

# Healthier Communities Select Committee Agenda

Tuesday, 9 July 2013  
7.00 pm, Committee Room 1  
Civic Suite  
Lewisham Town Hall  
London SE6 4RU

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## Part 1

Item		Pages
1.	Minutes of the Meeting Held on 29 May 2013	1 - 16
2.	Declarations of Interest	17 - 20
3.	Emergency Services Review	21 - 38
4.	Outcomes Based Commissioning and Outcomes Based Practice for Adult Social Care	39 - 46
5.	Neighbourhood Working with GPs	47 - 52
6.	Leisure Contracts - Update	53 - 60
7.	Sexual Health Services	61 - 68
8.	Lewisham Hospital - Update	
9.	Response from the Health and Wellbeing Board - membership of the Health and Wellbeing Board	69 - 72
10.	Response from the Mayor and Cabinet - Premature Mortality Review	73 - 80
11.	Select Committee Work Programme	81 - 92
12.	Items to be referred to Mayor and Cabinet	
13.	Exclusion of the Press and Public	93 - 94
14.	New Cross Gate Healthy Living Centre - Minutes of the Meeting Held on 29 May 2013	95 - 96

# Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Tuesday, 9 July 2013.

Barry Quirk, Chief Executive  
Thursday, 27 June 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)	

## **MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE**

**Wednesday, 29 May 2013 at 7.00 pm**

**PRESENT:** Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Pauline Beck, Peggy Fitzsimmons, Carl Handley, Ami Ibitson, Jacq Paschoud and Alan Till.

**APOLOGIES:** Councillors Helen Gibson and Chris Maines; Cliff Bean (Deputy Director of Quality and Assurance, South London and Maudsley NHS Foundation Trust).

**ALSO PRESENT:** Georgina Nunney (Principal Lawyer), Dee Carlin (Head of Joint Commissioning), Joan Hutton (Interim Head of Adult Social Care, Community Services), Tim Thompson (Head of Corporate Asset Services), Philippe Granger (Healthwatch), Hayley Marle (Care Quality Commission Compliance Manager for Lambeth, Lewisham and Southwark), Kevin Brown (Assistant Director, Operations London (South), London Ambulance Service), Graham Norton (Lewisham Operations Manager, London Ambulance Service), Zoe Reed (Executive Director Strategy and Business Development, South London and Maudsley NHS Foundation Trust), Dr Ranga Rao (Clinical Director, South London and Maudsley NHS Foundation Trust), Lucy Canning (Service Director, Psychosis Clinical Academic Group, South London and Maudsley NHS Foundation Trust), Martin Wilkinson (Chief Officer, NHS Lewisham Clinical Commissioning Group), Dr Helen Tattersfield, (Chair, NHS Lewisham Clinical Commissioning Group), Joy Ellery (Director of Knowledge, Governance and Communications, Lewisham Healthcare NHS Trust), Tom Bunting (111 Post Mobilisation Project Manager, NHS South East London Collaborative Commissioning), Ray Johannsen-Chapman (Head of Patient and Public Involvement, South London and Maudsley NHS Foundation Trust), Jim Ellis (Public Involvement Manager, South London and Maudsley NHS Foundation Trust), Salena Mulhere (Overview and Scrutiny Manager) and Roger Raymond (Scrutiny Officer).

### **1. Minutes of the meeting held on 16 April 2013**

1.1 **RESOLVED:** That the minutes of the meeting held on 16 April 2013 be signed as an accurate record of the 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.

2.2 Councillor Till declared a non-prejudicial interest as Deputy Manager of Fairway Lodge.

### 3. Emergency Services Review

3.1 The Chair informed the Committee that the Overview and Scrutiny Committee had agreed to proceed with an Emergency Services Review, and that Select Committees will take evidence as part of the review in line with their Terms of Reference.

3.2 Kevin Brown, Assistant Director Operations London (South), London Ambulance Service (LAS) and Graham Norton, Lewisham Operations Manager, LAS, introduced the report and the following key points were noted:

- The LAS has published its consultation document 'Our plans to improve the care we provide to patients'.
- The College of Emergency Medicine also published 'The Drive for Equality: How to Achieve Safe, Sustainable Care in our Emergency Department'.
- The LAS recently received £14.8 million of extra funding, £7.8 million of which is for this year to enable the recruitment of 240 more frontline staff to deal with the increased demand for services.
- The additional funding has been provided because demand for the service has increased every year for the last 10 years, by 6.4% last year with an increase of 12.2% life threatening (category A) calls.

3.3 In response to questions, the Committee were advised:

- The current break time arrangements for LAS staff are existing and accepted practice. However the new proposals are to try to enable more staff to get a break when and where appropriate, rather than attempting to bring staff back to the station to take their breaks. The planned changes to managing staff breaks should greatly increase the amount of staff able to take their allocated break during their shift, currently staff are often unable to take their break due to operational demands.
- The breaks proposed are in line with the EU Working Time Directive and have been discussed and agreed with the staff representatives.
- 85% of LAS staff's day consists of treating patients and patient care.
- There is an "active area cover policy", which means ambulances, bikes and staffs are placed in "demand hot spots" where the next emergency calls are likely to come from, increasing the speed of response times – LAS plans to increase the house of active area cover to continue to improve responsiveness.
- 999 calls are immediately triaged. LAS have a national target of getting to the patient within 8 minutes where it is assessed as being a life threatening situation 75% of the time. The LAS is currently

achieving this target. If calls are assessed as not being life-threatening the future aim is to reach the patient within an hour. Depending on the categorisation, there are different target response times. In many instances it is assessed that the call does not require an ambulance, and therefore another service such as clinical telephone advice is used.

- UNISON and GMB are the main representative unions at LAS.
- The consultation concludes on 24 May.
- The target for patient handover from the ambulance to the hospital is within 15 minutes. In Lewisham the current average time for handover is 13.2 minutes. On occasion, such as high demand spikes, this can take significantly longer, increasing the time before the ambulance and crew are available to respond to another call.
- Ambulances are fitted with a computerised data terminal system that will notify ambulance crews of the route to the nearest hospital, as well as urgent care, walk in, major trauma, cardiac or stroke centres ('areas of excellence') that might be more appropriate for the patient. The crew will use their judgement to decide which hospital is the most appropriate, including changing planned destination in cases where a patient may deteriorate while in the ambulance.
- It is rare for Ambulances to be turned away from A&E. The two major reasons for this to happen are:
  - Clinical safety issues
  - An unexpected incident occurring at the hospital
- There is a pan-London monitoring system in place that monitors how busy all A&E departments are and informs the routing of ambulances to hospitals when diverts may be in place
- There is some cooperation between ambulance and fire services already, for example they help with training with defibrillators and immediate care, so that fire services can deal with situations at accidents if they arrive at a scene before the LAS. There could be opportunities to pool resources for carrying out effective community engagement work.
- The LAS has its own facilities where staff and assets are based. There are some joint arrangements of standby points that the LAS use at LFB premises. However, collocating is not a simple option. For example, 20 ambulances are based at Deptford Ambulance Station where as most fire stations have space for two or three fire appliances.
- LAS liaise closely with Lewisham Clinical Commissioning Group (CCG), including a number of conference calls, steering group meetings, and other ad-hoc meetings.
- Lewisham CCG commissions services from LAS via a central commissioning team for London CCGs through a CCG consortium agreement, but Lewisham CCG also work locally with the LAS to manage and monitor the commissioned services and interfaces between services for the local emergency care system.

- Lewisham CCG needs to maintain and manage resources to provide adequate 'rapid response' services and urgent care and community based services to continue to support delivery of good local emergency care services and assist the LAS in its role within this.
- LAS intends to employ an additional 240 members of staff over the next two years, with 120 starting in January 2014, and the other 120 in January 2015. Training takes three years in total.
- In terms of the use of private staff, the LAS use private ambulance companies to provide support staff when necessary at times of high demand, as hospitals use "bank" (agency staff) in the same way. LAS are carrying out modelling to plan for the introduction of 240 more staff, so less alternative support provision should be necessary in the future.
- There have been a number of consultations events with staff, and staff representatives, and there will be further consultations once the results of the review have been completed.
- A key improvement on demand in acute emergency care would been seen if the public were better supported to access services more appropriately to their needs, rather than going to A&E/calling an ambulance for a matter that should be treated via primary care or urgent care.
- Lewisham CCG has a key role in ensuring that appropriate community based urgent care services are available to meet demand to assist in more appropriate healthcare being accessed, as well as working jointly with partners like Lewisham Council on integration between health and social care services to support people on discharge from hospital, More encouragement and information is needed so that the public use the most appropriate services rather than always going to A&E.
- If the Secretary of State's proposals in respect of Lewisham Hospital go ahead after the Judicial Review, it may lead to increased journey times on some occasions, and may impact on how long staff take to get to the next call in Lewisham once they have become available at the A&E unit out of the borough. Modelling will be required to be carried out between the LAS and commissioners to fully understand the potential Implications. Approximately one-third of patients who call 999 for an ambulance do not end up going to A&E as they do not medically need to.

3.4 Martin Wilkinson, Chief Officer, NHS Lewisham Clinical Commissioning Group, advised that:

- There have been 1-2 'diverts' from Lewisham Hospital A&E this winter due to capacity issues, there have been significantly more diverts from Queen Elizabeth Hospital(QEH) in Woolwich and Princess Royal University Hospital (PRU) in Farnborough, with Lewisham Hospital A&E receiving some of these 'diverted'

ambulances.

- Lewisham Hospital has not been meeting the target of 95% of patients being seen, treated and discharged from A&E within 4 hours of arrival in A&E over winter. Performance has improved significantly since the end of April 2013 with joint work across the local system and actions by Lewisham Hospital against an action plan.

3.5 **RESOLVED:** that the Committee:

- a) Welcomes the clarity of the LAS consultation document, particularly the case study examples used to help people understand the aims of the service and the potential impact of changes.
- b) awaits the CCG's Action Plan on A&E targets to consider as evidence.
- c) will make its recommendations after considering all the evidence presented.
- d) will take note of the decision of the Judicial Review if delivered before it makes its recommendations.

#### **4. Care Quality Commission (CQC) Local Compliance Manager Update, Lewisham Hospital Inspection Report and the Mental Health Adult Placement Scheme Report**

4.1 Hayley Marle, CQC Compliance Manager for Lambeth, Lewisham and Southwark, introduced the report and the following key points were noted:

- The CQC Manager covers Lambeth, Lewisham and Southwark and manages a team of 10 Inspectors.
- The CQC inspects a range of health and social care services.
- There is a new CQC Strategy for 2013-2016, and this includes such objectives as:
  - Appointing a Chief Inspector of Hospitals, a Chief Inspector of Social Care and Support, and considering the appointment of a Chief Inspector of Primary and Integrated Care.
  - Developing new fundamental standards of care.
  - Making sure inspectors specialise in particular areas of care and lead teams that include clinical and other experts, and Experts by experience (people with experience of care).
- The new Chief Executive of the CQC, David Behan, has been in place for over six months, and will look to implement the 2013-2016 Strategy.
- The purpose of the CQC is to ensure that social care services provide people with safe, effective, compassionate, high-quality care and they encourage care services to improve.
- During inspections, the CQC will talk to staff, patients, family and friends, as well as inspecting the facilities and looking at appropriate documentation such as care plans and medicine records.

- The five things that the CQC will look at when inspecting services are:
  - Are they safe?
  - Are they effective?
  - Are they caring?
  - Are they well led?
  - Are they responsive to people's needs?
- The CQC will be doing things differently in the future, and a couple of examples of this are:
  - The appointment of a Chief Inspector of Hospitals, and a Chief Inspector of Adult Social Care and Support and, potentially, the appointment of a chief inspector for primary and integrated care
  - NHS hospitals: national teams with expertise will be developed to carry out in-depth reviews of hospitals with significant problems
- Lewisham has at present 202 locations registered with the CQC. Out of these, in the last year:
  - Lewisham Hospital has been inspected
  - All 103 social care services have been inspected
  - 62% of independent healthcare providers have been inspected
  - 26% of dental services have been inspected
- CQC found on their inspections in social care that:
  - 36 (35%) locations were found non compliance with one outcome or more
  - 67 (65%) locations were found compliance with all five outcomes inspected
- Some examples where good practice were found were:
  - Alexander Care Centre (report published 9 May 2013).
  - Aster House (report published 23 April 2013)
  - Jigsaw Project (report published 8 November 2012)
- Some examples where improvement was found after initial non-compliance were:
  - Housing 21 – Cedar Court
  - Housing 21 –Cinnamon Court
  - Fieldside Care Home

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

- Inspections are usually one-two days on site, with additional time to access documents and speak with family and friends of patients.
- The CQC has a number of enforcement powers, including:
  - Warning Notices
  - Imposing restrictive conditions on a registered service
- Those operating a regulated activity must be registered with the CQC. If an organisation is carrying out a regulated activity and not registered, the CQC has a registration team that will get in contact



with that service, ascertain if they need to be registered and advise them to register if necessary.

- The services that are registered with the CQC are published on their website. More public awareness is needed so that the public know that they can check whether a service is registered and whether it has recently been inspected and found to be compliant.
- With inspections of larger care homes and hospitals, the CQC inspection teams can consist of 'Experts-by-experience' and practicing professionals. 'Experts-by-experience' are people who have experience of using similar services or care for people who have used similar services. Practicing professionals are currently employed in other health service or social care such as nurses.
- The reviews and contract monitoring carried out by the Council also aid the inspection process.
- The inspections cover not all of the financial management of the organisation, but specifically covers how it records and manages the money of the residents as part of safeguarding responsibilities.
- In deciding what to inspect or what areas to focus specific inspections on, the CQC will look at a Quality Risk Profile and look to assess the areas it sees as most 'at risk'.
- The Compliance Manager would welcome sight of the reports from the Positive Ageing Council Lay Visitors.

4.3 Hayley Marle, CQC Compliance Manager for Lambeth, Lewisham and Southwark, introduced the report on the inspection of Lewisham Hospital, and the following key points were noted:

- Lewisham Hospital was inspected in February 2013.
- The inspection team included two practicing professionals
- It was found to be non-compliant in the following areas:
  - Respecting and involving people who use
  - services
- Non-compliance was seen to be of 'minor impact'
- Lewisham Healthcare Trust has submitted an Action Plan to the CQC.
- The Trust hopes to be fully compliant by December 2013.
- With the issues of the proposals surrounding the merger with Queen Elizabeth, proposals in respect of the A&E and the Francis Report implementation, this was deemed a reasonable time to aim for compliance.

4.4 Joy Ellery, Director of Knowledge, Governance and Communications, Lewisham Healthcare NHS Trust introduced the Action Plan for Lewisham Healthcare NHS Trust in response to the inspection report, and the following key points were noted:

- The Action Plan has been considered by the Lewisham Healthcare Trust Board.

- The Trust could have completed the compliance quicker, but there a number of changes taking place that made it more prudent to set the deadline at December 2013.

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

- A symbol was used to indicate when a patient had specialist communication needs, such as dementia or a learning disability to remind staff to give additional consideration as to how to effectively communicate with the patient where appropriate.
- The 'Communications Passport' is developed with a patient's carer. There has been positive feedback from patients with learning disabilities who have used these. More communication is needed to ensure that patients and their family understand what they are for and what they entail.
- The 'Communications Passport' for patients with learning disabilities would be circulated to members at the next meeting.

4.6 Hayley Marle, CQC Compliance Manager for Lambeth, Lewisham and Southwark, introduced the report on the inspection of Mental Health Adult Placement Scheme and the following key points were noted:

- The Mental Health Adult Placement Scheme was inspected in March 2013.
- It was found to be non-compliant in the following areas:
  - Supporting workers
  - Assessing and monitoring the quality of service provision
- An Action Plan has been submitted to the CQC.

4.7 Dee Carlin, Head of Joint Commissioning, presented the Action Plan report to the Committee, and the following key points were noted:

- The Mental Health Adult Placement Scheme provides accommodation and support to people recovering from mental illness enabling them to live independently in the community.
- Currently 28 service users are supported through the scheme; ten are placed in the homes of individual carers and 18 are supported in shared accommodation.
- Adult Placement Scheme Staff are employed by the Council and for the purpose of CQC registration, the Council is the Registered Provider. The service is managed by SLAM under a management agreement. The carers who provide the support to service users are remunerated through the Council's Supporting People budget.

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

- The scheme is on track to be compliant by July 2013.
- There will be updates on the progress to compliance in both May and June.

- A manager has been recruited to cover the implementation of the Action Plan.

4.9 Hayley Marle, CQC Compliance Manager for Lambeth, Lewisham and Southwark, and Joan Hutton, Interim Head of Adult Social Care, introduced the report on the inspection of Hamilton Lodge and the following key points were noted:

- Hamilton Lodge has had numerous managers over the past 12-18 months, and lack of stable management is a key issue in its performance.
- There have been 4 CQC Inspections in 2012-2013.
- The last inspection was 22 February 2013, and the report was published in April 2013.
- Enforcement action has been taken:
  - Two Warning Notices were issued on the management of medicines and assessing and monitoring the quality of the service provision
  - Hamilton Lodge is not allowed to admit any residents unless with the CQC's prior agreement
- Hamilton Lodge has the capacity for 40 beds, but at present only 20 of the beds are occupied.
- Inspectors went back on 9 April 2013 and found that it was non-compliant on Outcome 7 (safeguarding patients who use services from abuse).
- The Council is working closely with Hamilton Lodge and the CQC to help them implement the Action Plan.
- There is no issue in relation to the care of the residents who are in the home at present, and the limited numbers will give the provider the opportunity to improve.
- A new permanent manager has been appointed and this has led to some improvement, and there is less reliance on agency staff.
- There have also been less 'safeguarding alerts' in the past four months, showing signs of improvement.

