

Healthier Communities Select Committee Agenda

Wednesday, 11 December 2013

7.00 pm,

Committee Room 1

Civic Suite

Lewisham Town Hall

London SE6 4RU

For more information contact: Charlotte Dale (Tel: 0208 314 9534)

Part 1

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Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Wednesday, 11 December 2013.

Barry Quirk, Chief Executive
Tuesday 3 December 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, 23 October 2013 at 7.00 pm

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

APOLOGIES: Councillor Peggy Fitzsimmons

ALSO PRESENT: Aileen Buckton (Executive Director for Community Services), Dee Carlin (Head of Joint Commissioning) (LCCG/LBL), Charlotte Dale (Scrutiny Manager), Steve Davidson (Service Director, Lewisham) (SLaM), Joy Ellery (Director of Knowledge, Governance and Communications) (Lewisham and Greenwich Healthcare NHS Trust), Jeff Endean (Housing Programmes and Strategy Team Manager), Val Fulcher (Lewisham Healthwatch), Helen Glass (Principal Lawyer), Philippe Granger (Lewisham Healthwatch), Heather Hughes (Joint Commissioner, Learning Disabilities), Lorna Hughes (Head of Engagement) (Lewisham Clinical Commissioning Group), Joan Hutton (Interim Head of Adult Social Care), Genevieve Macklin (Head of Strategic Housing), Zoe Reed (Director - Strategy and Business Development) (SLaM), Fran Bristow (Programme Director - Adult Mental Health Development Programme) (SLaM), Dr Hilary Entwistle (Lewisham CCG), Laura Harper (Housing Strategy Officer) and Say Ledington (Head of Performance and Quality) (Phoenix Community Housing)

1. Minutes of the Meeting Held on 4 September 2013

- 1.1 **RESOLVED:** That the minutes of the meeting held on 4 September 2013 be signed as an accurate record of the meeting.

2. Declarations of Interest

- 2.1 Councillor Muldoon declared an interest as an elected Governor of the Council of Governors of South London and Maudsley NHS Foundation Trust.

3. Extra Care Housing Plans

- 3.1 Genevieve Macklin gave a powerpoint presentation on the Council's Older People's Housing Strategy and plans for extra care housing. In response to questions from the Committee, the following points were noted:
- Older people were able to access shared ownership housing designated for older people without the need for a mortgage if, for example, they owned their current property and could release equity.
 - Housing and Adult Social Care worked in a very joined up fashion and shared the costs of certain services such as the handypersons service.
 - The housing preferences of older people varied: some older people wished to be integrated into the wider community and have designated housing alongside housing for other sections of the community, whilst others preferred to be in blocks exclusively designated for older people.
 - Housing worked very closely with Planning on the details of each scheme to make sure, for example, that the schemes were near to transport hubs and had adequate parking for visitors.
 - Some schemes would mean an increase in rent, but officers were working to keep rents at the Council's target social rent level and whilst rents might be higher than current levels they would still be affordable.

- People over the age of 62 were exempt from many of the new welfare reforms such as under-occupancy (the 'bedroom tax').
- Planning permission for the Hazlehurst Court scheme being developed by Phoenix was expected in Spring and the scheme needed to be completed by March 2017. Officers were currently working to ensure suitable facilities would be available on-site.
- The Featherstone Lodge development in Sydenham would consist of 1 and 2 bed units.
- The name of the Lewisham Park scheme – Chiddingstone – would be reconsidered in light of the concerns raised by the Vice Chair of the Committee.
- The Older People's Housing Strategy was nearing completion and a draft would be ready for consultation within the next few months.
- Consideration would be given in all schemes to community spaces and the possibility of communal broadband access.
- The demand for almshouses had reduced, as that type of accommodation was often expensive and many were considered out of date.

3.2 **RESOLVED:** That the report and presentation be noted; and the following be provided to the Committee: (a) information on the parking allowance at the Heathside and Lethbridge development; and (b) the plans for the Sydenham development (Featherstone Lodge).

4. Community Mental Health Review - Update

- 4.1 The Chair declared a prejudicial interest in this item as an elected Governor of the Council of Governors of South London and Maudsley NHS Foundation Trust and left the room. The Vice Chair assumed the Chair.
- 4.2 Zoe Reed introduced the round-up of recent developments at SLaM before Fran Bristow introduced the proposed restructure of the community mental health teams.
- 4.3 In response to questions from the Committee, the following points were noted:
- The proposals would see an increase in staff numbers.
 - SLaM met with the CCG monthly and the proposals had been developed in partnership with the CCG.
 - SLaM offered training on mental health issues to the Police and Community Liaison Officers.
- 4.4 Dr Entwistle reported that the restructured teams would result in better out of hours access for patients, improved intensive treatment at home and a better integration of mental health with physical health.
- 4.5 The Committee discussed whether the restructure constituted a substantial variation in the provision of services and heard from Helen Glass, officers from SLaM and other officers present at the meeting, and following a lengthy discussion, it was agreed that the Committee would regard the proposed restructure of the community mental health teams provided by SLaM as an enhancement of current services, in line with national policy, and not a substantial variation in the provision of services.
- 4.6 It was also agreed that the Committee would be provided with a progress report/update in relation to the SLaM restructure that took place two years ago, to

include details of any increased uptake of activities and some service user case studies.

- 4.7 **RESOLVED:** That (a) the round-up of developments at SLaM be noted; and (b) the proposed restructure of the community mental health teams provided by SLaM be welcomed as an enhancement of current services, in line with national policy, and not considered a substantial variation in the provision of services.

5. Lewisham Hospital - Update

5.1 Councillor Muldoon resumed the Chair.

5.2 Joy Ellery introduced the update and reported that the integration of Lewisham Healthcare NHS Trust and the Queen Elizabeth Hospital to form Lewisham and Greenwich NHS Trust had gone very well and that a CQC inspection was expected in the last quarter of the financial year. In relation to this it was noted that community services were likely to be inspected as well as acute services. The following points were also noted during discussion of the update:

- Amendments to the Care Bill had been proposed which would allow Trust Special Administrators to make recommendations affecting NHS trusts other than the one in administration, if they were deemed necessary for, and consequential on, the actions recommended for the trust in administration.
- A strategic aim of Lewisham and Greenwich NHS Trust was to be sustainable – it had been decided against including the word ‘financial’ as ‘sustainable’ was felt to convey a broader goal.

5.3 **RESOLVED:** That the update be noted and information on the Queen Elizabeth Hospital PFI contract costs as a percentage of the new organisation’s income (and details of any funding received to cover these costs) be provided to the Committee

6. Update on Outcomes of Premature Mortality Review - INFORMATION ITEM

6.1 The update was noted and Aileen Buckton agreed to liaise with colleagues in public health and the CYP Directorate with regard to obstacles to increasing the take up of school meals.

6.2 **RESOLVED:** That the report be noted; and information on what the Council/schools will be doing to encourage the take up of school meals once the free entitlement to school meals for key stage 1 pupils comes into effect, be provided to the Committee.

7. Select Committee Work Programme

7.1 The Scrutiny Manager reported that the following items were scheduled for the next meeting:

1. Library and Information Service
2. Public Health update, including:
 - Public Health 2012/13 annual report
 - Expenditure in 2014/15 (incl. sustainability of community health projects and initiatives)
 - Establishing a SE London urban public health collaborative across Lambeth, Southwark and Lewisham
 - Interim evaluation of the North Lewisham Plan

- 3. Lewisham Hospital – Update (standing item)
- 4. The Francis Report – progress on recommendations.

7.2 In relation to the Public Health update, Aileen Buckton reported that the Public Health 2012/13 annual report and information on expenditure in 2014/15 might not be available in time for the next meeting.

7.3 **RESOLVED:** That the work programme be noted.

8. Items to be referred to Mayor and Cabinet

8.1 None.

The meeting ended at Time 8.45pm.

Chair: _____

Date: _____

Agenda Item 2

Committee	Healthier Communities Select Committee	Item No.	2
Title	Declarations of Interest		
Wards			
Contributors	Chief Executive		
Class	Part 1	Date	11 December 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		
Report Title	Response from Mayor and Cabinet to matters referred by the Select Committee – Outcomes Based Commissioning and Outcomes Based Practice for Adult Social Care.	
Key Decision	No	Item No 3
Ward	All	
Contributors	Executive Director for Resources & Regeneration (Head of Business & Committee)	
Class	Part 1	Date: 11December 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 a report on progress made in relation to outcomes based commissioning and outcomes based practice in Adult Social Care which the Select Committee considered in July 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 9 July 2013.

3. Recommendation

The Select Committee is recommended to receive the Mayoral response to their consideration of Outcomes Based Commissioning and Outcomes Based Practice for Adult Social Care.

4. Background

- 4.1 The Mayor considered the attached report entitled 'Mayoral response to the comments of the Healthier Communities Select Committee on Outcomes Based Commissioning and Outcomes Based Practice For Adult Social Care at the Mayor & Cabinet meeting held on 23 October 2013.

5. Mayoral Response

- 5.1 The Mayor received an officer report and a presentation from the Cabinet Member for Community Services & Older People, Councillor Chris Best, and the Executive Director for Community Services.

- 5.2 The Mayor resolved that the response shown in the attached report be submitted to the Select Committee.

BACKGROUND PAPERS

Mayor & Cabinet minutes 23 October 2013

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

MAYOR AND CABINET			
Report Title	Mayoral response to the comments of the Healthier Communities Select Committee on Outcomes Based Commissioning and Outcomes Based Practice For Adult Social Care		
Key Decision		Item No.	
Ward	All		
Contributors	Executive Director for Community Services		
Class	Part 1	Date	23 October 2013

1. Purpose

- 1.1 This report sets out the response to the issues raised by the Healthier Communities Select Committee.

2. Recommendations

The Mayor is recommended to:

- 2.1 Approve the response from the Executive Director for Community Services to the issues raised by the Healthier Communities Select Committee.
- 2.2 Agree that this report should be forwarded to the Healthier Communities Select Committee.

3. Policy Context

- 3.1 Lewisham Council leads on the commissioning and quality assurance of both personal health and personal social care services for vulnerable adults. This function is carried out by the Joint Commissioning Team which is part of the Community Services Directorate, and is governed by a Section 75 agreement between Lewisham PCT and LB Lewisham signed in 2010. The services commissioned include: day care, domiciliary care, residential and nursing care, specialist health care, support for long term conditions and care for people at the end of their life.
- 3.2 Commissioned services are undergoing a significant shift in emphasis, moving away from block contracts with a small number of providers, to a position where service users are supported to develop individualised support plans which identify the outcomes they want to obtain. Service users are then supported to use their individual budget or direct payment to purchase the services they need from a wide range of providers in the market. This change in emphasis is usually referred to as personalisation or self-directed support.

3.3 This policy driver is enshrined in national legislation and policy guidance including: Your Health, Your Care, Your Say (2008); Putting People First (2007); Think Local, Act Personal (2011) and Integrated Care, Our Shared Commitment (2013).

3.4 The development of outcomes based commissioning and outcomes based practice link to the Council's priorities 'Caring for Adults and Older People' and 'Inspiring Efficiency, Effectiveness, and Equity'. It also contributes to the delivery of the sustainable community strategy priorities:

Safer: where people feel safe and are able to live free from crime, anti-social behaviour and abuse.

Healthy, active and enjoyable: where people can actively participate in maintaining and improving their health and well being.

4. Background

4.1 On 9 July 2013 the Healthier Communities Select Committee considered a report on progress made in relation to outcomes based commissioning and outcomes based practice in Adult Social Care. This report focused on the progress made on working with providers to move from a 'time and task' model of service delivery to an approach where services are personalised and based on achieving the outcomes that are identified as important to individual service users.

4.2 Consideration of this matter was also informed by a consultation event on the afternoon of 9 July which provided the opportunity for members of the select committee to meet with 50 service users and carers and hear directly about their experience of the care and support services that they receive. This included services provided directly by the Council, services commissioned by the Council and services that clients had purchased themselves using a direct payment.

5. Issues raised by the Select Committee

5.1 The Select Committee thanked the large number of service users and carers who took part in the consultation event and noted the progress made towards outcome based commissioning and outcome based practice.

5.2 The Committee welcomed the potential for improving the experience of service users and better meeting their needs with an increased focus on personalisation and outcomes.

5.3 The Committee recognised the challenge commissioners face as this approach is rolled out, particularly in ensuring that all providers commissioned pay their staff the 'London Living Wage'.

6. Response to the Healthier Communities Select Committee

6.1 The Select Committee's engagement with a wide range of service users and their carers, listening to their views and spending time to understand how they have experienced the services that they receive, is very much welcomed. Officers have also received very positive feedback from service users who welcomed the opportunity to meet with Members and reported that they thought that the afternoon was both helpful and enjoyable.

6.2 Progress on the development of outcomes based commissioning continues. A new in-house service to support people who choose to take a direct budget to manage their care will focus on supporting service users in developing outcome based support plans. It will also ensure they have access to a wide range of information and support to ensure that their needs are met.

6.3 The new integrated health and social care neighbourhood model will support people in accessing a wide range of service providers who will offer services designed to meet the service user's defined outcome.

6.4 Communities that Care Investment Fund monies are being used to support third sector organisations to develop a range of community based services which will offer service users much greater choice and control and reduce the reliance on more traditional services.

6.5 In addition to regular contract monitoring, officers have met with domiciliary care providers and reviewed business models and employment practices to ensure that providers are paying staff the London Living Wage. Although officers have identified that a number of different business models are in place, it was confirmed that all providers were paying the London Living Wage. Recommissioning of the Domiciliary Care Framework in 2014 will seek to ensure that provider business models show transparent pricing which will make monitoring of payment of the London Living Wage easier. It is more challenging to ensure that direct payments users adhere to paying a London Living Wage but the Council will be able to point to good practice across all domiciliary care providers and most service users are likely to select their workers from an approved provider.

7. Financial implications

7.1 There are no specific financial implications arising from this report.

8. Legal implications

8.1 There are no specific legal implications arising from this response, save for noting that the Council's Constitution provides that the Executive may respond to reports and or recommendations by the Overview and Scrutiny Committee.

9. Crime and Disorder Implications

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

9. Equalities Implications

9.1 There are no specific equalities implications arising from this report. However, the implementation of outcome based commissioning supports the council's commitment to promote equality of opportunity, inclusion and well being for all its citizens.

10. Environmental Implications

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

Background Documents

None

If there are any queries on this report please contact **Dee Carlin, Head Of Joint Commissioning, 0777 555 8271.**

HEALTHIER COMUNITIES SELECT COMMITTEE			
Report Title	Update on changes to the Library & Information Service		
Key Decision	NO	Item No.	4
Contributors	Executive Director for Community Services		
Class	Part 1	Date:	11/12/13

1. Purpose

- 1.1 This report offers an update on the performance of the Library & Information Service in Lewisham with particular regard to the provision of library services in community venues. The performance report is based on recorded measures between April and October 2013, against those in the previous two years.

2. Introduction

- 2.1. On 11 May 2011, Mayor and Cabinet
- agreed the asset transfer of the library buildings in Crofton Park, Grove Park and Sydenham
 - instructed officers to continue to seek alternative users for the New Cross building
 - agreed the proposal from Age Exchange for Blackheath including the re-assigning of the lease on the library building to a third party and the transfer of the library facilities into the Reminiscence Centre, and
 - agreed to deliver Community Library facilities in the affected neighbourhoods.
- 2.2. On 14 December 2011, the Healthier Communities Select Committee, having considered the report on the issues above, recommended:
- that thanks should be passed on to the anchor/host organisations, their staff and many volunteers for the hard work they have put into developing and providing a wide range of resources and activities for local people.
 - that the Library & Information Service is still in transition after its recent restructure and that the community libraries are still developing. The Committee also noted that the anchor/host organisations consider they would benefit from further developing the supportive working relationships they are developing across the three organisations.
 - that the Mayor and Cabinet continue to do all it can to keep all of the libraries operating fully, and continue to support the close working relationships between the anchor/host organisations and

the Council's Library & Information Service.

- 2.3. On 12 December 2012, the Healthier Communities Select Committee, having considered the report on the issues above, commended the successful introduction of, and support to, community libraries.

3. Recommendations

- 3.1. Members of the Healthier Communities Select Committee are invited to:
- note the contents of the report, and
 - comment on the observations on performance.

4. Policy context

- 4.1. Shaping the Future, the Council's Sustainable Community Strategy includes the following priority outcomes which relate to the work of the Library & Information Service and reflect the Council's aspirations for the service:

- Ambitious and Achieving – where people are inspired and supported to fulfil their potential.
- Empowered and Responsible – where people can be actively involved in their local area and contribute to supportive communities.
- Healthy, Active and Enjoyable – where people can actively participate in maintaining and improving their health and wellbeing.
- Dynamic and Prosperous – where people are part of vibrant localities and town centres, well connected to London and beyond.

- 4.2. The Library & Information Service also contributes to the following Council Priorities:

- Community leadership and empowerment – developing opportunities for the active participation and engagement of people in the life of the community.
- Strengthening the local economy – gaining resources to regenerate key localities, strengthen employment skills and promote public transport.
- Active, healthy citizens – leisure, sporting, learning and creative activities for everyone.



Lewisham in figures (Estimates 2013-2014)

Population 281,600 (June 2012 pop)
12 libraries
over 1.7 million visits
768k issues
53,000 residents (20.4%) borrowed a book
Books gifted to 100% of under 5s
Net Expenditure £16.25/head

- 4.3. The Quirk Review of community management and ownership of public assets was published by the Department for Communities and Local Government in May 2007. It found that while there are risks and practical challenges involved, there are no insurmountable obstacles to successfully transferring assets to community management and ownership. In July 2008 Mayor and Cabinet agreed an Asset Transfer Framework to provide a basis for identifying, assessing and making decisions on potential assets where ownership could be transferred in a way that is transparent, consistent and linked to wider strategic objectives.

5. Background

- 5.1. Following major changes implemented by the local authority in the last three years, there has been some confusion in relation to the provision of library services in the London Borough of Lewisham. Some reports in the professional and popular press, as well as online discussion boards, still refer to Lewisham library “closures” and poor performance. Whereas other reports hold the service change up as a model of good practice.
- 5.2. The following clarifies Lewisham’s story, vision, and strategy. This document comes at an important juncture in the history of this Library & Information Service, as it follows unprecedented transformation.

6. A definition of Public Library Service and core philosophy

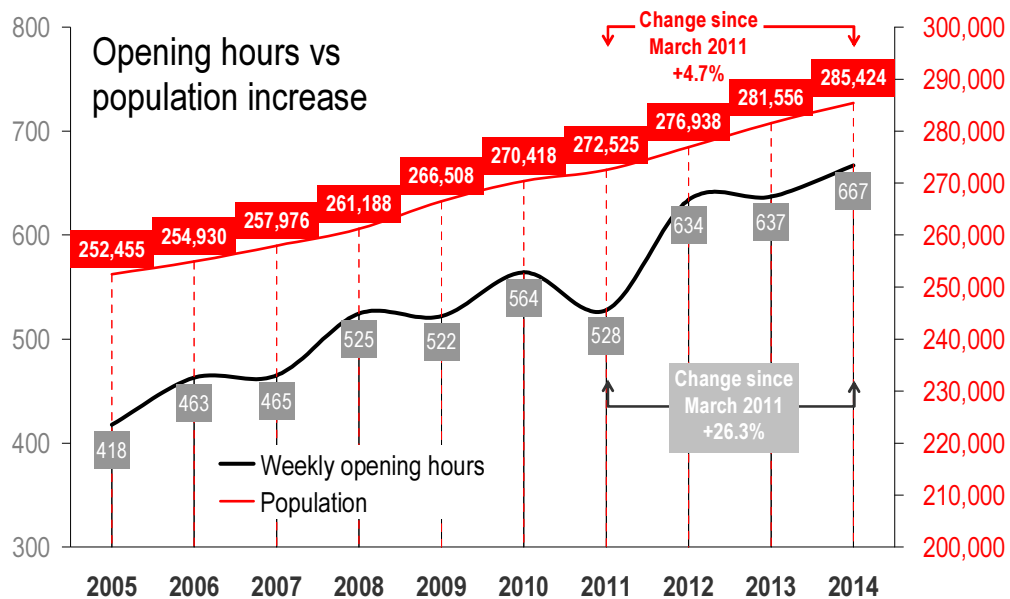
- 6.1. Lewisham recognises that the public library service exists to fulfil the local authority’s statutory obligations set out by the Public Library and Museums Act 1964. In law, it aims to provide “comprehensive and efficient” library services to citizens.
- 6.2. In practice, it is a service that universally strives to offer “unbiased access to information, learning, and works of creative imagination”. It is also a service that supports civic interaction through its openness, trustworthiness, and reliability.
- 6.3. Within Lewisham, the Library & Information Service sits within the Culture and Community Development Division of the Community Services directorate and contributes towards the fulfilment of the borough’s Sustainable Community Strategy, ‘Shaping Our Future’ and the borough’s Cultural Strategy. The key themes within the latter are Place Making, Prosperity, Learning, Community and Health, which all feature within library programmes.
- 6.4. The Lewisham Library & Information Service operates from seven buildings that the Council owns and manages, and from five community venues in which a peripatetic library service is available to residents. An additional community venue in the Evelyn area is due to be officially launched in December.

- 6.5. The public library service offers truly public spaces, where people visit to interact, use and take away tools for their personal, family and community's development, and find ways of expressing themselves. This is on offer to all citizens without a requirement for affiliation, ownership, and/or payment.
- 6.6. In an era in which more and more services move to the 'cloud', the public library service offers an opportunity for positive human interaction, whilst also embracing and promoting the virtual world. Indeed, in this context, public library services are ideally positioned to become community hubs, as local authorities increasingly deliver services from fewer premises.
- 6.7. The Service has sought increased integration with other Council departments to better respond to current and future corporate priorities. Lewisham libraries are supporting the eAdmission process (for primary schools entrants), the Registrar, the Parking permit distribution, the Be Active scheme (Community Health Improvement Service – Health Checks and Shape Up Programmes), online applications to the Local Support Scheme (previously the Social Fund) and working with the Universal Credit Pilot team.

7. The transformation journey

- 7.1. During 2011-2012, the Service went through profound transformation. The level of change and the speed in which it has been delivered have made Lewisham into a benchmark for effective transformation in the library sector, particularly in relation to the transfer of assets and the interaction with local communities.
- 7.2. Lewisham has been on the path to change for a few years. In 2006, the opening of the Downham Health & Leisure Centre introduced new staffing models, co-location with health and leisure providers and the adoption of self-service technology. In 2007, the Quirk Review offered the blueprint for the transfer of public assets. In 2009, the Mayoral Commission on Libraries and Adult Learning set out the political and corporate vision for the transformation of the Service. In 2010, the Comprehensive Spending Review, acted as the catalyst and the accelerator for change.
- 7.3. In the last few years, at a strategic level, Lewisham has joined the London Libraries Consortium, has introduced a new Library Management System, has introduced Collection HQ, a new piece of software that will analyse Lewisham's collections of stock comparing them to those of the rest of the country, and has restructured the Service. At an operational level, Lewisham has opened the refurbished Torridon Road Library co-located with a Children's Centre, decommissioned Wavelengths Library and opened the new Deptford Lounge, has decommissioned and re-commissioned the service provision for five community buildings and is working to launch an additional one in Evelyn, and has introduced the new scalable and replicable Community Library model. Overall since

March 2011, this has led to a 26.3% increase in library opening hours, 25.6% increase in eBook loans (3,381 last year), and 10% increase in online reference enquiries (56,263 last year).



7.4. Lewisham has been held up as a model of good practice for the delivery of library services. The service interacts with London Councils, Arts Council England, the Greater London Assembly, it sits on the Development Groups of the London Libraries Consortium, chairs the Association of London Chief Librarians, and represents London at the Society of Chief Librarians. Lewisham has worked with colleagues across the country to present its model of service delivery.

7.5. The Mayor, Sir Steve Bullock, and the Cabinet Member for Community Services and Older People, Cllr Chris Best, welcomed the Parliamentary Under Secretary of State for Culture, Communications and Creative Industries, Ed Vaizey MP on 25 June 2013. Mr Vaizey was impressed by the Lewisham Library & Information Service, specifically with regard to the Community Library Service and its engagement with community groups.

8. The Service – The structure

8.1. The recent reorganisation of the service changed the way in which it is structured substantially, introducing a flatter structure, introducing generic and flexible job roles, increasing the front line, and maintaining key professional roles.

8.2. The structure of the Service allows for flexibility and growth, to support developments through increased collaboration with other library services, other council departments, and with community groups.

8.3. The Service is divided into two teams, the Business Development Unit and the Business Delivery Unit. The first works to develop products and audiences, the second to deliver them to customers.

9. The Service – The Community Library Model

9.1. As part of the Council's £88 million savings programme, Lewisham Council decided to close five "library buildings", to pursue the option of transferring them to the community and to reorganise the remaining provision. By transferring the buildings to the community the Council saved ca. £240k on upkeep and maintenance, and by reorganising the service it saved ca. £755k on salary costs. Including the reduction in costs on IT maintenance and software, the Services contributed ca. £1M of savings.

9.2. This approach created an opportunity for community groups and organisations to acquire the former library buildings for alternative uses at minimal or no rent, as long as they committed to maintaining the building and keeping them open to the community. Crucially, the community library model also means that the Council can still provide Council library services from the building, even after it has been transferred.

9.3. The Council is responsible for the books, for the shelving, for the self-service terminals and the library catalogue. It maintains the stock to the standard it applies to all its collections. It promotes reader development programmes and trains the staff and volunteers at the community libraries.

9.4. The Council never transferred its statutory responsibility to deliver library services to third parties (i.e. volunteers). The community library provision is the responsibility of the Library & Information Service as any other outreach programme it delivers. However, the Service benefits from the commitment of the anchor / host organisations to promote books and reading and offer access to library services in the buildings they are responsible for.

9.5. In May 2011, the Council transferred four library buildings to community groups and relocated one to a community venue. Crofton Park, Grove Park and Sydenham have been leased at no cost to Eco Computer Systems (now Eco Communities), a social enterprise that works recycling technology and delivering training. Age Exchange, a charity based in Blackheath, asked and obtained £200k of funding to match over £500k of money they had raised to support the refurbishment of their Reminiscence Centre. A group of local residents, New Cross Learning, joined up with the social enterprise Bold Vision, to run the New Cross building.

- 9.6. In all cases, the third party, as well as signing a lease or funding agreements with the council, committed to supporting the provision of library services in their buildings at no cost to the Council.
- 9.7. The Service is working with Axiell UK and the Community Libraries to roll out OG Touch. This is a new and bespoke IT solution which will allow volunteers restricted access to the Libraries' database and enable them to more fully support users in accessing services (e.g. searching the catalogue, placing reservations). Lewisham and Axiell UK are developing OG Touch, which is gaining interest from other authorities keen to adopt a system for similar use.

10. Performance

- 10.1. In relation to the changes implemented, the disruption inherent in the transformation and the impact of this on the staff and public resulted in a temporary, if marked, decrease in performance two years ago. However, performance has improved ever since. Between April and October 2013 performance at the seven libraries has improved for the second year running: Issues increased by 4.4% (despite substantial closures at Lewisham Library due to redevelopment of the ground floor) and Visits increased by 8.2%.

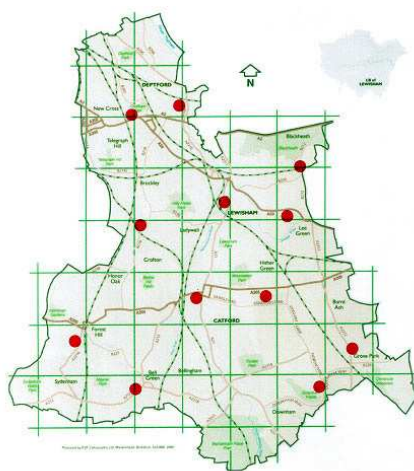
Issues			Issues		
Apr 2012 - March 2013			Apr 2013 to Oct 2013		
12 libraries last year	7 libraries last year	5 libraries last year	12 libraries last year	7 libraries last year	5 libraries last year
748,660	654,032	94,628	478,215	433,572	44,643
12 libraries this year	7 libraries this year	5 libraries this year	12 libraries this year	7 libraries this year	5 libraries this year
794,523	721,718	72,805	501,524	452,752	48,772
Change	Change	Change	Change	Change	Change
6.1%	10.3%	-23.1%	4.9%	4.4%	9.2%

Visits			Visits		
Apr 2012 - March 2013			Apr 2013 to Oct 2013		
12 libraries last year	7 libraries last year	5 libraries last year	12 libraries last year	7 libraries last year	5 libraries last year
1,708,202	1,512,544	195,658	1,062,342	927,370	134,972
12 libraries this year	7 libraries this year	5 libraries this year	12 libraries this year	7 libraries this year	5 libraries this year
1,773,062	1,523,814	249,248	1,204,580	1,003,076	201,504
Change	Change	Change	Change	Change	Change
3.8%	0.7%	27.4%	13.4%	8.2%	49.3%

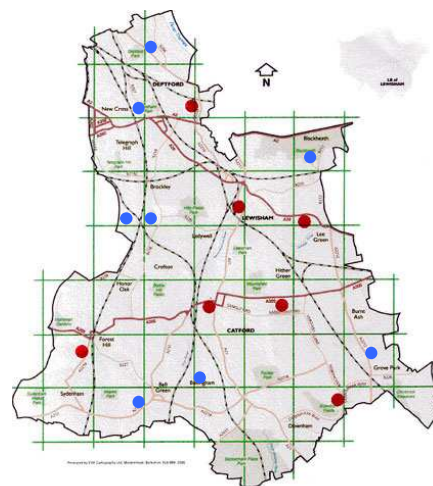
- 10.2. Deptford Lounge is particularly successful contributing averages of over 29,000 visits and over 10,000 issues per month. This library issues 30% more books and welcomes 79% more visitors than the library it replaced in its last full year of operations (2009-2010) data. The availability of Wi-Fi has made this building particularly attractive to younger users, and its

links to the Albany Theatre has made it into a key local cultural venue.

- 10.3. The five community buildings are also thriving both as local hubs and as libraries. The anchor organisation completed important repairs to the roofs, the outside and the interiors of Crofton Park, Sydenham, and Grove Park, and organised events that regularly attract high number of residents.
- 10.4. It is interesting that the new partners are drawing new activities into the buildings. Some have set up work clubs helping residents back to work and providing business start-up advice. Among other activities, they are delivering computer training to residents as well as offering sit down exercise classes for the elderly.
- 10.5. The Council has introduced self-service in these and in the New Cross building. Negotiations on the lease for New Cross are a final stage and should be concluded before the end of the year. The Reminiscence Centre has re-opened following the complete refurbishment of the building, which now includes a new community library service in Blackheath.
- 10.6. In the first seven months of this year, Visits to the Community Libraries have increased substantially (+49.3%) and Issues are now steadily increasing (+9.2%). Over the 12 libraries, performance on Issues has increased by 4.2%.
- 10.7. The performance of Blackheath has markedly improved following the refurbishment of the Reminiscence Centre building. Visits are up 27% on the figures of the library it replaced (2009-2010 figures). And Issues increased three times over those of the previous year. It is expected that these will continue to grow in the future.



Library coverage before May 2011



Library coverage after May 2011

- 10.8. Our work demonstrates Lewisham's continuous commitment to providing a quality library service to residents, while improving its efficiency. Indeed, we are extending the community library provision to a new and

additional service point in the North of the borough. The Pepys Resources Centre is a community venue that has had library books for a while. We have introduced library technology there, which links this collection to the main library service and the London Library Consortium, making it a sixth community library for Lewisham.

- 10.9. As well as investing in the Community Libraries, Lewisham has maintained and increased its book fund and it has acquired the Collection HQ software for the analysis of its collections. These strategic choices will make sure that the quality of the offer in Lewisham's libraries will continue to improve.
- 10.10. Stellar Libraries – the nationally acclaimed reader development agency – have been offered free office space at Crofton Park Library from where, this year's City Read will be coordinated. City Read is a pan London reader development programme with buy-in from all London boroughs.
- 10.11. Anchor/host organisations have helped a number of their volunteers into work and continue to provide opportunities to develop their skills.
- 10.12. The Library & Information Service continues to look at how it can support the anchor/host organisations, by identifying link staff at each hub library to provide assistance with library-related issues as they arise in the Community Libraries. In addition, the Service is exploring how it can work together with the anchor/host organisations to dispose of withdrawn library stock, raising revenue for the local hub and for the Service.
- 10.13. Two years on, the Community Libraries are fulfilling the potential that the Council saw in them. The Service is engaged with local people who care passionately about books and reading and are involved in their community's future.

