

Healthier Communities Select Committee Agenda

Tuesday, 16 April 2013
7.00 pm, Committee Room 1
Civic Suite
Lewisham Town Hall
London SE6 4RU

For more information contact: Salena Mulhere (Tel: 0208 314 3380)

Part 1

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Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Tuesday, 16 April 2013.

Barry Quirk, Chief Executive
Thursday, 4 April 2013

Councillor John Muldoon (Chair)	
Councillor Stella Jeffrey (Vice-Chair)	
Councillor Pauline Beck	
Councillor Peggy Fitzsimmons	
Councillor Helen Gibson	
Councillor Carl Handley	
Councillor Ami Ibitson	
Councillor Chris Maines	
Councillor Jacq Paschoud	
Councillor Alan Till	
Councillor Alan Hall (ex-Officio)	
Councillor Kevin Bonavia (ex-Officio)	

Agenda Item 1

Healthier Communities Select Committee			
Title	Confirmation of Chair & Vice Chair of the Healthier Communities Select Committee		
Contributors	Chief Executive (Head of Business & Committee)	Item	1
Class	Part 1	Date	16 April 2013

1. Summary

Further to the Annual General Meeting of Council on 20 March 2013, this report informs the Select Committee of the appointment of a Chair and Vice Chair of the Healthier Communities Select Committee.

2. Purpose of the Report

To issue directions to the Select Committee regarding the election of their Chair and Vice Chair.

3. Recommendations

The Select Committee is recommended to:

- (i) Confirm the election of Councillor John Muldoon as Chair of the Healthier Communities Select Committee
- (ii) Confirm the election of Councillor Stella Jeffrey as Vice Chair of the Healthier Communities Select Committee

4. Background

4.1 On 20 March 2013, the Annual General Meeting of the Council considered a report setting out an allocation of seats on committees to political groups on the Council in compliance with the requirements of the Local Government and Housing Act 1989.

4.2 The constitutional allocation for both chairs and vice chairs of select committees is:

Labour: 5

Liberal Democrat: 1

5. Financial Implications

There are no financial implications arising from this report.

6. Legal Implications

Select Committees are obliged to act in accordance with the Council's Constitution.

BACKGROUND PAPERS

Council AGM Agenda papers 20 March 2013 – available on the Council website <http://www.lewisham.gov.uk/> or on request from Kevin Flaherty, Business and Committee manager (0208 3147369)

If you have any queries on this report, please contact Salena Mulhere, Overview and Scrutiny Manager (020 8314 3380)

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 19 March 2013 at 7.00 pm

PRESENT: Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Pauline Beck, Ami Ibitson, Chris Maines, Jacq Paschoud and Alan Till; Val Fulcher (Lewisham LINK).

APOLOGIES: Councillors Peggy Fitzsimmons and Helen Gibson; Jonathan Beder, Service Manager, SLaM.

ALSO PRESENT: Georgina Nunney (Principal Lawyer), Sarah Wainer (Head of Strategy & Performance), Robert Mellors (Finance Manager, Community Services and Adult Social Care), Joy Ellery (Director of Knowledge, Governance and Communications, Lewisham Healthcare NHS Trust), Mike Hellier (Lewisham Clinical Commissioning Group), Danny Ruta (Director of Public Health, NHS Lewisham), Jane Miller (Joint Deputy Director of Public Health, NHS Lewisham), Fiona Kirkman (Prevention & Inclusion Manager, Community Services), Dr Helen Tattersfield (Chair, Lewisham Clinical Commissioning Group), Diana Braithwaite (Director of Commissioning, Lewisham Clinical Commissioning Group), Salena Mulhere (Overview and Scrutiny Manager) and Roger Raymond (Scrutiny Officer).

1. **Minutes of the Meeting Held on 6 February 2013 and the Minutes of the Joint Meeting of Mayor and Cabinet, Healthier Communities Select Committee and Overview and Scrutiny Business Panel held on 10 December 2012**

- 1.1 **RESOLVED:** That the minutes of the meetings held on 10 December 2012 and 6 February 2013 be signed as an accurate record of the meeting, after amendment of adding Cllr. Peggy Fitzsimmons to the attendance of the 6 February meeting.

2. **Declarations of Interest**

- 2.1 Councillor Muldoon declared a non-prejudicial interest as an elected Governor of the South London and Maudsley NHS Foundation Trust (SLaM) Council of Governors.

3. **Premature Mortality Review - Update on Implementation of Recommendations**

- 3.1 Dr Danny Ruta and Jane Miller introduced the report and the following key points were noted:

- The target for smoking 'quits' was 1800 for 2012-13, but data up to the 3rd quarter shows that there are 1076 'quits'; therefore it is likely they will miss the target set. The Department of Health have also reinforced their 'traffic lights system', meaning it is likely that the Stop Smoking service will get a red rating for missing its target.
- A review of the service will be carried out, in conjunction with Lewisham Healthcare Trust, to look at the productivity and efficiency of the Stop

Smoking service. It must be noted however that the work carried out in areas of deprivation has been very successful.

- There has been success in terms of tackling illegal tobacco sales, with 10kg of tobacco seized in the borough. A survey of 1700 smokers across SE London by the South East London Tobacco Alliance (SELTA) has recently been completed to identify how they obtain illicit tobacco. For Lewisham, the results suggest that two sources of illicit tobacco predominate - buying from someone's home and buying from a pub and of these the former was most significant in terms of frequency of purchases and volume of tobacco purchased. 13 out of every 20 Lewisham smokers surveyed claimed to have been offered illicit product with around 6 in every 20 smokers reporting that they had bought illicit tobacco in the previous 12 months.
- A Tobacco Peer education programme is offered to every secondary school for year 8. The programme focuses on the tobacco industry's marketing strategy to target young people to create the next generation of smokers. Sydenham Girls' and Sedgehill have completed and Ladywell Fields is at the planning stage. Schools are generally interested but often feel unable to commit to the programme because of other priorities. Public Health hope they get can improve the links with secondary schools in the borough so they participate in the programme.
- 300 children have participated in the Obesity Programme which is approximately 3% of the children that could benefit from it. There is a very good uptake of school meals in primary schools but less so in secondary schools, but the Director of Public Health hopes to improve this. There is an 'exclusion zone' of 400m around schools for fast food outlets. However there are already quite a number of fast food outlets which were operating before the exclusion zone was put in place. Public Health are working in partnership with the Environmental Health Team to implement the Healthier Catering Commitment Scheme in Lewisham. The initial phase starting in February 2013 focuses on working with fast food outlets. The scheme offers practical solutions on how small changes can make food healthier, often at no cost to the business.

3.2. In response to questions, the Committee was informed that:

- There has been distribution of 'Stop Smoking' posters and material across the borough, but Public Health will look to see if this can be further improved.
- Public Health have been trying to get schools to participate in the Tobacco Peer Education programme, but it has been difficult to keep them engaged in the programme, which is disappointing as it is a programme that delivers results.
- The Government-produced anti-smoking campaigns have been quoted by quitters as being influential in encouraging them to stop smoking.
- Illicit sales of tobacco usually take place person-to-person in places like pubs or other venues where the sellers think it would be less likely they would be apprehended by the police.
- In terms of stopping food outlets selling unhealthy food via planning, action would depend on the size and type of restaurant.
- Public Health alongside the council are working with schools to improve the environment where school meals are eaten, encouraging 'lock-in' at

lunchtime, as well as pupils and parent involvement in the menus, and this should help to improve the uptake in school meals.

- Officers will also look at the council website pages to consider what can be done to make it clearer that there is free swimming across the borough for the over 60s, and not just at a discount.
- There are difficulties in hiring school venues such as gyms and swimming pools as they have to be hired at a cost, but the Director of Public Health feels these factors could be overcome. There are also community initiatives such as St. Dunstan's acquisition of the Powerleague, meaning that they have designated 500 hours per week free usage for youth organisations to use the facilities, as well as public access to their swimming pool at the school site.

3.3 RESOLVED: The Committee resolved to refer the following to Mayor and Cabinet:

The Committee recommends that:

- All secondary schools to be encouraged to commit to on-going participation in the Tobacco Peer Education Programme (the programme focuses on the tobacco industry's marketing strategy to target young people to create the next generation of smokers).
- School Governing Bodies redouble efforts to encourage the uptake of school meals in their schools.

4. Social Care White Paper & Social Care Funding

4.1 Robert Mellors (Finance Manager, Community Services and Adult Social Care) introduced the report and the following key points were noted:

- The Government has announced in advance of the 2013 Budget that the lifetime cap on social care costs would be set at £72,000 and would be introduced in 2016.
- People living in residential care will be expected to contribute approximately £12,000 per annum towards their general living costs. This does not contribute towards the cap and would be subtracted from any personal budget. The local authority will calculate the costs of meeting a person's eligible needs based upon what the local authority would expect to pay for care and support.
- There may be some additional changes in the 'Care Pathway', such as a universal eligibility criteria.
- There will be a range of implications for Lewisham, such as
 - the need to explain the changes fully to residents so they make informed decisions about their care. Lewisham may face a greater pressure on front line resources in order to effectively communicate the charging cap to people.
 - the current systems used to manage social care records does not include the ability to manage a Care Account. Additional resources will be required to manage changes to current local authority systems and processes to accommodate the introduction of both the cap and deferred payment arrangements.

- there may be an impact on the local care market from the introduction of the cap and deferred payments arrangements due to the potential increase in clients seeking support or making changes to their care.

4.2 In response to questions, the Committee were informed that:

- Work will be needed to fully explain that the £72k limit does not include board and lodgings and the wrong impression being given by the media that all costs would be covered in the statutory limit.
- It is understandable to assume that economies of scale would suggest that it is cheaper for people to stay in residential homes rather than being at home, but there are other factors to consider, such as familiarity of their home, links with community and neighbours, the stress of moving, to consider.

4.3 **RESOLVED:** That the report be noted.

5. Alcohol Delivery Plan

5.1 The Chair requested that this agenda item be taken before agenda item three.

5.2 Fiona Kirkman introduced the report and the following key points were noted:

- The Lewisham Alcohol Delivery Group exists to attempt to reduce harm in relation to alcohol within the borough of Lewisham. The group is chaired by the Deputy Director for Public Health and is co-ordinated by the Drug and Alcohol action Team (DAAT). Members include: GPs, Police, London Probation, Fire Service, Housing, Lewisham Healthcare Trust, Trading Standards, Licensing, Service User representatives, the Voluntary Sector and providers.
- The responsibilities of the group include raising awareness of harm reduction within the borough using multi agency working, sharing good practice and problem solving where necessary, providing a forum for discussion of matters relating to reduction in Lewisham, sharing, promoting and identifying good practice and initiatives relating to the development and promotion of harm reduction in Lewisham.
- The Government published 'Reducing demand, restricting supply, building recovery, supporting people to live a drug free life' in December 2010. This Strategy has seen a departure from previous government policy as it places greater focus on the problems associated with alcohol use and a more holistic approach to tackling drug and alcohol misuse. The Mayor of London's draft Police and Crime Plan was published in January 2013; the plan outlines the need to develop smarter solutions to alcohol and drug crime.
- Lewisham's Alcohol Strategy and Action Plan 2009-2012 aimed to reduce alcohol related harm for people who live, work and visit Lewisham and links the principles and priority outcomes in

Lewisham's Sustainable Community Strategy. Key actions have been identified to reduce alcohol related harm:

- Improving targeted education and communication.
 - Increasing the rapid identification and treatment of alcohol problems wherever people present within the system.
 - Improving the co-ordination and enforcement of existing powers against alcohol-related crime and disorder.
 - Encouraging licensed premises to promote responsible drinking and to take a role in reducing alcohol related harm.
 - Improving the recording, collating, analysing and monitoring alcohol related data, including an annual alcohol needs assessment.
- Alcohol is one of three priorities which the Shadow Health and Wellbeing Board has agreed it should focus on during 2012/13.
 - A couple of the major issues that the Delivery Group has identified are tackling increasing alcohol harm amongst young women, and tackling alcohol harm in the workplace. They have been working with the Prendergast schools and the Young Mayor Advisors to develop a targeted campaign aimed at young women.

5.3 In response to questions, the Committee were informed that:

- Lewisham's incidence of liver disease is not higher than the national average, but is still a concern. There is also the issue of premature mortality from liver disease – that is deaths under 75 – which is a concern. They also do not collate data ethnically in respect of liver disease.
- The street drinking ban in Lewisham has been helpful, and there has been a multi-agency approach to get street drinkers on treatment programmes, and support the police with enforcement.
- Public Health is eligible to comment on every alcohol application that goes to the Licensing Committee.
- Adding Public Health to the criteria when Licensing Committee considers alcohol applications is problematic, because it is difficult in a court of law to evidence conclusively how public health will be negatively affected, in the same way one can in terms of anti-social behaviour, for example. However Public Health has been collating data in respect of admissions to A&E due to alcohol-related incidents over the past six months. Once more data has been collated they could be used in the future to support objections to applications.
- Opportunistic brief intervention are delivered by front line staff and could include a brief conversation raising the issue of alcohol, the risks associated with excessive drinking and signposting to local services. This would not just be GPs, it could also be probation officers, housing providers, for example, once they have had the relevant training.
- Young women were chosen as a target group based on the data that had been collected on young women's admissions to A&E in relation to alcohol.
- In terms of a phone 'app' to discourage alcohol abuse, there is a proposal for developing an Alcohol App for young women. Three

focus groups have been set up and are taking place to consult with young women about developing the phone app.

- There is a specialist worker based in Lewisham Hospital in Ante-Natal Services to support the work in combating alcohol abuse in pregnant women. They are working on methods to improve their interventions in this area.

5.4 **RESOLVED:** That the report be noted.

6. **Quality, Innovation Productivity & Prevention(QIPP) Plans- 2012/13 and Developing Plan for 2013/14 and Beyond**

6.1 Dr Helen Tattersfield, Chair, Lewisham Clinical Commissioning Group, and Diana Braithwaite, Director of Commissioning, Lewisham Clinical Commissioning Group introduced the report and the following key points were made:

- The changes in the Health and Social Care Act 2012 means that Lewisham PCT will be replaced in April 2013 by the Lewisham Clinical Commissioning Group (LCCG) – led by local GPs– and the LCCG will take over responsibility for planning and commissioning local healthcare services. Alongside this, financial pressures alongside other factors such as the increased health risk factors (obesity, smoking, alcohol consumption) means services have to be delivered more efficiently and effectively.
- Some of the successes in 2012-13 include: Chronic Obstructive Pulmonary Disease (COPD) Pathway, Diabetes – Improving Care, Telehealth Pilot, Proactive Primary Care, and End of Life care.
- Reflecting the findings of the Joint Strategic Needs Assessment (JSNA) and alignment with the Health and Wellbeing Board's priorities, three strategic clinical areas have been identified: healthy living for all, the frail and vulnerable elderly (including end of life care), and people with long term conditions.
- The QIPP challenge this year will underpin the clinical priorities as set out in the CCGs Strategic Framework and the priorities of the Health & Wellbeing Board. They will include new services in 2012-13 such as DEXA Scanning for brittle bones and new services rolled out into 2013-14, such as Community Lymphoedema Services and Cardiology Testing.
- Each year a range of productivity and efficiency indicators are agreed with providers. Though there is a common suite of indicators, impact at different providers varies because they depend on past performance. At present the indicators under discussion include:
 - Appropriate levels of emergency admissions compared to people attending A&E.
 - An appropriate level of hospital appointments relating to the patient's condition with the right level of follow up and consultant to consultant referrals.
 - Reviews of acute prescribing and drugs and devices expenditure.
 - Appropriate lengths of stay on admission to hospital.

- With advanced technology ensure that treatments take place in the best setting, particularly the balance of day case and outpatient procedures.
- The Community Based Care Strategy (CBC) is a part of the TSA recommendations and outlines a 5 year plan for commissioning care in South East London. The strategy is underpinned by 5 strategic goals and key aspirations that will enable commissioners to ensure a consistent standard of care across the whole of SEL. Lewisham CCG will be proactively and robustly defining its strategic approach over the coming weeks and months on developing health and community care models in the new landscape. Their strategic approach will be to develop plans for urgent care, maternity and paediatric services.

6.2 In response to questions from Members, the following was noted:

- The setting up of services in relation to Lymphoedema has been more complex and wide-ranging than expected. Hence it has taken longer to set up the services than first anticipated.
- In terms of dealing with elderly/frail people at Lewisham hospital, patients are always dealt with by clinical need, but obviously age would be a factor in assessing their clinical need. Also, if they are to be placed in the Elderly Ward, that would be dependent on the availability of beds.
- In terms of patients who are on the border of Lewisham and Bromley, patients are given the choice of where they would like to be treated. There will be other factors to consider, such as seasonal variations where they may be fewer beds available at the hospital of their choice.
- The 'Diabetes – Improving Care Pathway' in the borough is focussed on helping patients deal with their condition more successfully. In 2012 Lewisham CCG established a multi-disciplinary taskforce from the local health economy. The taskforce developed the strategy for improving care for people with diabetes in Lewisham. A move to 'virtual patient records' will also help when patients move residency or change GP.

6.4 **RESOLVED:** That the report be noted

7. NHS and Public Health Reform Update - Commissioning of Healthwatch Contract (Information Item)

- 7.1 The Chair invited Sarah Wainer to update the Committee on the award of the Healthwatch contract. Sarah informed the Committee that, since the last meeting when the contract was still out to tender, the contract had now been awarded to Voluntary Action Lewisham (VAL). The multi-agency steering group, which led on the production of the specification, will continue to meet and support the selected provider to ensure there is a seamless transition from LINKs to Healthwatch. Further work is underway on issues such as branding, communications, engagement with statutory partners and transfer of intelligence from LINKs to Healthwatch.

- 7.2 The Chair informed the Committee that there would be an all-Member briefing on 8 April on the Health and Social Care Act and the provisions and changes that will come into effect from 1 April.

RESOLVED: That the Committee noted the report.

8. Select Committee Work Programme

- 8.1 Salena Mulhere, Overview and Scrutiny Manager introduced the report. The following key points were made:

- The work programme for 2012-2013 has now been completed. The Work Programme Report also contains a draft work programme report for 2013-2014, that the Committee can amend or add to if there are any additional items they wish to scrutinise in the upcoming year.
- The first meeting of the municipal year is scheduled for Tuesday 16 April 2013, subject to agreement of the Annual General Meeting of the Council on 20 March 2013.
- The item 'Community Mental Health Review' will be deferred to the 29 May 2013 meeting.
- An update on the Health and Wellbeing Strategy will be added to the agenda for 16 April 2013, to keep the Committee engaged in the development of the Strategy by the Health and Wellbeing Board.
- The Health Scrutiny Protocol needs to be revised in light of the changes of the Health and Social Care Act 2012 and it is suggested that it be discussed and agreed over 2 meetings in April and May 2013.
- The Care Quality Commission (CQC) Compliance Manager asked for her attendance to be deferred to the 2013-2014 municipal year. Members can discuss whether they would like to see the Compliance Manager early in the municipal year, or wait until the Safeguarding Report comes to the Committee at their Select Committee meeting.
- There will be a scoping paper on the Emergency Services Review at the 16 April 2013 meeting, in line with what has already been agreed at Overview and Scrutiny Committee.

- 8.2 Members suggested the following additions to the work programme:

- Francis Report: the Overview and Scrutiny Manager would liaise with partners about how best to proceed with an update on the Francis Report to the Committee and all Members. The work being carried out across the partners is comprehensive to ensure that the 290 recommendations are implemented.
- Hepatitis: As issues were raised at the People's Question Time in Catford on 7 March regarding Hepatitis, the Committee could receive an update on Hepatitis. Officers will provide some further background information on Hepatitis to the Committee members. When the Committee confirm their work programme at the next meeting, they can decide whether to add a 'Hepatitis Update' as an item for the year.

- Lewisham Leisure Contracts: An update on the Leisure contracts across the borough. An update on the on-going delivery of services across the borough under the leisure contracts.
- Sustainability of Community Health Projects and Initiatives: it was agreed this to be added to the 'Public Health' item on the December meeting.
- CCG Engagement Plan: members were advised that the Clinical Commissioning Group does not have an engagement plan. Therefore it was agreed that this would be removed and replaced with the item 'South-East London Community Based Care Strategy' that will come to the September meeting, which will incorporate the CCG's approach to engagement.
- Learning Disabilities and Healthcare Services in Lewisham: should be added to the work programme at the appropriate time.
- CQC Compliance Manager: The Committee agreed that the Compliance Manager should be invited to the May meeting, alongside the Lewisham Hospital CQC Inspection Report.
- Budget Savings: the October meeting will be reserved for potential budget savings at the present time, and may be subject to change.

8.3 **RESOLVED:** It was agreed that the items that would go the first meeting of the municipal year on 16 April 2013 will be:

- Election of Chair and Vice-Chair
- Changes in light of the Health and Social Care Act 2012 Report and the Health Scrutiny Protocol (Revised)
- Lewisham Hospital – Update
- Emergency Services Review (Scoping) and Work Programme
- Health and Wellbeing Strategy

Other changes to the Work Programme are as follows:

- CQC Compliance Manager be invited to the May meeting of the Committee
- Leisure Contracts Update be added to the July meeting of the Committee
- 'CCG Engagement Plan' be replaced with the 'South-East London Community Based Care Strategy' and added to the September meeting of the Committee
- 'Sustainability of Community Health Projects and Initiatives' be added to the 'Prioritisation process for Public Health expenditure in 2014/15' part of the Public Health update at the December meeting of the Committee
- Learning Disabilities and Healthcare Services in Lewisham be added to the February 2014 meeting of the Committee
- The Healthier Catering Commitment Scheme update be added to the February 2014 meeting of the Committee
- Additional information on Hepatitis to be provided to members before the next meeting and a decision will be made at the next meeting about adding this item to the work programme.