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

- The service at Hamilton Lodge is commissioned on a block contract. There are also users there who are supported by other boroughs.
- It was felt that it was prudent to not allow additional patients until the service was to improve.
- If the service does not improve as required by the CQC, the option is available to move residents and close Hamilton Lodge. That decision would be taken with all the parties involved.
- It was felt that the non-compliance issues would not put residents at risk at present and the residents were happy with the care that they received at Hamilton Lodge.

- The report on Hamilton Lodge is in the public domain. A link to the report would be sent to the Members.

#### 4.11 **RESOLVED:** that

- a) the Committee thanks the CQC Compliance Manager for her attendance.
- b) the Committee would invite to the CQC Compliance Manager to future meetings when appropriate.
- c) the Chair and Vice-Chair would meet with the CQC Compliance Manager when appropriate.
- d) the Committee note the report.
- e) Hamilton Lodge be kept under review by the Committee.

## 5. **NHS Quality Accounts - Reports**

5.1 Joy Ellery - Director of Knowledge, Governance and Communications, Lewisham Healthcare Trust, introduced the report and the following key points were noted:

- The Quality Account for non-Foundation Trusts do not need to be published until the end of June, therefore there will be more revisions before it is finalised.
- They will look to publish a simplified version for the public as well as the full version.
- As defined within Lewisham Healthcare Trust's strategy, the term quality will be focused in three parts:
  - Patient Safety
  - Effectiveness of Care (Clinical Effectiveness)
  - Patient Experience
- This provides for the foundation which Lewisham Healthcare Trust's priorities for improvement will be built over the coming years.
- The Quality Account sets out the following:
  - Patient Safety Priorities
  - Clinical Effectiveness Priorities
  - Patient Experience
  - Learning from the Mid Staffordshire Public Inquiry (Francis Report)

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

- In respect of improving maternity services, Lewisham Healthcare Trust has a Maternity Improvement Plan in place. One initiative that might help the Trust improve its personal support rating is the creation of an interim ward that will host patients that, for medical reasons, are no longer able to use the Birthing Centre.
- The Trust will continue to support patients with breastfeeding. Lewisham is participating in the UNICEF initiative, which is to become a 'breastfeeding-friendly' borough.

- The Trust is keen to promote research at Lewisham Hospital, and one way it does this is to employ 'research nurses'. It also encourages patients to participate in research that improves healthcare, where practicable.

5.3 Zoe Reed, Executive Director Strategy and Business Development, SLaM, introduced the report and the following key points were noted:

- The Quality Account has been to the Board and has also been updated since the agenda papers for this Committee were published.
- They are continuing to receive comments from stakeholders.
- A quality working group of the Members Council has looked at quality issues over the year. The Quality Account went to the Members Council.
- SLaM has also participated in a number of non-audit national quality improvement programmes.
- SLaM has been subject to two CQC inspections that had non-compliance and required a quality improvement Action Plan to rectify the non-compliance.

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

- The queries about the CQUIN measurement for the Patient Experience will be taken back to the Deputy Director of Quality and Assurance.
- SLaM has agreed a protocol with Lewisham Hospital to help address the physical health issues with mental health patients, especially with the issue of smoking.
- SLaM has a research project that is looking at effective interventions in relation to patients' physical health.

5.5 **RESOLVED:** that the reports be noted.

## 6. Community Mental Health Review

6.1 Dr Ranga Rao, Clinical Director, SLaM, and Lucy Canning, Service Director, Psychosis Clinical Academic Group (CAG), SLaM, introduced the report and the following key points were made:

- SLaM apologises for the delay in bringing this report to the Committee; this was due to additional pressures on services that needed to be assessed in planning the review.
- The 3 key areas of focus in the Review are:
  - Relapse prevention
  - Improving the capacity and competency of assessment and crisis resolution services
  - Provide new pathways for people not requiring secondary services

- The review will look to:
  - Provide seamless care from primary to secondary care
  - Address the issue of services after 6pm, where at the moment the main option for patients is A&E
  - Reduce relapse rates
  - Reduce reliance on in-patient beds
- The issues identified from stakeholder feedback consisted of issues such as:
  - Setting clear thresholds of eligibility for secondary care and discharge back to primary care
  - Providing training to primary care to manage client group
  - Ensuring consistent access to prompt advice and support from secondary care
  - Ensuring primary and secondary care clinicians consistently have rapid access to clinical information as required
  - Supporting secondary care clinicians to discharge people from caseloads where appropriate
  - Instilling consistency across both primary and secondary care clinical teams/GPs so that people have access to the best possible treatment wherever they access care

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

- There will be a formal stakeholder engagement process as part of the development of the changes to community mental health services. The review was carried out with consultation with the GPs and the CCG.
- Any comments from GPs have been fed into the review.
- There is a high demand for mental health services in Lewisham compared to the national average and this appears to be rising. The reasons for this are complex and it could be due to a number of factors, including: social deprivation, drug use and influx of service users with no recourse to public funds. SLAM also has an early intervention service to identify patients with mental health.
- Lewisham has invested in early intervention work in the area of Autism and ADHD, as an example of how services can identify patients early and treat patients more effectively.

6.3 **RESOLVED:** that the Committee:

- a) note the report.
- b) note that there will be a formal stakeholder engagement process.
- c) wishes to be formally consulted on any service variations.

## 7. NHS 111 - Update

7.1 Standing Orders were suspended at 9.25pm.

7.2 Tom Bunting, 111 Post Mobilisation Project Manager, NHS South East London Collaborative Commissioning, presented the report, and the following key points were noted:

- NHS 111 was launched in Bexley, Bromley and Greenwich.
- There were some initial problems with the service once live, and NHS South East London CCGs have been working to improve the service. They are working to National Quality Standards in terms of service performance.
- Since the beginning of April:
  - Over 95% of calls are answered by a health advisor within 60 seconds
  - Call abandonment rates have effectively sat at 0%
  - Of the total number of calls referred to a clinical adviser (25-35% of triaged calls), around 12-13% are put into a queue for a call-back from a clinician.
  - Approximately 60-70% of these call-backs to patients are made within ten minutes of the initial call to 111
  - 10-12% of calls have resulted in an ambulance being dispatched
  - Around 75-80% of these dispatches are conveyed by LAS
- Commissioners in Lewisham, Southwark and Lambeth are seeking assurance from the 111 Provider that the service could operate at an effective level with the launch of the service in these three boroughs in addition to Bexley, Bromley and Greenwich.
- There is a national review by NHS England on the launch of NHS 111. This is because of poor performance issues that have been reported in some parts of the country. The outcome of the review could mean that NHS England will make changes to the way in which the service is commissioned, the way it operates and how it is fully rolled out around the country.
- It is felt it is not practicable to roll out NHS 111 to Lambeth, Southwark and Lewisham until the assurance is provided and the Review is completed. SELDOC (South East London Doctors Co-operative) is still in operation to take calls from patients, and approximately 20-25% of calls to NHS 111 are SELDOC referrals.

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

- NHS 111 local contract was initially a 2-year pilot, due to be reviewed in March 2015.
- NHS 111 is a free service, and all that is required to be free on a pre-paid mobile phone is 1p credit. If someone tries to ring the old NHS Direct number, they will be prompted to ring NHS 111 even in the Lambeth, Southwark and Lewisham area where the service has not been rolled out yet or publicised.
- If patients ring SELDOC, they will be triaged to the appropriate service.
- Health practitioners are looking at the statistics in respect of whether A&E attendance has been affected since the introduction of NHS 111. However

there is only anecdotal rather than empirical evidence at present that there has been an increase in A&E attendance in London over the past year.

- SELDOC managed the process effectively, so the closure of NHS Direct did not adversely affect local services.

7.4 **RESOLVED:** that the Report be noted, and the Committee is kept updated on NHS 111, its introduction in Lewisham and its general performance.

## 8. Lewisham Hospital Update

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

- Lewisham Healthcare Trust are working to deliver the merger with Queen Elizabeth Hospital, while aware that the Judicial Review will be heard in July.
- The official date to dissolve South London Healthcare Trust (SLHT) has not been communicated to Lewisham Healthcare Trust. However the date as stated by the Special Administrator in the media recently is 1 October 2013.
- The message that has gone out to patients and residents is that it is 'Business As Usual' at Lewisham Hospital.
- The Chair and Vice-Chair will look to arrange a meeting with the Special Administrator for SLHT to discuss her plans for SLHT.

8.2 **RESOLVED:** that this will continue to a standard item on the Committee's agenda for 2013-14.

## 9. Health Scrutiny Protocol (Revised)

9.1 The Chair advised the Committee that discussions with officers and partner organisations are still on-going. He suggested that this item be deferred to a future meeting to allow time for discussion and agreement with the relevant organisations.

9.2 **RESOLVED:** to defer this item to a future meeting.

## 10. Select Committee Work Programme 2013-14

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

- Following the last meeting, the following changes were agreed by the Chair:
  - that the 'New Cross Gate Healthy Living Centre' be added to the May meeting.
  - the HIV services item that had been moved to July, to be extended into a broader item on sexual health services.



- Items currently planned for the July 9 meeting are:
  - Emergency Services Review(Evidence and Recommendations)
  - Health & Well Being Strategy Delivery Plan
  - Outcome Based Commissioning and Outcomes Based Practice for Adult Social Care (Including afternoon tea with service users)
  - Neighbourhood Working with GP's
  - Lewisham Hospital – Update
  - Leisure Contracts Update
  - Sexual Health Services

10.2 **RESOLVED:** The Select Committee agreed the work programme.

## 11. **New Cross Gate Healthy Living Centre**

11.1 The Chair advised the meeting that this item is restricted by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972. and that members of the press and public are excluded from the meeting.

Information relating to the financial or business affairs of any particular person (including the authority holding that information).

## 12. **Matters to be referred to Mayor & Cabinet**

12.1 There were none.

The meeting ended at 10.15pm.

Chair: \_\_\_\_\_

Date: \_\_\_\_\_

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# Agenda Item 2

<b>Committee</b>	Healthier Communities Select Committee	<b>Item No.</b>	2
<b>Title</b>	Declarations of Interest		
<b>Wards</b>			
<b>Contributors</b>	Chief Executive		
<b>Class</b>	Part 1	<b>Date</b>	9 July 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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# Agenda Item 3

Healthier Communities Select Committee			
<b>Title</b>	Emergency Services Review	<b>Item No</b>	3
<b>Contributors</b>	Overview and Scrutiny Manager		
<b>Class</b>	Part 1	<b>Date</b>	9 July 2013

## 1. Recommendations

- 1.1. The Select Committee to receive the following report, '4 hour Admission to Discharge Pathway in Emergency Department – Whole System Recovery Plan', as evidence for its Emergency Services Review.
- 1.2. The Select Committee to consider the report and direct questions to the appropriate officers at the meeting.

## 2. Background

- 2.1. The Chair of the Select Committee agreed to receive this report as evidence for the Select Committee's Emergency Services Review.

## 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, Overview and Scrutiny Manager (ext. 43380).

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## 4 hour Admission to Discharge Pathway in Emergency Department – Whole System Recovery Plan.

**April 2013**

- **Executive Lead: Claire Champion, Director of Operations & Nursing**
- **Clinical Lead: Dr Elizabeth Aitken, Service Director Acute Medicine**
- **Whole System Lead: Martin Wilkinson, Chief Officer - NHS Lewisham Clinical Commissioning Group**

### **1. Preface**

Lewisham Healthcare NHS Trust has failed to achieve the target of 95% of people being seen, treated and discharged within 4 hours of arrival to the Emergency Department.

Given the recent operational pressures and under performance, the purpose of this plan is to clarify the actions being taken to ensure sustainable delivery of this core standard.

### **2. Background**

As a result of sub standard performance levels in the final stages of quarter 3 and into quarter 4, 2012/13, an internal action plan was developed with the intention of improving performance in quarter 4 and the year, on aggregate, whilst avoiding 60 minute LAS breaches, unfortunately despite best efforts in relation to sustainability, Q4 and subsequently the year, were not delivered at the contracted performance standard.

The initiatives are owned and managed by a range of senior staff throughout the Trust reflecting the responsibility in delivering the 95% performance across the whole organisation.

Whilst the under achievement of performance was multi-factorial, analysis of Emergency Department breach data indicates that since December, January and February, delays to first assessment and bed availability account for a significant proportion of the total breaches.

### 3. Activity

During December A&E activity increased by 10%, when compared to the same period 2011/12, in addition the impact of “out of borough” patients attending the department and being admitted had risen significantly. The delivery of the target has been significantly hampered by:

- A severe Norovirus outbreak in December and early January, which considerably impeded performance for that period,
- Mental health activity, during the period 3<sup>rd</sup> December 2012 to 31st March 2013 there were 608 patient arrivals who required specialist referral to the Mental Health Team. Of the 608 arrivals 241 breached the four hour performance standard, or 39.64% of patients.
- There were 22 London Ambulance Service (LAS) notified diverts away from other Trusts to Lewisham for the period December 1<sup>st</sup> to date, this is well above the average of 3 diverts, for the period, compared to previous years.

### 4. Whole System

Whilst every endeavour to restore performance is being undertaken internally, the sector and whole system influence is notable. LAS local intelligence suggests there were/are multiple ‘soft/informal’ diverts away from South London Trust through December and January, that may have been as a direct result of 86 step-down beds on the Queen Mary’s Sidcup site being closed in November. LAS anecdotally report daily queues to offload developing at QEH Emergency Department and subsequently LAS crews are requested to avoid QEH.

Delays in transfer of care for patients requiring continuing and end of life care within the borough of Lewisham remains a challenge which is being jointly addressed on a daily basis via robust networks with Social Care colleagues. A 50 bed nursing home permanently closed in December 2012, and St Christopher’s hospice (48 beds) has temporarily closed with reprovision of 14-16 beds at Lewisham Hospital.

### 5. Recovery

- a. Lewisham’s proposed recovery trajectory is based on achieving 95% by w/e 2nd June 2013 and sustaining the contracted level of performance thereafter
- b. Ongoing monitoring and internal review of performance with detailed analysis takes place on a daily basis. The Trust Executive will determine if further support is required via a diagnostic exercise undertaken by the Intensive Support Team in the week commencing 6<sup>th</sup> May 2013.

Action No	Action	Proposed Intervention	Anticipated Outcome	Lead	Current Status and Review Date	Outcome Measures			
<b>Emergency Department Processes</b>									
1	Increase the senior nursing presence on the shopfloor during 0800 to 2000; this was previously 0800 to 1700.	1. Matrons have provided shopfloor support Monday - Friday from 0800 to 20:00 from 08/01/13 2. All non essential leave has been cancelled. 3. All non clinical time has been sanctioned by HoN.	<b>Medium Impact</b> Increase the Senior Nurse shop floor coordination to support flows and the role of the Nurse in Charge in managing operational issues.	Sive Cavanagh/ED Matrons	Matrons are currently available Monday to Friday 08:00-20:00 and is an ongoing supportive action	This is a qualitative contribution to the turnaround in performance			
2	Enhance the Senior ED Medical supervision of the shopfloor out of hours.	1. Additional consultant cover has been in place between 20:00-23:00 on a seven day a week basis since 9 <sup>th</sup> January 2013  2. Additional SPR shift put in place for peak period of 18:00-02:00 in particular to manage the lengthy queues that can generate in UCC at this time	<b>High Impact</b> 1.Reduction in breaches for patients overall, but specifically in the Group 2 ( ED patients) category especially during the peak hours of 18:00-02:00  2.Availability of Senior Decision makers to support junior medical staff in the management of patient flow and prioritising of presentations.  3. Reduce the number of patients who breach as a result of a delay in ED first	Elizabeth Aitken	1.The additional consultant shifts have been covered for 98% of the period to date and are ongoing.  2.The SPR shifts have a fill rate of 90% due a lack of suitable locums at this grade  This initiative has been ongoing since January 2013 .  <b>This is reviewed weekly as part of the breach review</b>	w/c	1 <sup>st</sup> Assx breach	GP 2 pts	% in 4 hrs
						31 Dec	70	1232	94.2%
						7 <sup>th</sup> Jan	3	1254	92.7%
						14 <sup>th</sup> Jan	24	1080	97.7%
						21 <sup>st</sup> Jan	22	1217	98.0%
						28 <sup>th</sup> Jan	12	1247	99.1%
						4 <sup>th</sup> Feb	17	1206	97.2%
						11 <sup>th</sup> Feb	3	1183	95.0%
						18 <sup>th</sup> Feb	33	1223	97.3%
						25 <sup>th</sup> Feb	50	1198	97.4%
						4 <sup>th</sup> March	22	1158	96.1%
						11 <sup>th</sup> March	23	1080	93.7%
						18 <sup>th</sup> March	46	1234	96.0%
						25 <sup>th</sup> March	23	1061	96.3%
						1 <sup>st</sup> April	82	1047	93.8%

			assessment.		meetings.				
3	Increase analysis of 4 hour breaches to develop a proactive preventative environment	<p>1.Daily, Senior Clinician led breach analysis meeting established ( Mon-Fri at 13:00) commenced January 2013</p> <p>2. Clinical review of performance and associated validation of long waits</p> <p>3.Review of Internal actions and added value to support recovery</p>	<p><b>Medium Impact</b></p> <p>1.Reduction in the numbers of avoidable breaches.</p> <p>2.Sustained improvement against 4 hour target</p>	Elizabeth Aitken	<p>Daily breach meetings will continue until 95% performance is achieved and sustained.</p> <p><b>Reviewed weekly – frequency of meetings to be reviewed once sustained performance is achieved.</b></p>	Current performance has been managed by exception consistently since January 2013.			