11. Highlights

- 11.1. Among the most conspicuous achievements of the Service overall
 - 11.1.1 The Central Library at Lewisham has been refurbished to include self issue, an IT suite on the ground floor and a new front door. The toilets are also being refurbished and expanded with work due to complete before Christmas 2013. The ground floor now has a good selection of books/DVDs and is bright airy and inviting. The building also hosts two new partners, the Exchange Group who offer certificated courses to the unemployed and The Camden Society – a charity that works with young Lewisham residents with learning difficulties.
 - 11.1.2 The Service co-ordinated the Lewisham Black History Month programme in a range of settings with high footfall across the borough and audience development work with specific audiences and partners. Events exploring contemporary reminiscence about the 'local' Black music scene drew enthusiastic media coverage and audience feedback,

reinforced by heritage displays on view in 10 Lewisham settings. Evaluation returns from participants and partner organisations speak of the impact the programme has had. For example, mental health charity Rethink and their volunteers spoke of “320 really meaningful conversations about mental health” with Lewisham shoppers and a consequential boost to participant confidence levels and BME community awareness of mental health issues. Targeted work with LeSoCo and ESOL/literacy partners, Deptford’s Vietnamese community, Glassmill Leisure Centre and priority schools were all developed during the month.

- 11.1.3 30 young people from across the borough supported the Summer Reading Challenge as Reading Champions. One success story was Jerry Johnson, a student from Haberdasher Aske’s Hatcham College and a Lewisham Reading Champion, who was one of only five young people nationwide to be invited to the Reading Agency’s prestigious annual lecture event in October, where he interviewed bestselling author, Neil Gaiman. Another local Reading Champion Tracy Huynh won the Jack Petchy award for her support as a Reading Champion over the summer holidays. Tracy was a pleasure to work with, an asset to the Library Service and an inspiring ambassador for reading. Overall, the Summer Reading Challenge was another success, with 3,855 children starting and 1,941 completing the Challenge in 2013. Figures are up 33% and 30% on 2012 respectively.
- 11.1.4 In academic year 12-13, the Library & Information Service worked with 70 of our 83 Lewisham primary schools. Lewisham is leading a groundbreaking project that will eventually offer Radio Frequency Identification enabled library card to every school child in the borough. The project, currently being tested will be rolled out to 12 primary schools during the pilot phase, which is funded by Arts Council England. Through the new card children will be able to borrow and return books in their school library as they do in any public library. They will access leisure services such as free swim, too.
- 11.1.5 Also – special focus on local schools in Downham resulted over 400 school children visiting the library during National Storytelling Week in February 2013, repeated quarterly ever since. Malorie Blackman, the children’s laureate, spoke to over 200 local secondary school children in Downham.
- 11.1.6 Lewisham Local History and Archives has focussed on the digitisation of material to improve access to fragile heritage resources, resulting in over 6,000 people per month accessing our online resources such as the War Memorials wiki and our Picasa web albums of historic local images LHAC has also worked with the Public Catalogue Foundation to digitise 160 oil paintings from our art collection, making them available on the Your Paintings website.

- 11.1.7 Heritage Maroon Plaques have been erected to commemorate Henry Cooper, the Woolworths WW2 bombing at New Cross and the Lewisham V1 bombing.
- 11.1.8 Library and Information digital resources have been enhanced with the launch of Arena, our web catalogue, enabling users to reserve and renew material from home or on the move. Use of Arena has increased by 200% in the last 2 years and over 28,000 renewals have been done online in 2013-14 so far.
- 11.1.9 Lewisham has been sharing in the national launch of the Society of Chief Librarians' Universal Offers, which identify and energise four key areas of service to be delivered by all public library services:
- Promoting reading: Lewisham provides over 6 million items as part of the London Libraries Consortium and 1,000 eBooks and eAudio books. We are involved in all national and London adult reading programmes, including World Book Day / Night, London City Read, Six Book Challenge for emergent adult readers, Black History Month, and LGBT History month. This year's Six Book Challenge had the largest take up yet with over 600 participants in partnership with CEL, LeSoCo and AFRIL.
 - Promoting information: Lewisham worked to make information available to residents. The work of the Service is particularly notable in relation to job search and benefits information, particularly online. Lewisham has worked in partnership with Benefits to support changes to Emergency Loans and Parking Permits.
 - Promoting digital: Lewisham received UK Online funding to deliver Get Online Week in all branches in October 2013. All libraries are registered UK Online Centres and provide Online books and reference resources. Libraries support the eAdmission process.
 - Promoting health: Lewisham launched the Books on Prescription Scheme and Mood Boosting Books collection, including targeted promotions during Family Learning Festival in partnership with Public Health and Leisure providers. It supported the first year anniversary of the launch of the Be Active Scheme offering discounted and free leisure access to Lewisham leisure centres using the Lewisham library card. Registrations now exceed 10,000 residents who make over 6,000 visits per month to leisure centres.
- 11.2. Among the most conspicuous achievements of the anchor / host organisations, it is important to mention:
- 11.2.1 Eco Communities (formerly Eco Computer Systems) has now re-decorated the interiors of Grove Park and Sydenham Libraries and has remodelled and introduced cafés in all three of its library buildings.

Working with fellow social enterprise, London Reuse Ltd, each space also sells recycled or up-cycled furniture as well as recycled IT

- 11.2.2 Eco Communities has taken on the North Downham Training Project and among the many training programmes it delivers, it is developing its café academy and plans to use the café spaces in the library buildings to support this.
- 11.2.3 At Sydenham Library, volunteers have been successful in securing funding to develop the external space, creating a reading boulevard and to run a heritage project about the History of the library. At Grove Park and Crofton, staff and volunteers continue to build on their local presence and have been securing funding and hosting a range of activities and community days, such as the Grove Park Garden Party and Croftfest, which have been incredibly well received. In addition to these, all branches host regular, well attended events for families.
- 11.2.4 At Crofton Park visits ended 10% up in 2012-13 and are up 11% in the first seven months of this year. At Grove Park visits increased 49% last year and continue to be 5% up this year. At Sydenham visits dropped 3% last year and are now increasing ca. 15%.
- 11.2.5 Age Exchange continues to develop their Reminiscence Centre – Number Eleven in Blackheath Village. In December of this year, they launched the next phase of their building project – the extensively refurbished Bakehouse. To celebrate, they hosted an open day with partners, using the space to demonstrate the range of activity on offer and the opportunities for joint working. In addition, they are currently working on two exciting funded projects: a Heritage Lottery funded project – the Children of the Great War – a commemorative project for World War One – of which our Heritage Team have been a part – and an initiative funded by Guy's and St Thomas's Charity creating a model of excellence in the provision of person-centred creative care for older people in South London. This project seeks to improve the quality of life and wellbeing for the older people who participate in the programme, specifically those with dementia. In addition to this broader work, they continue to host regular activities and exhibitions in their library, studio and café space. At Blackheath, visits increased 86% last year and are now over 300% up this year.
- 11.2.6 Bold Vision continue to work to help New Cross Learning establish itself as a separate and sustainable entity, which in time will take over the New Cross building. New Cross Learning continue to deliver a wide range of activities, both on and off site, including the particularly successful 'Party in the Park' and a series of healthy walks during the Summer and a range of events for Black History Month including "Gospel to Garage", a new artwork taking a retrospective look at the importance and influence of black music in the Western world in the 20th century which has attracted wide interest. They also continue to run their successful regular activities, including Baby Bounce, poetry workshops, street dance,

acapela singing, and language exchange. At New Cross, visits increased 46% last year and are 16% up this year.

11.2.7 In 2012-13, the Community Libraries issued 23% less books than the year before. This year the trend remains negative. However, there are two important factors to consider when assessing the performance of the community libraries and that of the Service as a whole:

- All the community library buildings have had substantial work done to them, some of which included closures. As a result the offer within the buildings has changed substantially, which makes them more attractive and relevant to new audiences. This is born out by the significant and consistent increase in visits.
- Issues across the borough increased by 6% last year and are on target for another increase this year. This supports the notion of a well used library service, which responds flexibly to the needs of its audiences.

12. Legal implications

12.1. While there are no legal implications to this update, it should be noted that the Lewisham approach has had no impact in relation to TUPE or PLR legislation. The reorganisation of staff was based on a service-wide de-layering approach. Public Lending Right provisions continue to apply to the stock owned by the Council, whether this is placed in the hub libraries or in the community libraries.

13. Financial implications

13.1. There are no specific financial implications to this report. The community libraries use the book stock purchased by the Council and occupy their premises rent-free but otherwise receive no financial support.

14. Equalities implications

14.1. There are no direct equalities implications arising from this report.

15. Crime and disorder implications

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

16. Environmental implications

16.1. There are no environmental implications in this report.

17. Conclusion

17.1. This report updates Members on the progress of the Library & Information Service and the provision of community library services in

particular, following the major service changes implemented during 2011/12. The performance trends are positive throughout.

Background Papers

1. May 2011 Report + EIA:

<http://councilmeetings.lewisham.gov.uk/mgConvert2PDF.aspx?ID=1443&ISATT=1#search=%22library%22>

2. Mayor and Cabinet Report from HCSC 18 January 2012

<http://councilmeetings.lewisham.gov.uk/mgConvert2PDF.aspx?ID=7306>

3. HCSC report 14 December 2011

<http://councilmeetings.lewisham.gov.uk/mgConvert2PDF.aspx?ID=6983>

4. Mayoral response to the comments of the Healthier Communities Select Committee on the Library & Information Service

<http://councilmeetings.lewisham.gov.uk/documents/s8101/Response%20on%20Community%20Libraries%20to%20Healthier%20Communities%20OSC.pdf>

For further information please contact Liz Dart, Head of Culture and Community Culture on 020 8314 8637.

Appendix 1

Visits 2011/2012

2011/2012	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Area 1													
Forest Hill	10,006	11,153	11,332	11,637	12,195	12,496	12,458	11,961	9,106	10,706	10,136	12,460	135,646
Deptford	13,141	12,772	14,277	14,525	16,000	11,900	1	1	1	23,521	34,323	33,224	173,686
Area 2													
Lewisham	24,308	29,857	29,426	27,296	26,044	26,515	28,038	26,477	22,587	24,594	23,882	25,927	314,951
Manor House	12,549	13,525	14,143	16,413	15,372	14,958	14,917	13,849	11,253	13,758	13,315	14,389	168,441
Area 3													
Catford	24,321	26,497	30,433	30,000	25,059	25,419	23,973	23,904	29,080	18,055	18,665	23,423	298,829
Downham	29,894	32,012	33,261	35,340	31,894	32,682	30,166	29,695	22,167	29,667	28,917	33,458	369,153
Torridon Road	1	1	1	7,100	6,800	6,899	6,970	6,365	4,179	4,375	4,047	5,100	51,838
Community Libraries													
Blackheath	5,605	6,758	1	1	511	986	832	989	759	1,072	1,137	931	19,582
Crofton Park	5,754	5,524	3,558	3,650	3,662	3,804	7,230	6,495	6,768	7,110	5,673	6,271	65,499
Grove Park	2,263	2,965	2,362	2,362	2,362	2,362	2,682	2,593	2,042	2,463	2,521	2,803	29,780
New Cross	3,217	3,090	118	119	688	688	4,875	6,102	3,919	4,559	4,766	4,776	36,917
Sydenham	5,324	2,685	2,499	3,544	4,207	4,640	6,109	3,292	1,902	2,879	2,962	3,837	43,880
Total	136,383	146,839	141,411	151,987	144,794	143,349	138,251	131,723	113,763	142,759	150,344	166,599	1,708,202

Visits 2012/2013

2012/2013	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Area 1													
Forest Hill	10,439	11,760	10,500	11,516	10,909	13,082	13,876	12,474	9,231	11,535	10,618	11,375	137,315
Deptford	23,255	30,315	26,559	29,021	29,733	28,570	29,180	27,203	20,805	25,991	24,424	28,192	323,248
Area 2													-
Lewisham	21,658	23,999	21,063	24,170	24,947	24,842	28,166	25,264	11,134	13,011	26,339	27,403	271,996
Manor House	12,833	13,135	12,440	14,663	13,365	12,852	14,015	14,132	11,375	14,009	13,656	13,661	160,136
Area 3													-
Catford	19,814	21,272	18,464	21,332	21,301	19,038	19,667	18,813	14,561	19,799	18,097	20,018	232,176
Downham	26,230	32,085	31,094	34,275	28,913	29,819	31,440	28,350	23,176	27,780	27,758	26,720	347,640
Torridon Road	4,054	4,981	3,929	4,902	4,773	4,324	4,800	3,945	2,911	4,348	4,087	4,249	51,303
Community Libraries													-
Blackheath	1,074	1,193	1,183	862	1,052	1,039	232	2,253	4,502	4,718	8,978	9,313	36,399
Crofton Park	5,345	6,982	5,454	6,670	5,610	6,399	7,906	4,246	5,122	5,966	6,000	6,578	72,278
Grove Park	2,417	2,845	3,792	2,891	3,897	3,168	4,442	3,551	3,060	3,170	5,006	6,028	44,267
New Cross	3,929	6,109	3,910	5,208	4,757	4,691	4,743	4,329	3,296	4,123	4,410	4,437	53,942
Sydenham	3,677	3,656	3,407	4,470	4,485	3,729	3,748	4,087	2,535	2,994	1,332	4,242	42,362
Total	134,725	158,332	141,795	159,980	153,742	151,553	162,215	148,647	111,708	137,444	150,705	162,216	1,773,062
Variation on previous year	-1.2%	7.8%	0.3%	5.3%	6.2%	5.7%	17.3%	12.8%	-1.8%	-3.7%	0.2%	-2.6%	3.8%

Visits 2013/1014

2013/2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Area 1													
Forest Hill	12,080	11,783	11,216	11,884	11,631	11,712	12,191						82,497
Deptford	26,596	26,550	28,789	30,685	29,580	32,517	30,231						204,948
Area 2													-
Lewisham	31,638	32,175	30,305	31,562	33,282	31,938	33,575						224,475
Manor House	13,156	12,761	11,636	12,302	13,040	12,939	13,959						89,793
Area 3													-
Catford	20,990	20,634	19,403	21,360	21,445	21,811	23,640						149,283
Downham	31,699	32,000	31,966	33,590	30,763	29,326	32,101						221,445
Torridon Road	4,195	4,105	4,207	4,766	4,340	4,261	4,761						30,635
Community Libraries													-
Blackheath	9,115	10,294	9,942	8,425	8,855	10,514	10,781						67,926
Crofton Park	6,841	6,690	6,463	6,675	6,243	7,488	8,349						48,749
Grove Park	3,623	2,742	3,066	3,008	4,295	3,219	3,980						23,933
New Cross	5,145	5,368	5,157	5,464	6,201	4,485	6,350						38,170
Sydenham	-	3,528	3,818	3,470	5,165	5,947	4,778						26,706
Total	165,078	168,630	165,968	173,191	174,840	176,157	184,696						1,208,560
Variation on previous year	+23%	+7%	+17%	+8%	+14%	+16%	+14%						

Issues 2011/2012

2011/2012	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Area 1													
Forest Hill	6,841	7,146	5,064	7,692	7,629	7,728	7,034	6,916	5,875	6,766	6,003	7,029	81,723
Deptford	6,702	6,518	7,091	7,202	4,873	4,655	99	113	236	9,362	10,538	11,452	68,841
Area 2													
Lewisham	17,591	17,170	21,064	17,591	12,482	18,756	19,963	17,916	15,919	16,438	15,001	15,193	205,084
Manor House	7,381	7,550	8,447	9,368	7,767	8,036	7,468	6,830	5,762	6,731	6,605	6,988	88,933
Area 3													
Catford	7,715	7,819	8,439	8,613	7,338	7,699	8,059	6,913	6,262	6,127	6,147	6,740	87,871
Downham	7,361	7,295	7,208	8,513	7,058	7,693	7,228	7,327	5,154	6,582	6,791	6,965	85,175
Torridon Road	1	1	6	5,100	5,044	4,696	4,325	3,607	2,860	3,700	3,570	3,495	36,405
Community Libraries													
Blackheath	3,911	3,619	2,071	314	516	792	572	756	503	625	450	354	14,483
Crofton Park	4,179	4,004	2,937	3,514	3,961	3,218	2,836	2,581	2,166	2,814	2,471	2,872	37,553
Grove Park	1,910	1,729	1,004	1,442	1,198	950	722	898	649	870	733	904	13,009
New Cross	1,758	2,438	887	158	105	736	458	766	801	1,194	864	996	11,161
Sydenham	2,996	2,672	1,362	1,387	1,610	1,291	1,326	1,014	976	1,126	1,136	1,247	18,143
LRC	19	22	16	11	17	15	36	47	6	25	42	23	279
Total	68,365	67,983	65,596	70,905	59,598	66,265	60,126	55,684	47,169	62,360	60,351	64,258	748,660

Issues 2012/1013

2012/2013	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Area 1													
Forest Hill	7,077	6,520	6,638	8,464	9,640	8,831	10,349	9,625	7,540	9,261	8,525	8,786	101,256
Deptford	10,783	10,885	9,977	11,217	11,870	11,623	11,986	11,129	8,425	10,717	10,355	9,933	128,902
Area 2													
Lewisham	14,981	13,081	15,229	18,023	19,164	17,168	19,193	18,175	12,691	13,462	15,675	15,244	192,087
Manor House	7,039	6,189	6,116	8,338	8,336	6,728	7,138	7,030	5,397	6,442	5,940	5,795	80,487
Area 3													
Catford	6,998	6,056	6,743	7,900	8,728	6,645	7,993	7,139	5,524	8,211	6,806	6,540	85,282
Downham	7,157	6,504	6,947	8,170	8,149	7,401	8,200	7,973	5,913	7,709	7,303	6,848	88,273
Torridon Road	3,640	3,497	3,300	4,409	4,703	3,830	4,016	3,597	3,127	3,787	3,658	3,392	44,957
Community Libraries													
Blackheath	682	622	470	452	606	589	234	491	918	1,231	1,105	1,174	8,572
Crofton Park	2,740	2,285	2,471	2,917	3,485	2,846	2,944	1,743	1,689	2,486	2,565	2,371	30,541
Grove Park	825	707	828	1,480	943	1,060	1,001	847	401	672	705	626	10,094
New Cross	804	978	774	914	877	836	896	917	588	852	894	802	10,131
Sydenham	1,134	900	936	1,635	1,058	1,131	1,213	1,217	698	1,235	1,126	1,185	13,467
LRC	35	14	28	9	101	112	76	27	24	23	10	15	474
Total	63,895	58,239	60,457	73,927	77,659	68,800	75,237	69,909	52,933	66,088	64,667	62,711	794,523
Variation on previous year	-7%	-14%	-8%	4%	30%	4%	25%	26%	12%	6%	7%	-2%	6%

Issues 2013/1014

2013/2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Area 1													
Forest Hill	9,697	9,360	8,672	10,306	10,995	8,963	10,111	-	-	-	-	-	68,104
Deptford	10,400	10,043	9,611	10,476	10,609	10,565	11,616	-	-	-	-	-	73,320
Area 2													
Lewisham	17,926	17,071	15,282	18,847	21,131	16,874	18,958	-	-	-	-	-	126,089
Manor House	6,835	5,939	6,102	7,600	7,882	6,842	7,260	-	-	-	-	-	48,461
Area 3													
Catford	7,480	6,493	6,303	7,594	9,213	7,053	7,572	-	-	-	-	-	51,708
Downham	8,181	7,166	7,278	8,967	9,144	7,584	8,500	-	-	-	-	-	56,821
Torridon Road	4,189	3,511	3,759	3,960	5,038	3,634	4,157	-	-	-	-	-	28,249
Community Libraries													
Blackheath	1,495	1,688	1,502	1,762	1,830	2,150	2,392	-	-	-	-	-	12,819
Crofton Park	2,678	2,316	2,253	2,633	3,164	2,239	2,614	-	-	-	-	-	17,897
Grove Park	611	409	534	655	673	566	610	-	-	-	-	-	4,057
New Cross	943	990	926	772	886	541	874	-	-	-	-	-	5,932
Sydenham	89	975	1,087	1,382	1,379	1,237	1,722	-	-	-	-	-	7,870
LRC	27	23	28	46	28	20	26	-	-	-	-	-	198
Total	70,551	65,983	63,338	75,000	81,973	68,268	76,411	-	-	-	-	-	501,524
Variation on previous year	5.5%	8.0%	0.2%	-2.7%	0.5%	-5.6%	-3.4%						

Agenda Item 5

Scrutiny Committees			
Report Title	Strategic Financial Review update and Savings Proposals for 2014/15 and 2015/16		
Key Decision	No	Item No.	5
Ward	All Wards		
Contributors	Executive Director for Resources & Regeneration		
Class	Part 1	Date:	29 November – 16 December 2013

1. Summary

- 1.1 On 10 July and 13 November 2013, Mayor & Cabinet received a report and update on the financial projections for the Council. The report sets out the need to adapt and enhance the approach to identifying savings to meet the anticipated scale of change required ahead of being built into formal annual budget assumptions.
- 1.2 Officers estimate that further savings of £16m will be required in 2014/15, in addition to £16m¹ agreed for 2014/15 in last year's budget. Overall, it is estimated that £85m of savings will be required between 2014/15 and 2017/18 over and above savings already agreed. No figures for funding for local government are available beyond 2015/16, so savings have been based on an assessment of the likely impact of reductions in the overall government spending envelope.
- 1.3 In July 2013, Mayor and Cabinet agreed the need to reconfigure, re-design and fundamentally re-purpose services to fit the available resources whilst preserving the best of what Lewisham has done to date. In November 2013, Mayor & Cabinet agreed the approach to presenting savings and the areas for thematic and cross-cutting reviews. This process will require political and managerial leadership to be re-focused on the transformational changes needed to deliver these substantial savings, weighing their financial impact against their consequences for service delivery and in terms of community impact.
- 1.4 This report presents the first tranche of the required £85m of savings for scrutiny grouped by thematic and cross-cutting area.

2. Purpose of report

- 2.1 To seek comment from Scrutiny on the proposed savings to inform the Mayor & Cabinet meeting on the 18 December when these savings will be put forward for decisions to be taken.

¹ Savings of £17m were previously agreed for 2014/15 in the 2013/14 Budget. A review by officers has identified circa £0.7m of these savings are no longer achievable. Details of these are set out at Appendix A.

3. Recommendations

3.1 Members are asked to:

3.1.1 Note the updated strategic financial position set out in section 6.

3.1.2 Provide comment on the draft savings proposals ahead of Mayor & Cabinet on the 18 December 2013.

4. Policy Context

4.1 Presenting financial information in a clear and understandable format contributes directly to the Council's tenth corporate priority: inspiring efficiency, effectiveness and equity. In the round, budget processes (including the need to identify savings) are designed to support all of the Council's corporate priorities by linking policy objectives, including the community strategy, to the available resources.

5. Background

5.1 Everything that the Council spends money on is intended to achieve agreed policy and community goals and hence to deliver value and benefits for the borough. The Council has a strong reputation for delivering innovative and valuable services at low costs, often with significantly lower overheads than other boroughs.

5.2 The Council delivered savings of £82m between May 2010 and 2013/14. Further savings of £16m have been agreed for 2014/15 and £1m for 2015/16. Despite this significant achievement, officers currently estimate that further savings of £85m will need to be delivered between now and 2017/18 in order to ensure that the Council's services remain affordable into the medium-term.

5.3 In July 2013, Mayor & Cabinet agreed that further savings on this scale could not solely be delivered through managerial efficiencies or service innovation to preserve outcomes at lower costs. There would of course be a continued focus on these and other disciplines to improve value for money, but hard choices would have to be confronted over the coming years about which services will need to be scaled back dramatically or even cut altogether.

5.4 Since July, work has been carried out on how the options for making the savings could be delivered by looking at the opportunities on a thematic basis. In advance of detailed work being carried out on each of the thematic areas, options for delivering savings required for 2014/15 have been identified and these are presented here.

6. Updated strategic financial position

6.1 Prior to the Spending Round 2013 (SR13) announcement on 26 June, the Council estimated that it needed to find savings of £75m over the period 2014/15 to 2017/18 in addition to savings for 2014/15 and 2015/16 agreed as part of the 2013/14 budget process.

6.2 The SR13 announced a headline real terms reduction of 10% in funding for local government in 2015/16. However, subsequent analysis by the Local Government

Association has revealed that the amount available for general distribution to councils will reduce by 14.6% in real terms because a significant element of the funding available in 2015/16 has been set aside by government for specific purposes. As a result, officers now estimate that additional savings of £10m will be required in the Council's budget in 2015/16, taking total projected savings up to 2017/18 to £85m.

- 6.3 To put this in context, these savings (of £16m already agreed and £85m to be identified) will fall on the General Fund which has a net revenue budget in 2013/14 of £285m.
- 6.4 Uncertainty with funding in subsequent years means the estimate of the budget gap in future years is likely to vary up and down as more information becomes available. Even after the local government finance settlement is announced in December 2013, we will only have some certainty for 2014/15 and 2015/16 and anticipate needing to make projections for savings from 2016/17 onwards.
- 6.5 The absence of detailed information should not prevent the Council from planning its approach now. Further savings required by 2017/18 are so substantial that they could only be delivered by considering significant options to reconfigure, re-design and fundamentally re-purpose services to fit the available resources, whilst preserving the best of what Lewisham has done to date.

7. The Lewisham Future Programme

- 7.1 As Lewisham and its residents experience change on an unprecedented scale, the Council needs to offer high level strategic leadership in response to that change. It must balance the need to sustain local neighbourhoods that are clean and where people feel safe; protect the vulnerable with complex needs; promote, facilitate and provide opportunities for all; develop and maintain the public realm and infrastructure; and support local communities and the organisations that help deliver this and develop the social capital on which Lewisham is built.
- 7.2 Lewisham takes a prudent and forward thinking approach to its budget and recognises that the further savings required in 2014/15 of £16m, (in addition to the £16m previously agreed)² need to be developed and delivered in the context of the projections of further savings required through 2015/16 to 2017/18.
- 7.3 The Lewisham Future Programme is the response to the direction of the Mayor to carry out a fundamental review of services. This Programme focuses on the areas of greatest spend, recognising that in the fourth consecutive year of significant spending reductions even greater innovation, focus on the customer, and cross-cutting thinking will be required to deliver savings whilst attempting to minimise the impacts on residents and customers of Lewisham.
- 7.4 The Lewisham Future Programme will be led by a Board chaired by the Chief Executive. The Board (LFPB) will develop options for the Mayor & Council to consider. It will drive the changes once they have been consulted upon and agreed. It will only work well if the governance is right and tight. Actions and accountabilities to Mayor & Cabinet and the Council's relevant select committees is crucial. While

² See footnote 1.

the LFPB will be led by senior management, it will need to engage and involve as many staff, trade unions, suppliers and service users as possible.

- 7.5 While attention will focus on large budgets, no part of the Council's activity can be excluded from the approach set out in the Lewisham Futures Programme. The Council's own directly managed services as well as those delivered by partner organisations and the third sector will all be included. Those areas which cannot be examined over the next few months will be looked at later.
- 7.6 Savings in *central support services* have been one focus of the budget strategy in 2010-13. Further savings will be sought in this area, but this requires a cross-cutting review of the options for centralising core functions to identify the potential to further reduce costs.
- 7.7 The Council will review its *asset base* with the aim of fully utilising its key assets, disposal of other assets, and developing a strategic approach to community assets. This approach should deliver savings in 2014/15, but will also be part of a longer term delivery strategy over a number of years.
- 7.8 External policy changes, and the SR13 announcements on the transfer of NHS funding into an Integration Fund, make it important to review the *future shape of adult social care*, and the potential of integration with health partners. Health and social care is already well integrated in Lewisham, but the development of options on how adult social care and health services may further align has the potential not only to deliver savings over 2015-18, but also improve outcomes for residents.
- 7.9 Lewisham has invested in a range of *preventative and early intervention services* designed to improve outcomes, and reduce the demand on our acute services. As public health has returned to local authorities this year, it is appropriate that the Council reviews how the public health funding can be used together with existing Council funding to create new and innovative approaches that deliver savings. The effectiveness of existing early intervention services will be reviewed to ensure that we invest in the programmes that are shown to be effective.
- 7.10 Where the Council is providing paid-for services, a *review of income and full cost recovery* is necessary. Ensuring that the Council is delivering value for money is the key driver of the budget strategy. This will include exploring how regulation and enforcement might reduce costs imposed on the council, and ensuring that the council achieves full cost recovery in its transactional or paid-for services.
- 7.11 The Council has used opportunities for *joint commissioning and procurement across boroughs* as a way of reducing costs. This has delivered savings already, and the Council will focus attention on how joint procurement, commissioning and the sharing of services with other Boroughs might reduce costs in Lewisham.
- 7.12 These areas of activity have been brought together in a set of thematic and cross-cutting reviews. Officers are currently preparing initial scoping papers which will identify the opportunities for change under each of the headings, the actions required to achieve the change and timescales for delivering outcomes from the reviews. Initial financial targets for savings over the next four years have been set against each of the reviews and the scoping exercise will identify the realism of these targets and the timescales over which they can be delivered. Each of the reviews will report into a relevant select committee at initial planning stage, at key

stages during implementation, and post-completion. All key decisions during delivery of the reviews will go to Mayor and Cabinet for approval.

7.13 The list of reviews and initial target savings are included in Table 1 below.

Table 1 Thematic and cross-cutting reviews with initial target savings

Thematic – total savings £64m	Cross-cutting – savings £21m
1. Smarter assessment arrangements and deeper integration of social & health care incl. public health - £22m	1. Management and corporate overheads
2. Sharing services with other Councils and bodies - £12m	2. School effectiveness services and functions
3. A Council wide “efficiency review” across all budgets - £10m	3. Crime reduction services
4. A Council wide asset rationalisation programme - £8m	4. Culture and community services
5. Grouping more corporate & business support services together - £6m	5. Housing strategy and non-HRA funded services
6. Review of income generation - £4m	6. Environmental Services
7. Combining front-line services (enforcement & regulation) - £2m	7. Public Services
	8. Planning and Economic Development
	9. Safeguarding and Early Intervention services for children and families

8 Budget process

- 8.1 An effective budget process needs to reflect the political and managerial leadership’s priorities and to facilitate an appropriate degree of review and challenge to proposals. It needs to provide a framework for financial accountability and enable clear decision making and it needs to do all of this in an efficient manner to ensure that the work in developing, reviewing and scrutinising proposals is proportionate to the objectives, rather than an end in itself.
- 8.2 The proposed approach to thematic and cross-cutting reviews set out in section 7 above will require our existing budget processes to change. The longer term and cross-cutting approach proposed will mean that savings will be delivered over longer time periods and will not fit easily into the annual budget timetable. Instead, there will be an on-going identification of opportunities to take costs out of services as the reviews are carried out. Decisions will happen at different times of the year and savings will be taken when they are identified rather than waiting to be agreed at the annual budget meeting. All savings that have been agreed – and those forecast for future years – will then be reported in the annual budget report, but many of the key decisions will already have been taken or may be taken at a later date. This means that political and managerial focus will move away from individual smaller scale savings that have typified the budget process in previous years to larger scale savings delivered through major change programmes.
- 8.3 It should be noted that 2014/15 is a transition year. The process for delivering a balanced budget for 2014/15 is as follows:
- a. Savings of £17m in 2014/15 were agreed as part of the 2013/14 budget process. Officers have now reviewed these and in most cases they are confident that they will be delivered. There are five savings proposals, listed in Appendix A, which

will not now be delivered. These total £0.742m and mean that the required new savings for 2014/15 increases to £16m.