9. Matters to be referred to Mayor & Cabinet

9.1 Referral on agenda item: Premature Mortality Review - Update on Implementation of Recommendations

The Committee recommends that:

- All secondary schools to be encouraged to commit to on-going participation in the Tobacco Peer Education Programme (the programme focuses on the tobacco industry's marketing strategy to target young people to create the next generation of smokers).
- School Governing Bodies redouble efforts to encourage the uptake of school meals in their schools.

The meeting ended at pm 9.28pm.

Chair:

Date:

Agenda Item 3

Committee	Healthier Communities Select Committee	Item No.	3
Title	Declarations of Interest		
Wards			
Contributors	Chief Executive		
Class	Part 1	Date	16 April 2013

Declaration of interests

Members are asked to declare any personal interest they have in any item on the agenda.

1 Personal interests

There are three types of personal interest referred to in the Council's Member Code of Conduct:-

- (1) Disclosable pecuniary interests
- (2) Other registerable interests
- (3) Non-registerable interests

2 Disclosable pecuniary interests are defined by regulation as:-

- (a) Employment, trade, profession or vocation of a relevant person* for profit or gain
- (b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).
- (c) Undischarged contracts between a relevant person* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.
- (d) Beneficial interests in land in the borough.
- (e) Licence to occupy land in the borough for one month or more.
- (f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.
- (g) Beneficial interest in securities of a body where:-
 - (a) that body to the member's knowledge has a place of business or land in the borough; and
 - (b) either
 - (i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or
 - (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

(3) Other registerable interests

The Lewisham Member Code of Conduct requires members also to register the following interests:-

- (a) Membership or position of control or management in a body to which you were appointed or nominated by the Council
- (b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party
- (c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25

(4) Non registerable interests

Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

(5) Declaration and Impact of interest on members' participation

- (a) Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take no part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**
- (b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph (c) below applies.
- (c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.
- (d) If a non-registerable interest arises which affects the wellbeing of a member, their family, friend or close associate more than it would affect those in the local area

generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.

- (e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

(6) Sensitive information

There are special provisions relating to sensitive interests. These are interests the disclosure of which would be likely to expose the member to risk of violence or intimidation where the Monitoring Officer has agreed that such interest need not be registered. Members with such an interest are referred to the Code and advised to seek advice from the Monitoring Officer in advance.

(7) Exempt categories

There are exemptions to these provisions allowing members to participate in decisions notwithstanding interests that would otherwise prevent them doing so. These include:-

- (a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)
- (b) School meals, school transport and travelling expenses; if you are a parent or guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor;
- (c) Statutory sick pay; if you are in receipt
- (d) Allowances, payment or indemnity for members
- (e) Ceremonial honours for members
- (f) Setting Council Tax or precept (subject to arrears exception)

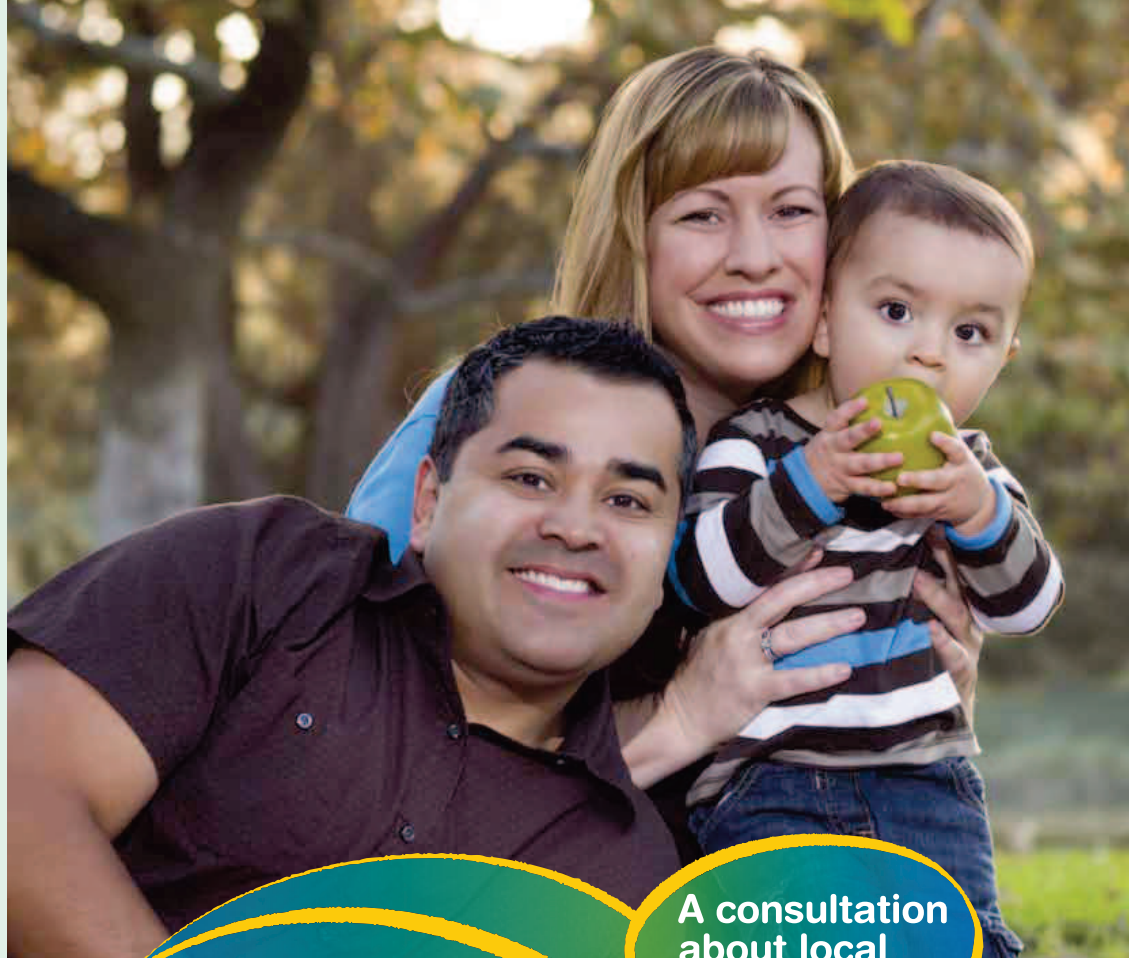
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If you have any questions or need help to respond, please contact **Opinion Leader**, by calling Freephone **0808 178 9055** or emailing smulcahy@opinionleader.co.uk

This document is available on our website at www.southwarkpct.nhs.uk

From 1 April 2013 it will also be available on the new NHS Southwark Clinical Commissioning Group website www.southwarkccg.nhs.uk



28 February – 31 May 2013
www.southwarkpct.nhs.uk


Southwark
Clinical Commissioning Group

Agenda Item 4

**NHS Southwark Consultation
Facts International
Ashford
TN24 8BR
Freepost HS 464**

Improving GP and community healthcare in Dulwich and the surrounding areas

Your local NHS, led by GPs and other healthcare professionals, is planning some improvements to how GP and community healthcare is delivered in Dulwich and the surrounding areas. In this summary, we outline the main elements of our proposals.

We'd like to hear your views and suggestions for how these proposals could be improved, or any alternative suggestions you may have in addition to our proposals.

The proposals are described in more detail in our full consultation document. This can be downloaded from our website or you can get a copy sent to you by completing and returning the Freepost postcard on the back of this leaflet. You can feedback via our consultation questionnaire or by coming to one of our meetings or drop-in sessions.



In our consultation, we are asking for your views on the range of health services that might be available in Dulwich and the surrounding areas and two different ways they could be delivered.

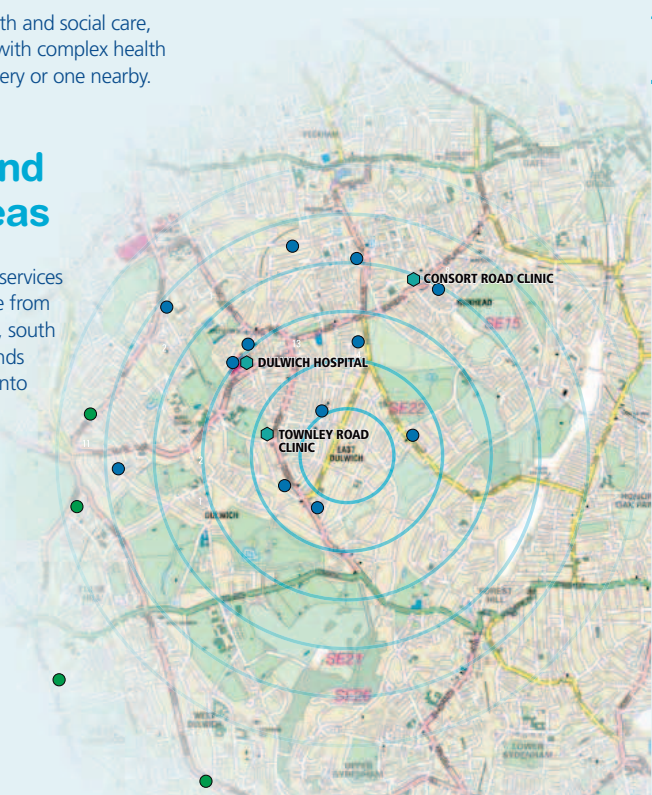
Our proposals look at services you receive outside large hospitals. These are often called 'primary and community health services':

- The healthcare you receive from your GP or practice nurse
- Healthcare that you receive because you live with a long-term condition that does not need ongoing support from hospital clinicians
- Healthcare you receive because you are pregnant or have just given birth
- Some less complex health tests, such as blood tests and ECGs
- Care offered by those working outside hospitals, who have specialist knowledge about specific conditions (such as a GP or nurse who specialises in diabetes or dermatology)
- Integrated care that brings together health and social care, to support the independence of people with complex health conditions and might be at your GP surgery or one nearby.

A map of Dulwich and the surrounding areas

This map shows where patients using NHS services in Dulwich and the surrounding areas come from and includes Dulwich, Nunhead, Herne Hill, south Camberwell and south Peckham. This extends beyond the boundaries of Southwark and into Lambeth and Lewisham and includes the 12 GP practices shown.

- ◆ NHS Facilities
- NHS Southwark GP practices
- NHS Lambeth GP practices



NHS Services in Dulwich and the surrounding areas – serving a diverse and growing population

We have developed our proposals to ensure that the services provided by the NHS in south Southwark meet the health needs of local people.

Southwark is a small, densely populated inner London borough. The population is relatively young and ethnically diverse, with significant contrasts of wealth, poverty and educational achievement. In recent years the numbers of very young and very old people has increased, and continues to do so.

Life expectancy for local people has improved in recent years, but needs to improve further, especially for people living in the more deprived parts of the borough. In south Southwark there are some particular challenges we want to address. They include lower life expectancy due to heart disease and cancer and variable access to GP services. There are also significant numbers of people with long-term conditions - for example, high blood pressure, diabetes, coronary heart disease and severe breathing disorder (COPD) – who need greater support, close to home.



Local people and our health challenges

Demographics

Southwark is a densely populated, geographically small inner London borough. The population is relatively young, ethnically diverse, with significant contrasts of poverty and wealth. There is a wide distribution in educational achievement, access to employment and housing quality.

Health inequalities

Major health indicators such as mortality and life expectancy have improved, but there are significant inequalities in these indicators for people in more deprived parts of the borough.

Population

Estimated at 285,600, Southwark is London's second largest borough. This increased by 37,700 over the last 10 years and is estimated to increase by 37,500 between 2010 and 2020.

Deprivation

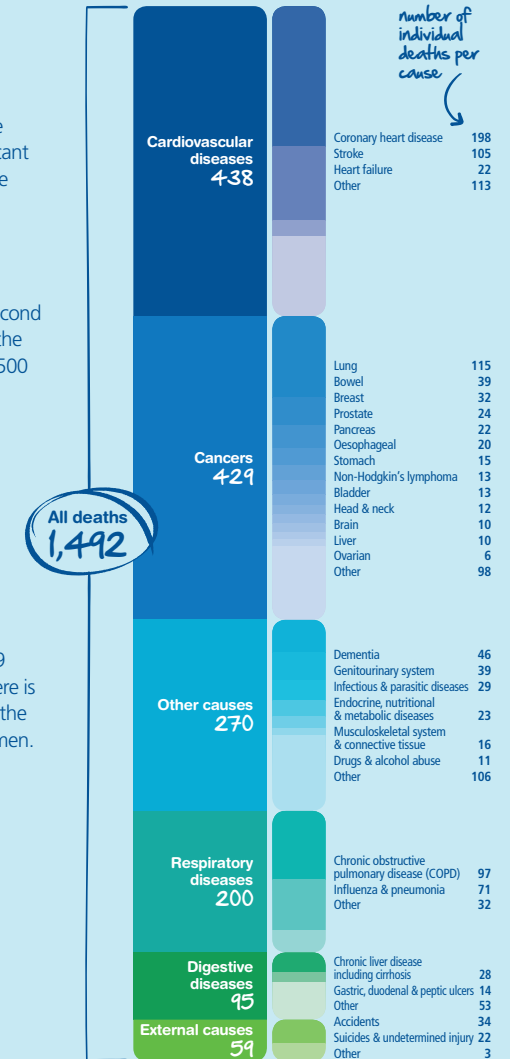
Improved in recent years but still remains the 12th most deprived London borough with pockets of high deprivation remaining.

Life expectancy

Women in Southwark can expect to live for 82.9 years, men 77.8 years. Despite improvement there is still a significant gap in life expectancy between the best and worst off areas, for both men and women.

Cause of death

Average annual number of deaths among Southwark residents by cause (2007-9)



The right care in the right places

In our proposals we're suggesting that services used by four different groups of patients could be available in your local GP surgery, one nearby, or in a health centre that is likely to be on the Dulwich Community Hospital site.

We'd like to hear which services you think local people should have access to outside major hospitals, in GP surgeries, health centres and other community settings.

Group 1 Healthcare for everyone – if you're feeling unwell or need advice and reassurance	Group 2 Healthcare for everyone – helping you stay well and preventing ill health developing	Group 3 Women who are pregnant and families with very young children	Group 4 People with long-term conditions and older people
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In all general practices?

Group 1 Traditional GP services for people who are or believe themselves to be ill Extended hours Dressings & post-surgery wound care	Group 2 NHS Health checks Help to stop smoking Flu immunisation Bowel screening Chlamydia screening Screening for cervical cancer	Group 3 Maternity care Child health clinics Childhood immunisation Chlamydia screening Reproductive health	Group 4 General care of people with long-term conditions; Mental health care needs Integrated case management Counselling
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At a nearby general practice or in the health centre?

Group 1 Minor surgery Pain management Physiotherapy for bones & joints More complex skin & headache care Other more complex care in the future Blood tests More specialist wound care for people following an operation	Group 2 Alcohol reduction & substance misuse support Dietetics	Group 3 More complex gynaecology	Group 4 Memory clinics for people with dementia Counselling for stress & anxiety (IAPT)
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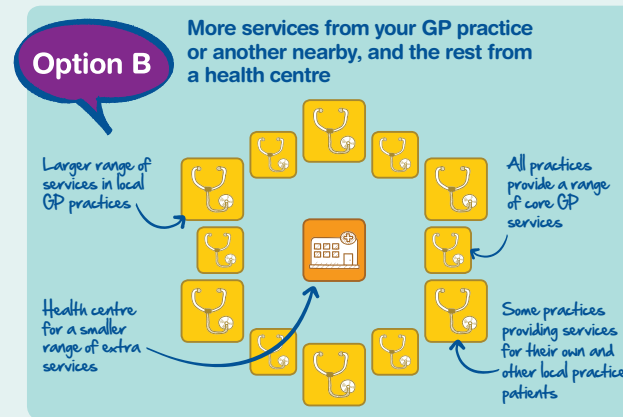
In the health centre?

Group 1 A pharmacy Minor surgery Physiotherapy for bones & joints Some diagnostics including ultrasound	Group 2 Specialist help to stop smoking Mental health support including counselling, groups, memory clinics Weight management Breast screening Group meeting space	Group 3 Complex contraception services Child health clinics Parent craft and antenatal clinics	Group 4 Specialist support for people with long-term conditions: Diagnostic tests such as blood tests, Echocardiogram, 24 hour blood pressure monitoring Therapies: Physiotherapy Occupational therapy Dietetics, podiatry Mental health support Other services: Care for people taking warfarin and other blood-thinning products Leg ulcer clinics Hearing aid support Eye care for diabetics Renal dialysis Support for carers
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What do you think is the best way for people to access these services?

How do you think these services should be organised?

We want to organise services in a way that makes them easy for you to use, and puts NHS care in the most appropriate settings for different groups. In our consultation we propose two different ways you could get your healthcare in the future, and explore the advantages and disadvantages of these options.



What do you think of our proposals? We are also interested in hearing any other suggestions you may have. Tell us using the questionnaire or at www.southwarkpct.nhs.uk

For patients, there are a number of benefits to having local health services organised in this way.

- ✓ There will be a wider range of services in community settings, which means that you will not have to travel so far for many services.
- ✓ If you are living with a long-term condition, you will be seen in community settings that are local to you, by a specialist team who will get to know you well and look after you. The need to visit large acute hospitals will be reduced.
- ✓ Access to flexible spaces for all GP practices will enable your GP practice to offer you a wider range of services, even if they do not have the room in their own surgery.
- ✓ The NHS will be using your money more wisely, by providing services mostly in buildings that either already exist or are the right size, modern, and built to good environmental standards. New or refurbished buildings will be fully accessible.
- ✓ Option A offers a wider range of services under one roof, but a smaller range of services in your GP practice.
- ✓ In Option B, your GP practice, or one nearby, will offer a wider range of services if they have the skills, capacity and space.



Making better use of NHS money

Across the NHS we are looking at ways in which we can deliver services more efficiently. Demand on health services is increasing at a pace beyond the growth in health service budgets and so we are being challenged to find different ways to ensure people have access to high quality care.

In developing our proposals we have looked at what it might cost to deliver the kinds of services we are proposing, and the costs of the buildings where they might be delivered. This includes building a new centre for some services or refurbishing part of the existing Dulwich Community Hospital building.

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We want to hear your views on our proposals

This leaflet provides a very brief overview of our proposals. The full consultation document describes our proposals in more detail and asks for your response to them. We are also asking if you have any other suggestions for local services, and the right way to organise them.

You can read the full consultation document by downloading it from our website at:

www.southwarkpct.nhs.uk

You can also return the freepost postcard to our independent partner, Opinion Leader, to receive one in the post, request one by contacting Sarah Mulcahy on smulcahy@opinionleader.co.uk or Freephone 0808 178 9055.

Copies of the full document will also be available from local libraries, GP surgeries and other health centres.

The document will also be available in easy read, audio, large print or Braille format on request, and we can provide support if you need help to respond.

This consultation will run from 28 February – 31 May 2013.

All responses go directly to Opinion Leader – an independent company who are receiving your responses on behalf of the NHS and will report back what you have told them. The local NHS will not see your individual responses.

If you have specific concerns about any health service you receive and would like to speak to someone about them, or have a complaint about this consultation, please contact PALS (Patient Liaison Service) on 0800 58 77 170.



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You can also visit our exhibition at Dulwich Community Hospital to find out more.

Find out more

If you would like to find out more about our proposals there a number of opportunities:

Public meetings

We will be holding two public meetings as part of the consultation. These deliberative events have been designed to give an opportunity for discussion and debate about our proposals, will provide an opportunity to ask questions and also if you wish to offer your own proposals. Please book in advance for these events.

These will take place at:
St Barnabas Church,
Calton Avenue,
London, SE21 7DG

Tuesday 30 April in the evening from 19:00
Wednesday 22 May in the afternoon from 14:00

To take part in one of these meetings please contact us to book a place. You can do this by calling 0800 148 8572 or online at www.southwarkpct.nhs.uk

Drop-in sessions

If you have specific questions or concerns that you would like to raise in person please come to a drop-in session. There is no need to book for these events, just turn up.

Gaumont House Surgery
153 Peckham High Street, Peckham, SE15 2AU
Wednesday 1 May from 10:00 to 12:30

Dulwich Community Hospital
East Dulwich Grove, Dulwich, SE22 8PT
Wednesday 8 May 2013 from 18:00 to 20:00

We are happy to attend local community meetings to talk about these plans.