4	Development of robust internal Escalation plan in support of operational pressure management	<p>1. Trust Internal Escalation plan has been developed.</p> <p>2. Draft has been circulated for agreement by all specialties</p>	<p><b>High Impact</b></p> <p>1. Agreement of response required by all teams in relation to the Trust Operational Status</p> <p>2. Ensure all specialties contribute operational support when required</p> <p>3. Ensure robust and timely escalation is utilised internally and externally with other agencies</p>	Elizabeth Aitken	<p>1. Draft Escalation plan circulated.</p> <p>2. Provision of Escalation bleeps for each service to have a central point of escalation during working hours . These will be circulated week commencing 15<sup>th</sup> April 2013.</p> <p><b>Review w/c 13/05/13</b></p>	Qualitative contribution to the Trust performance and operational efficiency
5	Enhance the Management Support within ED	1. Appointment of dedicated ED Business Manager to work alongside the ED Team and the service since 28/01/13	<p><b>High Impact</b></p> <p>1. Co-ordination of the 4 hour Recovery Programme</p> <p>2. Act as a conduit for escalation, operational issues and business continuity</p>	Katy Wells	<p>Jo Gennari appointed on 28/01/13</p> <p><b>Completed</b></p>	Qualitative contribution to operational performance
6	Co-ordinated approach to managing performance as a Trust wide responsibility	<p>1. Relaunch of the 4 hour project group as the 4 hour Recovery Group - with membership across all internal stakeholders.</p> <p>2. Development of an evolving recovery programme - from which this action plan has been developed.</p>	<p><b>High Impact</b></p> <p>1. Increase engagement across internal stakeholders to ensure subspecialty responsibility for breach prevention and contribution to recovery plan.</p> <p>2. Successful implementation of works which lead to reduction in breaches</p>	Elizabeth Aitken	<p>1. Group relaunched as of 25<sup>th</sup> March with engagement from all stakeholders.</p> <p>2. Recovery Action plan signed off at Trust level.</p> <p><b>Reviewed weekly within 4 hour Recovery Group Meeting – Meeting</b></p>	<p>This will be evidenced as a quantitative improvement in the performance standard on a sustainable basis as of 12<sup>th</sup> April 13 – Quarter 1 is at 88.58%</p> <p>Analysis submission to the NTDA projected a robust solution from June 1<sup>st</sup> 2013.</p> <p>If a significant improvement in performance cannot be met within 2 weeks ( ie: 22<sup>nd</sup> April) then further diagnostic support may be support by</p>

					<b>will continue until performance sustained.</b>	the DOH Intensive Team.
7.	Avoidance of multiple queues to be seen in UCC	Trust Pilot of rapid triage utilising ENP's who will where appropriate, filter patients from the full triage queue.	<b>High Impact</b> This initiative will reduce the wait for triage and minimise the wait for first assessment	ED Matrons	Pilot commenced on 25/03/13  <b>Review 30/04/13</b>	Reduction in the waiting times for UCC patients
<b>Clinical Support Services in ED</b>						
8	Reduce the numbers of patients breaching 4 hours whilst waiting for diagnostic results prior to discharge home	1.Development of 2 chairs within RATU for ambulant patients awaiting results but expected to go home rather than require admission	<b>Medium Impact</b> 1.Reduction in breaches for patients awaiting blood/ radiology results who then go home	ED Matrons	1.Chairs are in use and available when appropriate patients need housing in RATU and there are sufficient nursing staff to man the additional capacity.  <b>Review 31/05/13</b>	We are currently monitoring the numbers of breaches avoided as a result of this initiative

9	Reduce haemolysed bloods causing delays in obtaining results	1.All patients are now be cannulated with a green cannula or larger to minimise the likelihood of bloods haemolysing	<b>Medium Impact</b> 1.Reduction in the numbers of haemolysed samples requiring a second sample - leading to reduction in delays waiting for results	Nigel Harrison	1.implemented in March 2013  <b>Reviewed as part of daily breach review. This is a change of practice not a pilot</b>	This is a quantitative contribution to the reduction in breaches and the number of haemolysed samples are being monitored
10	Establish provision for D-Dimer tests to be undertaken within the ED department ( currently undertaken in pathology)	1.D-Dimer strips have been ordered 2.Machine calibrated to allow for near patient D-dimer in ED. 3.Development of protocol is underway to ensure that D-dimer only ordered by ED SPR or above under strict criteria	<b>Medium Impact</b> 1.Reduction in number of d-dimer requested  2. Reduction in number od d-dimer that are undertaken in pathology  3. Reduce waits for diagnostic tests	Nigel Harrison	1.The protocol is in development  2.Equipment ordered  <b>Review date 03/06/13</b>	This is a quantitative contribution to the reduction in breaches caused by delays in access to diagnostics
<b>Specialty input into Emergency Department</b>						
11	Efficient access to on call teams during ward rounds	1.Since January the Medical SPR has carried a dedicated bleep and been responsible for answering all ED bleeps during ward rounds as a single point of access	<b>High Impact</b> 1.Reduction in delays for review and decision making during ward rounds  2.Provide an escalated single point of access to medical teams and reduce hierarchical bureaucracy	Elizabeth Aitken	1.this has been implemented as of January 2013  <b>This is a change in practice not a pilot, reviewed as part of daily breach meeting in the event of any failures to respond</b>	Reduction in waits for medical subspecialty review in the ED and decisions to admit.

12	Reduce delays for those patients who require referral to Surgical Specialties	1. Surgical Escalation plan developed and circulated February 11 <sup>th</sup> 2013  2. Dedicated escalation bleep to be provided week commencing 15 <sup>th</sup> April as a single point of escalation during working hours	<b>High Impact</b> 1.Reduction in times from referral to DTA / Discharge	Katy Wells/ Ben Stevens	1.Escalation plan circulated and signed off.  2.Escalation bleeps to be launched week of 15/04/13  <b>Review 03/06/13</b>	This is a quantitative performance improvement which will be evidenced within the reduction of the times for referral to DTA/Discharge.
13	Reduce delays for those patients who require referral to Gynaecology	1.Development of Gynae Escalation Plan – circulated via the 4 hour recovery plan  2. Dedicated escalation bleep to be provided week commencing 15 <sup>th</sup> April as a single point of escalation during working hours	<b>High Impact</b> 1.Reduction in times from referral to DTA / Discharge	Katy Wells/ Ben Stevens	1. Escalation plan circulated and signed off.  2.Escalation bleeps to be launched week of 15/04/13  <b>Review 03/06/13</b>	This is a quantitative performance improvement which will be evidenced within the reduction of the times for referral to DTA/Discharge.
14	Reduce delays for patients with a #NOF and reduce the numbers housed in RATU	1.The pathway for #NOF has been developed and is being utilised.	<b>Medium Impact</b> 1.Reduction in numbers of patients with #NOF using RATU or outlying on other wards. 2.Reduction in LOS for this patient group	Elizabeth Aitken	1.The fast track pathway was relaunched on 05/03/13  <b>Review utilisation 03/06/13</b>	This is a both a quantitative and qualitative measure that will reduce #NOF outliers in RATU and enable them to get to the appropriate ward for treatment swiftly.
15	Reduce the number of breaches in UCC ,in particular, for patients referred to ENT	1.Development of protocol for the use of the Cedar /ENT Clinic room	<b>Medium Impact</b> 1.Reduction in breaches for patients requiring ENT intervention and subsequently discharged home	Elizabeth Aitken / Tony Jacobs	1.Development of Protocol in progress with support from Surgical HoN to ensure safe staffing level  <b>Review date to be</b>	Numbers of patients receiving treatment in ED by ENT and then being discharged w/c 21 Jan 11            28 Jan 12 4 Feb 19            11 Feb 19 18 Feb 14            25 Feb 12 4 Mar 23            11 Mar 21 18 Mar 21            25 Mar 15



					<b>agreed once protocol commences</b>	1 Apr 27 Nb – the % of these patients who breached is being collated.
16	Reduce waiting times in UCC by filtering children from the UCC waiting room into paediatric ED when waiting times build in UCC	1.Paediatric ED staff to pull children from the UCC waiting room and manage them in paediatric majors when capacity allows freeing up UCC staff	<b>High Impact</b> 1.Reduction in breaches in UCC  2. Reduction in mean wait in UCC		1.ongoing  <b>Reviewed daily by Matrons from both areas.</b>	Quantitative measure to reduce the waiting times in UCC and breaches during peak periods.
	<b>Discharge Processes</b>					
17	Increase utilisation of the Discharge Lounge	1.Improve the environment of the Discharge Lounge with minor modifications to the estates.  2. Increase patient comfort with the provision of a housekeeper/porter role to support the nurse with Hospitality and non clinical tasks  3.Increase the opening hours of the Lounge to provide an earlier service and free up ward beds	<b>High Impact</b> 1.Increase numbers of patients utilising the lounge on daily basis  2. Increase the numbers of patients using the lounge before noon	Sive Cavanagh /Jo Gennari	1.Estates have visited the Lounge to review the area and a contractor is visiting on 17/04/13 to cost works which will be undertaken as a matter of urgency.  2.Housekeeper role commenced in the Discharge Lounge as of 02/04/13  3. Staffing review underway  <b>Weekly review meeting alongside transport meeting. Estates work to be</b>	The utilisation of the Lounge is increasing significantly and is being monitored in terms of both times of usage and numbers. It is anticipated that the numbers using the Lounge in the early morning will increase as soon as staffing can be sought to open the Lounge at 0800

					<b>reviewed once contractors visited – likely completion of work during May 2013</b>															
18	Flatten the variance between weekday and weekend discharges	<p>1.Implementation of consultant led discharge rounds at weekends.</p> <p>2.Provision of additional medical registrar at weekends to support discharge processes.</p>	<p><b>High Impact</b></p> <p>1.Increase weekend discharges to reduce the variance between weekday and weekend discharges</p>	Elizabeth Aitken	<p>1.Implemented 12<sup>th</sup> January 2013</p> <p><b>Reviewed as part of weekly 4 hour Recovery Group</b></p>	<p>6 weeks discharges by day to 14<sup>th</sup> April – daily average:</p> <table> <tr> <td>Monday</td> <td>40.5</td> </tr> <tr> <td>Tuesday</td> <td>45.1</td> </tr> <tr> <td>Wednesday</td> <td>46.5</td> </tr> <tr> <td>Thursday</td> <td>52.3</td> </tr> <tr> <td>Friday</td> <td>49.8</td> </tr> <tr> <td>Saturday</td> <td>28.5</td> </tr> <tr> <td>Sunday</td> <td>19.8</td> </tr> </table>	Monday	40.5	Tuesday	45.1	Wednesday	46.5	Thursday	52.3	Friday	49.8	Saturday	28.5	Sunday	19.8
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19	Increase the efficacy of Discharge Planning Arrangements	<p>1. Dedicated Discharge Team has been developed with Consultants, Pharmacist and Case Manager to review patients each morning to expedite discharges who are at or beyond their Expected Date of Discharge</p> <p>2.Review use of the weekly Multi Disciplinary Meetings to improve discharge Planning.</p>	<p><b>High Impact</b></p> <p>1. Reduce LOS for in and out of borough patients</p> <p>2. Individually case manage complex discharges to minimise the risk of failed or delayed discharges.</p> <p>3.Increase patient flows by releasing bed capacity</p>	Elizabeth Aitken	<p>1.Discharge Ward rounds are ongoing</p> <p>2.OPAL model to commence w/c 23/04/13</p> <p>3.Productive ward boards have been trialled and are rolling out across all wards since April 2013</p> <p><b>Review as part of the</b></p>	Evidenced by reduction in Length of Stay, reduction in readmissions and increased patients flows thus contributing to the reduction in breaches.														

		<p>3. Development of Patient Productive Ward Boards to focus the ward teams and allow for increased planning.</p> <p>4. Adopt the OPAL model from 23<sup>rd</sup> April to review on a case by case basis those patients with a Length of Stay in excess of 7 days.</p>			<p><b>4 hour Recovery Group as Discharge Planning key agenda item.</b></p>	
20	<p>Reduce the significant delays and cancelled discharges due to arrival of late transport</p>	<p>1. Ongoing work with G4S to improve service by attending bed meetings so they understand bed state on daily basis.</p> <p>2. Site Managers have been provided with access to transport system so that they can view planned journeys.</p> <p>3. Increased usage of the Discharge Lounge will ensure quicker turnaround for transport vehicles</p>	<p><b>Medium Impact</b></p> <p>1. Reduction in numbers of aborted journeys due to late transport.</p> <p>2. Swifter turnaround of vehicles leading to more completed journeys each day</p>	<p>Jo Gennari</p>	<p>1. there is an established weekly meeting with Director of Estates to review performance</p> <p>2. Any transport failures are reported via the Incident reporting process and are followed up immediately</p> <p><b>Reviewed weekly</b></p>	<p>This will be evidenced by a reduction in the number of cancelled discharges as a result of failure of transport as well as a reduction in aborted transport journeys</p>

21	Improve efficacy of Bed Meetings	<p>1. Bed Meetings rescheduled to 08:30 and 15:00 to allow for better forward planning.</p> <p>2. Admissions predictor developed so that all staff understand likely demand on a daily basis.</p>	<p><b>Medium Impact</b></p> <p>1. Proactive approach to managing the bedstock twice daily using predictive tools and an action led approach.</p> <p>2. Reduce the reactive crisis management approach at midday</p>		<p>1. Bed Meeting times changes as of 25/03/13</p> <p><b>This is a change in practice and not a pilot.</b></p>	This is a qualitative contribution to deliver increased patient flows
Whole Systems Actions to support emergency flows						
22	Engagement with Social Services in Discharge processes	<p>1. Dedicated Social workers aligned to each ward</p> <p>2. Daily delays in transfers of care identified and sent to Joan Hutton et al.</p> <p>3. Daily list of patients awaiting placement or brokerage intervention identified and sent to Joan Hutton et al.</p> <p>4. Out of Borough networks – specifically Greenwich and Bexley to be established</p>	<p><b>Medium Impact</b></p> <p>1. Proactive approach to managing discharges whereby assessments are undertaken in a more timely way</p> <p>2. Ability to identify the blocks that are causing the delays.</p> <p>3. Develop systems to remove the identified blocks</p> <p>4. To develop relationships with out of borough local authorities in order to improve the discharge for these patients</p>	Joan Hutton	<p>1. The Tracker meeting takes place twice weekly Tues and Thursday attended by the multidisciplinary team to provide an up date on progress.</p> <p>2. Daily update from brokerage to ensure a whole system approach</p> <p><b>Review 03/06/13</b></p>	This will be evidenced by a reduction in the number of patients awaiting placement, bed days saved and length of stay

23	Clinicians from Primary and Social Care have joined the 11am multidisciplinary post take meetings at Lewisham	Senior Clinical and Social Care input to LHNT post take meetings.  Insight of common issues to drive whole system improvement.	1.Information from the meeting will feedback into planning and whole systems support	Diana Braithwaite Director of Commissioning CCG	These have been in place since 25/03/13  Insight to be shared with CCG Clinical Directors Meeting and any new actions to be agreed at Whole Systems Group on 30/05/13	
24	Continuation of winter schemes remain in situ	Winter Schemes extension to Easter agreed (see above)  Key learning for Winter 13/14 agreed	<b>High Impact</b> 1.The BSU funded winter schemes to support the Trust in improving ED performance were in situ and funded until March 31 <sup>st</sup> 2013. These schemes remain ongoing in support of the 4 hour target, at Trust risk.	Martin Wilkinson Accountable Officer CCG	Key learning to be shared across SE London. 29/04/13.	
25	Extended local incentive scheme for extra urgent care slots with Primary Care	Urgent Care slots agreed as part of winter schemes.  Provides extra capacity for potential attendees at ED and Urgent Care Centre.	<b>Low Impact</b> Scheme ran from 25/02/13 to 04/04/13.  Evaluation for potential scheme for 13/14	Diana Braithwaite, Director of Commissioning.	Evaluation complete to report to May CCG Delivery Committee and to be shared at 30/05/13 Whole Systems Group.	
26	The development of an Emergency Care dataset.	A data set has been populated using the template from the Modernisation Agency Emergency Care Collaborative Programme	<b>Low Impact</b> To assist in the analysis of ED performance data	Katy Wells and Trust Information Team and Mike Hellier, CCG Head	Data set populated and sent to CCG for review – completed 05/04/13  Agreed Set with CCG 19/04/13.	

				of System Intelligence.		
27	Reduce the number of Mental Health breaches	1.Establish a mental health sub group	<b>High Impact</b> 1.support rapid assessment and treatment of patients with mental health conditions	Dee Carlin	Meetings commenced on a monthly basis as of January 2013	During the period 3 <sup>rd</sup> December 2012 to 31st March 2013 there were 608 patient arrivals who required specialist referral to the Mental Health Team. Of the 608 arrivals 241 breached the four hour performance standard, or 39.64% of patients.
28	Reduce the TSA impact on morale	1.Regular staff briefings on a formal and informal basis from the Chief Executive and via the Communications Department  2.Regular staff email briefings to establish work in progress and the promotion of the “Business as Usual” campaign  3.Directorate Senior Management team available to all staff to discuss any concerns they may have	<b>Medium Impact</b> To ensure that all staff feel valued and motivated to deliver business as usual and quality pathways for patients during this challenging period against a backdrop of intense winter pressures.		This will be monitored on a monthly basis as part of the Directorate Performance Meetings and by utilising the Workforce Scorecard.  In particular we will be seeking to reduce staff turnover, monitor sickness rates against the Trust average and monitor the efficacy of recruitment campaigns. We will also monitor the temporary staff fill rate for both internal	This is a qualitative response

		4.Reinforcing the value of staff retention initiatives and ongoing staff recruitment			locum and via external agencies.	
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HEALTHIER COMMUNITIES SELECT COMMITTEE			
<b>Report Title</b>	Outcome Based Commissioning		
<b>Ward</b>	All	Item No	4
<b>Contributors</b>	Head of Joint Commissioning Unit		
<b>Class</b>		Date: 9 July 2013	

## 1. Purpose of the Report

1.1 This report aims to provide the Healthier Communities Select Committee with an update on the progress of moving from commissioning and contracting with providers of Adult Social Care Services on a 'time and task' basis towards a personalised outcome-based approach. This approach puts the service user at the heart of the process, ensuring that services are efficient and effective, and that the outcomes delivered are ones that really matter to the user and make a difference to their lives.

