR added

- Article 1 - the right to peaceful enjoyment of property
- Article 2 - the right to education

15.17. Some of these rights are unconditional, such as the right not to be tortured or subject to degrading treatment. Others may be limited in finite and well defined circumstances (such as the right to liberty. Others are qualified and must be balanced against the need of the wider community – such as the right to a private and family life. Where there are human rights implications associated with the proposals in this report regard must be had to them before making any decision.

Crime and Disorder

15.18. Section 17 of the Crime and Disorder Act 1998 requires the Council to have regard to the likely effect on crime and disorder when it exercises its functions, and the need to do all that it reasonably can to prevent crime and disorder in its area.

Best value

15.19. The Council remains under a duty under Section 3 Local Government Act 1999 to secure continuous improvement in the way its functions are exercised, having regard to a combination of economy, efficiency and effectiveness. It must have regard to this duty in making decisions in respect of this report.

Environmental implications

15.20. Section 40 Natural Environment and Rural Communities Act 2006 states that “every public authority must, in exercising its functions, have regard, so far as is consistent with the proper exercise of those functions to the purpose of conserving biodiversity”. No such implications have been identified in this report.

Specific legal implications

15.21. Members’ attention is drawn to the specific legal implications arising in relation to particular proposals set out in this report in Appendices i to ix.

EQUALITIES IMPLICATIONS

15.22. Each new saving proposal reviews the potential equalities implications for those impacted. In this case, with one exception, they are all Low or Not Applicable (N/A). The assessed medium impact is in respect of the crime reduction proposal, K5. Subject to being agreed, these assessments will be kept under review as the services are implemented.

15.23. They current assessed equality implications for new proposals are as follows:

- **B4** Supporting People – Low as a 1% budget reduction
- **D2** Efficiency review – Low as applied evenly and proportionally across all areas of spend.
- **E8** Develop PRS – N/A as such schemes are in the market.
- **I12** Admin budget cut – N/A as this is not a service budget
- **I13** Finance restructure – Low and any staff change will be managed in line with the Council’s HR policy for managing change
- **I14** Police Officer – N/A as this was an external scheme that had been cancelled
- **I15** MRP review – N/A as this is a technical accounting review
- **J3** School effectiveness – N/A as this is a funding change and not a service reduction
- **K5** problem solving – Medium as, while a small saving, this limits flexibility of service and partners
- **M8** less nightly paid – Low and positive as will help people into better accommodation
- **O5** Council Tax collection – N/A as no change to the policy
- **P3** Planning income – N/A as choice to use the service is discretionary

16. CONCLUSION

16.1. The Council expects to need to make further savings between now and 2019/20 as the resources available to run services continue to be reduced and because insufficient savings have been identified to date. This is resulting in

the Council using its reserves when setting the budget. This is not sustainable as reserves are only available on a once off basis.

- 16.2. The expected amount and timing of the savings for 2018/19 and future years has been detailed above. However, the definitive position is dependent on the Autumn Budget and Local Government Finance Settlement due in November and December respectively. For these reasons the work of the Lewisham Future Programme continues.

17. BACKGROUND DOCUMENTS AND FURTHER INFORMATION

Short Title of Report	Date	Contact
Medium Term Financial Strategy http://councilmeetings.lewisham.gov.uk/documents/s51446/Medium%20Term%20Financial%20Strategy.pdf	July 2017	David Austin
Budget 2017/18 http://councilmeetings.lewisham.gov.uk/documents/s47966/2017%2018%20Budget%20Report.pdf	February 2017	David Austin

Appendices

- i. B4 – Supporting People
- ii. D2 – Efficiency review proposal
- iii. E8 - Asset rationalisation proposal
- iv. I12 - Management & corporate overhead proposal Policy & Governance
- v. I13 - Management & corporate overhead proposal Finance
- vi. I14 - Management & corporate overhead proposal Counter Fraud
- vii. I15 - Management & corporate overhead proposal Accounting review
- viii. J3 - School effectiveness proposal
- ix. K5 – Crime problem solving
- x. M8 - Strategic housing proposal
- xi. O5 – Public services proposal
- xii. P3 – Planning income
- xiii. Corporate Savings Principles
- xiv. Making Fair Financial Decisions guidance
- xv. Summary of Equalities Implications
- xvi. Summary of savings proposals

For further information on this report, please contact:

David Austin, Head of Corporate Resources on 020 8314 9114

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- i.** B4 – Supporting People
- ii.** D2 – Efficiency review proposal
- iii.** E8 - Asset rationalisation proposal
- iv.** I12 - Management & corporate overhead proposal Policy & Governance
- v.** I13 - Management & corporate overhead proposal Finance
- vi.** I14 - Management & corporate overhead proposal Counter Fraud
- vii.** I15 - Management & corporate overhead proposal Accounting review
- viii.** J3 - School effectiveness proposal
- ix.** K5 – Crime problem solving
- x.** M8 - Strategic housing proposal
- xi.** O5 – Public services proposal
- xii.** P3 – Planning income

Savings Proposals Appendices i to ix – October 2017

Appendix i

1. Savings proposal	
Proposal title:	Service economy rental income
Reference:	B4
LFP work strand:	Supporting People
Directorate:	Community Services
Head of Service:	Head of Public Protection and Safety
Service/Team area:	Supporting People
Cabinet portfolio:	Cabinet Member for Health, Wellbeing, and Older People
Scrutiny Ctte(s):	Healthier / Safer Stronger Select Committees

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) Service Economy	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
The supporting people service funds housing related support via a number of providers to clients with varying needs. These range from high-support hostels to floating support in the community. To date savings proposals have been put forward totalling £5.5m since 2013.
Saving proposal
The service receives income from rental and the savings proposal is 50% if this income. The full amount is not proposed as this is required to support the services.

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
The use of the income would support provision if not used for savings.
Outline risks associated with proposal and mitigating actions:
These are minimal and any resources allocated to this area are used directly for commissioning services .

5. Financial information				
Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	6,549	(1,171)	5,378	
HRA				
DSG				
Health				
Saving proposed:	2018/19 £'000	2019/20 £'000	2020/21 £'000	Total £'000
a) Service Economy	70	0	0	70
Total	70	0	0	70

Savings Proposals Appendices i to ix – October 2017

5. Financial information				
% of Net Budget	1%	%	%	1%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Y	N	N	N
If DSG, HRA, Health impact describe:				

6. Alignment to Lewisham 2020 priorities		
Main priority	Second priority	Lewisham 2020 priorities A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
A	D	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Medium	

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
8	9	
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
negative	negative	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Medium	

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

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	low	Pregnancy / Maternity:	Low
Gender:	low	Marriage & Civil Partnerships:	Low
Age:	low	Sexual orientation:	Low
Disability:	low	Gender reassignment:	Low

Savings Proposals Appendices i to ix – October 2017

9. Service equalities impact			
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

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No
Workforce profile:	

11. Legal implications
State any specific legal implications relating to this proposal:
No specific legal implications

12. 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:	
The main savings timetable for 2018/19 has been included here FYI. Please amend for proposal if different.	
Month	Activity
September 2017	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
October 2017	Proposals submitted to Scrutiny committees leading to M&C (despatch 24 October)
November 2016	Scrutiny meetings held with consultations ongoing
December 2017	Proposals to M&C for decision on 6 December (Despatch 29 Nov) and (full decision) reports returned to Scrutiny for review
January 2018	Transition work ongoing
February 2018	Transition work ongoing and budget set 21 February
March 2018	Savings implemented

Savings Proposals Appendices i to ix – October 2017

Appendix ii

1. Savings proposal	
Proposal title:	Corporate efficiency from unallocated inflation
Reference:	D2
LFP work strand:	Efficiency Review
Directorate:	Corporate
Head of Service:	Head of Corporate Resources
Service/Team area:	Strategic Finance
Cabinet portfolio:	Resources
Scrutiny Ctte(s):	Public Accounts Select Ctte

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) Corporate efficiency measure	Yes	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
This saving corporate and not related to any specific service area. It will be implemented through the annual budget process when agreed at Council in February 2018.
Saving proposal
The proposal is to not allocate £1m of the estimated £3.7m of inflation (£1.1m for pay and £2.6m for non-pay) to service budgets when setting the 2018/19 cash limits.

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
The impact cannot be identified specifically as this is a general corporate saving. The impact will however be very limited as it represents a reduction of less than a half of one percent from all service budgets. Services will have to manage how best to absorb the reduction to their budget. For example; negotiate contract or agency rates, hold vacancies, limit discretionary spend during the year, etc..
Outline risks associated with proposal and mitigating actions:
The risk is that services will not contain their expenditure within their budget. This would be identified quickly through the financial monitoring and highlighted for action.

5. Financial information				
Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	232,700		232,700	

Savings Proposals Appendices i to ix – October 2017

5. Financial information				
HRA				
DSG				
Health				
Saving proposed:	2018/19 £'000	2019/20 £'000	2020/21 £'000	Total £'000
a) Corporate efficiency from unallocated inflation	1,000			1,000
Total	1,000			
% of Net Budget	0.5%	%	%	0.5%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No
If DSG, HRA, Health impact describe:				

6. Alignment to Lewisham 2020 priorities		
Main priority	Second priority	Lewisham 2020 priorities
E		A. Strengthening community input
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	B. Sharing services
Low		C. Digitisation
		D. Income generating
		E. Demand management

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities
10		1. Community leadership and empowerment
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	2. Young people's achievement and involvement
Negative		3. Clean, green and liveable
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	4. Safety, security and a visible presence
Low		5. Strengthening the local economy
		6. Decent homes for all
		7. Protection of children
		8. Caring for adults and the older people
		9. Active, healthy citizens
		10. Inspiring efficiency, effectiveness and equity

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?
	N/A

Savings Proposals Appendices i to ix – October 2017

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

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No
Workforce profile:	

11. Legal implications
State any specific legal implications relating to this proposal:
None – this saving, if agreed, will be taken as part of the Budget report to Council February 2018.

12. 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:	
The main savings timetable for 2018/19 has been included here FYI. Please amend for proposal if different.	
Month	Activity
March 2018	Savings implemented

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Appendix iii

1. Savings proposal	
Proposal title:	Income from Private Rented Scheme (PRS) Joint Venture
Reference:	E8
LFP work strand:	Asset Rationalisation
Directorate:	Resources and Regeneration
Head of Service:	Executive Director
Service/Team area:	Regeneration & Place
Cabinet portfolio:	Regeneration
Scrutiny Ctte(s):	Housing Select Ctte

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) Generate rental income from PRS	Yes	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
<p>R&P and Strategic Housing are currently procuring a Joint Venture (JV) partner from the private sector. The Council will dispose of the Besson Street site into the JV, who will build, own and operate circa 230 Private Rental Sector (PRS) units. These units will comprise of at least 35% discounted London Living Rent units and provide a GP surgery at nil cost.</p>
Saving proposal
<p>Accounting for the procurement costs, financing costs, and management costs, the net annual rental revenues paid by the JV to the Council (in the form of an investment return) will generate circa £500k of new income for the Council over a period of not less than 30 years.</p> <p>The procurement is due to conclude and a report be presented to M&C on the 6 December 2017. It is anticipated that the JV will form in March 2018, with the land transfer (and receipt) in 2018/19 after successful planning approval.</p> <p>Annual rental income will be generated from approximately 2021/22 onwards.</p>

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
<p>Positive impact on housing provision within the Borough, improved access to private rented accommodation. Increased Council Tax receipts. New, improved GP practice.</p> <p>Council staffing/management of JV needs to be considered and provided.</p>
Outline risks associated with proposal and mitigating actions:

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4. Impact and risks of proposal

Planning risk – JV appoints suitable architects and enters into a Pre-Planning Application to mitigate this

Financial risk – costs of build increase or rental levels decrease – JV competitively tenders build package and ensures that product produced can attract appropriate rental income

Partnership Risk – JV collapses – an extended public procurement exercise has been used with detailed HoTs agreed to ensure that the JV structure is robust and the most suitable partner appointed.

5. Financial information				
Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	16,870	(9,479)	7,391	
HRA				
DSG				
Health				
Saving proposed:	2018/19 £'000	2019/20 £'000	2020/21 £'000	Total £'000
a)	500			500
Total	500			500
% of Net Budget	7%	%	%	7%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	Yes	No
If DSG, HRA, Health impact describe:			Transfer of site to GF will increase HRA headroom	

6. Alignment to Lewisham 2020 priorities

Main priority	Second priority	Lewisham 2020 priorities
D	E	A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Medium	

7. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
6	10	1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence
Impact on main	Impact on second	

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7. Impact on Corporate priorities		
priority – Positive / Neutral / Negative	priority – Positive / Neutral / Negative	5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Positive	Positive	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Medium	

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	Yes - New homes, community space and commercial space
	If impacting one or more wards specifically – which?
	New Cross

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	N/A	Pregnancy / Maternity:	N/A
Gender:	N/A	Marriage & Civil Partnerships:	N/A
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:			
N/A			
Is a full service equalities impact assessment required: Yes / No			No

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No
Workforce profile:	

11. Legal implications
State any specific legal implications relating to this proposal:
<p>A M&C report is scheduled for the 6 December with full legal implications, including the formation of a JV and the approval to enter into this for the purpose of funding and developing the Besson Street site.</p> <p>The last M&C report was the 13 July 2016 and obtained approval to start the procurement of the JV partner.</p>

12. 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:
The main savings timetable for 2018/19 has been included here FYI. Please amend for proposal if different.

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12. Summary timetable	
Month	Activity
September 2017	Dialogue with bidders
October 2017	Final bids submitted
December 2017	M&C approval of JV partner
March 2018	Obtain SoS approval for disposal
March 2018	Enter JV, form new LLP
December 2018	Planning application made
March 2019	Land transfer to JV, land receipt received

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Appendix iv

1. Savings proposal	
Proposal title:	Administrative budgets
Reference:	I12
LFP work strand:	Management & Corporate Overheads
Directorate:	Resources & Regeneration
Head of Service:	Head of Policy and Governance
Service/Team area:	Executive Support
Cabinet portfolio:	Resources
Scrutiny Ctte(s):	Public Accounts Select Ctte

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
Reduction of administrative budget	N	N	N

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
<p><u>Support to senior management and directorates</u></p> <p>This area of business provides support to senior management (Chief Executive, Executive Directors, Director and Heads of Service) and includes staffing and administrative costs. The function provides a wide range of administrative and clerical activities that support senior management in the planning and co-ordination of business within and across directorates. The function supports both internal (Mayor and Councillors) and external relations (with Government departments, partner agencies and the public). Significant reductions in staffing support have been delivered in recent years, culminating in the consolidation of most of these functions into a central location.</p>
Saving proposal
<p>A saving of £20k will be made from top slicing administrative budgets across the support activities to senior management.</p>

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
<p>Significant savings have already been made on the staffing support over recent years through rounds of staff cuts in this area of business. The consolidation of the remaining staffing support, largely to one floor, has exploited the scope for some efficiencies of co-location to mitigate the impact of such staff reductions and management of administrative costs.</p> <p>The focus now is on top slicing operational or administrative budgets but it does increase risks to meeting basic administrative needs. These risks are mitigated in part by excluding the key subscriptions budgets (the LGA and London Councils) from this saving and the beneficial impact of going increasingly “paperless” (reducing demand</p>

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4. Impact and risks of proposal
for paper).
Outline risks associated with proposal and mitigating actions:
None noted

5. Financial information				
Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	65	0	65	
HRA				
DSG				
Health				
Saving proposed:	2018/19 £'000	2019/20 £'000	2020/21 £'000	Total £'000
Reduce administrative budget	20			20
Total				
% of Net Budget	31%	%	%	31%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No
If DSG, HRA, Health impact describe:				

6. Alignment to Lewisham 2020 priorities		
Main priority	Second priority	Lewisham 2020 priorities
E		A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
M		

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities
10		1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Neutral		
Level of impact on main priority –	Level of impact on second priority –	

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7. Impact on Corporate priorities		
High / Medium / Low	High / Medium / Low	9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Low		

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

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	n/a	Pregnancy / Maternity:	n/a
Gender:	n/a	Marriage & Civil Partnerships:	n/a
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:			
Is a full service equalities impact assessment required: Yes / No			No

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No
Workforce profile:	

11. Legal implications
State any specific legal implications relating to this proposal:
None

12. 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:	
The main savings timetable for 2018/19 has been included here FYI. Please amend for proposal if different.	
Month	Activity
March 2018	Savings implemented as part of 2018/19 budget

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Appendix v

1. Savings proposal	
Proposal title:	Finance function efficiencies through the implementation of Oracle Cloud
Reference:	I13
LFP work strand:	I - Management and Corporate Overheads
Directorate:	Resources and Regeneration
Head of Service:	Head of Financial Services
Service/Team area:	Financial Services Division
Cabinet portfolio:	Resources
Scrutiny Ctte(s):	Public Accounts Select Ctte

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) Finance function service changes - £200k for 2018/19	No	No	Yes

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
<p>The Financial Services division forms part of the Resources and Regeneration Directorate. It provides a range of different services which include; a statutory accounting function including core reconciliations, financial business and management accounting advice to managers, as well as a payroll and pensions administration function. Similar to the approach taken in recent years, it should also be noted that discussions about 'finance' also includes the strategic finance team, which is part of the Corporate Resources division. This team provides a budget strategy, treasury management and pensions' investment function.</p>
Saving proposal
<p>The Financial Services Division is expected a saving at £300k over the course of the next two years, £200k for 2018/19 and £100k for 2019/20. This target could only be achieved in the context of ensuring that the Council continues to meet its financial statutory obligations. This proposal provides focus on the identification and delivery of the £200k saving for 2018/19.</p> <p>In May 2017, Mayor & Cabinet took a decision to integrate the IT functionality of the finance, procurement, human resources and payroll services through the development and implementation of an integrated Enterprise Resources Planning (ERP) solution. This programme, known as Oracle Cloud, is being designed to deliver a solution which will enable joined up information, processes and decision making. Amongst the most important element of business change, which financial services want to assist with, is encouraging business managers to take an enterprise view, by providing them with properly joined up information and a single entry point to initiate actions, rather than the separate ones for finance and human resources etc.,</p>

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3. Description of service area and proposal

To deliver these savings it will be necessary to undertake an in-depth review of the Council's finance function in terms of how the staff teams are arranged and specific duties they are required to undertake. The aspiration is to move the function more towards an advisory type position, but it will take time to get there. This work is underway and it will be possible to deliver revenue budget savings of £200k for 2018/19.