Complete, detach, fold, seal & post

No stamp required

Mr/Mrs/Ms:

First name:

Last name:

Address:

Postcode:

FOLD

COMPLETE, DETACH, FOLD, SEAL & POST



Update for Healthier Communities Select Committee – 16.04.13

Lynn Saunders (SRO)

April 2013

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Uniting Community Health Services and the University Hospital Lewisham

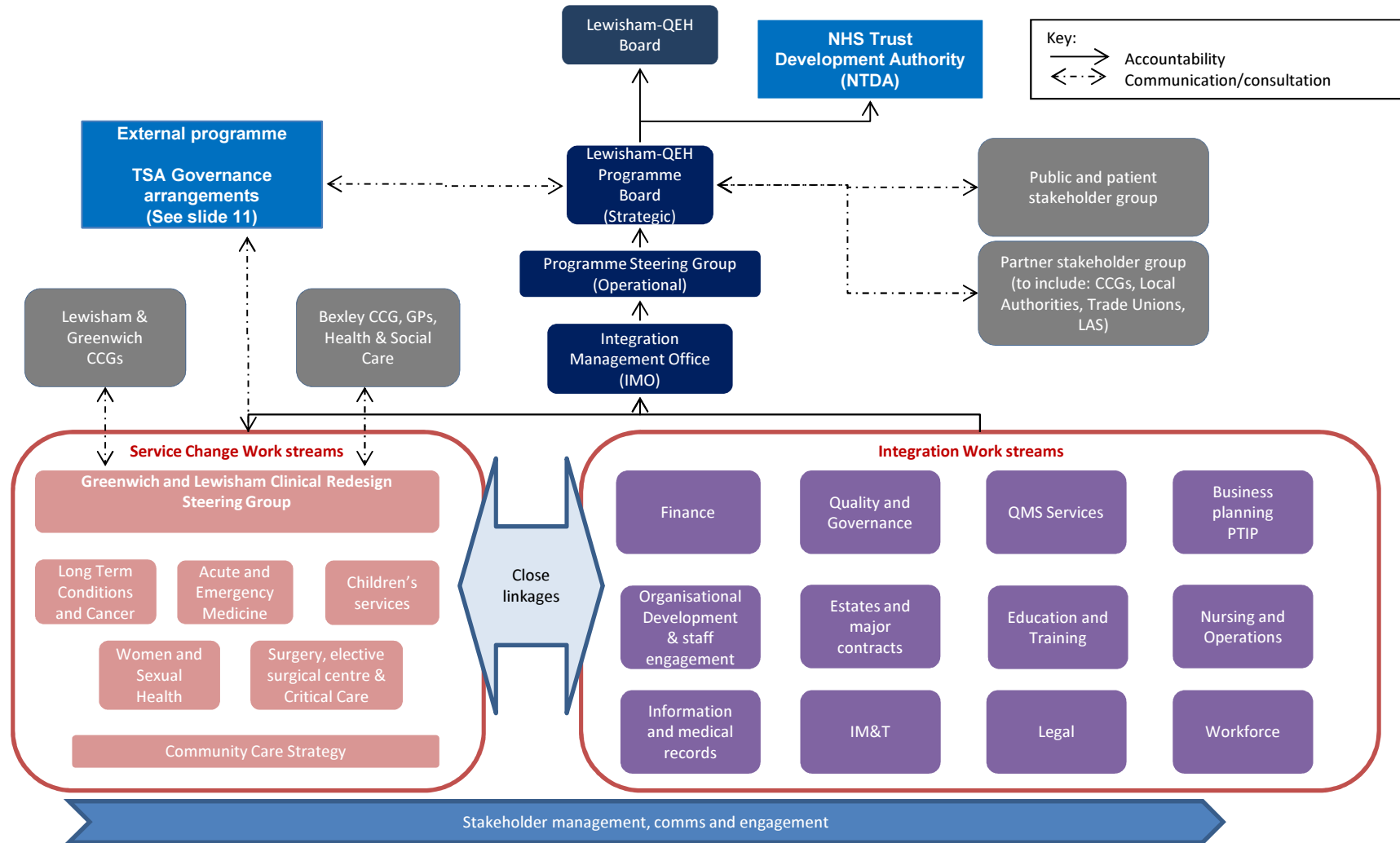
Following publication of the Secretary of State's Decision:

- The Trust is working to understand the full implications of the decisions, which differ from the Trust Special Administrator's (TSA) proposals
- Clinicians are leading a review of the Trust's clinical strategy
- The ongoing Judicial Reviews mean that nothing can be implemented that is not reversible
- The Trust did express an interest in working with the Queen Elizabeth Hospital during the TSA review process
- The Trust is preparing the way for a safe and sustainable organisation to be formed from the integration of Lewisham Healthcare and Queen Elizabeth Hospital
- The Lewisham Board will become the Trust Board for the merged organisation



Lewisham-QEH Integration Planning: Governance Structure

Lewisham Healthcare **NHS**
NHS Trust



This governance structure will be kept under constant review to ensure fitness-for purpose for both business planning as well as integration



Progress to date (1)

- Integration governance arrangements are now mobilised
- First Integration Programme Board has been held
- A Programme Initiation Document (PID) has been drafted which defines the programme of work required to ensure a 'safe merger' on Day 1 and the delivery of clinical service redesign through business planning activities
- Work has commenced to produce a Business Plan (Integration Plan) for merger – to be reviewed by the Trust Development Authority by the end of May
- A Post Integration Implementation Plan (PTIP) is also in development , which focuses on activities required to support a safe 'day one' transaction
- The provisional transaction date remains at 1 July but is likely to change. The TDA have appointed a Programme Director for Transactions who is currently reviewing the timetable



Progress to date (2)

- The Programme Plan is in draft form and Day 1 critical milestones are being identified
- A Due Diligence questionnaire has been developed with legal advice, and submitted to SLHT, providing a comprehensive information request in an effort to address the lack of response to questions so far experienced
- An Integration risk log has been established, which identifies risks associated with the transaction and also risks identified for the new organisation post merger
- The proposed clinical management structure has been developed for the new organisation and shared across LHT and QEH for comment. Appointments to key roles will commence in April



Progress to date (3): Workforce

- Staff consultation process (90 days) has commenced within SLHT, led by SLHT with the involvement of LHT and KCH HR Directors
- SLHT site based staff have been advised that they are to be ‘lifted and shifted’ to one of the new organisations. Staff working across sites or working for corporate teams have been advised that they are at risk and will be involved in a pre-transfer selection process
- The pre-transfer selection process includes matching using job descriptions and ‘slotting in’ where appropriate, followed by a competitive appointments process
- Our proposed structure has been shared with SLHT staff and job descriptions for available posts will also be shared to enable a first stage ‘matching’ process to be completed
- Corporate directors and teams have held open meetings in SLHT to share information about our structures and posts available as a first step in the consultation process



Other Issues:

- There are two Judicial Reviews that have been lodged, one by the Council and one by the Save Lewisham Hospital Campaign. The outcomes of these reviews are likely to be known in May or June
- The Foundation Trust application has been paused until integration is complete
- The Trust has instigated a “Business as Usual” Campaign
- In the most recent staff survey, Lewisham is in the top 20% of like organisations for the staff recommendation of the trust as a place to work or receive treatment

Other languages or formats

If you would like this document in another language or format, please contact us on: 020 8334 0481

Si vous souhaitez obtenir ce document dans une autre langue ou sous un autre format ou si vous avez besoin des services d'un interprète, veuillez nous contacter. 020 8334 0481

もしもこの文書が別の言語または形式で必要であれば、お問い合わせください。020 8334 0481

Jeżeli chciałby Państwo otrzymać ten dokument w innym, języku lub w innym formacie albo jeżeli potrzebna jest pomoc tłumacza, to proszę o kontakt z nami. 020 8334 0481

Định nghĩa: Dịch vụ này được giới thiệu để giúp bạn tiếp cận dịch vụ chăm sóc sức khỏe của NHS dễ dàng hơn. Nếu bạn cần hỗ trợ ngôn ngữ hoặc khiếm thị khác, hoặc nếu bạn cần một thông dịch viên giúp đỡ, xin liên lạc với chúng tôi. 020 8334 0481

Useful Contact Details

Complaints and compliments:

Please speak to a member of staff if you have a complaint or compliment about our services. If your complaint is not resolved to your satisfaction, please contact our Complaints Team on 020 8333 3355.

Lewisham Healthcare Patients Advice & Liaison Service (PALS)

PALS provides confidential advice, support, information and help for patients, their families and carers. Call 020 8333 3355 or email: pals.lewisham@nhs.uk

NHS 111 Service

NHS 111 is a new service that is being introduced to make it easier for you to access local NHS healthcare services. You can call 111 when you need fast medical help but it is not a 999 emergency.

You can also find health advice and support on the NHS Direct website: www.nhsdirect.nhs.uk

Trust Website: www.lewisham.nhs.uk
Twitter: @LewishamNHS
Facebook: search for Lewisham Healthcare

BUSINESS AS USUAL

OPEN

Lewisham Hospital continues to deliver high-quality services in state-of-the-art facilities.



Lewisham-QEH Integration Planning

TSA Programme Governance Arrangements

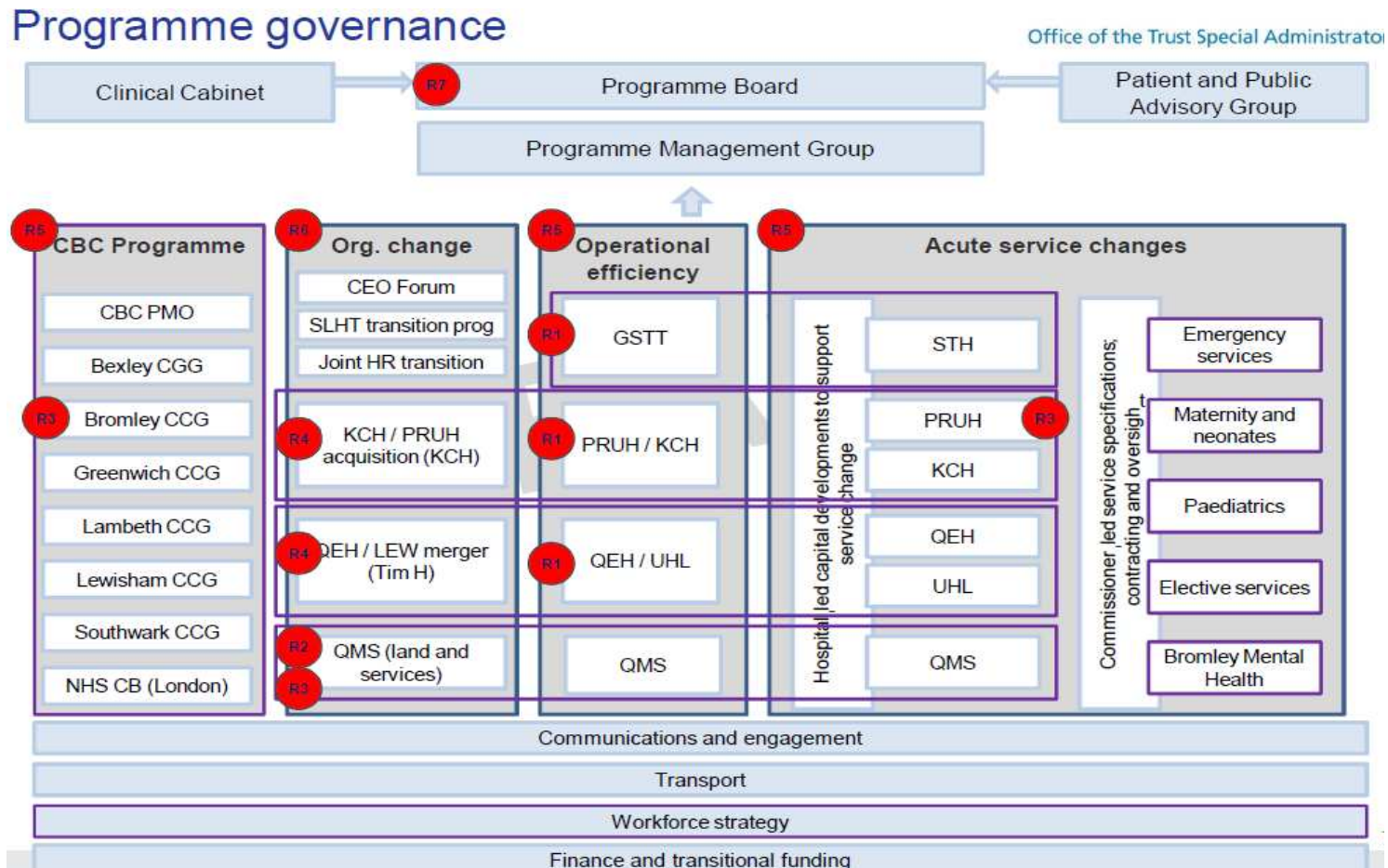
For Information

April 2013

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TSA Programme Governance



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REPORT TO THE HEALTHIER COMMUNITIES SELECT COMMITTEE	
Report Title	Developing Lewisham's Health and Wellbeing Strategy
Author	Edward Knowles, Service Manager – Strategy, Community Services
Date of meeting	16 April 2013
Agenda item	6

1. Purpose

- 1.1 The purpose of this report is to brief members of the Healthier Communities Select Committee on the development of Lewisham's Health and Wellbeing Strategy. The report outlines the statutory requirements associated with Health and Wellbeing strategies, the development activity on the strategy already undertaken by Lewisham Shadow Health and Wellbeing Board and the engagement activity currently underway to ensure that the strategy reflects the experiences and needs of local people.

2. Recommendations

- 2.1 Members of the Healthier Communities Select Committee are invited to:
- note the development of the Health and Wellbeing Strategy to date and the engagement activity currently underway;
 - identify the types of interventions that could support the delivery of the strategy's objectives; and
 - consider how existing capacity and assets within the borough could support the delivery of the strategy's objectives.

3. Policy context

- 3.1 The Local Government and Public Involvement in Health Act (2007) originally established a duty on local authorities and Primary Care Trusts to prepare and publish a Joint Strategic Needs Assessment (JSNA). JSNAs are assessments of the current and future health and social care needs of the local community.
- 3.2 Local Health and Wellbeing strategies were first proposed in the Government's Public Health White Paper, *Healthy Lives, Healthy People: our strategy for public health in England*.¹ The strategies would be "based on the assessment of need outlined in [the] JSNA" and would "provide the overarching framework within which more detailed and specific commissioning plans for the NHS, social care, public health and other services that the health and wellbeing board agrees to consider, are developed".

¹ Accessible online at <http://www.official-documents.gov.uk/document/cm79/7985/7985.pdf>

- 3.3 *Liberating the NHS – Legislative Framework and Next Steps*²; *Healthy Lives, Healthy People* and *Capable Communities and Active Citizens* set out the Government’s ambition for an enhanced role for joint strategic needs assessments (JSNAs). JSNAs will be the means by which local leaders work together to understand and agree the needs of all local people. Health and Wellbeing strategies establish the priorities for collective action in light of this analysis.
- 3.4 In its Statutory Guidance on JSNAs and Joint Health and Wellbeing Strategies, the Government notes that the purpose of producing these documents “*is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning which will improve the public’s health and reduce inequalities.*”
- 3.4 The Council is committed to improving the health and wellbeing of citizens in Lewisham. In *Shaping our future – Lewisham’s Sustainable Community Strategy*, one of the priority objectives that all partners will work towards is that the borough and its communities should be ‘*Healthy, active and enjoyable – where people can actively participate in maintaining and improving their health and wellbeing*’.
- 3.5 The Council’s Corporate Strategy also identifies specific priorities related to the health and wellbeing of its citizens, specifically *Caring for adults and older people* and *Active, healthy citizens*. The Council is also meeting its commitment to deliver Community leadership and empowerment.

4. Requirements for the Health and Wellbeing Strategy

- 4.1 On 27 March 2012, the Health and Social Care Act became law.
- 4.2 The Act places a duty on local authorities and their partner clinical commissioning groups to prepare and publish a joint health and wellbeing strategy to meet the needs identified in the Joint Strategic Needs Assessment.
- 4.3 In preparing the strategy, the local authority and its partner clinical commissioning group must consider the extent to which the needs could be met more effectively by the making of arrangements under section 75 of the National Health Service Act 2006.
- 4.4 In preparing a strategy, the local authority must involve the local HealthWatch organisation and the people who live or work in the local area.

² Accessible online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/135589/dh_122707.pdf.

4.5 The local authority, its partner clinical commissioning group and where relevant the NHS National Commissioning Board must have regard to the JSNA and the joint health and wellbeing strategy in the exercise of their relevant functions.

4.6 The Act specifies that each clinical commissioning group must prepare a plan setting out how it proposes to exercise its functions. In preparing the plan, the clinical commissioning group must consult the relevant Health and Wellbeing Board about its views on whether the plan takes proper account of the most recent joint health and wellbeing strategy published by the Health and Wellbeing Board. Clinical Commissioning Group's annual plans will have to include a review of how they have contributed to the delivery of the Health and Wellbeing Strategy.

5. Development of areas of focus at the Shadow Health and Wellbeing Board

5.1 Lewisham produced its first Joint Strategic Needs Assessment, *Health, Well-being and Care* in 2010. It has subsequently produced an online version, accessible at www.lewishamjsna.org.uk. As an online "live" document, additional and more detailed assessments can be incorporated so that the document reflects the latest information available on a range of local health and social care issues. A hard copy summary document will also be produced.

5.2 Since May 2011, Lewisham's Shadow Health and Wellbeing Board have overseen the transitional arrangements necessary to have in place all the required elements specified by the Health and Social Care Act.

5.3 The Board has undertaken a prioritisation exercise to identify the most pressing health and social care issues for Lewisham and those issues where concerted partnership work could result in improved outcomes. Subject to formal approval by the Health and Wellbeing Board these issues will form the key areas of focus for the Health and Wellbeing Strategy and the work of the Board going forward.

5.4 At its meeting in May 2011 the Shadow Health and Wellbeing Board agreed upon nine areas of focus, specifically to:

- Increase the uptake of immunisation
- Prevent the uptake of smoking among children and young people and reduce the numbers of people smoking
- Reduce the harm caused by alcohol misuse
- Promote healthy weight
- Improve mental health and wellbeing
- Improve sexual health
- Delay and reduce the need for long-term care and support

- Reduce the number of emergency admissions for people with chronic long-term conditions
 - Increase the number of people who survive colorectal, breast and lung cancer for 1 and 5 years.
- 5.5 Subsequently, at its meeting on 7 December 2011, the Board chose to prioritise for action in 2012/13 the issues of tobacco control, reducing alcohol harm and promoting healthy weight. Over the course of 2012/13, the Board has focused on these issues, with dedicated workshops on obesity and alcohol. The Health and Wellbeing Board will decide on specific areas of focus for 2013/14.
- 5.6 In addition to the nine key areas, the Health and Wellbeing Strategy will take into account the need for concerted partnership activity around the preventative agenda and the need to address the wider determinants of health including housing, the local environment and the impact of deprivation on health and wellbeing outcomes.
- 5.7 The Strategy will align with the Borough's strategic intentions as defined by *Shaping our future – Lewisham's Sustainable Community Strategy* and with the same strategy's key principles *Reducing inequality – narrowing the gap in outcomes for citizens* and *Delivering together efficiently, effectively and equitably*.
- 5.8 In the context of health and wellbeing, narrowing the gap in outcomes will mean a focus on tackling the health inequalities that exist within Lewisham, whereby some communities and residents face worse health outcomes depending on where they live, their age, ethnicity or personal situation.
- 5.9 Delivering together in the context of health and wellbeing will mean not only better integration between statutory partners so that the health and social care system is more comprehensible to service users and more easily navigated, but also that services will more effectively work with individuals to better meet their needs and allow them to exercise choice as to how best to receive and access services.
- 5.10 A group of officers from across Community Services, Children's Services and Public Health have started to develop the strategy. An early draft of the strategy was presented at the joint meeting of the Health and Wellbeing Strategy and Healthier Communities Select Committee in October 2012. The latest draft is included with this report, as Appendix A.

6. Alignment with the CCG

- 6.1 Concurrent with the activity of the Shadow Health and Wellbeing Board, Lewisham's Clinical Commissioning Group has been through the process of authorisation by the Department of Health. This has

required the CCG to develop its strategic ambitions and clinical priorities.

- 6.2 The CCG has worked to align its priorities with the key areas of focus identified by the Shadow Health and Wellbeing Board. The table below details how each of the nine areas of focus will be incorporated within the CCG's three clinical priorities.

Health and Wellbeing Board	LCCG Clinical Priorities
Increase the uptake of immunisation	Healthy living
Prevent the uptake of smoking among Children and Young People and reduce the number of people smoking	
Reduced the harm caused by alcohol misuse	
Promote health weight	
Improve mental health and wellbeing	
Improve sexual health	
Increase the number of people who survive colorectal, breast and lung cancer	
Delay and reduce the need for long term care and support	Frail, vulnerable older people
Reduce number of emergency admissions with long term conditions	Long term conditions

7. Engagement activity

- 7.1 The Shadow Health and Wellbeing Board has overseen a series of engagement activities. The activities have been designed to allow a broad range of stakeholders to contribute to the development of the strategy and specifically to identify the role that non-statutory organisations and individuals will need to play to achieve improved outcomes locally.
- 7.2 Each engagement exercise has adopted an assets approach, whereby participants have been given information on Lewisham's most pressing

needs and then challenged to think about what already exists in terms of local capacity that could help meet these needs. This has allowed participants to draw upon their local knowledge and experience to explore practical methods of improving people's health and to provide a more detailed picture as to the opportunities and barriers that local people experience.

7.3 The table below summarises the activities held to date:

Event	Date
Voluntary Action Lewisham - Health and Social Care Forum	10 December 2012
Joint Children and Young People and Health and Social Care Forum	23 January 2013
North Lewisham Stakeholder Event	07 February 2013
Positive Ageing Council	21 February 2013
Young Advisors' panel	25 February 2013
Carers coffee morning	05 March 2013
Faith and community organisation event	18 March 2013
Lewisham Housing Advisory Group (LEWHAG)	09 April 2013
Additional Children's activity	TBC

7.4 Key messages arising from the engagement so far include:

- The impact of social isolation on people's physical and mental health and wellbeing
- The numerous barriers that hinder people from pursuing a healthy lifestyle, from cost and access to a lack of confidence to turn up and engage with existing activities.
- The existence of a range of opportunities and activities, already provided within the community, that could support people to feel healthier and maintain their independence.