## 2. Recommendation

2.1 The Healthier Communities Select Committee is asked to note the content of this report.

## 3. Policy Context and Background

3.1 Lewisham Council leads on behalf of itself and the Lewisham Clinical Commissioning Group on the commissioning and quality assurance of both personal health and personal social care services (day care, nursing and residential care homes, domiciliary care, specialist health care, long term conditions and end of life services). This function is carried out by the Joint Commissioning Team, part of the Community Services Directorate, under a Section 75 arrangement signed in 2010.

3.2 Commissioned services are witnessing a significant shift in emphasis away from block purchased contracts with a small number of providers - where contracts specify people by client group and average cost - to small individualised support plans with a large number of service users with any number of providers. The approach serves to shift the emphasis from what the service provider will offer, to what outcomes the provider will achieve for an individual. This change in emphasis is usually referred to as Personalisation or Self Directed Support (SDS). This policy driver is enshrined in national legislation and policy including Your Health, Your Care, Your Say (2006); Putting People First (2007); Think Local, Act Personal (2011); and in Integrated Care, Our Shared Commitment (2013).

3.3 This legislation is designed to improve choice and control by service users and their families by meeting need that better fits how they want to lead their lives, rather than being squeezed into existing services. The expectation of successive governments since the 1990s is that individual service users should be encouraged, initially by social care services but more recently also by health services, to request the money spent on their service as a Personal Budget (PB), preferably as a Direct Payment (DP). A DP allows the person to take all or part of the money and purchase their own services directly. A PB, by contrast, requires the Council to continue to broker services on the client's behalf.

3.4 Additionally, there is client specific legislation which also influences the range and nature of services and outcomes that are to be commissioned and developed. For mental health services the main policy drivers include 'No health without Mental Health (2011)', Mental Health Payment by Results (2013), Improving care for People with Dementia (2013), NHS Outcomes Framework (2012) and Leading to Outcomes (2013). For people with a learning disability the policy drivers come from Valuing People (2009) and Valuing People Now (2009), and more recently the Winterbourne Concordat (2012) and The Confidential Inquiry into Preventative Deaths of People with a Learning Disability (2013).

3.5 The developing approach to planning and purchasing services, which seeks to complement the direction of travel for adult social care and health services in relation to the personalisation agenda and self directed support, has become known as Outcome Based Commissioning (and contracting). This approach should apply to all services whether they are directly provided by health and social care organisations, or purchased from a third party provider. A move from traditional service delivery to the large scale delivery of Self Directed Support (SDS) requires a redesign of the existing social care and health system, from one where the statutory bodies commission, to one where service users become their own commissioners. This in turn requires a shift in culture and the development of tools that enable people to take greater control of their lives and the support they receive, so they can make decisions and manage their own risks.

## **4. Achieving Change**

4.1 Adult social care and health are in the process of implementing Outcome Based Commissioning. This is a major change agenda at a national as well as at a local level. While processes can be developed relatively quickly, changing a culture takes much more time and effort if it is to influence practice across the system. It requires a particular approach to partnership in service design which seeks to highlight what each party can 'put on the table' increasingly referred to in policy and guidance as 'co-production'.

4.2 The change process involves not just third sector providers, but also Lewisham Council's directly provided services. A crucial player in successful change is the assessment and care management workforce. The change

requires several key components to be in place before the cultural shift can be fully realised. Current key challenges to the change process are as follows:

- For care management practitioners: understanding what is meant by outcomes; developing support plans (as opposed to care plans) that are based on what service users say about their needs and focusing on what people “ can do”; making creative use of facilities and services that can provide the same outcomes as commissioned services.
- For providers: changing the criteria for success from carrying out prescribed tasks for agreed levels of money, to taking responsibility to meet an outcome flexibly and creatively but within agreed resource levels.
- For service users: Being willing to think about and identify what other assets, both financial and ‘social capital’ might be available to meet needs, and not be so dependent on public funds paying for all.
- For commissioners: moving from buying tasks, to strategic control based on a partnership with providers; the inclusion of support plans as key requirements of a service specification; the development of tripartite agreements between the statutory sector, the provider and the service user (and their family if required) where roles and responsibilities, as well as choices and preferences, are clearly defined.

4.3 In terms of delivering a culture shift, the key challenges are the move from traditional care planning to the creation of a support plan, in partnership with the provider and service user, and a shift away from linking certain types of needs to specific services. For example, the typical response to an assessed need to address social isolation is referral to a day centre. However, the actual outcome required from a service to tackle social isolation is ‘to develop a range of places to go and people to spend time with’. Therefore regularly going to the local café, joining a gym class or adult education class, going to a tea dance or even inviting other people round to your house would meet the required outcome and potentially reduce an individual’s dependency on one type of service.

4.4 Delivering a support plan requires significantly more time and a more personalised approach than writing up a care plan. Activities need to be individually identified and sourced, then tested and retested. When the volume of activity means that health and social care professionals need to move on to the next referral or protection issue, there is a risk that the process of support planning will be rushed or not prioritised. However, support planning is so crucial to the successful delivery of Outcome Based Commissioning, that the Council is in the process of identifying a strategic support planning partnership with a third sector organisation.

## **5. Progress to date**

5.1 Adult Social Care and Health commissioners have developed a range of Outcome Based Commissioning arrangements as part of the vision to fully implement Personalisation. These have been developed with, and for delivery

by in-house (Council) and other statutory providers (particularly SLaM for mental Health), as well as independent third sector providers. An update on this progress is set out below.

### Learning Disability Services

5.2 In the commissioning of services for adults with a learning disability, a framework of 7 overarching ('meta') outcomes (MO) were developed based on the strategic direction set out by both Valuing People strategies: employment; housing; health; relationships; community participation; learning skills (being safe); and personal development. These outcomes were developed to promote competence and citizenship; key components in supporting people to live good quality and valued lives.

5.3 Outcomes can be applied in relation to each individual service user, or to a service 'type'. This has been a particularly helpful approach to providing a focus on provider efforts and management when monitoring outcomes in 24 hour services where a more usual style of quality assurance would be swamped by the large number of inputs. Two or three meta outcomes are set for each individual person based on their community care assessment (what people say they need), and from a developmental perspective what the assessment signposts would change their life. The provider then signs up to delivering those outcomes for that person within a group setting. Some examples of the outcomes from this approach include:

Mr A who at long last has been helped to find his own flat (MO Housing) after living with someone he did not like for 8 years;

Ms B who has combined new skills in learning to cook (MO Learning Skills) to organise a regular monthly 'come dine with me' routine shared between new and existing friends (MO Relationships);

Ms C who has complex and multiple needs being supported into a lifestyle of accessing local places such as the café, leisure centre, shop and hairdresser (MO Community Participation) so that she has become known in her community and participates in interesting occasional big events such as going on day trips;

Mr D who has got his first job aged 65, which he loves (MO Employment);

5.4 An example of the application of Meta Outcomes to specific services is the way in which employment has been identified and prioritised as the main outcome that day services can provide. The successful delivery of employment or employment related activities often delivers other meta outcomes by default. All day services are expected to build employment related skills and activities into their offer in a way that promotes participation and inclusion. This strategic approach has shifted the way that providers think about their service offer and how people and their families think about their aspirations. Also, as a result, Lewisham now has some of the highest

employment figures for people with a learning disability in London. This outcome has been applied to both direct and third party providers. Some examples of employment related outcomes are:

Cafes – The M' Eating Place', 'Pretty Little Cup Cakes', The Salad Bar and the most recent development of a café in the Waldron Clinic which support learning and jobs in catering. As well as the direct outcome of employment, these also offer opportunities for community engagement and interaction with the public. Service users are beginning to talk about themselves as 'working at...' rather than as 'a user of...'.

Gardening – The GROW project is well established, but had refocused and developed its efforts to include people with complex needs, for example in planting seeds for plants which are then sold on or planted in the projects 'allotments' to supply the Salad Bar project. A second established horticulture scheme is being expanded from being purely a fruit and vegetable allotment to growing flowers for supporting service users wanting to learn about flower arranging to develop their own micro enterprise in selling flowers.

5.5 There are a number of burgeoning social and micro enterprises from cleaning to journalism through to dog walking. In all these cases the specific interests and choices of service users have been successfully realised in employment related outcomes.

## **6. Supporting Vulnerable Adults and Older People to live at home**

6.1 Providing a tailored service that supports people to remain at home is a key priority. For people who choose to receive their domiciliary support through an agency being able to negotiate directly with the agency, as they would if they were self funders, facilitates the opportunity to personalise care and support and allows the individual to have more choice and control.

6.2 The current arrangements in place for the provision of domiciliary care in Lewisham is a Framework Agreement which has seventeen providers available to meet assessed needs. The contract for this Framework is due to come to an end in 2014. The provision of care whether personal care: practical daily living assistance, rehabilitation provision or a sitting service has evolved from care that is task and time orientated, and highly prescriptive, to person centred care where the service user is at the heart of all care delivered in line with personalisation and local strategies.

6.3 In addition to a more personalised and outcome focused service. Moving further towards an outcome based approach in relation to domiciliary care will look to achieve:

A decrease in the number of service users admitted to long term care homes; and

A decrease in the size of packages over time.

6.4 Lewisham's future commissioning intention is to design and procure services so they deliver an outcome based response for service users. Older people in particular may not want the same pattern of care, day in day out, as specified in a conventional care plan. Negotiating the detail of the support plan directly with the provider has proven to be successful in other local authorities who have piloted this approach. We are therefore currently negotiating with the framework providers to work in this way and embed this offer. The framework agreement will be redeveloped in 2014 when all providers will be required to work to personalised outcomes. It is imperative though that this work is still delivered with the requirement to pay London Living Wage.

6.5 Work is also underway with the voluntary sector organisations to deliver improved access to employing Personal Assistants, as well as making use of pooled personal budgets. Experience so far has indicated that this approach is particularly favoured by younger adults who have a disability, as it provides them with the flexibility to achieve the outcomes they want and potentially increases the scope and diversity of support that can be accessed. We have offered a contract to a voluntary organisation to train people wanting to become personal assistants. We have invited the Job Centre Plus to make referrals for training, particularly encouraging those over 50.

## **7. Mental Health Services**

7.1 Commissioning of mental health services for the residents of Lewisham aims to treat patients in the most appropriate setting in line with their level of need. A gap was found in service provision for those requiring support in the community outside of statutory secondary care services, and following service user feedback, funding was then identified for a 2-year contract focusing on an information and advice service.

7.2 The overall aim of the service is to provide short term, intensive support to ensure that people are able to better manage their mental health in the community. The contract was awarded to Bromley Mind who work in partnership with the service user, devising a care plan together that has the best interests of the patient as the main focus. Service users will therefore receive the immediate support that is needed to reduce inappropriate long term contact with services.

7.3 The new service will provide a variety of support to people with a mental health problem, increasing their independence and quality of life. Whilst reducing the burden on secondary care services, patients will be given options for the support they can receive in the borough, offering choice as to how their needs will be best met. Whilst initially commissioned to work with adult mental health patients, the service has now been increased to accommodate those over 65.

7.4 The future plans for the service are to establish a clear link with the SLaM Social Inclusion & Recovery team, supporting people in their use of direct payments. The range of workshops, groups, advocacy and information that

will be on offer will give service users the opportunity to increase their standard of living and equip them with the tools to best manage their mental health that was previously unavailable within statutory care.

## **8. Developing the Market**

8.1 Outcome based commissioning can only really be successful if sufficient opportunities are available for service users to access. Although a variety of community and faith organisations currently offer services it can still be difficult for users to feel comfortable in trying something new. A new Community Investment Programme has therefore been developed with the voluntary sector to provide additional support and opportunity across all service user groups. The final part of this development will be a new contract in July 2013 for a voluntary sector consortium to work with the GPs and the neighbourhood based social care and health teams to ensure that any vulnerable adult can be referred to a network of services locally, and where they can be supported to achieve their personal outcomes.

## **9. Conclusion**

9.1 This report has set out some of the ways in which Outcome Based Commissioning is developing in Lewisham. It is recognised that there is some way to go to ensure this approach is embedded and that it complements the approach to personalisation.

9.2. Further effort is also required to ensure that this approach is fully adopted by staff who assess need and also by service users and their families. This is to ensure that people's strengths are identified as assets that add value to the opportunities available from the market and wider community, while the commissioning processes primarily focus on developing the market and driving up the quality of the service offer. The process of support planning, as opposed to care planning, has been identified as key in effecting the required shift in culture to deliver a more personalised and outcome based offer that will ultimately, deliver improved shared planning and co-production.

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Healthier Communities Select Committee			
<b>Report Title</b>	Integrated Health and Social Care – An update on Integration and the Neighbourhood Delivery Model in Lewisham		
<b>Contributors</b>	Executive Director for Community Services	Item No.	5
<b>Class</b>	Part 1	Date: 9 July 2013	

## 1. Purpose

- 1.1 This paper provides the Healthier Communities Select Committee with an update on the integration of health and social care services in Lewisham. In particular, it reports on the progress on the neighbourhood delivery model which is being rolled out across the borough.

## 2. Recommendations

- 2.1 Members of the Healthier Select Committee are recommended to note the content of this report.

## 3. Policy Context

- 3.1 The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum where key partners from the health and care system could work together to improve the health and wellbeing of their local population and reduce health inequalities. The Act requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
- 3.2 The Act also requires Boards to provide such advice, assistance or other support as they think appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services.
- 3.3 NHS England's planning guidance *Everyone counts : planning for patients 2013/14* to the Clinical Commissioning Groups ( CCG) states that ' At a time of economic challenge it is vital that all organisations can understand their contribution to joined up working. Making the best use of resources through integration of provision around the needs of the service user should drive local priorities'.
- 3.4 Earlier this month, the Government and other key national players launched '*Integrated Care and Support: our shared commitment*' (May 2013). This framework document states that '*Our system of health and care is under more pressure than ever before. People may be living longer, but often they are living with several complex conditions that need*

*constant care and attention ..... All these people need continuous care and support and the right systems and resources to enable that.....We need major change and we are determined to act. This means building a system of integrated care for every person in England. It means care and support built around the needs of the individual, their carers and family and that gets the most out of every penny we spend.'*

#### **4. Background**

##### Current Health and Social Care Service Provision

- 4.1 Currently health and social care services are mainly commissioned by Lewisham Council and Lewisham Clinical Commissioning Group (LCCG). These services are procured from a variety of organisations across the public, voluntary and the private sector. Local care and support is also provided to individuals by their carers, volunteers and faith and community groups. A number of services are not commissioned by LCCG and include primary care services (GPs, pharmacists, opticians and dentists) and very specialised services, which are commissioned by NHS England.
- 4.2 In 2010, Lewisham Council and NHS Lewisham signed a Section 75 agreement establishing the Council as the lead commissioner for all adult health and social care. This includes commissioning for mental health, learning disability, older adults, physical disability and substance misuse. These commissioning functions are managed by a joint health and social care commissioning team based within the Council's Community Services Directorate.
- 4.3 In July 2012, to progress integrated working across the borough, the Mayor and Cabinet agreed that a number of services would be brought together in a neighbourhood delivery model. Later that year, in November 2012, the Mayor and Cabinet agreed to the implementation of a section 75 agreement that supported the neighbourhood model.
- 4.4 The neighbourhood model aims to achieve the following benefits:
  - Better outcomes for people, by living independently at home with maximum choice and control
  - More efficient use of existing resources, avoiding duplication and ensuring people receive the right care, in the right place at the right time.
  - Improved access to, experience of, and satisfaction with health and social care services by service users and other stakeholders.
  - Improve prevention, admission avoidance, hospital discharge and recovery.
  - Carers are identified earlier and support is provided so that they are able to carry on delivering care to their relatives.
- 4.5 In promoting and delivering integrated services, the Council and its partners have listened to the views expressed by local residents,

including service users and their carers, who have highlighted that some of the key barriers to improving health and wellbeing are:

- lack of organisational join-up, a lack of continuity between services, not knowing what opportunities are available and not having the time and space to consider which opportunities to access.
- not knowing who to go to for help, advice or information; and the complexity of the system
- the low take up of existing opportunities and activities provided within the community that support people's health and wellbeing.

4.6 User involvement has been a key element at all stages of the neighbourhood development and user engagement and will continue to be a major aspect of further work in the integration of services.