4. Impact and risks of proposal

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

The new solution is expected to engender greater self service for manages and budget holders throughout the organisation. Full adoption of the solution will be essential if the organisation is to fully realise the benefits and achieve the efficiencies needed.

Outline risks associated with proposal and mitigating actions:

Delivering savings of this order could have a significant impact on the council's ability to achieve its statutory obligations, the most fundamental one of which is to close the annual accounts and achieve a clean audit opinion at the end of that process. This will come about if officers are unable to fully realise the benefits of the new Oracle Cloud solution and ensure that it is used in the appropriate way.

Some of the function's routine responsibilities such as making statutory government returns (NNDR, Section 251, CTB, RA and RO forms etc.) would continue to be affected by reductions in the staffing compliment. Therefore, unless the finance function is deemed 'business ready' by April 2019 when the new Oracle Cloud solution is expected to have gone live, then there would be major risks of taking any more money out of the function. These risks are being mitigated through close monotonrongo of the Oracle Cloud design and delivery programme to ensure that any deviations from the plan can be appropriately rectified.

5. Financial information				
Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	4,682	(1,472)	3,210	
HRA				
DSG				
Health				
Saving proposed:	2018/19 £'000	2019/20 £'000	2020/21 £'000	Total £'000
a) Finance function service changes	200			200
Total	200			200
% of Net Budget	6%	%	%	6%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No

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5. Financial information				
If DSG, HRA, Health impact describe:				

6. Alignment to Lewisham 2020 priorities		
Main priority	Second priority	Lewisham 2020 priorities A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
Digitisation	Sharing Services	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
High	Medium	

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Inspiring Efficiency, effectiveness and equity	N/A	
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Positive	N/A	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
High	N/A	

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	None
	If impacting one or more wards specifically – which?

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

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9. Service equalities impact	
None	
Is a full service equalities impact assessment required: Yes / No	No

10. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Possibly
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				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	

11. Legal implications
State any specific legal implications relating to this proposal:
There are no specific legal implications which arise from agreeing this budget saving proposal. Any staffing changes, once identified, will be managed in compliance with the Council's managing change policy.

12. 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:	
The main savings timetable for 2018/19 has been included here FYI. Please amend for proposal if different.	
Month	Activity
September 2017	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
October 2017	Proposals submitted to Scrutiny committees leading to M&C (despatch 24 October)

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12. Summary timetable	
November 2016	Scrutiny meetings held with consultations ongoing
December 2017	Proposals to M&C for decision on 6 December (Despatch 29 Nov) and (full decision) reports returned to Scrutiny for review
January 2018	Transition work ongoing
February 2018	Transition work ongoing and budget set 21 February
March 2018	Savings implemented

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Appendix vi

1. Savings proposal	
Proposal title:	Loss of seconded Police Officer to Counter Fraud team
Reference:	I14
LFP work strand:	I – Management and Corporate Overheads
Directorate:	Resources & Regeneration
Head of Service:	Head of Corporate Resources
Service/Team area:	Audit & Risk – Anti Fraud and Corruption Team (A-FACT)
Cabinet portfolio:	Resources
Scrutiny Ctte(s):	Public Accounts Select Ctte

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) Loss of Police Officer secondment	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
The Anti-Fraud and Corruption Team (A-FACT) fulfils the statutory obligation on the Council to investigate Housing fraud. It also investigates, in accordance with legislation, allegations of misuses of public resources or internal fraud and promotes good practices to help protect public funds.
Saving proposal
Reduce the A-FACT budget by £70k to recognise the loss of the seconded police officer to Lewisham Council.
During 2017/18 the Metropolitan Police Service recalled all their Detective Constables, including the one seconded to Lewisham Council. They also confirmed that they would not be renewing this scheme that saw police officers seconded to London Boroughs and that in future this partnership working would return to being wholly between the authority and their local force.

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
The loss of the Police Officer will mean that any criminal cases will have to be taken up by the local force rather than directly. In addition the Police Officer was the Council's Financial Investigator, able to pursue Proceeds of Crime cases. This access and skills are being lost.
Outline risks associated with proposal and mitigating actions:
The risks are the inability to pursue criminal cases or seek the recovery of assets without the support of the local police or other qualified investigators. The mitigations are to continue working closely with the Borough police force and look to train another

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4. Impact and risks of proposal

member of the team and a Financial Investigator or access these skills through the CIPFA Counter Fraud hub on an as needed basis.

5. Financial information

Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	330	(30)	300	
HRA				
DSG				
Health				
Saving proposed:	2018/19 £'000	2019/20 £'000	2020/21 £'000	Total £'000
a) Loss of Police Officer seondment	70			70
Total	70			70
% of Net Budget	23%	%	%	23%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	Yes	No
If DSG, HRA, Health impact describe:			Some investigations concern housing matters	

6. Alignment to Lewisham 2020 priorities

Main priority	Second priority	Lewisham 2020 priorities
B		A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium		

7. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
10		1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Negative		
Level of impact on main priority –	Level of impact on second priority –	

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7. Impact on Corporate priorities		
High / Medium / Low	High / Medium / Low	9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Low		

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

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		Pregnancy / Maternity:	
Gender:		Marriage & Civil Partnerships:	
Age:		Sexual orientation:	
Disability:		Gender reassignment:	
Religion / Belief:		Overall:	N/A
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

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No
Workforce profile:	

11. Legal implications
State any specific legal implications relating to this proposal:
None

12. 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:	
The main savings timetable for 2018/19 has been included here FYI. Please amend for proposal if different.	
Month	Activity
March 2018	Savings implemented

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Appendix vii

1. Savings proposal	
Proposal title:	Balance sheet review of accounting policies
Reference:	I15
LFP work strand:	Management and corporate overheads
Directorate:	Resources & Regeneration
Head of Service:	Head of Corporate Resources
Service/Team area:	Strategic Finance and Core Accounting
Cabinet portfolio:	Resources
Scrutiny Cttee(s):	Public Accounts Select Cttee

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) Review of MRP accounting policy	Yes	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
The service area facilitates the Council's Strategic Finance activities (managing the savings and budget setting process, providing corporate finance advice (including procurement), performing treasury management functions, and managing the pension fund) to support delivery of Council objectives.
Saving proposal
As part of the Treasury Management Strategy, review the Council's Minimum Revenue Provision (MRP) policy and re-evaluate the appropriate levels required in line with current asset valuations to remain prudent and comply with international finance and CIPFA accounting guidance.

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
This is a technical finance accounting adjustment that will not directly impact service users.
Outline risks associated with proposal and mitigating actions:
The risk is that if there is a sudden swing in the value of the Council's assets an in year charge would need to be taken to the Council's revenue budget. This will be mitigated by ensuring the asset position is considered with reference to the underlying value of the assets and any related borrowing costs to ensure a prudent approach.

5. Financial information				
Controllable budget:	Spend	Income	Net Budget	

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5. Financial information				
General Fund (GF)	£'000	£'000	£'000	
	N/A		N/A – this concerns the balance sheet not revenue account	
Saving proposed:	2018/19 £'000	2019/20 £'000	2020/21 £'000	Total £'000
a) Review of MRP accounting policy	1,000			1,000
Total	1,000			1,000
% of Net Budget	%	%	%	%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No
If DSG, HRA, Health impact describe:				

6. Alignment to Lewisham 2020 priorities		
Main priority	Second priority	Lewisham 2020 priorities
N/A		A. Strengthening community input F. Sharing services G. Digitisation H. Income generating I. Demand management
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities
10		1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Neutral		
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Med		

8. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No Specific impact

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8. Ward impact	
	If impacting one or more wards specifically – which?
	N/A

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		Pregnancy / Maternity:	
Gender:		Marriage & Civil Partnerships:	
Age:		Sexual orientation:	
Disability:		Gender reassignment:	
Religion / Belief:		Overall:	N/A
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

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No
Workforce profile:	

11. Legal implications
State any specific legal implications relating to this proposal:
TBC – this will be part of setting the Council's Treasury Strategy as part of the budget in February 2018

12. 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:	
The main savings timetable for 2018/19 has been included here FYI. Please amend for proposal if different.	
Month	Activity
September 2017	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
October 2017	Proposals submitted to Scrutiny committees leading to M&C (despatch 24 October)
November 2016	Scrutiny meetings held with consultations ongoing
December 2017	Proposals to M&C for decision on 6 December (Despatch 29 Nov) and (full decision) reports returned to Scrutiny for review
January 2018	Transition work ongoing
February 2018	Transition work ongoing and budget set 21 February
March 2018	Savings implemented

Savings Proposals Appendices i to ix – October 2017

Appendix viii

1. Savings proposal	
Proposal title:	Statutory functions of School Effectiveness
Reference:	J3
LFP work strand:	School Effectiveness
Directorate:	Children and Young People
Head of Service:	Head of Standards and Inclusion
Service/Team area:	Access, Inclusion and Participation
Cabinet portfolio:	Children and Young People
Scrutiny Ctte(s):	Children and Young People

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
Statutory functions to be funded from DSG	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
The Attendance and Welfare service delivers services to ensure children and young people attend school and have appropriate access to education. This includes attendance and welfare, child employment and support for parents and schools on exclusions and the education of Looked After Children. Part of the service is traded with schools, the statutory functions have up to now been funded from the General Fund.
Saving proposal
The Department for Education removed the Education Services Grant (ESG) from Local Authorities in 2017/18. The grant was then treated as part of the General Fund. The Department for Education however moved the part of the grant that supported statutory education services to the Dedicated Schools Budget. It is now proposed that those former statutory services be funded out of the Dedicated Schools Grant.

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
None
Outline risks associated with proposal and mitigating actions:
The former education services grant has been incorporated into the new central block of the Dedicated Services Grant, potentially this could be reduced by central government or a fall in pupil numbers which would put pressure on these services. Over the past few years the level of the Dedicated Services Grant has been cash frozen and this is likely to continue in the future, making the need for efficiencies to be made in the service.

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5. Financial information				
Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	366	0	366	
HRA				
DSG				
Health				
Saving proposed:	2018/19 £'000	2019/20 £'000	2020/21 £'000	Total £'000
Statutory functions to be funded from DSG	366			366
Total	366			366
% of Net Budget	100%	%	%	100%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	Yes		
If DSG, HRA, Health impact describe:		Costs transferred to the DSG		

6. Alignment to Lewisham 2020 priorities		
Main priority	Second priority	Lewisham 2020 priorities A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
A	B	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Low	Low	

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
2	10	
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Neutral	Neutral	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Low	Low	

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

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	N/A	Pregnancy / Maternity:	N/A
Gender:	N/A	Marriage & Civil Partnerships:	N/A
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:			
Is a full service equalities impact assessment required: Yes / No			No

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No
Workforce profile:	

11. Legal implications
State any specific legal implications relating to this proposal:
There are no specific legal implications

12. 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:	
The main savings timetable for 2018/19 has been included here FYI. Please amend for proposal if different.	
Month	Activity
March 2018	Savings implemented when setting GF and DSG budgets for 2018/19

Savings Proposals Appendices i to ix – October 2017

Appendix ix

1. Savings proposal	
Proposal title:	Problem solving crime reduction
Reference:	K5
LFP work strand:	Crime reduction
Directorate:	Community Services
Head of Service:	Head of Public Protection and Safety
Service/Team area:	Crime, Enforcement and Regulation
Cabinet portfolio:	Community and Equalities
Scrutiny Committee(s):	Safer Stronger Select Committee

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) Problem solving crime reduction	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
<p>The Crime, Enforcement and Regulation Service covers the following statutory areas:</p> <ul style="list-style-type: none"> • Crime reduction service inc ASB, PREVENT • Statutory Nuisance • Licensing • Trading standards <p>And the following non-statutory areas:</p> <ul style="list-style-type: none"> • Serious Youth Violence • VAWG • Hate Crime • CCTV • Counter extremism <p>The CER service was created in Aug 15. There has been significant investment in staff development and training to enable staff to deliver in this multi-faceted service. Areas such as PREVENT, Serious Youth Violence, aspects of the VAWG service etc are all externally funded.</p>
Saving proposal
<p>The service has allocated funds to support problem solving processes which could require small amounts of resources to deliver and tackle problems identified throughout the year. The proposal is to reduce this budget and resource by 50%. The full amount is not proposed as this will significantly limit services being delivered directly to communities as problems are identified.</p>

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
The impact based on previous years will be a limited flexibility to deliver and support

Savings Proposals Appendices i to ix – October 2017

4. Impact and risks of proposal

problems that arise. This will impact on residents and partners.

Outline risks associated with proposal and mitigating actions:

Reduced service offer designed to tackle problems identified. The risks can not be mitigated as resources across the partnership are also reduced.

5. Financial information

Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	3,092	(1,233)	1,859	
HRA				
DSG				
Health				
Saving proposed:	2018/19 £'000	2019/20 £'000	2020/21 £'000	Total £'000
a) Problem solving crime reduction	30	0	0	30
Total	30	0	0	30
% of Net Budget	1%	%	%	1%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Y	N	N	N
If DSG, HRA, Health impact describe:				

6. Alignment to Lewisham 2020 priorities

Main priority	Second priority	Lewisham 2020 priorities
A		A. Strengthening community input
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	B. Sharing services
Medium		C. Digitisation
		D. Income generating
		E. Demand management

7. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
4	1	1. Community leadership and empowerment
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	2. Young people's achievement and involvement
negative	negative	3. Clean, green and liveable
Level of impact on main priority –	Level of impact on second priority –	4. Safety, security and a visible presence
		5. Strengthening the local economy
		6. Decent homes for all
		7. Protection of children
		8. Caring for adults and the older people

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7. Impact on Corporate priorities		
High / Medium / Low	High / Medium / Low	9. Active, healthy citizens
Medium	Medium	10. Inspiring efficiency, effectiveness and equity

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

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Medium	Pregnancy / Maternity:	Low
Gender:	Medium	Marriage & Civil Partnerships:	Low
Age:	Medium	Sexual orientation:	Low
Disability:	Medium	Gender reassignment:	Low
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

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No
Workforce profile:	

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

12. 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:	
The main savings timetable for 2018/19 has been included here FYI. Please amend for proposal if different.	
Month	Activity
March 2018	Savings implemented

Savings Proposals Appendices i to ix – October 2017

Appendix x

1. Savings proposal	
Proposal title:	Reduced costs of providing nightly paid accommodation
Reference:	M8
LFP work strand:	Housing non-HRA
Directorate:	Customer Services
Head of Service:	Head of Strategic Housing
Service/Team area:	Housing Needs and Refugee Services
Cabinet portfolio:	Housing
Scrutiny Cttee(s):	Housing Select Committee

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
Reduced costs of providing nightly paid accommodation	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
<p>The Housing Needs and Refugee Service manages the housing and homelessness assessment process, the statutory provision of emergency housing for homeless households, and the work that the Council is doing to support refugees.</p> <p>The London wide housing crisis has driven huge operational and financial pressures for all London local authorities in this area. In Lewisham there are now more than 1,800 households who are homeless and living in temporary accommodation, of whom more than 500 are living in “nightly paid” accommodation.</p> <p>Over the past five years the Council has pursued a wide ranging strategy to address these pressures. This has included: ambitious targets for Council house building; a range of projects to create better and cheaper forms of temporary accommodation of which PLACE/Ladywell has been the most high profile example; providing £40m of loan finance to Lewisham Homes to enable it to acquire properties for use for homeless households; and a focus on intervening with families earlier in the homelessness process in order to prevent rather than respond to potential problems.</p> <p>Through all of these measures, the number of households in nightly paid temporary accommodation has broadly stabilised at around 520, and there are on-going strategies in place to continue to reduce this number.</p>
Saving proposal
<p>The proposed saving is to reduce, by £250k, the budget of £3.05m which is held to fund “nightly paid” accommodation for homeless households.</p> <p>It is projected that this saving can be enabled in three ways:</p> <ol style="list-style-type: none"> 1. By reducing the number of households placed in nightly paid accommodation 2. By reducing the average cost per placement for households placed in nightly

3. Description of service area and proposal

accommodation

3. By generating income from alternative forms of temporary accommodation that are being bought or built by the Council

The reduction in the overall number of households is projected to be achieved by continuing the range of interventions set out above. Further property acquisitions, conversions, leases and developments are expected to come forward in the coming year which will help to provide alternatives to nightly paid options. In addition the continuing focus on homelessness prevention should continue to tackle the overall level of demand.

The reduction in average cost per placement can be achieved through the effective targeting of the most expensive placements, supported by high quality management information and reporting on cases and costs that has been developed over the past two years. This approach has already helped to reduce average placement costs even as the number of placements has stayed the same.

Finally, some alternative forms of temporary accommodation generate an income to the Council, and in some cases also generate an operating surplus over and above the costs of operation and of financing the original investment. The PLACE/Ladywell and Hamilton Lodge developments are examples of where this has been possible, and have already facilitated revenue savings in previous iterations of the budget setting process. Officers are bringing forward further similar projects which will, in due course, also generate an operating surplus to the Council. While most of these are projected to come on-stream from 2018/19 onwards, it is still expected that a small additional operational surplus can be made in the coming year and can contribute to the overall £250k saving.

4. Impact and risks of proposal

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

The Council and its service users are negatively impacted by the on-going housing crisis and the efforts set out above to address this by sourcing better and more sustainable accommodation benefit both homeless households and the Council's financial position.

In that sense, this proposal mainly provides benefits rather than risks. That said, there are risks to delivery. The London housing crisis could worsen, and increase demand more than currently expected. Equally the savings are predicated on the continuing tight management of placement costs, and continuing delivery of acquisition and new build projects, without which the saving will not be deliverable.

Outline risks associated with proposal and mitigating actions:

Tight operational management of costs can be facilitated through a structured approach to decision making and the provision of regular and robust management information to support decisions.

The delivery of acquisition and development projects can be supported by ensuring sufficient operational resources, processes and access to technical support is in place.