- b. Officers have also been developing a set of further individual budget savings proposals for 2014/15 for consideration at relevant Scrutiny Committees in November and December and submission to Mayor & Cabinet on 18 December 2013. These savings proposals will go some way to bridging the revised £16m gap for 2014/15. The draft savings proposals of £5.9m for 2014/15 are summarised in Appendix B, by theme and cross-cutting review area, and in Appendix C, by service directorate. Further details of the proposals are attached at Appendix D.
 - c. As outlined in the July report to Mayor & Cabinet, it is important that every budget holder in the Council feels that it is their responsibility to deliver smaller-scale savings. This will instil a greater sense of financial accountability within the organisation. These proposals, such as deleting vacant posts and other marginal, but nonetheless important efficiency measures, will be co-ordinated under an overall efficiency programme. This will help to ensure that realistic savings, currently targeted at £2.55m, are delivered without senior focus being diverted from the major change programmes required to meet the Council's demanding financial targets. This saving for 2014/15 is included in the summary at Appendix B.
 - d. The initial scoping work for thematic and cross-cutting reviews will be used to identify areas where officers believe savings can be delivered in 2014/15 and for future years. This element of the process will enable savings proposals to be put up on a rolling basis as and when the work to develop them to a sufficient standard has been reached. The savings will only be allocated against individual budgets once the proposals have been reviewed by scrutiny and decisions taken by Mayor & Cabinet.
- 8.4 The 2014/15 budget is scheduled to be considered at Full Council on 26 February 2014. The timetable for securing scrutiny input into budget proposals for 2014/15 and the other requirements is set out at Appendix E for information.
- 8.5 From 2015/16 onwards, the work carried out on the thematic and cross-cutting reviews, including oversight by scrutiny and decisions of Mayor & Cabinet, will be the primary basis for identifying and delivering savings.

9. Financial Implications

- 9.1 This report is concerned with the approach to be adopted for the Council to address the financial challenges it faces and the processes for agreeing the budget for 2014/15. There are no direct financial implications arising from the report itself.

10. Legal Implications

- 10.1 The Council must set and maintain a balanced budget and must act prudently in relation to the stewardship of council taxpayers' funds.

11. Crime and disorder implications

11.1 None specific to this report, although future budget proposals may have crime and disorder implications. If so, they will be considered at the appropriate time.

12. Equalities Implications

12.1 None specific to this report, although future budget proposals may have equalities implications. If so, they will be considered at the appropriate time.

13. Environmental Implications

13.1 None specific to this report, although future budget proposals may have environmental implications. If so, they will be considered at the appropriate time.

14. Conclusion

14.1 The Council expects to need to make further savings of around £85m between now and 2017/18, although this figure is subject to significant change as financing estimates are refined. The proposals in this report will make the process for developing policies and budgets to deliver this more focused to key priorities and efficient to administer.

15. Background documents and further information

Short Title of report	Date	Location	Contact
2013/14 Budget	27 February 2013 (Council)	3 rd Floor Laurence House	Selwyn Thompson
Strategic Financial Review	10 July 2013 (M&C)	3 rd Floor Laurence House	Selwyn Thompson
Strategic Financial Review (update)	13 November 2013 (M&C)	3 rd Floor Laurence House	Selwyn Thompson

For further information on this report, please contact:

David Austin - Interim Head of Corporate Resources on 020 8314 9114

APPENDIX A

Savings agreed for 2014/15 as part of the 2013/14 Budget that are no longer deliverable

Ref	Service Area and proposal	£'000s	Reason why saving is considered as being no longer deliverable
CYP 52	Referral and Assessment – The proposal is to delete a specialist team manager role in this service who manages matters such as private fostering, young carers and missing children.	60.0	Current pressures in the service mean that this proposal is no longer deliverable.
CUS 01	Bereavement Services – Consider through the consortium (Lewisham, Lambeth, Southwark and Greenwich) a reduction in costs paid to the inner South London Coroner Court by 10%.	30.0	The coroner has questioned the current level of funding received.
CUS 03	Lee Valley Park Levy – Seek a reduction of 20% in the annual sum paid for financial year 2014/15 for Lee Valley Regional Park.	52.0	The budget is no longer part of the Customer Services Directorate.
CUS 29	Parking Services – The saving is the removal of the exit barrier system and staff at the Holbeach car park and the introduction of pay and display. The saving would be realised in the new parking contract to run from July 2013.	100.0	Action has been implemented, but the contract cost is higher than the budget
RNR 13	Planning - Introduction of locally set planning application fees.	500.0	The legislation has been delayed and may not happen, making this saving undeliverable.
	Total	742.0	

APPENDIX B

Summary of individual budget saving proposals aligned to thematic / cross-cutting review.

Lewisham Future Programme		Savings Proposed			Savings to Find	2014/15	2015/16	2016/17	2017/18
Savings Proposals		£m	£m	£m		£m	£m	£m	£m
Totals		85.00	9.23	75.77		8.43	0.80	0.00	0.00
Target						16.00	30.00	20.00	20.00
Gap						7.57	29.20	20.00	20.00
Thematic reviews		64.00	5.45	58.55		5.45	0.00		
T1	Smarter assessment arrangements and deeper integration of social & health care; including Public Health	22.00	2.90	19.10	COM01	2.50			
					COM04	0.10			
					COM05	0.30			
T2	Sharing services with other Councils and bodies	12.00		12.00					
T3	A Council wide "efficiency review" across all budgets	10.00	2.55	7.45	Corp.	2.55			
T4	A Council wide asset rationalisation programme	8.00		8.00					
T5	Grouping more corporate & business support services together	6.00		6.00					
T6	Review of income generation	4.00		4.00					
T7	Combining front line services (enforcement & regulation)	2.00		2.00					

Cross-cutting reviews		21.00	3.78	17.22		2.98	0.80		
C1	Management and corporate overheads		0.26		RNR01	0.13			
					RNR03	0.13			
C2	School effectiveness services and functions		0.63		CYP01	0.05			
					CYP03	0.06			
					CYP04	0.06			
					CYP12	0.10	0.20		
					CYP14	0.08	0.08		
C3	Crime reduction services								
C4	Culture and community services		0.80		COM02	0.20			
					COM03	0.50			
					RNR04	0.10			
C5	Housing strategy and non-HRA funded services		0.43		CUS01	0.07			
					CUS04		0.20		
					CUS05	0.16			
C6	Environmental services		0.32		CUS02	0.05			
					CUS03	0.27			
C7	Public services		0.45		CUS06	0.20			
					CUS07	0.10	0.10		
					CUS08	0.03	0.02		
C8	Planning and economic development		0.05		RNR02	0.05			
C9	Safeguarding and Early Intervention services for children and families		0.84		CYP05	0.10	0.05		
					CYP06		0.10		
					CYP07		0.05		
					CYP08	0.05			
					CYP09	0.02			
					CYP10	0.05			
					CYP11	0.10			
					CYP13	0.10			
			CYP15	0.22					

APPENDIX C

SUMMARY OF NEW 2014 / 16 SAVINGS PROPOSALS – DIRECTORATE

Summary of budget saving proposals presented in service directorate order mapped to thematic / cross cutting references

DIRECTORATE	2014/2015 Proposals £'000s	2015/2016 Proposals £'000s	Total £'000s
CHILDREN & YOUNG PEOPLE	971.0	475.0	1,446.0
COMMUNITY SERVICES	3,600.0	0.0	3,600.0
CUSTOMER SERVICES	879.0	325.0	1,204.0
RESOURCES & REGENERATION	408.0	0.0	408.0
Total 2014 / 16 NEW REVENUE SAVINGS PROPOSED	5,858.0	800.0	6,658.0

2014 / 16 NEW REVENUE BUDGET SAVINGS PROPOSALS

Summary of 2014 / 16 New Savings Proposals - Children and Young People Directorate

Ref	Service	Proposal Narrative	2014/15 £'000s	2015/16 £'000s	Total Saving £'000s	Thematic (T) / Cross- cutting (C) Reference
CYP01	PERFORMANCE	CYP Performance Service provides statutory data collections, data analysis, performance reporting to the Children and Young People's Strategic Partnership Board (CYPSPB), Lewisham Safeguarding Children Board (LSCB), DMT, Directorate Services, with particular emphasis on Children's Social Care and School Improvement. The implementation of the replacement corporate software for monitoring and reporting performance should result in fewer administrative processes to produce the monthly and annual performance data reports. This is expected to result in a saving of one post with an estimated value of £50k.	50.0		50.0	C 2
CYP03	EARLY YEARS	The Early Years Improvement Team provides advice, support and training for practitioners working with children in the Early Years Foundation Stage in the maintained and non-maintained sector. It is proposed to make a saving on £58k through a review of work. Local authorities are required to make arrangements to secure that early childhood services in their area are provided in an integrated way that facilitates access to services and maximises the benefits to children, parents and prospective parents. Early years providers providing early years for which they are registered under the Childcare Act 2006 (or would be required to register but for being exempted) are required to ensure compliance with the "Early Years Foundation Stage". The proposed review of work in this area will have to ensure that sufficient advice, support and training will be available to ensure early years providers comply with their requirements to deliver the "Early Years Foundation Stage".	58.0		58.0	C 2

Ref	Service	Proposal Narrative	2014/15 £'000s	2015/16 £'000s	Total Saving £'000s	Thematic (T) / Cross- cutting (C) Reference
CYP04	LOOKED AFTER CHILDREN EDUCATION TEAM	The Looked After Children Education Team oversees the education of Looked After Children, including providing tuition to support their learning, support in transition from primary to secondary school, and peer mentoring. The team also ensure that destinations data is collected to monitor pathways and ensure the right support is provided to individuals. Most of the funding is provided through the Dedicated Schools Grant (£200k) although there is a contribution of £62k to the service from the General Fund. In future all costs will be contained within the Dedicated Schools Grant.	62.0		62.0	C 2
CYP05	BUSINESS SUPPORT, PLACEMENTS & PROCUREMENT	Business Support within Children's Social Care providers administrative support for all the services in the division. These are Referral & Assessment; Family Social Work; Looked After Children; Adoption; Leaving Care; Fostering; Placements & Procurement; Quality Assurance; and Children with Complex Needs. As well as the Business Support teams based in the front line services, there are currently 2 specialist teams providing centralised functions in compliance with separation of duties under Financial Regulations. This contributes to safeguarding functions by freeing up and supporting Social Workers to concentrate on direct work with vulnerable children and families. A review of business support across the Children's Social Care Division is being undertaken to examine the opportunities for reshaping current activities and identifying opportunities for sharing resources with other support teams in the Council such as Finance and Adult Social Care. These are in addition to the savings in the previous two years of £575k.	100.0	50	150.0	C 9
CYP06	LOOKED AFTER CHILDREN, LEAVING CARE & ADOPTION SERVICE	The leaving care team currently works with children looked after from the age of sixteen. We propose to make savings and improve the performance of the service by changing the way the service functions. Currently there are three Looked after Children's Teams that work with looked after children from roughly the age of 5 to 16 at which point they transfer to one of three Leaving Care Teams who provide support as the young person leaves care and onwards until they are 21 (or 25 if they are in full time education). Feedback from the Children in Care Council is that they would prefer not to have the change of worker at the age of 16. We are therefore proposing to have Looked after Children Teams that will take young people through to 25 where required. We can achieve this with 5 teams and delete one team manager post. The staff from that team will be spread out amongst the remaining teams.	0.0	100.0	100.0	C 9

Ref	Service	Proposal Narrative	2014/15 £'000s	2015/16 £'000s	Total Saving £'000s	Thematic (T) / Cross- cutting (C) Reference
CYP07	CONTACT	We are required by legislation to provide contact between some parents and their children who have been removed from their care. Some of these contacts need to be supervised and most of which are ordered by the courts. The Supervised Contact is provided in a safe place due to risks that the parent may still pose to the child. There is a requirement in many instances for birth parents to have contact with their children in Local Authority care. Contact will often be in secure environments, as some parents have difficult and challenging behaviour. We currently use specialist agencies to carry out this contact, who charge for premises. It is proposed to use Council premises in the future which will mean we will save on the cost of premises hire and/or alternatively negotiate significant reduction in room hire and other costs. This is in addition to the previous savings of £200k in 2013/14 and already offered for 2014/15. The proposed saving relates to a reduction in costs of premises where the service is located. Any new competitive procurement would seek bids which could reduce this cost.	0.0	50.0	50.0	C 9
CYP08	ADOPTION SERVICE	The Adoption Support Team provide services and advice to families to assist them through the process of of adoption and as required by legislation provide contact between some parents and their children who have been removed from their care. We are currently implementing the Government reforms on adoption. The reforms included an equalisation of the assessment fee to £27k. Historically the adoption service has not targeted Lewisham families for adoption as many Lewisham LAC cannot be placed in the borough in close proximity to their birth families. The equalisation and reform grant monies mean we now have capacity to recruit surplus adopters, including Lewisham based adopters, that other Local Authorities and Adoption agencies can use. We anticipate that this will generate income for Lewisham. £50k represents two additional assessments.	50.0		50.0	C 9
CYP09	FAMILY SOCIAL WORK	Meliot Road is a family centre that provides support to vulnerable families and Court reports as part of care proceedings. It is planned to sell surplus capacity to other London boroughs. Where the Council sells surplus capacity to other London Boroughs, officers must ensure that there are appropriate contractual arrangement in place to cover such arrangements.	15.0		15.0	C 9

Ref	Service	Proposal Narrative	2014/15 £'000s	2015/16 £'000s	Total Saving £'000s	Thematic (T) / Cross- cutting (C) Reference
CYP10	EARLY INTERVENTION	This budget covers delivery of the Family Information Service which provides a directory that covers early years and childcare, employment and training, health, housing, safety and other issues. The database has been brought in house and the cost has therefore reduced.	45.0		45.0	C 9
CYP11	EARLY INTERVENTION	Targeted Family Support contract - the commissioned Targeted Family Support contract provides support to vulnerable families. Through better commissioning arrangements savings can be made as we have managed the current Targeted Family Support contract to deliver to a lower value than initially set aside for the contract. This saving does not reduce the number of families who will receive support from the service, but does reduce the unit costs.	100.0		100.0	C 9
CYP12	ATTENDANCE & WELFARE	Attendance and Welfare Service - Parents have a legal responsibility to ensure that their child is attending school regularly. The service works closely with families, schools and other agencies to improve school attendance. Failure to attend school regularly could result in the Council taking legal action. Magistrates can also impose a Parenting Order, requiring parents or carers to attend counselling or guidance sessions for a period of up to three months. A full re-organisation of the service was proposed in the last budget round, including de-layering of management as well as considering the caseloads of staff and the areas of work that have the greatest impact on absence. Savings of £200k have already been agreed. It will become a traded service for non-statutory elements. A further saving is now believed possible to make. The total saving is £500k or 50% of the original budget (£1,087k), taking expenditure into line with our statistical neighbours.	100.0	200.0	300.0	C 2
CYP13	YOUTH SERVICE	The Youth Service has been reorganised and provides directly and through commissioning a range of services supporting young people in the borough aged 8-19, up to 25 with LDD covering: · 1:1 intensive support for young people with identified vulnerabilities, · Issue based group work for specific vulnerable groups, · Street based youth work and · Access to positive activities through fun and vibrant places to go and things to do. With activities targeted at young people at the greatest risk of poor life outcomes. All services are aimed at achieving impact for young people of: · Improved life skills · Increased involvement in education, employment or training, Staying safe and well, and	100.0		100.0	C 9

		preventing needs from escalating. It is now proposed to reduce the commissioned work for youth by a further £100k from the currently allocated £965k.				
CYP14	SERVICES TO SCHOOLS	Service Level agreements are offered by the council to schools and cover a variety of support services. Schools pay for these services from their delegated formula budgets. The services continue to trade successfully with schools and are increasing the value of services they are selling. It is proposed to increase the range of charges to schools and to ensure that all services to schools by the council are achieving the 15% overheads recovery.	75.0	75.0	150.0	C 2
CYP15	COST REDUCTIONS	The Directorate has been operating a Departmental Expenditure Panel (DEP) for two years in order to challenge the need for all proposed expenditure. The departmental expenditure panel consists of the Executive Director of Children of Young People and the Directorate's Head of Resources. It approves all expenditure that is incurred within the Directorate before it is committed unless it is an emergency or is for a social care / special educational needs placement. This has already resulted in in-year savings through stopping expenditure or budget holders deciding it is no longer appropriate to undertake expenditure in these austere times. It is proposed now to take out of the budget the savings that have been delivered in the past through this process.	216.0		216.0	C 9
Total 2014 / 16 New Savings Proposals - Children and Young People Directorate			971.0	475.0	1,446.0	

Summary of 2014 / 16 New Savings Proposals - Community Services Directorate

Ref	Service	Proposal Narrative	2014/15 £'000s	2015/16 £'000s	Total Saving £'000s	Thematic (T) / Cross- cutting (C) Reference
COM01	ADULT SOCIAL CARE	This proposal builds on a number of previous savings proposals (Rounds 1 and 2) that bring together adult health and care services. The integrated adult health and care programme has been established to deliver better outcomes for residents and, through the joining up of health and care services and the removal of duplication across the whole health and care system deliver a range of efficiencies.. The integrated care programme will focus on developing teams of professionals and support services that work closely with GP practices to reduce duplication of assessment , care planning and management of care. It is anticipated that this way of working will enable a saving of 2.5 m to be made in 2014/15.	2,500.0		2,500.0	T1
COM02	CULTURE & COMMUNITY DEVELOPMENT	Both Leisure contracts include provision for free swims for under 16s and over 60s. In future, given the recognised benefits of swimming in terms of health and wellbeing, Public Health funding will be used to deliver this provision going forward as part of their physical activity programme. The commitment to free swims for under 16s and over 60s will therefore remain and work in partnership with Public Health will take place to promote the scheme and increase take up.	200.0		200.0	C 4
COM03	CULTURE & COMMUNITY DEVELOPMENT - VCS grants	It is proposed to reduce the £6.4m grants budget by £0.5m. This saving proposal will not impact on the small grants, faith fund or existing commitments in the main grants programme. The saving will be taken from unallocated funds. Savings have become available through reduction to the required contribution to London Borough Grants Scheme and previously agreed tapered funding.	500.0		500.0	C 4

Ref	Service	Proposal Narrative	2014/15 £'000s	2015/16 £'000s	Total Saving £'000s	Thematic (T) / Cross- cutting (C) Reference
COM04	SUPPORTING PEOPLE	The Supporting People service received an additional amount within its budget to cover inflation costs. However the Supporting People Framework Agreement and call-off contracts under it do not provide for indexation or any inflationary increase and this additional funding can therefore be offered as a saving.	100.0		100.0	T 1
COM05	DRUGS & ALCOHOL	Savings will be delivered through improved efficiencies, following a review of the drug and alcohol treatment budget and reallocation of resources in line with priorities. The Drug and Alcohol Action Team is working closely with Public Health in this work. The Tier 4 (detox and rehab) panel has been overhauled and the Tier 4 provider framework re-commissioned. This ensures improved utilisation of rehabilitation provision and mitigates against the possible reduction in overall rehab places. In order to support people leaving rehab, an Aftercare service (TTP) has been commissioned and this ensures wraparound support is provided to residents following a period in a rehab setting. This results in sustained recovery. Local community based detox provision has also been established (also known as ambulatory detox) which is less costly than a residential rehab placement.	300.0		300.0	T 1
Total 2014 / 16 New Savings Proposals - Community Services Directorate			3,600.0	0.0	3,600.0	

Summary of 2014 / 16 New Savings Proposals - Customer Services Directorate

Ref	Service	Proposal Narrative	2014/15 £'000s	2015/16 £'000s	Total Saving £'000s	Thematic (T) / Cross- cutting (C) Reference
CUS01	HOUSING STRATEGY & PROGRAMMES	This proposal is to restructure the entire Housing Strategy and Programme team to provide a more streamlined approach by merging three teams into two new units, which will reduce management overheads, duplication and streamline processes. Of the £173k, £100k is already accounted for in the 2014/15 budget with a further £73k being a new saving achieved by a wider scale restructure of the team	73.0		73.0	C 5
CUS02	BECKENHAM PLACE PARK, BEREAVEMENT SERVICES, REFUSE & FLEET SERVICES	Cost reviews in Beckenham Place Park, Bereavement Services, Refuse & Fleet Services: £53k	53.0		53.0	C 6
CUS03	REFUSE	1.Reduction of recycling collection round and vehicle (x1). There are currently 9 rounds. Route optimisation will allow for one round to be reduced. 2.Income from bin hire charges introduced this year is exceeding original estimate. There is no indication that this will reduce in future years.	270.0		270.0	C 6
CUS04	PRIVATE SECTOR HOUSING UNIT	To transfer the hostels from the HRA to the General Fund. The budget for Hostel accommodation is currently held in the HRA. In recent years hostels have been used to increase the Council's stock of temporary accommodation, along side Bed & Breakfast accommodation (B&B) and Private Sector Leases (PSL), which are charged to the General Fund. The transfer of Hostels to the General Fund would allow a consistent approach for all types of temporary accommodation. An effect of this change would be to set the rents for those in hostel accommodation on the same basis as those in PSL properties. This would have the effect of increasing income to the Council of £200k from 2015/16		200.0	200.0	C 5
CUS05	HOUSING STRATEGY & PROGRAMMES	This saving will be achieved by absorbing an element of the expected £516k management costs within the Council as a result of the fact that now a large number of the properties have been let the resource requirement to manage the scheme has reduced. The effect of these efficiencies is a reduction in the expenditure budget for the Milford Towers project of £158k in this year.	158.0		158.0	C 5

Ref	Service	Proposal Narrative	2014/15 £'000s	2015/16 £'000s	Total Saving £'000s	Thematic (T) / Cross- cutting (C) Reference
CUS06	SERVICE POINT	The Registration Service provides a Nationality Checking Service (NCS) which generates an income (budgeted income of £116K). The savings proposal increases the income budget by £200K to £316K. There is a significant demand for the NCS service and this is expected to continue for the next 2 years. The increase will be achieved by increasing the number of appointments available and processing more checks. The increased income assumes 60% of customers will go on to attend a Citizen Ceremony	200.0		200.0	C 7
CUS07	SERVICE POINT	The Call.Point service current delivers an out of hours emergency telephone service. This savings proposal recommends the outsourcing of the service. Previous recommendations were to outsource the service to the London wide shared service centre operated by Vangent. However, concerns were raised over performance and risk. This proposal recommends the service is put out to tender rather than using the London wide shared service centre. Soft market testing suggests that once set up £200K savings are possible. Other providers (e.g. Agilisys and Capita) both deliver for other local authorities who report they are satisfied with the services received.	100.0	100.0	200.0	C 7
CUS08	SERVICE POINT	Reorganise Service Point staff to delayer and rationalise management duties. Delete remaining 6 x Sc6 supervisor posts, but create 1 scheduling and planning officer and 2 x Sc4.	25.0	25.0	50.0	C 7
Total 2014 / 16 New Savings Proposals - Customer Services Directorate			879.0	325.0	1,204.0	

Summary of 2014 / 16 New Savings Proposals - Resources and Regeneration Directorate

Ref	Service	Proposal Narrative	2014/15 £'000s	2015/16 £'000s	Total Saving £'000s	Thematic (T) / Cross- cutting (C) Reference
RNR01	AUDIT & RISK	<p>Internal Audit – review assurance priorities and delivery mechanisms to save £75,000. Counter Fraud – reduce resourcing of Housing Benefit Investigation by £25,000 (part year) ahead of move to the Single Fraud Investigation Service under Department for Work and Pensions direction. This post is currently vacant. Health & Safety – delete the vacant post for administration support H&S post to save £30,000 and connect this team to the Business Support Services review to get administration support centrally.</p>	130.0		130.0	C 1
RNR02	PLANNING	<p>The Planning Service introduced a fee of £1000 plus VAT for the provision of pre-application advice on Major planning applications with a £40,000 income target per annum. This fee was introduced on 1 April 2011. At the time, the Service stated that it would assess the potential to extend pre-application fees to other planning application categories including householder applications.</p> <p>The provision of the pre-application advice service has now been internally reviewed by the Planning Service and also benchmarked against other comparable London Boroughs.</p> <p>A combination of an increase in fees for pre application advice on Major planning applications and a new fee for householder and other small scale scheme pre-application advice should enable an additional £50k to be achieved in fees.</p>	50.0		50.0	C 8

Ref	Service	Proposal Narrative	2014/15 £'000s	2015/16 £'000s	Total Saving £'000s	Thematic (T) / Cross- cutting (C) Reference
RNR03	POLICY & GOVERNANCE	A saving across the salaries budgets is proposed at £128k for 2014/15 through the deletion of 2.4 vacant posts	128.0		128.0	C 1
RNR04	STRATEGY	Community Budget 100K reduction: reduction in cross partner project work, Seek resources for specific projects when needed rather than baseline funding	100.0		100.0	C 4
Total 2014 / 16 New Savings Proposals - Resources & Regeneration Directorate			408.0	0.0	408.0	
Total 2014 / 16 New Savings Proposals			5,858.0	800.0	6,658.0	

APPENDIX D – Detailed Budget Savings Proposals

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Children & Young People – Resources

REF: CYP01

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 2

SERVICE: Performance

LEAD OFFICER: Alan Docksey

PORTFOLIO: Children & Young People

SELECT COMMITTEE: Children & Young People

2013/14 BUDGET (£000's) – seek information from Finance

Net Controllable Budget:

Expenditure £000's	Income £000's	Net Budget £000's
691	37	654

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

Performance Service provides statutory data collections, data analysis, performance reporting to the Children and Young People's Strategic Partnership Board (CYPSPB), Lewisham Safeguarding Children Board (LSCB), DMT, Directorate Services, with particular emphasis on Children's Social Care and School Improvement.

Description of saving proposed

Please provide sufficient details on the proposal:

The implementation of the replacement corporate software for monitoring and reporting performance should result in fewer administrative processes to produce the monthly and annual performance data reports. This is expected to result in a saving of one post with an estimated value of £50k.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users: It is anticipated that the reduction in administrative processes will make the performance Team more efficient in its functions. This may impact on the output of the service but we will try to minimise this.

Does this proposal require a full report . (Seek advice from Legal Services)

YES

NO

Is this proposal "cross-cutting?" ie. span over different Services

YES

NO

Value of Proposals per year (£000's)

2014/15:	2015/16:	Total 2014 / 16:
50		50

Percentage of Net Budget proposed: 7.6%

Effect on HRA/DSG: / YES NO If YES, outline the effect below

HRA:

DSG:

Can this saving be taken in current Financial Year:

YES

NO

If YES to previous question, what is the value that can be taken:

Outcome of Consultation (if required)											
Please outline the outcome and mitigation (where appropriate) of any consultation undertaken on this proposal to cover, where relevant, Service User/Strategic Partner and Staff – statutory and non statutory											
Risk to Achievability: Please use the following to quantify risk: 1-Least achievable to 4 – most achievable											
4			2			3			4		
Impact on Corporate Priorities:											
Main Priority – Most Relevant			Secondary Priority			Corporate Priorities:-					
<i>J -Inspiring efficiency, effectiveness and equity</i>			<i>B - Young people's achievement and involvement</i>			A. Community Leadership and empowerment					
						B. Young people's achievement and involvement					
						C. Clean, green and liveable					
						D. Safety, security and a visible presence					
						E. Strengthening the local economy					
						F. Decent Homes for all					
						G. Protection of children					
						H. Caring for adults and the older people					
						I. Active, health citizens					
						J. Inspiring efficiency, effectiveness and equity					
Impact of saving on corporate priority											
Positive	Negative	Neutral	Positive	Negative	Neutral						
Level of Impact			Level of Impact								
High	Medium	Low	High	Medium	Low						
What is the overall impact on equalities?											
2014/15			2015/16			2016/17					
High	Medium	Low	High	Medium	Low	High	Medium	Low			
Level of impact: State the level of impact on the protected characteristics below:											
Ethnicity:			High			Medium			Low		
Gender:			High			Medium			Low		
Age:			High			Medium			Low		
Disability:			High			Medium			Low		
Religion/Belief:			High			Medium			Low		
Pregnancy/Maternity			High			Medium			Low		
Marriage & Civil Partnerships			High			Medium			Low		
Sexual Orientation:			High			Medium			Low		
Gender reassignment			High			Medium			Low		
If your saving proposal has a high impact on groups with a protected characteristic please explain why, and outline what steps have been/will be taken to mitigate such an impact :											
Outcome of full Equalities Analysis Assessment (if required) :											
Please outline the outcome of the full EAA if undertaken											
Ward/Geographical implications – State which specific Wards are directly affected by this proposal											
All Wards :			If individual Wards, please state:								
YES											
Legal Implications – State any specific Legal Implications relating to this proposal											
Impact on Voluntary Sector – State any impact of this proposal on the Voluntary Sector											

Human Resources Implications – Details relating to the Existing structure							
Will this saving proposal have an impact on staffing levels within your team (yes/no)?						YES	NO
Is this a continuation of a previous proposal?:						YES	NO
If YES, please state the previous Reference No.(s) and year:							
Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)							
♠ (not covered by council employee)							
♦ (covered by council employee)							
♥ including posts covered by agency)							
(HR Advisory Service will provide you with data where this is available)							
	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE		2	1	7	2		
Head Count		2	1	7	2		
Vacant♠				2			
Vacant♦							
Vacant♥							
Workforce Profile Information							
Please provide a breakdown of your service area:							
Gender:	Female: 7			Male: 5			
Ethnicity:	BME: 5		White: 6		Other: 1		Not Known:
Disability:	0						
Sexual Orientation:	Where known: 4 Heterosexual			Not Known: 8			
Human Resources Implications – To be completed on conclusion of consultations							
From your proposals, how many posts will be deleted within your structure by grades (FTE equivalent & Head Count)?							
	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE				1			
Head Count							
How do you expect to reduce these posts?							
	Redundancy		TUPE			Delete vacant post	
FTE :						1	
Head Count:							
Grades :							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Children & Young People – Standards and Achievement

REF: CYP03

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 2

SERVICE: Early Years

LEAD OFFICER: Sue Tipler

PORTFOLIO: Children & Young People

SELECT COMMITTEE: Children & Young People

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
337	55	282

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

The Early Years Improvement Team provides advice, support and training for practitioners working with children in the Early Years Foundation Stage in the maintained and non-maintained sector.

Description of saving proposed

Please provide savings value and sufficient details on the proposal: £58k

It is proposed to make a saving on £58k through a review of work.

Local authorities are required to make arrangements to secure that early childhood services in their area are provided in an integrated way that facilitates access to services and maximises the benefits to children, parents and prospective parents.

Early years providers providing early years for which they are registered under the Childcare Act 2006 (or would be required to register but for being exempted) are required to ensure compliance with the “Early Years Foundation Stage”. The proposed review of work in this area will have to ensure that sufficient advice, support and training will be available to ensure early years providers comply with their requirements to deliver the “Early Years Foundation Stage”.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

The team will have to do less with early years providers and childminders. We will focus on areas of support which have the greatest impact.

Is this proposal “cross-cutting?” i.e. span over different Services

YES

NO

If proposal delivers part year saving in 2014/15, state value:

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?

YES

NO

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♠ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant♦							
Vacant♥							

BUDGET SAVING PROPOSAL 2014 to 2015

DIRECTORATE AND DIVISION: Children & Young People – School Standards & Achievements

REF: CYP04

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 2

SERVICE: Looked after Children Education Team

LEAD OFFICER: Sue Tipler

PORTFOLIO: Children & Young People

SELECT COMMITTEE: Children & Young People

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
62	0	62

Description of Service

Briefly describe your service and state who your customers and stakeholders are: The Looked After Children Education Team oversees the education of Looked After Children, including providing tuition to support their learning, support in transition from primary to secondary school, and peer mentoring. The team also ensure that destinations data is collected to monitor pathways and ensure the right support is provided to individuals.

Description of saving proposed

Please provide savings value and sufficient details on the proposal: **£62k**

Most of the funding is provided through the Dedicated Schools Grant (£200k) although there is a contribution of £62k to the service from the General Fund. In future all costs will be contained within the Dedicated Schools Grant.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

A review of the service will be required. The education of our Looked After Children will continue to be a priority.

Is this proposal “cross-cutting?” i.e. span over different Services YES NO

If proposal delivers part year saving in 2014/15, state value: £62k

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)? YES NO

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♠ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant♦							
Vacant♥							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Children & Young People – Children & Social Care

REF: CYP05

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 9

SERVICE: Business Support, Placements & Procurement

LEAD OFFICER: Ian Smith

PORTFOLIO: Children & Young People

SELECT COMMITTEE: Children & Young People

2013/14 BUDGET (£000's) – seek information from Finance

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
2,617	Nil	2,617

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

Business Support within Children's Social Care providers administrative support for all the services in the division. These are Referral & Assessment; Family Social Work; Looked After Children; Adoption; Leaving Care; Fostering; Placements & Procurement; Quality Assurance; and Children with Complex Needs.