## **5. Making the goal of integration reality**

5.1 Alongside the publication of national guidance on Integrated Care, national partner organisations stated their ambition to make joined up and co-ordinated health and social care the norm by 2018. To support this aim, national partners invited expressions from local areas interested in becoming pioneers to act as exemplars, demonstrating the use of ambitious and innovative approaches to efficiently deliver integrated care.

5.2 An expression of interest to become a Pioneer site has been submitted by Lewisham health and social care partners. Whether or not the bid for Pioneer status is successful, integration will be a key area of focus for the Council and its partners, and the Health and Wellbeing Board will continue to promote and support the integration of health and care services across the borough.

## **6. Progress to date**

6.1 In submitting its bid to become a Pioneer, Lewisham has highlighted to the national partners the progress that has been made locally on the neighbourhood delivery model and stressed that this provides a strong base from which to further integrate services.

6.2 The neighbourhood model has created four multi-disciplinary teams that cover areas that are coterminous with GP Practice neighbourhood areas. These teams will identify those patients who would benefit from integrated care and who require targeted intervention and support.

6.3 An intelligence gathering exercise has been undertaken to identify the people who are registered with each GP Practice and, of those registered, those who are also known to district nurses and Adult Social Care. This work has shown that across the borough 1,654 patients are being seen by their GP and by district nurses and have contact with adult social care. Table 1 below shows the number and percentage of people known by both health and social care in each neighbourhood.

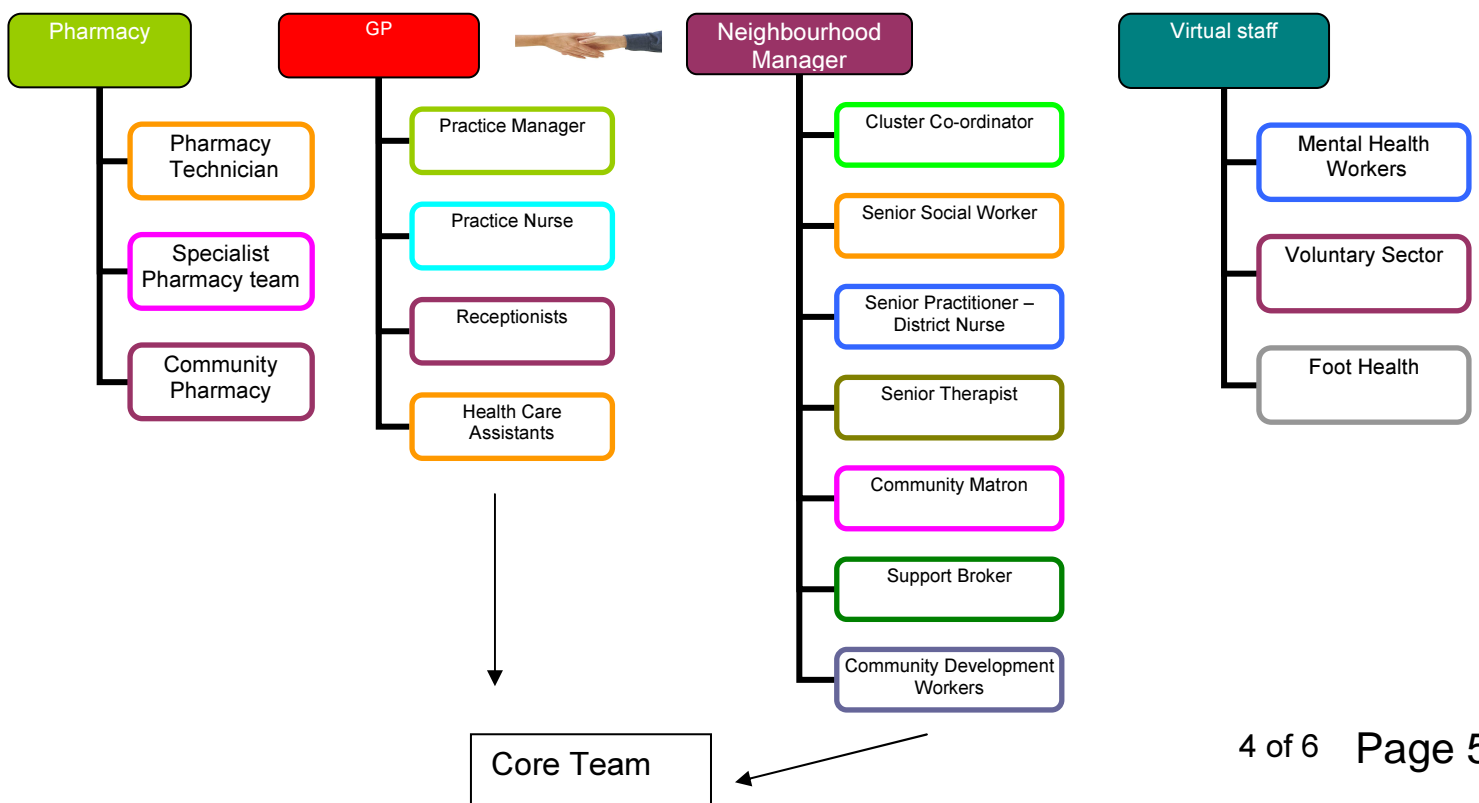
**Table 1**

GP Registered Patients/DN Cases/Adult Social Care Cases							
	Lewisham Patients Registered	DN Patients	% of Registered Patients	Active Social Care Cases	% of Registered Patients	Joint ACS/ DN Cases	% of Total Registered Patients
<b>Neighbourhood 1</b>	45342	1264	3%	849	2%	309	0.68%
<b>Neighbourhood 2</b>	76593	1687	2%	1003	1%	397	0.52%
<b>Neighbourhood 3</b>	38878	2244	6%	1330	3%	486	1.25%
<b>Neighbourhood 4</b>	46115	2181	5%	802	2%	462	1.00%
<b>Totals</b>	<b>206928</b>	<b>7376</b>	<b>4%</b>	<b>3984</b>	<b>2%</b>	<b>1654</b>	<b>0.80%</b>

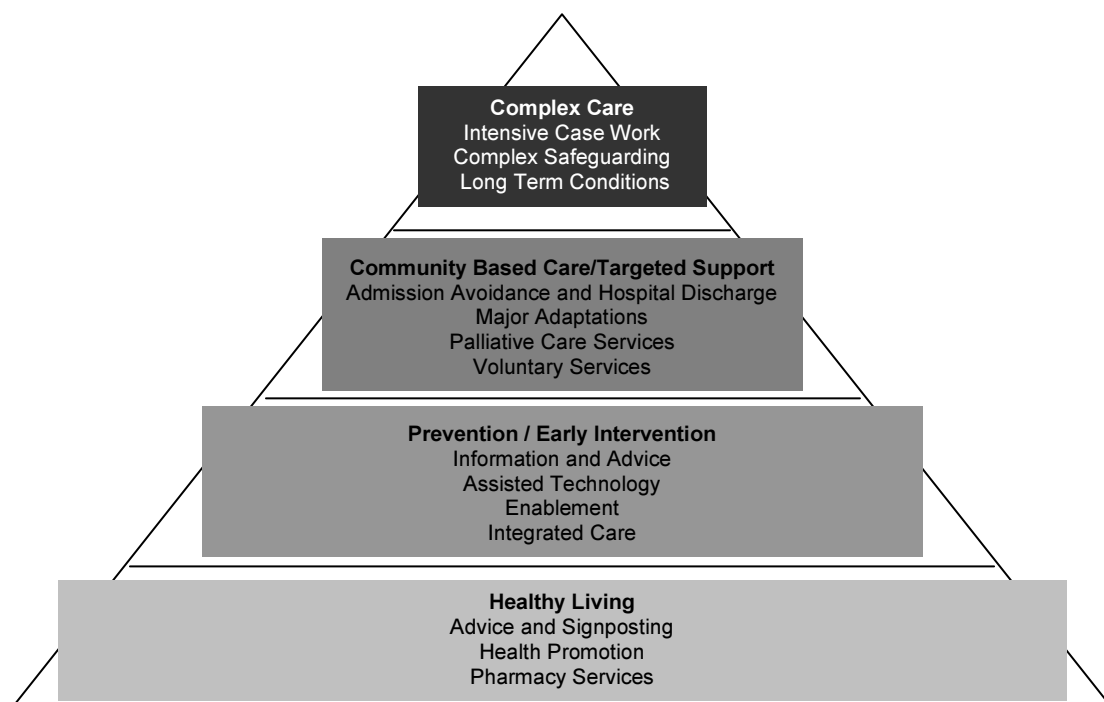
**7. The Core Team**

7.1 Each neighbourhood will be supported by a core team as shown in the diagram below. Each core team is multi-disciplinary and includes social workers, community matrons, practice nurses and therapists. Each member of the team will be designated as a “Key Worker” for an individual, bringing in their colleagues across the team to provide extra support as and when needed. There will be a specific focus on the avoidance of admission to hospital and supported discharge from hospital.

**Diagram 1  
Neighbourhood Model – Whole System Approach**



- 7.2 A key member of the core team will be the Support Broker. This new role is being developed to work with clients to develop individualised and outcome based support plans that meet their care needs. The Support Broker will help broker the resources needed to deliver the plans and review clients to ensure the outcomes identified are being met. They will be the first point of contact if a support plan is no longer meeting the identified needs and, if necessary, organise a reassessment to be undertaken by an appropriate member of the team.
- 7.3 Where appropriate Support brokers will look to use local resources within the community to meet the needs of the individual and to increase social inclusion, reduce social isolation and promote the development of volunteering and timebanks.
- 7.4 Improving communications between team members and with the patient or service user is a key priority for the new model. An integrated patient/user care record is being developed. This will improve the patient/user experience as all agencies involved will be able see, at a glance, the plan and the progress being made without having to repeat the same questions.
- 7.5 The staff will attend regular multidisciplinary Practice meetings. These will provide the opportunity for a collective discussion to improve the support and interventions for the service user, to facilitate the sharing of intelligence across disciplines, to identify key risks and will provide an opportunity to gain a better understanding of the support and intervention each member of the team can offer.
- 7.6 The staff within the core team will work within a wider network of services and support, as shown below, to ensure that people have information on, and access to, the support and intervention that is available.



7.7 The core team in Neighbourhood 2 has already been established and the other teams will be established over the next few months, see table below.

Neighbourhood	Timescale of roll out	Proposed base
Neighbourhood 2	May 2013	Honor Oak clinic
Neighbourhood 1	June 2013	Waldron Health Centre
Neighbourhood 3	July 2013	Downham Health Centre
Neighbourhood 4	August 2013	Sydenham Green

7.8 The neighbourhood model will operate under Section 75 of the National Health Service Act 2006. This allows Health services to exercise various local authority functions and for local authorities to exercise various health functions, and allows certain flexibilities in relation to integration of funding and provision.

## 8. Conclusion

8.1 The Healthier Communities Select Committee is well placed to support the integration of care and support across different services. Members can help to ensure that integrated services deliver high quality care, and provide a better experience for the service user and their families and achieve improved outcomes.

## Background Documents

**Redesign of Adult Health and Social Care services in Lewisham- 11 July 2013**

<http://councilmeetings.lewisham.gov.uk/documents/s13602/Redesign%20of%20Adult%20Health%20and%20Social%20Care%20Services.pdf>

**Adult Social Care and Health Care – Integrated Arrangements for Community- Mayor and Cabinet- 14 November 2012**

<http://councilmeetings.lewisham.gov.uk/documents/s18691/Adult%20Social%20Care%20and%20Health%20Integrated%20Arrangements%20for%20Community%20Care.pdf>

**Everyone counts – planning for patients 2013/14**

<http://www.england.nhs.uk/wp-content/uploads/2012/12/everyonecounts-planning.pdf>

**Integrated care and support: Our shared commitment (May 2013)**

[www.gov.uk/government/news/national-partners-make-commitment-to-join-up-health-and-social-care](http://www.gov.uk/government/news/national-partners-make-commitment-to-join-up-health-and-social-care)

For further information please contact Joan Hutton, Interim Head of Adult Social Care by email at [joan.hutton@lewisham.gov.uk](mailto:joan.hutton@lewisham.gov.uk)

HEALTHIER COMMUNITIES SELECT COMMITTEE		
<b>Title:</b>	Leisure Contracts Update	
<b>Key decision:</b>	No	<b>Item No:</b> 6
<b>Ward:</b>	All	
<b>Contributors:</b>	Executive Director for Community Services	
<b>Class:</b>		<b>Date:</b> 9 July 2013

## 1. Summary and Purpose of Report

- 1.1 This report invites comments from the Healthier Communities Select Committee on progress made with the two leisure contracts, Leisure Connection for the Downham Health & Leisure Centre; and Fusion for the other leisure facilities across the borough.
- 1.2 Set out within the report are updates on the contracts against four strategic objectives: improve health and wellbeing and tackle inequalities; contribute to community cohesion; contribute to the regeneration of the borough; and employment for local people.

## 2. Recommendations

- 2.1 To note and comment on the contents of the report.

## 3. Background and History

- 3.1 The borough's leisure facilities are managed on behalf of the Council by two contractors, Fusion Lifestyle and Leisure Connections.
- 3.2 On 1 June 2011, Mayor & Cabinet (Contracts) approved the award of the Leisure Services Contract to Fusion Lifestyle for a period of fifteen years. The contract commenced on 15 October 2011 with immediate transfer of The Bridge Leisure Centre, Ladywell Arena, Ladywell Leisure Centre, Forest Hill School Sports Centre and Wavelengths Leisure Centre.
- 3.3 In addition to these leisure centres previously managed by Parkwood Leisure, the contract has since included the new centre on Loampit Vale (Glass Mill), Forest Hill Pools, Forest Hill School Sports Centre and Warren Avenue playing field. Bellingham Leisure and Lifestyles Centre will transfer to Fusion during 2013.
- 3.4 Fusion Lifestyle is a registered charity and as such is required to demonstrate charitable objectives, with the company's mission being "to provide inclusive and accessible sport & leisure for a healthier lifestyle".
- 3.5 Downham Health & Leisure Centre opened in March 2007, and is managed by Leisure Connection Ltd operating through an Industrial and Provident Society (IPS) or trust, Downham Lifestyles Limited. The centre includes health care facilities, library, community hall, and leisure services (including a 25m

swimming pool, teaching pool, gym, studios, floodlit AstroTurf and multi use games area, and playing fields).

#### **4. Policy Context**

4.1 Lewisham's Sustainable Community Strategy '*Shaping our Future*' reflects the many individual strategies and plans endorsed by different agencies and partnerships in Lewisham. All are working with our citizens to build a successful and sustainable future. The key principles of this strategy are reflected throughout the new leisure contract to ensure regular delivery to local residents over the life of the contract.

These key principles are:

- Ambitious and achieving – where people are inspired and supported to fulfil their potential
- Safer – where people feel safe and live free from crime, antisocial behaviour and abuse
- Empowered and responsible – where people are actively involved in their local area and contribute to supportive communities
- Clean, green and liveable – where people live in high quality housing and can care for and enjoy their environment
- Healthy, active and enjoyable – where people can actively participate in maintaining and improving their health and well-being
- Dynamic and prosperous – where people are part of vibrant communities and town centres, well connected to London and beyond.

4.2 The Council's Cultural Strategy highlights health as a key theme with the objective to '*Build healthy and health conscious communities through culture, sport and leisure*' by:

- maximising opportunities for disabled and older people to participate in culture and leisure
- reducing inequalities in health outcomes by developing appropriate cultural and leisure programmes
- encouraging healthy lifestyles by improved working with partners increasing the number of children and young people and their families using culture and leisure to support a healthy lifestyle.

#### **5. Leisure Contracts Update**

5.1 The key strategic areas of influence for the leisure contracts are as follows:

- to improve health and wellbeing and tackle inequalities
- to contribute to community cohesion
- to contribute to the regeneration of the borough
- employment for local people

Progress against each of these are set out below.



## 5.2 Improve health and wellbeing and tackle inequalities

- 5.2.1 A key objective of the two leisure contracts and the borough Sports Plan is to increase participation in sport and physical activity by local residents, through the use of the leisure facilities.
- 5.2.2 **Free swimming:** Free swimming is available for residents aged 16 and under and 60+ with a Lewisham library card. Across the Fusion contract there were 38,189 free swims during 2012-13; and at Downham 2012-13 usage has increased from the previous year.
- 5.2.3 **Be Active:** The Be Active card replaced the Lewisham Plus card in October 2012 with concessions and free access to leisure activities across the borough. Across the Fusion sites 414 new members joined since October 2012 with 12,128 activities taking place, of which over 8,600 were gym visits. In Downham the number of Be Active members grows month on month, with 1,700 users making 5,700 visits to the centre since it started.
- 5.2.4 **Exercise on Referral and Active Heart:** These two schemes are run jointly with NHS Lewisham and allow eligible residents experiencing health issues to be referred into tailored exercise courses by their GP or cardiac staff at the hospital. Fusion received 2,455 referrals across 4 centres in 2012-13 with approximately 56% attending an initial group assessment. Completion of the courses drops and work is being undertaken by Public Health to increase the percentage that complete.
- 5.2.5 **Participation:** General participation of the Fusion leisure centres has increased during the 2012-13 period: the number of people using all the facilities increased by 46% during these 12 months. The number (111,034 people) using the facilities in May 2013 was 53% higher than May 2012: 29% of this increase is due to the opening of Forest Hill pools and Warren Avenue in the interim, and 24% is a like for like increase. Swim school has seen a 37% uplift between April 2012 and March 2013 (over 100,000 swimming lessons were taught), and classes a 32% uplift. Participation across target groups has also been positive during this 12 month period, with 22% increase by over 60s; 907% increase by disabled users; 143% increase by BME users; 14% increase of under-16s; and 76% of women users.
- 5.2.5.1 During 2012-13 a total of 384,557 visits were made to the Downham Centre; a drop from around 443,000 the previous year. This is in part due to the opening of Forest Hill pools, and in particular a number of schools moving their swimming classes. Whilst this is a drop for Downham it does mean a more even distribution of school swimming across the borough. Leisure Connection is working towards improving participation figures through a number of initiatives, including refurbishing the gym, an improved Be Active offer, free swimming lessons for years 5 & 6 in the holidays, and a new community liaison manager whose role it is to increase participation. The Downham contract provides a range of activities geared towards participation of certain groups. Young people can take part in street dance, Millwall holiday football camps and 'fit for sport' camps. BME groups are targeted via the Community Liaison Manager. Adult swimming lessons were very popular and the 60+ Legacy programme had tai chi and line dancing. Particular activities are delivered specifically for women, such as girls football, women's netball and ladies only swim sessions.