7.5 The outcomes and the key messages of this engagement will feed directly into the strategy, both in a section focusing on community intelligence and in a consideration of some of the wider determinants of health and wellbeing that have not been identified as a key area of focus but are nonetheless crucial to maintaining individual and community health and wellbeing.

8. Next steps

8.1 The Health and Wellbeing Strategy will be edited and updated to reflect the messages emerging from the engagement activity.

- 8.2 The Strategy will also be considered by other strategic partners to ensure alignment across key areas of activity. For example, a draft of the strategy will be considered by the Children and Young People's Strategic Partnership Board.
- 8.3 The Health and Wellbeing Strategy will ultimately be approved and published by Lewisham's Health and Wellbeing Board. A final draft of the strategy will be considered by the Health and Wellbeing Board at its first meeting. The date of this first meeting is still to be confirmed.
- 8.4 Lewisham's Health and Wellbeing Strategy will be accompanied by an annual delivery plan. This delivery plan is scheduled for consideration by the Healthier Communities Select Committee at its meeting in July.

9. Financial implications

- 9.1 There are no specific financial implications arising from this report.

10. Legal implications

- 10.1 There are no specific legal implications arising from this report. The requirements placed upon the local authority in regard to the production of the Health and Wellbeing Strategy are outlined in paragraph 4.

11. Crime and disorder implications

- 11.1 There are no specific crime and disorder implications arising from this report.

12. Equalities implications

- 12.1 There are no specific equalities implications arising from this report. In identifying the health inequalities experienced in the borough, the strategy will assess the extent to which people with certain protected characteristics are disproportionately affected by certain health conditions or health outcomes.

13. Environmental implications

- 13.1 There are no environmental implications arising from this report.

For further information about this report please contact Edward Knowles, Service Manager - Strategy, Community Services on extension 49579.

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Version 5 (January 2013)

**LEWISHAM HEALTH AND WELLBEING STRATEGY:
HEALTH AND WELLBEING FOR ALL BY 2023**

Foreword from the Mayor

DR

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Introduction

Welcome to Lewisham's 10 year strategy for improving the health and wellbeing of local people.

This strategy looks ahead to 2023 and explores how Lewisham and its residents will change and develop over this period. It identifies the key health and wellbeing challenges that people will face, as well as the assets, skills and services that are available locally which can support people to maintain and improve their health and wellbeing.

What do we mean by 'health and wellbeing'?

Good health and wellbeing will mean different things to different people. For this strategy we have followed the World Health Organisation (WHO) in defining health as

'a state of complete physical, mental and social wellbeing'

This definition reflects the fact that health isn't just about being free from illness or disease. It encompasses how people feel in themselves and in the communities in which they live.

We define wellbeing as

'the capability to do and be what you want in your life'

Together these definitions of health and wellbeing acknowledge that we cannot only focus on adding years to life. We must also take actions aimed at adding life to years; in other words take actions to improve the quality of people's lives.

Working together to achieve a single goal

This strategy is an ambitious one – it sets out a strategic commitment for the next 10 years focused on a single overarching goal of:

"Health and Wellbeing for all by 2023"

Not everybody in Lewisham can be equally healthy and happy, but it is possible to significantly narrow the gap in health and wellbeing amongst our residents, and between Lewisham and the rest of the country.

Taking a different approach to tackling health inequalities in Lewisham

Achieving the goal of Health and Wellbeing for all by 2023 requires us to think differently about the root causes of health inequalities. This strategy sets out an approach that:

- recognises the importance of empowering individuals to take action by themselves, but also in and with their families and communities;
- recognises the need to create physical and social environments that encourage healthy habits, choices and actions;
- recognises that every aspect of people's lives, their work, their housing, their finances and their relationships can have an impact on their health and wellbeing.

Finally, the strategy explores the different role that organisations and individuals will need to play in order to achieve improvements in the borough.

Our local area

Lewisham is a part of London, the largest, most culturally diverse and vibrant city in the European Union and home to over 7.5 million people. Lewisham's future is shaped by the growth and success of London.

Lewisham covers an area of 13.4 square miles stretching from the Thames at its most northerly point to Bromley in the south. There are good transport links to the rest of London and the wider region. The West End, Canary Wharf, London City Airport and the new international rail terminal at Stratford are all within easy reach. Lewisham citizens can take full advantage of the opportunities available in London, one of the few world cities with strong global connections.

Some 275,000 people live in Lewisham. The borough has a young population, with 25% of residents aged between 0 – 19. By contrast, just under 10% of the population is aged over 65. Figures show that Lewisham's population is expected to increase to 321,121 by 2021, an increase of over 44,000 residents in a 10 year period. The projected older population (65+) will be 9%. There is no common definition of disability, but 14% of residents identify themselves as being limited in carrying out day-to-day activities.

Just over 8% of residents identified themselves as providing unpaid care to a friend or relative. This percentage has remained the same since the 2001 Census.

As a locality, Lewisham is the 15th most ethnically diverse local authority in England. Two out of every five Lewisham residents are from a black or minority ethnic background. There are over 170 languages spoken in the borough.

The health and wellbeing of people in Lewisham

In general, people in Lewisham feel healthy. Within the borough, 83% of residents identify themselves as having good health or fairly good health. However, 5% identify themselves as having bad health or very bad health.¹

Health outcomes vary across the borough. While some parts of the borough experience relatively good health, others experience high levels of health deprivation and disability. This is illustrated on the map below.

¹ Census 2011

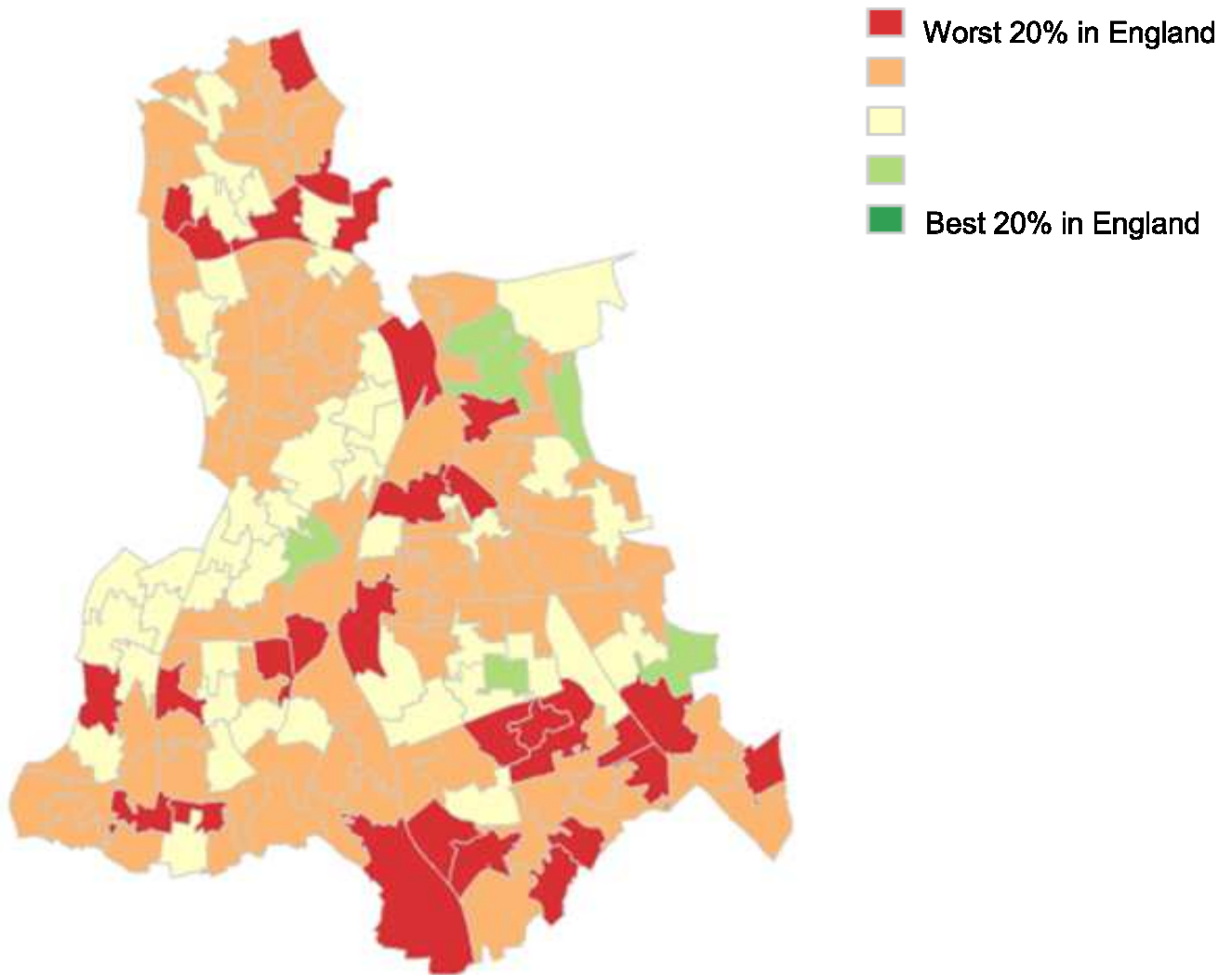


Fig 1. Indices of Multiple Deprivation 2010 – Health deprivation and disability

Challenges and opportunities

Although many people in Lewisham report good health, many residents are not as healthy as they could be:

- Men and women in Lewisham have a relatively low life expectancy compared with the England average.
- The three most important causes of this gap between Lewisham and the rest of the country are premature deaths below the age of 75, from circulatory diseases (mainly heart attacks and stroke), cancer (mainly lung, breast and bowel), and respiratory diseases.

- More people smoke than the national average and there are high rates of early deaths from circulatory disease (coronary heart disease, hypertensive disease and stroke) and cancer compared with England.
- Lewisham's black and minority ethnic communities are at greater risk from health conditions such as diabetes, hypertension and stroke.
- There are high rates of teenage conceptions, sexually transmitted infections and obesity compared with England.
- Medical advances are helping people to live longer but, in line with this, more people can expect to live for some time with a care and support need.

The borough is able to call upon a number of resources and attributes of the local community:

- Lewisham has the highest proportion of green space
- Lewisham has strong and active communities, able to mobilise their efforts and support each other to make changes
- Lewisham has a vibrant voluntary and community sector which provides tailored support and assistance to people

Health and social care support and services

Health and Wellbeing services and support are not provided from one single agency. Just as people's health is unique so each person will interact with a variety of services and organisations at different times.

NHS services in Lewisham are planned and 'purchased' by Lewisham Clinical Commissioning Group (LCCG). Led by local GPs, the LCCG has responsibility for commissioning hospital and community services. It also has a responsibility to ensure that health services provided in Lewisham are safe, of a high standard and effective.

Lewisham people benefit from having a highly effective local hospital situated in the borough. University Hospital Lewisham has strong links with the local community and with the other parts of the borough's health and care system to ensure that people going in or coming out of hospital receive the right support at the right time.

Adult and Children's Social Care services and Public Health activity is provided by Lewisham Council.

Healthwatch Lewisham provides an independent voice for people who receive health and social care services in Lewisham. Supported and complemented by Lewisham's engaged voluntary and community organisations, Healthwatch Lewisham ensures that

the voice of patients and the public inform and influence how health and social care is delivered and experienced in the borough.

Lewisham's active and diverse volunteers and many voluntary, community and faith organisations work across the borough and contribute to people's wider sense of wellbeing and belonging. A key element of a well-functioning health and social care system is the community support that helps people to maintain their independence and enjoy living in their community.

Collectively, we improved health outcomes in a number of key areas in the last few years. For example:

- Almost 7,000 people aged 40-74 have undergone a health check in the past year
- We are now in the top ten boroughs in the country for breastfeeding and are well on the way to achieving the prestigious UNICEF/WHO baby friendly award
- In the last year, our immunization rate for children at 2 years of age for mumps, measles and rubella has increased significantly, taking us from the bottom of the league table of London boroughs to just above the middle
- The percentage of reception year children who are overweight and obese has fallen slightly in the last year
- We have been proactive in creating the first South East London Tobacco Alliance that aims to tackle illegal tobacco activity and prevent our children from accessing cheap cigarettes.

The Health and Wellbeing Board

The complexity of health and care can best be tackled if organisations and individuals work in partnership. Lewisham has a long history of partnership working. It provides different perspectives, different resources and different levels of expertise to problems and recognises that the best solutions are developed together with those who the services affect.

Lewisham's Health and Well-being Board brings together individuals from the key organisations that deliver health and care services as well as representation from the borough's voluntary and community sector. The perspective of citizens and patients is provided by Healthwatch Lewisham.

The Board is responsible for this strategy and for making sure that its objectives are met. The Board comprises:

- The Directly Elected Mayor of Lewisham
- Cabinet Member for Community Services
- The Director of Adult Services
- The Director of Children's services
- The Chair of Lewisham Clinical Commissioning Group
- The Director of Public Health
- The Chair of Healthwatch Lewisham

Alongside the Health and Wellbeing Board, Lewisham's Healthier Communities Select Committee and the Children and Young People Select Committee has taken a keen interest in health inequalities and has conducted reviews into both Women's and Men's Health.

The Children and Young People's Strategic Partnership, through its Children and Young People Plan, provides clear leadership and engagement in relation to tackling health inequalities experienced by children and young people.

The Joint Strategic Needs Assessment

This Strategy is based upon Lewisham's Joint Strategic Needs Assessment (JSNA).

The JSNA brings together in one place a wealth of information on the health and social care needs of Lewisham's citizens, complemented by information on the social, environmental and population trends that are likely to impact on people's health and well-being.

This data allows the needs of people in Lewisham to be analysed and shows where needs are not being met, which services are delivering effectively and where more can be done to improve outcomes.

The JSNA is an open document and relies upon community and patient perspective to complement the statistical data. As an open source it also provides communities and organisations with the information to help them improve local health and well-being and to tackle health inequalities.

The JSNA findings can be accessed online at www.lewishamsna.org.uk.

The JSNA has provided the information and analysis through which the Health and Wellbeing Board has identified its priority areas for action.

[INCLUSION OF RELEVANT CHARTS FROM THE JSNA]

A vision for Health and Wellbeing in Lewisham

Shaping our future – Lewisham’s Sustainable Community Strategy provides an ambitious vision for the future of Lewisham, its communities and its citizens.

“Together, we will make Lewisham the best place in London to live, work and learn.”

Lewisham’s Health and Wellbeing Strategy contributes towards making this vision a reality.

The Health and Wellbeing Board is committed to :

“Health and Wellbeing for All Lewisham Residents by 2023.”

Our principles

In line with ‘Shaping our future’, Lewisham’s Sustainable Community Strategy, the activity of the Health and Wellbeing Board is based on two key principles

Reducing inequality – narrowing the gap in outcomes for citizens.

In the context of this Strategy, reducing inequalities refers to the health inequalities that exist between Lewisham and other parts of the country, as well as inequalities that exist within Lewisham between different communities and different areas.

Beneath Lewisham’s overall picture of health exist specific inequalities that need to be addressed. This strategy recognises that improvements need to happen so that Lewisham performs as well or better than other boroughs with similar levels of deprivation, but also that improvements need to happen so that all parts of Lewisham and its diverse communities enjoy the same quality of services and similar outcomes.

People in Lewisham have different life expectancy depending on where they live. Men living in the most deprived wards in the borough live on average 6.5 years less than men in the least deprived wards. Women in the most deprived wards live 3.3 years less than women in the least deprived wards. In the last five years, the gap has closed by about a year for both men and women but there is more work to do. Cancer mortality rates for example are much higher in Bellingham and New Cross.

There are also significant ethnic health inequalities in Lewisham. Diagnosis of breast cancer is delayed in black women, whilst late diagnosis of HIV infection is more common in black African heterosexual men. Black teenage girls are 74% more likely to get pregnant than white teenage girls. White men and women have higher rates of admission for alcohol related problems.

Delivering together efficiently, effectively and equitably – ensuring that all citizens have appropriate access to and choice of high-quality local services.

To improve the long-term improvements in Lewisham's health and wellbeing, individuals, communities and organisations will need to work collaboratively. This collaboration starts with a recognition that people should be at the heart of their care, that they are able to make choices over the care and support they receive and that there should be 'no decision about me, without me.'

This process starts with people being supported to look after their own health and are empowered to make health decisions over their lifestyles.

When dealing with NHS organisations, this means that people should have a choice over their GPs, a choice over the types of services or treatments that they might require and a choice over where they receive their services of treatment.

In social care, this level of choice of control will start when a person meets with a social worker to assess their needs. Working with the social worker, the individual should then expect to be able to define their aspirations and how their care and support can help them to live the lives they wish to lead.

Collaboration isn't just between the individual and organisations. It's also about the different organisations themselves working in a more integrated manner.

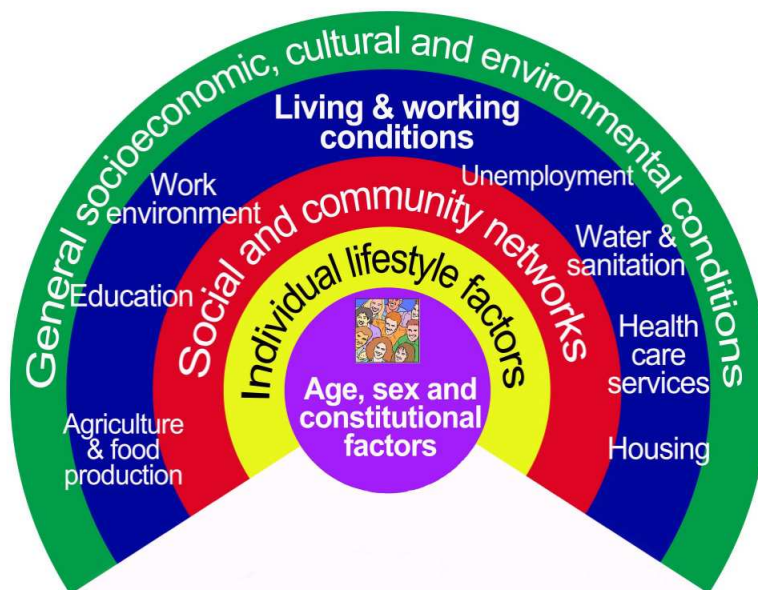
People using services should expect the same quality of care no matter which organisation they are dealing with. Where an individual's care or support needs are transferred from one organisation to another (for example, when a person is discharged from hospital and requires support from social care services) they should expect the their support to be seamless and help them to progress towards rehabilitation and recovery. Lewisham's health and social care providers, the Council, Lewisham Hospital, Lewisham's Clinical Commissioning Group and providers from the commercial and voluntary and community sectors are high performing organisations and have a history of working together to make sure that services and care are joined up and effective.

Our approach – how will we work to deliver improved outcomes for Lewisham

Many factors determine the quality and length of a person's life. Some operate before birth (for example the genes a baby inherits, or exposure to the mother's smoking in the womb). The influence of these factors may not be felt immediately, but may emerge throughout a person's life.

Throughout a person's childhood and into adulthood, they are exposed to many other factors in their immediate physical, family and social environment, and in the wider social, political and economic environment.

Some factors directly impact on health, and others shape behaviours and thought processes that in turn may affect physical and mental health and Wellbeing. The following diagram summarises these multiple determinants of health:



To tackle all of these issues effectively requires an approach that:

Empowers local people and communities to take control over their health and wellbeing

This involves:

- Supporting community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health.
- Establishing neighbourhood-based bringing together local communities, agencies and GPs to identify and help address local health priorities.

- Providing support for people to make healthier lifestyles choices and look after their health.

Example

Creates supportive environments that help people to make positive changes

This involves:

- Maximising the use and accessibility of green spaces for physical activity, food growing etc.
- Ensuring that new developments and new housing provide adaptable, decent homes.
- Providing information and education to enhance life skills and to support personal and social development.

Example

Puts the patient at the heart of their care

This involves:

- Patients and service users being able to exercise choice as to the type of service they receive and (where relevant) who they receive it from
- Patients and service users receiving a more seamless service from the different elements of the health and social care system, so that they are not repeating their story, nor receiving the same interventions time and time again
- Designing services which take account patient and public experiences and involves them in identifying and addressing gaps.

Example

Recognises the health implications in everything we do

This involves

- Putting health in the agenda of policy makers in all sectors and at all levels.

Example



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Key aims and objectives

The following are the three key aims of the Health and Wellbeing Strategy and the associated priority outcomes:

Aim one - To improve health – provide a wide range of support and opportunities to help adults and children to keep fit and healthy and reduce preventable ill health.

Aim two - To improve care - ensure that services and support are available to all those who need them so that they can regain their best health and wellbeing and maintain their independence for as long as possible.

Aim three - To improve efficiency - improve access and delivery, streamline pathways and ensure services provide good quality and value for money

Increase the uptake of childhood immunizations to achieve herd immunity

- **Why is this a key area of focus:** This has been identified as a priority because although uptake of some of our routine childhood vaccines has improved, considerable progress is still required to achieve the 95% uptake identified by WHO as necessary to avoid outbreaks of infections like measles. Uptake varies greatly by GP practices.