Description of saving proposed

Please provide sufficient details on the proposal:

As well as the Business Support teams based in the front line services, there are currently 2 specialist teams providing centralised functions in compliance with separation of duties under Financial Regulations. This contributes to safeguarding functions by freeing up and supporting Social Workers to concentrate on direct work with vulnerable children and families. A review of business support across the Children's Social Care Division is being undertaken to examine the opportunities for reshaping current activities and identifying opportunities for sharing resources with other support teams in the Council such as Finance and Adult Social Care. These are in addition to the savings in the previous two years of £575k.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

It is anticipated that the make up of staff teams will change through the delivery of this proposal.

Does this proposal require a full report . (Seek advice from Legal Services)

YES

NO

Is this proposal "cross-cutting?" ie. span over different Services

YES

NO

Value of Proposals per year (£000's)

2014/15:	2015/16:	Total 2014 / 16:
100	50	150

Percentage of Net Budget proposed:

Effect on HRA/DSG: / YES NO If YES, outline the effect below

HRA:

DSG:

Can this saving be taken in current Financial Year:

YES

NO

If YES to previous question, what is the value that can be taken:

Outcome of Consultation (if required)											
Please outline the outcome and mitigation (where appropriate) of any consultation undertaken on this proposal to cover, where relevant, Service User/Strategic Partner and Staff – statutory and non statutory											
Consultation with staff will be undertaken.											
Risk to Achievability: Please use the following to quantify risk: 1-Least achievable to 4 – most achievable											
4			2			3			4		
Impact on Corporate Priorities:											
Main Priority – Most Relevant			Secondary Priority			Corporate Priorities:-					
G - Protection of children			B - Young people's achievement and involvement			A. Community Leadership and empowerment					
						B. Young people's achievement and involvement					
						C. Clean, green and liveable					
						D. Safety, security and a visible presence					
						E. Strengthening the local economy					
						F. Decent Homes for all					
						G. Protection of children					
						H. Caring for adults and the older people					
						I. Active, health citizens					
						J. Inspiring efficiency, effectiveness and equity					
Impact of saving on corporate priority			Impact of saving on corporate priority								
Positive	Negative	Neutral	Positive	Negative	Neutral						
Level of Impact			Level of Impact								
High	Medium	Low	High	Medium	Low						
What is the overall impact on equalities?											
2014/15			2015/16			2016/17					
High	Medium	Low	High	Medium	Low	High	Medium	Low			
Level of impact: State the level of impact on the protected characteristics below:											
Ethnicity:			High			Medium			Low		
Gender:			High			Medium			Low		
Age:			High			Medium			Low		
Disability:			High			Medium			Low		
Religion/Belief:			High			Medium			Low		
Pregnancy/Maternity			High			Medium			Low		
Marriage & Civil Partnerships			High			Medium			Low		
Sexual Orientation:			High			Medium			Low		
Gender reassignment			High			Medium			Low		
If your saving proposal has a high impact on groups with a protected characteristic please explain why, and outline what steps have been/will be taken to mitigate such an impact :											
Outcome of full Equalities Analysis Assessment (if required) :											
Please outline the outcome of the full EAA if undertaken											
Ward/Geographical implications – State which specific Wards are directly affected by this proposal											
All Wards :			If individual Wards, please state:								
YES											
Legal Implications – State any specific Legal Implications relating to this proposal											
Impact on Voluntary Sector – State any impact of this proposal on the Voluntary Sector											

Human Resources Implications – Details relating to the Existing structure							
Will this saving proposal have an impact on staffing levels within your team (yes/no)?						YES	NO
Is this a continuation of a previous proposal?:						YES	NO
If YES, please state the previous Reference No.(s) and year:							
Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)							
♠ (not covered by council employee)							
♦ (covered by council employee)							
♥ including posts covered by agency)							
(HR Advisory Service will provide you with data where this is available)							
	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE	2	4	17.8	2	1		
Head Count	2	5	18	2	1		
Vacant♠							
Vacant♦							
Vacant♥							
Workforce Profile Information							
Please provide a breakdown of your service area:							
Gender:	Female: 21			Male: 7			
Ethnicity:	BME: 16		White: 12		Other:		Not Known:
Disability:	4						
Sexual Orientation:	Where known:			Not Known:			

Human Resources Implications – To be completed on conclusion of consultations							
From your proposals, how many posts will be deleted within your structure by grades (FTE equivalent & Head Count)?							
	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
How do you expect to reduce these posts?							
	Redundancy		TUPE			Delete vacant post	
FTE :							
Head Count:							
Grades :							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Children & Young People – Children & Social Care

REF: CYP06

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 9

SERVICE: Looked After Children

LEAD OFFICER: Ian Smith

PORTFOLIO: Children & Young People

SELECT COMMITTEE: Children & Young People

2013/14 BUDGET (£000's) – seek information from Finance

Net Controllable Budget:

Expenditure £000's	Income £000's	Net Budget £000's
2,711	Nil	2,711

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

The leaving care team currently works with children looked after from the age of sixteen.

Description of saving proposed

Please provide sufficient details on the proposal:

We propose to make savings and improve the performance of the service by changing the way the service functions. Currently there are three Looked after Children's Teams that work with looked after children from roughly the age of 5 to 16 at which point they transfer to one of three Leaving Care Teams who provide support as the young person leaves care and onwards until they are 21 (or 25 if they are in full time education). Feedback from the Children in Care Council is that they would prefer not to have the change of worker at the age of 16.

We are therefore proposing to have Looked after Children Teams that will take young people through to 25 where required. We can achieve this with 5 teams and delete one team manager post. The staff from that team will be spread out amongst the remaining teams.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

Service users will have fewer changes of social workers, which is something they have requested. It is envisaged that this change will also improve service user experience of transition points.

For staff, there will be a gradual change in caseload. Training will be offered to all staff to manage this.

Does this proposal require a full report . (Seek advice from Legal Services)	YES	NO
Is this proposal “cross-cutting?” ie. span over different Services	YES	NO

Value of Proposals per year (£000's)

2014/15:	2015/16:	Total 2014 / 16:
0	100	100

Percentage of Net Budget proposed:

Effect on HRA/DSG: / YES NO If YES, outline the effect below

HRA:
DSG:

Can this saving be taken in current Financial Year:	YES	NO
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If YES to previous question, what is the value that can be taken:

Outcome of Consultation (if required)											
Please outline the outcome and mitigation (where appropriate) of any consultation undertaken on this proposal to cover, where relevant, Service User/Strategic Partner and Staff – statutory and non statutory											
Consultation with staff will be undertaken.											
Risk to Achievability: Please use the following to quantify risk: 1-Least achievable to 4 – most achievable											
1			2			3			4		
Impact on Corporate Priorities:											
Main Priority – Most Relevant			Secondary Priority			Corporate Priorities:-					
G - Protection of children			B - Young people's achievement and involvement			A. Community Leadership and empowerment					
						B. Young people's achievement and involvement					
						C. Clean, green and liveable					
						D. Safety, security and a visible presence					
						E. Strengthening the local economy					
						F. Decent Homes for all					
						G. Protection of children					
						H. Caring for adults and the older people					
						I. Active, health citizens					
						J. Inspiring efficiency, effectiveness and equity					
Impact of saving on corporate priority			Impact of saving on corporate priority								
Positive	Negative	Neutral	Positive	Negative	Neutral						
Level of Impact			Level of Impact								
High	Medium	Low	High	Medium	Low						
What is the overall impact on equalities?											
2014/15			2015/16			2016/17					
High	Medium	Low	High	Medium	Low	High	Medium	Low			
Level of impact: State the level of impact on the protected characteristics below:											
Ethnicity:			High			Medium			Low		
Gender:			High			Medium			Low		
Age:			High			Medium			Low		
Disability:			High			Medium			Low		
Religion/Belief:			High			Medium			Low		
Pregnancy/Maternity			High			Medium			Low		
Marriage & Civil Partnerships			High			Medium			Low		
Sexual Orientation:			High			Medium			Low		
Gender reassignment			High			Medium			Low		
If your saving proposal has a high impact on groups with a protected characteristic please explain why, and outline what steps have been/will be taken to mitigate such an impact :											
Outcome of full Equalities Analysis Assessment (if required) :											
Please outline the outcome of the full EAA if undertaken											
Ward/Geographical implications – State which specific Wards are directly affected by this proposal											
All Wards :			If individual Wards, please state:								
YES											
Legal Implications – State any specific Legal Implications relating to this proposal											
Services can be provided to young people who are defined as being eligible, under the Children (Leaving Care) Act 2000 and the 1989 Children Act. The duties are:											
<ul style="list-style-type: none"> a duty to advise, assist and befriend a looked after young person with a view to promoting their welfare when they cease being looked after; a duty to advise and befriend a young person who was previously looked after and is under 21 years; a power to assist a young person who was previously looked after and is under 21 years (and beyond if help needed is regarding education/ training or employment and the course begins before they are 21). A power to assist other young people who were accommodated by a health authority, education authority or privately fostered. 											

Impact on Voluntary Sector – State any impact of this proposal on the Voluntary Sector

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?	YES	NO
Is this a continuation of a previous proposal?:	YES	NO
If YES, please state the previous Reference No.(s) and year:		

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)
 ♠ (not covered by council employee)
 ♦ (covered by council employee)
 ♥ including posts covered by agency
 (HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE		5.6	8	37.1	7.6	2	
Head Count		6	8	41	8	2	
Vacant♠							
Vacant♦							
Vacant♥							

Workforce Profile Information

Please provide a breakdown of your service area:

Gender:	Female: 53	Male: 12		
Ethnicity:	BME: 34	White: 24	Other: 1	Not Known: 6
Disability:	2			
Sexual Orientation:	Where known: 1 Bisexual 14 Heterosexual		Not Known: 50	

Human Resources Implications – To be completed on conclusion of consultations

From your proposals, how many posts will be deleted within your structure by grades (FTE equivalent & Head Count)?

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							

How do you expect to reduce these posts?

	Redundancy	TUPE	Delete vacant post
FTE :			
Head Count:			
Grades :			

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Children & Young People – Children & Social Care

REF: CYP07

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 9

SERVICE: Contact

LEAD OFFICER: Ian Smith

PORTFOLIO: Children & Young People

SELECT COMMITTEE: Children & Young People

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
19,683	Nil	19,683

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

We are required by legislation to provide contact between some parents and their children who have been removed from their care.

Description of saving proposed

Please provide savings value and sufficient details on the proposal: £50k (2015/16 only)

Some of these contacts need to be supervised and most of which are ordered by the courts. The Supervised Contact is provided in a safe place due to risks that the parent may still pose to the child. There is a requirement in many instances for birth parents to have contact with their children in Local Authority care. Contact will often be in secure environments, as some parents have difficult and challenging behaviour. We currently use specialist agencies to carry out this contact, who charge for premises. It is proposed to use Council premises in the future which will mean we will save on the cost of premises hire and/or alternatively negotiate significant reduction in room hire and other costs. This is in addition to the previous savings of £200k in 2013/14 and already offered for 2014/15.

The proposed saving relates to a reduction in costs of premises where the service is located. Any new competitive procurement would seek bids which could reduce this cost.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

There is no anticipated impact on staff or service users.

Is this proposal “cross-cutting?” i.e. span over different Services	YES	NO
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If proposal delivers part year saving in 2014/15, state value: £000's

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?	YES	NO
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Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♠ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant♦							
Vacant♥							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Children & Young People – Children & Social Care

REF: CYP08

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 9

SERVICE: Adoption Service

LEAD OFFICER: Ian Smith

PORTFOLIO: Children & Young People

SELECT COMMITTEE: Children & Young People

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
2,900	1,048	1,852

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

The Adoption Support Team provide services and advice to families to assist them through the process of adoption and as required by legislation provide contact between some parents and their children who have been removed from their care. We are currently implementing the Government reforms on adoption. The reforms included an equalisation of the assessment fee to £27k.

Description of saving proposed

Please provide savings value and sufficient details on the proposal: **£50k**

Historically the adoption service has not targeted Lewisham families for adoption as many Lewisham LAC cannot be placed in the borough in close proximity to their birth families.

The equalisation and reform grant monies mean we now have capacity to recruit surplus adopters, including Lewisham based adopters, that other Local Authorities and Adoption agencies can use. We anticipate that this will generate income for Lewisham. £50k represents two additional assessments.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

Lewisham has a good reputation for recruiting adopters, and being able to recruit adopters in Lewisham will be beneficial for children needing placements regionally, and across the country. Staff will now be able to target Lewisham families for adoption, and the service has the capacity to do this through the Adoption Reform Grant.

Is this proposal “cross-cutting?” i.e. span over different Services YES NO

If proposal delivers part year saving in 2014/15, state value:

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)? YES NO

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♠ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant♦							
Vacant♥							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Children & Young People – Children & Social Care

REF: CYP09

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 9

SERVICE: Family Social Work

LEAD OFFICER: Ian Smith

PORTFOLIO: Children & Young People

SELECT COMMITTEE: Children & Young People

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
643	Nil	643

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

Meliot Road is a family centre that provides support to vulnerable families and Court reports as part of care proceedings.

Description of saving proposed

Please provide savings value and sufficient details on the proposal: £15k

It is planned to sell surplus capacity to other London boroughs.

Where the Council sells surplus capacity to other London Boroughs, officers must ensure that there are appropriate contractual arrangement in place to cover such arrangements.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

There is no anticipated impact on staff or service users.

Is this proposal “cross-cutting?” i.e. span over different Services

YES

NO

If proposal delivers part year saving in 2014/15, state value:

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?

YES

NO

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♣ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♣							
Vacant♦							
Vacant♥							

Note: Where the saving proposal is cross cutting or an aggregation of lower value savings to arrive at the de-minimis level of £100k, please ensure that sufficient detail is maintained locally to support these.

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Children & Young People – Targeted services and Joint Commissioning

REF: CYP10

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 9

SERVICE: Early Intervention

LEAD OFFICER: Warwick Tomsett

PORTFOLIO: Children & Young People

SELECT COMMITTEE: Children & Young People

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
151	NIL	151

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

This budget covers delivery of the Family Information Service which provides a directory that covers early years and childcare, employment and training, health, housing, safety and other issues.

Description of saving proposed

Please provide savings value and sufficient details on the proposal: **£45k**

The database has been brought in house and the cost has therefore reduced.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

This service will now be delivered through the Council's Callpoint service. There will be no impact on staff and service users will continue to have access to the same information.

Is this proposal "cross-cutting?" i.e. span over different Services

YES

NO

If proposal delivers part year saving in 2014/15, state value:

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?

YES

NO

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♣ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♣							
Vacant♦							
Vacant♥							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Children & Young People – Targeted Services and Joint Commission

REF: CYP11

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 9

SERVICE: Early Intervention

LEAD OFFICER: Warwick Tomsett

PORTFOLIO: Children & Young People

SELECT COMMITTEE: Children & Young People

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
1,650	NIL	1,650

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

Targeted Family Support contract - the commissioned Targeted Family Support contract provides support to vulnerable families.

Description of saving proposed

Please provide savings value and sufficient details on the proposal: £100k

Through better commissioning arrangements savings can be made as we have managed the current Targeted Family Support contract to deliver to a lower value than initially set aside for the contract. This saving does not reduce the number of families who will receive support from the service, but does reduce the unit costs

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

There is no anticipated impact on staff or service users.

Is this proposal “cross-cutting?” i.e. span over different Services YES NO

If proposal delivers part year saving in 2014/15, state value:

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)? YES NO

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♠ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant♦							
Vacant♥							

Note: Where the saving proposal is cross cutting or an aggregation of lower value savings to arrive at the de-minimis level of £100k, please ensure that sufficient detail is maintained locally to support these.

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Children & Young People – Targeted Services and Joint Commission

REF: CYP12

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 2

SERVICE: Attendance and Welfare

LEAD OFFICER: Warwick Tomsett

PORTFOLIO: Children & Young People

SELECT COMMITTEE: Children & Young People

2013/14 BUDGET (£000's) – seek information from Finance

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
1,087	Nil	1,087

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

Attendance and Welfare Service - Parents have a legal responsibility to ensure that their child is attending school regularly. The service works closely with families, schools and other agencies to improve school attendance. Failure to attend school regularly could result in the Council taking legal action. Magistrates can also impose a Parenting Order, requiring parents or carers to attend counselling or guidance sessions for a period of up to three months.

Description of saving proposed

Please provide sufficient details on the proposal:

A full re-organisation of the service was proposed in the last budget round, including de-layering of management as well as considering the caseloads of staff and the areas of work that have the greatest impact on absence. Savings of £200k have already been agreed. It will become a traded service for non-statutory elements. A further saving is now believed possible to make. The total saving is £500k or 50% of the original budget (£1,087k), taking expenditure into line with our statistical neighbours.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

There is a likely reduction in staff. Discussions are taking place with schools about the work they do on attendance and the expectations on them in future to take greater responsibility for casework. Secondary schools already have developed infrastructures for doing this, and primary schools will be offered support in moving to the new model. Schools will be offered the opportunity to buy a range of services to supplement what they deliver themselves, and there will be a number of core statutory services which will remain free. It is planned to implement the changes in September 2014 delivering a part year saving in 14/15

Does this proposal require a full report . (Seek advice from Legal Services)	YES	NO
Is this proposal “cross-cutting?” i.e. span over different Services	YES	NO

Value of Proposals per year (£000's)

2014/15:	2015/16:	Total 2014 / 16:
100	200	300

Percentage of Net Budget proposed:

Effect on HRA/DSG: / YES NO If YES, outline the effect below

HRA:
DSG:

Can this saving be taken in current Financial Year:	YES	NO
If YES to previous question, what is the value that can be taken:		

Outcome of Consultation (if required)											
Please outline the outcome and mitigation (where appropriate) of any consultation undertaken on this proposal to cover, where relevant, Service User/Strategic Partner and Staff – statutory and non statutory											
Consultation is under way with staff, schools and the third sector but is not yet complete.											
Risk to Achievability: Please use the following to quantify risk: 1-Least achievable to 4 – most achievable											
4			2			3			4		
Impact on Corporate Priorities:											
Main Priority – Most Relevant			Secondary Priority			Corporate Priorities:-					
<i>B - Young people's achievement and involvement</i>			<i>J - Inspiring efficiency, effectiveness and equity</i>			A. Community Leadership and empowerment					
						B. Young people's achievement and involvement					
						C. Clean, green and liveable					
						D. Safety, security and a visible presence					
						E. Strengthening the local economy					
						F. Decent Homes for all					
						G. Protection of children					
						H. Caring for adults and the older people					
						I. Active, health citizens					
						J. Inspiring efficiency, effectiveness and equity					
Impact of saving on corporate priority			Impact of saving on corporate priority								
Positive	Negative	Neutral	Positive	Negative	Neutral						
Level of Impact			Level of Impact								
High	Medium	Low	High	Medium	Low						
What is the overall impact on equalities?											
2014/15			2015/16			2016/17					
High	Medium	Low	High	Medium	Low	High	Medium	Low			
Level of impact: State the level of impact on the protected characteristics below:											
Ethnicity:			High			Medium			Low		
Gender:			High			Medium			Low		
Age:			High			Medium			Low		
Disability:			High			Medium			Low		
Religion/Belief:			High			Medium			Low		
Pregnancy/Maternity			High			Medium			Low		
Marriage & Civil Partnerships			High			Medium			Low		
Sexual Orientation:			High			Medium			Low		
Gender reassignment			High			Medium			Low		
If your saving proposal has a high impact on groups with a protected characteristic please explain why, and outline what steps have been/will be taken to mitigate such an impact :											
Outcome of full Equalities Analysis Assessment (if required) :											
Please outline the outcome of the full EAA if undertaken											
Ward/Geographical implications – State which specific Wards are directly affected by this proposal											
All Wards :			If individual Wards, please state:								
YES											
Legal Implications – State any specific Legal Implications relating to this proposal											
Under The School and Early Years Finance (England) Regulations 2012 "Expenditure arising from the authority's functions under Chapter 2 of Part 6 of the 1996 Act (school attendance)" falls within the Non Schools Education Budget as set out at Schedule 1 to the Regulations. It follows that such expenditure should properly be funded from general local authority resources (not DSG). This does not prohibit the charging of school budgets for all services provided which relate to school attendance.											
Where the responsibility rests with the local authority then the local authority are not able to seek to charge											

schools for such activities, e.g. school attendance orders and school attendance prosecutions. Where however the charge relates to functions additional or ancillary to the local authority functions then it seems that the local authority may seek charges from schools.

The "School Attendance" statutory guidance confirms "Only local authorities can prosecute parents and they must fund all associated costs."

Local authorities are statutorily responsible for ensuring that parents fulfil their legal duty that their child/ran of compulsory school age receive suitable, efficient fulltime education either by regularly attending school or otherwise. Local authorities are statutorily required to make arrangements to enable them to establish (as far as it is possible to do so) the identity of children in their area who are not receiving a suitable education.

Impact on Voluntary Sector – State any impact of this proposal on the Voluntary Sector

Neutral

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?	YES	NO
Is this a continuation of a previous proposal?:	YES	NO
If YES, please state the previous Reference No.(s) and year:	CYP46, Jan 2013	

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♠ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE		3.6		18.8	1		
Head Count		5		19	1		
Vacant♠							
Vacant♦							
Vacant♥							

Workforce Profile Information

Please provide a breakdown of your service area:

Gender:	Female: 23	Male: 2		
Ethnicity:	BME: 12	White: 11	Other: 1	Not Known: 1
Disability:	3			
Sexual Orientation:	Where known: 8 heterosexual		Not Known: 17	

Human Resources Implications – To be completed on conclusion of consultations

From your proposals, how many posts will be deleted within your structure by grades (FTE equivalent & Head Count)?

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Children & Young People – Targeted Services and Joint Commission

REF: CYP13

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 9

SERVICE: Youth Service

LEAD OFFICER: Warwick Tomsett

PORTFOLIO: Children & Young People

SELECT COMMITTEE: Children & Young People

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
2,977	160	2,817

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

The Youth Service has been reorganised and provides directly and through commissioning a range of services supporting young people in the borough aged 8-19, up to 25 with LDD covering: 1:1 intensive support for young people with identified vulnerabilities, Issue based group work for specific vulnerable groups, Street based youth work and Access to positive activities through fun and vibrant places to go and things to do. With activities targeted at young people at the greatest risk of poor life outcomes. All services are aimed at achieving impact for young people of: Improved life skills, Increased involvement in education, employment or training, Staying safe and well, and preventing needs from escalating.

Description of saving proposed

Please provide savings value and sufficient details on the proposal: £100k

It is now proposed to reduce the commissioned work for youth by a further £100k from the currently allocated £965k.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

Service users will continue to have access to a wide range of youth provision. There will be no impact on Council staff, since this money is related to commissioning services from external providers. It will mean less provision. However, the pot would remain large and therefore there would still be a range of high quality provision and providers.

Is this proposal “cross-cutting?” i.e. span over different Services

YES

NO

If proposal delivers part year saving in 2014/15, state value:

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?

YES

NO

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♠ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant♦							
Vacant♥							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Children & Young People – School Standards and achievements

REF: CYP14

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 2

SERVICE: School Improvement

LEAD OFFICER: Alan Docksey

PORTFOLIO: Children & Young People

SELECT COMMITTEE: Children & Young People

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget:

Expenditure £000's	Income £000's	Net Budget £000's

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

Service Level agreements are offered by the council to schools and cover a variety of support services. Schools pay for these services from their delegated formula budgets.

Description of saving proposed

Please provide savings value and sufficient details on the proposal: £150k

The services continue to trade successfully with schools and are increasing the value of services they are selling. It is proposed to increase the range of charges to schools and to ensure that all services to schools by the council are achieving the 15% overheads recovery.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users: By increasing the range of charged for services and decreasing the number of “free” services then schools will find that their delegated budgets do not enable the same amount of services to be procured as previously. It is expected that the percentage impact on a school’s budget is 0.1%.

Is this proposal “cross-cutting?” i.e. span over different Services - CYP YES NO

If proposal delivers part year saving in 2014/15, state value: £75k

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)? YES NO

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♠ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant♦							
Vacant♥							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Children & Young People – Cross Directorate Savings

REF: CYP15

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 9

SERVICE: Safeguarding and early intervention

LEAD OFFICER: Alan Docksey

PORTFOLIO: Children & Young People

SELECT COMMITTEE: Children & Young People

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
50,068	4,889	45,179

Description of Service

Briefly describe your service and state who your customers and stakeholders are: The Directorate has been operating a Departmental Expenditure Panel (DEP) for two years in order to challenge the need for all proposed expenditure. The departmental expenditure panel consists of the Executive Director of Children of Young People and the Directorate's Head of Resources. It approves all expenditure that is incurred within the Directorate before it is committed unless it is an emergency or is for a social care / special educational needs placement.

Description of saving proposed

Please provide savings value and sufficient details on the proposal: **£216k**

This has already resulted in in-year savings through stopping expenditure or budget holders deciding it is no longer appropriate to undertake expenditure in these austere times. It is proposed now to take out of the budget the savings that have been delivered in the past through this process.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users: This proposal brings the budget for the Directorate into line with the reduced spending level as a result of operating the DEP.

Is this proposal “cross-cutting?” i.e. span over different Services - CYP

YES

NO

If proposal delivers part year saving in 2014/15, state value:

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?

YES

NO

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♣ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♣							
Vacant♦							
Vacant♥							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Community Services

Ref COM01

THEMATIC (T) / CROSS-CUTTING (C) Ref: T 1

SERVICE: Adult Social Care

LEAD OFFICER: Joan Hutton/ Dee Carlin

PORTFOLIO: Assessment/ Care Management. Provision of care

SELECT COMMITTEE: HCSC

2013/14 BUDGET (£000's)

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
107,500	26,500	81,000

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

The aim of adult social care services is to enable residents who are eligible for social care funding to:

- gain maximum independence
- make choices about their care
- stay healthy and safe and
- increase their ability to participate in family and community life.

Adult social care fulfils the council's statutory duties in respect of vulnerable adults under the National Assistance Act 1948 and subsequent related legislation. By April 2014, all of this legislation will be streamlined into the one Social Care Act,

Councils are required to complete a thorough assessment of people's needs and to meet these assessed needs in the most cost effective manner by providing community care services.

The eligibility criteria is set by the Department of Health's Fair access to services FACS

The service also provides information and advice for residents who are not eligible for adult social care.

Description of saving proposed

Please provide savings value and sufficient details on the proposal: **£ 2.5m**

This proposal builds on a number of previous savings proposals (Rounds 1 and 2) that bring together adult health and care services.

The integrated adult health and care programme has been established to deliver better outcomes for residents and, through the joining up of health and care services, and the removal of duplication across the whole health and care system, deliver a range of efficiencies.. The integrated care programme will focus on developing teams of professionals and support services that work closely with GP practices to reduce duplication of assessment , care planning and management of care. It is anticipated that this way of working will enable a saving of £2.5 m to be made in 2014/15.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users: Making significant financial savings at the same time as meeting the needs of vulnerable adults is clearly a challenge, but joint working should make it possible to decrease costs without impacting on the quality of care offered

Is this proposal “cross-cutting?” i.e. span over different Services	YES	NO
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If proposal delivers part year saving in 2014/15, state value: £000’s

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/)?	YES	NO
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Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)
 ♠ (not covered by council employee)
 ♦ (covered by council employee)
 ♥ including posts covered by agency)
 (HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant♦							
Vacant♥							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Community Services

REF: COM02

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 4

SERVICE: Cultural and Community Development Service - Leisure

LEAD OFFICER: Liz Dart

PORTFOLIO: Community Services

SELECT COMMITTEE: Healthier Communities

2013/14 BUDGET (£000's)

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
£2,500	£0	£2,500

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

The leisure budget is managed by the Community Resources Team within Culture and Community Development. Leisure services are delivered through two contracts that manage ten sports and leisure facilities across the borough ranging in size from playing fields at Warren Avenue to our newly opened flagship Glass Mill Leisure Centre in Loampit Vale.

Description of saving proposed

Please provide savings value and sufficient details on the proposal: £0.2m

Both Leisure contracts include provision for free swims for under 16s and over 60s. In future, given the recognised benefits of swimming in terms of health and wellbeing, Public Health funding will be used to deliver this provision going forward as part of their physical activity programme. The commitment to free swims for under 16s and over 60s will therefore remain and partnership working with Public Health will take place to promote the scheme and increase take up.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

There are no staff or service impacts from this proposal.

Is this proposal "cross-cutting?" i.e. span over different Services	YES	NO
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If proposal delivers part year saving in 2014/15, state value: £000's

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?	YES	NO
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Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♠ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant♦							
Vacant♥							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Community Service

REF: COM03

THEMATIC (T) / CROSS-CUTTING (C) Ref: C4

SERVICE: Cultural and Community Development Service – VCS grants

LEAD OFFICER: Liz Dart

PORTFOLIO: Community Services/Third Sector

SELECT COMMITTEE: Safer Stronger Select Committee

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget:

Expenditure £000's	Income £000's	Net Budget £000's
£6,400	£0	£6,400

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

The Cultural and Community Development Service works in partnership with residents and the voluntary and community sector to deliver on Lewisham's priorities by:

- Encouraging people to be involved and active
- Building the capacity of the voluntary and cultural sectors
- Giving individuals and community groups a voice
- Encouraging enterprise and innovation

The community sector grants programmes provide funding to voluntary and community sector organisations across the borough and contributes to the London Borough Grants Scheme to ensure Lewisham residents have access to pan London services.

Description of saving proposed

Please provide savings value and sufficient details on the proposal: £0.5m

It is proposed to reduce the £6.4m grants budget by £0.5m. This saving proposal will not impact on the small grants, faith fund or existing commitments in the main grants programme. The saving will be taken from unallocated funds. Savings have become available through reduction to the required contribution to London Borough Grants Scheme and previously agreed tapered funding.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

There is no impact on staff from this savings proposal. The proposed £0.5m saving relates to unallocated funds within the grants budget so will not require any reduction to existing main grant commitments.

Is this proposal "cross-cutting?" i.e. span over different Services	YES	NO
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If proposal delivers part year saving in 2014/15, state value: £000's

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?	YES	NO
--	-----	----

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♠ (not covered by council employee)

♦ (covered by council employee)

♥ (including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant♦							
Vacant♥							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Community Services - Crime Reduction and Supporting People

REF: COM 04

THEMATIC (T) / CROSS-CUTTING (C) Ref: T 1

SERVICE: Supporting People

LEAD OFFICER: Geeta Subramaniam-Mooney

PORTFOLIO: Cllr Chris Best

SELECT COMMITTEE: Healthier

2013/14 BUDGET (£000's)

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
14,062	266	13,796

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

The Service delivers against the following objectives:

- to provide vulnerable people with the support needed to achieve and maintain independent living
- to prevent and avoid more intensive and high cost services
- to prevent homelessness
- to provide support and accommodation for people where there may also be a statutory duty. For example, high support mental health schemes, emergency accommodation in relation to domestic violence, young people and people with learning disabilities.

Description of saving proposed

Please provide savings value and sufficient details on the proposal:

£100 k

The Supporting People service received an additional amount within its budget to cover inflation costs. However the Supporting People Framework Agreement and call-off contracts under it do not provide for indexation or any inflationary increase and this additional funding can therefore be offered as a saving.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

Is this proposal "cross-cutting?" i.e. span over different Services	YES	NO
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If proposal delivers part year saving in 2014/15, state value: na

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?

YES

NO

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♠ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant♦							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Community Services Crime Reduction and Supporting People

REF: COM05

THEMATIC (T) / CROSS-CUTTING (C) Ref: T 1

SERVICE: Drugs and Alcohol

LEAD OFFICER: Geeta Subramaniam-Mooney

PORTFOLIO: Cllr Janet Daby

SELECT COMMITTEE: Safer Stronger / Healthier Communities

2013/14 BUDGET (£000's)

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
5,981	-5,445	536

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

The Service delivers against the following objectives :

- to reduce harm caused by drug use both to the individual and to the community
- to deliver a service for offenders with drug use
- to deliver rehabilitation and detoxification provision
- to provide community treatment services
- help drug and alcohol users achieve tangible treatment gains and recovery
- to provide outreach and education and information

People accessing residential rehab will usually have:

- Failed in community treatment more than once
- Longer and more entrenched drug and alcohol misusing careers
- A range of problem substances
- Poorer physical and psychological health
- More significant housing problems

Service users attending residential rehab are likely to be more complex.

Description of saving proposed

Please provide savings value and sufficient details on the proposal: £300 k

Savings will be delivered through improved efficiencies, following a review of the drug and alcohol treatment budget and reallocation of resources in line with priorities. The Drug and Alcohol Action Team is working closely with Public Health in this work.