- 5.2.6 **Health promotion & activities:** Leisure Connection work with their partners in the Downham Health & Leisure Centre to promote healthy lifestyles. For example, free NHS health checks, Love Yourself event in February, National Depression Awareness week activities, Shape Up weight management programme, and Check and Change programme.
- 5.2.7 **Healthy eating:** Within both contracts there is a requirement for healthy food and healthy vending. Downham has recently installed school compliant drinks vending machines which are 80% water based; and the café has started to use local fruit & vegetable and meat suppliers. Leisure Connection work closely with Downham Nutrition Partnership and Delicious Nutritious to provide cooking classes and healthy eating events within the centre for free.
- 5.2.8 **Pricing:** Working with the Council, Fusion provide subsidised fees and charges for Lewisham residents (with a Lewisham library card) and have a pricing strategy that is highly competitive within the industry. The reduced economic circumstances of some residents is addressed particularly through the Be Active card.
- 5.2.9 **Inclusivity:** Access for all is a cornerstone of both contracts. The Bridge and Ladywell Arena both have the Inclusive Fitness Initiative (IFI) accreditation; with Forest Hill Pools and Forest Hill school expected to receive theirs very shortly. Wavelengths will be audited on completion of the refurbishment works, and Glass Mill will also be submitted. At Downham the Seals swimming club use the pool for disabled swimming sessions, and the MS Society have two targeted weekly exercise sessions.
- 5.3 Contribute to community cohesion
- 5.3.1 Both contracts undertake a number of activities and initiatives which encourage participation, bring communities together and provide opportunities. Examples include the following.
- 5.3.2 Fusion support the development of a number of sports clubs; including Lewisham Thunder Basketball Club at Forest Hill School Sports Centre; Lewisham Football Club and Kent Athletics Club at Ladywell Arena; Park Langley Tennis Club at the Bridge; and Saxon Crown at Glass Mill.
- 5.3.3 Fusion made the most of the excitement in the lead up to the 2012 Olympic and Paralympic Games by hosting and supporting a number of events. For example, the Bridge hosted a Line the Streets workshop to make flags for the torch relay; and Ladywell Arena and S-factor Athletics Club held 100 and 50 days to go events. They feel this contributed to the growth in usage.
- 5.3.4 Fusion actively participates in the Time Credits scheme, providing swim, gym and selected classes in exchange for credits earned through volunteering. By supporting the scheme Fusion are widening the offer range for spending credits, encourage residents who may not normally use the centres and encourage more people to volunteer and support their local economy.
- 5.3.5 Fusion centres have offered additional activities through external funding to the tune of £33,599, including purchasing softball equipment with NHS funding and working with the Positive Ageing Council on delivering more over 60s activities. Fusion directly sponsored a football day at the Olympic Live Site, disability sports day, and Lewisham schools cross country championships.

5.3.6 Downham Health and Leisure Centre supported a number of activities as well, including:

- Swimathon for Marie Curie Cancer Care and Sport Relief
- Marathon spinathon for WheelPower
- 100 days to the Olympics celebrated with free sessions and taster classes
- The annual 'Downham Celebrates' event
- World's largest coffee morning for Macmillan Cancer Support
- Diversity Day

5.3.7 Leisure Connection awarded funding to five groups during 2012-13 including £3000 towards the purchase of a trampoline in order to start a local trampoline club.

#### 5.4 Regeneration of the Borough

5.4.1 Overall, the Council has viewed investment in leisure facilities as a way of regenerating town centres and offering community based facilities in densely populated and poorer neighbourhoods. These in themselves offer opportunities to promote community engagement, cohesion and healthy lifestyles.

5.4.2 **Glass Mill:** Glass Mill opened to the public at the beginning of June 2013 and is the culmination of several years of major investment in the borough's leisure facilities. Forming part of the new Barratt's Renaissance development, the leisure centre has state of the art facilities, including a 25m competition pool, 20m learner pool, 100 station gym, two studios, health suite, climbing wall, crèche, meeting room and café.

5.4.3 **Forest Hill Pools:** Forest Hill pools opened in September 2012; a brand new facility retaining its original façade. Over 1,200 people came through the doors on its opening weekend.

5.4.4 **Wavelengths:** The £1.5m redevelopment of Wavelengths is shortly coming to an end and transforms the building into a modern facility. A new fitness gym, opened in January, has replaced the old library area. A new health suite, soft play and studio opened in May 2013, and the remaining works, notably the leisure pool, will be completed in July.

5.4.5 **The Bridge:** Fusion and the Council successfully secured funding from the London Marathon Trust, Sport England and Viridor to redevelop the cricket nets and purchase outdoor cricket sight screens to offer a higher standard of cricket at the Bridge.

5.4.6 **Bellingham Lifestyles Centre:** Final negotiations to enable the integration of Bellingham Leisure & Lifestyle Centre into the Fusion contract are currently underway.

5.4.7 **Downham Health & Leisure Centre:** Via the lifecycle plan Leisure Connection have replaced the floor and redecorated the multi-purpose and fitness studios. A refurbished gym very recently opened.

## 5.5 Employment for local people

- 5.5.1 The two leisure contracts provide opportunities for employment and training for local residents.
- 5.5.2 65% of Fusion staff working in the borough's centres are Lewisham residents, and 11 apprentices are studying leisure related NVQs. A range of training is provided to all staff, and a number of the courses are available to local residents where space permits.
- 5.5.3 The Council worked closely with Fusion to choose a local café provider for the new Glass Mill centre. Local café, Rhubarb and Custard won the contract, and are now also the Wavelengths café provider.
- 5.5.4 Leisure Connection work with training provider, Life Time, to employ apprentices, followed by permanent contracts. Two work experience students from Bromley College worked at the centre during 2012 to develop their knowledge of the industry.

## 6. **Financial Implications**

- 6.1 There are no financial implications arising from this report.
- 6.2 The combination of new contract and new, more efficient and attractive buildings, has allowed the Council to make savings on the leisure budget.

## 7. **Equalities Implications**

- 7.1 An Equalities Impact Assessment (EIA) for the Council's leisure services specification was conducted before both contracts were tendered. A number of the actions contained within the EIA aim to deliver a positive impact on equality in the Borough. Some highlights of this include:
- Free gym inductions have been offered for the Exercise on Referral and Active Heart programmes; and subsidised access for Be Active members.
  - Specific single sex sessions are being programmed including the continuation of the successful 'women's only' evening at Forest Hill pools.
  - Free access to facilities for national sportsmen and women of all ages is being provided for the duration of the contract (FANS scheme).
  - 50 hours of free access per year is being utilised by the Council's sports & Leisure Service. Emphasis will be placed on delivery of activities for the equalities groups listed within the EIA.

## 8. **Legal Implications**

- 8.1 There are no legal implications arising from this report.

## 9. **Conclusion**

- 9.1 Through the borough's two leisure providers, Fusion and Leisure Connection, the Council can provide many benefits to local people such as; employment, state of the art facilities, subsidised and free activities for those most in need,

and health improvements. Continuous monitoring and working in partnership with the two contractors will ensure continued benefit for local people.

If there are any queries on this report please contact Petra Marshall, Community Resources Manager on 020 8314 7034.

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Healthier Communities Select Committee			
<b>Report Title</b>	Update on sexual health services commissioned and provided in the borough following Public Health transfer		
<b>Key Decision</b>	No	Item No.	7
<b>Ward</b>	All		
<b>Contributors</b>	Executive Director for Community Services, Executive Director for Resources and Regeneration, Head of Law		
<b>Class</b>	Part 1	Date:	9 July 2013

## 1. Summary

- 1.1 Sexual Health is a local priority. Levels of sexually transmitted infections, abortions and HIV infections have risen in the last few years. Continuing previous arrangements, Lewisham has a collaborative commissioning arrangement with Lambeth and Southwark to strategically commission sexual health and HIV services across the 3 boroughs.

## 2. Purpose

- 2.1 The purpose of this report is to provide the Committee with an update on the sexual health services commissioned and provided in the borough; prevalence and outcomes related to sexual health and the new commissioning arrangements for sexual health following the transfer of public health to Local Authorities on 1<sup>st</sup> April 2013.
- 2.2 The report also provides an update on the HIV care and support service review implementation which was previously brought to the committee in October 2011 and March 2012.

## 3. Recommendations

- 3.1 The Committee is asked to note the contents of the report.

## 4. Policy Context

- 4.1 From April 2013 Local Authorities took over the responsibility for commissioning sexual health services from Primary Care Trusts - *'Local Authorities will become responsible for commissioning comprehensive open-access accessible and confidential contraception and sexually transmitted infections (STIs) testing and treatment services, for the benefit of all persons of all ages present in the area'*<sup>1</sup>.

<sup>1</sup> Public health in local government factsheet. Department of Health, 20 December 2011.

- 4.2 The Lewisham Shadow Health and Wellbeing Board identified sexual health as one of the 9 priorities for Lewisham over the next three years. A summary of local sexual health needs is available on the Lewisham JSNA website <http://www.lewishamjsna.org.uk/home/priority-outcomes/sexual-health>
- 4.3 This paper supports the Sustainable Community Strategy principles of narrowing the gap in outcomes for citizens and Delivering together efficiently, effectively and equitably – ensuring that all citizens have appropriate access to and choice of high-quality local services. It also links to the priority “Healthy, active and enjoyable”

## 5. Background

- 5.1 The neighbouring boroughs of Lambeth and Southwark have similar sexual health issues and for many years there has been a collaborative sexual health and HIV commissioning arrangement between the former PCTs led by Lambeth PCT. The team commissioned abortion services, HIV prevention, care and support and some aspects of sexual health.

## 6. Current commissioning arrangements

- 6.1 Building on the historical arrangements a tri-borough Sexual Health and HIV commissioning team has been established hosted by Lambeth Council to commission HIV prevention, care and support and sexual health services across the 3 boroughs. The services commissioned through this arrangement are outlined in table 1.

**Table 1: Services commissioned through the Lambeth Sexual Health and HIV Commissioning Team**

Service	Budget 2013/14
Sexual Health (GUM, Community Contraception and STI testing and treatment)	£5,874,695
Pan London HIV Prevention Programme PLHIVPP	£59,451
LSL HIV Prevention	£113,255

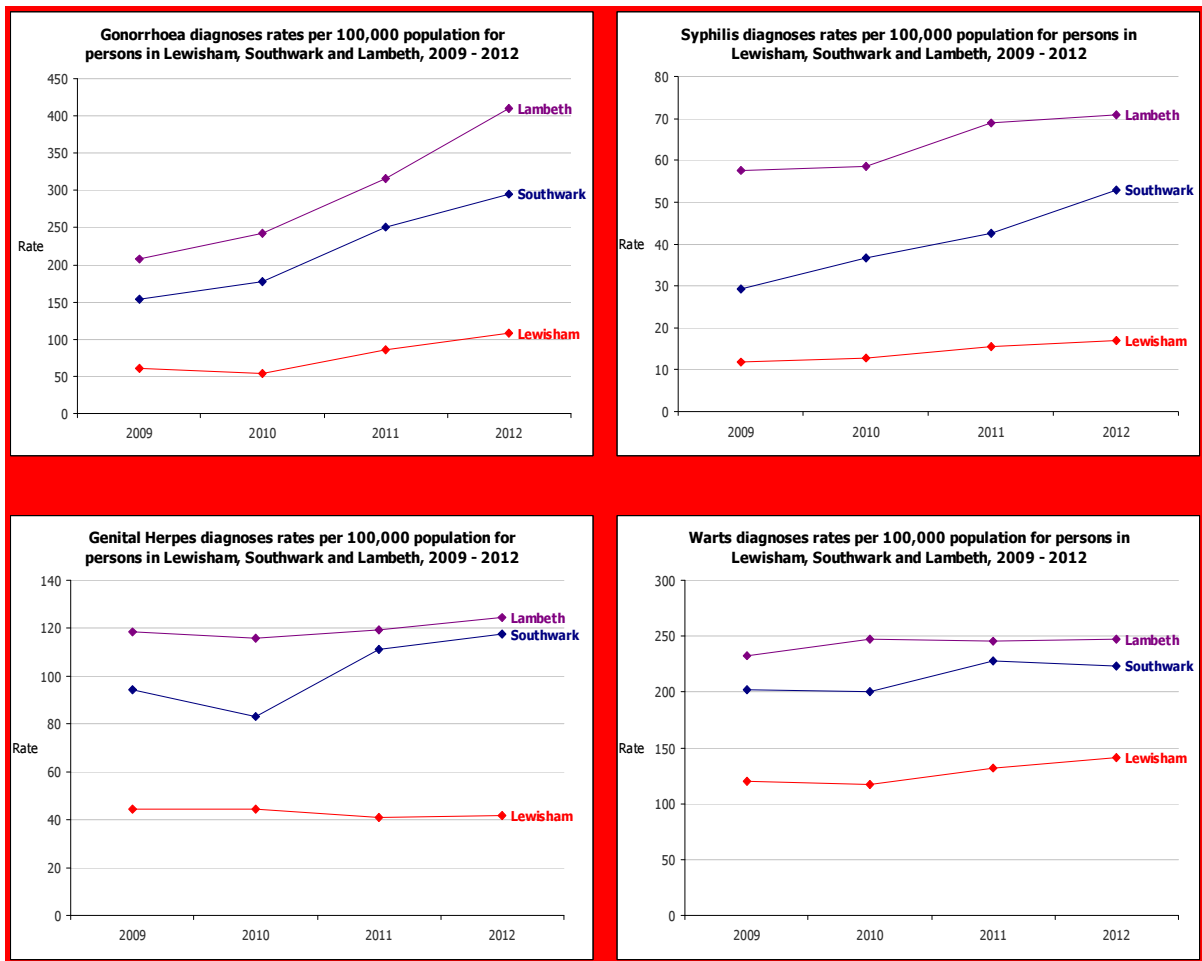
- 6.2 Some aspects of sexual health have historically been commissioned locally in Lewisham by Public Health officers, this includes some elements of GP sexual health service provision and online STI screening. Where this is the case these arrangements have remained in place for 2013/14 and will be reviewed in year.

## 7. Prevalence of Sexually Transmitted Infections and HIV

- 7.1 There have been recent increases in STIs across London. The prevalence of STIs in Lewisham is high compared to other parts of London and England, although lower than Lambeth and Southwark. Rates of all STIs have been rising over the past few years, particularly in men who have sex with men.



**Figure 1: STI trends in Lewisham, Lambeth and Southwark 2009-12**



- 7.2 Lewisham has high rates of Chlamydia, but this is partly a result of the success of the screening programme, which results in approximately half the 15-24 year old population. Around 10% of the screened population are diagnosed with the Chlamydia and 2% have gonorrhoea.
- 7.3 Between 2007 and 2011 the number of people living with HIV in Lewisham has increased by 30%. The diagnosed prevalence rate is 7.8 per 1,000 the 8<sup>th</sup> highest in London (London rate is 5.4 per 1,000). Lambeth and Southwark have the highest rates of 13.8 and 11.7 per 1,000 respectively. HIV rates are increasing mainly as a result of people living longer with HIV infection.
- 7.4 Overall, new diagnoses of HIV have been falling steadily since 2004, however the London data for 2012 shows an increase in new diagnoses of HIV. This is due to an increase in new infections acquired through sex between men.
- 7.5 Late diagnosis of HIV is an important indicator of the effectiveness of HIV testing programmes. The earlier HIV is diagnosed the better the outcomes are for the individual. Early diagnosis also reduces the risk of onward transmission of infection. Late diagnosis of HIV has fallen in Lewisham to 50% of all new diagnosed infections in 2011 from 63% in 2010.