- **What interventions will we be looking to for improvement?**

- **Where we will be in 3 years, 5 years and 10 years?**

Prevent the uptake of smoking among children and young people and reduced the numbers of people smoking

- **Why is this a key area of focus:** This has been identified as a priority because tobacco use is the biggest single factor contributing to the gap in healthy life expectancy between Lewisham and England, there are still between 40-50,000 smokers in Lewisham, around 710 11-15 year olds take up smoking each year, and 48% of Lewisham children say that someone smokes in their home on most days.
- **What interventions will we be looking to for improvement?**

- **Where we will be in 3 years, 5 years and 10 years?**

Reduced harm caused by alcohol misuse

- **Why is this a key area of focus:** This has been identified as a priority because Alcohol use has a major impact on health, anti-social behaviour, crime and other important social issues, including the well-being and development of children: In Lewisham an estimated 11365 drinkers are at high risk and 31,873 drinkers are at increasing risk of harm. Alcohol-related hospital admissions are high in Lewisham and are rising.
- **What interventions will we be looking to for improvement?**
- **Where we will be in 3 years, 5 years and 10 years?**

Improved healthy weight

- **Why is this a key area of focus:** This has been identified as a priority because the prevalence of adult obesity may be 33.4% in Lewisham compared to 24.2% in England, Lewisham has a high prevalence of childhood obesity, 13.6% of reception children were obese as were 24.4% of children in year 6, significantly higher than the England average for the past three years. Over 40% of 10-11 year olds and over a quarter of 4-5 year olds were overweight or obese in 2009/10.
- **What interventions will we be looking to for improvement?**
- **Where we will be in 3 years, 5 years and 10 years?**

Improved mental health and wellbeing

- **Why is this a key area of focus:** This has been identified as a priority because common mental illnesses (CMI) are estimated to afflict 19.8% of Lewisham's population at any one time. This prevalence is higher than London and England with 18.2% and 16.6% respectively, and 75% of people suffering from CMI go undiagnosed. Serious mental illnesses (SMI) such as schizophrenia and bipolar disorder are estimated to affect 1.1% of Lewisham's population, a figure higher than the national average of 0.7%. This means some 2,900 Lewisham residents have had a history of SMI. In all ages we need to take action to address the common mental illnesses such as anxiety and depression estimated to afflict almost 20% of our population, and the 20% of our population at high or increasing risk of health problems arising from drinking too much alcohol. Looked After Children (LAC) are 40% more likely to have a mental health issue, this rises to 70% for children in residential care.
- **What interventions will we be looking to for improvement?**
- **Where we will be in 3 years, 5 years and 10 years?**

Improved sexual health

- **Why is this a key area of focus:** This has been identified as a priority because in 2009 the teenage conception rate in Lewisham was 55.6 per 1,000 15- 17 year old females, the 17th highest rate in England and 4th highest in London. The rate of HIV infection in Lewisham is 7.5 per 1,000, equating to approximately 1,360 individuals, with the 8th highest prevalence in the UK. In Lewisham around 60% of HIV infection is acquired through sex between men and women. Around 10% of 15-24 year olds screened for Chlamydia are positive, and around 2% of 15-24 year olds screened for Chlamydia also have gonorrhoea.
- In young adults action is required to address our high rates of sexually transmitted infections, HIV and teenage pregnancy.
- **What interventions will we be looking to for improvement?**

- **Where we will be in 3 years, 5 years and 10 years?**

Delay and reduced need for long term care and support

- **Why is this a key area of focus:** This has been identified as a priority because the proportion of older adults aged 65 and over 85+, receiving residential and nursing home packages as at 31st March 2011 in Lewisham was 1.2% and 1.2% respectively, and there is evidence that reablement services can reduce demand for homecare packages.
- In older people action is required to improve the quality of care for those with chronic conditions such as diabetes, COPD and dementia, and to reduce the need for long term care and support.
- **What interventions will we be looking to for improvement?**

- **Where we will be in 3 years, 5 years and 10 years?**

Reduce the number of emergency admissions for people with chronic long term conditions

- **Why is this a key area of focus:** This has been identified as a priority because Lewisham residents are more than twice as likely as residents in the local authority with the lowest admission rate to be admitted to hospital for COPD and diabetes care in general practice is amongst the poorest in England.
- **What interventions will we be looking to for improvement?**

- **Where we will be in 3 years, 5 years and 10 years?**

Increase the number of people who survive colorectal, breast and lung cancer for 1 and 5 years

- **Why is this a key area of focus:** This has been identified as a priority because In Lewisham approximately 1000 Lewisham residents are diagnosed with cancer each year. In 2008-09 there were 469 deaths from cancer in Lewisham. The premature mortality rate (under 75years) for males in Lewisham is 24% higher than that of England (2009), and 10% higher for females and Lewisham does not reach the national coverage targets for the cancer screening programmes, Breast, Cervical and Bowel.
- Whilst lifestyle changes will add the most years to life over the long term, there is still much that can be done to improve survival for those people with cancer. Delayed diagnosis amongst deprived groups, older people (for breast cancer) and certain BME groups (for breast cancer) probably accounts for worse cancer survival in Lewisham when compared to England.

What interventions will we be looking to for improvement?

- **Where we will be in 3 years, 5 years and 10 years?**

The role of the community in helping to deliver this strategy

[This section will be based upon information arising from the engagement activity, currently underway.]

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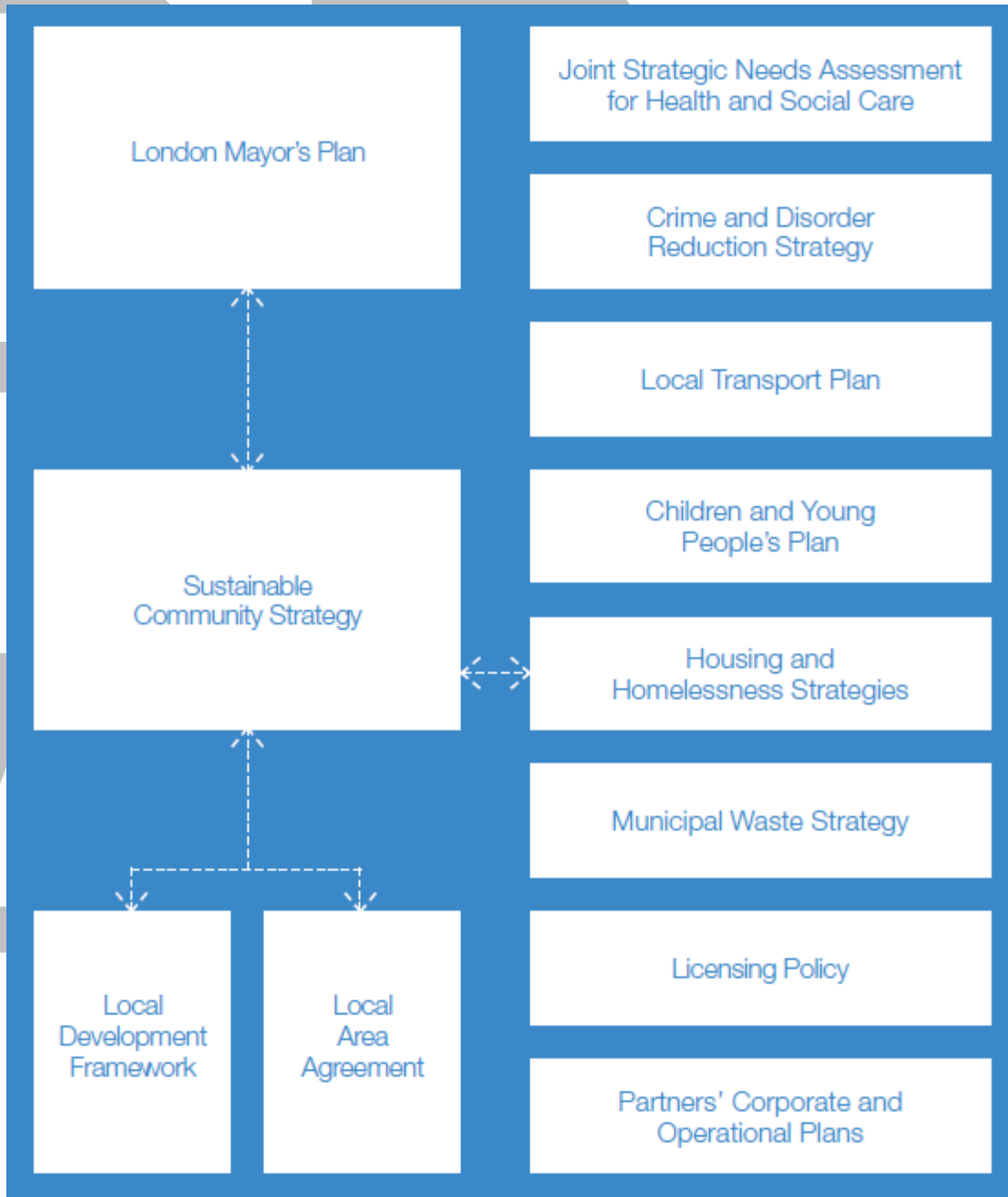
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Governance and delivery

Lewisham's progress towards improving the health and wellbeing of its residents will be monitored by the Health and Wellbeing Board and reviewed by the Council's Healthier Communities Select Committee.

Underpinning this strategy is a two-year action plan, which will identify the specific activity that will take place around each of the nine objectives. The action plan will identify activity required from different agencies as well as the contributions and support that will be required from local communities. At the end of the two year period the Health and Wellbeing Board will assess how well the actions have been delivered and what next steps need to be taken to ensure further progress.



[This diagram will be amended to incorporate the Health and Wellbeing Strategy]

Healthier Communities Committee			
Title	Health and Social Care Act and Health scrutiny protocol	Item No	7
Contributors	Overview and Scrutiny Manager		
Class	Part 1	Date	16 April 2013

1. Purpose of paper

- 1.1 To advise members of the local implications of the introduction of the Health and Social Care Act (2012) and to invite members to consider any necessary alterations they may wish to make to the Committees Health and Social Care Scrutiny Protocol.

2. Recommendations

- 2.1 The Committee is asked to:

- note the local organisational changes as a result of the Health and Social Care Act
- note the constitutional changes as a result of the Act
- as a result of the changes outlined, agree that the Chair and officers, in partnership with all relevant local organisations, develop a draft revised protocol for consideration by the Committee at a future meeting.

3. Health and Social Care Act (2012)

- 3.1 The Health and Social Care Act 2012 (the Act) has redefined the roles of, and relationships between, different sections of the health infrastructure. At a local level this includes the introduction of the Health and Wellbeing Board and changes to the local organisations for commissioning services, changes in public health and changes to structures for public involvement and engagement, and advice and advocacy.
- 3.2 The changes brought about by the Act result in the abolition of a number of organisations, the creation of a number of new organisations and bodies and a change of responsibilities for some existing organisations. This report aims to briefly outline the new organisations and their roles and responsibilities, making clear the organisations and bodies they have replaced where appropriate.
- 3.3 The Act establishes health and wellbeing boards as forums where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. The Board is intended to have strategic influence over commissioning decisions across health, public health and social care.
- 3.4 Through undertaking a Joint Strategic Needs Assessment (JSNA), health and wellbeing boards will drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Boards are intended to have democratic legitimacy by involving democratically

elected representatives and patient representatives in commissioning decisions alongside commissioners from across health and social care.

Health and Wellbeing Board

- 3.5 The Health and Social Care Act requires local authorities to establish a Health and Wellbeing Board. The Board is a committee of the local authority and the Act specifies its minimum membership:
- at least one councillor of the local authority, nominated by the elected Mayor or the executive leader (where executive operating models exist);
 - the director of adult social services;
 - the director of children's services;
 - the director of public health;
 - a representative of the Local Healthwatch organisation;
 - a representative of each relevant clinical commissioning group and;
 - such other persons as the local authority thinks appropriate.
- 3.6 The Act establishes a duty on the Health and Wellbeing Board to encourage integrated working. The Act requires the responsible local authority and its partner clinical commissioning group(s) to exercise specific functions through the Health and Wellbeing Board, namely:
- Prepare and publish an assessment of relevant needs (JSNA);
 - Prepare and publish a strategy for meeting the needs identified in the joint strategic needs assessment (Health and Wellbeing Strategy);
 - Have regard to the assessment of need and the joint health and wellbeing strategy in the exercise of their relevant functions
- 3.7 A local authority may arrange for its Health and Wellbeing Board to exercise any functions that are exercisable by the local authority with the exception of reviewing and scrutinising health services in the local authority's area.
- 3.8 Where an issue relates to services commissioned by the NHS Commissioning Board, Health and Wellbeing Boards will request, and the NHS Commissioning Board will appoint, a representative to join the board to discuss this issue.
- 3.9 Two or more health and wellbeing boards may make arrangements for any of their functions to be exercisable jointly, by a joint sub-committee of the boards, and for this sub-committee to advise them on any matter related to the exercise of their functions.
- 3.10 A Health and Wellbeing Board may, for the purpose of enabling it or assisting it to perform its functions, request information from the local authority or from any person represented on the Health and Wellbeing Board.

NHS Commissioning Board – NHS England

- 3.11 The Act establishes the NHS Commissioning Board with the mandate of "arranging for the provision of services for the purposes of the health service in England". The Act states that, at the start of each financial year, the health secretary must publish a document known as 'the mandate' within which the Board's objectives are set.
- 3.12 In setting the objectives the health secretary must consult with the Board itself, the Healthwatch England committee of the Care Quality Commission, and other appropriate persons. The general duties of the Board include:
- Promoting the NHS constitution
 - Improving the quality of services

- Promoting autonomy
 - Reducing inequalities
 - Promoting the involvement of each patient in decisions relating to the prevention or diagnosis of illness or their care
 - Enabling patient choice in the services provided to them
 - Promoting innovation in the provision of health services including through the provision of prizes at any stage of innovation, including research
 - Promoting education and training
 - Promoting the integration of health services on the basis that this will improve quality of services, and reduce inequalities in access and outcome of service access
 - Regarding the impact of services in certain areas, namely commissioning decisions relating to border areas of Wales and Scotland
 - Regarding variation in the provision of health services between the private and public sector
- 3.13 The NHS Commissioning Board is called NHS England and is responsible for commissioning all primary care, “specialised services”, offender healthcare and some services for members of the armed forces across the country. NHS England is also responsible for commissioning dentistry and pharmacy services.
- 3.14 “Specialised services” are those services provided in relatively few hospitals, accessed by comparatively small numbers of patients, but with catchment populations of more than one million. These services tend to be located in specialist hospital trusts that can recruit staff with the appropriate expertise and enable them to develop their skills. Specialised services account for approximately 10% of the total NHS budget.
- 3.15 NHS England is one single organisation but will have 27 area teams as many functions will need to be carried out at a much more local level. Lewisham will work with the London Regional Office of NHS England. The remit of the London regional office of the Commissioning Board will include:
- The Board’s day-to-day relationships with Clinical Commissioning Groups
 - The Board’s direct commissioning functions
 - The Board’s professional and clinical leadership functions

Clinical Commissioning Groups

- 3.16 The Act abolishes Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) and establishes clinical commissioning groups (CCGs) who are responsible for commissioning local services. The CCGs hold budgets, commission services and are able to reinvest any savings they generate in patient care. The duties of CCGs reflect those of the NHS Commissioning Board. CCG’s are led by local clinicians. In Lewisham the CCG has been operating in shadow form for the last year, alongside the PCT.
- 3.17 The CCG is responsible for commissioning:
- planned hospital care,
 - urgent and emergency care,
 - rehabilitation care
 - Community health services
 - Mental health and learning disability services
- 3.18 CCGs each have a governing body which must include "health care professionals of a prescribed description", lay persons, and "individuals of any other description which is prescribed". The Act allows CCGs to make arrangements to work together. Such

arrangements allow for the pooling of funds between commissioning groups and for payments to be made through the pooled funds for services.

- 3.19 The Act specifies that each CCG must prepare a plan setting out how it proposes to exercise its functions. In preparing the plan, the clinical commissioning group must consult the relevant Health and Wellbeing Board about its views on whether the plan takes proper account of the most recent joint health and wellbeing strategy published by the Health and Wellbeing Board.

Commissioning Support Units (CSU)

- 3.20 Commissioning support units provide practical support and a range of business functions to support CCG's in their role. Lewisham CCG has decided to utilise the support services of the NHS South London Commissioning Support Unit (SLCSU).

Public Health England

- 3.21 Public Health England is an executive agency of the Department of Health. It takes on the role of the Health Protection agency and a number of other bodies including: National Treatment Agency, Public Health Observatories, UK National Screening Committee and NHS cancer and non-cancer screening programmes, Cancer Registries, Quality Assurance Reference Centres, Strategic Health Authorities, Specialised Commissioners and parts of the Department of Health, including Public Health Marketing.

- 3.22 The public health services that NHS England will commission directly are:
- The national immunisation programmes.
 - The national screening programmes.
 - Public health services for offenders in custody.
 - Sexual assault referral centres.
 - Public health services for children aged 0-5 years (including health visiting, family nurse partnerships, and much of the healthy child programme).
 - Child health information systems.

Public Health in Lewisham

- 3.23 Under the Act, Public Health responsibilities transferred from the NHS, located within PCTs, to Local Authorities. All Public Health staff transferred over to the local authority as of the 1st of April 2013. Public health is concerned with the health of the entire population, rather than the health of individuals, requiring a collective effort; addressing prevention, treatment and care from a population perspective. It is about making sure that services are safe, effective, appropriate and accessible to the whole population and are tackling health inequalities effectively.

Healthwatch England

- 3.24 Healthwatch England has been established, as a statutory committee of the CQC, and its role is to act as a national consumer champion in relation to health and social care services. Healthwatch England's responsibilities are to:
- provide national leadership, guidance and support by way of advice and assistance to local Healthwatch organisations; with the aim of achieving greater consistency across local Healthwatch organisations, for example through the sharing of best practice
 - escalate concerns about health and social care services raised by local Healthwatch, users of service, and members of the public to CQC. CQC is required to respond in writing to advice provided by Healthwatch England
 - provide advice and information (which could include recommendations and reports) to the Secretary of State, NHS Commissioning Board, Monitor and

English local authorities. The recipients of Healthwatch England's advice will be required in law to respond to Healthwatch England in writing.

- 3.25 Healthwatch England is one part of the "Healthwatch network"; the second part of the network are all of the local Healthwatch organisations, with a local Healthwatch to be operating across every local authority in the country.

Healthwatch Lewisham

- 3.26 Healthwatch Lewisham is the local Healthwatch organisation forming part of the Healthwatch network. Local Authorities were required to tender for a provider of a local healthwatch, which has taken over many of the responsibilities previously executed by the Local Involvement Networks (LINKs). Voluntary Action Lewisham were awarded the contract to deliver the Healthwatch service in Lewisham.
- 3.27 Healthwatch Lewisham will be the local consumer champion for health and social care representing the collective voice of people who use services and the public. It will build up a local picture of community needs, aspirations and assets and the experience of people who use services. Healthwatch Lewisham will:
- have the power to enter and view services.
 - influence how services are set up and commissioned by having a seat on the local health and wellbeing board
 - produce reports which influence the way services are designed and delivered.
 - provide information, advice and support about local services.
 - pass information and recommendations to Healthwatch England and the Care Quality Commission.
- 3.28 Healthwatch Lewisham will build on the work carried out by the Lewisham LINK over recent years.

Monitor

- 3.29 Monitor is the economic regulator of the NHS and all NHS funded services. Created under Part 3 of the Act, the organisation currently known as the Independent Regulator of NHS Foundation Trusts will continue to exist, but will be known as Monitor. The regulator's main duty will be to ensure that NHS services are economic, efficient and effective - as well as maintaining or improving the quality of services.
- 3.30 Monitor's role also includes reducing inequalities in both accessing and the outcomes of accessing NHS services. All service providers within the NHS will be required to operate under licence provided by Monitor, unless specifically exempt. Exemption will not be given for the purpose of promoting competition. Monitor will work with the Office of Fair Trading (OFT) to address anti-competitive behaviour and will work with the NHS Commissioning Board to set out guidance on choice and competition.

Status of the Care Quality Commission

- 3.31 The already established Care Quality Commission (CQC) is distinct from Monitor in that it focuses on quality, and works to ensure the maintenance of standards in health and social care practices. Following changes made through the Act, the CQC will licence NHS and adult social care providers with a view to keeping check on safety and quality levels.
- 3.32 Inspections will be carried out by the CQC in response to information that it receives through clinical commissioning groups (CCGs), Healthwatch England, and local Healthwatch.

National Trust Development Authority

- 3.33 The Act abolishes NHS Trusts that are not Foundation Trusts, so from April 2013, the NHS Trust Development Authority (NHS TDA) will provide governance and accountability for NHS Trusts in England that are not yet Foundation Trusts, and will support them in the appropriate delivery of the foundation trust status. There are currently 22 NHS Trusts in London (including the London Ambulance Service) working towards foundation trust status. The NHS TDA will help each NHS Trust secure sustainable, high quality services for the patients and communities they serve.

NHS Property Services Ltd

- 3.34 NHS Property Services Ltd will play a vital role in the day to day running and management of the NHS primary care estate of around 3,600 NHS facilities, from GP practices to administrative buildings. NHS Property Services Ltd will help to improve the delivery of clinical services and help enhance the experience of NHS patients by being responsible for providing a safe, efficient and well maintained estate, buildings and facilities.