The Tier 4 (detox and rehab) panel has been overhauled and the Tier 4 provider framework recommissioned. This ensures improved utilisation of rehabilitation provision and mitigates against the possible reduction in overall rehab places.

In order to support people leaving rehab, an Aftercare service (TTP) has been commissioned and this ensures wraparound support is provided to residents following a period in a rehab setting. This results in sustained recovery. Local community based detox provision has also been established (also known as ambulatory detox) which is less costly than a residential rehab placement.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

Is this proposal "cross-cutting?" i.e. span over different Services	YES	NO
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If proposal delivers part year saving in 2014/15, state value: n a

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?	YES	NO
--	-----	----

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)
 ♠ (not covered by council employee)
 ◆ (covered by council employee)
 ♥ including posts covered by agency)
 (HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant◆							
Vacant♥							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Customer Services, Strategic Housing

REF: CUS01

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 5

SERVICE: Housing Strategy and Programmes

LEAD OFFICER: Jeff Endean

PORTFOLIO:

SELECT COMMITTEE: Housing Select Committee

2013/14 (000's) – seek information from Finance

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
422	17	405

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

The service contract manages the direct provision of housing services for the Council's retained housing stock of c 18,000 homes through Lewisham Homes and the Brockley PFI. It manages the Council's partnerships with the broader housing sector, including where stock has been transferred to RPs. It manages the Council's policy agenda in relation to housing and homelessness, seeks to ensure housing objectives are delivered through private developments, supports the Executive Director in responding to the Housing Select Committee, provides business planning support across the housing division and oversees the housing capital programme.

The service also oversees the Housing Matters change programme, reviewing the ownership options for the Council's retained housing stock and ALMO, overseeing Council new build housing, and improving housing specifically for older people.

The team also manages the large estate regeneration schemes such as Excalibur, although this is 100% HRA funded and therefore not affected by this proposal.

Description of saving proposed

Please provide sufficient details on the proposal:

This proposal is to restructure the entire Housing Strategy and Programme team to provide a more streamlined approach by merging three teams into two new units, which will reduce management overheads, duplication and streamline processes.

Of the £173k, £100k is already accounted for in the 2014/15 budget with a further £73k being a new saving achieved by a wider scale restructure of the team

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

The nature and focus of the teams work is changing and the make-up of the team needs to reflect this. It is likely that a review of the clienting relationship functions between the Council and its key Housing Management Partners will need to take place with a transfer of some of the existing functions to our Partners. In addition, there also needs to be a review of the nature and structure of the policy function across the team.

Does this proposal require a full report? (Seek advice from Legal Services)

YES

NO

Is this proposal "cross-cutting?" i.e. span over different Services

YES

NO

Value of Proposals per year (£000's)										
2014/15			2015/16			Total 2014 / 16				
73						73				
Percentage of Net Budget proposed:										
Effect on HRA/DSG: /		YES	NO	If YES, outline the effect below						
HRA: DSG:										
Can this saving be taken in current Financial Year:						YES	NO			
If YES to previous question, what is the value that can be taken:										
Outcome of Consultation (if required)										
Please outline the outcome and mitigation (where appropriate) of any consultation undertaken on this proposal to cover, where relevant, Service User/Strategic Partner and Staff – statutory and non statutory										
This proposal is subject to staff consultation as stipulated within the Council's Employment/Change Management policies.										
Risk to Achievability: Please use the following to quantify risk: 1-Least achievable to 4 – most achievable										
1			2			3			4	
Impact on Corporate Priorities:										
Main Priority – Most Relevant			Secondary Priority			Corporate Priorities:-				
F			J			A. Community Leadership and empowerment B. Young people's achievement and involvement C. Clean, green and liveable D. Safety, security and a visible presence E. Strengthening the local economy F. Decent Homes for all G. Protection of children H. Caring for adults and the older people I. Active, health citizens J. Inspiring efficiency, effectiveness and equity				
Impact of saving on corporate priority			Impact of saving on corporate priority							
Positive	Negative	Neutral	Positive	Negative	Neutral					
Level of Impact			Level of Impact							
High	Medium	Low	High	Medium	Low					
What is the overall impact on equalities?										
2014/15			2015/16			2016/17				
High	Medium	Low	High	Medium	Low	High	Medium	Low		
Level of impact: State the level of impact on the protected characteristics below:										
Ethnicity:			High	Medium	Low					
Gender:			High	Medium	Low					
Age:			High	Medium	Low					
Disability:			High	Medium	Low					
Religion/Belief:			High	Medium	Low					
Pregnancy/Maternity			High	Medium	Low					
Marriage & Civil Partnerships			High	Medium	Low					
Sexual Orientation:			High	Medium	Low					
Gender reassignment			High	Medium	Low					
If your saving proposal has a high impact on groups with a protected characteristic please explain why, and outline what steps have been/will be taken to mitigate such an impact :										

Outcome of full Equalities Analysis Assessment (if required) :

Please outline the outcome of the full EAA if undertaken

As this savings proposal has staffing implications, the service will be required to undertake an equalities analysis assessment (EAA) as part of their restructuring process. As part of their operational business processes, the service will monitor the impact of any staffing implications on service delivery and where necessary, take action to mitigate any resultant impacts.

Ward/Geographical implications – State which specific Wards are directly affected by this proposal

All Wards : YES /NO	If individual Wards, please state:
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Legal Implications – State any specific Legal Implications relating to this proposal

None

Impact on Voluntary Sector – State any impact of this proposal on the Voluntary Sector

None

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?	YES	NO
Is this a continuation of a previous proposal?	YES	NO
If YES, please state the previous Reference No.(s) and year:	2014/15 – CUS31	

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)
 ♠ (not covered by council employee)
 ◆ (covered by council employee)
 ♥ including posts covered by agency
 (HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE				8	4	1	
Head Count				7	3	1	
Vacant♠							
Vacant◆							
Vacant♥				1	1		

Workforce Profile Information

Please provide a breakdown of your service area:

Gender:	Female: 9	Male: 4		
Ethnicity:	BME: 3	White: 10	Other:	Not Known:
Disability:	0			
Sexual Orientation:	Where known:		Not Known:	

Human Resources Implications – To be completed on conclusion of consultations

From your proposals, how many posts will be deleted within your structure by grades (FTE equivalent & Head Count)?

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							

Head Count							
How do you expect to reduce these posts?							
	Redundancy	TUPE			Delete vacant post		
FTE :							
Head Count:							
Grades :							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Customer Services, Environment Division

REF: CUS02

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 6

SERVICE: Beckenham Place Park, Bereavement Services Refuse & Fleet Services

LEAD OFFICER: Nigel Tyrell

PORTFOLIO:

SELECT COMMITTEE: Sustainable Development

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget:

Expenditure £000's	Income £000's	Net Budget £000's

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

Description of saving proposed

Please provide savings value and sufficient details on the proposal: £000's £53k

Staff related cost reviews in Beckenham Place Park, Bereavement Services Refuse & Fleet Services: £53k

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

No impact on service users. Increased workload for staff. Reduction of 1 part-time post.

Is this proposal “cross-cutting?” i.e. span over different Services

YES

NO

If proposal delivers part year saving in 2014/15, state value: £000's

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?

YES

NO

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♣ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE	28%						
Head Count							
Vacant♣							
Vacant♦							
Vacant♥							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Customer Services, Environment Division

REF: CUS03

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 6

SERVICE: Refuse

LEAD OFFICER: Nigel Tyrell

PORTFOLIO:

SELECT COMMITTEE: Sustainable Development

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
5,641	2,161	3,480

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

The Refuse Collection Service collects domestic and trade waste and provides a recycling collection service.

The service customers are Lewisham residents and local business, including local housing providers. The stakeholders are residents, local business, members and central government.

Description of saving proposed

Please provide savings value and sufficient details on the proposal: **£000's £270,000**

1.Reduction of recycling collection round and vehicle (x1). There are currently 9 rounds. Route optimisation will allow for one round to be reduced.

2.Income from bin hire charges introduced this year is exceeding original estimate. There is no indication that this will reduce in future years.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

No impact on service users. Increased workload for remaining staff Reduction of 4 agency posts (driver and 3 loaders).

Is this proposal “cross-cutting?” i.e. span over different Services	YES	NO
--	------------	-----------

If proposal delivers part year saving in 2014/15, state value: £000's

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?	YES	NO
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Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♠ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant♦							
Vacant♥							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Customer Services, Strategic Housing

REF: CUS04

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 5

SERVICE: Private Sector Housing Unit: TRANSFER OF HOSTELS TO THE GENERAL FUND

LEAD OFFICER: Madeleine Jeffery

PORTFOLIO:

SELECT COMMITTEE: Housing Select Committee

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget: (note this is General Fund, there is also an HRA element)

Expenditure	Income	Net Budget
£000's	£000's	£000's
795	119	676

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

The Council currently operates 24 hostels comprising of 334 rooms. These are made available to homeless households while they await the offer of a permanent social tenancy within the Council's main housing stock. The hostels are contained within the Housing Revenue Account and are managed by the Private Sector Housing Agency. The Council charges rents and a service charge for the hostel properties to residents. For those residents that are not working these charges are met through housing benefit. Working households meet the rental costs themselves. In addition to rent the hostel residents pay a heat, light, water and power charge directly.

Description of saving proposed

Please provide savings value and sufficient details on the proposal: £200k for 2015/16

There are two elements to this proposal. The two elements are:

1. To transfer the hostels from the HRA to the General Fund. This requires Secretary of State approval. It would however place the hostels in the same place as other TA types such as B&B and PS leasing which are already managed within the General Fund. The clientele are the same (i.e. transient residents and those who face hardship as a result of homelessness) and locating the management of all of the stock allocated to these residents in one place would make sense.
2. The second element to the change is an increase in the rents charged to residents of hostels. The proposed level of increased rents is set out below and would work within the current HB limitations but does not maximise this. If we took the rents to the limitation maximums then this would raise the 1 bed space rents by 59% or £70pw and the 2 bed space rents by 23% or £36pw. The proposal dampens the impacts as follows:

Bedspace	Current	Proposed	Change (£)	Change (%)
1	119.58	150.00	30.02	25.0
2	154.21	165.00	10.79	7.0
3	188.44	190.00	1.56	0.8
4	205.58	190.00	-15.58	-7.6
5	205.58	190.00	-15.58	-7.6
6	205.58	190.00	-15.58	-7.6
7	205.58	190.00	-15.58	-7.6

The total estimated additional income that would be generated by these changes is £201,768 after allowing for 10 per cent void loss. The issue of any increased interest costs coming from an increased valuation have not been calculated in this surplus.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

There will be a minimal impact on working service users housed in 1 and 2 bed space units who meet their own rent and service charge costs as a result of the proposed change from the HRA to the General Fund.

Is this proposal “cross-cutting?” i.e. span over different Services	YES	NO
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If proposal delivers part year saving in 2014/15, state value: £000’s

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?	YES	NO
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Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)
 ♠ (not covered by council employee)
 ◆ (covered by council employee)
 ♥ including posts covered by agency)
 (HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant◆							
Vacant♥							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Customer Services, Strategic Housing

REF: CUS05

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 5

SERVICE: Housing Strategy and Programmes: MILFORD TOWERS HOUSING PROJECT

LEAD OFFICER: Jeff Endean

PORTFOLIO:

SELECT COMMITTEE: Housing Select Committee

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget: (note this is General Fund, there is also an HRA element)

Expenditure	Income	Net Budget
£000's	£000's	£000's
0	250	(250)

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

In anticipation of the wider Catford town centre regeneration, the decant of Milford Towers began in April 2012. Market conditions slowed the regeneration process, and so the opportunity arose to use the decanted properties for a meanwhile use. This has been undertaken in combination with Notting Hill Housing who are targeting these properties to local residents at a discount to market rents. This meanwhile, can be expected to continue for a minimum of at least two years while options for the regeneration are developed and then pursued. A more detailed analysis is being undertaken of the budget for this project by the finance team to confirm the contributions over the next 2 – 3 years.

Description of saving proposed

Please provide savings value and sufficient details on the proposal: £158k

This saving will be achieved by absorbing an element of the expected £516k management costs within the Council as a result of the fact that now a large number of the properties have been let the resource requirement to manage the scheme has reduced. The effect of these efficiencies is a reduction in the expenditure budget for the Milford Towers project of £158k in this year.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

There will be no impact on service users. Staff will achieve the saving through efficiencies in the way in which the management of the scheme is managed, leading to reduced management costs.

Is this proposal "cross-cutting?" i.e. span over different Services	YES	NO
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If proposal delivers part year saving in 2014/15, state value: £000's

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?	YES	NO
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Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♠ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant♦							
Vacant♥							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Customer Services Directorate / Public Services Division

REF: CUS06

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 7

SERVICE: Service Point

LEAD OFFICER: Roy Morgan

PORTFOLIO: Cllr Susan Wise

SELECT COMMITTEE: Safer Stronger

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
2,585	662	1,993

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

Service Point is responsible for the Access.Point, Call.Point and Registration services. Customers are those needing to contact the Council for a service. Stakeholders are the services that Service Point administers and the General Register Office (part of HM Passport Office).

Description of saving proposed

Please provide savings value and sufficient details on the proposal: £200K

The Registration Service provides a Nationality Checking Service (NCS) which generates an income (budgeted income of £116K). The savings proposal increases the income budget by £200K to £316K. There is a significant demand for the NCS service and this is expected to continue for the next 2 years. The increase will be achieved by increasing the number of appointments available and processing more checks. The increased income assumes 60% of customers will go on to attend a Citizen Ceremony.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

There are no staff impacts. Service Users will benefit from the proposal.

Is this proposal “cross-cutting?” i.e. span over different Services

YES

NO

If proposal delivers part year saving in 2014/15, state value: £000's

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?

YES

NO

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♠ (not covered by council employee)

♠ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant♠							
Vacant♥							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Customer Services Directorate / Public Services Division

REF: CUS07

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 7

SERVICE: Service Point

LEAD OFFICER: Roy Morgan

PORTFOLIO: Cllr Susan Wise

SELECT COMMITTEE: Safer Stronger

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
2,585	662	1,993

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

Service Point is responsible for the Access.Point, Call.Point and Registration services. Customers are those needing to contact the Council for a service. Stakeholders are the services that Service Point administers and the General Register Office (part of HM Passport Office).

Description of saving proposed

Please provide savings value and sufficient details on the proposal:

The CallPoint service currently delivers an out of hours emergency telephone service. This savings proposal recommends the outsourcing of the service. Previous recommendations were to outsource the service to the London wide shared service centre operated by Vangent. However, concerns were raised over performance and risk. This proposal recommends the service is put out to tender rather than using the London wide shared service centre. Soft market testing suggests that once set up £200K savings are possible. Other providers (e.g. Agilisys and Capita) both deliver for other local authorities who report they are satisfied with the services received.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

There are 8 FTE involved in the delivery of the service. Of these 4.5 FTE would TUPE to the new provider and 3.5 would return to the day time service and release agency staff. At least the same level of service would be provided to customers. There is also the potential to deliver a more robust service as more staff would be on duty.

Is this proposal “cross-cutting?” i.e. span over different Services

Value of Proposals per year (£000's)

2014/15	2015/16	Total 2014 / 16
100	100	200

Percentage of Net Budget proposed:

Effect on HRA/DSG: / YES NO **If YES, outline the effect below**

HRA:

DSG:

Can this saving be taken in current Financial Year:

YES

NO

If YES to previous question, what is the value that can be taken:

Outcome of Consultation (if required)											
Please outline the outcome and mitigation (where appropriate) of any consultation undertaken on this proposal to cover, where relevant, Service User/Strategic Partner and Staff – statutory and non statutory											
This proposal is subject to staff consultation as stipulated within the Council's Employment/Change Management policies.											
Risk to Achievability: Please use the following to quantify risk: 1-Least achievable to 4 – most achievable											
1			2			3			4		
Impact on Corporate Priorities:											
Main Priority – Most Relevant			Secondary Priority			Corporate Priorities:- A. Community Leadership and empowerment B. Young people's achievement and involvement C. Clean, green and liveable D. Safety, security and a visible presence E. Strengthening the local economy F. Decent Homes for all G. Protection of children H. Caring for adults and the older people I. Active, health citizens J. Inspiring efficiency, effectiveness and equity					
J											
Impact of saving on corporate priority			Impact of saving on corporate priority								
Positive	Negative	Neutral	Positive	Negative	Neutral						
Level of Impact			Level of Impact								
High	Medium	Low	High	Medium	Low						
What is the overall impact on equalities?											
2014/15			2015/16			2016/17					
High	Medium	Low	High	Medium	Low	High	Medium	Low			
Level of impact: State the level of impact on the protected characteristics below:											
Ethnicity:			High	Medium	Low						
Gender:			High	Medium	Low						
Age:			High	Medium	Low						
Disability:			High	Medium	Low						
Religion/Belief:			High	Medium	Low						
Pregnancy/Maternity			High	Medium	Low						
Marriage & Civil Partnerships			High	Medium	Low						
Sexual Orientation:			High	Medium	Low						
Gender reassignment			High	Medium	Low						
If your saving proposal has a high impact on groups with a protected characteristic please explain why, and outline what steps have been/will be taken to mitigate such an impact :											
Outcome of full Equalities Analysis Assessment (if required) :											
Please outline the outcome of the full EAA if undertaken											
As this savings proposal has staffing implications, the service will be required to undertake an equalities analysis assessment (EAA) as part of their restructuring process. As part of their operational business processes, the service will monitor the impact of any staffing implications on service delivery and where necessary, take action to mitigate any resultant impacts.											
Ward/Geographical implications – State which specific Wards are directly affected by this proposal											
All Wards : YES / NO			If individual Wards, please state:								
Legal Implications – State any specific Legal Implications relating to this proposal											

Outsourcing the service would require the service to be competitively tendered through a procurement process which must be carried out in accordance with the Public Contracts Regulations 2006 and the Council's Constitution. Any savings achieved will be dependent upon the outcome of the procurement process. The outsourcing of the service may result in a TUPE transfer under the TUPE Regulations 2006.

Impact on Voluntary Sector – State any impact of this proposal on the Voluntary Sector

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?	YES	NO
Is this a continuation of a previous proposal?	YES	NO
If YES, please state the previous Reference No.(s) and year:	2013/14 – CUS22	

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♠ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE		8					
Head Count		8					
Vacant♠							
Vacant♦							
Vacant♥							

Workforce Profile Information

Please provide a breakdown of your service area:

Gender:	Female: 7	Male: 1		
Ethnicity:	BME: 6	White: 2	Other:	Not Known:
Disability:	0			
Sexual Orientation:	Where known:	Not Known:		

Human Resources Implications – To be completed on conclusion of consultations

From your proposals, how many posts will be deleted within your structure by grades (FTE equivalent & Head Count)?

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							

How do you expect to reduce these posts?

	Redundancy	TUPE	Delete vacant post
FTE :			
Head Count:			
Grades :			

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Customer Services Directorate / Public Services Division

REF: CUS08

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 7

SERVICE: Service Point

LEAD OFFICER: Roy Morgan

PORTFOLIO: Cllr Susan Wise

SELECT COMMITTEE: Safer Stronger

2013/14 BUDGET (£000's) – seek information from Group Finance Managers

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
2,585	662	1,993

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

Service Point is responsible for the Access.Point, Call.Point and Registration services. Customers are those needing to contact the Council for a service. Stakeholders are the services that Service Point administers and the General Register Office (part of HM Passport Office).

Description of saving proposed

Please provide savings value and sufficient details on the proposal:

Reorganise Service Point staff to delayer and rationalise management duties. Delete remaining 6 x Sc6 supervisor posts, but create 1 scheduling and planning officer and 2 x Sc4.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

No impact on service delivery.

Deletes 6 x Sc6 but opportunity to apply for scheduling and planning officer or go to lower grade of Sc4.

Is this proposal “cross-cutting?” i.e. span over different Services

Value of Proposals per year (£000's)

2014/15	2015/16	Total 2014 / 16
25	25	50

Percentage of Net Budget proposed:

Effect on HRA/DSG: / **YES** **NO** **If YES, outline the effect below**

HRA:

DSG:

Can this saving be taken in current Financial Year:

YES

NO

If YES to previous question, what is the value that can be taken:

Outcome of Consultation (if required)											
Please outline the outcome and mitigation (where appropriate) of any consultation undertaken on this proposal to cover, where relevant, Service User/Strategic Partner and Staff – statutory and non statutory											
This proposal is subject to staff consultation as stipulated within the Council's Employment/Change Management policies.											
Risk to Achievability: Please use the following to quantify risk: 1-Least achievable to 4 – most achievable											
1			2			3			4		
Impact on Corporate Priorities:											
Main Priority – Most Relevant			Secondary Priority			Corporate Priorities:- A. Community Leadership and empowerment B. Young people's achievement and involvement C. Clean, green and liveable D. Safety, security and a visible presence E. Strengthening the local economy F. Decent Homes for all G. Protection of children H. Caring for adults and the older people I. Active, health citizens J. Inspiring efficiency, effectiveness and equity					
J											
Impact of saving on corporate priority			Impact of saving on corporate priority								
Positive	Negative	Neutral	Positive	Negative	Neutral						
Level of Impact			Level of Impact								
High	Medium	Low	High	Medium	Low						
What is the overall impact on equalities?											
2014/15			2015/16			2016/17					
High	Medium	Low	High	Medium	Low	High	Medium	Low			
Level of impact: State the level of impact on the protected characteristics below:											
Ethnicity:			High	Medium	Low						
Gender:			High	Medium	Low						
Age:			High	Medium	Low						
Disability:			High	Medium	Low						
Religion/Belief:			High	Medium	Low						
Pregnancy/Maternity			High	Medium	Low						
Marriage & Civil Partnerships			High	Medium	Low						
Sexual Orientation:			High	Medium	Low						
Gender reassignment			High	Medium	Low						
If your saving proposal has a high impact on groups with a protected characteristic please explain why, and outline what steps have been/will be taken to mitigate such an impact :											
Outcome of full Equalities Analysis Assessment (if required) :											
Please outline the outcome of the full EAA if undertaken											
As this savings proposal has staffing implications, the service will be required to undertake an equalities analysis assessment (EAA) as part of their restructuring process. As part of their operational business processes, the service will monitor the impact of any staffing implications on service delivery and where necessary, take action to mitigate any resultant impacts.											
Ward/Geographical implications – State which specific Wards are directly affected by this proposal											
All Wards :			If individual Wards, please state:								
YES / NO											
Legal Implications – State any specific Legal Implications relating to this proposal											

Impact on Voluntary Sector – State any impact of this proposal on the Voluntary Sector							
Human Resources Implications – Details relating to the Existing structure							
Will this saving proposal have an impact on staffing levels within your team (yes/no)?						YES	NO
Is this a continuation of a previous proposal?						YES	NO
If YES, please state the previous Reference No.(s) and year:						2013/14 – CUS21	
Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)							
♠ (not covered by council employee)							
♦ (covered by council employee)							
♥ including posts covered by agency)							
(HR Advisory Service will provide you with data where this is available)							
	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE		6					
Head Count		6					
Vacant♠							
Vacant♦							
Vacant♥							
Workforce Profile Information							
Please provide a breakdown of your service area:							
Gender:	Female:			Male:			
Ethnicity:	BME:		White:		Other:		Not Known:
Disability:							
Sexual Orientation:	Where known:			Not Known:			

Human Resources Implications – To be completed on conclusion of consultations							
From your proposals, how many posts will be deleted within your structure by grades (FTE equivalent & Head Count)?							
	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
How do you expect to reduce these posts?							
	Redundancy		TUPE			Delete vacant post	
FTE :							
Head Count:							
Grades :							

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Resources & Regeneration – Audit & Risk

REF: RNR01

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 1

SERVICE: Internal Audit; Anti-Fraud & Corruption Team; Health & Safety

LEAD OFFICER: David Austin

PORTFOLIO: Resources

SELECT COMMITTEE: Public Accounts Select Committee

2013/14 BUDGET (£000's)

Net Controllable Budget:

Expenditure £000's	Income £000's	Net Budget £000's
5,439	-2,333	3,106

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

The Audit & Risk Service is responsible for the Council's corporate internal audit, counter fraud, insurance, risk management and health & safety arrangements. It provides assurances on and contributes to the safe, efficient and effective delivery of Council's Services, acting as an agent to challenge where the need and opportunity for improvement is identified.

The Service has a combined net budget of £3.1m (gross £5.4m), 20 staff, a seconded police officer, and manages two large (OJEU) contracts with an internal audit service provider and insurance broker. Other than for H&S it has SLAs with Lewisham Homes and Schools.

Description of saving proposed

Please provide sufficient details on the proposal:

The savings proposal is £130k.

Internal Audit – review assurance priorities and delivery mechanisms to save £75,000.

Counter Fraud – reduce resourcing of Housing Benefit Investigation by £25,000 (part year) ahead of move to the Single Fraud Investigation Service under Department for Work and Pensions direction. The post is currently vacant.

Health & Safety – delete the vacant post for administration support H&S post to save £30,000 and connect this team to the Business Support Services review to get administration support centrally.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

The internal audit saving will enable the current level of internal assurance work to be provided but via a different approach.

The Counter Fraud saving will reduce the level of housing benefit investigation casework able to be conducted although mitigations around case prioritisation will be introduced in the run up to the service transfer to the Department for Work and Pensions.

The Health & Safety saving will mean the current pressure from not filling the vacant post will continue on the team for a while longer (currently it has been 18 months), pending corporate business support changes.

Does this proposal require a full report. (Seek advice from Legal Services)

YES

NO

Is this proposal "cross-cutting?" ie. span over different Services

YES

NO

Value of Proposals per year (£000's)									
2014/15:			2015/16:			Total 2014 / 16:			
130						130			
Percentage of Net Budget proposed: 4%									
Effect on HRA/DSG: /		YES		NO		If YES, outline the effect below			
HRA: DSG:									
Can this saving be taken in current Financial Year:							YES		NO
If YES to previous question, what is the value that can be taken:									
Outcome of Consultation (if required)									
Please outline the outcome and mitigation (where appropriate) of any consultation undertaken on this proposal to cover, where relevant, Service User/Strategic Partner and Staff – statutory and non statutory									
This proposal is subject to processes stipulated within the Council's Employment/Change Management policies.									
Risk to Achievability: Please use the following to quantify risk: 1-Least achievable to 4 – most achievable									
4			2			3			4
Impact on Corporate Priorities:									
Main Priority – Most Relevant			Secondary Priority			Corporate Priorities:-			
J – Inspiring efficiency, effectiveness and equity						A. Community Leadership and empowerment			
Impact of saving on corporate priority			Impact of saving on corporate priority			B. Young people's achievement and involvement			
Positive	Negative	Neutral	Positive	Negative	Neutral	C. Clean, green and liveable			
Level of Impact			Level of Impact			D. Safety, security and a visible presence			
High	Medium	Low	High	Medium	Low	E. Strengthening the local economy			
						F. Decent Homes for all			
						G. Protection of children			
						H. Caring for adults and the older people			
						I. Active, health citizens			
						J. Inspiring efficiency, effectiveness and equity			
What is the overall impact on equalities?									
2014/15			YYYY/YY			YYYY/YY			
High	Medium	Low	High	Medium	Low	High	Medium	Low	
Level of impact: State the level of impact on the protected characteristics below:									
Ethnicity:			High			Medium		Low	
Gender:			High			Medium		Low	
Age:			High			Medium		Low	
Disability:			High			Medium		Low	
Religion/Belief:			High			Medium		Low	
Pregnancy/Maternity			High			Medium		Low	
Marriage & Civil Partnerships			High			Medium		Low	
Sexual Orientation:			High			Medium		Low	
Gender reassignment			High			Medium		Low	
If your saving proposal has a high impact on groups with a protected characteristic please explain why, and outline what steps have been/will be taken to mitigate such an impact :									

Outcome of full Equalities Analysis Assessment (if required) :	
Please outline the outcome of the full EAA if undertaken An EAA is not required.	
Ward/Geographical implications – State which specific Wards are directly affected by this proposal	
All Wards : YES /-NO	If individual Wards, please state:
Legal Implications – State any specific Legal Implications relating to this proposal	
No specific legal implications have been identified. Statutory obligations will continue to be met.	
Impact on Voluntary Sector – State any impact of this proposal on the Voluntary Sector	
No specific impact on the voluntary sector has been identified.	

Human Resources Implications – Details relating to the Existing structure		
Will this saving proposal have an impact on staffing levels within your team (yes/no)?	YES	NO
Is this a continuation of a previous proposal?:	YES	NO
If YES, please state the previous Reference No.(s) and year:		

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant) ♠ (not covered by council employee) ♦ (covered by council employee) ♥ including posts covered by agency) (HR Advisory Service will provide you with data where this is available)							
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	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE		1	1	14.86	1.86	2	
Head Count			1	13	2	1	
Vacant♠		1		1			
Vacant♦							
Vacant♥				1		1	

Workforce Profile Information				
Please provide a breakdown of your service area:				
Gender:	Female: 11		Male: 6	
Ethnicity:	BME: 6	White: 10	Other: 1	Not Known:
Disability:	1			
Sexual Orientation:	Where known:		Not Known:	

Human Resources Implications – To be completed on conclusion of consultations							
From your proposals, how many posts will be deleted within your structure by grades (FTE equivalent & Head Count)?							
	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE		1		1			
Head Count							
How do you expect to reduce these posts?							
	Redundancy		TUPE		Delete vacant post		
FTE :					2		
Head Count:							
Grades :					Sc 3-5; PO1-5		

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Resources & Regeneration - Planning

REF: RNR02

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 8

SERVICE: Development Management, Policy, Conservation & Urban Design

LEAD OFFICER: John Miller

PORTFOLIO: Regeneration

SELECT COMMITTEE: Sustainable Development

2013/2014 BUDGET (£000's)

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
3,692	1,527	2,165

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

The planning system guides the future development and use of land in the long term public interest. This is achieved through the preparation of guidance in the development plan and a positive and proactive approach to shaping, considering, determining and delivering development proposals. It is led by the Planning Service, working closely with those proposing developments and other stakeholders. This service is a 'front-line' service and instrumental in both driving change and development in the Growth Areas of Deptford / New Cross, Lewisham and Catford and resisting inappropriate development across the borough. The preliminary figure for new homes completed in the Borough during 2012/13 is 1,752. This increased level of development means that the service is potentially generating the Council £8-10m per annum in New Homes Bonus funding. The service has also secured £3.7m in Section 106 contributions over the last 2 years.

The Planning Service leads on the future allocation of uses and development of land within Lewisham in the long term public interest. The Service provides a strong policy framework to promote regeneration and work closely with those proposing new development. They also provide a planning service to Lewisham residents seeking advice and information about planning issues in their areas, including for Ward Assemblies and other local meetings. They are responding to and supporting the 'Localism Agenda'. The Planning Service's pages on the Council's web site receive amongst the highest number of hits of any service.

The Planning Function works in tandem with the economic development team within the service, which provides strategic expertise on matters relating to the economy as well as providing guidance, commissioning and delivery of employment and business support. It also provides an EU funding and advisory role council wide. The service supports Lewisham residents seeking employment, employment support providers and independent businesses. The service is also a council wide resource on matters relating to Economic Development, Employment, Business, Local Labour and Inward Investment.

Description of saving proposed

Please provide sufficient details on the proposal:

Planning Service introduced a fee of £1000 plus VAT for the provision of pre-application advice on Major planning applications with a £40,000 income target per annum. This fee was introduced on 1 April 2011. At the time, the Service stated that it would assess the potential to extend pre-application fees to other planning application categories including householder applications.

The provision of the pre-application advice service has now been internally reviewed by the Planning Service and also benchmarked against other comparable London Boroughs.

A combination of an increase in fees for pre application advice on Major planning applications and a new

fee for householder and other small scale scheme pre-application advice should enable an additional £50k to be achieved in fees.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

When the paid pre-application service is fully implemented from 1 April 2014 customers will be able to make an appointment with a Planning Officer. The Planning Officer will deal with both the pre application advice and the planning application when submitted. They will also advise the applicant on how to undertake local consultation on their proposals. The advice will be followed up in writing and will provide a level of certainty to the applicant that a future application should be determined more efficiently and quickly if the development proposals follow the pre-application advice.