## 8. Local Sexual Health Services

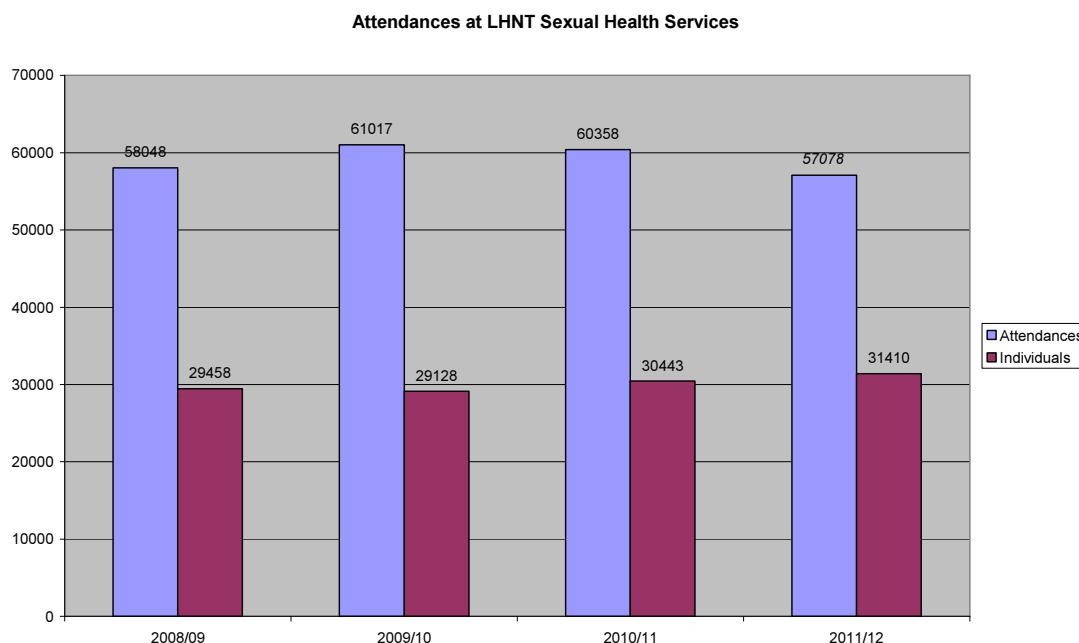
8.1 Sexual health services are currently delivered in a broad range of settings including:

- GP practices (contraception, STI testing and treatment)
- Pharmacies (emergency contraception)
- Hospitals (GUM and HIV clinics)
- Sexual health clinics (contraception and STI testing and treatment)
- Online (chlamydia and gonorrhoea screening)

8.2 In addition to this youth services, libraries and some pharmacies distribute condoms through the pan-London Condom Card Scheme (Come Correct). Condoms are also available to those at high risk of HIV infection through the Safer Partnership (which is partnership of voluntary sector organisations). Lewisham Healthcare NHS Trust sexual health service also provides sex and relationships education in local schools and run a clinic at Lewisham College.

8.3 Lewisham Healthcare NHS Trust run 4 sexual health clinics across Lewisham at the Waldron Health Centre, Downham Health and Leisure Centre, Rushey Green Primary Care Centre and Sydenham Green Health Centre. The clinics are well established and very busy. They predominately operate on a walk in basis, with no appointment required. They see around 30,000 patients a year. Figure 2 shows activity over the last 4 years (2012/13 not yet available).

**Figure 2: Attendances at LHNT sexual health clinics**



8.4 Genito-urinary medicine (GUM) services are specialist sexual health services which test diagnose and treat sexually transmitted infections (STIs). GUM services are 'open access'. This means patients do not require a referral to access them.

- 8.5 Currently 75% of activity for Lewisham residents occurs within 5 providers (see table below). From November 2012 Lewisham Healthcare Trust started providing GUM services at the Waldron. It is anticipated that this will repatriate some activity back into borough particularly from Westminster and Camden which attract large numbers of gay men into their services. It is also possible it may increase demand for services by uncovering previously unmet need.

**Table 2: GUM Activity by provider as percentage of all Lewisham residents activity**

Host Borough	Clinic	Percentage of all Lewisham GUM activity
Lambeth	King's College Hospital NHS Foundation Trust	27%
Southwark	Guy's Hospital	15%
Southwark	St Thomas' Hospital	11%
Westminster	Dean Street Clinic	11%
Camden	Mortimer Market Centre	7%
Bromley	Beckenham Hospital	5%
<b>TOTAL</b>		<b>75%</b>

- 8.6 **HIV:** Lewisham and Lambeth were the first London boroughs to pilot HIV testing in GP practices for newly registering patients as part of the new patient health check. As a result of this work, late diagnosis of HIV dropped from 63% to 50% between 2010 and 2012 and most of the patients seen in the local clinic were diagnosed by their GP.
- 8.7 **Abortion:** In 2011 the abortion rate in Lewisham was 32.3 per 1,000 aged 15-44. This was the 6<sup>th</sup> highest in London and higher than both Lambeth and Southwark. This equates to 2,001 abortions. In the last 2 years the rate appears to be increasing, reversing a previous decreasing trend.
- 8.8 Rates are highest in 18-19 year olds but are also higher than expected in older women particularly 25-34 year olds. Lewisham has a higher proportion of abortions performed after 13 weeks (10% compared to 8% across London) and a high rate of repeat abortions. In the under 25 age group 33% of abortions are repeat abortions, compared to 26.4% in England and 32% in London. Abortion rates are higher for Black ethnic groups than average. This is true for all age groups with Black African women particularly over-represented in the repeat abortion data. Over 50% of women in the Black African, Caribbean and Black British ethnic groups who attended for an abortion in 2011 had at least one previous abortion compared to 40% in the White ethnic group.

8.9 In 2012 a local early medical abortion service was established at the Waldron Health Centre provided by LHNT. Prior to the development of service there was no in borough abortion service and Lewisham patients had to travel out of the borough to access abortions.

## **9. HIV Care and Support Service Review Update**

9.1 In 2011 LSL sexual health and HIV commissioners initiated a review of the existing portfolio of HIV care & support services and assessment of need to inform future commissioning intentions. The service review aimed to ensure that LSL provision for HIV care & support would be modernised to reflect the changing needs of people living with HIV in line with the epidemiological changes of HIV and advances of treatment. Updates from this workstream have previously been to HCSC in October 2011 and March 2012.

9.2 The driver for the review was HIV becoming defined as a long term condition and to support a strategic direction towards mainstreaming HIV services.

9.3 A number of new workstreams have been developed following the consultation response. These include; Children and young people; workforce training; case management and peer support. The Steering Group will continue to meet to oversee the implementation of the service review, albeit slightly reconstituted to reflect the changes in the NHS. The Service User Reference Group (SURG) continue to have an essential role and their role may be broadened to other aspects of HIV work. The engagement and consultation plan is being revised, and stakeholder events for providers are being planned to support them through the change process.

## **10. Financial Implications**

10.1 Sexual health services are funded through the Public Health Grant which is ring fenced for at least two years (2013/14 and 2014/15).

10.2 The cost of services set out in table 1 above can all be met from the agreed 2013/14 budget. Expenditure against contracts whose value is dependent on volume will be monitored closely.

## **11. Legal Implications**

11.1 A legal agreement is being drawn up between the 3 boroughs of Lewisham, Lambeth and Southwark to support the sexual health commissioning arrangement and Lambeth Council as lead commissioning organisation. This sets out amongst other things the governance arrangements between the three Councils, the terms of reference of the Commissioning Board which will have a representative of each Council and provision for decisions by unanimity, the agreed contribution by each Council to the costs of the administration of the commissioning of the services, staffing arrangements, and indemnity and insurance provision.

11.2 A section 75 agreement has been drafted between Lewisham CCG and Lewisham Council for the contracting arrangements with Lewisham Healthcare Trust which will shortly be finalised.

**12. Crime and Disorder Implications**

None.

**13. Equalities Implications**

13.1 Sexual health services are targeted at those of highest risk which includes men who have sex with men, black African and Caribbean men and women.

13.2 An Equalities Analysis Assessment (EAA) has been carried out as part of the HIV Care and Support service review, and further EAAs will be applied in relation to changes in service provision.

**14. Environmental Implications**

14.1 None.

**15. Conclusion**

15.1 Sexual health continues to be a local priority for Lewisham. Sexual health services will be reviewed over the coming year, and developed in line with emerging need and user feedback. The collaborative approach to needs assessment, commissioning and providing sexual health services across the 3 boroughs will be maintained.

If there are any queries on this report please contact Ruth Hutt, Consultant in Public Health on 020 8314 7610.

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<b>HEALTHIER COMMUNITIES SELECT COMMITTEE</b>			
<b>Report Title</b>	Response from the Health and Wellbeing Board to matters referred by the Select Committee – Health and Wellbeing Strategy		
<b>Contributors</b>	Executive Director of Community Services	Item No.	9
<b>Class</b>	Part 1	Date:	

## 1. Purpose

- 1.1 This report sets out the response from the Health and Wellbeing Board to the select committee’s referral on the membership of the Health and Wellbeing Board.

## 2. Recommendations

- 2.1 It is recommended that the Healthier Communities Select Committee receives the response of the Health and Wellbeing Board.

## 3. Policy context

- 3.1 The Health and Social Care Act 2012 establishes a duty on local authorities to convene Health and Wellbeing Boards for their areas.
- 3.1 The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Lewisham as established in *Shaping our future – Lewisham’s Sustainable Community Strategy* and in Lewisham’s Health and Wellbeing Strategy.
- 3.2 The work of the Board directly contributes to *Shaping our future’s* priority outcome that communities in Lewisham should be *Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.*

## 4. Background

- 4.1 The Health and Wellbeing Board considered the attached report entitled ‘Comments of the Healthier Communities Select Committee on the Health and Wellbeing Strategy’ at its meeting on 30 May 2013.
- 4.2 As detailed in the report, the Committee recommended that the Health and Wellbeing Board specifically address the issue of engagement with service users, either through:
  - (i) appointment to the Health and Wellbeing Board; or
  - (ii) a second tier of user groups feeding directly to the Health and Wellbeing Board

## **5. Health and Wellbeing Board response**

- 5.1 At its meeting on 30 May 2013, the Health and Wellbeing Board considered its membership as well as the supporting groups that would allow it to take forward its area of activity.
- 5.2 In line with the Council's proposal that the Health and Wellbeing Board ought to have two representatives from the voluntary and community sector, the Board has proposed that Council appoint Tony Nickson, Director of Voluntary Action Lewisham. It has also asked Voluntary Action Lewisham to develop a process for identifying another representative for the sector.
- 5.3 The proximity of voluntary and community organisations to service users as well as their experience in involving and engaging citizens and service users means that these representatives will strengthen the capability and expertise of the Board.
- 5.4 In addition, the Health and Wellbeing Board has agreed that one of its supporting groups will be a Joint Public Engagement Group.
- 5.5 The Lewisham Public Engagement Group will bring together key stakeholders from across Lewisham's public, voluntary and community sectors to ensure that communities and individuals across Lewisham are able to influence the design and delivery of health and social care services.
- 5.6 The Group will identify activities and interventions that support individuals and community groups to be involved in managing their health and wellbeing, their health and care services, to exercise choice and to achieve positive outcomes.
- 5.7 This Group will help to ensure that service user feedback directly influences the work of the Health and Wellbeing Board and the delivery of its priority objectives.

## **6. Financial implications**

- 6.1 There are no direct financial implications arising from this report or its recommendations.

## **7. Legal implications**

- 7.1 There are no specific legal implications arising from this report.

## **8. Equalities implications**

- 8.1 There are no specific equalities implications arising from this report or its recommendations. The importance of ensuring that the Health and



Wellbeing Board and its supporting groups recognise equalities will be made clear within their terms of reference. In addition, the Joint Public Engagement Group will have a specific role to play in ensuring that the activity of the Health and Wellbeing Board takes into account the views of those communities and groups that are harder to reach.

**9. Crime and disorder implications**

9.1 There are no specific crime and disorder implications arising from this report or its recommendations.

**10. Environmental implications**

10.1 There are no specific environmental implications arising from this report or its recommendations.

**Background documents**

None

If there are any queries on this report please contact Edward Knowles, Service Manager – Strategy, Community Services, London Borough of Lewisham on 0208 314 9579 or by e-mail at [edward.knowles@lewisham.gov.uk](mailto:edward.knowles@lewisham.gov.uk)

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<b>Healthier Communities Select Committee</b>		
<b>Report Title</b>	Response from Mayor and Cabinet to matters referred by the Select Committee – Preventing Premature Mortality Review Recommendations Update	
<b>Key Decision</b>	No	Item No 10
<b>Ward</b>	All	
<b>Contributors</b>	Executive Director for Resources (Head of Business & Committee)	
<b>Class</b>	Part 1	Date: July 7 2013

## 1. Summary

This report informs members of the response given at Mayor and Cabinet to a referral in respect of recommendations to the Mayor following the discussions held on the Preventing Premature Mortality Review Recommendations Update which the Select Committee considered in March 2013.

## 2. Purpose of the Report

To report to members the response given at Mayor and Cabinet to recommendations made by the Select Committee on the Preventing Premature Mortality Review Update at their meeting on 19 March 2013.

## 3. Recommendation

The Select Committee is recommended to receive the Mayoral response to their consideration of an update report on the Preventing Premature Mortality Review.

## 4. Background

- 4.1 The Mayor considered the attached report entitled 'Response to Recommendations by the Healthier Communities Select Committee' on the Premature Deaths Review Update at the Mayor & Cabinet meeting held on June 19 2013.

## 5. Mayoral Response

- 5.1 The Mayor received an officer report and a presentation from the Cabinet Member for Children & Young People.
- 5.2 The Mayor agreed that the responses to each of the recommendations be approved and the report be forwarded to the Healthier Communities Select Committee.

## **BACKGROUND PAPERS**

Mayor & Cabinet minutes June 19 2013

If you have any queries on this report, please contact Kevin Flaherty, Head of Business & Committee, 0208 314 9327

<b>Mayor and Cabinet</b>			
<b>Report Title</b>	Response to Recommendations by the Healthier Communities Select Committee on the Premature Deaths Review Update		
<b>Key Decision</b>	No	<b>Item No.</b>	10
<b>Ward</b>	All		
<b>Contributors</b>	Frankie Sulke, Executive Director Children and Young People		
<b>Class</b>	Part 1	<b>Date</b>	19 June 2013

## **1. Summary**

- 1.1 This report provides a response, for consideration by Mayor and Cabinet, to the recommendations expressed by the Healthier Communities Select Committee, following discussions held on the Preventing Premature Mortality Review Recommendations Update at their meeting on 19 March 2013.

## **2. Recommendation**

- 2.1 The Mayor is recommended to agree the responses to each of the recommendations, and forward the report to the Healthier Communities Select Committee.

## **3. Background**

- 3.1 The Healthier Communities Select Committee review was scoped in June 2011 and four evidence gathering sessions were held, with the Committee agreeing the final report and recommendations in March 2012.
- 3.2 On 11 July 2012 the Mayor received a report providing officer and partner responses to the recommendation in the review. These responses outlined what work was being undertaken and planned to address the issues raised in the review. This report was further discussed at the Healthier Communities Select Committee meeting on 5 September 2012.
- 3.3 In March 2013, an update on the recommendations in the review returned to the Committee, who made two further recommendations and referred to Mayor and Cabinet on 19<sup>th</sup> June 2013. This report provides a response to each of these recommendations.

## **4. Policy context**

- 4.1 The review undertaken by the Healthier Communities Select Committee specifically related to the Sustainable Community Strategy priority 'Healthy, Active and Enjoyable – where people can actively participate in maintaining and improving their health and wellbeing' and its underpinning principle of reducing inequality.
- 4.2 In addition, the review linked to the Council priority 'Active, healthy citizens'.

- 4.3 The recommendations made on 19<sup>th</sup> March 2013 relate to children and young people, and therefore relate to The Children and Young People's Plan 2012-2015 (CYPP), which outlines the vision across Lewisham's Children and Young People's Strategic Partnership for improving outcomes for all children. We want all of our children and young people to 'Be Healthy' and our priorities in the plan are targeted at key actions, and those most in need to ensure that we close the gaps and make a difference.
- 4.4 The recommendations from the review made on 19<sup>th</sup> March 2013 relate specifically to the priorities BH4 Reduce childhood obesity and BH5 Reduce substance misuse, including alcohol and tobacco.

## **5. Healthier Communities Select Committee Views**

- 5.1 The Healthier Communities Select Committee made the following comments and recommendations:
- 5.1.1 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).

### **Response**

The Tobacco Peer education programme has been offered to every secondary school in Lewisham through individual letters from the Executive Director of Children and Young People and the Director of Public Health and a notice in the Heads bulletin, followed up with direct calls and emails to each school.

To date, four schools have taken up the programme: Sydenham Girls, Sedgehill, Ladywell Fields Prendergast College and Addey and Stanhope. Twelve students from year eight are chosen by their peers in each school and trained to become peer influencers. In addition, Bonus Pastor ran a tobacco education programme for year eight tutor groups. The time and resource implications of the programme made it challenging for schools to release students and commit a member of staff for 3 half days and to link the programme to other areas.

The programme is currently under review for 2013/14, exploring how to provide a universal 'core' programme which reaches every student that schools can commit to, as well as a more intensive targeted programme for young people who are most at risk of taking up smoking.

- 5.1.2 School Governing Bodies redouble efforts to encourage the uptake of school meals in their schools.

### **Response**

Schools in Lewisham are able to purchase support from the LA Governors' service through service level agreements. This support includes a termly Governors' information pack that highlights key policies, research and legislation both nationally and locally that are relevant to governing bodies. It has been agreed with the service that an article promoting the benefits of school meals, including activities being promoted by the caterer to encourage take up will be included in the Autumn

2013/14 publication, the next one due to be circulated to Lewisham Governors, and that this be highlighted by clerks, where provided by Lewisham, in appropriate Governing Body meetings.

Further to the formal engagement as noted above, Lewisham Governors work with the Council in partnership with Chartwells (our schools catering contractor) proactively, to encourage the increase in uptake of school meals, through a number of interventions/initiatives.