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5. Financial information				
Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	28,263	(22,675)	5,588	
HRA	n/a	n/a		
DSG	n/a	n/a		
Health	n/a	n/a		
Saving proposed:	2018/19 £'000	2019/20 £'000	2020/21 £'000	Total £'000
Reduced costs of providing nightly paid accommodation	250			250
Total	250			250
% of Net Budget	5%	%	%	5%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No
If DSG, HRA, Health impact describe:	n/a	n/a	n/a	n/a

6. Alignment to Lewisham 2020 priorities		
Main priority	Second priority	Lewisham 2020 priorities A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
E	A	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
High	Medium	

7. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Decent Homes for all	Inspiring efficiency, effectiveness and equity	
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Positive	Positive	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Medium	

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

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Low	Pregnancy / Maternity:	Low
Gender:	Low	Marriage & Civil Partnerships:	Low
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:			
Nightly paid accommodation is least stable form of emergency accommodation. By providing alternatives to this form, residents will benefit from a positive impact			
Is a full service equalities impact assessment required: Yes / No			No

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No
Workforce profile:	

11. Legal implications
State any specific legal implications relating to this proposal:
There are no specific legal implications from reducing this budget. The specific proposals that have enabled it to be made, and future iterations of those, are all considered separately at Mayor and Cabinet and legal implications are considered at that time.

12. 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:	
The main savings timetable for 2018/19 has been included here FYI. Please amend for proposal if different.	
Month	Activity
April 2018	Budget reduced and savings implemented

Savings Proposals Appendices i to ix – October 2017

Appendix xi

1. Savings proposal	
Proposal title:	Council Tax single person discount review
Reference:	O5
LFP work strand:	Public Services
Directorate:	Customer Services
Head of Service:	Head of Public Services
Service/Team area:	Revenues / Council Tax
Cabinet portfolio:	Resouces
Scrutiny Ctte(s):	Public Accounts Select Ctte

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
Council Tax single person discount review	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
Council Tax collection and administration.
Saving proposal
<p>There are 125,000 households in the borough and of these 47,000 (37%) are in receipt of a single person discount. This is the highest percentage of single person discount claims in London.</p> <p>The Council has reviewed its single person discounts on an annual basis for many years using an external provider that carries out a data match exercise. This has generated additional Council Tax of over £700,000 pa. However, in 2017/18 the Council carried out a proof of concept using a more detailed data match, which identified a possible 2,500 incorrect claims and lost Council Tax of potentially up to £800,000 pa.</p> <p>The saving is the billing and collection of the additional Council Tax the review identified as due. The service believes it will collect at least £500K of this additional Council Tax in 2018/19.</p> <p>The reason the £500K is below the estimate of £800K, is because it is expected that further challenges to the discount withdrawal will be received once the Council sends a bill. In addition, the Council is expecting it is going to have to take a higher than normal level of enforcement action to collect the debt.</p>

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
The impact on service users will be that those Council Tax payers who are not entitled to a single person discount will have to pay more. There will be no impact on

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4. Impact and risks of proposal

partners. There will be some additional administration for staff.

Outline risks associated with proposal and mitigating actions:

There is a risk that the data used is unreliable. However, Council Tax payers have been given two opportunities to challenge it before we withdrew the discount and sent an amended bill.

There is a risk that Council Tax payers may not pay the increased bill. However, the service will take enforcement action against those that do not pay their bill.

5. Financial information				
Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	N/A	N/A	N/A	
HRA	-			
DSG	-			
Health	-			
Saving proposed:	2018/19 £'000	2019/20 £'000	2020/21 £'000	Total £'000
Council Tax single person discount review	500			
Total	500			
% of Net Budget	N/A	%	%	%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No
If DSG, HRA, Health impact describe:				

6. Alignment to Lewisham 2020 priorities

Main priority	Second priority	Lewisham 2020 priorities A. Strengthening community input B. Sharing services C. Digitisation D. Income generating E. Demand management
D		
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
High		

7. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence
10		
Impact on main	Impact on second	

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7. Impact on Corporate priorities		
priority – Positive / Neutral / Negative	priority – Positive / Neutral / Negative	5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Positive		
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Low		

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

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		Pregnancy / Maternity:	
Gender:		Marriage & Civil Partnerships:	
Age:		Sexual orientation:	
Disability:		Gender reassignment:	
Religion / Belief:		Overall:	n/a
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

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No
Workforce profile:	

11. Legal implications
State any specific legal implications relating to this proposal:
None.

12. 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:	
The main savings timetable for 2018/19 has been included here FYI. Please amend for proposal if different.	
Month	Activity
March 2018	Savings implemented

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Appendix xii

1. Savings proposal	
Proposal title:	Planning savings
Reference:	P3
LFP work strand:	Planning and economic development
Directorate:	Resources and Regeneration
Head of Service:	Head of Planning
Service/Team area:	Planning
Cabinet portfolio:	Regeneration
Scrutiny Ctte(s):	Sustainable Development

2. Decision Route			
Saving proposed:	Key Decision Yes / No	Public Consultation Yes / No	Staff Consultation Yes / No
a) increase income	No	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
<p>The Government has recently laid before Parliament draft legislation relating to changes to the Planning Statutory Fees. It is proposed that planning application fees will be increased by 20%, which should be in place by 1 April 2018.</p> <p>Planning Application Fees for 2016/17 were £910,778 and are forecasted as £1.2m during 2017/18, against an annual budget of £929,000 for both years. An increase of 20% would have uplifted this income to £1,092,934, an increase of £182k (2016/17) and £1,440,000 a forecast increase of £240k (2017/18).</p> <p>However, we are only able to take advantage of the 20% increase in fees if we do not reduce our base budget. This Government requirement has been introduced to ensure that the application fee increase will be “ring-fenced” to improve planning capacity and customer service. Therefore, the Development Management (E44613) base budget of £1,751,393 cannot be reduced in the budget savings exercise for the foreseeable future.</p> <p>The Planning Service have therefore looked to identify opportunities to generate additional income as opposed to savings to the base budget.</p>
Saving proposal
<p>In total £270k made up of:</p> <p>£240k from the outline proposal for 2018/19 presented in the savings round for 2017/18. This was anticipated to come from £200k income and £40k restructure. Due to the ringfencing of the base budget, the £40k restructure figure is no longer achievable via a restructure but would be more than offset by the statutory fee increase.</p> <p>The additional £30k increase in income to the DM budget will come through a further</p>

Savings Proposals Appendices i to ix – October 2017

3. Description of service area and proposal

review of and increase to chargeable services.

4. Impact and risks of proposal

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

There will be an impact on service users through the increase of fees. However, these have not been reviewed for some time and we would be seeking to ensure that we are fully recovering the cost. The Planning Service are continuing to improve the Planning web pages to ensure that a free offer is available to any householders looking to undertake works in the Borough. Discussions with developers has indicated a willingness to pay increased fees if it enables a good level of service to be provided.

Outline risks associated with proposal and mitigating actions:

There is a risk that by increasing fees, less customers will choose to use the service. In order to minimise this, the Planning Service are already looking at customer satisfaction and ways of promoting and marketing services.

5. Financial information

Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000	
	2,637	(1,582)	1,055	
HRA				
DSG				
Health				
Saving proposed:	2018/19 £'000	2019/20 £'000	2020/21 £'000	Total £'000
income	270			270
Total	270			270
% of Net Budget	26%	5%	%	26%
Does proposal impact on: Yes / No	General Fund	DSG	HRA	Health
	Yes	No	No	No
If DSG, HRA, Health impact describe:				

6. Alignment to Lewisham 2020 priorities

Main priority	Second priority	Lewisham 2020 priorities
Income generating	Demand management	A. Strengthening community input
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	B. Sharing services
Low	Medium	C. Digitisation
		D. Income generating
		E. Demand management

7. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
		1. Community leadership and empowerment

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7. Impact on Corporate priorities		
Decent Homes for all	Strengthening the local economy	2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
neutral	neutral	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
low	low	

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

9. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	n/a	Pregnancy / Maternity:	n/a
Gender:	n/a	Marriage & Civil Partnerships:	n/a
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:			
Is a full service equalities impact assessment required: Yes / No			No

10. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No
Workforce profile:	

11. Legal implications
State any specific legal implications relating to this proposal:
As increasing income to cover the full cost of undertaking service, no legal implications.

12. 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:

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12. Summary timetable

The main savings timetable for 2018/19 has been included here FYI. Please amend for proposal if different.

Month	Activity
September 2017	Proposals prepared
October 2017	Proposals submitted to Scrutiny committees leading to M&C (despatch 24 October)
November 2016	Scrutiny meetings held with consultations ongoing
December 2017	Proposals to M&C for decision on 6 December (Despatch 29 Nov) and (full decision) reports returned to Scrutiny for review
January 2018	Transition work ongoing
February 2018	Transition work ongoing and budget set 21 February
March 2018	Savings implemented

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Corporate Savings Principles

Prior to the General Election in 2010, the Labour Government instituted a programme of austerity planned over a five year period. In 2010 the Coalition Government increased the level of and pace of “fiscal consolidation” (i.e. tax increases and spending cuts) that applied to the nation’s public finances. In 2013 these were increased again such that the original plans of the (then) Labour Government to reduce public spending have been increased dramatically. To ensure that this scale of service cuts did not impact adversely on front-line services the Mayor and Cabinet agreed a set of principles to underpin the Council’s decision making. These principles ensure that we:

- 1) Take account of the impact on service outcomes and social results for customers and citizens
- 2) Be prudent and sustainable for the longer term, we will not just opt for short term fixes
- 3) Reflect a coherent “one organisation” approach that avoids silo-based solutions
- 4) Encourage self-reliance, mutualism and cooperative endeavour
- 5) Mitigate potential harm in accordance with an appropriate assessment of needs
- 6) Be mindful of the impact on the geography of fairness across Lewisham (and our boundaries)
- 7) Involve service users, staff and other stakeholders in the redesign of services for the future
- 8) Consider the current or potential actions of other public agencies and the voluntary sector locally, including sharing and reshaping services (Total Place)
- 9) Consider the impact on the Lewisham approach where we listen to all voices, take account of all views and then we move forward to implement.

Appendix xiv



**Making fair financial decisions
Guidance for decision-makers**

3rd edition, January 2015

Introduction

With major reductions in public spending, public authorities in Britain are being required to make difficult financial decisions. This guide sets out what is expected of you as a decision-maker or leader of a public authority responsible for delivering key services at a national, regional and/or local level, in order to make such decisions as fair as possible.

The public sector equality duty (the equality duty) does not prevent you from making difficult decisions such as reorganisations and relocations, redundancies, and service reductions, nor does it stop you from making decisions which may affect one group more than another group. The equality duty enables you to demonstrate that you are making financial decisions in a fair, transparent and accountable way, considering the needs and the rights of different members of your community. This is achieved through assessing the impact that changes to policies, procedures and practices could have on people with different protected characteristics.

Assessing the impact on equality of proposed changes to policies, procedures and practices is not just something that the law requires, it is a positive opportunity for you as a public authority leader to ensure you make better decisions based on robust evidence.

What the law requires

Under the equality duty (set out in the Equality Act 2010), public authorities must have 'due regard' to the need to eliminate unlawful discrimination, harassment and victimisation as well as to advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

The protected characteristics covered by the equality duty are: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The duty also covers marriage and civil partnerships, but only in respect of eliminating unlawful discrimination.

The law requires that public authorities demonstrate that they have had 'due regard' to the aims of the equality duty in their decision-making. Assessing the potential impact on equality of proposed changes to policies, procedures and practices is one of the key ways in which public authorities can demonstrate that they have had 'due regard'.

It is also important to note that public authorities subject to the equality duty are also likely to be subject to the Human Rights Act 1998. We would therefore recommend that public authorities consider the potential impact their decisions could have on human rights.

Aim of this guide

This guide aims to assist decision-makers in ensuring that:

- The process they follow to assess the impact on equality of financial proposals is robust, and
- The impact that financial proposals could have on people with protected characteristics is thoroughly considered before any decisions are arrived at.

We have also produced detailed guidance for those responsible for assessing the impact on equality of their policies, which is available on our website at www.equalityhumanrights.com

The benefits of assessing the impact on equality

By law, your assessments of impact on equality must:

- Contain enough information to enable a public authority to demonstrate it has had 'due regard' to the aims of the equality duty in its decision-making
- Consider ways of mitigating or avoiding any adverse impacts.

Such assessments do not have to take the form of a document called an equality impact assessment. If you choose not to develop a document of this type, then some alternative approach which systematically assesses any adverse impacts of a change in policy, procedure or practice will be required.

Assessing impact on equality is not an end in itself and it should be tailored to, and be proportionate to, the decision that is being made.

Whether it is proportionate for an authority to conduct an assessment of the impact on equality of a financial decision or not depends on its relevance to the authority's particular function and its likely impact on people with protected characteristics.

We recommend that you document your assessment of the impact on equality when developing financial proposals. This will help you to:

- **Ensure you have a written record of the equality considerations** you have taken into account.
- **Ensure that your decision includes a consideration of the actions that would help to avoid or mitigate any impacts on particular protected characteristics.** Individual decisions should also be informed by the wider context of decisions in your own and other relevant public authorities, so that people with particular protected characteristics are not unduly affected by the cumulative effects of different decisions.

- **Make your decisions based on evidence:** a decision which is informed by relevant local and national information about equality is a better quality decision. Assessments of impact on equality provide a clear and systematic way to collect, assess and put forward relevant evidence.
- **Make the decision-making process more transparent:** a process which involves those likely to be affected by the policy, and which is based on evidence, is much more open and transparent. This should also help you secure better public understanding of the difficult decisions you will be making in the coming months.
- **Comply with the law:** a written record can be used to demonstrate that due regard has been had. Failure to meet the equality duty may result in authorities being exposed to costly, time-consuming and reputation-damaging legal challenges.

When should your assessments be carried out?

Assessments of the impact on equality must be carried out at a **formative stage** so that the assessment is an integral part of the development of a proposed policy, not a later justification of a policy that has already been adopted. Financial proposals which are relevant to equality, such as those likely to impact on equality in your workforce and/or for your community, should always be subject to a thorough assessment. This includes proposals to outsource or procure any of the functions of your organisation. The assessment should form part of the proposal, and you should consider it carefully **before** making your decision.

If you are presented with a proposal that has not been assessed for its impact on equality, you should question whether this enables you to consider fully the proposed changes and its likely impact. Decisions not to assess the impact on equality should be fully documented, along with the reasons and the evidence used to come to this conclusion. This is important as authorities may need to rely on this documentation if the decision is challenged.

It is also important to remember that the potential impact is not just about numbers. Evidence of a serious impact on a small number of individuals is just as important as something that will impact on many people.

What should I be looking for in my assessments?

Assessments of impact on equality need to be based on relevant information and enable the decision-maker to understand the equality implications of a decision and any alternative options or proposals.

As with everything, proportionality is a key principle. Assessing the impact on equality of a major financial proposal is likely to need significantly more effort and resources dedicated to ensuring effective engagement, than a simple assessment of a proposal to save money by changing staff travel arrangements.

There is no prescribed format for assessing the impact on equality, but the following questions and answers provide guidance to assist you in determining whether you consider that an assessment is robust enough to rely on:

- **Is the purpose of the financial proposal clearly set out?**

A robust assessment will set out the reasons for the change; how this change can impact on protected groups, as well as whom it is intended to benefit; and the intended outcome. You should also think about how individual financial proposals might relate to one another. This is because a series of changes to different policies or services could have a severe impact on particular protected characteristics.

Joint working with your public authority partners will also help you to consider thoroughly the impact of your joint decisions on the people you collectively serve.

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel. Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable. This combined impact would not be apparent if the decisions were considered in isolation.

• **Has the assessment considered available evidence?**

Public authorities should consider the information and research already available locally and nationally. The assessment of impact on equality should be underpinned by up-to-date and reliable information about the different protected groups that the proposal is likely to have an impact on. A lack of information is not a sufficient reason to conclude that there is no impact.

• **Have those likely to be affected by the proposal been engaged?**

Engagement is crucial to assessing the impact on equality. There is no explicit requirement to engage people under the equality duty, but it will help you to improve the equality information that you use to understand the possible impact on your policy on different protected characteristics. No-one can give you a better insight into how proposed changes will have an impact on, for example, disabled people, than disabled people themselves.

• **Have potential positive and negative impacts been identified?**

It is not enough to state simply that a policy will impact on everyone equally; there should be a more in-depth consideration of available evidence to see if particular protected characteristics are more likely to be affected than others. Equal treatment does not always produce equal outcomes; sometimes authorities will have to take particular steps for certain groups to address an existing disadvantage or to meet differing needs.

• **What course of action does the assessment suggest that I take? Is it justifiable?**

The assessment should clearly identify the option(s) chosen, and their potential impacts, and document the reasons for this decision. There are four possible outcomes of an assessment of the impact on equality, and more than one may apply to a single proposal:

Outcome 1: No major change required when the assessment has not identified any potential for discrimination or adverse impact and all opportunities to advance equality have been taken.

Outcome 2: Adjustments to remove barriers identified by the assessment or to better advance equality. Are you satisfied that the proposed adjustments will remove the barriers identified?

Outcome 3: Continue despite having identified some potential for adverse impacts or missed opportunities to advance equality. In this case, the justification should be included in the assessment and should be in line with the duty to have 'due regard'. For the most important relevant policies, compelling reasons will be needed. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact, as discussed below.

Outcome 4: Stop and rethink when an assessment shows actual or potential unlawful discrimination.

• **Are there plans to alleviate any negative impacts?**

Where the assessment indicates a potential negative impact, consideration should be given to means of reducing or mitigating this impact. This will in practice be supported by the development of an action plan to reduce impacts. This should identify the responsibility for delivering each action and the associated timescales for implementation. Considering what action you could take to avoid any negative impact is crucial, to reduce the likelihood that the difficult decisions you will have to take in the near future do not create or perpetuate inequality.

Example: A University decides to close down its childcare facility to save money, particularly given that it is currently being under-used. It identifies that doing so will have a negative impact on women and individuals from different racial groups, both staff and students.

In order to mitigate such impacts, the University designs an action plan to ensure relevant information on childcare facilities in the area is disseminated to staff and students in a timely manner. This will help to improve partnership working with the local authority and to ensure that sufficient and affordable childcare remains accessible to its students and staff.

• **Are there plans to monitor the actual impact of the proposal?**

Although assessments of impact on equality will help to anticipate a proposal's likely effect on different communities and groups, in reality the full impact of a decision will only be known once it is introduced. It is therefore important to set out arrangements for reviewing the actual impact of the proposals once they have been implemented.

What happens if you don't properly assess the impact on equality of relevant decisions?

If you have not carried out an assessment of impact on equality of the proposal, or have not done so thoroughly, you risk leaving yourself open to legal challenges, which are both costly and time-consuming. Legal cases have shown what can happen when authorities do not consider their equality duties when making decisions.