Does this proposal require a full report. (Seek advice from Legal Services)	YES	NO
Is this proposal "cross-cutting?" ie. span over different Services	YES	NO

Value of Proposals per year (£000's)

2014/15:	2015/16:	Total 2014 / 16:
50		50

Percentage of Net Budget proposed: 2.3%

Effect on HRA/DSG: / YES NO If YES, outline the effect below

HRA:
DSG:

Can this saving be taken in current Financial Year:	YES	NO
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If YES to previous question, what is the value that can be taken:

Outcome of Consultation (if required)

Please outline the outcome and mitigation (where appropriate) of any consultation undertaken on this proposal to cover, where relevant, Service User/Strategic Partner and Staff – statutory and non statutory

This proposal is not subject to statutory or non-statutory consultation with service users, strategic partners or staff as this will be a discretionary service.

Risk to Achievability: Please use the following to quantify risk: 1-Least achievable to 4 – most achievable

4	2	3	-4
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Impact on Corporate Priorities:

Main Priority – Most Relevant	Secondary Priority	Corporate Priorities:- <i>A. Community Leadership and empowerment</i> <i>B. Young people's achievement and involvement</i> <i>C. Clean, green and liveable</i> <i>D. Safety, security and a visible presence</i> <i>E. Strengthening the local economy</i> <i>F. Decent Homes for all</i> <i>G. Protection of children</i> <i>H. Caring for adults and the older people</i> <i>I. Active, health citizens</i> <i>J. Inspiring efficiency, effectiveness and equity</i>
E – Strengthening the local economy	J – Inspiring efficiency, effectiveness and equity	
Impact of saving on corporate priority	Impact of saving on corporate priority	
Positive Negative Neutral	Positive Negative Neutral	
Level of Impact	Level of Impact	
High Medium Low	High Medium Low	

What is the overall impact on equalities?

2014/15	YYYY/YY	YYYY/YY
High Medium Low	High Medium Low	High Medium Low

Level of impact: State the level of impact on the protected characteristics below:			
Ethnicity:	High	Medium	Low
Gender:	High	Medium	Low
Age:	High	Medium	Low
Disability:	High	Medium	Low
Religion/Belief:	High	Medium	Low
Pregnancy/Maternity	High	Medium	Low
Marriage & Civil Partnerships	High	Medium	Low
Sexual Orientation:	High	Medium	Low
Gender reassignment	High	Medium	Low
If your saving proposal has a high impact on groups with a protected characteristic please explain why, and outline what steps have been/will be taken to mitigate such an impact :			
An Equalities Analysis Assessment will be completed as this proposes a change to the way the service is delivered which will impact on a large number of people.			
Outcome of full Equalities Analysis Assessment (if required) :			
Please outline the outcome of the full EAA if undertaken			
Ward/Geographical implications – State which specific Wards are directly affected by this proposal			
All Wards : YES / NO	If individual Wards, please state:		
Legal Implications – State any specific Legal Implications relating to this proposal			
<p>The proposal is to increase the current fees for provisions of pre-application advice on Major planning applications and to introduce a new fee for householder and other small scale scheme pre-application advice.</p> <p>The power to charge for pre-application advice, which is a discretionary service, is derived from S93 of the Local Government Act 2003.</p> <p>That power allows a best value authority, (of which Lewisham is one), to charge for the discretionary element of its services, if the recipient has agreed to receive that service. This does not apply where the Council has another specific power to charge or where it is expressly prohibited from doing so.</p> <p>However, under Section 93 any charge must be on a not-for-profit basis (year-by-year) and, taking one year with another, the income from charges for such services must not exceed the cost for providing them.</p> <p>The Council is prohibited by law from planning for such a surplus and therefore the Council must ensure that the proposed level of fees are a reasonable estimate of what it will actually cost it to provide the proposed services.</p>			
Impact on Voluntary Sector – State any impact of this proposal on the Voluntary Sector			
No specific impact on the voluntary sector has been identified.			
Human Resources Implications – Details relating to the Existing structure			
Will this saving proposal have an impact on staffing levels within your team (yes/no)?	YES	NO	
Is this a continuation of a previous proposal?:	YES	NO	
If YES, please state the previous Reference No.(s) and year:			

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)
 ♠ (not covered by council employee)
 ♦ (covered by council employee)
 ♥ including posts covered by agency)
 (HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant♦							
Vacant♥							

Workforce Profile Information

Please provide a breakdown of your service area:

Gender:	Female:	Male:		
Ethnicity:	BME:	White:	Other:	Not Known:
Disability:				
Sexual Orientation:	Where known:	Not Known:		

Human Resources Implications – To be completed on conclusion of consultations

From your proposals, how many posts will be deleted within your structure by grades (FTE equivalent & Head Count)?

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							

How do you expect to reduce these posts?

	Redundancy	TUPE	Delete vacant post
FTE :			
Head Count:			
Grades :			

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Chief Executive's – Policy & Governance

REF: RNR03

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 1

SERVICE: Chief Executive's Office; Policy & Partnerships Unit; Governance

LEAD OFFICER: Barrie Neal

PORTFOLIO: Strategy & Communications

SELECT COMMITTEE: Public Accounts Committee

2013/14 BUDGET (£000's)

Net Controllable Budget:

Expenditure £000's	Income £000's	Net Budget £000's
2,502	(54)	2,448

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

The Policy & Governance Division includes the Chief Executive's Office, the Policy & Partnerships Unit, Governance Support and secretariat support to the Resources & Regeneration and Customer Services Directorates.

The Policy function supports the Council's activities in relation to strategic planning, policy development (including statutory equalities duties), consultation & research (including Census intelligence) and performance management. The work underpins and supports robust decision-making and corporate management of the organisation.

The Governance function supports the Mayor and elected members in the administration of effective decision making responsibilities and overview & scrutiny duties. The function also covers responsibilities for member allowances, education appeals, member development, publicity for member surgeries and a whole range of civic events plus international partnerships.

Stakeholders include:

Chief officers, Mayor and Cabinet, senior managers, partners, elected members, MPs, visiting dignitaries, Borough organisations, members of the public, private and public sector institutions.

Description of saving proposed

Please provide sufficient details on the proposal:

A saving across the salaries budgets is proposed at £128k for 2014/15 through the deletion of 2.4 vacant posts.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

The vacant posts proposed for deletion arise in relation to:

- one of only two posts supporting the Chief Executive's Office;
- a post in the central policy team
- a part-time post in Governance (Business & Committee services)

The overall reduction will impact on the capacity of teams across the Division to co-ordinate corporate initiatives, undertake high profile projects, deliver and support the preparation of statutory reports, contribute to partnership projects and respond to reactive work on Council priorities.

More specifically the part-time post in governance, now vacant, has traditionally supported the administration of Council meetings and civic events. The deleting of this part-time post would therefore increase pressures in these areas where any additional demands might arise.

Does this proposal require a full report .	YES	NO
Is this proposal “cross-cutting?” ie. span over different Services	YES	NO

Value of Proposals per year (£000’s)			
2014/15:	2015/16:		Total 2014 / 16:
128			128

Percentage of Net Budget proposed: 5.2%

Effect on HRA/DSG: /	YES	NO	If YES, outline the effect below
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HRA:
DSG:

Can this saving be taken in current Financial Year:	YES	NO
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If YES to previous question, what is the value that can be taken:

Outcome of Consultation (if required)

Please outline the outcome and mitigation (where appropriate) of any consultation undertaken on this proposal to cover, where relevant, Service User/Strategic Partner and Staff – statutory and non statutory

This proposal is subject to processes stipulated within the Council’s Employment/Change Management policies.

Risk to Achievability: Please use the following to quantify risk: 1-Least achievable to 4 – most achievable

1	2	3	4
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Impact on Corporate Priorities:

Main Priority – Most Relevant			Secondary Priority			Corporate Priorities:-		
J – Inspiring efficiency, effectiveness and equity			A – Community leadership and empowerment			A. Community Leadership and empowerment		
Impact of saving on corporate priority			Impact of saving on corporate priority			B. Young people’s achievement and involvement		
Positive	Negative	Neutral	Positive	Negative	Neutral	C. Clean, green and liveable		
Level of Impact			Level of Impact			D. Safety, security and a visible presence		
High	Medium	Low	High	Medium	Low	E. Strengthening the local economy		
						F. Decent Homes for all		
						G. Protection of children		
						H. Caring for adults and the older people		
						I. Active, health citizens		
						J. Inspiring efficiency, effectiveness and equity		

What is the overall impact on equalities?

2014/15			YYYY/YY			YYYY/YY		
High	Medium	Low	High	Medium	Low	High	Medium	Low

Level of impact: State the level of impact on the protected characteristics below:

Ethnicity:	High	Medium	Low
Gender:	High	Medium	Low
Age:	High	Medium	Low
Disability:	High	Medium	Low
Religion/Belief:	High	Medium	Low
Pregnancy/Maternity	High	Medium	Low
Marriage & Civil Partnerships	High	Medium	Low
Sexual Orientation:	High	Medium	Low
Gender reassignment	High	Medium	Low

If your saving proposal has a high impact on groups with a protected characteristic please explain why, and outline what steps have been/will be taken to mitigate such an impact :

Outcome of full Equalities Analysis Assessment (if required) :

Please outline the outcome of the full EAA if undertaken

This proposal is subject to processes stipulated within the Council's Employment/Change Management policies.

Ward/Geographical implications – State which specific Wards are directly affected by this proposal

All Wards : YES /NO
If individual Wards, please state:

Legal Implications – State any specific Legal Implications relating to this proposal

This proposal is subject to processes stipulated within the Council's Employment/Change Management policies.

Impact on Voluntary Sector – State any impact of this proposal on the Voluntary Sector

No specific impact on the voluntary sector has been identified.

Human Resources Implications – Details relating to the Existing structure

Will this saving proposal have an impact on staffing levels within your team (yes/no)?	YES	NO
Is this a continuation of a previous proposal?:	YES	NO
If YES, please state the previous Reference No.(s) and year:		

Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)

♠ (not covered by council employee)

♦ (covered by council employee)

♥ including posts covered by agency)

(HR Advisory Service will provide you with data where this is available)

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE		1	5.4	15	7	3	1
Head Count		1	5	13	6	3	1
Vacant♠			0.4	2	1		
Vacant♦							
Vacant♥							

Workforce Profile Information

Please provide a breakdown of your service area:

Gender:	Female: 18	Male: 11		
Ethnicity:	BME: 4	White: 23	Other: 2	Not Known:
Disability:	1			
Sexual Orientation:	Where known:		Not Known:	

Human Resources Implications – To be completed on conclusion of consultations

From your proposals, how many posts will be deleted within your structure by grades (FTE equivalent & Head Count)?

	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE			0.4	1	1		
Head Count							

How do you expect to reduce these posts?

	Redundancy	TUPE	Delete vacant post
FTE :			2.4
Head Count:			
Grades :			Sc3-5; PO1-5; PO6-8

BUDGET SAVING PROPOSAL 2014 / 16

DIRECTORATE AND DIVISION: Chief Executive - Strategy

REF: RNR04

THEMATIC (T) / CROSS-CUTTING (C) Ref: C 4

SERVICE: Strategy

LEAD OFFICER: Robyn Fairman

PORTFOLIO: Strategy & Communications

SELECT COMMITTEE: Safer Stronger

YYYY/YY BUDGET (£000's) – seek information form Finance

Net Controllable Budget:

Expenditure	Income	Net Budget
£000's	£000's	£000's
2,840	(424)	2,416

Description of Service

Briefly describe your service and state who your customers and stakeholders are:

Strategy includes the Mayor and Cabinet Office (support to Mayor and Cabinet, and the Young Mayor) Communications (corporate communications, media and internal communications) and the Local Strategic Partnership Team (support to partnerships, co-ordinating major partnership activity such as Troubled Families Programme, Community Budgets, Youth Task Force implementation, and Apprenticeships).

Description of saving proposed

Please provide sufficient details on the proposal:

A budget reduction of £100k for the Community Budgets Project which will mean a reduction in cross-partner project work.

Please outline the impact of the changes you propose. Please indicate how the proposal will impact on both staff and service users:

As this savings proposal will mean a reduction in cross-partner project work around innovation, the service will develop a business case and seek resources for specific projects from external sources when needed rather than drawing on baseline funding.

Does this proposal require a full report . (Seek advice from Legal Services)	YES	NO
Is this proposal “cross-cutting?” ie. span over different Services	YES	NO

Value of Proposals per year (£000's)

2014/15:	2015/16:	Total 2014 / 16:
100		100

Percentage of Net Budget proposed: 4.1%

Effect on HRA/DSG: / YES NO If YES, outline the effect below

HRA:
DSG:

Can this saving be taken in current Financial Year: YES NO

If YES to previous question, what is the value that can be taken:

Outcome of Consultation (if required)														
Please outline the outcome and mitigation (where appropriate) of any consultation undertaken on this proposal to cover, where relevant, Service User/Strategic Partner and Staff – statutory and non statutory														
This proposal is not subject to statutory or non-statutory consultation with service users, strategic partners or staff.														
Risk to Achievability: Please use the following to quantify risk: 1-Least achievable to 4 – most achievable														
1			2			3			4					
Impact on Corporate Priorities:														
Main Priority – Most Relevant			Secondary Priority			Corporate Priorities:- A. Community Leadership and empowerment B. Young people's achievement and involvement C. Clean, green and liveable D. Safety, security and a visible presence E. Strengthening the local economy F. Decent Homes for all G. Protection of children H. Caring for adults and the older people I. Active, health citizens J. Inspiring efficiency, effectiveness and equity								
E – Strengthening the local economy			J – Inspiring efficiency, effectiveness and equity											
Impact of saving on corporate priority			Impact of saving on corporate priority											
Positive	Negative	Neutral	Positive	Negative	Neutral									
Level of Impact			Level of Impact											
High	Medium	Low	High	Medium	Low									
What is the overall impact on equalities?														
2014/15			YYYY/YY									YYYY/YY		
High	Medium	Low	High	Medium	Low							High	Medium	Low
Level of impact: State the level of impact on the protected characteristics below:														
Ethnicity:			High	Medium	Low									
Gender:			High	Medium	Low									
Age:			High	Medium	Low									
Disability:			High	Medium	Low									
Religion/Belief:			High	Medium	Low									
Pregnancy/Maternity			High	Medium	Low									
Marriage & Civil Partnerships			High	Medium	Low									
Sexual Orientation:			High	Medium	Low									
Gender reassignment			High	Medium	Low									
If your saving proposal has a high impact on groups with a protected characteristic please explain why, and outline what steps have been/will be taken to mitigate such an impact :														
Outcome of full Equalities Analysis Assessment (if required) :														
Please outline the outcome of the full EAA if undertaken An EAA is not required.														
Ward/Geographical implications – State which specific Wards are directly affected by this proposal														
All Wards :			If individual Wards, please state:											
YES /NO														
Legal Implications – State any specific Legal Implications relating to this proposal														
No specific legal implications have been identified. There are no contractual issues for this as there is no budget committed under any contracts.														
Impact on Voluntary Sector – State any impact of this proposal on the Voluntary Sector														
No specific impact on the voluntary sector has been identified.														

Human Resources Implications – Details relating to the Existing structure							
Will this saving proposal have an impact on staffing levels within your team (yes/no)?						YES	NO
Is this a continuation of a previous proposal?:						YES	NO
If YES, please state the previous Reference No.(s) and year:							
Within this savings proposals, please state the number of posts in your current structure by grade band. (FTE equivalent, Head Count & Vacant)							
♠ (not covered by council employee)							
♦ (covered by council employee)							
♥ including posts covered by agency)							
(HR Advisory Service will provide you with data where this is available)							
	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
Vacant♠							
Vacant♦							
Vacant♥							
Workforce Profile Information							
Please provide a breakdown of your service area:							
Gender:	Female:			Male:			
Ethnicity:	BME:	White:		Other:		Not Known:	
Disability:							
Sexual Orientation:	Where known:			Not Known:			

Human Resources Implications – To be completed on conclusion of consultations							
From your proposals, how many posts will be deleted within your structure by grades (FTE equivalent & Head Count)?							
	Scale 1 - 2	Scale 3 - 5	Scale 6 - SO2	PO1 – PO5	PO6 – PO8	SMG1 – SMG3	JNC
FTE							
Head Count							
How do you expect to reduce these posts?							
	Redundancy		TUPE			Delete vacant post	
FTE :							
Head Count:							
Grades :							

APPENDIX E

Key Dates – Budget timetable for 2014/15

Key task	Key dates
Mayor & Cabinet agree budget process	13 Nov
Overview and Scrutiny Business Panel (OSBP) – Strategic Financial Review Update report	26 Nov
Select Committees review budget savings proposals	29 Nov to 16 Dec
Trade union consultation (Joint Consultative Committees and Corporate Joint Council, Works Council)	TBC
Provisional Local Government Finance Settlement (expected)	w/c 16 Dec
Mayor & Cabinet consider budget savings proposals	18 Dec
OSBP – option to consider Mayor & Cabinet decisions on budget proposals	TBC
Mayor & Cabinet considers Council Tax Base report	15 Jan
Council agree Council Tax Base report	22 Jan
Public Accounts Select Committee review 2014 Budget Report	6 Feb
Final Local Government Finance Settlement and GLA precepts notification (expected)	20 Jan to 13 Feb
Mayor & Cabinet review proposals and 2014 Budget Report	12 Feb
OSBP - 2014 Budget Report	18 Feb
Despatch Budget Report to Council	18 Feb
Mayor & Cabinet consider Budget Report update (precepts and final Settlement)	19 Feb
Council agree 2014 Budget Report	26 Feb
Council 'fall back' date for 2014 Budget Report	5 March

Report Title	Progress Reports on responses to the Francis Report by: Lewisham Clinical Commissioning Group Lewisham and Greenwich NHS Trust South London and Maudsley NHS Foundation Trust Adult Social Care and Joint Commissioning Unit, Lewisham Council		
Key Decision		Item No.	06
Ward	All		
Contributors	Lewisham Clinical Commissioning Group Lewisham and Greenwich NHS Trust South London and Maudsley NHS Foundation Trust Adult Social Care and Joint Commissioning Unit, Lewisham Council		
Class	Part 1	Date:	11 December 2013

1. Purpose

1.1 This report updates Members of the Healthier Communities Select Committee on the progress made to date by local health and care partners in response to the Francis Report.

2. Recommendations

2.1 Members of the Healthier Communities Select Committee are asked to note the progress made in response to the key findings of the Francis Report.

2.2 The responses from Lewisham’s Clinical Commission Group, Lewisham and Greenwich NHS Trust, South London and Maudsley NHS Foundation Trust and Lewisham Council are set out as Attachments 1 – 4 respectively.

3. Policy Context and Background

3.1 The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry 2013 (known as the “Francis report”) chaired by Robert Francis QC was an extensive review into failings at Mid-Staffordshire NHS Foundation Trust. The report made 290 recommendations to the Secretary of State for Health to improve patient safety in the NHS. Overall, the report called for a major NHS culture change, based on patient safety, compassion and learning based on cooperation and openness.

3.2 All NHS organisations have been required by NHS England to respond to the “Francis Report” and to publish an action plan detailing how the recommendations will be implemented. Although the focus of the enquiry was hospital services, the findings are relevant to commissioners and

providers of adult social care services, particularly in relation to the care provided within care home settings, where the risk of institutional abuse is significant.

3.3 In November 2013 the Government published its full response to the Francis Report and the six other reviews listed above. The Government have accepted all but nine of Sir Robert Francis's recommendations.

4. Progress Reports

4.1 Attached to this covering paper are the progress reports and action plans produced by Lewisham's health and care commissioners and providers, in response to the Francis report. Members of the Committee will wish to note the progress that has been made to date and the future action proposed.

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report	Lewisham Clinical Commissioning Group (LCCG): Action Plan to implement the prioritised recommendations in the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry 2013		
Ward	All	Item No.	6
From	Dr Faruk Majid, Clinical Director, LCCG Alison Brown, Nurse Director, LCCG Graham Hewitt, Head of Integrated Governance, LCCG		
Class	N/A	Date	11.12.13

1. Recommendations

1.1 The committee is asked to note the;

- a) Summary of the Government's response to the Francis report.
- b) Nine recommendations the Government have chosen not to support.
- c) LCCG's support of the remaining 281 recommendations.
- d) LCCG Francis Action Plan approved by the CCG Delivery Committee in September 2013;

And

- e) Support the planned Lewisham People's Health Summit planned for March 2014.

2. Purpose

2.2 The paper details how NHS Lewisham CCG will implement the recommendations relevant to itself as a commissioner of health services.

3. Background

3.1 The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry 2013 chaired by Robert Francis QC made 290 recommendations to the Secretary of State for Health to improve patient safety in the NHS. All NHS organisations have been required by NHS England to respond to the "Francis Report" and to publish an action plan detailing how the recommendations will be implemented.

3.2 In its initial response to the Francis Report "*Patients First and Foremost*" the Government set out plans to prioritise care, improve transparency, and ensure that where poor quality care was detected, there is clear accountability and clear action. The Government also commissioned six independent reviews to consider key issues identified by the inquiry;

- Review into the Quality of Care and Treatment Provided by 14 Hospital Trusts in England led by Professor Sir Bruce Keogh, the NHS Medical Director in NHS England.
- *The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and Social Care Settings*, by Camilla Cavendish
- *A Promise to Learn – A Commitment to Act: Improving the Safety of Patients in England*, by Don Berwick
- *A Review of the NHS Complaints System: Putting Patients Back in the Picture* by Rt Hon Ann Clwyd MP and Professor Tricia Hart
- *Challenging Bureaucracy* led by the NHS Confederation

- The report by the Children and Young People's Health Outcomes Forum, co-chaired by Professor Ian Lewis and Christine Lenehan.

3.3 Since the publication of the Francis Report the Government has also introduced a number of changes to improve the NHS. These include:

- The Care Quality Commission (CQC) has appointed three Chief Inspectors; of hospitals, adult social care and primary care.
- The Chief Inspector of Hospitals has started a first wave of inspections which will include the new Lewisham and Greenwich NHS Trust
- The CQC has consulted on a new system of ratings
- Legislation has been placed before Parliament to introduce a new failure regime which will include quality as well as finance
- Legislation has been prepared to give the CQC greater independence
- The CQC has consulted on a new set of fundamental standards; these standards will enable prosecution of providers where patients have been harmed because of unsafe or poor care.
- NHS England has published guidance to commissioners on involving patients and the public in decisions about their care: *Transforming Participation in Health and Care*
- NHS England has for the first time published clinical outcomes by consultant
- New nurse and midwifery leadership programmes have been developed
- A new leadership programme has been launched to attract clinicians and others to the top jobs in NHS England
- Senior leaders and Ministers at the Department of Health have been gaining frontline experience in health and care settings.

3.4 In November 2013 the Government published its full response to the Francis Report and the six other reviews listed above. The Government have accepted all but nine of Sir Robert Francis's recommendations. In their response, *Hard Truths: The Journey to Putting Patients First*, the Government have promised new actions in the following areas:

- Monthly reporting of ward by ward staffing levels and other safety measures
- Clearer signposting for patients to complain with independent support, including from Healthwatch
- Trusts will report quarterly on complaints and actions taken
- A statutory duty of candour on providers and a professional duty of candour on individuals through changes to professional codes of conduct
- Consultations on changes to the NHS Litigation Authority risk pooling scheme; meaning that Trusts will have to reimburse some or all compensation costs when they have not been open about an incident
- Legislation on a new offence of 'Wilful Neglect' so that those responsible for failures can be held to account
- A new fit and proper person's test which will act as a barring scheme
- Reductions in bureaucratic reporting requirements
- A new Care Certificate to ensure that Healthcare Assistants and Social Care Support Workers have the necessary training and skills
- New legislation to create a criminal offence applicable to care providers that supply or publish certain types of information that is false or misleading.

3.5 The Government declined to support recommendations that related to the merging of the CQC and Monitor to create a single Regulator; instead the Government plan to create a single failure regime. It also declined to support those that would have given

commissioners new powers of intervention, changed the organisational structure of Healthwatch, created a criminal offence to obstruct statutory duties and those that would have led to the registration of healthcare assistants.

3.6 The recommendations the Government have not supported are;

Recommendations 19, 61 and 64 – Merger of system regulatory functions. The response says: “We do not intend to merge regulatory functions [of the Care Quality Commission and Monitor] through the development of a single regulator. Rather we intend to implement a single failure regime with clear roles and responsibilities.”

Recommendation 137 – Commissioners’ powers of intervention. The response says: “To give regulators and commissioners equivalent powers of intervention would blur the distinction of ... roles and risk causing confusion in the system, resulting in inaction because of assumptions that another body is intervening to address a problem.”

Recommendation 145 – Local Healthwatch structure. The response says: “We believe that local Healthwatch organisations should be set up in a way that best meets the needs and reflects the circumstances of their local communities; taking a top-down approach and imposing a fixed structure would undermine the need for flexibility.”

Recommendation 183 – Criminal offence to obstruct statutory duties. The response says: “The government does not intend to criminalise untruthful statements to commissioners and regulators made by healthcare professionals.”

Recommendation 209 – Registration for healthcare support workers. The response says: “There is no solid evidence that demonstrates that healthcare and care support workers should be subject to compulsory statutory regulation, given the safeguards that are already in the system.”

Recommendation 212 – Developing standards for healthcare support workers. The response says: “This recommendation is a step toward regulation (see recommendation 209) and for the same reasons, we are rejecting this recommendation.”

Recommendation 213 – Dismissing unsatisfactory staff following breach of code of conduct. The response says: “We do not believe that regulation of health care assistants and support workers will improve the quality of care.”

3.7 This action plan is LCCG’s response to the most pressing recommendations that apply to commissioners.

4. Method

4.1 In May 2013 LCCG established a working group to review the Francis Report and prepare a response and action plan. The working group comprised a lay member of the Governing Body, two clinical director members of the Governing Body the Nurse Director, Corporate Director and Head of Integrated Governance.

The working group review the Francis Report and the Government's response, "Patient's First and Foremost."

The working group have;

- Identified which of the 290 recommendations are directly relevant to LCCG
- Prioritised the directly relevant recommendations into five levels of urgency;

1 = relevant but not this year

2 = priority for this year

3 = immediate priority

4 = already in place/completed

5 = good idea/aspirational

4.2 A review of those actions prioritised at level 2 and 3 (priority for this year and immediate priority) have been analysed and an action plan developed which has been divided into four key work streams;

1. Cultural changes/values – links to the Organisational Development Plan
2. Public Engagement – links to the Public Engagement Strategy
3. Quality Assurance – links to the Quality Assurance Framework
4. Use of information – requires a new Information Strategy.

4.3 The action plans have been linked to our commissioning intentions (2014/15- 2015/16) to ensure that the implementation of the work is part of our "business as usual" and the governance arrangements reflect this;

- The Organisational Development Plan is monitored by the Strategy and Development Committee
- The Public Engagement Strategy is monitored by the Public Engagement Group (PEG), which reports to the Strategy and Development Committee
- The Quality Assurance Framework is monitored by the For Learning and Action Group (FLAG) – our main quality assurance group - which reports to the Delivery Committee
- The Information Strategy will be monitored by the Strategy and Development Committee

5. Stakeholder Involvement

5.1 The LCCG is planning a public engagement event for March 2014, the Lewisham People's Health Summit to discuss quality in healthcare and learn from the public.

6. Next Steps

6.1 Initiate the work streams and the action plans.

- 6.2 Consult with the public at an event in March; Lewisham People's Summit on improving quality in Healthcare.
- 6.3 Agree specific and practical projects with our main providers to deliver the spirit of the Inquiry report and to bring immediate improvements to patient safety. E.g. Patient Falls Workshop.

Lewisham CCG: Action Plan to implement the prioritised recommendations in the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry 2013

Four key thematic work streams:

In developing the draft action plan below it was clear that five key work streams are required or need to be enhanced to implement the Francis recommendations. Themes 1 (cultural change) and 2 (public engagement) are closely linked.