Examples of interventions/initiatives include;

- Feedback improvements to the school menus, food quality and delivery processes to ensure that meals served have maximum appeal to all pupils.
- Engagement through school council meetings, promotional exercises such as meal making competitions 'On Your Marks' and cookery classes for pupils and teachers run after school.
- Food tasting sessions for parents and pupils throughout the year. Events are arranged for new starters and where schools have a low uptake noted by meal statistics, Pupil Support Services can be invited to promote free meals entitlement.
- Double sided menu flyers are provided to all parents in order for them to be advised of the meals to be served for the coming term. Leaflets are also produced outlining 10 great things about the school meal services.

As a result of this recommendation we will ensure all schools are further encouraged to increase take up.

## **6. Financial Implications**

6.1 There are no financial implications arising out of this report.

## **7. Legal Implications**

7.1 The Constitution provides for Select Committees to refer reports to the Mayor and Cabinet, who are obliged to consider the report and the proposed response from the relevant Executive Director; and report back to the Committee within two months (not including recess).

7.2 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

In summary, the Council must, in the exercise of its functions, have due regard to the need to:

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

- foster good relations between people who share a protected characteristic and those who do not.

7.3 The duty continues to be a “have regard duty”, and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

7.4 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: <http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-codes-of-practice-and-technical-guidance/>

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

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty

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

Public bodies such as local authorities are legally required to consider the three aims of the Public Sector Equality Duty (set out in the Equality Act 2010) and document their thinking as part of any decision-making processes. The Act sets out that public bodies must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between people who share a protected characteristic and those who do not share that characteristic; and
- foster good relationships between those who share a protected characteristic and those who do not share that characteristic.

7.7 The following equalities characteristics are ‘protected’ from unlawful discrimination in service provision under the Equality Act 2010: age; disability; gender reassignment; pregnancy and maternity; race; religion and belief; gender; and sexual orientation.



## **8. Equalities Implications**

- 8.1 In addition to its statutory obligations under the Equality Act 2010, the Council has set its own equality objectives that underpin the Comprehensive Equalities Scheme (2012-2016). These five equality objectives are as follows: 1. Tackle victimisation, harassment and discrimination; 2. To improve access to services; 3. To close the gap in outcomes for citizens; 4. To increase understanding and mutual respect between communities; and 5. To increase participation and engagement.
- 8.2 The work of the Children and Young People's Strategic Partnership is delivered within the context of our Children and Young People's Plan 2012-2015. This plan aims to improve the lives and life chances of every Lewisham child, and inherently seeks to reduce inequalities in all that we do.

## **9. Environmental Implications**

- 9.1 There are no direct environmental implications arising out of this report.

## **10. Crime and disorder implications**

- 10.1 There are no direct crime and disorder implications arising from this report.

If there are any queries on this report please contact Catherine Bunten on 0208 314 6577

## **BACKGROUND PAPERS**

<http://councilmeetings.lewisham.gov.uk/documents/s20928/03PreventingPrematureMortalityReview190313.pdf>

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# Agenda Item 11

<b>Committee</b>	Healthier Communities Select Committee	<b>Item No</b>	11
<b>Report Title</b>	Select Committee Work Programme		
<b>Contributors</b>	Scrutiny Manager		
<b>Class</b>	Part 1	<b>Date</b>	9 July 2013

## 1 Purpose

- 1.1 To advise Members of the select committee of the work programme for the municipal year 2013/14.

## 2 Summary

- 2.1 At the beginning of the municipal year, each select committee drew up a draft work programme for submission to the Business Panel for consideration.
- 2.2 The Business Panel considered the proposed work programmes of each of the select committees on 14 May 2013 and agreed a co-ordinated overview and scrutiny work programme, avoiding duplication of effort and facilitating the effective conduct of business.
- 2.3 However, the work programme is a “living document” and as such can be reviewed at each select committee meeting so that members are able to include urgent, high priority items and remove items that are no longer a priority.

## 3 Recommendations

- 3.1 The select committee is asked to:
  - note the work programme attached at **Appendix B** and discuss any issues arising from the programme;
  - specify the information and analysis required in the report for each item on the agenda for the next meeting, based on desired outcomes, so that officers are clear on what they need to provide;
  - note all forthcoming executive decisions, attached at **Appendix C**, and consider any key decisions for further scrutiny.

## 4. The work programme

- 4.1 The work programme for 2013/14 was agreed at the meeting of the Committee held on 16 April 2013 and considered by the Business Panel on 14 May 2013.
- 4.2 Following the last meeting, the following changes to the agenda for this meeting have been agreed by the Chair:
  - That the ‘Health & Well Being Strategy Delivery Plan’ be deferred to the September meeting.
  - That the ‘Health Scrutiny Protocol (Revised)’ be deferred to the September meeting.
  - That the response from the Health and Wellbeing Board to matters referred by the Select Committee come to the July meeting.

An updated work programme is attached.

4.3 The Committee is asked to consider the work programme and consider if any urgent issues have arisen that require scrutiny and if any existing items are no longer a priority and can be removed from the work programme. Before adding additional items, each item should be considered against agreed criteria. The flow chart attached at **Appendix A** may help members decide if proposed additional items should be added to the work programme. The Committee's work programme needs to be achievable in terms of the amount of meeting time available. If the committee agrees to add additional item(s) because they are urgent and high priority, Members will need to consider which medium/low priority item(s) should be removed in order to create sufficient capacity for the new item(s).

## 5. The next meeting

5.1 The following substantive items are scheduled for the next meeting:

Agenda Item	Review Type	Priority
<b>1. Adult Safeguarding Report</b>	Standard Review	High
<b>2. Reablement</b>	Standard Review	Medium
<b>3. Extra Care Housing Plans</b>	Standard Review	Medium
<b>4. Lewisham Hospital - Update</b>	Standard Item	High
<b>5. Lewisham CCG South-East London Community Based Care Strategy (incl. CCG's approach to engagement)</b>	Standard Item	Medium
<b>6. Improving Health Services in Dulwich and Surrounding Areas – consultation by the Southwark Clinical Commissioning Group</b>	Standard Review	High
<b>7. Health &amp; Well Being Strategy Delivery Plan</b>	Standard Review	High
<b>8. Health Scrutiny Protocol (Revised)</b>	Standard Review	High

5.2 The Committee is asked to consider if any specific information and analysis is required for each item, based on the outcomes the Committee would like to achieve, so that officers are clear on what they need to provide for the next meeting.

## 5. Financial Implications

5.1 There are no financial implications arising from this report.

## 6. Legal Implications

6.1 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.

## 7. Equalities Implications

7.1 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.

## 8. Date of next meeting

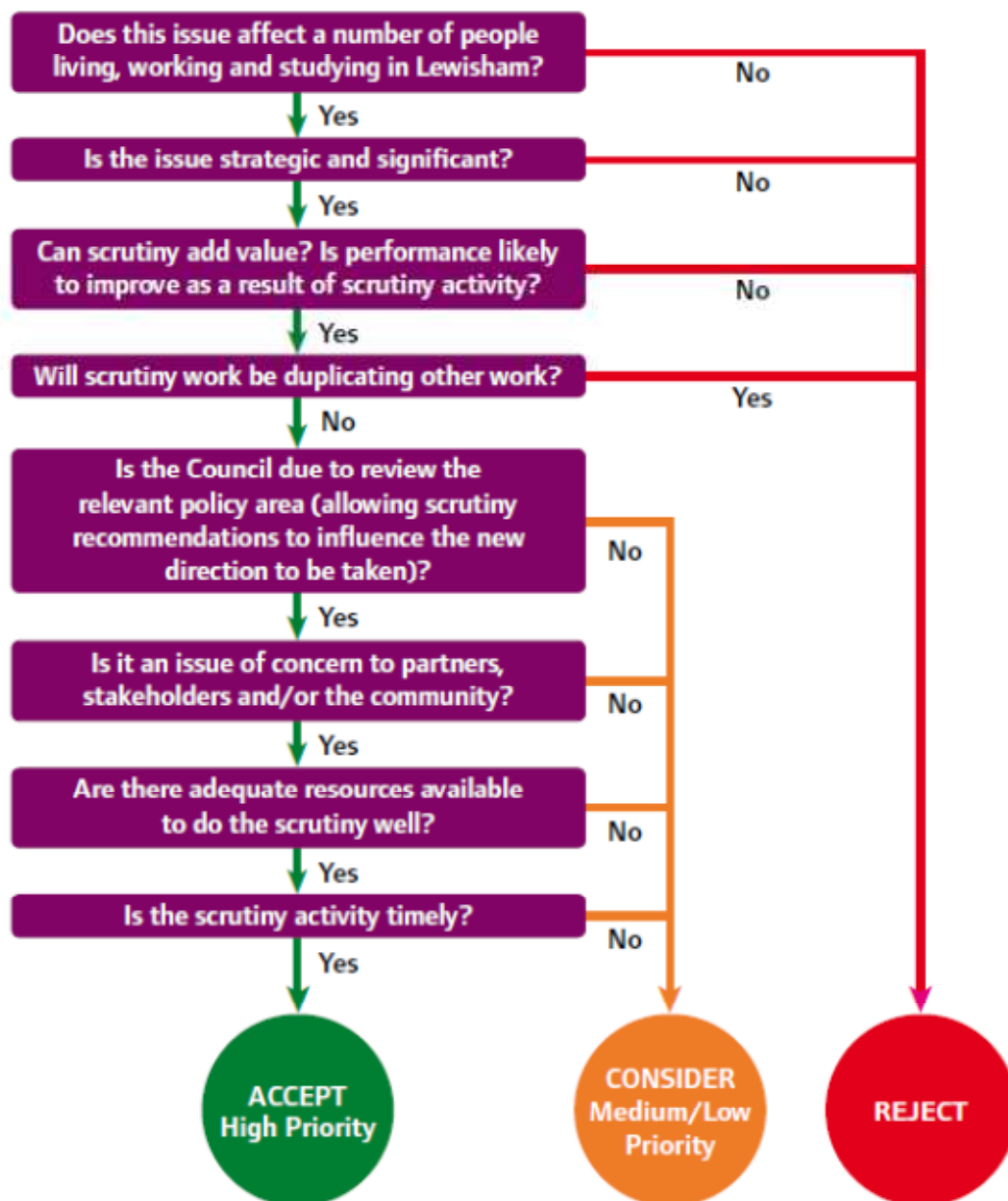
8.1 The date of the next meeting is Wednesday 4 September 2013.

**9. Background Documents**

Lewisham Council's Constitution

Centre for Public Scrutiny: the Good Scrutiny Guide – a pocket guide for public scrutineers

## Scrutiny work programme – prioritisation process



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 and Delivery Plan	Standard Review	High	CP9, 10	July								
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/Sexual Health Services	Standard Review	Medium	CP8, 9	May								
Community Mental Health Review	Standard Review	High	CP8, 9	May								
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								
New Cross Gate Healthy Living Centre	Standard Review	Medium	SCS5, CP1, CP9	May								
Outcomes Based Commissioning and Outcomes Based Practice for Adult Social Care.	Standard Review with consultation event	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								
CQC Local Compliance Manager Update & Lewisham Healthcare NHS Trust inspection report update and Mental Health Adult Placement inspection report update	Standard Review	High	CP8, 9, 10	Sept								
Improving Health Services in Dulwich and Surrounding Areas – consultation by the Southwark Clinical Commissioning Group	Standard Review	High	SCS 5, CP8, 9	April								
NHS 111 – Update	Standard Review	High	SCS5 CP7,8,9	May								
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	Feb								
Reablement	Standard Review	Medium	CP8, 9	Sept								
Update on Outcomes of Premature Mortality Review	In-depth review follow up	High	SCS5, CP9	Mar								
Learning Disabilities and Healthcare Services	Standard review	Medium	CP8, 9	Feb								
The Healthier Catering Commitment Scheme	Standard review	Medium	SCS5, CP1, CP9	Feb								
Prioritisation process for Public Health expenditure in 2014/15 (incl. Sustainability of Community Health	Standard review	High	CP1, 9, 10	Dec								
Public Health 2012/13 Annual Report	Standard review	Medium	CP1, 9, 10	Dec								
The Francis Report - progress on recommendations	Standard review	Medium	SCS5, CP1,8,9,10	Dec								
Establishing a South East London urban public health collaborative across Lambeth, Southwark and Lewisham	Standard review	Medium	CP9, 10	Dec								
Francis Report	Standard Review	High	SCS2 SCS 5	Dec								
Interim Evaluation of the North Lewisham Plan	Standard review	Medium	CP9, 10	Dec								

	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. 16 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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<b>MAYOR &amp; CABINET July 10 2013</b>	
Title and details of Item	Directorate responsible
Request to defer admissions to the Deptford Park Primary School Resource Base.	Children & Young People
Inspection of the Fostering Service by Ofsted.	Children & Young People
New Instrument of Government for Beecroft Garden.	Children & Young People
Appointment of Local Authority Governors	Children & Young People
Financial Survey.	Resources & Regeneration
Capital Programme Update.	Resources & Regeneration
Work and Skills Strategy.	Resources & Regeneration
Military Covenant.	Resources & Regeneration
Proposals for the use of the Mornington Centre 2013/14 (Academic Year)	Children & Young People
Beckenham Place Park – Consent to bid for funding.	Customer Services
Response to Housing Select Committee on Low Cost Home Ownership Review.	Customer Services

<b>MAYOR &amp; CABINET(CONTRACTS) July 10 2013</b>	
Title and details of Item	Directorate responsible

Agree the selection/approval of (Fire, Asbestos & Water Hygiene) Risk Assessment Contract	Resources & Regeneration
Reprocurement of the Learning Disability Framework Agreement - Phase 2 Appointment to the Framework	Community Services
Communities that Care Investment Fund 2013/4	Community Services
Young People Tier 2/3 Substance Misuse Service Contract Extension	Community Services
Adult Tier 2/3 Substance Misuse Service Contract Extension	Community Services
Passenger Transport Services Framework	Customer Services

**MAYOR & CABINET September 11 2013**

Title and details of Item	Directorate responsible
Council Tax Reduction Scheme	Customer Services
Proposals for the school places programme 2014-2015	Children & Young People
Generation Playclubs	Children & Young People
Community Assets Changes	Community Services
Deptford Southern Housing Sites – results of section 105 consultation and Equalities Analysis process	Resources & Regeneration
Response to Public Accounts Select Committee: Managing Contracts Review.	Resources & Regeneration
Catford – Town Hall site update.	Resources & Regeneration
Lewisham Gateway - Land appropriation.	Resources & Regeneration
New Cross Gate Healthy Living	Resources & Regeneration

Centre Scheme.	
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<b>MAYOR &amp; CABINET(CONTRACTS) September 11 2013</b>	
Title and details of Item	Directorate responsible
Supporting People Contract Award Report.	Community Services
Personalised Care and Support Services for Children and Young People – Preferred Provider Framework	Children & Young People
Request for authority to Award a contract for the enlargement of John Stainer Primary from 1 to 2 FE to be delegated to the Executive Director, Resources & Regeneration	Children & Young People
Energy Company Obligation delivery partner procurement decision	Resources & Regeneration

<b>MAYOR &amp; CABINET October 2 2013</b>	
Title and details of Item	Directorate responsible
Parking Annual Report	Customer Services
Response to Sustainable Development Select Committee on air quality	Customer Services

<b>MAYOR &amp; CABINET(CONTRACTS) October 2 2013</b>	
Title and details of Item	Directorate responsible
Contract Award for works to construct a Primary Phase at Prendergast Ladywell Fields College	Children & Young People

<b>MAYOR &amp; CABINET October 23 2013</b>	
Title and details of Item	Directorate responsible

Complaints Annual Report 2012/13	Customer Services
Housing Supply and Demand	Customer Services
Management Report	Resources & Regeneration
Discretionary rate relief – new policy	Community Services

<b>MAYOR &amp; CABINET(CONTRACTS) October 23 2013</b>	
Title and details of Item	Directorate responsible
Contract Award for works to provide decant accommodation for Adamsrill Primary School.	Children & Young People

<b>MAYOR &amp; CABINET(CONTRACTS) November 13 2013</b>	
Title and details of Item	Directorate responsible
Contract Award for works to enable the expansion of Adamsrill Primary School.	Children & Young People
Main grants extension	Community Services

<b>MAYOR &amp; CABINET December 4 2013</b>	
Title and details of Item	Directorate responsible
Management Report	Resources & Regeneration

<b>MAYOR &amp; CABINET(CONTRACTS) December 4 2013</b>	
Title and details of Item	Directorate responsible
Family Intervention Project (FIP) Contract	Family Intervention Project (FIP) Contract

<b>MAYOR &amp; CABINET(CONTRACTS) January 14 2014</b>	
Title and details of Item	Directorate responsible
Discretionary rate relief – awards over £10,000	Community Services

<b>MAYOR &amp; CABINET March 5 2014</b>	
Title and details of Item	Directorate responsible
Management Report	Resources & Regeneration

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<b>Healthier Communities Select Committee</b>		
<b>Report Title</b>	Exclusion of the Press and Public	
<b>Key Decision</b>		Item No. 13
<b>Ward</b>		
<b>Contributors</b>	Chief Executive	
<b>Class</b>	Part 1	Date: 9 July 2013

### **Recommendation**

It is recommended that under Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 3, 4 and 5 of Part 1 of Schedule 12(A) of the Act, as amended by the Local Authorities (Executive Arrangements) (Access to Information) (Amendments) (England) Regulations 2006:-

14. New Cross Gate Healthy Living Centre - minutes of the meeting held on 29 May 2013

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# Agenda Item 14

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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