Example: A court overturned a decision by Haringey Council to consent to a large-scale building redevelopment in Wards Corner in Tottenham, on the basis that the council had not considered the impact of the proposal on different racial groups before granting planning permission.

However, the result can often be far more fundamental than a legal challenge. If people feel that an authority is acting high-handedly or without properly involving its service users or employees, or listening to their concerns, they are likely to become disillusioned with you.

Above all, authorities which fail to carry out robust assessments of the impact on equality risk making poor and unfair decisions that could discriminate against people with particular protected characteristics and perpetuate or worsen inequality.

As part of its regulatory role to ensure compliance with the equality duty, the Commission monitors financial decisions with a view to ensuring that these are taken in compliance with the equality duty and have taken into account the need to mitigate negative impacts, where possible.

Appendix xv

Summary of Equalities Implications

Please see section 15.22 of the main report.

APPENDIX xvi

2018/19 SAVINGS - SUMMARY TABLE OF NEW PROPOSALS WITH PROFORMA AT NOVEMBER 2017

Ref.	Description	18/19 £'000	Key Decision	Public Consultation	Staff Consultation
B	Supporting People				
B4	Service economy rental income	70	N	N	N
D	Efficiency Review				
D2	Reduction in allocated Inflation	1,000	Y	N	N
E	Asset Rationalisation				
E8	Income from PRS joint venture - Besson St.	500	Y	N	N
I	Management and Corporate Overheads				
I12	Administration budget cut	20	N	N	N
I13	More efficient & effective finance processes	200	N	N	Y
I14	Loss of the Police Officer secondment	70	N	N	N
I15	Review of accounting policies in respect of the balance sheet	1,000	Y	N	N
J	School Effectiveness				
J3	Statutory functions for school effectiveness	360	N	N	N
K	Crime reduction				
K5	Crime problem solving	30	N	N	N
M	Housing strategy and non-HRA funded services				
M8	Reduced costs of providing nightly paid accommodation	250	N	N	N
O	Public Services				
O5	Council tax single person discount review	500	N	N	N
P	Planning and economic development				
P	Service income	270	N	N	N
	Sub Total	4,270			
	Previously Agreed (A19, L8 and Q 6 & 7)	580			
	TOTAL	4,850			

Ref.	Description	18/19 £'000	Key Decision	Public Consultation	Staff Consultation	Select Ctte	Comment
B	Supporting People						
B4	Service economy rental income	70	N	N	N	Healthier	
D	Efficiency Review						
D2	Reduction in allocated Inflation	1,000	Y	N	N	Public Accounts	
E	Asset Rationalisation						
E8	Income from PRS joint venture - Besson St.	500	Y	N	N	Housing (PAC)	
I	Management and Corporate Overheads						
I12	Administration budget cut	20	N	N	N	Public Accounts	
I13	More efficient & effective finance processes	200	N	N	Y	Public Accounts	
I14	Loss of the Police Officer secondment	70	N	N	N	Public Accounts	
I15	Review of accounting policies in respect of the balance sheet	1,000	Y	N	N	Public Accounts	
J	School Effectiveness						
J3	Statutory functions for school effectiveness	360	N	N	N	Children and Young People (CYP)	
K	Crime reduction						
K5	Crime problem solving	30	N	N	N	Safer Stronger	
M	Housing strategy and non-HRA funded services						

Ref.	Description	18/19 £'000	Key Decision	Public Consultation	Staff Consultation	Select Ctte	Comment
M8	Reduced costs of providing nightly paid accommodation	250	N	N	N	Housing	
O	Public Services						
O5	Council tax single person discount review	500	N	N	N	Public Accounts	
P	Planning and economic development						
P	Service income	270	N	N	N	Sustainable Development	
	Sub Total	4,270					
	Previously Agreed: A19; L8; and Q 6f & 7a.	300 130 50				Healthier Safer Stronger CYP	
	TOTAL	4,850					

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report:	Update: Public consultation on the future of the NHS Walk-in Centre and improving provision and access to primary care		
Ward:	New Cross and Evelyn	Item No.	7
From:	Dr Marc Rowland, Chair, NHS Lewisham Clinical Commissioning Group Dr David Abraham, Clinical Director, Urgent Care Lead, NHS Lewisham Clinical Commissioning Group		
Class:	Part 1 (open)	Date:	1 st November 2017

1. Purpose

- 1.1 The purpose of this report is to provide the Healthier Communities Select Committee with; (a) an update on the engagement carried out by NHS Lewisham Clinical Commissioning Group to support the public consultation on the NHS New Cross Walk-in Centre and improving provision and access to primary care; and (b) the emerging themes from the consultation.
- 1.2 It is important to note that at the time of submission of this report and subsequent publication (26.10.2017), that the public consultation ends on 30th October 2017. Consequently, not all themes will be captured, including NHS Lewisham Clinical Commissioning Group led engagement events which run to the closing date.
- 1.3 In addition, it is important to allow commissioners time to fully review and assess all responses to the consultation. Consequently, this reported has been submitted late in order to provide a credible early view of the extensive responses to the consultation.

2. Recommendations

- 2.1 The members of the Healthier Communities Select Committee are asked to;
- 2.1.1 Note that the formal public and stakeholder consultation commenced on the 8th August 2017 for a period of 12 weeks and will end on the 30th October 2017;
- 2.1.2 Review the engagement activities, emerging themes and proposed alternatives from the initial review of responses;
- 2.1.3 Review the Equality Impact Assessment (See Appendix 3 – separate attachment).

3. Background

- 3.1 On 13th July 2017 the NHS Lewisham Clinical Commissioning (LCCG) Governing Body approved the recommendation to formally consult on the future of the NHS Walk-in Centre and improving provision and access to primary care.
- 3.2 The CCG adopted commissioning responsibilities for the New Cross Walk-in Centre from NHS England in 2015, when the GP register was disaggregated from the Walk-in Centre. On the 1st January 2016 an extension to the contract was issued to the incumbent provider of the New Cross Walk-in Centre, located in the Waldron Health Centre for a period of 24 months.
- 3.3 In line with the public sector duty to consult, pre-consultation on the proposal and the plans for formal public and stakeholder consultation were reviewed by the Healthier Communities Select Committee on 20th July 2017. A formal and comprehensive public, patient and stakeholder consultation programme was developed to enable views and comments to be sought and was launched on 8th August 2017. The consultation runs for a period of 12 weeks to realistically allow stakeholders sufficient time to provide a considered response (taking into account of the last four

weeks of the school summer holidays) and to enable due consideration by commissioners of what if any impact there may be and take appropriate mitigating action.

- 3.4 On 12th January 2017¹, the CCG set out its approach for integrated urgent and primary care to the Healthier Communities Select Committee in the refreshed Primary Care Strategy – Developing GP Services. In addition, on the 25th April 2017, the CCG provided the Committee with an update on changes to primary care services².
- 3.5 At the Healthier Communities Committee on 20th July 2017, the CCG agreed to return and provide an update on the consultation and key themes.
- 3.6 The next steps post the closing date is for the CCG to take stock of what we have heard from local residents and stakeholders. The CCG will conduct a comprehensive review and assessment of all responses, which will be published in line with best practice and provide recommendations to the Governing Body in November 2017.

4. Key themes

- 4.1 The key themes are based on a series of engagement events, stakeholder meetings, letters and emails to the CCG and an early review of the responses provided in the survey. It is important to note that a more comprehensive qualitative analysis and review of all responses will be conducted at the end of the consultation on 30th October 2017. This is to ensure that appropriate consideration and reflection is given to all responses and proposed alternatives.
- 4.2 GP Extended Access Service
- 4.3 The vast majority of responses to date indicate that there is not only a lack of awareness of this new service, but that residents contacting their local GP practices are not being routinely offered this choice. Respondents were not aware that the GP Extended Access service operates 8am – 8pm, 7 days per week and provides both nurse and GP bookable appointments (including video consultations) and most importantly access to medical records.
- 4.4 This is supported by a review of all GP practice websites in Lewisham where to date only 14 out of the 39 practices provide information on the GP Extended Access service on their sites. As commissioners we are acutely aware that the service is underutilised particularly by GP practices in the north of the borough.
- 4.5 This concurs with the Healthwatch Q2 Intelligence Report, which provides a ‘*qualitative view*’ and concluded that a significant number of people are unaware of the service.
- 4.6 The GP Extended Access service will be re-locating to a purpose built suite and the service will be re-launched in November 2017. The CCG has contacted all GP practices to ensure that frontline staff are aware of the service.
- 4.7 Unable to get through over the phone/Unable to get an appointment with their GP
- 4.8 There were a significant number of responses where people were either unable to get through over the phone and/or unable to get an appointment with their GP. There is also a lack of awareness of the ‘extended’ opening hours of local surgeries.
- 4.9 As alluded to earlier not all GP practices are consistently providing patients with the choice of a GP Extended Access appointment. This is a recurrent theme in Lewisham with regard to appointments and is supported by regular qualitative Healthwatch Intelligence Reports. However, the Healthwatch Q2 Intelligence Report does suggest that for this period people’s views were more positive about GP practices in the borough, which is an improvement on the previous quarter.

¹ <http://councilmeetings.lewisham.gov.uk/documents/s47475/05%20Primary%20care%20transformation%20and%20access%20to%20GP%20services%20-%2020120117.pdf>

² <http://councilmeetings.lewisham.gov.uk/documents/s49932/05%20Primary%20care%20update%20-%2020250417.pdf>

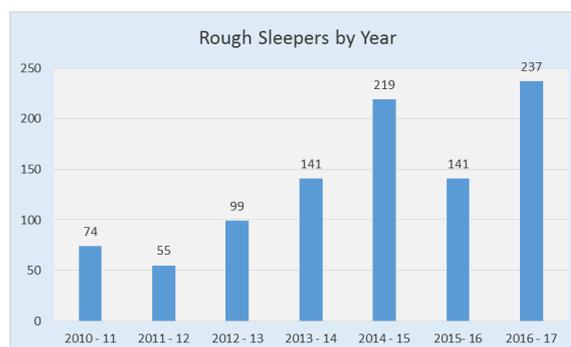
- 4.10 The GP National Survey is an annual England-wide survey that gathers data on patients' experiences of their GP surgeries. In July 2017³ questionnaires were completed by 4,048 Lewisham patients. Ipsos MORI administers the survey.
- 4.11 Lewisham was slightly below the national average for overall patient experience of their GP practice. The national average was 85% and Lewisham scored 83%. However, what is clear is that in Lewisham the difficulty patients experience is getting through over the phone to their local GP practice – this fuels the overall dissatisfaction rates.
- 4.12 For ease of getting through over the phone the national average is 68% of respondents found it either very easy or fairly easy and for Lewisham it was 62%. However, there are 3 GP practices that are below 35% of respondents who found it either easy or fairly easy to get through over the phone. The CCG has provided additional funding to 8 GP practices (including 4 in the north of the borough) for specific improvements in telephony infrastructure.
- 4.13 However, once patients do get through the satisfaction rates increase with regard to getting an appointment. In relation to the convenience of the appointment the national average was 92% being convenient and for Lewisham CCG 91% responded that the appointment they got was convenient. In terms of success rates of getting to see or speak to a nurse or GP from their surgery the national average was 84% and for Lewisham the average was 81% were successful.
- 4.14 All Lewisham GP practices offer GP Online Services, which includes booking appointments, ordering repeat prescriptions and accessing medical records. Lewisham is currently the third best performing CCG in London for the number of patients that are registered for online services. The CCG will look to continue this good progress and support patients and practices to maximise the benefits of this facility. Online services free up practice time to support patients who may not be able to take advantage of online services and need to contact to contact the practice by phone.
- 4.15 As part of the eConsultations GP Forward View⁴ programme, the CCG are developing local solutions to improve access at GP practices, which are supported by technology e.g. symptom checkers/video consultations. These alternatives free up time for GPs enabling them to spend more time managing patients with complex needs. For example the GP working remotely can provide a consultation, in about a third of the time of a traditional face to face appointment. As well as improving access for patients, evidence to date indicates that online consultation systems can free up to 10 per cent of the GPs' time.
- 4.16 NHS England has commissioned the North of England Commissioning Support Unit to collect *Third Next Appointment (TNA)* data from each general practice in England. TNA is intended to give an indication of the amount of time in days a patient theoretically would need to have waited for an appointment at the time a booking was made. This will give NHS England a view of waiting times for GP appointments and play an important part in understanding the pressure on healthcare systems as we move into winter. Every practice received a call during September and October 2017. We are awaiting the results of this audit.
- 4.17 Details of all GP surgeries providing extended opening hours are located at Appendix 1.
- 4.18 Unregistered
- 4.19 A number of those we engaged with from local organisations raised concerns about the potential number of people who live in the borough and might not be registered with a GP.
- 4.20 The initial review of activity data presented as part of this consultation demonstrated that some 28.6% of all attendances to the Walk-in Centre in 2016/17 could not be attributed to any CCG. In order to attribute the attendance to a CCG the GP details are required. Therefore, for those attendances without these details the assumption is that these are attendances for people who are not registered with a GP. Unfortunately, this is a commonplace issue with Walk-in Centre activity because it is not linked to an individual's medical record.

³ <https://gp-patient.co.uk/downloads/slidepacks/2017/08L%20-%20NHS%20LEWISHAM%20CCG.pptx>

⁴ <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfov.pdf>

- 4.21 The CCG has reviewed the activity data from the Walk-in Centre for 2016/17 to support the Equality Impact Assessment (See Appendix 3 – Separate attachment) and the potential number is not as significant as first perceived. The CCG has modelled the potential the number of unregistered patients or where no GP was identified by using the first part (partial) of the postcode of the address attributed to each attendance. This approach was necessary in order to comply with data protection rules on Patient Identifiable Data (PID).
- 4.22 The quantum number of potentially unregistered patients or where the GP was not identified on attendance at the Walk-in Centre is estimated at 2,300 people with a partial Lewisham postcode. This number is heavily inflated due to the inclusion of some partially shared postcodes with the 5 other south east London boroughs and Croydon.
- 4.23 Audits conducted by the South East London Primary Care contracting team in August 2017, indicates that there is sufficient capacity to offer patients a good choice of GP practices to register within a 1 mile radius of the Waldron Health Centre.
- 4.24 The CCG has committed to providing additional Patient Advice Liaison Support (PALS) at the Waldron Health Centre to support getting patients registered over the winter period from October 2017 to March 2018.
- 4.25 Concerns were also raised about unregistered students and the CCG attended the *Fresher's Week* at Goldsmiths College (See section 7.6 d). However, the CCG intends to develop an annual communications and engagement programme for students to coincide with intakes.
- 4.26 It is also important to note that Goldsmiths College has commissioned the Amersham Vale Training Practice to register 2,000 students under a separate arrangement. The CCG has supported the practice in agreeing additional space within the Waldron Health Centre.
- 4.27 Vulnerable/Homeless
- 4.28 There has been significant concern expressed from the outset of the consultation from the local MP, local homeless charities, GP practices, residents and more recently local faith groups for those most vulnerable in New Cross and Deptford – specifically the homeless.
- 4.29 The CCG through its Equality Impact Assessment identified that this is where there could be a gap in services for the homeless in New Cross and Deptford. The CCG commissions two GP practices who provide Enhanced GP services to the four hostels in Lewisham. However, these services support those who are known to agencies and access the hostels.
- 4.30 Consequently, the CCG organised a multi-agency summit with the council to better understand the challenges faced by the homeless accessing services across the system. However, a key requirement for the CCG was to consider the barriers to accessing primary care services for the homeless and to inform any additional provision or services.
- 4.31 The multi-agency homeless summit took place on the 18th October 2017 and was well received by all those in attendance. It presented a unique situation where representative from agencies across the system providing services and support to the homeless were all in the same place at the right time. There were representatives from homeless charities including, Deptford Reach, 999 Club, Bench Outreach, St Mungos, Thamesreach, Lewisham & Greenwich NHS Trust, South London & the Maudsley NHS Trust, Pathway, Healthy London Partnership and Healthwatch.

Table 1: Rough Sleepers; Source: Lewisham Council



- 4.32 The summit heard from the council that the number of rough sleepers in New Cross and Deptford in 2016/17 was 237 (See Table 1 opposite). However, local charities advised that these numbers were an underestimation and this was the tip of the iceberg.
- 4.33 The council reported that the numbers of rough sleepers had risen over the years due to a number of contributing factors; austerity, public

sector service reductions, welfare reform and the housing crisis.

- 4.34 The summit received a joint presentation from Bench Outreach and the 999 Club on *'Poverty and exclusion among people accessing homelessness services in Lewisham'*. The presentation outlined the preliminary analysis of a survey conducted across three organisations, the 999 Club, Bench Outreach and Deptford Reach, over a two week period in October 2017. Its purpose was to inform service development, joint working and strategic planning. In summary the recommendations included; development of gender specific services, a review of supported accommodation, support for the vulnerable housed and facing the introduction of Universal Credit, review of Mental Health service provision for the homeless, the development of a similar pathway, with the guarantee of a same day service in the north of the borough for the homeless and support for the development of services to people who are eligible for benefits or housing support.
- 4.35 The summit mapped the many pathways and services provided for the homeless in New Cross and Deptford. However, two things were apparent with regard to accessing primary care services for the homeless; (i) for those known to the system and able to access beds in hostels the GP Enhanced Primary Care Service met their needs and the service was well received by all agencies; and (ii) for those termed as 'rough sleepers/sofa surfers' the GP Extended Access service presented an additional barrier due to the requirement to be registered with a GP practice in Lewisham and also being constrained by having to book and attend an appointment at a fixed time.
- 4.36 The summit committed to do a number of immediate things;
- (a) To set up a homeless redesign network, which would meet on a regular basis – this would be facilitated by commissioners (the council and the CCG);
 - (b) The CCG committed to working with local GP practices located in the Waldron Health Centre to develop an additional alternative service for the rough sleepers in New Cross and Deptford.
- 4.37 The CCG will also be running training sessions for all GP practices in February 2018 at a protected learning time event on registering and supporting the vulnerable – utilising the Healthy London Partnership training materials and toolkit⁵.
- 4.38 Mental Health Assessment & Liaison Service: During the consultation concerns had been raised by the homeless charities about changes to this service. At the homeless summit a solution was provided by the South London & the Maudsley (SLaM) Trust. The current Clinical Service Lead for the Assessment & Liaison Service who is a dual trained nurse RMN/RGN and has with a specific interest in Homelessness and Public Health and has agreed to offer Mental Health Assessment and advice to service users and staff at the 999 Club. This will be a fortnightly session for six months. It was agreed at that SLaM and the 999 Club would liaise on the operational aspects of this new arrangement.
- 4.39 Children under five years
- 4.40 Concern was raised that the Walk-in Centre saw a large number of children under 5 years of age and that the GP Extended Access service was not seeing children under 18 years of age. The GP Extended Service will see all children from November 2017 once relocated to its dedicated suite at the University Hospital site. In addition, it is recognised that it is best practice for GP surgeries to triage and prioritise children under 5 years for urgent care and management.
- 4.41 Not enough GPs and Nurses
- 4.42 The capacity of local GP practices in Lewisham and the lack of GPs and Nurses was a recurrent theme particularly in the written submissions.
- 4.43 Health Education England has conducted a national workforce analysis published in January 2017 to support the General Practice Forward View on Primary Care for GPs and Nursing.