Overview and Scrutiny

- 3.35 Overview and Scrutiny continues to have a statutory role to act across the whole health economy. Scrutiny has a clear role at every stage of the commissioning cycle and is responsible for holding health decision makers to account, Scrutiny ensures that:
- the planning and delivery of healthcare reflects the views and aspirations of local communities (by scrutiny of JSNA, HWB Strategy, Commissioning Plans & Delivery strategies, structures and governance)
 - all sections of a local community have equal access to health services and an equal chance of a successful outcome; (scrutiny of organisations, priorities, funding decisions, service delivery, performance against outcomes)
 - proposals for substantial service change are in the best interests of local health services and the community (NHS bodies have a statutory responsibility to consult scrutiny on proposals for substantial developments or variations to the local health service)
- 3.36 In Lewisham, Health Scrutiny responsibilities continue to be carried out by the Healthier Communities Select Committee. The Terms of reference of the Committee were amended at the Council AGM in March to include responsibility for:
- Reviewing and scrutinising the decisions and actions of the Health and Wellbeing Board
 - To received referrals from the Healthwatch and to consider whether to make any report/recommendation in relation to such referral (unless the referral relates solely to health services for those aged under 10 years of age, in which case the referral from the Healthwatch should be referred to the CYP Select Committee)

4. Health Scrutiny Protocol

- 4.1 In 2008, the Healthier Communities Select Committee developed and agreed a protocol with local commissioners and providers as to how the various bodies would interact with the Committee as it exercised its statutory duties (appendix A). The protocol includes specific agreement about regular and routine interaction, how potential services variations would be dealt with and how interaction with the LINK would also be maintained, in part through the attendance of two LINK members at every HCSC meeting.
- 4.2 The protocol has led to closer working relationships with local provider trusts and commissioners over the last 4 years and much earlier engagement with proposed

service developments, as well as collective agreement on an agreed template for assessing whether a proposed variation might be considered substantial by the Committee. Regular attendance at the Committee meetings and routine engagement with the Chair has benefitted both the Committee and the local organisations by the effective communication it supports, enabling interaction to be targeted and appropriate.

- 4.3 Now that the PCT and the LINK have been abolished and replaced by the CCG and Healthwatch respectively, and the Health and Wellbeing Board has been created, the protocol is outdated and does not cover interaction with the “new” local organisations and does not reflect the current legislative and constitutional framework.
- 4.4 It is proposed that the Committee consider updating the protocol, in discussion with local commissioners and providers, to discuss and agree together how interaction between the various organisations and the Committee can continue to be effectively managed and reflected in a revised protocol.
- 4.5 It is suggested that the existing signatories of the protocol, Lewisham Healthcare NHS Trust and South London and Maudsley (SLaM). are consulted with regarding an updated protocol, as well as the CCG, Health and Wellbeing Board, Healthwatch and appropriate senior Council officers.

5. Further implications

- 5.1 There are no legal, financial, equalities or crime & disorder implications resulting from the implementation of the recommendation in this report.

DRAFT

Lewisham Health and Social Care Scrutiny Protocol

1. Purpose of protocol

- 1.1 Local Authorities have an important statutory role in monitoring the performance and the development of Health services in their area. In Lewisham this function is carried out by the Healthier Communities Select Committee (HCSC). Overview and Scrutiny should also help to develop a positive relationship between the Council and the wider health community.
- 1.2 This protocol seeks to set out how the Healthier Communities Select Committee (hereafter “the Committee”) will fulfil this role and should be read in conjunction with the Committee’s Terms of Reference, the Council’s Constitution and Member Code of Conduct.
- 1.3 This protocol will provide detailed guidance as to how the Committee will discharge its responsibilities, and how the Committee will interact with local NHS bodies and Lewisham LINK when they are discharging those of their responsibilities that require interaction with the Committee. It further outlines what is expected of local NHS bodies within those interactions.

2. Effective Scrutiny

- 2.1 The Centre for Public Scrutiny (CfPS) Good Scrutiny Guide defines four principles of effective public scrutiny.

These propose that good scrutiny:

- provides “critical friend” challenge to executive policy makers and decision makers
- enables the voice and concerns of the public and its communities
- is carried out by “independent minded governors” who lead and own the scrutiny process
- drives improvement in public services

These are the principles that will underpin the work of the Committee.

- 2.2 The CfPS also provides a useful set of questions to help prioritise items for a scrutiny work programme:

- is there a clear objective for scrutinising this topic – what do we hope to achieve?
- does the topic have a potential impact for one or more section(s) of the population?
- is the issue strategic and significant?
- is there evidence to support the need for scrutiny?
- what are the likely benefits to the council and its customers?

- are you likely to achieve a desired outcome?
 - what are the potential risks?
 - are there adequate resources available to carry out the scrutiny well?
 - is the scrutiny activity timely?
- 2.3 The Committee will have consideration for these questions when selecting topics for scrutiny. They will also consider whether reviewing a topic would:
- Address health inequalities
 - Offer the potential for involving local people and organisations
 - duplicate the work of the many performance assessment and management bodies covering the work of local NHS bodies
- 2.4 Once a topic has been selected for scrutiny, in line with these principles and after consideration of these questions, the reasons for the scrutiny and the details required from the relevant officers will be clearly outlined to the Council department and/or NHS trust being required to provide a report/evidence.

3. Legal Responsibilities

- 3.1 The Lewisham Healthier Communities Select Committee (HCSC) has clear Terms of Reference (TOR), as outlined in the Constitution by which it:
- “fulfils all Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers given to the Council’s Overview and Scrutiny Committee by the Health and Social Care Act 2001 and regulations made under it and any other legislation in force from time to time”¹
- 3.2 Under Section 7 of the Health and Social Care Act 2001, a duty was placed on local NHS organisations to consult overview and scrutiny on any proposal for a substantial development or substantial variation in the provision of services. Neither the legislation nor the guidance defines what constitutes a substantial development or variation in service. NHS bodies and overview and scrutiny committees were advised to aim for a local understanding of the definition, taking into account:
- a) changes in accessibility
 - b) the impact of the proposal on the wider community
 - c) patients affected
 - d) methods of service delivery
- 3.3 The National Health Service Act 2006 and The Local Government and Public Involvement in Health Act 2007 further detail the responsibilities of local Overview and Scrutiny Committees and NHS organisations.

¹ The Constitution of the London Borough of Lewisham, Amended April 2008

3.4 Confidential or exempt information will be treated in accordance with the Local Government Act 1972 (as amended), and the requirements of the Data Protection Act, Freedom of Information Act and the Health and Social Care Act 2001.

3.5 Referral to the Secretary of State

It is recognised that HCSC has the power to make a referral to the Secretary of State where it believes that:

- a consultation has been inadequate in relation to the content or time allowed
- the reasons given for not consulting, in cases where there is a perceived risk to the safety or welfare of patients or staff, are inadequate
- the proposals are not in the interests of the health service in the area

3.6 Following the consultation exercise the NHS body shall consider the outcome and notify the Committee of its decision on the proposal.

3.7 Upon receipt of the NHS body decision the Committee shall determine whether or not to invoke its powers under Regulation 4(5) or 4(7).

3.8 HCSC will only utilise its power to refer a matter to the Secretary of State, as a last resort, after seeking to resolve matters first with the relevant NHS body (or bodies).

4. Conduct of Meetings

- Meetings of HCSC will be open to the public except where confidential information may be disclosed.
- Reports will be presented as appropriate. Officers from the NHS trusts and the Council will be expected to answer the questions of the Committee.
- Different approaches and locations may be used depending on the circumstances.
- Agendas will be circulated as public documents five clear working days before meetings in line with the Council's Constitution. Copies will be sent to all local NHS Trusts and the LINK
- As with all Scrutiny Committees in Lewisham, the HCSC will produce an annual work programme that is discussed and shared with local health bodies, including patients forums and the LINK. The plan will identify priority issues for a given period and also build in capacity for HCSC to respond to consultations on service reconfigurations or to issues raised by the local patients' forums and the LINK.
- The outcome of scrutiny exercises will be passed directly to relevant health organisations and such organisations will be expected to consider any recommendations and report back the outcome of such consideration.

5. HCSC will:

- maintain a positive style of questioning and treat witnesses with courtesy.
- familiarise themselves with the subject under review prior to calling witnesses. Members will be prepared to undertake training if it is deemed necessary.
- ensure their scrutiny of service changes and wider topics takes account of the national policy and government directives driving the service changes, yet focus their scrutiny on the local implementation of the national policy/directive to and the areas of implementation to which they can have a positive impact for local people.
- maximise public accessibility to the scrutiny process and its outputs.
- Hold regular agenda planning meetings with Council officers and nominated officers from all local NHS bodies to discuss and agree the items to be scrutinised and the requirements of the Committee in terms of reports and consultation.
- Provide details of dates and venues for all agenda planning meetings throughout the municipal year to NHS trusts at the start of each municipal year or as soon as available.
- Carry out their responsibilities in line with their obligations in the Members Code of Conduct.
- Provide all NHS Trusts and the LINK with the proposed dates of all Committee meetings at the beginning of the municipal year.
- ask the LINK for their views on items they are considering, allowing enough time for responses to be pulled together.
- provide an acknowledgement of LINK referrals within five working days of receipt, advising the LINK of the date of the Committee meeting that the matter will be discussed at and inviting the LINK to make representations at that meeting.
- provide a formal response to LINK referrals, outlining the action the Committee will take, and the reason for that action, within seven working days of the Committee meeting at which the referral was considered.
- Invite local NHS Trusts to propose topics for inclusion in the annual work programme.
- Ensure that when making a written report to an NHS body (other than responses to consultation on proposed substantial variations/developments in NHS services), the report shall include:
 - an explanation of the matter reviewed or scrutinised
 - a summary of the evidence considered
 - a list of the participants involved in the review or scrutiny
 - any recommendations on the matter reviewed or scrutinised.
- Circulate final reports and recommendations to Mayor and Cabinet, other Council committees and relevant organisations as the Committee determines relevant.

6. Local NHS trusts will:

- Ensure a designated senior officer attends every HCSC Committee meeting to give evidence and answer questions
- Regularly attend agenda planning meetings with the Chair to:
 - provide early notification of any upcoming service developments
 - provide completed Impact Assessments for consideration
 - discuss the items planned on the work programme to be scrutinised at the upcoming meeting and ensure a clear understanding of the Committee's requirements of the Trust in terms of information required
- Produce reports as requested by the Committee that address the area of concern as outlined at agenda planning
- Ensure all reports include information regarding Equalities Impact Assessments carried out within the area being scrutinised
- Ensure all reports clearly advise the Committee of what patient and public involvement has been carried out in relation to the area being scrutinised
- Provide reports to the Committee's scrutiny manager six working days before the Committee meeting at which the item is to be scrutinised
- Maintain a positive and objective style of discussion and answer questions honestly and openly
- Use jargon-free language as far as possible
- respond within a period of 4 weeks to reports and recommendations received from the Committee.

7. Lewisham LINK will:

- nominate 2 specific Executive members to attend HCSC meetings
- share its work programme with the Committee
- share the contents of its annual report, for information, with HCSC, prior to it being made public and submitted to the Secretary of State
- produce a summary report every 6 months outlining all Enter and View visits undertaken with brief details of any issues raised and provide to HCSC for information
- provide formal referrals to the Chair of the Committee and the Committees Scrutiny Manager 8 working days in advance of the next scheduled Committee meeting
- set up a process that allows it to represent participants' views to HCSC
- bear in mind the role of Ward Councillors when deciding its response to local issues

8. Substantial Variations or developments to services

- 8.1 In reaching the agreement outlined in this protocol as to how substantial variations will be dealt with locally, HCSC and local NHS Trusts undertake to:

- Ensure that this is a clear and transparent agreement, easily understood by all the parties.
- Maintain a common threshold of what determines a substantial variation or substantial development and to enable that threshold to be reviewed on a periodic basis.
- Simplify the process of assessment and consultation.
- Ensure the involvement of patients and the public in the process through the appropriate Patient groups and Lewisham LINK

The parties accordingly agree the following:

8.2 Principles governing Consultation and Assessment

- 8.2.1 The NHS bodies shall notify HCSC and the relevant Patient group and LINK at a formative stage of any proposals for service change. The purpose being to provide early notice of possible changes and to obtain any preliminary views on whether the proposal is likely to amount to a significant change or variation.
- 8.2.2 The NHS bodies will follow Cabinet Office guidelines on good practice for consultation in all consultation exercises, and will follow Department of Health “Changing for the Better” guidance when undertaking major changes to NHS services, unless otherwise agreed by the parties. NHS bodies will make the Committee aware of any government guidance issued superseding these documents.
- 8.2.3 HCSC and local NHS bodies all note the duty to consult and involve patients and the public (including relevant user/carer/patient or voluntary groups) conferred on NHS bodies by Section 242 of the National Health Service Act 2006. Furthermore the parties acknowledge that focusing consultation solely with the Committee would not constitute good practice.
- 8.2.4 The relevant NHS Trust(s) shall:
- Ensure awareness within their organisation of the need to consult.
 - Identify a lead manager or clinician to co-ordinate the process.
 - Ensure that patients and the public are involved in the planning, development and operation of services, as required under S242 of the NHS Act (2006)
 - Ensure that any proposals for variations or developments in service include the Impact Assessment detailed below.
 - Where the variation or development in service covers more than one NHS Body, ensure that one of those bodies shall lead the assessment process on behalf of the others and only one assessment will be undertaken in that the impact is assessed from the perspective of all affected persons, including patients and carers and the NHS Bodies and local authority.

8.3 Substantial variation or development - Impact Assessment

The determination of what constitutes a substantial variation or substantial development in service will be based on a scored impact assessment process (scored evaluation matrix template at Appendix A) carried out by the NHS body and

applying the criteria set out in section 8.4 and ensuring that the impact is assessed from the perspective of all affected persons, including patient and carers (including the patients forum), the NHS bodies and local authorities concerned.

In determining whether or not a proposal amounts to a substantial variation or substantial development all parties will have regard to guidance issued from time to time by the Secretary of State and the impact of the change as assessed in accordance with the criteria set out in section 8.4 and as outlined in the completed Impact Assessment

8.4 Assessment Criteria

The Impact assessment will be undertaken having regard to the following criteria;

- a) changes in accessibility
- b) the impact of the proposal on the wider community
- c) patients affected
- d) methods of service delivery

8.4.1 Changes in Accessibility includes consideration of:

- Reductions and/or Increases in services on a particular site
- Local provision/accessibility
- Relocation of Services (e.g. moving a ward from one place to another)
- Withdrawal of Service, (e.g. closing a well-established service, in-patient, day patient or diagnostic facilities)

8.4.2. The impact of the proposal on the wider community includes consideration of:

- Transport, e.g. the movements of the public, patients, staff and goods/supplies
- Community Safety, (e.g. on crime (fear of), domestic violence)
- Local Economy, (e.g. such as shops)
- Environment
- Regeneration (e.g. the potential to inhibit and/or contribute to regeneration of the area)

8.4.3 Patients affected includes consideration of:

- Number of Patients/Carers to be affected by the change
- Proportion of Patients/Carers Affected (the magnitude of the patients/carers affected compared to the service overall)
- Equality and Diversity (the impact on issues such as ethnicity, gender, age)

- Social Exclusion (the impact the change will have on access, life expectancy)
- views from the relevant Patients Forums, LINK or other relevant carer/patient/voluntary groups

8.4.4 Methods of Service Delivery includes consideration of:

- Change in Setting, (e.g. moving a service from the hospital setting to the community setting or vice versa)
- Change in technology, (e.g. advances in technology permitting conditions to be treated with drugs instead of surgery)
- Change in Practitioner, (e.g. expanding/extending the role of nurses to provide care previously provided by doctors)
- Change in Care Process, (e.g. moving to one stop clinics from multiple visits to the surgery or hospital)

8.4.5 The financial implications for both the NHS trust and the Local Authority and other organisations should also be considered, as well as the cumulative effect of the proposed changes taken with other variations or developments, (whether or not they were originally viewed as "substantial" in themselves) which have been implemented within the previous 2 years

8.4.6 The parties acknowledge that the scored evaluation matrix shall be used to inform any decision as to substantial variation or change, but shall not necessarily be conclusive, and that the relevant professional advisers of the NHS body, local authorities and HCSC shall use their professional judgement in reaching and advising HCSC on any conclusions and decisions they make as to whether a change is substantial.

8.4.7 For the avoidance of doubt it is acknowledged that this agreement is not intended to apply to minor/routine operational/day to day decisions, or to variations or changes which are of a temporary nature (for example to address short term resource issues) unless early assessment of the proposed changes indicates that there may be a significant impact on one, or more, of the four assessment criteria areas.

8.5 Executing the Impact Assessment

8.5.1 The relevant NHS body shall:

- arrange for the impact assessments to be carried out by or on behalf of both itself and the relevant Patients forum (or user/carer/patient/voluntary group to offer view on its behalf), and/or LINK.
- be responsible for consulting with all other agencies (including relevant departments of local authorities) insofar as necessary to address the Assessment Criteria
- Where an impact assessment indicates that the proposed service variation or development is substantial, refer the proposal for consultation to HCSC together with:

the NHS Bodies plan or business case for the service development or variation

a copy of the impact assessment and supporting evidence

8.5.2 In the event an NHS body concludes, following an impact assessment, that a proposal does not amount to a substantial change or variation, the NHS Body (while under no statutory duty to do so) shall nonetheless notify the Committee at the earliest opportunity of the proposal and supply a copy of their assessment, (together with any assessment carried out by a relevant user/carer/patient/voluntary group).

8.6 Responding to Impact Assessments and proposed variations

8.6.1 Upon receipt and consideration of an impact assessment the Committee (either itself or through the authorised member at agenda planning) shall (without prejudice to its rights under Regulations 2(1) and 4(7)) determine the following;

- whether or not it considers all relevant issues have been properly addressed
- if not, what further matters should be considered or considered further
- whether or not it agrees with the conclusion of the impact assessment
- if not, where it disagrees, and
- the nature and extent of consultation to be undertaken

8.6.2 For the avoidance of doubt, where a Committee, upon receipt of an impact assessment, and contrary to the views of the NHS body, forms a view that the proposal amounts to a substantial variation or development, the NHS body shall;

- carry out the consultation required under Regulation 4 in respect of that proposal, and
- defer any action on the implementation of the proposal pending the conclusion of the said consultation and the proper consideration of its outcome.

8.6.3 HCSC has authorised the Chair, in consultation with the Vice-Chair and any relevant non-voting advisory members, to express a view on the above matters on behalf of the Committee, at agenda planning meetings. Such discussions will be supported by the relevant Scrutiny Manager (and legal officer as appropriate) and will be reported to the next meeting of the Committee.

8.6.4 In all circumstances where it is agreed that a proposed service variation/development is substantial, the NHS body/bodies will allow sufficient time for HCSC to be convened and for the members of the Committee to have adequate time in which to construct a response. The consultation period will normally be three months unless otherwise agreed between the NHS body and the Committee.

8.6.5 The Committee shall:

- ensure that effective supporting arrangements are in place to deal with referrals from NHS Bodies.
- Ensure that any necessary Joint Committee arrangements are in place following notification of an issue which requires a joint committee to be established
- Ensure the awareness within the local government body of the need of the NHS to consult.
- Identify a lead officer and member of the Committee to co-ordinate the process.
- Respond to referrals within 31 calendar days with an indication of whether or not the NHS body's conclusion is agreed and the further action (if any) it proposes
- Respond to NHS consultation within the stipulated timescale, and if it does not support the proposals, it will provide reasons and evidence for its view
- Sign off the service variation if it is satisfied with the information it has received from the NHS body and no additional information is required.
- Request additional information/request the length of the consultation period to be extended or ultimately refer the matter to the Secretary of State for determination if the Committee is not satisfied with the information supplied by the NHS body it may.
- Refer the matter to the Secretary of State, should the Committee be minded to. The relevant NHS body will be given the opportunity to respond to the Committee's comments and an effort at local resolution will be made.

Appendix A

Impact Assessment – scored evaluation matrix template

Appropriateness and exceptions

The impact assessment is a tool which should be used to demonstrate that due consideration has been given to service development. Its intended use is in circumstances where clarity is required to demonstrate whether a change requires or does not require public consultation.

The impact assessment should not be used in cases where there is to be -

- No impact on services
- Re-provision of services on same site or equally accessible site
- Incontestable improvement to services and is in line with local and national NHS policy
- Temporary service relocation due to environmental or health and safety grounds.

Changes which occur as a result of the above will be notified to HCSC on a meeting by meeting basis.

The impact assessment should be used in cases of

- Uncertainty whether a change is “substantial” or not
- Where the service move has an impact on accessibility
- Where a temporary relocation becomes a permanent change of location

This Impact Assessment forms a significant part of the process used by the NHS and HCSC to decide whether changes proposed constitute a “substantial variation” of service.

If a decision is made that the changes do constitute a “substantial variation” of service, formal consultation with the HCSC (and potentially with the wider public) is necessary.

The Impact Assessment needs to be completed at an **early and formative** stage in the development of the proposals or discussion around service change - not at a stage when it is too late to make changes to the process.

The Lewisham Hospital NHS Trust, South London and Maudsley NHS Trust or Lewisham PCT needs to score the form below to support the Impact Assessment - there is also an opportunity to comment on the issues this creates.

A score is also required from a group of people affected by the changes (eg patients, users or carers) before it can be submitted. The Trusts or PCT will need to identify

and agree who will do this - for example it may be the local user group they are working with on the proposed changes, an involved voluntary group or the LINK.