Yellow	<p>1. Cultural changes / values – links to the Organisational Development Plan (Yellow) To write and implement an “openness and transparency strategy” to inform our publications scheme ensuring we do more than meet the duty of candour.</p>
Yellow	<p>2. Public Engagement – links to the Public Engagement Strategy (Yellow) To implement the Public Engagement Strategy ensuring that a key aim is to inform the CCG’s understanding of patient safety and experience.</p>
Orange	<p>3. Quality Assurance – links to the Quality Assurance Framework (Orange) To review the Quality Assurance Framework to ensure that every service line for every provider is underpinned by a clear, measurable set of fundamental quality standards (including safeguarding) that are monitored in year frequently and issues escalated appropriately and that our Continuous Quality Improvement projects inform our commissioning intentions.</p>
Blue	<p>4. Use of information – requires a new Information Strategy (Blue) To write and implement an “information strategy” to identify, collect, analyse, present and secure all the information the CCG requires to first understand the quality of services it commissions. Secondly, deliver all its corporate objectives.</p>

Work stream 1. Cultural changes / values – links to the Organisational Development Plan

Rec No.	Recommendation	CCG Priority	Action	Who by	Completion date
1	<ul style="list-style-type: none"> All commissioning, service provision regulatory and ancillary organisations in healthcare should consider the findings and recommendations of this report and decide how to apply them to their own work; Each such organisation should announce at the earliest practicable time its decision on the extent to which it accepts the recommendations and what it intends to do to implement those accepted, and thereafter, on a regular basis but not less than once a year, publish in a report information regarding its progress in relation to its planned actions; 	3	Agree how we publish and when we publish our response to Francis		
2	<p>The NHS and all who work for it must adopt and demonstrate a shared culture in which the patient is the priority in everything done. This requires:</p> <ul style="list-style-type: none"> A common set of core values and standards shared throughout the system; Leadership at all levels from ward to the top of the Department of Health, committed to and capable of involving all staff with those values and standards; A system which recognises and applies the values of transparency, honesty and candour; Freely available, useful, reliable and full information on attainment of the values and standards; A tool or methodology such as a cultural barometer to measure the cultural health of all parts of the system 	2	<p>Review standards are reported as part of QOF</p> <p>Identify a cultural barometer tool for use by providers and by the LCCG</p>		
4	The core values expressed in the NHS Constitution should be given priority of place and the overriding value should be that patients are put first, and everything done by the NHS and everyone associated with it should be informed by this ethos.	2	Ensure core values from constitution are prioritised in all CCG policies and strategies		
7	All NHS staff should be required to enter into an express commitment to abide by the NHS values and the Constitution, both of which should be incorporated into the contracts of employment.	3	Review contracts of employment and amend		
8	Contractors providing outsourced services should also be required to abide by these requirements and to ensure that staff employed by them for these purposes do so as well. These requirements could be included in the terms on which providers are commissioned to provide services.	3	Review contracts of employment and amend for CSU employees		
12	Reporting of incidents of concern relevant to patient safety, compliance with fundamental standards or some higher requirement of the employer	2	Review incident reporting policies at all providers ensuring that staff are supported to		

Rec No.	Recommendation	CCG Priority	Action	Who by	Completion date
	needs to be not only encouraged but insisted upon. Staff are entitled to receive feedback in relation to any report they make, including information about any action taken or reasons for not acting.		raise incidents and concerns		
173	Every healthcare organisation and everyone working for them must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful.	2	Review implementation of COI policy		
263	It must be recognised to be the professional duty of all healthcare professionals to collaborate in the provision of information required for such statistics on the efficacy of treatment in specialties.	2	Review with providers how they ensure that health care professionals are required to provide this information		

Work stream 2. Public Engagement – links to the Public Engagement Strategy

Rec No.	Recommendation	CCG Priority	Action	Who by	Completion date
129	In selecting indicators and means of measuring compliance, the principal focus of commissioners should be on what is reasonably necessary to safeguard patients and to ensure that at least fundamental safety and quality standards are maintained. This requires close engagement with patients, past, present and potential, to ensure that their expectations and concerns are addressed.	2	Agree fundamental standards with the Public Engagement Group		
136	Commissioners need to be recognisable public bodies, visibly acting on behalf of the public they serve and with a sufficient infrastructure of technical support. Effective local commissioning can only work with effective local monitoring, and that cannot be done without knowledgeable and skilled local personnel engaging with an informed public.	3	Review the support CCG provides to Health Watch and other groups		

Work stream 3. Quality Assurance – links to the Quality Assurance Framework

Rec No.	Recommendation	CCG Priority	Action	Who by	Completi on date
124	The commissioner is entitled to and should, wherever it is possible to do so, apply a fundamental safety and quality standard in respect of each item of service it is commissioning. In relation to each such standard, it should agree a method of measuring compliance and redress for non-compliance. Commissioners should consider whether it would incentivise compliance by requiring redress for individual patients who have received substandard service to be offered by the provider. These must be consistent with fundamental standards enforceable by the Care Quality Commission.	2	Review all contracts to ensure that they include “fundamental quality standards” with agreed methods of measurement and clear redress for non-compliance Identify relevant quality standards that are not included within the contract.		
125	In addition to their duties with regard to the fundamental standards, commissioners should be enabled to promote improvement by requiring compliance with enhanced standards or development towards higher standards. They can incentivise such improvements either financially or by other means designed to enhance the reputation and standing of clinicians and the organisations for which they work.	2	Improve the process for agreeing CQUINs to ensure that the agreed standards meet CCG objectives and demonstrate real quality improvement		
139	The first priority for any organisation charged with responsibility for performance management of a healthcare provider should be ensuring that fundamental patient safety and quality standards are being met. Such an organisation must require convincing evidence to be available before accepting that such standards are being complied with.	2	See above action for 124		
256	A proactive system for following up patients shortly after discharge would not only be good “customer service”, it would probably provide a wider range of responses and feedback on their care.	2	Agree a quality improvement programme with membership to promote and monitor proactive follow up after discharge		
128	Commissioners must have access to the wide range of experience and resources necessary to undertake a highly complex and technical task, including specialist clinical advice and procurement expertise. When groups are too small to acquire such support, they should collaborate with others to do so.	2	Ensure that the CCG has access to specialised clinical advice		
127	The NHS Commissioning Board and local commissioners must be provided with the infrastructure and the support necessary to enable a proper scrutiny of its providers’ services, based on sound commissioning contracts, while ensuring providers remain responsible and accountable for the services they provide.	3	Support the work of the Quality Surveillance Group		
143	Metrics need to be established which are relevant to the quality of care and patient safety across the service, to allow norms to be established so that outliers or progression to poor performance can be identified and accepted as needing to be fixed.	3	Review the quality dashboard Following third quarter report to test that outliers and trends can be identified as required		

Rec No.	Recommendation	CCG Priority	Action	Who by	Completion date
132	<p>Commissioners must have the capacity to monitor the performance of every commissioning contract on a continuing basis during the contract period:</p> <ul style="list-style-type: none"> Such monitoring may include requiring quality information generated by the provider. Commissioners must also have the capacity to undertake their own (or independent) audits, inspections, and investigations. These should, where appropriate, include investigation of individual cases and reviews of groups of cases. The possession of accurate, relevant, and useable information from which the safety and quality of a service can be ascertained is the vital key to effective commissioning, as it is to effective regulation. Monitoring needs to embrace both compliance with the fundamental standards and with any enhanced standards adopted. In the case of the latter, they will be the only source of monitoring, leaving the healthcare regulator to focus on fundamental standards. 	2	<p>Review QOF and Quality Report and information supplied to CQRGs</p> <p>Develop a gap analysis to identify which data we have and where we have gaps.</p> <p>Develop a programme of audit, including clinical audit with providers.</p> <p>Utilise and maximise the data available from Health Watch.</p>		
138	Commissioners should have contingency plans with regard to the protection of patients from harm, where it is found that they are at risk from substandard or unsafe services.	2	Review provider contingency plans		
140	Where concerns are raised that such standards are not being complied with, a performance management organisation should share, wherever possible, all relevant information with the relevant regulator, including information about its judgement as to the safety of patients of the healthcare provider.	2	Review CCG systems / put in place systems for sharing information with CQC and TDA and Monitor and Quality Surveillance Group		
137	<p>Commissioners should have powers of intervention where substandard or unsafe services are being provided, including requiring the substitution of staff or other measures necessary to protect patients from the risk of harm.</p> <p>In the provision of the commissioned services, such powers should be aligned with similar powers of the regulators so that both commissioners and regulators can act jointly, but with the proviso that either can act alone if the other declines to do so. The powers should include the ability to order a provider to stop provision of a service.</p>	2	Review contracts to ensure that we have this provision		
141	Any differences of judgement as to immediate safety concerns between a performance manager and a regulator should be discussed between them and resolved where possible, but each should recognise its retained individual responsibility to take whatever action within its power is necessary in the interests of patient safety.	2	Review systems for escalating Concerns with providers when contractual issues over quality cannot be resolved with the provider		

Work stream 4. Use of information – requires a new Information Strategy

Rec No.	Recommendation	CCG Priority	Action	Who by	Completion date
40	It is important that greater attention is paid to the narrative contained in, for instance, complaints data, as well as to the numbers.	2	Improve the FLAG quality report to include narrative details of key provider complaints		
255	Results and analysis of patient feedback including qualitative information need to be made available to all stakeholders in as near “real time” as possible, even if later adjustments have to be made.	2	Review how providers share patient feedback in real time		
36	A coordinated collection of accurate information about the performance of organisations must be available to providers, commissioners, regulators and the public, in as near real time as possible, and should be capable of use by regulators in assessing the risk of non-compliance. It must not only include statistics about outcomes, but must take advantage of all safety related information, including that capable of being derived from incidents, complaints and investigations.	2	Agree an information strategy – developing real time information and sharing information with other commissioners and regulators and the Quality Surveillance Group		
142	For an organisation to be effective in performance management, there must exist unambiguous lines of referral and information flows, so that the performance manager is not in ignorance of the reality.	2	See 36		
40	It is important that greater attention is paid to the narrative contained in, for instance, complaints data, as well as to the numbers.	2	Improve the FLAG quality report to include narrative details of key provider complaints		

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Healthier Communities Select Committee

11th December 2013

TRUST-WIDE FRANCIS REPORT WORKING GROUP

PROGRESS REPORT

1. Introduction:

The key purpose of the Trust-wide Francis Report Working Group is to oversee the undertaking of a Trust-wide gap analysis against the report findings, the development and implementation of action plans where required and to provide a proposal to the Board on the acceptance of the Francis Report recommendations. The Group will also monitor the progress and delivery of all action plans.

At the September meeting, it was agreed that to enable focus to be centred around the outstanding actions to be completed against the remaining recommendations, the group will meet on a bi-monthly basis and will alternate across both Lewisham and Queen Elizabeth sites.

The Group has a wide cross-section of staff representatives as well as Non-Executive Director membership and membership from the CCG, Patient Welfare Forum and local Healthwatch.

2. Progress to date:

Gap Analysis - The Group has studied the report and its recommendations and has undertaken an initial review of the recommendations which are relevant and applicable to the Trust.

Of the 290 recommendations within the Francis Report:

- **80 recommendations were considered appropriate and relevant for the Trust to consider**
- **32 of the 80 recommendations, although the responsibility of other external agencies, were considered relevant for the Trust Board to support**
- **Out of the remaining 48 recommendations applicable and relevant to the Trust for action and implementation, 24 have been actioned and implemented**
- **The remaining 24 recommendations are in the progress of being actioned and implemented, some of which have been partially completed.**

The full Trust Gap Analysis can be seen in Appendix 1.

Staff Engagement

Values and Behaviours workshops have been set up through the work of the organisational development team and it is intended to use these groups to engage staff in developing a new culture for our newly proposed organisation which will be built around the openness, transparency, duty of candour, care and compassion values.

Work with the communications team is also underway to maximise the opportunity of staff briefing sessions and Chair / Chief Executive Walkabouts to engage staff in the work programme of the Trust.

Work is also underway to develop a specific and dedicated section on the Trust Intra/Internet site, to the progress of work of the Trust Francis Working Group.

The Working group also agreed that a generic slide pack which can be used by managers to convey the main themes and learning from the Francis Report, be developed and used for all staff meetings.

3. Next Steps:

- (i) The Francis Report Working Group will continue to meet bi- monthly following the merger with Queen Elizabeth Hospital. Progress on the actions identified in gap analysis will continue and will be monitored by the Trust-wide group.
- (ii) Progress on action plans will be presented to the Integrated Governance Committee.
- (iii) The Organisational Development key leads will continue and progress the work with the values and behaviours workshops which will also be used to convey the main themes of learning the from the Francis Report.

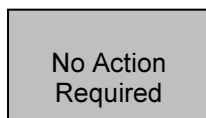
The Group will provide quarterly reports on progress to the Integrated Governance Committee.

Belinda Regan
Deputy Director of Governance
November 16th 2013

Gap Analysis of Lewisham Healthcare NHS Trust – Mid Staffordshire NHS Foundation Trust Public Inquiry recommendations

Title of Review	Gap Analysis of Lewisham Healthcare NHS Trust – Mid Staffordshire NHS Foundation Trust Public Inquiry recommendations		
Date/s of Review	19 th September 2013		
Lead Person			
Lead Committee	Integrated Governance and Trust Board		
Format of review (ie: written evidence / site visit, etc)	Review and gap analysis of Francis Report Recommendations undertaken by Trust Wide Francis Working Group		
Summary of conclusion of report			
Is the full report appended?	YES	If NO – where may the full report be accessed?	

Key:



Gap Analysis

Rec. no.	Theme	Recommendation	Gap Analysis	Trust Lead	Progress	Completion Date
ORGANISATION / TRUST BOARD						
Accountability for implementation of the recommendations These recommendations require every single person serving patients to contribute to a safer, committed and compassionate and caring service.						
1	Implementing the recommendations	<ul style="list-style-type: none"> All commissioning, service provision regulatory and ancillary organisations in healthcare should consider the findings and recommendations of the report and decide how to apply them to their own work; Each such organisation should announce at the earliest practicable time its decision on the extent to which it accepts the recommendations and what it intends to do to implement those accepted, and thereafter, on a regular basis but not less than once a year, publish in a report information regarding its progress in relation to its planned actions; 	Trust Board to receive completed Gap Analysis and proposed action plan from the Working Group and agree work programme to implement actions		<p>Trust Wide working group established in April 2013 and meets Monthly. Group is composed of representatives from a cross section of staff.</p> <p>The group has agreed Terms of Reference and has assigned Leads to each applicable recommendation whose responsibility is to undertake the gap analysis, propose action plans and to lead the implementation of the action plans. The Integrated Governance Committee will receive reports from the working group.</p> <p>The Trust Board will need to publish an annual report on its progress.</p>	February 2014

		<ul style="list-style-type: none"> In addition to taking such steps for itself, the Department of Health should collate information about the decisions and actions generally and publish on a regular basis but not less than once a year the progress reported by other organisations; 				
2		<ul style="list-style-type: none"> A common set of core values and standards shared throughout the system; Leadership at all levels from ward to the top of the Department of Health, committed to and capable of involving all staff with those values and standards; A system which recognises and applies the values of transparency, honesty and candour; Freely available, useful, reliable and full information on attainment of the values and standards; A tool or methodology such as a cultural barometer to measure the cultural health of all parts of the system. 	<p>The Trust has agreed its Corporate Objectives which includes the establishment of a leadership platform with strong clinical leadership.</p> <p>The proposed Leadership structure has been developed and will be implemented through the Integration programme for merging with Queen Elizabeth Hospital.</p> <p>A work programme for Organisational Development and the creation and fostering of a new organisational culture has been agreed and work is about to commence – lead by the Associate Director of Head of Workforce & Education.</p> <p>This will need to include all</p>		<p>An Organisational Development (OD) Consultancy, Loop2 has been commissioned by the Trust to assist in the production of an OD strategy and associated implementation plan,</p> <p>A Board awayday was held mid June aimed at</p> <ul style="list-style-type: none"> confirming the vision, mission and values of the new organisation; clarify the characteristics of the performance culture sought; consider the scale and scope of the change agenda o deliver the vision including the implications for the board and other senior leaders; Review the scope of the change agenda to deliver the new performance 	<p>Completed</p> <p>Completed</p>

					<p>A series of all staff values and behaviours workshops are being planned to run from November 2013.</p> <p>A 'day one' information pack for all staff which also contains the values and behaviours has been produced;</p> <p>Appraisal process will be amended to incorporate individual assessment against the Trust Values and behaviours. The revised process is expected to be available to all staff in April 2014.</p> <p>The culture audit will be undertaken again in 1 year</p> <p>Additional questions are being added to the 2013 National Staff Survey specific to integration and understanding of Trust vision</p>	<p>In Progress</p> <p>Completed</p> <p>In Progress</p> <p>Not started</p> <p>In progress</p>
<p>Openness, transparency and candour</p> <p>Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered.</p>						

<p>Transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.</p> <p>Candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.</p>						
173	Chapter 22	Every healthcare organisation and everyone working for them must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful.	The Trust will need to include an additional clause within the contracts of employment, following consideration of what impact it may have on staff and what staff will need to execute this duty.		Initial scoping has indicated that the Trust will need to <ul style="list-style-type: none"> • Ensure that reference to the NHS Constitution is included within all employment contracts • Employment contracts, in general, are also to be reviewed as part of this process. • Explore the Introduction of value based questions at the recruitment stage • Explore the Introduction of the fit and proper test in senior contracts 	October 2013
174	Chapter 22	Candour about harm where death or serious harm has been or may have been caused to a patient by an act or omission of the organisation or its staff, the patient (or any lawfully entitled personal representative or other authorised person) should be informed	The Trust has received a proposal for this implementation from the CCG and is undertaking a review of the proposals on implementation.		Review of the Being Open policy – it will be reviewed in consultation with the 3 clinical Being Open leads in the Trust to ensure it complies with the recommendations of the	October 2013 Revised

		of the incident, given full disclosure of the surrounding circumstances and be offered an appropriate level of support, whether or not the patient or representative has asked for this information.	A review of how and what skills and support staff will need to execute this duty will be required.		Francis Report. The Incident Reporting Policy and SI policy will also be reviewed to ensure Being Open process would be achieved by their operation. An update - Being Open section is on the IR forms and we will start to run extractions soon to see how many have managers reports on the moderate / severe/ death incidents where there is evidence of a Being Open process. The Being Open policy already has a letter template in the back for sending to patients / relatives when a SI occurs..... the template for documenting a BO discussion is on Nuxeo. We are adding a column to our SI spreadsheet to collect info on whether a BO letter has been sent / patient / family contacted to let them know an investigation is happening (this is also recorded within the SI report itself).	Date – December 2013 (as result of new organisations)
179	Restrictive contractual clauses	“Gagging clauses” or non disparagement clauses should be prohibited in the policies and contracts of all healthcare organisations, regulators and commissioners; insofar	The Trust will be required to review its policies.		Gagging clauses tended to be compromise agreements – this has been reviewed via Capsticks and is no longer the practice	Completed/ Compliant

		as they seek, or appear, to limit bona fide disclosure in relation to public interest issues of patient safety and care				
180	Candour incidents about	Candour about incident Guidance and policies should be reviewed to ensure that they will lead to compliance with <i>Being Open</i> , the guidance published by the National Patient Safety Agency.	As per recommendation 174. All Policies related to Risk Management and Incident Management will be reviewed in line with Being Open and CCG Guidance		See reference 174	October 2013
181	Enforcement of the duty Statutory duties of candour in relation to harm to patients	<p>A statutory obligation should be imposed to observe a duty of candour:</p> <ul style="list-style-type: none"> On healthcare providers who believe or suspect that treatment or care provided by it to a patient has caused death or serious injury to a patient to inform that patient or other duly authorised person as soon as is practicable of that fact and thereafter to provide such information and explanation as the patient reasonably may request; On registered medical practitioners and registered nurses and other registered professionals who believe or <p>suspect that treatment or care provided to a patient by or on behalf of any healthcare provider by which they are employed has caused death or serious injury to the patient to report their belief or suspicion to their employer as soon as is</p>	<p>The Trust has received CCG guidance and is reviewing this guidance at present.</p> <p>The Trust does have a Whistleblowing Policy which will need to be reviewed and include processes for raising concerns.</p>		<p>The Whistleblowing policy will be reviewed to comply with current best practice and employment law legislation</p> <p>Marketing of this revised policy to be explored</p>	In Progress

		<p>reasonably practicable.</p> <p>The provision of information in compliance with this requirement should not of itself be evidence or an admission of any civil or criminal liability, but non-compliance with the statutory duty should entitle the patient to a remedy.</p>				
182	Statutory duty of openness and transparency	<p>There should be a statutory duty on all directors of healthcare organisations to be truthful in any information given to a healthcare regulator or commissioner, either personally or on behalf of the organisation, where given in compliance with a statutory obligation on the organisation to provide it.</p>	<p>The Trust Board will need to consider this recommendation and decide whether or not to support this recommendation</p>			
183	Criminal Liability	<p>It should be made a criminal offence for any registered medical practitioner, or nurse, or allied health professional or director of an authorised or registered healthcare organisation:</p> <ul style="list-style-type: none"> • Knowingly to obstruct another in the performance of these statutory duties; • To provide information to a patient or nearest relative intending to mislead them about such an incident; • Dishonestly to make an untruthful statement to a commissioner or regulator knowing or believing that they are 	<p>The Trust Board will need to consider this recommendation and decide whether or not to support this recommendation</p>			

		likely to rely on the statement in the performance of their duties.				
<p>Putting the patient first</p> <p>The patients must be the first priority in all of what the NHS does. Within available resources, they must receive effective services from caring, compassionate and committed staff, working within a common culture, and they must be protected from avoidable harm and any deprivation of their basic rights.</p>						
7		All NHS staff should be required to enter into an express commitment to abide by the NHS values and the Constitution, both of which should be incorporated into the contracts of employment.	The NHS Constitution should be the first reference point for all NHS patients and staff and should set out the system's common values, as well as the respective rights, legitimate expectations and obligations of patients. The Trust is agreed that the overriding value should be to ensure that our patients take priority. Our own Trust values has as the first value putting our patients first, we will continue to review and embed our values based behaviours framework with all staff and we will ensure that all of our staff will be fully aware and understand their responsibilities as part of the new updated NHS Constitution. We will review and update		See 173	

			where appropriate our recruitment process and contracts of employment and any staff employed by us as a contractor will be expected to abide by the same requirements.			
8	Chapter 21	Contractors providing outsourced services should also be required to abide by these requirements and to ensure that staff employed by them for these purposes do so as well. These requirements could be included in the terms on which providers are commissioned to provide services.	We will review and update where appropriate our recruitment process and contracts of employment and any staff employed by us as a contractor will be expected to abide by the same requirements.		To work with the procurement team to review current terms.	TBA
<p>Fundamental standards of behaviour</p> <p>Enshrined in the NHS Constitution should be the commitment to fundamental standards which need to be applied by all those who work and serve in the healthcare system. Behaviour at all levels needs to be in accordance with at least these fundamental standards.</p>						
11		Healthcare professionals should be prepared to contribute to the development of, and comply with, standard procedures in the areas in which they work. Their managers need to ensure that their employees comply with these requirements. Staff members affected by professional disagreements about procedures must be required to take the necessary corrective action, working with their medical or nursing director or line manager within the trust, with external support where necessary. Professional bodies should work on devising evidence-based standard procedures for as many interventions and	<p>The Trust does have agreed and set standards and procedures in all areas of clinical practice and non-clinical practice.</p> <p>The Trust assesses its compliance with all NICE clinical guidance and has agreed professional and regulation standards.</p> <p>Performance of staff is assessed using the Annual Performance Review process.</p>			Completed/ Compliant

		pathways as possible.	The Trust also has an employee support system to support staff who are undergoing performance management.			
12	Chapter 2	Reporting of incidents of concern relevant to patient safety, compliance with fundamental standards or some higher requirement of the employer needs to be not only encouraged but insisted upon. Staff are entitled to receive feedback in relation to any report they make, including information about any action taken or reasons for not acting.	Need to review Incident Reporting and management process and include proposals for staff feedback.		Incident and Serious Incident policy will be reviewed to ensure this is included.	In Progress November 2013
<p>A common culture made real throughout the system – an integrated hierarchy of standards of service</p> <p>No provider should provide, and there must be zero tolerance of, any service that does not comply with fundamental standards of service. Standards need to be formulated to promote the likelihood of the service being delivered safely and effectively, to be clear about what has to be done to comply, to be informed by an evidence base and to be effectively measurable</p>						
13	Nature of Standards	<ul style="list-style-type: none"> Fundamental standards of minimum safety and quality – in respect of which non-compliance should not be tolerated. Failures leading to death or serious harm should remain offences for which prosecutions can be brought against organisations. There should be a defined set of duties to maintain and operate an effective system to ensure compliance; Enhanced quality standards – such standards could set requirements higher than the 	<p>We support this recommendation and have in place a comprehensive programme of the development of standards, protocols and audit programmes, we encourage all clinical staff to get involved. We are currently reviewing our assurance model which monitors compliance with these standards.</p> <p>We support the development of a very clear, comprehensive set</p>		<p>This work is currently part of the integration workstream for the merger with Queen Elizabeth Hospital and will need to be completed by September 2013</p> <p>November 2013 update: All Quality, Safety and Clinical Effectiveness</p>	In progress – deadline December 2013

		<p>fundamental standards but be discretionary matters for commissioning and subject to availability of resources;</p> <ul style="list-style-type: none"> • Developmental standards which set out longer term goals for providers – these would focus on improvements in effectiveness and are more likely to be the focus of commissioners and progressive provider leadership than the regulator. <p>All such standards would require regular review and modification.</p>	<p>of fundamental standards that apply consistently across the NHS.</p>		<p>Standards are currently being reviewed across the organisation and compliance against the standards assessed. It is aimed to achieve a Trust-wide compliance assessment in December 2013.</p>	
14		<p>In addition to the fundamental standards of service, the regulations should include generic requirements for a governance system designed to ensure compliance with fundamental standards, and the provision and publication of accurate information about compliance with the fundamental and enhanced standards</p>	<p>The Trust is currently reviewing its governance system for the newly proposed organisation.</p> <p>The Trust does have a system for monitoring its compliance with essential standards which is reported to the board and will review the process and provision of information for supporting compliance monitoring. The Trust has recently achieved NHSLA level 2, which has demonstrated compliance with the risk management standards.</p> <p>Maternity have recently achieved CNST level 2.</p>		<p>This work is currently part of the integration workstream for the merger with Queen Elizabeth Hospital and will need to be completed by September 2013</p>	<p>September 2013</p> <p>Completed</p>

15		All the required elements of governance should be brought together into one comprehensive standard. This should require not only evidence of a working system but also a demonstration that it is being used to good effect.	The Trust is currently undertaking a review of its Board Governance Assurance Framework and Quality Governance Framework for the new organisation which will provide a comprehensive framework for Governance standards.		This work is currently underway through the Deloitte Quality Review. November update: The Trust Governance and Divisional Governance Structures have been completed. Implementation of the Divisional Governance Structures and meetings underway.	Structure completed. Implementation in progress – deadline December 2013
Responsibility for, and effectiveness of, healthcare standards						
19		There should be a single regulator dealing both with corporate governance, financial competence, viability and compliance with patient safety and quality standards for all trusts.	Recommendation to to Trust Board to consider supporting this recommendation			
22	Responsibility for regulating and monitoring compliance	The National Institute for Health and Clinical Excellence should be commissioned to formulate standard procedures and practice designed to provide the practical means of compliance, and indicators by which compliance with both fundamental and enhanced standards can be measured. These measures should include both outcome and process based measures, and should as far as possible build on information already available within the system or on	Recommendation to Trust Board to consider supporting this recommendation			

		readily observable behaviour.				
23	Chapter 21	<p>The measures formulated by the National Institute for Health and Clinical Excellence should include measures not only of clinical outcomes, but of the suitability and competence of staff, and the culture of organisations. The standard procedures and practice should include evidence-based tools for establishing what each service is likely to require as a minimum in terms of staff numbers and skill mix. This should include nursing staff on wards, as well as clinical staff. These tools should be created after appropriate input from specialties, professional organisations, and patient and public representatives, and consideration of the benefits and value for money of possible staff: patient ratios.</p>	<p>The role of NICE in development of standards and measures of clinical outcomes is supported.</p> <p>However, in relation to suitability of competence of staff and culture of organisations.</p> <p>Evidence based tools for establishing service requirements for staff number & skills mix is underway with Royal Colleges, research and development units and this needs to be a joint programme of work.</p> <p>The Trust is working with an external programme Mckinsey Improvement Programme on staffing within Nursing and Midwifery.</p> <p>But the recommendation is supported.</p>			
ORGANISATIONAL GOVERNANCE						
Information						

244	Common information practices, shared data and electronic records	<p>There is a need for all to accept common information practices, and to feed performance information into shared databases for monitoring purposes. The following principles should be applied in considering the introduction of electronic patient information systems:</p> <ul style="list-style-type: none"> • Patients need to be granted user friendly, real time and retrospective access to read their records, and a facility to enter comments. They should be enabled to have a copy of records in a form useable by them, if they wish to have one. If possible, the summary care record should be made accessible in this way. • Systems should include a facility to alert supervisors where actions which might be expected have not occurred, or where likely inaccuracies have been entered <ul style="list-style-type: none"> • Systems should, where practicable and proportionate, be capable of collecting performance management and audit information automatically, appropriately anonymised direct from entries, to avoid unnecessary duplication of input. 	All information governance and health records management policies are currently under review and being updated in preparation for the merger with Queen Elizabeth Hospital.		<p>Currently in progress and due for completion by September 2013</p> <p>All new policies approved and ratified for new organisation.</p> <p>The Information Governance department has developed new training materials for Staff Induction</p>	Completed 2013
245	Board Accountability	Each provider organisation should have a board level member with responsibility for information	The Trust has a Board level member with responsibility for information.			Completed/ Compliant

247	Accountability for quality accounts	Healthcare providers should be required to lodge their quality accounts with all organisations commissioning services from them, Local Healthwatch, and all systems regulators.	The Trust is fully compliant with this recommendation.			Completed/ Compliant
249		Each quality account should be accompanied by a declaration signed by all directors in office at the date of the account certifying that they believe the contents of the account to be true, or alternatively a statement of explanation as to the reason any such director is unable or has refused to sign such a declaration	The Trust is fully compliant with this recommendation.			Completed/ Compliant
253	Access to quality and risk profile	The information behind the quality and risk profile – as well as the ratings and methodology – should be placed in the public domain, as far as is consistent with maintaining any legitimate confidentiality of such information, together with appropriate explanations to enable the public to understand the limitations of this tool.	The Quality Risk Profile needs to be significantly simplified by CQC if it is published in public domain. It also needs to reflect relevant time periods for which the publication is reflecting. Data published is frequently > 2years old. Recommendation to Trust Board to consider supporting this recommendation			
256	Follow up of patients	A proactive system for following up patients shortly after discharge would not only be good “customer service”, it would probably provide a wider range of responses and feedback on their care.	The DH has already required Trusts to implement the Friends and Family Test (FFT) which must be offered to all patients at the point of discharge or within		Completed	Completed/ Compliant

			48 hours of discharge. The Trust has fully implemented the FFT in accordance with DH guidance and is reporting the results on a monthly basis internally and externally to the DH. Patients therefore have the opportunity to provide feedback on their care and we receive a very wide range of responses.		
262	Enhancing the use, analysis and dissemination of healthcare information	<p>All healthcare provider organisations, in conjunction with their healthcare professionals, should develop and maintain systems which give them:</p> <ul style="list-style-type: none"> • Effective real-time information on the performance of each of their services against patient safety and minimum quality standards; <p>Effective real-time information of the performance of each of their consultants and specialist teams in relation to mortality, morbidity, outcome and patient satisfaction.</p> <p>In doing so, they should have regard, in relation to each service, to best practice for information management of that service as evidenced by recommendations of the Information Centre, and recommendations of specialist organisations such as the medical Royal Colleges.</p> <p>The information derived from such</p>	<p>The Trust has a system of reviewing clinical outcomes, benchmarking, mortality reviews and patient satisfaction.</p> <p>National Audit data on outcomes and mortality is also being published at Consultant level.</p> <p>Revalidation of Medical Staff will include their Quality Improvement Activity and audit of performance.</p> <p>The Trust is reviewing its systems at present through the integration programme and will ensure documented processes will be agreed and approved.</p>	<p>All process are under review as part of the integration workstream and in preparation for the new organisation.</p> <p>November 2013 update: New organisational performance scorecards have been developed which will be used for the process of Performance Review of the Trust and it's Divisions.</p> <p>A new structure and procedure for the Mortality and Morbidity Reviews across the organisation is in the process of being developed with the Deputy Medical Director and this should be completed by mid December 2013.</p> <p>Through our CQC Steering Group, Trust performance information will</p>	In progress 2013

		systems should, to the extent practicable, be published and in any event made available in full to commissioners and regulators, on request, and with appropriate explanation, and to the extent that is relevant to individual patients, to assist in choice of treatment.			be published via information for staff briefings.	
268	Resources	Resources must be allocated to and by provider organisations to enable the relevant data to be collected and forwarded to the relevant central registry.	The Trust provides provision for significant data to be collected across the organisation and also funds the subscription to national registries. The Trust will include this in the work programme for the agreed procedures.		A review is currently underway with the scoping and mapping of requirement of resources for information and data collection for the relevant central registries for the newly proposed organisation.	Completed 2013
270		There is a need for a review by the Department of Health, the Information Centre and the UK Statistics Authority of the patient outcome statistics, including hospital mortality and other outcome indicators. In particular, there could be benefit from consideration of the extent to which these statistics can be published in a form more readily useable by the public.	Recommendation to Trust Board to consider supporting this recommendation			
271		To the extent that summary hospital-level mortality indicators are not already recognised as national or official statistics, the Department of Health and the Health and Social Care Information Centre should work towards establishing such status for	Recommendation to Trust Board to consider supporting this recommendation			

		them or any successor hospital mortality figures, and other patient outcome statistics, including reports showing provider-level detail				
37	<p>Use of information about compliance by regulator from:</p> <ul style="list-style-type: none"> Quality Accounts 	<p>Trust Boards should provide, through quality accounts, and in a nationally consistent format, full and accurate information about their compliance with each standard which applies to them. To the extent that it is not practical in a written report to set out detail, this should be made available via each trust's website. Reports should no longer be confined to reports on achievements as opposed to a fair representation of areas where compliance has not been achieved. A full account should be given as to the methods used to produce the information. To make or be party to a wilfully or recklessly false statement as to compliance with safety or essential standards in the required quality account should be made a criminal offence</p>	<p>The Trust is compliant with this recommendation and obtains both an internal and external audit report on the compliance with national guidance and accuracy of data reported.</p>			Completed
45	<ul style="list-style-type: none"> Inquests 	<p>The Care Quality Commission should be notified directly of upcoming healthcare-related inquests, either by trusts or perhaps more usefully by coroners.</p>	<p>The Process will need to be agreed with CQC and rolled out across the organisation.</p> <p>We await the information on the process from the CQC.</p>			

49	Enhancement of monitoring and the importance of inspection	<p>Routine and risk-related monitoring, as opposed to acceptance of self-declarations of compliance, is essential. The Care Quality Commission should consider its monitoring in relation to the value to be obtained from:</p> <ul style="list-style-type: none"> • The Quality and Risk Profile; • Quality Accounts; • Reports from Local Healthwatch; • New or existing peer review schemes; • Themed inspections. 	Recommendation to Trust Board to consider supporting this recommendation			
Responsibility for, and effectiveness of, regulating healthcare systems governance – Health and Safety Executive functions in healthcare settings						
87	Ensuring the utility of a health and safety function in a clinical setting	<p>The Health and Safety Executive is clearly not the right organisation to be focusing on healthcare.</p> <p>Either the Care Quality Commission should be given power to prosecute 1974 Act offences or a new offence containing comparable provisions should be created under which the Care Quality Commission has power to launch a prosecution.</p>	Recommendation to Trust Board to consider supporting this recommendation			
88		Information sharing The information contained in reports for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations should be made available to healthcare	This should be the work programme of the CQC but information on process should			

		regulators through the serious untoward incident system in order to provide a check on the consistency of trusts' practice in reporting fatalities and other serious incidents.	be shared with Trusts. Recommendation to Trust Board to consider supporting this recommendation			
89		Reports on serious untoward incidents involving death of or serious injury to patients or employees should be shared with the Health and Safety Executive.	This should be the work programme of NHS Commissioning Board but information on process should be shared with Trusts Recommendation to Trust Board to consider supporting this recommendation			
Enhancement of the role of supportive agencies						
91	NHS Litigation Authority Improvement of risk management	The Department of Health and NHS Commissioning Board should consider what steps are necessary to require all NHS providers, whether or not they remain members of the NHS Litigation Authority scheme, to have and to comply with risk management standards at least as rigorous as those required by the NHS Litigation Authority	Recommendation to Trust Board to consider supporting this recommendation			
92		The financial incentives at levels below level 3 should be adjusted to maximise the motivation to reach level 3.	Recommendation to Trust Board to consider supporting this			

			recommendation			
93		The NHS Litigation Authority should introduce requirements with regard to observance of the guidance to be produced in relation to staffing levels, and require trusts to have regard to evidence-based guidance and benchmarks where these exist and to demonstrate that effective risk assessments take place when changes to the numbers or skills of staff are under consideration. It should also consider how more outcome based standards could be designed to enhance the prospect of exploring deficiencies in risk management, such as occurred at the Trust.	Recommendation to Trust Board to consider supporting this recommendation			
98	National Patient Safety Agency functions	Reporting to the National Reporting and Learning System of all significant adverse incidents not amounting to serious untoward incidents but involving harm to patients should be mandatory on the part of trusts.	Reporting to the NRLS - we already upload to NRLS in a timely manner. We have some assurance that we are within the 'average' band of rate of reported incidents to NRLS compared with peer group Trusts, however we still need to encourage greater reporting, especially when harm has arisen. We continue to monitor the number / percentage of claims that have previously been reported as incidents (as one measure of our safety culture)		In preparation for the merger with Queen Elizabeth Hospital, additional resource has been put into the structure for Patient Safety. – Roles within this resource will be tasked with compiling more feedback to front line staff (know to be a factor in encouraging a robust safety culture; and work on being invited to attend various Directorate morbidity / discrepancy meetings to encourage incident reporting	