⁵ <https://www.myhealth.london.nhs.uk/healthy-london/latest/publications/homelessness-health-resource-pack>

- 4.44 In comparison to both the national and London *GP Full-time equivalent (FTE) to patient list size ratio* Lewisham is in a better position and this trend continues when compared with neighbouring CCGs in Lambeth, Southwark, Greenwich, Bromley, Bexley and Croydon.
- 4.45 In practical terms this means that in Lewisham there are fewer patients to each GP. The national average GP FTE to patient list size ratio is **1:2000** and for London the average is **1:2100**. For Lewisham CCG the average GP FTE to patient list size ratio is **1:1900**, which equates to **143.8 FTE** in January 2017. These ratios do not include locums, retainers and registrars, which do help to support the substantive workforce. This also excludes the GP Extended Access (which includes Nurses and GPs) and the Primary Care Assessment (GP Streaming) services.
- 4.46 The current number of GPs in Lewisham as per the latest publication of NHS Digital data (publication August 2017; data extracted 30th June 2017) is 147 as shown in Table 2 below;

Table 2: GP WTE

CCG	All Practitioners	GP Providers	Salaried/Other GPs	GP Retainers	GP Registrars	GP Locums
08L Lewisham	161	94	53	1	4	9

- 4.47 Health Education England has also conducted a national workforce analysis on *Nursing Full-time equivalent (FTE) to patient list size ratio* puts Lewisham in a better position in London. However, when compared with the national average Lewisham falls behind. The national average Nursing staff FTE to patient list size ratio is **1:3600** and for London the average is **1:5300**. For Lewisham CCG the average Nursing staff FTE to patient list size ratio is **1:5000**, which equates to **58 Full Time Equivalents**. However, all London CCGs have a lower ratio of nursing staff compared with the national average.
- 4.48 In recognition of these challenges facing our nursing workforce the CCG has been working in partnership with Lewisham Community Education Providers Network (CEPN), on developing and sustaining the Primary Care Workforce. This has included on-going recruitment of newly qualified nurses, or nurses from other domains, to undergo General Practitioner Nurse training – in order to address the early succession issues in Lewisham.
- 4.49 Lewisham has 4 of the first Healthcare Assistants from primary care in London on the Nurse Associate training programme at the University of Greenwich. The CEPN supported by the CCG has commissioned additional places for the Advanced Care Practitioners at Greenwich University (MSC in Advanced Clinical Practice). There are currently 10 on the course and 4 started in September 2017.
- 4.50 In Lewisham, 6 General Practice Nurses commenced non-medical prescribing, which supports with reducing the workload of GPs and improving patient satisfaction training.
- 4.51 The CCG appointed the first Nurse Consultant in Primary Care in the country, in addition to appointing 3 General Practice Nurse Advisors to support with professional development and recruitment.
- 4.52 The CEPN has supported 6 student nurses on the 3rd year management placements in general practice and each spends 3 months in GP practices. Consequently, 5 have qualified and 2 are working for GP practices in Lewisham and 1 is a District Nurse in Lewisham.
- 4.53 Practice nurses are recruited directly on completion of their training and are being mentored by the CCG Nursing Team. Currently there are no vacancies in Lewisham – except where practices are not recruiting.
- 4.54 The CCG has also submitted a successful bid against the GP Forward View Clinical Pharmacist in General Practice programme, which will support Clinical Pharmacist to work in GP practices. This bid will initially cover a population of approximately 90,000 and provide additional clinical support to GPs in managing patients and their prescribing needs.

4.55 Wound dressings

- 4.56 A specific concern was raised by the Save the Lewisham Hospital Campaign and a local GP practice about the provision of services to support care for wound dressings.
- 4.57 The GP Extended Access service provides appointments with nurses who are able to access patients' medical records, which enables continuity of care. The service provides care for wound management and from November 2017 when the service relocates, will be providing an additional 1,000 nurse appointments. In 2018, this will increase to 2,600 additional bookable nurse appointments.
- 4.58 Each year NHS Lewisham Clinical Commissioning Group invests an 'additional premium payment' of £3.2M to GP practices providing core services to patients. The CCG agreed in May 2017 with the Local Lewisham Medical Committee and the London-wide Medical Committee (which represents GPs) to continue to include payment for wound dressings (post-operative wound care and suture removal). Therefore, patients in Lewisham will also be able to access support from their local GP practices.

4.59 Winter Planning

- 4.60 Across all types of responses and engagement, concern has been expressed with regard to planning for winter and the potential impacts on A&E. However, it is important to note that there is little evidence to support this view, based on where similar changes made across the country and more locally CCGs such as Lambeth, Southwark and Greenwich – have not reported adverse shifts in activity.
- 4.61 The CCG in partnership with Lewisham & Greenwich Trust and the system A&E Delivery Board has a robust Winter Plan, which has been submitted to NHS England.
- 4.62 The CCG has set out local mitigations in the Equality Impact Assessment, which includes; (i) GP streaming and redirection in the Urgent Care Centre from November 2017; (ii) increased nurse and GP appointments provided by the GP Extended Access Service; (iii) Patient Advice & Liaison Support to get patients registered at the Waldron Health Centre from this month until March 2018; and (iv) additional support for the rough sleepers as identified earlier.
- 4.63 Lastly, our clinical review has demonstrated that the vast majority of people attending the Walk-in Centre for colds, flu-like symptoms and sore throats did not need to see a GP. This is supported by the national review of Walk-in Centres conducted by Monitor⁶. Therefore, in order to reduce pressure on primary care services over the winter period as a system we need to support residents to access the right care.
- 4.64 Therefore, the CCG will be supporting the national annual Winter Campaigns such as *Stay Well Winter* and *Stay Well Pharmacy*.
- 4.65 However, the CCG has committed to developing a bespoke winter campaign for the north of the borough to support those who did not need a GP appointment to use alternative services or to self-care. The CCG will be working with local pharmacies and preventative services. This is evidenced by the recurring theme from the consultation and highlighted by Healthwatch that residents are not aware of the alternative services such as pharmacies or the GP Out of Hours Service (accessible when GP practices are closed), which is provided by the South East London Doctors Co-operative (SELDOC).
- 4.66 Sexual Health Services: There has been a great deal of confusion about the community services delivered from the Waldron Health Centre and the Walk-in Centre – with particular reference to Sexual Health Services. Community Integrated Sexual Health services at the Waldron Health Centre are provided by Lewisham & Greenwich Trust and walk-in and appointments services are available 6 days per week and this service is not a part of the consultation.

6

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283778/WalkInCentreFinalReportFeb14.pdf

Consistency with current and prospective patient choice

5. Alternatives

5.1 It is important to note that at the time of submitting this report the consultation on the future of the Walk-in Centre and improving the provision and access to primary care has not closed. Consequently, what is provided in this section is only a summary and not an exhaustive list of some of the responses received to date.

5.2 The vast majority of alternatives summarised relate either to extending existing GP services or to developing more bespoke services.

5.3 The alternative models and services proposed range from;

- providing a satellite GP Extended Access service in the Waldron Health Centre;
- a Walk-in service for the homeless;
- getting GP practices to extend their hours;
- re-introducing same day appointments at the GP practices;
- same day triaging at GP practices;
- providing walk-in appointments at GP practices;
- charge patients £20 for a same day GP appointment
- increase the use Clinical Pharmacist or Nurse Practitioners;
- provide STD test at GP practices;
- clearer appointment systems;
- fast track service for the elderly and children;
- register student as part of enrolling;
- provide a named GP for each patient;
- provide online booking;
- provide a diagnostic centre at the Waldron (e.g. ultrasound and x-ray);
- develop more alternative care;
- expand SELDOC;
- offer wellness and preventative groups;
- turn the Waldron Health Centre into one good GP facility;
- develop video or Skype consultations;

5.4 Post consultation the CCG will review, consider and assess and publish all alternatives proposed in response to the key questions in the survey and from the engagement activities, which we have undertaken.

Strengthened Public and Patient Engagement

6 Pre-consultation

6.1 In January and February 2017 the CCG interviewed users of the Walk-in Centre to better understand why they used the service and what the CCG could do to better improve access to primary care. A series of interviews took place on different days and times to ensure that a representative sample of users and views would be reflected.

6.2 The main driver of patients choosing to use the Walk-in Centre was being unable to get an appointment with their own practice. However, a significant number of patients perceived that they would be unlikely to get an appointment and therefore, went directly to the Walk-in Centre without contacting their own GP; 46% said they went directly to the Walk-in Centre because they did not think they would be able to get an appointment at their GP practice.

6.3 The CCG asked those interviewed in January and February what they would do if the Walk-in Centre was not available and 40% stated they would have used A&E if the Walk-in centre was not available and 27% would just wait and see their own GP.

6.4 At the point these CCG led interviews users there were no other alternatives available, as the GP Extended Access Service was not launched until April 2017.

- 6.5 Of those interviewed, 82.2% of people reported that they would consider using another service, which offered bookable appointments at another location, if their own GP practice did not have appointments available.
- 6.6 In January 2017, the CCG commissioned Healthwatch Lewisham to deliver engagement activities with seldom heard groups in Lewisham. This engagement was commissioned to support a future model of Primary Care Extended Access, organised around the needs of patients and local populations. The CCG were keen to seek the direct views and experiences of the following groups;
- People from Black African and Caribbean backgrounds
 - People with a learning disability
 - People with a physical or sensory disability
 - People with mental health issues
 - People living in areas of deprivation
- 6.7 The recommendations were used to develop the GP Extended Access service, which commenced in April 2017 and are included in the Equality Impact Assessment (See Appendix 3 – separate attachment).

6. Consultation

- 6.1 The CCG outlined its approach to engaging members of the public, patients and stakeholder in this formal consultation to the Committee on the 20th July 2017. We have ensured that the information on the consultation is accessible online and paper copies have been provided when requested. The CCG also commissioned easy read, audio and Vietnamese versions.
- 6.2 The CCG also recognises that there are different ways of engaging with our local communities. Our engagement programme has consisted of face to face outreach with various groups and the diverse communities in Lewisham. The CCG has met with homeless charities, community development groups, community hubs, children's centres, parents' forums, patient participation groups, faith groups, local ward assemblies and students.
- 6.3 The CCG also acknowledges the need to find more innovative ways of reaching those in our community who do not traditionally engage with processes of this nature or the seldom heard and have visited local businesses – particularly those where we are able to access residents from Black Minority Ethnic backgrounds.
- 6.4 We have also been visiting local transport hubs (Lewisham, Catford, Forest Hill, Sydenham, New Cross and Gate stations) and the Lewisham Shopping Centre and we have supported all GP practices to send text messages to their patients on the consultation.
- 6.5 People of working age are the highest users of the New Cross Walk-in Centre. Therefore, the CCG has had a visible presence at key transport hubs and train stations in the borough during the morning rush hour. The CCG distributed 1,175 postcards to commuters, in addition to making announcements on the consultation.
- 6.6 This section sets out of a summary of some of the interventions and a list of engagement activities are located in Appendix 2;

(a) Patient Participation Groups (PPG)

The CCG supported the development of neighbourhood Patient Participation Groups (north, south west, central and south east) in 2015, working with the local GP Federation, One Health Lewisham. The CCG attended this borough-wide meeting with attendees representing the PPGs from Lewisham practices. A presentation of the consultation was given to the 40 people who attended the event. Attendees were asked to take part in a snap shot vote – using a coloured care voting system. Of those attending 30 took part in the vote; 19 supported the proposal; 3 did not; and 8 were unsure. The confidence levels varied with regard to getting an appointment with their own GP or the GP Extended Access service.

(b) Local charities and voluntary organisations

Deptford Reach

The CCG delivered a presentation to 12 people at the service with written materials to support discussion and 6 people completed paper surveys (who were all registered with GPs). There was positive feedback about the Enhanced GP Service for the homeless commissioned by the CCG. However, concerns were raised about those who attended the Walk-in Centre and might not be registered with a GP. There was a lack of knowledge about the GP Extended Access service. The view was that the homeless would be more likely to ask for appointments in person due to a lack of phone credit.

999 Club

The CCG attended the 999 Club and spoke with people in small groups and individually. 18 surveys were completed and all were registered with a GP. 14 service users responded and 4 staff and volunteers who lived in the borough and had used the Walk-in Centre. Concerns were raised again here about the ability to access the GP Extended Access service due to a lack of phone credit and having to travel to their GP to book an appointment at the Lewisham Hospital site.

Evelyn Parents Forum

Evelyn Parents Forum is a local Deptford volunteer parent/carer community group. The CCG attended the Forum and spoke with 4 parents and 3 completed the survey. Although not concerned for themselves 2 parents expressed concerns for others about the proposed closure. There were strong concerns from 1 parent about their own vulnerability with regard to probable additional travel costs and travelling to the Lewisham Hospital site on public transport from Deptford with sick children.

(c) Stakeholders

Kaleidoscope Children's Centre

The CCG spoke with parents of children from across the borough and from diverse backgrounds at the Centre, engaging in total with 25 people and 16 completed the survey. People using the services at Kaleidoscope were overwhelmingly in favour of the proposal. Particularly, with regard to the benefits of having a fixed/booked appointment when travelling with a sick child – rather than a queue up and wait system.

Neighbourhood Community Development Partnership

The CCG attended an event held by the partnership to provide information for community organisations, which was shared with 18 community organisations. There were a handful of members of the public were present. The purpose of attending this event was to utilise the existing community channels and network to inform people about the consultation and encourage participation. People at the event had not used the GP Extended Access service and were not aware that it offered appointments 8am-8pm, 7 days a week. Concern was expressed that people in the area (on the border of Southwark) were often forgotten in any health decisions.

Downham Health & Leisure Hub

The CCG spoke with people at this community hub. This engagement was successful in reaching people of working age and diverse ethnicity. Of the 40 people, 6 completed the paper survey – with others agreeing to complete it online. The majority of those engaged stated that the Walk-in Centre was too far and some used the Beckenham Beacon Urgent Care Centre. The GP Extended Access service had been used by one person who had a positive experience of the service. More people here supported the proposal, however this was not unanimous.

Phoenix Green Man (South Lewisham)

The CCG attended this Health & Well-being event, which was open to all residents and was attended by 70 people, who were mainly aged over 55 years. The CCG had a stall at the event and provided a short presentation to 21 people. Of those 21 people 4 had used the Walk-in Centre. None of those who the CCG spoke to were aware of the GP Extended Access service. During a show of hands vote, where 16 people voted; 11 did not support the proposal, 2 were unsure, 1 supported it and 2 were out of borough residents.

Local NHS Trusts and neighbouring Clinical Commissioning Groups

The CCG wrote to all local NHS Trusts and neighbouring Clinical Commissioning Groups at the start of the consultation.

The CCG met with representatives of Lewisham & Greenwich Trust to discuss the proposals and possible mitigations; (i) GP streaming and redirection in the Urgent Care Centre; (ii) increased nurse and GP appointments provided by the GP Extended Access Service; (iii) Patient Advice & Liaison support to get patients registered at the Waldron Health Centre; (v) a north of the borough specific winter campaign to support those who did not need a GP appointment to use alternative services or to self-care; and (vi) additional support for the homeless. At the time of submitting this report the CCG are awaiting a formal response from Lewisham & Greenwich Trust, however commissioners have agreed with the Trust that weekly monitoring of activity will take place between January and March 2018.

Save the Lewisham Hospital Campaign

The CCG wrote to the campaign on 8th August 2017 and received a response on 29th September 2017, which outlined 8 specific areas of concern. A meeting was arranged with representatives of the campaign Dr Louise Irvine, Dr Tony O'Sullivan and Jane Mandlik, The CCG has provided a formal response to the areas of concern, which has been published here; http://www.lewishamccg.nhs.uk/get-involved/PublishingImages/Pages/Have-your-say-Walk-in-Centre,-New-Cross/SLHC_CCG_Statement_16102017.pdf

Leegate Community Centre

The CCG engaged with 8 people who had used the Walk-in Centre. Some expressed positive comments about the GP Extended Access service although they had not used it themselves. Some valued the Walk-in service because they had attended in a crisis and believed they were treated better than at their own GP. Of the people we spoke to 3 supported and 4 opposed it and 1 person did not complete the question. There was less certainty about confidence levels in being able to book appointments using either their own GP or the Extended Access service, with half of people uncertain about answering the question.

Young Mayors Advisors

The CCG met with 8 Young Advisors and provided information about the proposals. The young Advisors' experiences of access to GP appointments was positive, with most reporting that they could get an appointment when they needed one. When asked about their views on the proposals 2 people supported the proposal, 2 were uncertain and 4 did not support the proposal.

(d) Local residents, patients, NHS staff and users of the New Cross Walk-in Centre

Waldron Health Centre Drop-in Sessions

The CCG organised a series of drop-in sessions at the Waldron Health Centre. These sessions were open to the public, patients, staff and included two people outside the Waldron Health Centre, who told us they were rough sleeping and who completed the survey. These rough sleepers were registered with a GP practice, which is commissioned to provide an Enhanced Service to the Homeless. However, they expressed concern at the potential loss of the Walk-in Centre in that it supported people who could not make appointments. Over these three initial drop-in sessions, 90 people were engaged with and 24 completed the survey with other agreeing to complete online. Although most people understood the requirement to address the needs of the entire borough and some people supported the proposal; the majority did not agree with the proposal. Reasons provided included proximity of the Walk-in and the potential impact on vulnerable people.