This is to demonstrate that the views of some of those affected by the change are incorporated in this part of the process. This is consistent with a Trusts or PCTs legal responsibility to involve and consult people who use services in the planning, operation and delivery of services.

This form and the Impact Assessment scores will be forwarded to HCSC for consideration.

Impact Assessment Form

1. Impact Assessment Details:	
Lewisham Primary Care Trust / The Lewisham Hospital NHS Trust / South London and Maudsley NHS Trust	
Name of proposal or service development:	
Name of Trust person completing the form:	
Name of Patient Forum, LINK or other patient/user/carer/voluntary group completing supporting Impact assessment:	
Date Impact Assessment scores completed:	
2. Please briefly describe the scope of the proposal or service development:	
3. Comments from the Service Provider on the Impact Assessment scores:	
4. Comments from the LINK, patient/user/carer/Patient Forum or voluntary group on the Impact Assessment scores:	
Submitting NHS contact point for HCSC officer:	
Tel no -	E Mail -
Date Impact Assessment forms submitted to HCSC:	

The scoring shall be undertaken on a seven point scale, ranging from major negative impact (-3) to major positive impact (+3), using the matrix set out below.

A service variation or development shall be considered substantial where any aspect is deemed to have a major negative impact (i.e. scored -3) or where there are two medium impact scores in the same numbered section.

Scoring chart

Impact Range	-3	Major negative impact
	-2	Medium negative impact
	-1	Minor negative impact
	0	No impact
	+1	Minor positive impact
	+2	Medium positive impact
	+3	Major positive impact

1. Changes in Accessibility

Ref	Aspect	LINK/Patient Perspective	Organisational Perspective	Impact
A	Reduction/Increase on particular site, or opening times			
B	Local Provision Accessibility esp disadvantaged or hard to reach groups			
C	Relocation of Service due to medical development, efficacy or efficiency			
D	Relocation of aspects of specialist care			

2. Impact on the Wider Community

Ref	Aspect	LINK/Patient Perspective	Organisational Perspective	Impact
A	Economic impact			
B	Transport			
C	Regeneration			

3. The Patient Population affected

Ref	Aspect	LINK/Patient Perspective	Organisational Perspective	Impact
A	Does it affect the whole community?			
B	Is it a small group accessing specialist services			
C	Is it a group requiring continual access over significant periods of time?			

4. Method of Service Delivery

Ref	Aspect	LINK/Patient Perspective	Organisational Perspective	Impact
A	Change in Setting – e.g. hospital based to community			

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Agenda Item 8

Healthier Communities Select Committee			
Title	NHS 111 - Update	Item No	8
Contributors	Scrutiny Manager		
Class	Part 1	Date	16 April 2013

1. Recommendation

- 1.1. The Select Committee is asked to note the update received at the meeting.

2. Background

- 2.1. The Chair of the Select Committee requested an update on the implementation of the NHS 111 service locally at the meeting.

3. Further implications

- 3.1. At this stage there are no specific financial, legal, environmental, equalities or crime and disorder implications to consider.

If you have any questions about this report, please contact Salena Mulhere, Scrutiny Manager (ext. 43380).

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Agenda Item 9

Healthier Communities Select Committee			
Title	Select committee work programme	Item	9
Contributor	Scrutiny Manager		
Class	Open	Date	16 April 2013

1. Purpose

To ask Members to agree an annual work programme for the select committee.

2. Summary

This report:

- Provides the context for setting the Committee's work programme and updates Members on the 2012/13 work programme as well as any outstanding issues.
- Informs Members of the meeting dates agreed for this municipal year.
- Provides a provisional work programme for 2013/14 based on items that the Committee is required to consider by virtue of its terms of reference; items outstanding from the previous year; the need to follow up previous reviews; and items that senior council officers feel are important for the Committee to scrutinise.
- Invites members to agree the provisional work programme and suggest additional items based on agreed criteria for selecting topics for scrutiny.
- Informs Members of the process for Business Panel approval of the annual work programme.
- Outlines how the work programme will be monitored and developed going forward.

3. Recommendations

The Select Committee is asked to:

- Note the Committee's terms of reference (**Appendix A**) and meeting dates.
- Consider the items provisionally scheduled for the work programme, as listed at **Appendix D**.
- Consider adding additional items to the work programme, taking into consideration the criteria for selecting topics; the context; and suggestions already put forward.
- Note all forthcoming executive decisions, attached at **Appendix E**, and consider any decisions for further scrutiny.
- Consider the scoping report for the emergency services review attached at **Appendix F**.
- Agree a work programme for the municipal year 2013/14.

- Note the process for developing and monitoring the work programme over the coming year.

4. The 2012/13 work programme

The Committee has completed its 2012/13 work programme except for the items on the Community Mental Health Review and HIV Services. Both items have been added to the provisional work programme for 2013/14

5. Meeting dates for 2013/14

The following meeting dates for the Healthier Communities Select Committee for the next municipal year were agreed at the Council AGM on 20 March 2013:

- 16 April 2013
- 29 May 2013
- 9 July 2013
- 04 September 2013
- 23 October 2013
- 11 December 2013
- 05 February 2014
- 18 March 2014

6. Next year's work programme

6.1 The Committee has eight scheduled meetings in the 2013/14 municipal year and the Committee's work programme will need to be achievable in terms of the amount of meeting time available. It might also be helpful to hold some capacity in reserve for any urgent issues that might arise during the course of the year.

6.2 Emergency services review

At its meeting on 11 February 2013 the Overview and Scrutiny Committee considered a scoping report, which set out the terms of reference for a review into emergency services in Lewisham. It was agreed that the review would be co-ordinated across all select committees. Members of the O&S Committee considered the proposed terms of reference and they agreed that the review would aim to:

- clarify the key policy initiatives and financial constraints impacting on emergency services locally
- identify the local implications for services
- consider the potential impact of any service changes

6.3 As part of the review, the Committee resolved that the Healthier Communities Select Committee would:

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

6.4 The Healthier Communities Select Committee was asked to consider what evidence it would need in order to carry out this review. A brief scoping paper has been provided at **Appendix F** to support members in deciding how best to undertake this work. The draft programme currently includes space at two meetings for this review.

Timing of items

6.5 The Committee might wish to reschedule the items currently proposed within the draft work programme and change the meeting dates to which they are currently assigned. Officers can advise the Committee, at the meeting, of when the items might best be scrutinised in 2013/14, so items can be assigned to the most appropriate meetings.

6.6 If the Committee chooses to conduct an in-depth review it is suggested that this is spread over at least four meetings so at least two evidence sessions can be held:

- Meeting one - scoping paper
- Meetings two and three - evidence sessions
- Meeting four - consideration of the draft report and recommendations.

6.7 It is recommended that, because this is the last year of the administration, in depth reviews are scheduled for the first half of the year

Deciding what to add to the provisional work programme

6.8 When deciding on additional items to add to the work programme, the committee should have regard to:

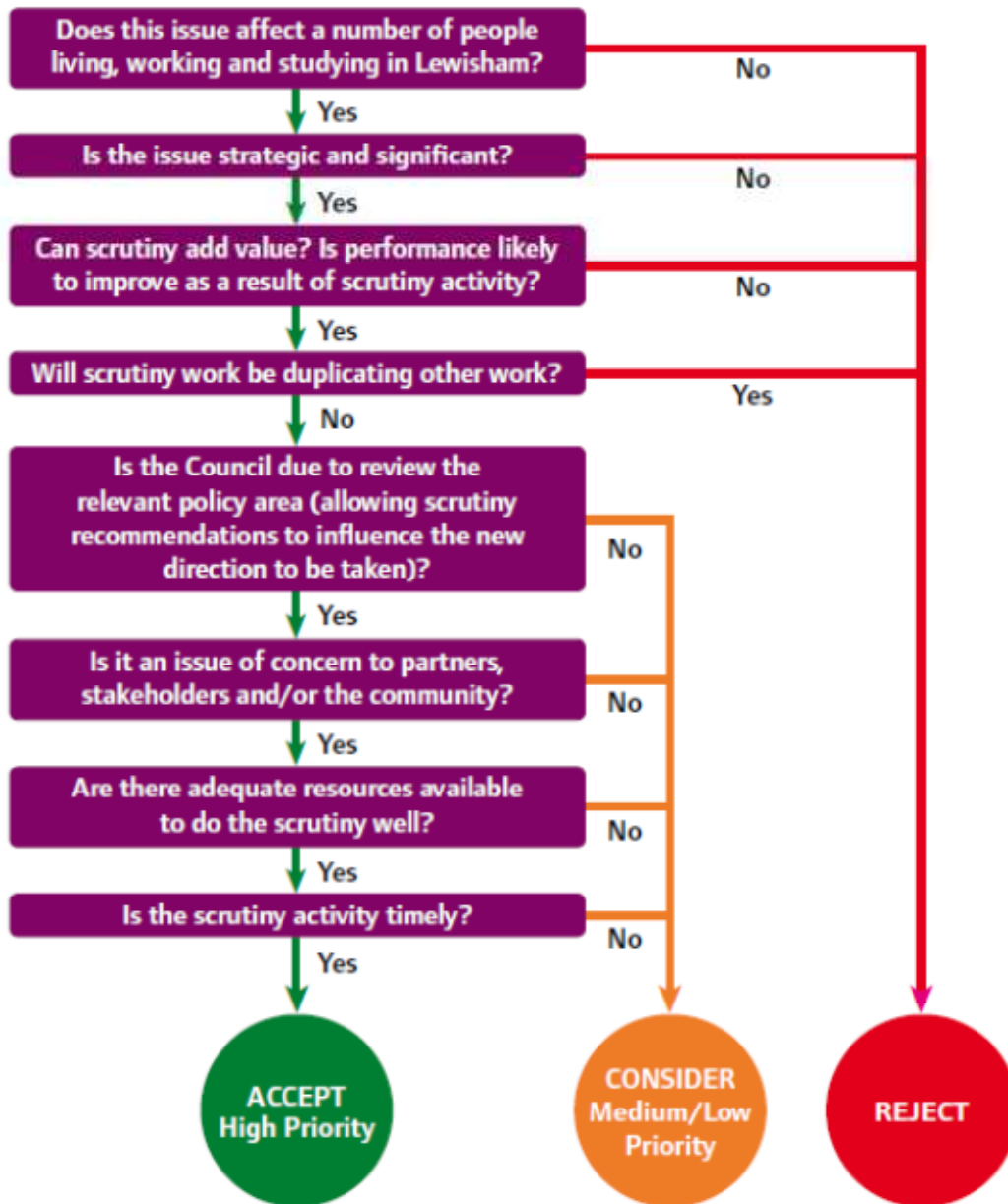
- The criteria for selecting topics
- The capacity for adding items
- The terms of reference for the Committee

Criteria for adding items to the work programme

6.9 In order to maximise the potential impact of any recommendations made by the committee, Members may wish to put forward items for the work programme which focus on (a) issues or policy areas where the Council is looking to review or change its approach and where scrutiny recommendations can influence the new direction to be taken; or (b) policy areas where there are performance risks or areas of consistent under-performance (in which case the Council should, in any event, be looking to review its approach).

6.10 The Centre for Public Scrutiny (CfPS) has developed a useful set of questions to help committees prioritise items for scrutiny work programmes. This is attached at **Appendix B**. The flow chart below summarises that advice and may help members decide which additional items should be added to the work programme, and their priority:

Scrutiny work programme – prioritisation process



7. Different types of scrutiny

- 7.1 It will be important for the Committee to agree how each work programme item will be scrutinised. Some items may only require an information report to be presented to the Committee and for others, performance monitoring data to be presented. It is envisaged that the majority of items will take the form of single meeting reviews, where members
- a. agree what information and analysis they wish to receive in order to achieve their desired outcomes;
 - b. receive a report presenting that information and analysis;
 - c. agree a series of recommendations following discussion of the report.
- 7.2 For each potential item the Committee should consider what type of scrutiny is required and whether the item is high or medium/low priority (using the flow chart tool above if required).
- 7.3 If the Committee would like to designate one of its work programme items as an in-depth review, this should be done at the first meeting of the municipal year to allow sufficient time to carry out the review. A scoping paper for the review will then be prepared for the next meeting.

8. Approving the work programme

In accordance with the Overview and Scrutiny Procedure rules outlined in the Council's Constitution, each scrutiny select committee is required to submit their annual work programme to the Overview and Scrutiny Business Panel. The Business Panel will meet early in the municipal year consider each select committee's work programme and agree a co-ordinated overview and scrutiny work programme, which avoids duplication of effort and which facilitates the effective conduct of business.

9. How the work programme will be monitored and developed

- 9.1 The work programme is a "living document" and as such will be reviewed at each meeting of the Committee. This allows urgent items to be added to the work programme and items which are no longer a priority to be removed. Each additional item added should first be considered against the criteria outlined above. If the committee agrees to add additional item(s) because they are high priority, it must then consider which medium/low priority item(s) should be removed in order to create sufficient capacity for the new item(s). The Committee will have eight scheduled meetings in the 2013/14 municipal year and the Committee's work programme will need to be achievable in terms of the amount of meeting time available.

9.2 At each meeting of the Committee there will be an item on the work programme. When discussing this item, the committee will be asked to consider the items programmed for the following meeting. Members will be asked to outline what information and analysis they would like in the report for each item, based on the outcomes they would like to achieve, so that officers are clear about what they need to provide.

10. Financial Implications

There may be financial implications arising from some of the items that will be included in the 2013/14 work programme (especially in-depth reviews) and these will need to be considered when preparing those items/scoping those reviews.

11. Legal Implications

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

12. Equalities Implications

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

Appendices

Appendix A - Select Committee terms of reference

Appendix B - CfPS criteria for selecting scrutiny topics

Appendix C - Programme process overview

Appendix D - Draft 2013/14 Work programme

Appendix E - Summary of forthcoming business

Appendix F - Emergency services review scoping paper

Appendix A:

Select Committee Terms of Reference

The following roles are common to all select committees and Business Panel.

(a) General functions

- To review and scrutinise decisions made and actions taken in relation to executive and non-executive functions
- To make reports and recommendations to the Council or the executive, arising out of such review and scrutiny in relation to any executive or non-executive function
- To make reports or recommendations to the Council and/or Executive in relation to matters affecting the area or its residents
- The right to require the attendance of members and officers to answer questions includes a right to require a member to attend to answer questions on up and coming decisions
- To consider matters referred to it in accordance with the Council's Petition Scheme

(b) Policy development

- To assist the executive in matters of policy development by in depth analysis of strategic policy issues facing the Council for report and/or recommendation to the Executive or Council or committee as appropriate
- To conduct research, community and/or other consultation in the analysis of policy options available to the Council
- To liaise with other public organisations operating in the borough – both national, regional and local, to ensure that the interests of local people are enhanced by collaborative working in policy development wherever possible

(c) Scrutiny

- To scrutinise the decisions made by and the performance of the Executive and other committees and Council officers both in relation to individual decisions made and over time
- To scrutinise previous performance of the Council in relation to its policy objectives/performance targets and/or particular service areas

- To question members of the Executive or appropriate committees and executive directors personally about decisions
- To question members of the Executive or appropriate committees and executive directors in relation to previous performance whether generally in comparison with service plans and targets over time or in relation to particular initiatives which have been implemented
- To scrutinise the performance of other public bodies in the borough and to invite them to make reports to and/or address the select committee/Business Panel and local people about their activities and performance
- To question and gather evidence from any person outside the Council (with their consent where the law does not require them to attend).
- To make recommendations to the Executive or appropriate committee and/or Council arising from the outcome of the scrutiny process

(d) Community representation

- To promote and put into effect closer links between overview and scrutiny members and the local community
- To encourage and stimulate an enhanced community representative role for overview and scrutiny members including enhanced methods of consultation with local people
- To liaise with the Council's ward assemblies and Positive Ageing Council so that the local community might participate in the democratic process and where it considers it appropriate to seek the views of the ward assemblies and Positive Ageing Council on matters that affect or are likely to affect the local areas, including accepting items for the agenda of the appropriate select committee from ward assemblies and the Positive Ageing Council.
- To keep the Council's local ward assemblies and Positive Ageing Council under review and to make recommendations to the Executive and/or Council as to how participation in the democratic process by local people can be enhanced.
- To receive petitions, deputations and representations from local people and other stakeholders about areas of concern within their overview and scrutiny remit, to refer them to the Executive, appropriate committee or officer for action, with a recommendation or report if the committee considers that necessary
- To consider any referral within their remit referred to it by a member under the Councillor Call for Action, and if they consider it appropriate

to scrutinise decisions and/or actions taken in relation to that matter, and/or make recommendations/report to the Executive (for executive matters) or the Council (non-executive matters)

(e) Finance

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

(f) Work programme

- As far as possible to draw up a draft annual work programme in each municipal year for consideration by the overview and scrutiny Business Panel. Once approved by the Business Panel, the relevant select committee will implement the programme during that municipal year. Nothing in this arrangement inhibits the right of every member of a select committee (or the Business Panel) to place an item on the agenda of that select committee (or Business Panel respectively) for discussion.
- The Council and the Executive will also be able to request that the overview and scrutiny select committee research and/or report on matters of concern and the select committee will consider whether the work can be carried out as requested. If it can be accommodated, the select committee will perform it. If the committee has reservations about performing the requested work, it will refer the matter to the Business Panel for decision.

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

Healthier Communities Select Committee

- (a) To fulfill all of the Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers in relation to health matters given to the Council's Overview and Scrutiny Committee by any legislation but in particular the Health and Social Care Act 2001, the NHS Act 2006 as amended, the Health and Social Care Act 2012 and regulations made under that legislation, and any other legislation in force from time to time. For the avoidance of doubt, however, decisions to refer matters to the Secretary of State in circumstances where a health body proposes significant development or significant variation of service may only be made by full Council.

- (b) To review and scrutinise the decisions and actions of the Health and Wellbeing Board and to make reports and recommendations to the Council and/or Mayor and Cabinet.
- (c) To review and scrutinise in accordance with regulations made under Section 244 NHS Act 2006 matters relating to the health service in the area and to make reports and recommendations on such matters in accordance with those regulations
- (d) Require the attendance of representatives of relevant health bodies at meetings of the select committee to address it, answer questions and listen to the comments of local people on matters of local concern.
- (e) To fulfill all of the Council's Overview and Scrutiny functions in relation to social services provided for those 19 years old or older including but not limited to services provided under the Local Authority Social Services Act 1970, National Assistance Act 1948, Mental Health Act 1983, NHS and Community Care Act 1990, Health Act 1999, Health and Social Care Act 2001, NHS Act 2006, Health and Social Care Act 2012 and any other relevant legislation in place from time to time.
- (f) To fulfill all of the Council's Overview and Scrutiny functions in relation to the lifelong learning of those 19 years or over (excluding schools and school related services).
- (g) To receive referrals from the Healthwatch and consider whether to make any report/recommendation in relation to such referral (unless the referral relates solely to health services for those aged under 19 years of age, in which case the referral from the Healthwatch should be referred to the Children and Young People Select Committee .
- (h) To review and scrutinise the Council's public health functions.
- (i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to:-
- people with learning difficulties
 - people with physical disabilities
 - mental health services
 - the provision of health services by those other than the Council
 - provision for elderly people
 - the use of Section 75 NHS Act 2006 flexibilities to provide services in partnership with health organisations
 - lifelong learning of those aged 19 years or more (excluding schools and school related services)
 - Community Education Lewisham
 - Libraries
 - other matters relating to Health and Adult Care and Lifelong Learning for those aged 19 years or over

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

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

Scrutiny of health matters

- The Council has appointed the Healthier Communities Select Committee to carry out, among other things, the scrutiny of health bodies under the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and other relevant legislation in place from time to time.
- The Healthier Communities Select Committee may review and scrutinise any matter relating to the planning, provision and operation of health services in the area.
- The Healthier Communities Select Committee may make reports and recommendations to local NHS bodies and to the Council/Executive on any matter reviewed or scrutinised by it. Such reports will contain an explanation of the matter reviewed, a summary of the evidence considered, a list of participants involved in the review and any recommendations made.
- The Healthier Communities Select Committee may request a response from the NHS body to whom it has made a report and the NHS body is under a duty to provide one within 28 days of the request.
- NHS bodies must, subject to certain exceptions, consult the Healthier Communities Select Committee about any proposal for substantial variation in, or substantial development of, a service in the area, and where consulted the Select Committee is entitled to comment, and in appropriate cases the Select Committee may ask the Council to make referrals to the Secretary of State under the 2013 Regulations.
- The Healthier Communities Select Committee may require a local NHS body to provide such information about the planning, provision and operation of health services in the Borough as the Select Committee reasonably requires and the NHS body is under a duty to provide it subject to certain exceptions set out in regulation.
- Subject to any directions made by the Secretary of State, the Healthier Communities Select Committee may require an officer of a local NHS

body to attend before it to answer questions, and it shall be the duty of such an officer to comply, provided reasonable notice of the requirement to attend has been given.

- The Council may from time to time appoint joint committees to discharge the overview and scrutiny function in relation to local health bodies and may delegate relevant overview and scrutiny functions to another authority's overview and scrutiny committee where it considers that that other authority would be better placed to undertake the function and that other Council agrees to do so.