From additional sessions held during the week commencing 23rd October 2017 at the Walk-in Centre and engaging with users of the service; 28 people completed a survey, of which 10 supported the proposal, 8 did not and 10 did not know. In addition, a number of people committed to complete the survey online.

Goldsmiths College Fresher's Fair

The CCG engaged with 300 students over the course of two days. Information of the consultation was made available with a brief explanation. The CCG attendance at the fair was

also to encourage new students to register with a local GP register and explaining to overseas students the points of access to Primary Care in Lewisham. There was also a helpful conversation with a member of staff who is a first aider for the College about the proposals.

Lewisham Islamic Centre

The CCG had previously engaged with the centre on the development of the GP Extended Access service. This session was mixed but predominantly men were in attendance. The three women in attendance abstained in voting activity. The CCG held a presentation and discussion session on the proposal. There was appreciation of why the changes were proposed, but with concerns about losing the walk-in element. The majority of people did not support the proposal. One person was very confident about being able to get an appointment and remainder were not so confident. There was concern about expressing confidence levels in a service they had not experienced – GP Extended Access.

Lewisham Shopping Centre

The CCG had brief conversations with 92 people. This is where there were the highest awareness levels of the GP Extended Access service to date with more people in favour of the proposal. There were some very positive comments from people who had used the GP Extended Access service, with regard to its usefulness for working people and its caring staff. People registered with GP practices in the Sydenham area advised that they had been offered the GP Extended Access service, those registered in the New Cross area reported that they had not.

(e) Elected Member of Parliament

Representatives of the CCG (Dr David Abraham, Urgent & Emergency Care Lead, and Diana Braithwaite, Director of Commissioning & Primary Care) met with Vicky Foxcroft MP. Our local MP expressed concerns about students and access to primary care services for the most vulnerable, particularly the homeless and those residing in the UK without legal status. The CCG committed to providing our MP with updates during the consultation.

(f) Local Ward Assemblies

New Cross and Evelyn Ward Assemblies

The New Cross Ward Assembly was not well attended by members of the public. However, the CCG engaged with and had conversations with 10 people and 6 completed surveys. The Evelyn Ward Assembly was attended by 40-50 people. The CCG had a stall providing information and proactively engaged with those attending. Although people understood the need to avoid duplication of services and the requirement to support all people in the borough, the majority were concerned about the impact on vulnerable people and that people would simply attend A&E.

Telegraph Hill Ward Assembly

The CCG were invited to attend the Telegraph Hill Ward Assembly and there were about 8 members of the public in attendance. Local residents posed a series of questions and were clear; as were the two ward councillors in attendance that they did not support the proposals.

(g) The GP practices located in the Waldron Centre

The CCG (with the assistance of the Lewisham Local Medical Committee), in its capacity as a level 3 delegated commissioner met with the Amersham Vale Training Practice, Clifton Rise Family Practice and Dr Batra – all located in the Waldron Heath Centre. The purpose of these meetings was to engage with these GP practices as providers (and not commissioners) of core primary care services in the area.

7. Financial Implications

There are no financial implications for the council.

8. Legal implications

There are no legal implications for the council.

9. Crime and disorder implications

There are no crime and disorder implications.

10. Equalities implications

The Equality Impact Assessment was completed and published and can be found at Appendix 3 (separate attachment). The document was reviewed by the CCG Equality & Diversity Group. The Assessment will be refreshed after review of the responses and submitted to the CCG Governing Body in November 2017.

11. Environmental implications

Not applicable.

12. Background Documents

NHS GP Forward View

The General Practice Forward View, published in April 2016, commits to an extra £2.4 billion a year to support general practice services by 2020/21. It will improve patient care and access, and invest in new ways of providing primary care.

Link: <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

13. Contact/s

Dr Marc Rowland, Chair, NHS Lewisham Clinical Commissioning Group
Diana Braithwaite, Director of Commissioning & Primary Care, NHS Lewisham Clinical Commissioning Group

14. Appendices

Appendix 1: GP Practice Opening Hours

Appendix 2: Engagement Schedule

Appendix 3: Equality Impact Assessment (Separate attachment)

Appendix 1: Lewisham GP Surgeries Extended Hours

Core GP Surgery opening hours are 08:00am – 06:30pm

Practice	Extended Hours
Queens Road Partnership	Tue, Wed and Thur 6.30pm-7.15pm
Hurley at the Waldron	None
Amersham Vale Training Practice	Wed and Thur 6.30pm-8pm and Sat 9am-11am
Vesta Road Surgery	Wed 6.30pm-7.30pm and Sat 9am-12am
New Cross Health Centre	Tue 6.30pm-8pm
Mornington Surgery	Mon 6.30pm-7.45pm
Kingfisher Medical Centre	Mon 6.30pm-8pm
Grove Medical Centre	Tue and Wed 6.30pm-7.30pm
Deptford Surgery	Sat 8.45am-12.15am
Deptford Medical Centre	Tue 6.30pm-7.30pm
Clifton Rise Family Practice	Tue 6.30pm-8pm
Dr Batra's Practice	Tue and Wed 6.30pm-7.40pm
St John's Medical Centre	Tue 7am-8am, Wed 7.30am-8am, Thur 6.30pm-7.00pm, 1st Sat month 8am-11am
Brockley Road Surgery	Tue/Wed/Thur 6.30pm-8pm
Hilly Field Medical Centre	Mon-Fri 6.30pm-8pm
Honor Oak Group Practice	Mon-Fri 7am-8am
Burnt Ash Surgery	Mon-Wed 7am-8am, Fri 7.30am-8am
Lee Road Surgery	Tue and Thur 7am-8am
Lewisham Medical Centre	Wed 6.30pm-8pm and Sat 9am-12pm
Morden Hill Surgery	Mon 7am-8am and Wed 6.30pm-8.30pm
Belmont Hill Surgery	Wed 6.30pm-7.30pm, Thur and Fri 7am-8am
Triangle Group Practice	Tue 7am-8am and Wed 6.30pm-8pm
Woodlands Health Centre	Mon 6.30pm-9pm, Tue 7am-8am/6.30pm-8pm, Wed 6.30pm-9pm, sat 7am-10am
Nightingale Surgery	Fri 7am-8am
Rushey Green Group Practice	Mon 6.30pm-8pm, 6.30pm-8pm and Sat 9am-11am
Oakview Family Practice	None
Torrison Road Medical Practice	Tue to Thurs 6.30pm-8pm and Friday 6.30pm-7.30pm
Park View Surgery	Mon 6.30pm-7.30pm and Wed 6.30pm-7.45pm
Downham Family Medical Practice	Thur 6.30pm-8pm
ICO HG - Marvels Lane Surgery [branch]	None
Baring Road Medical Centre	Wed 6.30pm-8pm
South Lewisham Group Practice	Mon and Thur 6.30pm-8pm
Woolstone Medical Centre	Mon and Wed 6.30pm-8pm
Bellingham Green Surgery	Mon, Wed, Thurs, Fri 7.55am-8am. Tue 7.55am-8am and 6.30pm-8.30pm.
The Jenner Practice	Mon 7.30am-8am and 6.30pm-7pm, Tue 7.30am-8am and Thur 7.30am-8am.
Sydenham Green Group Practice	Fri 7am - 8am. Alternate Mon, Wed and Thurs from 6.30pm-8pm. Sat alternate weeks 8am-10.30am.
Sydenham Surgery	Mon 6.30pm-7.30pm
The Vale Medical Centre	Tue - Thur 6.30pm-7.30pm
Wells Park Practice	Mon 7am-8am and Tue 6.30pm-8pm, 2nd Sat of month 8.30am-Noon

Appendix 2: CCG led Engagement to support the formal consultation on the future of the NHS Walk-in Centre and improving provision and access to primary care

DATE	EVENT TYPE	TARGET GROUP	LOCATION	OBJECTIVES	STATUS
8.8.17	Meeting with Healthwatch	Key stakeholder to reach communities	Catford	<ul style="list-style-type: none"> Use update meeting to highlight the launch and ensure Healthwatch have materials to disseminate information about the consultation and encourage participation through their networks and at events. 	COMPLETED
30.8.17	Meeting	Homeless people and people who are rough sleeping (as per the Equality Impact Assessment), vulnerable, including people with substance abuse issues	Deptford Reach 34 Speedwell Street Deptford SE8 4AT	<ul style="list-style-type: none"> To reach those identified in Equality Impact Assessment as potentially impacted by proposals. Providing people using a support service with opportunities to hear about our proposals and share their views. 	COMPLETED
1.9.17	Drop-in	People using the Walk-in Centre and other health services	Waldron Centre – Ground Floor meeting room and foyer area	<ul style="list-style-type: none"> Providing people using Walk-in Centre and other services at the Waldron Centre with an opportunity to hear about the proposals ask questions and share their views. 	COMPLETED
5.9.17	Attendance at New Cross Local assembly meeting	Local Community and Councillors	Mulberry Centre , Amersham Vale New Cross SE14 6LE	<ul style="list-style-type: none"> Providing people in North Lewisham with opportunities to hear about our proposals, ask questions and share their views. 	COMPLETED
6.9.17	Attendance at North Lewisham Community Development meeting	Range of voluntary, community and health organisations and members of the public	Lewington Centre, Eugenia Road, Silwood Estate, Deptford.	<ul style="list-style-type: none"> Engaging key community organisations with extensive reach to disseminate information about the consultation and encourage participation through their networks and at events. 	COMPLETED
8.9.17	Drop-in	People using the facilities at Downham Health & Leisure Centre	Downham Health and Leisure Centre , Moorside Road during busy evening sessions	<ul style="list-style-type: none"> Providing people in South Lewisham (including those living in areas of deprivation) with opportunities to hear about our proposals, ask questions and share their views. 	COMPLETED
9.9.17	Drop-in	People using the Walk-in Centre and other health services	Waldron Centre – Ground Floor meeting room and foyer area	<ul style="list-style-type: none"> Providing people using Walk-in and other services at the Waldron Centre with an opportunity to hear about the proposals and ask questions and share their views. 	COMPLETED

12.9.17	Drop-in	People using the Walk-in Centre and other health services	Waldron Centre – Ground Floor meeting room and foyer area	<ul style="list-style-type: none"> Providing people using Walk-in and other services at the Waldron Centre with an opportunity to hear about our proposals, ask questions and share their views 	COMPLETED
16.9.17	Health and Wellbeing event	People from across the borough attending a Health and Well Being event	Green Man Centre (Whitefoot Ward) Bromley Road SE6 2RP	<ul style="list-style-type: none"> Providing people with an opportunity to hear about our proposals and ask questions and share their views. 	COMPLETED
18.9.17	Meeting	Homeless people and people who are rough sleeping (as per the Equality Impact Assessment)	999 Club Deptford Broadway SE8 4PA	<ul style="list-style-type: none"> To reach those identified in EQI as potentially impacted by proposals Providing people using a support service with opportunities to hear about our proposals and share their views. 	COMPLETED
19.9.17	Drop-in	Parents with young children in highest area of deprivation in North Lewisham	Evelyn Parents forum – playgroup sessions 231 Grove Street, SE8 3PZ	<ul style="list-style-type: none"> Providing people who may not be able to attend other sessions, due to childcare or transport, with opportunities to hear about our proposals and share their views. 	COMPLETED
19.9.17	Drop-in	Young people or Parents with children attending borough wide hub for children's health services	Kaleidoscope Children's Centre, Rushey Green SE6 4JD	<ul style="list-style-type: none"> Providing people who may not be able to attend other sessions, due to childcare or transport, with opportunities to hear about our proposals and share their views. 	COMPLETED
20.9.17	Meeting	Lewisham CCG AGM	King's Church, Lee SE3 9DW	<ul style="list-style-type: none"> Providing people with an opportunity to hear about our proposals and ask questions and share their views. 	COMPLETED
25.9.17	Drop-in	Students who may not be registered with a GP (as per Equality Impact Assessment)	Goldsmiths College Lewisham Way SE14 6NW	<ul style="list-style-type: none"> Providing students in Freshers' week with information about the future of the Walk-in Centre, how to access primary care in Lewisham and the need to register. 	COMPLETED
25.9.17	Meeting	Patient Participation Group representatives	Lewisham Civic Centre	<ul style="list-style-type: none"> Providing PPG representatives from the borough's 39 practices people with an opportunity to hear about our proposals and ask questions and share their views. 	COMPLETED
26.9.17	Drop-in	Providing students with about access to primary care and the need to register with a GP (as per the Equality Impact Assessment)	Goldsmiths College Lewisham Way SE14 6NW	<ul style="list-style-type: none"> Providing students in Freshers' week with information about the future of the Walk-in Centre, how to access primary care in Lewisham and the need to register. 	COMPLETED
3.10.17	Attendance at	Local community and	2000 Community	<ul style="list-style-type: none"> Providing people in North Lewisham with 	COMPLETED

	Evelyn Local assembly meeting	Councillors	Centre	opportunities to hear about our proposals ask questions and share their views with a (GP) Clinical Director and Deputy Director of Commissioning.	
4.10.17	Attendance at Get –On Lewisham borough wide digital event	People in Lewisham being supported to gain digital skills	Green Man Centre Bromley Road SE6 2RP	<ul style="list-style-type: none"> Providing people from across the borough with an opportunity to hear about GP-ON Line (AT lead) and share our Consultation and share their views on-line (DM lead). 	NOT COMPLETE: <i>Event was scaled down by organisers. On-line consultation materials were previously circulated and organisers have been asked to re-circulate these to all Get- On groups in the borough.</i>
5.10.17	Drop-in	Young people or Parents with children attending borough wide hub for children's health services	Kaleidoscope Children's Centre Rushey Green SE6 4JD	<ul style="list-style-type: none"> Providing people who may not be able to attend other sessions, due to childcare or transport, with opportunities to hear about our proposals and share their views. 	COMPLETED
5.10.17	Visits to BAME businesses	BAME communities – to encourage participation in the Consultation and share information	Catford & Bellingham	<ul style="list-style-type: none"> Reaching communities who have low rates of participation in the consultation. Having conversations with individual businesses to support them to generate awareness with their customers and providing easily portable materials. 	COMPLETED
10.10.17	Consultation promotion	Working age Lewisham patients (Equality Impact Assessment – high users of Walk-in) At train stations and transport hubs	Catford Train station	<ul style="list-style-type: none"> Providing information (postcards) about the consultation and GPEA to commuters travelling from Lewisham in the morning rush hour; to promote awareness of and participation in the consultation. 	COMPLETED
10.10.17	Drop –in	People with current or history of mental health issues using an advocacy service	Lee Community Centre Leegate SE12 8RG	<ul style="list-style-type: none"> Providing people who have had may not be able to attend other sessions, due to childcare or transport, with opportunities to hear about our proposals and share their views. 	COMPLETED
11.10.17	Meeting	People from Lewisham who are Muslim (seldom heard group)	Lewisham Islamic Centre, Rushey Green SE13 6NZ	<ul style="list-style-type: none"> Providing people with an opportunity to hear about our proposals and share their views. 	COMPLETED

12.10.17	Consultation promotion	Working age Lewisham patients (Equality Impact Assessment – high users of Walk-in) at transport hubs	Lewisham transport hub – train station (DLR and bus on 18.10.17)	<ul style="list-style-type: none"> Providing information (postcards) about the consultation and GPEA to commuters travelling from or through the borough's major transport hub in the morning rush hour; to promote awareness of and participation in the consultation. 	COMPLETED
12.10.17	Drop-in	People of all ages and demographics using the borough's largest shopping centre	Lewisham Shopping Centre	<ul style="list-style-type: none"> Providing people with an opportunity to hear about our proposals and share their views. 	COMPLETED
13.10.17	Consultation promotion	Working age Lewisham patients (Equality Impact Assessment) – high users of Walk-in) at transport hubs	Forest Hill Train station	<ul style="list-style-type: none"> Providing information (postcards) about the consultation and GPEA to commuters travelling from or through the borough's major transport hub in the morning rush hour; to promote awareness of and participation in the consultation. 	COMPLETED
17.10.17	Consultation promotion	Working age Lewisham patients (Equality Impact Assessment – high users of Walk-in) at transport hubs	New Cross Gate – transport hub	<ul style="list-style-type: none"> Providing information about the Consultation and GPEA to commuters travelling from or through the borough's major transport hub in the morning rush hour; to promote awareness of and participation in the consultation. 	COMPLETED
17.10.17	Visits to BAME businesses	BAME communities – to encourage participation in the Consultation and share information	Deptford / New Cross	<ul style="list-style-type: none"> Reaching communities who have low rates of participation in Consultations. Having conversations with individual businesses to support them to generate awareness with their customers and providing easily portable materials. 	COMPLETED
17.10.17	Attendance at Local Assembly	Local Community and Councillors	Telegraph Hill Assembly Somerville Youth & Play Provision 260 Queen's Road SE14 5JN	<ul style="list-style-type: none"> Providing people with an opportunity to hear about our proposals, ask questions and share their views. 	COMPLETED
18.10.17	Consultation promotion	Working age Lewisham patients (Equality Impact Assessment – high users of Walk-in) at transport hubs	Lewisham DLR and bus station	<ul style="list-style-type: none"> Providing information about the Consultation and GPEA to commuters travelling from or through the borough's major transport hub in the morning rush hour; to promote awareness of and participation in the consultation 	COMPLETED
18.10.17	Meeting	Homeless multi-agency	NHS Lewisham CCG	<ul style="list-style-type: none"> Providing key stakeholders (statutory and 	COMPLETED

		summit – in response to previous engagement and Equality Impact Assessment findings	Cantilever House SE12	voluntary organisations supporting homeless people) with an opportunity to share their views on additional needs/services.	
19.10.17	Consultation Promotion	Working age Lewisham patients (Equality Impact Assessment – high users of Walk-in) at transport hubs	Sydenham Station SE26 5EU	<ul style="list-style-type: none"> Providing information about the consultation and GPEA to commuters in the morning rush hour; to promote awareness of and participation in the consultation. 	COMPLETED
19.10.17	Drop-in	Parents with young children	Abbotshall Healthy Living Centre, Catford SE6 1SQ	<ul style="list-style-type: none"> Providing people with an opportunity to hear about our proposals, ask questions and share their views. 	COMPLETED
19.10.17	Drop-in	Walk-in Centre	Walk-in Centre	<ul style="list-style-type: none"> Providing people with an opportunity to hear about our proposals, ask questions and share their views. 	COMPLETED
21.10.17	Meeting	Social housing tenants South Lewisham	Diversity Day – Phoenix Green man	<ul style="list-style-type: none"> Providing people with an opportunity to hear about our proposals ask questions and share their views. 	COMPLETED
23.10.17	Drop-in	People at risk of social isolation	Lee Community Centre	<ul style="list-style-type: none"> Providing people with an opportunity to hear about our proposals ask questions and share their views. 	COMPLETED
23.10.17	Meeting	Young people (14-23)	Lewisham Young Advisors	<ul style="list-style-type: none"> Providing young people with an opportunity to hear about our proposals, ask questions and share their views. 	COMPLETED
24.10.17	Drop-in	Walk-in Centre users	Walk-in Centre	<ul style="list-style-type: none"> Providing people with an opportunity to hear about our proposals, ask questions and share their views. 	COMPLETED
25.10.17	Drop-in	Walk-in Centre users	Walk-in Centre	<ul style="list-style-type: none"> Providing people with an opportunity to hear about our proposals, ask questions and share their views. 	COMPLETED
26.10.17	Drop-in	Walk-in Centre users	Walk-in Centre	<ul style="list-style-type: none"> Providing people with an opportunity to hear about our proposals, ask questions and share their views. 	COMPLETED

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Equality Impact Assessment

The future of the NHS
Walk-in Centre and
improving provision and
access to primary care

AUGUST 2017
Version 4.0



Document Control

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1. Organisation

Lewisham Clinical Commissioning Group

2. Purpose of an Equality Impact Assessment (EqIA)

2.1 The objective of this initial EqIA is to identify potential positive and negative impacts that may result of the changes, with particular emphasis on fulfilling the Public Sector Equality Duties (PSED) within which NHS Lewisham CCG has a duty to;

2.1.1 *Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Equality Act 2010;*

2.1.2 *Advance equality of opportunity between people who share a protected characteristic and those who do not;*

2.1.3 *Foster good relations between people who share a relevant protected characteristic and those who do not share it.*

2.2 In addition, to align outcomes to community based care, which is;

- **Proactive and Preventative:** by creating an environment which promotes health and wellbeing, making it easier for people to find the information and advice they need on the support, activities and opportunities available to maintain their own health and wellbeing and to manage their health and care more effectively;
- **Accessible to all:** by improving access to local health and care services, including increasing children's access to community health services and early intervention support. And for everyone to have access to urgent care when needed;
- **Co-ordinated:** So that people receive personalised health and care services which are coordinated around them, delivered closer to home, and which integrate physical and mental health and care services, helping them to live independently for as long as possible.

2.3 The focus of this report is to assess the potential impact of the closure of the NHS Walk-in Centre, New Cross (as a result of the contract expiring) against improving access to primary care via the alternative GP Extended Access Service; on individual patients and relatives/carers who share one of more of the nine following protected characteristics (in no particular order);

- I. Age
- II. Disability
- III. Gender reassignment
- IV. Marriage and Civil Partnership
- V. Pregnancy and maternity
- VI. Race
- VII. Religion or belief
- VIII. Sex
- IX. Sexual Orientation

- 2.4 This report should be reviewed in conjunction with the full consultation document, which is located here: http://www.lewishamccg.nhs.uk/get-involved/consultation/WiC_Consultation_FINAL_09082017.pdf
- 2.5 This Equality Impact Assessment has been reviewed by the CCG Equality and Diversity Group and it will be refreshed to encompass any additional areas resulting from the responses to the consultation.
- 2.6 The report will then be submitted to the CCG Governing Body in November 2017.

3. The Service/s

3.1 *NHS Walk-in Centre*

- 3.2 The Walk-in Centre opened in March 2010. The Centre is for patients who are unable to get an urgent appointment with their GP and who have a minor injury or medical condition that is not life-threatening but needs to be seen. This is a walk-in service and is available from 8am to 8pm, 7 days a week, including public holidays.
- 3.3 The Centre does not offer any advice or consultations by telephone and does not have access to GP medical records for any patients, which is not uncommon for walk-in services.
- 3.4 In 2016/17 there were **29,528** attendances to the service, which is located in the Waldron Health Centre, New Cross.
- 3.5 More than half of all attendances to the service 2016/17 are not identified as Lewisham residents registered with a Lewisham GP.
- 3.6 In 2016/17 only **43.5%** (12,726 attendances) could be identified as Lewisham residents registered with a Lewisham GP.
- 3.7 **28.6% (8,367)** of all attendances in 2016/17 could not be attributed to any Clinical Commissioning Group either GP details are unknown or the patient was not registered with a GP.
- 3.8 We have estimated that only **2,300** patients who attended the Walk-in Centre, where either the GP details were unknown or the patient was not registered with a GP were **Lewisham residents**.
- 3.9 The CCG adopted the Walk-in Centre contract from NHS England and the contract was further extended in 2015 for 24 months. The CCG will not be able to extend the contract again.
- 3.10 If the CCG were to continue to provide a walk-in facility, it would need to procure a new and different service. However, walk-in centres are not considered the best way to provide proactive, co-ordinated and accessible care for the people of Lewisham.
- 3.11 Lewisham CCG has the last remaining Walk-in Centre service in south London. Neighbouring Clinical Commissioning Groups in Southwark, Lambeth and Greenwich have all closed their Walk-in Centres and replaced them with GP Extended Access Hubs.

3.12 GP Extended Access

3.13 In delivering on the Lewisham Primary Care Strategy¹ – Developing GP Services, to develop innovative ways to improve access to urgent and unplanned care within primary care; the CCG set out its model care for integrated urgent and primary care.

3.14 To deliver the integrated urgent and primary care model the CCG commissioned a GP Extended Access service, which commenced on 1st April 2017.

3.15 This is in line with the General Practice Forward View², NHS England and Our Healthier South East London Sustainability Transformation Plan, which have agreed to;

- Extend access to General Practice services so that these can be accessed between 8am – 8pm, seven days per week across London;
- Make broader improvements to access general practice, such as better use of technology, better patient choice;

3.16 The service allows patients to access a primary care health professional 12 hours per day from 8am – 8pm for pre-bookable and urgent primary care appointments seven days a week (including Bank Holidays) at the University Hospital Lewisham site.

3.17 Appointments are bookable up to 7 days in advance.

3.18 The service aims to;

- Ensure improved and consistent access to high quality primary care services from 8am – 8pm, seven days per week.
- Support patients to find the right service at the right time, through integration of access routes to urgent and core primary care services, with consistent redirection at all points from GP practices, A&E and any other urgent access points to NHS services.

3.19 Access to the service is currently by patients contacting the GP surgery where they are registered. The service is not intended to be a walk-in service, where patients arrive and queue – appointments are booked through the patients' registered practice if the practice does not have appointments available that are convenient for the patient.

3.20 Patients can also access the service when they contact the Integrated Urgent Care (formerly NHS 111) service. In addition, it is planned nationally for patients to be able to book an appointment on-line up to two weeks in advance to see either a GP or Nurse.

3.21 From December 2017 when patients attend the Urgent Care Centre at University Hospital Lewisham, they will be redirected to the GP Extended Access after an assessment by a clinician.

3.22 The service provides **25,426** bookable appointments per year with GP face-to-face consultations, GP video consultations and nurse appointments. In 2018, this will increase to **29,914** bookable appointments.

¹ Lewisham CCG – Primary Care Strategy: Developing GP Services 2016-2021 – 26/10/16

² <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

- 3.23 Unlike, the Walk-in Centre the GP Extended Access team delivering the service are able to access, review and update medical records for patients using the service.
- 3.24 Not all of the appointments in the GP Extended Access service are being taken up and the service has the capacity to see patients who are currently using the Walk-in Centre – in addition to providing identical opening times.
- 3.25 The service is located at the University Hospital Lewisham on Lewisham High Street. Lewisham Hospital provides acute and community health services and is a key part of the fabric of Lewisham’s health economy. The high street is centrally located within the borough of Lewisham and ideally close to local amenities. The hospital is easily accessible with good public transport links and well served by several bus and cycle routes. There are pay and display parking zones on the hospital grounds including bays for drop-off, pick-up, waiting and disabled parking. There are also pay and display parking spaces on nearby streets surrounding the hospital.
- 3.26 In January 2017, the CCG commissioned Healthwatch³ Lewisham to seek the views of *seldom heard* groups in Lewisham to support the development of the Primary Care Extended Access service organised around the needs of patients and populations.
- 3.27 The CCG wanted to seek direct views and experiences from the following groups;
- Black African and Caribbean backgrounds (who are disproportionately high users of urgent and emergency care)
 - People with a learning disability
 - People with a physical or sensory disability
 - Peoples with mental health issues
 - People living in areas of deprivation
- 3.28 Healthwatch spoke to 71 participants over a period of 5 weeks from the following groups and organisations, reflective of the seldom heard groups identified by the CCG;
- South East London Vision (Sensory Impairment)
 - Africa Advocacy Foundation (Black and Minority Ethnic)
 - Family Health Isis (Mental Health)
 - Stroke Association Group (Areas of deprivation)
 - Lewisham Nexus Services (Learning disabilities)
- 3.29 There were a number of common themes from across all participants and key views for the service are summarised below;
- *People wanted the centre to be in an accessible and central location within the borough, with good public transport links and available car parking, at a reasonable price;*
 - *It was felt that quicker access routes to routine appointments (via the centre) would help ease patient anxiety and encourage a good relationship between the service user and provider;*

³ <http://www.lewishamccg.nhs.uk/about-us/how-we-work/Meeting%20papers/Primary%20Care%20Commissioning%20Committee%2015th%20August%202017.pdf>

- *The importance of understanding and reading a patient's medical history was of paramount importance to patients, in order to prevent misunderstanding when patients had complex medical conditions;*
- *For some, the sharing of medical records was a concern, with patients stressing the importance of informing the public that this would happen if they accessed care at the centre;*
- *A wider understanding of provision within the borough and extra facilities to support patients, would be useful for GPs practices at the centre;*
- *Booking methods for the extended access service should be clearly communicated to the public, with booking by telephone remaining the most popular method;*
- *Doctors with specialisms and in depth knowledge of long term conditions (e.g. HIV, learning disabilities) should be available to the extended access centre;*
- *The infrastructure and non-clinical staff at any new centre should be trained in supporting vulnerable patients and those who may have difficulties access or navigating a new service.*
- *Patients with long term conditions and those with physical or learning would like to be offered longer appointments to accommodate for their additional needs*
- *Communication around the new extended access service should be available in multiple formats, that are easy to read and accessible;*
- *Community groups and leaders should be involved in the promotion and awareness raising of the service.*

3.30 The Healthwatch recommendations have been incorporated into the development of the GP Extended Access Service.

4. Population

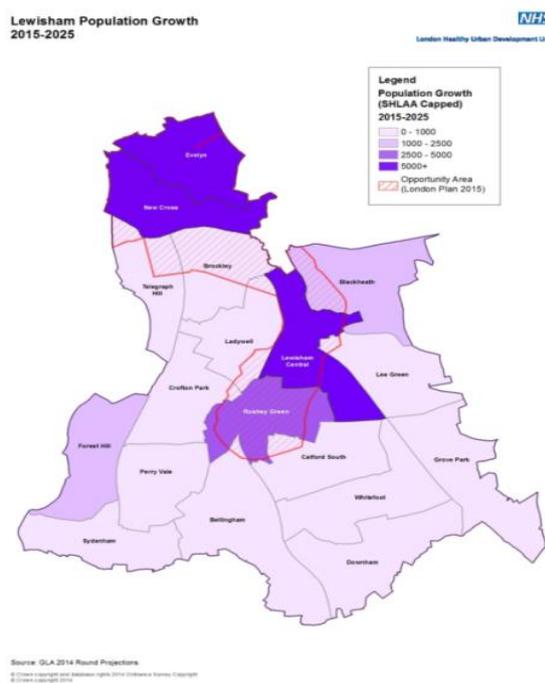
4.1 The population density in New Cross and Lewisham Central is expected to increase by a third. In 2015, the resident population of Lewisham stood at 294,096. According to the 2014 Round of GLA population projections, the population of the borough has increased to 294,096 in 2015 and will increase further by 31,100 between 2015 and 2025, or 10.6% the next ten years. By ranking population growth between 2015 and 2025 across London boroughs, Lewisham is considered to be a 'medium growth' borough (ranked 11th out of 33 boroughs).

Figure 1: Lewisham Population Growth

4.2 Lewisham has a higher population density than London as a whole (at 8,365 persons per sq km), but lower than Inner London. Over a fifth of the borough is parkland or open space.

4.3 Population growth in Lewisham is uneven and concentrated in different parts of the borough. This presents different challenges for service and estates planning. High population growth is concentrated in the north and centre of the borough where there has been greater investment in health infrastructure than in the South has benefited less. Waldron Health Centre is located in New Cross Ward.

4.4 The distribution of deprivation across Lewisham is uneven, with every ward having LSOAs (Lower Super Output Area) in at least 4 Lewisham deciles of deprivation, there is less variation in Lewisham than in many other places. Of the 166 LSOAs in the borough, 38% are in the most deprived fifth of England, 86% in the most deprived two fifths, and only 1% in the least deprived two fifths.



5. New Cross⁴

5.1 New Cross ward includes areas of New Cross, New Cross Gate and Deptford. In the 2011 census the population of New Cross was 15,756 and is made up of approximately 50% females and 50% males. The average age of people in New Cross is 32, while the median age is lower at 30. 51.3% of people living in New Cross were born in England. Other top answers for country of birth were 7.2% Nigeria and 3.9% Jamaica.

5.2 74.6% of people living in New Cross speak English. The other top languages spoken are 2.3% French, 1.9% Spanish, 1.8% All other Chinese, 1.7% Polish, 1.5% Portuguese, 1.4% Vietnamese, 1.0% Somali, 0.9% Italian and 0.8% Cantonese Chinese.

5.3 The religious make up of New Cross is 51.0% Christian, 24.3% No religion, 9.7% Muslim, 3.0% Buddhist, 1.4% Hindu, 0.3% Jewish, 0.2% Sikh, 0.1% Atheist. 1,421 people did not state a religion. 60 people identified as a Jedi Knight.

5.4 23.6% of people are married, 10.2% cohabit with a member of the opposite sex, 2.3% live with a partner of the same sex, 46.1% are single and have never married or been in a registered same sex partnership, 11.6% are separated or divorced. There are 848 widowed people living in New Cross.

5.5 The top occupations listed by people in New Cross are Professional 17.0%, Elementary 16.4%, Elementary administration and service 15.7%, Associate

⁴ <https://new-cross.localstats.co.uk>

professional and technical 13.8%, Administrative and secretarial 11.5%, Caring, leisure and other service 11.0%, Sales and customer service 9.5%, Skilled trades 8.8%, Administrative 8.7%, Managers, directors and senior officials 7.9%.

6. Who uses the Walk-in Centre service

- 6.1 *Overview:* A clinical review of the presenting conditions of those patients attending the Walk-in Centre found that the majority were for wide range of acute minor medical problems, which would normally be dealt with by self-care, a pharmacist or consulting a GP or Nurse.
- 6.2 Of the clinically reviewed sample, the majority of patients attended for wound care (dressings etc.), limb pain, sore throats, coughs and rashes. This is in keeping with Monitor Review⁵ of Walk-in Centres of across the country where commonly people were treated for coughs, colds, flu like symptoms, skin conditions or infections.
- 6.3 *Ethnicity:* Users of the service who identified their ethnicity as White British or White Other (43.5% of attendances) were the largest users of the service in 2016/17. Those who identified their ethnicity as Black, Black British, African or Caribbean (37.7% of attendances) were the second highest users of the Walk-in Centre. This is in contrast to 3 years ago where those who identified their ethnicity as Black, Black British, African or Caribbean were the main users of the service.

Figure 2: Walk-in Centre Activity 2016/17 by Ethnicity

Ethnicity	Percentage
White British	26.2%
Not Recorded	15.9%
White other	15.3%
Black or Black British African	11.2%
Black or Black British Caribbean	8.7%
Declined	3.4%
Other Asian	3.4%
Other Black background	3.1%
Other ethnic groups	2.6%
Chinese	2.0%
Mixed White and Black Caribbean	1.9%
White Irish	1.4%
Mixed White and Black African	1.4%
Mixed other	1.1%
Asian or Asian British Indian	0.9%
Asian or Asian British Bangladeshi	0.6%
Asian or Asian British Pakistani	0.6%
Mixed White and Asian	0.3%

- 6.4 *Sex:* In 2016/17 56.4% of all attendances to the Walk-in Centre were female and 43.5% were male and this is consistent with the Monitor Review of Walk-in Centres.

⁵ Monitor: Walk-In-Centre Review: Final Report and Recommendations

- 6.5 Age: The Walk-in Centre is mostly used by people between the ages of 25 – 49 years followed by those between the ages of 16 – 24 years. This is reflective of the Monitor Review of Walk-in Centres, which found that younger people are the predominant users, with people between the ages of 16 – 45 years attending at higher rates than other age groups.
- 6.6 The majority of children under 5 years of age attending the Walk-in Centre were predominantly from the 4 GP practices located in the Waldron Centre, which took place in hours; Monday to Friday 08:00 – 18:30.
- 6.7 Hours: The overwhelming majority (64%) of all attendances at the Walk-in Centre took place in hours when GP practices are open, with 17% on Saturdays and 13% on Sundays and the remainder (6%) during the evenings.
- 6.8 The majority of Lewisham registered patients using the Centre are registered with GP practices located in the north of the borough.
- 6.9 In 2016/17 of those Lewisham patients using the Walk-in Centre and registered with a GP, **28.5%** attendances were already registered with one of the four GP Practices; Clifton Rise Family Practice, Amersham Vale Training Practice, Dr Batra's Practice or the New Cross GP Led service, all located in the Waldron Health Centre.
- 6.10 The highest users of the Walk-in Centre are patients already registered with the New Cross GP Led Service, which is co-located with the Walk-in Centre.
- 6.11 GP Extended Access is the alternative service for residents in Lewisham when the Walk-in Centre contract expires on 31st December 2017. For those registered with a Lewisham GP – access to the service will be as per 3.12 and 3.13.
- 6.12 For those patients registered with a GP in London, they will have access to the GP Extended Access Services/Hubs provided in those boroughs. These were introduced as a part of the national GP Forward View⁶ initiative in April 2017 across London to improve access to General Practice.
- 6.13 It is recognised that the GP Extended Access service is not the same service as the Walk-in Centre because it provides access to patients' medical records and the service is bookable. Access to this service requires patients to be registered with a GP in Lewisham.
- 6.14 Therefore, unregistered patients will not be able to access the service unless they register with a GP practice in Lewisham.
- 6.15 However, there is sufficient GP practices of good quality and capacity of **25,300** (See Figure 3) located within less than one mile of the Walk-in Centre (both in Lewisham and neighbouring boroughs), which could support increased registration of an estimated additional **2,300** patients currently attending the Centre.