Appendix B:

Criteria for selecting topics

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

General questions to be asked at the outset

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

Sources of topics

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

Public interest

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

Internal council priority

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

External Factors

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

Criteria to reject items

Finally, the CfPS suggest some criteria for rejecting items:

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

Appendix C:

Work Programme: Setting, monitoring, managing and delivering

Setting



Appendix D:

Draft Healthier Communities Select Committee Work Programme 2013/14:

Date of Meeting (Check dates)	Agenda Item	Review Type	Corporate Priority	Priority
16 April 2013	1. Election of Chair and Vice-Chair	Standard Item	CP10	High
	2. Changes in light of the Health and Social Care Act 2012 Report & Health Scrutiny Protocol (Revised)	Standard Review	SCS 5, CP1, 8, 9, 10	High
	3. Emergency Services Review (Scoping) and Work Programme	Standard Review	CP10	High
	4. Lewisham Hospital – Update	Standard Item	SCS5, CP1, 8, 9, 10	High
	5. Health and Well-Being Strategy	Standard Review	CP9, 10	High
	6. Improving Health Services in Dulwich and Surrounding Areas – consultation by the Southwark Clinical Commissioning Group	Standard Review	SCS 5, CP8, 9	High
	7. NHS 111 – Update	Standard Review	SCS5 CP7,8,9	High
29 May 2013	1. Health Scrutiny Protocol (Revised)	Standard Review	SCS 5, CP1, 8, 9, 10	High
	2. Emergency Services Review (Evidence)	Standard Review	SCS5, CP1, 8, 9, 10	High
	3. University Lewisham Healthcare - CQC inspection Report	Standard Review	CP9, 10	Medium
	4. CQC Local Compliance Manager - Update	Standard Item	CP8, 9	High
	5. Quality Account Reports – Lewisham Healthcare Trust & SLaM	Standard Review	CP9,10	High
	6. Community Mental Health Review incl. SLaM	Standard Review	CP8, 9	Medium
	7. HIV Services	Standard Review	CP8, 9	Medium
	8. Lewisham Hospital – Update	Standard Item	SCS5, CP1, 8, 9, 10	High

9 July 2013	1. Emergency Services Review (Evidence and Recommendations)	Standard Review	SCS5, CP1, 8, 9, 10	High
	2. Health & Well Being Strategy Delivery Plan	Standard Review	CP9, 10	High
	3. Outcomes Based Commissioning and Outcomes Based Practice for Adult Social Care	Standard Review	CP8, 9	Medium
	4. Neighbourhood Working with GP's	Standard Review	CP1, 8, 9, 10	Medium
	5. Lewisham Hospital – Update	Standard Item	SCS5, CP1, 8, 9, 10	High
	6. Leisure Contracts Update	Standard Item	SCS5, CP9	Medium
4 September 2013	1. Adult Safeguarding Report	Standard Review	CP8, 9	High
	2. Reablement	Standard Review	CP8, 9	Medium
	3. Extra Care Housing Plans	Standard Review	CP6, 8, 9	Medium
	4. Lewisham Hospital	Standard Item	SCS5, CP1, 8, 9, 10	High
	5. Lewisham CCG South-East London Community Based Care Strategy (incl. CCG's approach to engagement)	Standard Item	CP1, 8, 9, 10	Medium
23 October 2013	BUDGETS SAVINGS (RESERVED)	Standing item	CP10	High
11 December 2013	1. Libraries - Update	Performance Monitoring	CP9	Medium
	2. Public Health Update: <ul style="list-style-type: none"> ○ Prioritisation process for Public Health expenditure in 2014/15 (incl. Sustainability of Community Health Projects) 	Standard Review	CP1, 9, 10	High/ Medium

	<ul style="list-style-type: none"> ○ and Initiatives) ○ Public Health 2012/13 Annual Report ○ Establishing a South East London urban public health collaborative across Lambeth, Southwark and Lewisham ○ Interim Evaluation of the North Lewisham Plan 			
	3. Lewisham Hospital Update	Standard Item	SCS5, CP1, 8, 9, 10	High
	1. Community Education Lewisham - Update	Performance Monitoring	CP9	Medium
Weds 5 February 2014	2. CCG Plan for 2014/15 Onwards	Standard Review	CP10	Medium
	3. Learning Disabilities and Healthcare Services	Standard Review	CP8, 9	Medium
	4. Healthier Catering Commitment Scheme Update	Standard Review	SCS5, CP1, CP9	Medium
	5. Lewisham Hospital Update	Standard Review	SCS5, CP1, 8, 9, 10	High
Tues 18 March 2014	1. Update – Premature Mortality Review	Standard Item	SCS5, CP9	High
	2. Healthwatch – Annual Report	Standing Item	CP1, 8, 9	High
	3. Lewisham Hospital Update	Standing Item	SCS5, CP1, 8, 9, 10	High

Appendix E: summary of forthcoming business

MAYOR & CABINET May 1 2013	
Title and details of Item	Directorate responsible
Disposal of the Premises officer house – Lee Green	Resources & Regeneration
Acquisition of freehold interests in Nos. 4 & 15 Parkcroft Road SE12	Resources & Regeneration
Variations to Kender Phase 4 Disposal.	Resources & Regeneration
Appropriation of Kender Phase 4 (Kender Triangle) New Cross SE14 for planning purposes	Resources & Regeneration
Catford Stadium Site – Release of Covenant	Resources & Regeneration
Deptford Southern Housing sites	Resources & Regeneration
Instrument of Government Athelney /Elfrida Federation & nomination of LA governor	Children & Young People
Appointment/ Re-appointment of LA Governors	Children & Young People
Education Targeted Capital bid	Children & Young People

MAYOR & CABINET(CONTRACTS) May 1 2013	
Title and details of Item	Directorate responsible
Welfare Meals Contract	Community Services
Parking Contract Award	Customer Services
Building School for the Future Brent Knoll	Resources & Regeneration

MAYOR & CABINET May 22 2013	
Title and details of Item	Directorate responsible

Response to Children & Young People Select Committee - 'Falling through the gaps' in-depth review	Children & Young People
Response to Children and Young People Select Committee and the Safer Stronger Communities Select Committee on Reshaping Youth Services	Children & Young People/ Community Services
Adoption Statement of Purpose and Children's Guides.	Children & Young People
Fostering Statement of Purpose	Children & Young People
Revised Instrument of Government for Abbey Manor College	Children & Young People
Appointment/ Re-appointment of LA Governors	Children & Young People
Housing Matters Update	Customer Services
Community Infrastructure Levy (CIL) – Draft Charging Schedule – Version 2	Resources & Regeneration
Statement of Community Involvement	Resources & Regeneration
Transport Prudential Borrowing Programme of Investment 2013-14	Resources & Regeneration
New Cross Gate Healthy Living Centre Scheme	Resources & Regeneration

MAYOR & CABINET(CONTRACTS) May 22 2013

Title and details of Item	Directorate responsible
Awards of contracts for the construction of 1) the Primary Phase of Prendergast Ladywell Fields College 2)the enlargement of Adamsrill from 2 to 3FE	Children & Young People
Main Grants Programme – Community Centres	Community Services

MAYOR & CABINET June 19 2013

Title and details of Item	Directorate responsible
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Reprocurement of the Learning Disability Framework Agreement - Appointment of providers to Framework	Community Services
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MAYOR & CABINET(CONTRACTS) June 19 2013

Title and details of Item	Directorate responsible
Contract Award Energy Company Obligation delivery partner	Resources & Regeneration

MAYOR & CABINET July 10 2013

Title and details of Item	Directorate responsible
Permission to consult on proposals to enlarge 1) Coopers Lane Primary School from 2 to 3FE 2) Forster Park Primary School from 2 to 3FE	Children & Young People

MAYOR & CABINET(CONTRACTS) July 10 2013

Title and details of Item	Directorate responsible
Agree the selection/approval of (Fire, Asbestos & Water Hygiene) Contract	Resources & Regeneration
Awards of contracts for the enlargement of John Stainer Primary from 1 to 2 FE	Children & Young People

MAYOR & CABINET September 11 2013

Title and details of Item	Directorate responsible
Discharge into the Private Rented Sector/Out of Borough	Customer Services

MAYOR & CABINET(CONTRACTS) September 11 2013

Title and details of Item	Directorate responsible
Supporting People Contract Award	Community Services

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Healthier Communities Select Committee			
Title	Emergency services review: scoping paper	Item	9 Appendix F
Contributor	Overview and Scrutiny Manager		
Class	Open	Date	16 April 2013

1. Purpose of paper

The Overview and Scrutiny Committee has agreed that its select committees will carry out a review of emergency services in Lewisham. At its last meeting, the Committee resolved that the Healthier Communities Select Committee would be tasked with determining impact of the changes as they relate to health services in the borough. At its meeting on the 19th March 2013 the Committee requested that officers provide further information about how it might approach this task. This paper provides that information.

2. Recommendations

The Committee is asked to:

- consider the content of the report and decide what evidence it will require to carry out this review.
- note the draft timetable in section five and agree a timescale for the completion of the review.

3. Background

- 3.1 Significant changes are being implemented, or are planned, to the way in which emergency services are delivered across London. This includes the three local emergency services in Lewisham: Metropolitan Police, London Fire Brigade and the London Ambulance Service; and also the provision of accident and emergency services across South-East London.
- 3.2 At its meeting on 11 February 2013 the Overview and Scrutiny Committee considered a scoping report, which set out the terms of reference for a review into emergency services in Lewisham. At the meeting, it was decided that the review would be co-ordinated across all select committees. Members of the O&S Committee considered the proposed terms of reference and they agreed that the review would aim to:
- clarify the key policy initiatives and financial constraints impacting on emergency services locally
 - identify the local implications for services
 - consider the potential impact of any service changes
- 3.3 As part of the review, the Committee resolved that the Healthier Communities Select Committee would:
- Clarify the policy initiatives and financial circumstances impacting on the London Ambulance Service (LAS) and A&E provision in Lewisham
 - Identify the related impact on services and performance locally

- Consider the potential impact of any service changes

3.4 Therefore, the Healthier Communities Select Committee's contribution to the emergency services review could focus on clarifying the current position of LAS and Lewisham Healthcare NHS Trust and the related likely impact of any changes on services and performance locally.

4. London Ambulance Service

4.1 The London Ambulance Service (LAS) is a NHS Trust which provides service across London. It currently employs 4500-5000 people based at 70 ambulance stations and support offices across London. The emergency services they provide have historically been purchased by the 32 local Primary Care Trusts (PCT), with NHS North West London acting as the lead PCT Commissioner. From April 2013, their services will be now purchased by the local Clinical Commissioning Groups (CCG), with one cluster of CCGs in North London taking the lead in commissioning the service.

4.2 The Accident and Emergency service provided by the London Ambulance Service is divided into three operational areas, West, East and South. Lewisham is covered by the South operational area. Currently there are 28 ambulance stations in the South area, three of which are in Lewisham.

4.3 In 2011, The London Assembly carried out a strategic review of the future of the London Ambulance Service¹. It highlighted that demand is already higher for the LAS than other regional ambulance services, and the number of incidents attended by the LAS has increased 12 per cent in four years. The review also concluded that the organisation is being forced to make large budget reductions after a sustained period of growth. These will see the LAS lose almost a fifth of its current workforce in the next five years, including 560 frontline staff.

4.4 The London Assembly suggested that efficiencies could also be created for the LAS and the GLA Group by more joint working. The LAS and London Fire Brigade each have dozens of stations across the city; a small number of these are shared, but progress in delivering more shared stations has been very slow. They also found that The Metropolitan Police Service requests support from the LAS 100,000 times a year, but only rarely is this to respond to a life-threatening incident. By working more closely together, the police and the LAS could direct people to more appropriate sources of support."

4.5 On the 25th of January, The London Ambulance Service issued a statement, jointly with the lead commissioner of the service for London PCTs, NHS North West London, advising:

- "The London Ambulance Service is facing increasing levels of demand, with ambulance crews responding to 14 per cent more patients with life-threatening illnesses and injuries this year. Although a rise in demand was planned for, the increase is 3.2 per cent more than expected. "
- "Despite this, the Service is providing good levels of care to these patients, and is currently exceeding the national target of reaching 75 per cent of patients in life-threatening conditions in eight minutes."

¹ The future of the London Ambulance Service, a strategic review. December 2011, Health and Public Service Committee, London Assembly <http://www.london.gov.uk/moderngov/documents/s7465/LAS%20-%20a%20strategic%20review.pdf>

- “We have been working together to establish what capacity the Service needs to meet future increases in demand and maintain patient care. It is clear that the Service must work differently and more efficiently to make best use of the funding it receives; however, it has also been identified that more investment is needed to increase staffing levels.”
 - “We are currently considering what changes and investment are required for the next financial year to ensure more staff are available to respond to patients who need an emergency ambulance.”
- 4.6 At the Overview and Scrutiny meeting on the 11th of February, Graham Norton, Ambulance Operations Manager Lewisham, advised the Committee that the LAS was currently working through the potential impact, of the TSA proposals for change to A&E provision at the Lewisham hospital site, on their service provision. LAS is also working on improving peoples understanding of when it is appropriate to call an ambulance with pilot projects, to discuss symptoms and suggest alternative service provision over the phone, when appropriate, currently underway.
- 4.7 On the 31st of January 2013 the Secretary of State for Health decided that the Accident and Emergency Department at Lewisham hospital would be reduced in size, with the most urgent cases being taken to other hospital sites across South East London. It was also decided that Lewisham Healthcare NHS Trust would take over the management of the Queen Elizabeth Hospital, which is currently part of the South London Healthcare Trust which is being dissolved. Those decisions were based on the report and recommendations of the Trust Special Administrator (TSA), Matthew Kershaw, who had been charged with developing recommendations for dealing with the failing South London Healthcare NHS Trust, based in neighbouring boroughs.
- 4.8 Lewisham Council has issued an application for judicial review of the decisions of the Secretary of State for Health and the Trust Special Administrator in relation to the Lewisham Hospital A&E in the High Court and has already succeeded in delaying implementation of any changes to Lewisham Hospital. The Council is asking for the court to review the recommendations of the Trust Special Administrator (TSA) affecting Lewisham Hospital and the subsequent decision to accept those recommendations by the Secretary of State for Health.
- 4.9 The Council has also secured an undertaking that no service changes affecting Lewisham Hospital as a result of the Secretary of State’s decision will be implemented before the matter has been dealt with by the court.
- 4.10 Both Lewisham Healthcare NHS Trust and the London Ambulance Services are not yet Foundation Trusts, so from the 1st of April they will be working with the NHS Trust Delivery Agency (NHS TDA). The NHS TDA will provide governance and accountability for NHS Trusts in England and delivery of the foundation trust status.

5. Key lines of enquiry

- 5.1 The terms of reference for the review have been established by the Overview and Scrutiny Committee. The terms agreed for the Healthier Communities Select Committee are to:
- Clarify the policy initiatives and financial circumstances impacting on the London Ambulance Service and A&E provision in Lewisham
 - Identify the related impact on services and performance locally
 - Consider the potential impact of any service changes

- 5.2 These agreed terms of reference could be addressed by seeking answers to a set of key questions:

Perception

- How will people be reassured that they will continue to be safely treated at the most appropriate location?
- How will information about potential service changes be effectively communicated to people?
- How is information about the appropriate place to go to for healthcare needs effectively distributed and communicated?
- How will perception of proposed changes be effectively dealt with?
- How will the maternity proposals impact on emergency provision in relation to maternity circumstances
- Will the emergency maternity changes impact on routine ante natal care and patient choices in relation to ante natal care

Response

- Has modelling been carried out on patient flows and patient numbers across Lewisham A&E and other South East London A&Es to map expected service usage over coming years?
- Do neighbouring A&E services have the capacity to take on a potential increased number of patients from Lewisham?
- Could the proposed changes have a negative impact on A&E services across South East London, and particularly at neighbouring hospitals?
- Could the proposed changes have a negative impact in relation to maternity services provision across South East London?
- How might increased travelling to A&Es out of the borough impact on the LAS response times ?
- How are LAS responding to the proposed changes to Lewisham Hospital A&E in terms of service planning?

Partnership

- Would there be any impact on effective discharge planning and after care if a greater number of patients are treated outside of the borough in an emergency?
- How will work be undertaken to ensure effective working is developed with a range of hospitals in relation to discharge and ongoing care?
- Will the “outstanding” safeguarding procedures and partnership working currently in place be impacted by changes to the Lewisham hospital A&E?
- Will local commissioners be able to effectively influence service design and delivery in emergency care across a number of trusts in a number of neighbouring boroughs?

Travel

- What might be the travel implications for people travelling to A&E under their own steam?
- What would be the impact on traffic and congestion on the roads with people travelling further for services and to visit relatives?

Future

- How will the potential future population increases and demographic changes influence emergency service requirements and provision across the borough?
- Has future population growth been factored into service planning for the future?

- How might the current proposed changes influence the future sustainability of healthcare services at the hospital site and in the borough?

5. Timetable

The proposed timetable for the completion of this work is:

- 29 May 2013 - Evidence session
Alongside a relevant senior officer/clinician from Lewisham Healthcare NHS Trust, and Lewisham CCG, it is suggested that Graham Norton, Ambulance Operations Manager Lewisham be invited to attend the meeting.
- 19 June 2013 – potential second evidence session/discuss and agree recommendations
- 9 July 2013 – Discuss and Agree recommendations

6. Further implications

There are no legal, financial, sustainability, equalities or crime & disorder implications resulting from the implementation of the recommendation in this report, however, there may be implications arising from the review, these will be dealt with as part of the review.

If you have any questions about this report please contact Salena Mulhere (Overview and Scrutiny Manager) on 0208 314 3380

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Work Item	Type of review	Priority	Strategic Priority	Delivery deadline	April	May	July	Sept	Oct	Dec	Feb	March
Confirmation of Chair and Vice Chair	Constitutional requirement	High	CP10	April								
Changes in light of the Health and Social Care Act 2012 Report	Standard Review	High	SCS 5, CP1, 8, 9, 10	April								
Community Education Lewisham	Performance Monitoring	High	CP9	February								
Health & Wellbeing Strategy	Standard Review	CP9, 10	CP9, 10	April								
Health Scrutiny Protocol (Revised)	Standard Review	High	CP10	May								
Lewisham CCG South-East London Community Based Care Strategy (incl. CCG's approach to engagement)	Standard Review	Medium	CP1, 8, 9, 10	Sept								
Emergency Services Review	Standard Review	High	SCS5, CP1, 8, 9, 10	July								
HIV Services	Standard Review	Medium	CP8, 9	May								
Community Mental Health Review	Standard Review	Medium	CP8, 9	May								
NHS and Public Health Reform update	Standard Review/Regular item to keep abreast of all changes and implications	High	SCS5, CP1,8,9,10	Ongoing								
Lewisham Hospital update	Standing Item: to keep abreast of all changes and implications	High	SCS5, CP1, 8, 9, 10	Ongoing								
NHS Trust Quality Accounts	Consultation	High	CP9,10	May								
Outcomes Based Commissioning and Outcomes Based Practice for Adult Social Care.	Standard Review	Medium	CP8, 9	July								
Leisure Contracts Update	Standard Review	Medium	SCS5, CP9	July								
'Extra Care' Housing Plans	Standard Review	Medium	CP6, 8, 9	Sept								
Healthwatch Annual Report	Standing Item	High	CP1,8,9	March								
Neighbourhood working with GP's		Medium	CP1, 8, 9, 10	July								
Adult Safeguarding Report/CQC Local Compliance Manager Update	Standard Review	High	CP8, 9	Sept								
Improving Health Services in Dulwich and Surrounding Areas – consultation by the Southwark Clinical Commissioning Group	Standard Review	High	SCS 5, CP8, 9									
NHS 111 – Update	Standard Review	High	SCS5 CP7,8,9									
Library and Information Service	Performance Monitoring	Medium	CP9	Dec								
Savings Proposals 2014/15	Standard Review	High	CP10	Oct/Nov								
QIPP - Items from 2013/14 Plans	Standard Review	Medium	CP10	February								
Reablement	Standard Review	Medium	CP8, 9	Sept								
Update on Outcomes of Premature Mortality Review	In-depth review follow up	High	SCS5, CP9	March								
Lewisham Healthcare Trust CQC Inspection	Standard review	Medium	CP9, 10	May								
Learning Disabilities and Healthcare Services	Standard review	Medium	CP8, 9	February								
The Healthier Catering Commitment Scheme	Standard review	Medium	SCS5, CP1, CP9	February								
Health & Wellbeing Strategy Delivery Plan	Standard review	High	CP9, 10	July								
Prioritisation process for Public Health expenditure in 2014/15 (incl. Sustainability of Community Health Projects and Initiatives)	Standard review	High	CP1, 9, 10	Dec								
Public Health 2012/13 Annual Report	Standard review	Medium	CP1, 9, 10	Dec								
Establishing a South East London urban public health collaborative across Lambeth, Southwark and Lewisham	Standard review	Medium	CP9, 10	Dec								
Interim Evaluation of the North Lewisham Plan.	Standard review	Medium	CP9, 10	Dec								

N.B. Health and Wellbeing Strategy to be considered at joint mtg of HCSC and SHWB

	Item completed
	Item ongoing
	Item outstanding
	Proposed timeframe
	Carried over from last year
	Item added

Meeting Schedule

1)	Tues	16/04/2013 (dsp. 4 April)
2)	Weds	29/05/2013 (dsp. 21 May)
3)	Tues	09/07/2013 (dsp. 27 June)
4)	Weds	04/09/2013 (dsp. 27 August)
5)	Weds	23/10/2013 (dsp. 15 October)
6)	Weds	11/12/2013 (dsp. 3 December)
7)	Weds	05/02/2014 (dsp. 28 January)
8)	Tues	18/03/2014 (dsp. 6 March)

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