⁶ <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

Figure 3: GP practice capacity for new registrations located near the Waldron

Practice Name	Code	Contract	Distance from Waldron (miles)	Raw List	Additional new patients that practice able to register
Dr. Jeyanathan and Partners	G85026	PMS	0	4,477	2,000
Amersham Vale Practice	G85698	PMS	0	9,013	2,000
Dr BK Batra's Practice	G85717	PMS	0	6,025	3,000
Mornington Surgery	G85008	PMS	0.1	4,152	3,000
Deptford Surgery	G85711	PMS	0.2	4,734	1,500
Dr Mog Sarder's Practice	G85736	GMS	0.2	3,007	300
New Cross Health Centre	G85076	PMS	0.3	5,826	5,000
Kingfisher Medical Centre	G85020	GMS	0.4	4,981	1,000
Dr R Berman's Practice	G85105	PMS	0.7	5,888	1,500
St Johns Medical Centre	G85038	PMS	0.7	14,485	3,000
Plumbridge Medical Centre	G83641	GMS	0.8	2,426	3,000
*Total capacity within 1 mile of the Walk-in Centre					25,300

6.16 The activity data on the Walk-in Centre use for 2016/17 indicates that there are approximately **28.6%** attendances (8,367), where the GP is unknown or the patient is not registered with a GP.

6.17 Consequently, there are a number of assumptions that can be made; (i) those who have attended have chosen not to disclose this information; (ii) those attending were not asked to provide this information; or (iii) they are genuinely not registered with a GP anywhere.

6.18 However, even if no GP details were provided for one of the 3 reasons listed in 6.17; the expectation is that the provider of the Walk-in Centre should as a minimum have obtained the patients address.

6.19 In order to provide a reasonable estimate of the actual number of potential patients (and not attendances) that might not be registered with a GP and live in Lewisham; the first part of the patients' postcode and multiple attendances were considered in reviewing activity data for the Walk-in Centre.

6.20 A partial postcode was used in order to ensure patient confidentiality. However, as a consequence this has meant that where partial postcodes are shared with Lewisham and at least one of the five neighbouring south east London boroughs have been included in the count. Therefore, the quantum number of unknown GP/unregistered with a GP patients will be inflated.

6.21 The review demonstrated that for those where either the GP details were unknown or the patient was not registered with a GP (as per 6.16); **70% of those patients did not have a Lewisham postcode and therefore do not live in the borough.**

6.22 The remaining **30% (estimated 2,300 patients over a 12 month period)** where either the GP details were unknown or the patient was not registered with a GP – either live in Lewisham and have a partial postcode that is exclusive to the London Borough of Lewisham e.g. SE4, SE6 and SE14; or they have a partial

postcode, which is shared with Lewisham and at least one of the five neighbouring south east London boroughs (Lambeth, Southwark, Bromley, Bexley and Greenwich) and Croydon e.g. SE3, SE8, SE9, SE10, SE12, SE13, SE19 and SE26.

6.23 Therefore, 2,300 is the quantum estimated number of patients who potentially might need to be registered with a GP.

6.24 It is also recognised that a proportion of those where the GP is unknown or the patient is not registered with a GP could be homeless.

6.25 Homelessness acceptances in Lewisham are higher than the London average at 5.9 per 1,000 people compared to 5, but have risen much less than average since 2009.

6.26 The review demonstrated that there were an estimated 188 patients in a 12 month period where either the GP details were either unknown or the patient was not registered with a GP and no postcode was provided.

6.27 The patients could either be homeless or this could be down to poor data collection or the patient declined to provide this information. However, the 188 patients could provide a maximum proxy for Homeless users of the Walk-in Centre.

6.28 The local authority (Lewisham Council) commissions 80 beds in the New Cross Ward for the homeless, which equates to a conservative estimate of **327** individuals (total client impact) per year including *Rough Sleepers and Street* activity; recognising that these will be some of the most vulnerable people with regard to physical health, mental health and substance misuse.

6.29 The Care Quality Commission expects GP practices to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them. Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them.

6.30 It is recognised that Goldsmiths College is located close by and their students are directed to the Walk-in Centre; it is therefore possible to assume that a large proportion will be students. This is supported by the Monitor Review, where high numbers of students are users, who tend not to be registered in with a GP in the area in which they are attending University.

6.31 The NHS Choices advice to students is;

If, like most students, you spend more weeks of the year at your college address than your family's address, you need to register with a GP near your college as soon as possible.

7. Summary

7.1 In assessing the potential impact of the closure of the NHS Walk-in Centre, New Cross (as a result of the contract expiring) against improving access to primary care via the alternative GP Extended Access service on individual patients and relatives/carers who share one of more of the nine protected characteristics – the key areas where there could be a negative impact and mitigation is required;

- (i) People who reside in the borough and *are not registered with a Lewisham GP* and therefore would be unable to access the alternative GP Extended Access service.
- (ii) People who live in another borough and *are registered with a GP practice in another borough or elsewhere in the country* and therefore are unable to access the alternative GP Extended Access service in Lewisham.

For Lewisham CCG the priority will be our population and mitigation for those who live in the borough and are not registered with a GP.

7.3 Equality Analysis checklists

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
DISABILITY	<ul style="list-style-type: none"> • Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17 • Neighbourhood Profiles and Picture of Lewisham (JSNA, London Borough of Lewisham) 	<ul style="list-style-type: none"> • CCG Walk-in Centre User survey in January and February 2017 • CCG Commissioned Healthwatch SELDOM Heard Report on GP Extended Access • CCG formal public and stakeholder consultation launched on 8th August to 30th October 2017 	<ul style="list-style-type: none"> • No disproportionate effect is expected. • There is no data available on the numbers of service users who identify themselves as having a disability. 	<ul style="list-style-type: none"> • The GP Extended Access service is located at the University Hospital Lewisham site, which will be compliant with all required regulations on accessibility. • In addition, the new purpose built suite will be Disability & Discrimination Act compliant. • The University Hospital Lewisham site is accessible and has good transport links. 	October 2017
GENDER REASSIGNMENT	<ul style="list-style-type: none"> • Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17 	<ul style="list-style-type: none"> • CCG formal public and stakeholder consultation launched on 8th August to 30th October 2017 	<ul style="list-style-type: none"> • No disproportionate effect is expected. • There is no data available on the numbers of services users who identify themselves as being with these protected characteristics. 	<ul style="list-style-type: none"> • The GP Extended Access service is available to all patients registered with a Lewisham GP. • The service has access to the patient's records and therefore, this would support continuity of care for these users and ensuring that they only had to tell their story once. 	Not applicable.

7.4 Equality Analysis checklists

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Timeframe
MARRIAGE & CIVIL PARTNERSHIP	<ul style="list-style-type: none"> • Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17 • Neighbourhood Profiles and Picture of Lewisham (JSNA, London Borough of Lewisham) 	<ul style="list-style-type: none"> • CCG Walk-in Centre User survey in January and February 2017 • CCG Commissioned Healthwatch SELDOM Heard Report on GP Extended Access • CCG formal public and stakeholder consultation launched on 8th August to 30th October 2017 	<ul style="list-style-type: none"> • No disproportionate effect is expected. • There is no data available on the numbers of services users who identify themselves as being with these protected characteristics. 	<ul style="list-style-type: none"> • The GP Extended Access service is available to all patients registered with a Lewisham GP. • The service has access to the patients' records and therefore, this would support continuity of care for these users and ensuring that they only had to tell their story once. 	Not applicable.
PREGNANCY AND MATERNITY	<ul style="list-style-type: none"> • Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17 	<ul style="list-style-type: none"> • CCG formal public and stakeholder consultation launched on 8th August to 30th October 2017 	<ul style="list-style-type: none"> • No disproportionate effect is expected. • There is no data available on the numbers of services users who identify themselves as being with these protected characteristics. 	<ul style="list-style-type: none"> • The GP Extended Access service is available to all patients registered with a Lewisham GP. • The service has access to the patients' records and therefore, this would support continuity of care for these users and ensuring that they only had to tell their story once. 	Not applicable.

7.5 Equality Analysis checklists

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
RELIGION OR BELIEF	<ul style="list-style-type: none"> • Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17 • Neighbourhood Profiles and Picture of Lewisham (JSNA, London Borough of Lewisham) • 2011 Census (ONS) • Walk-in Centre Review 2014 (Monitor) 	<ul style="list-style-type: none"> • CCG Walk-in Centre User survey in January and February 2017 • CCG formal public and stakeholder consultation launched on 8th August to 30th October 2017 	<ul style="list-style-type: none"> • No disproportionate effect is expected. • There is no data available on the numbers of services users who identify themselves as being with these protected characteristics. 	<ul style="list-style-type: none"> • The GP Extended Access service is available to all patients registered with a Lewisham GP. 	Not applicable.
SEX	<ul style="list-style-type: none"> • Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17 • Neighbourhood Profiles and Picture of Lewisham (JSNA, London Borough 	<ul style="list-style-type: none"> • CCG Walk-in Centre User survey in January and February 2017 • CCG formal public and stakeholder consultation launched on 8th August to 30th 	<ul style="list-style-type: none"> • No disproportionate effect is expected based on Sex or Sexual Orientation of the Walk-in Centre closing and patients accessing the alternative GP Extended Access Service. 	<ul style="list-style-type: none"> • The GP Extended Access service is available to all patients registered with a Lewisham GP. • The service has access to the patients' records and therefore, this would support continuity of care for these users and ensuring that they only had to tell their story once. 	Not applicable.

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
	of Lewisham) <ul style="list-style-type: none"> • 2011 Census (ONS) • Walk-in Centre Review 2014 (Monitor) 	October 2017			
SEXUAL ORIENTATION	<ul style="list-style-type: none"> • Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17 • Neighbourhood Profiles and Picture of Lewisham (JSNA, London Borough of Lewisham) • 2011 Census (ONS) • Walk-in Centre Review 2014 (Monitor) 	<ul style="list-style-type: none"> • CCG Walk-in Centre User survey in January and February 2017 • CCG formal public and stakeholder consultation launched on 8th August to 30th October 2017 	<ul style="list-style-type: none"> • No disproportionate effect is expected based on Sexual Orientation due to the Walk-in Centre closing and patients accessing the alternative GP Extended Access Service. 	<ul style="list-style-type: none"> • The GP Extended Access service is available to all patients registered with a Lewisham GP. • The service has access to the patients' records and therefore, this would support continuity of care for these users and ensuring that they only had to tell their story once. 	Not applicable.
CARERS	<ul style="list-style-type: none"> • Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17 	<ul style="list-style-type: none"> • CCG formal public and stakeholder consultation launched on 8th August to 30th October 2017 	<ul style="list-style-type: none"> • There is no utilisation data available on the numbers of services users who identify themselves as being with these protected characteristics. 	<ul style="list-style-type: none"> • From October 2017 to January 2018 the CCG will provide dedicated Patient Advice & Liaison (PALS) Support in the Waldron Health Centre to help people register with a local GP practice of their choice and provide information on the GP 	November 2017

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
			<ul style="list-style-type: none"> As a part of the formal consultation concern was raised about how carers book appointments for those in supported housing. 	<p>Extended Access service.</p>	
OTHERS E.G. Students/ Homeless	<ul style="list-style-type: none"> Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17 and 2017/18 Lewisham Borough Council (Single Homeless Unit); 	<ul style="list-style-type: none"> CCG formal public and stakeholder consultation launched on 8th August to 30th October 2017 	<ul style="list-style-type: none"> The GP Extended Access Service is only accessible to those registered with a GP in Lewisham, therefore Homeless people in New Cross. Estimated of 327 homeless people in a year. Similarly, students from nearby Goldsmiths College not registered with a Lewisham GP will be impacted. 	<ul style="list-style-type: none"> The CCG commissions two local GP practices (Honor Oak and Rushey Green) to deliver enhanced support the four hostels for homeless people. The CCG will review these two services. The CCG will meet with the providers of services and supports to consider improved messaging on registration. Getting registered with a GP support to Goldsmiths College. 	<p>November 2017</p> <p>October 2017</p> <p>September 2017</p>

Section 8: Action Plan

For any negative outcomes identified in Section 2, it is important to identify the steps you will take to mitigate consequences on the nine protected characteristics. Complete the Action Plan below to identify and record how you will address these.

Equality Group	Negative Outcome	Mitigating Action (Identify any resource/other implications)	Timeframe
ALL	Users of the Walk-in Centre who are not registered with a GP practice in Lewisham will not be able to access the alternative GP Extended Access Service when the Walk-in Centre closes at the end of the year. There are on average an estimated 2,300 patients who use the Centre with a Lewisham postcode or a partial postcode, which is shared with at least one of the five neighbouring SEL Boroughs and Croydon, who are not registered with a GP.	1. The CCG will commission from October 2017 to January 2018 dedicated Patient Advice & Liaison (PALS) Support, located in the Waldron Health Centre to help people who live in the borough register with a local GP practice of their choice and provide information on the GP Extended Access service.	October 2017 – January 2018
	Homeless users of the Walk-in Centre service who are not registered with a GP practice will not be able to access the alternative GP Extended Access Service when the Walk-in	2. The CCG commissions two local GP practices (Honor Oak and Rushey Green) to deliver enhanced support to the four hostels for homeless people. The CCG will review these two services. 3. Commissioners will meet with the providers of services and support to the Homeless	November 2017 October 2017

<p>Centre closes at the end of the year.</p>	<p>population to consider improved messaging and support on GP registration. The CCG will be running a Homeless Summit jointly with Lewisham Borough Council in October as a direct result of this process, which will include representatives from the 3 homeless charities supporting New Cross, the Healthy London Partnership, Lewisham & Greenwich Trust, Pathway (Healthcare for the Homeless) and SLAM.</p> <p>4. The CCG will implement an engagement and training programme for all GP practices on supporting Homeless patients in the borough using the Healthy London Partnership resource pack and on-line training tool published in August 2017. Resource pack https://www.myhealth.london.nhs.uk/healthy-london/latest/publications/homelessness-health-resource-pack Supporting GP receptionists to help people who are homeless https://www.myhealth.london.nhs.uk/healthy-london/latest/news/supporting-gp-receptionists-help-people-who-are-homeless</p>	<p>November 2017 – January 2018</p>
<p>Students who are users of the service and are not registered with a GP in Lewisham or any GP will not be able to access the alternative GP Extended Access Service when the Walk-in Centre closes at</p>	<p>5. The CCG will attend <i>Fresher’s Week</i> at Goldsmiths College to promote GP Registration to students.</p> <p>6. The CCG will develop periodic communication messages in line with new student intakes throughout the year on getting registered with a GP.</p> <p>7. Goldsmiths College have commissioned the</p>	<p>September 2017</p> <p>November 2017</p> <p>Not applicable.</p>

<p>the end of the year.</p>	<p>Amersham Vale Training Practice to provide GP services to their student population.</p>	
<p>Patients from the 3 GP practices, which are amongst the highest Lewisham users of the Walk-in Centre, located in the Waldron Health Centre could attend the A&E instead when the service closes.</p>	<p>8. The CCG will work with the Amersham Vale Training Practice, Dr Batra and Clifton Rise Family Practice to provide additional support – particularly for those who attend with children under 5 years old in hours.</p> <p>9. The CCG will develop communication programme on accessing urgent primary care (in-hours and out of hours) and self-management for patients; phase 1 will be to the GP practices with patients that are the highest users.</p> <p>10. In order to deliver the national requirement of Clinical Redirection and Streaming at all Urgent Care Centres; this additional service, which consists of a GP seeing and treating patients in the Urgent Care Centre, will be fully compliant at the University Hospital Lewisham from December 2017. Lewisham CCG has been running a Primary Care Assessment Pilot, with a GP in the Urgent Care Centre at the University Hospital Lewisham since October 2016.</p> <p>11. The CCG will work with the local pharmacists on supporting self-care for patients.</p>	<p>October – November 2017</p> <p>November 2017 – January 2018</p> <p>November 2017</p> <p>November 2017</p>
<p>Users of the Walk-in Centre who attended for wound dressings will attend A&E instead when the service closes</p>	<p>12. Each year Lewisham CCG invests an ‘additional premium payment’ of £3.4m to GP practices providing core services to patients. For 2018/19, the CCG agreed in May 2017 with the Local Lewisham Medical</p>	<p>January 2018</p>

	<p>because GP practices in Lewisham are currently not paid to provide this additional service.</p>	<p>Committee and the London-wide Medical Committee (which is represents GPs) to include payment for wound dressings (post-operative wound care and sutra removal) as GPs were not previously paid to provide this service.</p> <p>The CCG launched the premium to all GP practices on 27th June 2017. All GP practices in Lewisham received their premium offer on 29th September 2017, which will take effect from 1st January 2018. Therefore, patients in Lewisham requiring wound dressings care will be able to access this service from their local GP practices.</p>	
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Policy, Function or Service Development Details and Authorisation	
Name of Organisation:	NHS Lewisham Clinical Commissioning Committee
Name of the policy, function or service development being assessed:	The future of the New Cross Walk-in Centre and improving provision and access to primary care
Is this a new/existing/revised policy, function or service development?	Existing
Briefly describe its aims and objectives	The Walk-in Centre opened in March 2010. The Centre is for patients who are unable to get an urgent appointment with their GP and who have a minor injury or medical condition that is not life-threatening but needs to be seen. This is a walk-in service and is available from 8am to 8pm, 7 days a week, including public holidays.
Analysis Start Date:	04.08.2017
Lead Author of Equality Analysis:	Director of Commissioning & Primary Care
Date of approval: 14.09.2017	CCG Equalities & Diversity Group
Have any financial or resource implications been identified?	YES
Date of Governing Body Meeting where the Equality Assessment was ratified:	In line with the approval received from the CCG Governing Body on 13 th July 2017 to commence Public Consultation on the future of the New Cross Walk-in Centre and improving provision and access to primary care; the Equality Impact Assessment will be refreshed at the end of the consultation and submitted to the Governing Body in November 2017.

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