<p>Effective complaints handling</p> <p>Patients raising concerns about their care are entitled to: have the matter dealt with as a complaint unless they do not wish it; identification of their expectations; prompt and thorough processing; sensitive, responsive and accurate communication; effective and implemented learning; and proper and effective communication of the complaint to those responsible for providing the care.</p>						
109		Methods of registering a comment or complaint must be readily accessible and easily understood. Multiple gateways need to be provided to patients, both during their treatment and after its conclusion, although all such methods should trigger a uniform process, generally led by the provider trust.	The current PALS, compliments, concerns and complaints leaflet contains details of how to raise a concern and make a formal complaint. The leaflet also details a description of ICAS' function and contact details.		Action –include para on AVMA and their contact details to the leaflet	Completed June 2013
110	Lowering barriers	Actual or intended litigation should not be a barrier to the processing or investigation of a complaint at any level. It may be prudent for parties in actual or potential litigation to agree to a stay of proceedings pending the outcome of the complaint, but the duties of the system to respond to complaints should be regarded as entirely separate from the considerations of litigation.	Trust Complaints policy addresses that litigation and a formal complaint can run in tandem.			Completed June 2013
111		Provider organisations must constantly promote to the public their desire to receive and learn from comments and complaints; constant encouragement should be given to patients and other service users, individually and	PALS leaflet is distributed to all wards and departments. Posters are situated around the site along with some banners. PALS website contains		Action – Further banners and posters to be ordered. There will be a banner in each lift lobby on each floor of Riverside, along with outpatients.	Completed

		collectively, to share their comments and criticisms with the organisation.	information on making a complaint.			
112		Patient feedback which is not in the form of a complaint but which suggests cause for concern should be the subject of investigation and response of the same quality as a formal complaint, whether or not the informant has indicated a desire to have the matter dealt with as such	PALS would currently log these as feedback or a potential complaint and forward them to a directorate. Action – this will continue, however the PALS unit will firm up the procedures to ensure that they are made aware of the outcome of the investigation and that this can be logged along with actions, learning's and service improvements.			Completed June 2013
113		Complaints handling The recommendations and standards suggested in the Patients Association's peer review into complaints at the Mid Staffordshire NHS Foundation Trust should be reviewed and implemented in the NHS.	Recommendation to Trust Board to Accept Recommendation		Complaints policy now incorporates recommendations made in the Francis report	Completed June 2013
114		Comments or complaints which describe events amounting to an adverse or serious untoward incident should trigger an investigation	The PALS team currently advises directorates when a complaint comes in and it is felt that an incident should be logged or SI declared.			Completed June 2013

115		<p>Investigations Arms-length independent investigation of a complaint should be initiated by the provider trust where any one of the following apply:</p> <ul style="list-style-type: none"> • A complaint amounts to an allegation of a serious untoward incident; • Subject matter involving clinically related issues is not capable of resolution without an expert clinical opinion; • A complaint raises substantive issues of professional misconduct or the performance of senior managers; • A complaint involves issues about the nature and extent of the services commissioned. 	Recommendation to Trust Board to accept Recommendation		Complaints policy re-to incorporate recommendations made in the Francis report.	Completed June 2013
116		Support for complainants Where meetings are held between complainants and trust representatives or investigators as part of the complaints process, advocates and advice should be readily available to all complainants who want those forms of support.	Action – PALS will amend the meeting invitation letter to include the details of ICAS and that an advocate may accompany them.			Completed April 2013
118	Learning Complaints from	Subject to anonymisation, a summary of each upheld complaint relating to patient care, in terms agreed with the complainant, and the trust's response should be published on its website. In any case where the complainant or, if different, the patient, refuses to agree, or for some other reason publication of an upheld, clinically related complaint	Action – PALS will amend the standard para at the bottom of the upheld complaint responses to request permission to anonymously use a summary of their complaint and the Trust response on the Trust's website.			September 2013

		is not possible, the summary should be shared confidentially with the Commissioner and the Care Quality Commission.				
119		Overview and scrutiny committees and Local Healthwatch should have access to detailed information about complaints, although respect needs to be paid in this instance to the requirement of patient confidentiality.	Action – Complaints reports will be circulated to OSC's and Healthwatch			Completed 2013
120		Commissioners should require access to all complaints information as and when complaints are made, and should receive complaints and their outcomes on as near a real-time basis as possible. This means commissioners should be required by the NHS Commissioning Board to undertake the support and oversight role of GPs in this area, and be given the resources to do so.	Recommendation to Trust Board to consider supporting this recommendation Awaiting Commissioner process			
121		The Care Quality Commission should have a means of ready access to information about the most serious complaints. Their local inspectors should be charged with informing themselves of such complaints and the detail underlying them.	Recommendation to Trust Board to consider supporting this recommendation			
122	Handling Large Scale Complaints	Large-scale failures of clinical service are likely to have in common a need for: <ul style="list-style-type: none"> • Provision of prompt advice, counselling and support to very distressed and anxious members of 	Action – Complaints policy will be re-written to incorporate recommendations made in the Francis report.			Completed June 2013

		<p>the public;</p> <ul style="list-style-type: none"> • Swift identification of persons of independence, authority and expertise to lead investigations and reviews; • A procedure for the recruitment of clinical and other experts to review cases; • A communications strategy to inform and reassure the public of the processes being adopted; • Clear lines of responsibility and accountability for the setting up and oversight of such reviews. <p>Such events are of sufficient rarity and importance, and requiring of coordination of the activities of multiple organisations, that the primary responsibility should reside in the National Quality Board.</p>				
133	Role of Commissioners in Complaints	<p>Commissioners should be entitled to intervene in the management of an individual complaint on behalf of the patient where it appears to them it is not being dealt with satisfactorily, while respecting the principle that it is the provider who has primary responsibility to process and respond to complaints about its services.</p>	<p>The Trust will work with Commissioners to agree an approved process for the implementation of this recommendation.</p> <p>Recommendation to Trust Board to consider supporting this recommendation</p>			

137	Intervention and sanctions for substandard or unsafe services	<p>Commissioners should have powers of intervention where substandard or unsafe services are being provided, including requiring the substitution of staff or other measures necessary to protect patients from the risk of harm.</p> <p>In the provision of the commissioned services, such powers should be aligned with similar powers of the regulators so that both commissioners and regulators can act jointly, but with the proviso that either can act alone if the other declines to do so. The powers should include the ability to order a provider to stop provision of a service</p>	<p>The Trust will proactively work with Commissioners should they have any concerns with any aspect of care or provision of services to patients.</p> <p>Recommendation to Trust Board to consider supporting this recommendation</p>			
Coroners and Inquests						
274	Information to and from Coroners	<p>There is an urgent need for unequivocal guidance to be given to trusts and their legal advisers and those handling disclosure of information to coroners, patients and families, as to the priority to be given to openness over any perceived material interest</p>	<p>Recommendation to Trust Board to consider supporting this recommendation</p>			
277	Death Certification	<p>Death certification National guidance should set out standard methodologies for approaching the certification of the cause of death to ensure, so far as possible, that similar approaches are universal.</p>	<p>Recommendation to Trust Board to consider supporting this recommendation</p>			

279		So far as is practicable, the responsibility for certifying the cause of death should be undertaken and fulfilled by the consultant, or another senior and fully qualified clinician in charge of a patient's case or treatment.	The Trust will work to provide guidance on this recommendation.		At induction all junior doctors have been issued with guidance on death certification including consulting with consultant prior to completion. This document to be used in all subsequent inductions	completed
280	Appropriate and sensitive contact with bereaved families	Both the bereaved family and the certifying doctor should be asked whether they have any concerns about the death or the circumstances surrounding it, and guidance should be given to hospital staff encouraging them to raise any concerns they may have with the independent medical examiner.	Although the Trust supports this recommendation we need to give careful thought as to whether this is appropriate for all patient deaths, the skills our staff will need to ensure this is undertaken appropriately and sensitively.			TBA
Medical Education and Training						
152	Medical Training	Any organisation which in the course of a review, inspection or other performance of its duties, identifies concerns potentially relevant to the acceptability of training provided by a healthcare provider, must be required to inform the relevant training regulator of those concerns.	Recommendation to Trust Board to consider supporting this recommendation but would also want to ensure that the organisation raising its concerns had also raised them promptly with us.			

158	Training and training establishments as a source of safety information	The General Medical Council should amend its standards for undergraduate medical education to include a Requirement that providers actively seek feedback from students and tutors on compliance by placement providers with minimum standards of patient safety and quality of care, and should generally place the highest priority on the safety of patients.	Although this recommendation is for the GMC we support the need for seeking feedback from both are nursing and medical students. This is already in place within nursing but needs to be developed within medicine further. Recommendation to Trust Board to consider supporting this recommendation			
159		Surveys of medical students and trainees should be developed to optimise them as a source of feedback of perceptions of the standards of care provided to patients. The General Medical Council should consult the Care Quality Commission in developing the survey and routinely share information obtained with healthcare regulators.	Trust need to be included in development work. Recommendation to Trust Board to consider supporting this recommendation			
163	Safe staff numbers and skills	The General Medical Council's system of reviewing the acceptability of the provision of training by healthcare providers must include a review of the sufficiency of the numbers and skills of available staff for the provision of training and to ensure patient safety in the course of training.	Recommendation to Trust Board to consider supporting this recommendation			

172	Proficiency in the English language	The Government should consider urgently the introduction of a common requirement of proficiency in communication in the English language with patients and other persons providing healthcare to the standard required for a registered medical practitioner to assume professional responsibility for medical treatment of an English-speaking patient.	Recommendation to Trust Board to consider supporting this recommendation			
NURSING						
185	Focus on culture of caring	<p>There should be an increased focus in nurse training, education and professional development on the Practical requirements of delivering compassionate care in addition to the theory. A system which ensures the delivery of proper standards of nursing requires:</p> <ul style="list-style-type: none"> • Selection of recruits to the profession who evidence the: • Possession of the appropriate values, attitudes and behaviours; • Ability and motivation to enable them to put the welfare of others above their own interests; • Drive to maintain, develop and improve their own standards and abilities; • Intellectual achievements to enable them to acquire through training the necessary technical skills; • Training and experience in delivery 	<p>The Trust through its organisational development work programme will include elements of these recommendations within the programme.</p> <p>The recommendations listed on the left must be done in active partnership between the universities and ourselves.</p> <p>We already have good working relationships in place with our Universities and are very clear what standards we expect from our students but we know we</p>		<p>This work will be part of the implementation of the OD strategy.</p> <p>Working in partnership with our universities the 6C's Compassion in Practice is being taught. Student nurses have the importance of giving high quality care with compassion reinforced during their introduction to the Trust and our expectations are clearly stated. Similarly, these principles are emphasised and included within the Band 5 induction programme</p> <p>Matrons undertake monthly Quality Ward Rounds and HON's and Governance leads are developing a</p>	In progress

		<p>of compassionate care;</p> <ul style="list-style-type: none"> • Leadership which constantly reinforces values and standards of compassionate care; • Involvement in, and responsibility for, the planning and delivery of compassionate care; • Constant support and incentivisation which values nurses and the work they do through; • Recognition of achievement; • Regular, comprehensive feedback on performance and concerns; • Encouraging them to report concerns and to give priority to patient well-being. 	<p>can still continue to improve. Investment in required to support an increase in clinical educators to bridge the gap between the university and the clinical environment.</p>		<p>peer review programme to assess and audit practice and patient experience in all ward areas.</p> <p>Feedback from ward walkabouts by Patient Welfare Forum members, results from patient satisfaction surveys/ questionnaires and complaints are investigated, analysed and reviewed and lessons learnt are reflected upon and actions implemented to improve patient care, services and the patients experience</p> <p>Patient stories are shared and reflected upon during governance meetings</p>	
187		<p>There should be a national entry-level requirement that student nurses spend a minimum period of time, at least three months, working on the direct care of patients under the supervision of a registered nurse. Such experience should include direct care of patients, ideally including the elderly, and involve hands-on physical care. Satisfactory completion of this direct care experience should be a pre-condition to continuation in nurse training.</p> <p>Supervised work of this type as a healthcare support worker should be allowed to count as an equivalent. An</p>	<p>Careful consideration is required of this recommendation for the development of a minimum period of time being implemented for all students to undertake a period of clinical practice as an HCA. This would be require considerable resource, including clinical supervisors but it may also act as a barrier to encouraging students to enter the profession.</p>		<p>The Trust aims to facilitate this recommendation in association with the universities and will accommodate in accordance with nationwide changes in nurse training</p>	<p>Awaiting progress report from NMC</p>

		alternative would be to require candidates for qualification for registration to undertake a minimum period of work in an approved healthcare support worker post involving the delivery of such care.				
188	Aptitude test for compassion and caring	The Nursing and Midwifery Council, working with universities, should consider the introduction of an aptitude test to be undertaken by aspirant registered nurses at entry into the profession, exploring, in particular, candidates' attitudes towards caring, compassion and other necessary professional values.	Recommendation to Trust Board to consider supporting this recommendation			
193	Standards for appraisal and support	Without introducing a revalidation scheme immediately, the Nursing and Midwifery Council should introduce common minimum standards for appraisal and support with which responsible officers would be obliged to comply. They could be required to report to the Nursing and Midwifery Council on their performance on a regular basis	The Trust would support the concept of this development but this requires a change to the legal framework in which the NMC operates at present. Recommendation to Trust Board to consider supporting this recommendation			
194		As part of a mandatory annual performance appraisal, each Nurse, regardless of workplace setting, should be required to demonstrate in their annual learning portfolio an up-to-date knowledge of nursing practice and its implementation. Alongside developmental requirements, this	The Trust accepts the recommendation for an annual appraisal, and will ensure that it is focussed on care/attitude via the values based framework and quality assurance process to		Some Competency documents already in place these will be tied to appraisal in the next year. . A pilot for band 8s will be implemented 13/14 for roll out later in the year.	March 2014

		<p>should contain documented evidence of recognised training undertaken, including wider relevant learning. It should also demonstrate commitment, compassion and caring for patients, evidenced by feedback from patients and families on the care provided by the nurse. This portfolio and each annual appraisal should be made available to the Nursing and Midwifery Council, if requested, as part of a nurse's revalidation process.</p>	<p>ensure that the appraisal is not just a 'tick box' exercise. In relation to revalidation we will wait for guidance from the NMC We also need to consider how best we would test compassion but also strongly believe this should be for all clinicians within our trust and not just for nurses.</p>		<p>Annual PDR's are undertaken for all nurses. Matrons are ensuring that all areas are fully compliant.</p> <p>PDR process is under review with the aim of improving the existing PDR format to ensure it meets this recommendation</p>	
195	Nurse Leadership	<p>Ward nurse managers should operate in a supervisory capacity, and not be office-bound or expected to double up, except in emergencies as part of the nursing provision on the ward. They should know about the care plans relating to every patient on his or her ward. They should make themselves visible to patients and staff alike, and be available to discuss concerns with all, including relatives. Critically, they should work alongside staff as a role model and mentor, developing clinical competencies and leadership skills within the team. As a corollary, they would monitor performance and deliver training and/or feedback as appropriate, including a robust annual appraisal.</p>	<p>Whilst the Trust supports the recommendation of Ward Sisters being in a supervisory role We need to recognise the importance of this role and ensure that they have the right level of resource and infrastructure to execute their duties.</p> <p>The Trust is working with McKinseys Improvement Programme and staffing and skill mix is part of this work programme, the outputs of the programme will feed into the action plans for this report.</p>		<p>Ward managers have an allocated number of non-clinical shifts and the Trust must risk assess extending this allocation and consider the quality and financial impact of additional non-clinical time.</p> <p>HON's are exploring different ways of working for Ward Managers to release them to provide additional non-clinical time for supervision and to maximise their time</p> <p>Leadership programmes are available and additional clinical supervision is being accessed</p> <p>As part of the Nursing Strategy review the Nurse's Responsibility Matrix will be updated to clarify the</p>	

					purpose of non-clinical time and supervision	
198	Measuring cultural health	Healthcare providers should be encouraged by incentives to develop and deploy reliable and transparent measures of the cultural health of front-line nursing workplaces and teams, which build on the experience and feedback of nursing staff using a robust methodology, such as the “cultural barometer”.	The Trust supports the need for monitoring how staff, feel, and we will explore the use of the cultural barometer. However we should implement something for our whole workforce and not just for nurses, using the tools we currently have including the staff survey.		See 2 above re culture audit and OD strategy and implementation plan	Audit Completed
199	Key nurses	Each patient should be allocated for each shift a named key nurse responsible for coordinating the provision of the care needs for each allocated patient. The named key nurse on duty should, whenever possible, be present at every interaction between a doctor and an allocated patient	The Trust will need to review this recommendation with the Ward managers before accepting this, to understand how different it would be to the current process of patient allocation which is in place.		A named nurse process is already in place but it is acknowledged that it is not systematic across all areas. HON’s aim to develop this as part of the current review of the handover process. A handover checklist has been devised and, once piloted, is planned to be rolled out as best practice across the Trust.	
200		Consideration should be given to the creation of a status of Registered Older Person’s Nurse.	The DH recommends that they will strengthen the training on the care of the frail older person throughout all programmes. So that all adult trained nurses have the right set of skills to care for our most vulnerable patients.			
207	Strengthening identification of healthcare support workers and nurses	There should be a uniform description of healthcare support workers, with the relationship with currently registered	Recommendation to Trust Board to consider supporting this recommendation		The Trust is currently awaiting the guidance from the NMC on the description and regulation of HC	

		nurses made clear by the title.			support workers. The NMC have published the Health Care Support Worker new code of conduct.	
<p>Caring for the elderly</p> <p>Approaches applicable to all patients but requiring special attention for the elderly</p>						
236	Identification of who is responsible for the patient	Hospitals should review whether to reinstate the practice of identifying a senior clinician who is in charge of a patient's case, so that patients and their supporters are clear who is in overall charge of a patient's care.	This is supported and is already in place the named Consultant is the responsible officer until the patient is either discharged or transferred under the care of another named Consultant.			Completed
237	Teamwork	There needs to be effective teamwork between all the different disciplines and services that together provide the collective care often required by an elderly patient; the contribution of cleaners, maintenance staff, and catering staff also needs to be recognised and valued	The Trust supports this recommendation and can demonstrate effective MDT working in many areas of the Trust. We need to develop an assurance model that effectively ensures this is in place across the Trust			
238	Communication with and about patients	Regular interaction and engagement between nurses and patients and those close to them should be systematised through regular ward rounds: <ul style="list-style-type: none"> All staff need to be enabled to interact constructively, in a helpful and friendly fashion, with patients and visitors 	The Trust supports this with the 2 hourly rounds across wards. Further work is required on the remaining recommendations and this will be undertaken as part of the working group		Promotion of the "No decision about me, Without me" campaign is being developed within the revised Nursing Strategy Through governance structures, including Directorate Governance meetings, Outcomes with Learning, Patient Safety and Clinical Quality Committees, complaints, risks,	

		<ul style="list-style-type: none"> • Where possible, wards should have areas where more mobile patients and their visitors can meet in relative privacy and comfort without disturbing other patients. • The NHS should develop a greater willingness to communicate by email with relatives. • The currently common practice of summary discharge letters followed up some time later with more substantive ones should be reconsidered. • Information about an older patient's condition, progress and care and discharge plans should be available and shared with that patient and, where appropriate, those close to them, who must be included in the therapeutic partnership to which all patients are entitled. 			<p>incidents and audits are analysed and reviewed monthly</p> <p>Learning from incidents and complaints are feedback to staff in ward/departmental meetings and in Grand Rounds</p> <p>EIDO patient information leaflets have been commissioned and are available for nursing and medical staff to assist with informed consent and to enhance communication</p> <p>Quiet rooms are available for confidential patient/ family use in all ward areas</p> <p>Dementia pathways are in place and a Lead Nurse is being recruited to increase and support the pathway implementation across the Trust</p>	
240	Hygiene	Hygiene All staff and visitors need to be reminded to comply with hygiene requirements. Any member of staff, however junior, should be encouraged to remind anyone, however senior, of these.	The Trust supports this recommendation and does encourage compliance with standards. The Infection and Ward Teams conduct monthly audits on compliance.			completed
241	Provision of food and drink	The arrangements and best practice for providing food and drink to elderly patients require	The Trust has a quality and contract monitoring group which regularly reviews the		Initial Catering team work closely with the Matrons and Trust audit and Monitoring team to ensure best	completed

		constant review, monitoring and implementation.	arrangements for provision of food and drink. This is reported via the Trust Governance Processes.		practise is adhered too.	
242	Medicines administration	Medicines administration In the absence of automatic checking and prompting, the process of the administration of medication needs to be overseen by the nurse in charge of the ward, or his/her nominated delegate. A frequent check needs to be done to ensure that all patients have received what they have been prescribed and what they need. This is particularly the case when patients are moved from one ward to another, or they are returned to the ward after treatment.	The Trust does have a process in place for monitoring and auditing this. A workstream is underway through the Trust working groups to address issues which arise.			
243	Recording of routine observations	The recording of routine observations on the ward should, where possible, be done automatically as they are taken, with results being immediately accessible to all staff electronically in a form enabling progress to be monitored and interpreted. If this cannot be done, there needs to be a system whereby ward leaders and named nurses are responsible for ensuring that the observations are carried out and recorded.	The Trust is currently developing a Ward Contract for Ward Managers which will include the responsibility of Ward Leaders for the safety of their patients and the requirement for ensuring routine observations are carried out. The Trust also has in place an Early Warning Scoring system which is audited each month and		The Nurse's Responsibility Matrix is being revisited as part of the Nursing Strategy review. Documentation and observation audits are completed monthly within the Nursing Metrics and a Synbiotix Lead Nurse post is being developed to oversee compliance against the completion of Synbiotix in the integration process. Also an electronic record keeping system is being researched and will be	

			results are feedback to Ward Managers.		commissioned and implemented following integration. The Early Warning Scoring system continues to be monitored and is audited monthly.	
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Date signed off as completed by Trust Board / sub committee..... Signature of Chairperson:

To be completed by review 'lead officer' and submitted to the Trust Board / sub committee following report from external agency.

Culture, Quality and Transformation: Delivering our Vision and Values

An Organisational Response to the Francis Report

Introduction

The government commissioned Robert Francis QC to report on failings at the Mid-Staffordshire NHS Foundation Trust between 2005 and 2008. His report is damning, and makes very uncomfortable reading, with stories about patients left in their own faeces, patients so thirsty they had to drink water from flower vases and patients suffering without adequate pain relief. It became clear that some of the worst stories from the hospital were not isolated incidents, but the culture at Mid-Staffs had become insidiously so damaged that such occurrences had become normal practice.

One of the overwhelming messages of the report is that the 'culture' within a Trust (and perhaps the wider NHS) needs to change. Too often the system makes it easier to comply with poor care, rather than challenging it.

All Trusts and FTs are expected to carefully consider the Francis report and its recommendations and produce a response which is right for the organisation. A response which is agreed by the Trust Board is expected both by our regulators and commissioners.

The SLaM Francis Working Group has been tasked to develop an organisational response to the Francis Report, and draft a proposal. The group acknowledge that an Organisational Development strategy would be the usual and logical vehicle for delivering a programme of culture change. The Trust does not have a current strategy, and it is expected that the Trust's OD strategy will be developed over the next year, with the full involvement of the new Chief Executive. The essential elements of this Francis response will be considered in the light of the development of that strategy. Also in this context the Workforce Strategy also encompasses some principles of our Francis response within its broad themes of organisational development, leadership, productivity and engagement.

It is acknowledged that SLaM is in a period of transition and the plan may need to be adapted. Nevertheless progress can be made in developing a coherent approach to the provision and development of quality patient centred care, within available financial resources.

Purpose

The purpose of this paper is to describe a model which has four essential elements as the vital components of SLaM's Francis report response. It will provide some

background information and a summary action plan which describes some quick gains within SLaM, and plan for other longer term pieces of work. It outlines and what we are aiming to achieve in terms of organisational culture, and the values which we wish to embed, it also identifies existing and on going work streams which will underpin the model.

Background – the Trust’s Mission, Goals, Purpose, Approach and Ways of Working

This paper refers you to the Trust’s Mission, Goals, Purpose, Approach and Ways of Working set out in the Trust’s Strategic Framework 2012-15.

There are many elements of our Strategic Framework which are particularly relevant to culture, quality and transformation, such as our mission ‘Everything we do is to improve the life experience and outcomes of people who use our services and to promote mental health well-being for all’.

Our five commitments are paramount to building mutual and respectful relationships with each other and service users:

- ★ *be caring, kind and polite* ★ *be prompt and value your time*
- ★ *take time to listen to you* ★ *be honest and direct with you*
- ★ *do what I say I am going to do*

The Trust’s Strategic Framework provides the authority to move forward on all aspects to embed within our Trust cultures which would protect against any future widespread failure of care. A new model is emerging from conversations within the Trust, which lists of just four essential elements

1. Creating the right culture for positive challenge and positive action
2. Working with service users in a spirit of co-creation and co-production
3. Looking after staff, each other and ourselves
4. Assuring the quality of patient care in every corner of the Trust

The Francis Report calls for a change in culture. The risk of stating that “cultural change is needed” is that the precise changes needed to improve quality are not identified and therefore real change that ‘sticks’ such as change in practice and process is not achieved.

In complex multifaceted organisations there is likely to be sub-cultures within an overarching culture and hence there may be nuances in cultural differences in teams and services, and professional groups. The Francis Report provides an opportunity for individuals, teams, professional groups the CAG Executives, Trust Executive and Board to:

- Identify and keep the components of organisation culture that are working well

- Identify and change those components that have a negative effect
- Provide a framework and systematic approach within which teams and individuals can take responsibility for making changes to practice

Working to achieve cultural change is not a new phenomenon within SLaM and staff at all levels of the organisation and since the Trust's inception in 1999 staff have been actively involved in retaining and changing components of the cultures.

SLaM developed five core commitments (indicated earlier) that identify the core behaviours expected of everyone. In addition to these, it would be helpful to identify core leadership and management expectations and behaviours to achieve change in systems and practice. In order to help identify where the effort needs to be focussed, it is helpful to consider this at organisation, team and individual level:

- 1. Organisation** culture is set by the top of the organisation, the Board, Trust Executive, CAG Executives and corporate leadership/management teams have a responsibility to make explicit the espoused values and align these values through their behaviour. They also have a key role to support and challenge teams and individuals to act in a way that consistently demonstrates the Trust values to each other, patients, families, carers and stakeholders. As the Board holds overall responsibility for assurance, clear methods to assess against standards are required. The Board needs to be visible, listen and respond to feedback from patients, families, carers, staff, stakeholders, partners and commissioners.
- 2. Team** effort focuses on ensuring teams have a clear purpose, objectives, adequate resources, leadership, management, clear roles and responsibilities. Engagement in reflective practice, team appraisals, clear measures of success for performance, team coaching and links with other teams and stakeholders are cited in the research as important components of effective team work. It is important to have clear methods to listen and respond to feedback from patients, families, carers, staff (such as colleagues, professional supervisor, line manager, other teams) and external stakeholders.
- 3. Professional group** effort focuses on developing professional practice, competency, confidence and excellence.
- 4. Individual** effort focuses on recruiting and developing the right people with behaviours aligned to the organisation's values. Individuals need timely, day to day feedback on successes and areas for development as well as through formal processes such as appraisals, supervision, talent management systems and development programmes. It is important to have clear methods to listen and respond to feedback from patients, families, carers and staff (such as line manager, colleagues and professional supervisor). Individuals need to have clear expectations regarding work role and opportunities to develop and care for self and others.

5. The Model for Change

Since the Francis report was published there have been many conversations and events where staff have had the opportunity to discuss the implications of the report for the NHS and the Trust. The Francis working group have attempted to distil these thoughts and ideas into a simple model which can be developed into a plan for change. There are four essential elements to the emerging model:

1. Creating the right culture for positive challenge and positive action.

One of the aspects of the culture at Mid Staffs was that staff did not feel able to challenge poor or unacceptable practice, and that challenge fell on deaf ears.

A culture of positive challenge goes hand in hand with a culture of positive action where staff and patients can see problems and concerns being addressed, and improvements made as a consequence. Staff will not challenge poor or unacceptable practice if the belief is that nothing will be done to change it.

2. Working with service users in a spirit of co-creation and co-production.

Mental Health services have always acknowledged the importance of working collaboratively with service users as individuals and groups. This ideal has been enforced by successive national mental health strategies. The Francis report recommends strong collaboration as a key defence against poor patient experience, and the development of damaging cultures.

3. Looking after staff, each other and ourselves

One of the key challenges of the Francis Report is to ensure that the organisation, CAGs, teams and individuals within it, continue to provide compassionate care. The research literature strongly supports the position that failures of compassion are normal, and compassion is highly influenced by working relationships, staff support systems, organisation factors, and the senior leadership. The question for the Trust is; what is it about the organisation's systems, processes and culture which stops staff from adopting behaviours consistent with the 5 commitments.

The evidence is clear that trusts with higher levels of staff engagement have higher patient satisfaction scores, have consistently safer services and they also perform better financially. The key principle here is, that it is easy to blame individuals rather than fix the faults which lie within the organisational systems, processes, and culture.

4. Assuring the quality of patient care in every corner of the Trust

The Board are accountable for the quality of all services throughout the Trust and in order for the Board to be assured of that quality, they have to have information and intelligence which can be triangulated to give robust evidence of service quality.

Whilst the Trust has volumes of information about its services, this information is

not always the right information, and is not always used effectively to manage service quality. This is about ensuring that the right metrics are chosen, the chosen metrics are presented in a way which they can be understood, and the information is used to monitor and drive quality improvement.

These four elements will be driven by the leadership (note: leadership does not always follow hierarchy), and leadership commitment to quality of care, and organisational and cultural change. These are in line with the key messages from the Francis report and analysis from health leaders from the Kings Fund, professional bodies and other commentators.

Two other essential ingredients are vital if the model is going to work. They are:

- Engaging all staff as the model is developed and implemented
- Simplifying the message. The message must be clear and simple and confident – a mantra.

Within each element there are long term work streams and quick wins. The table below unpicks these quick wins and work streams and presents them in the form of an outline plan.

Taking the work forward

The detail of this plan is being developed with CAGs through the Trust Executive and will be monitored at the Trust's Forward Plan Delivery Group.

The following sets out how options for embedding this model in different ways across the Trust.

	Quick wins	Longer term work
1. Creating the right culture for positive challenge and positive action	<ul style="list-style-type: none"> • Commit to a schedule of leadership walk rounds in all CAGs. 'Walkrounds' are designed to encourage a mature attitude towards reporting and resolving risk and quality issues, by inviting staff to discuss issues with senior leaders and other stakeholders. • Recruitment – testing for 5 commitments in addition to clinical/ technical/ leadership/management competencies in place • Programmes developed and dates set for the autumn for leaders managers and frontline staff to participate in coaching conversation training and development • Senior clinical staff co –delivering coaching programme project for front line clinical staff 	<ul style="list-style-type: none"> • Conduct a programme of facilitated conversations with staff about: <ul style="list-style-type: none"> ○ The Francis report ○ Culture within teams ○ basic care and compassion ○ personal / and professional responsibility. ○ Removing the obstacles for all staff to challenge poor practice in all corners of the Trust. ○ Developing a culture of intolerance to problems which impact on patient care. • Affirming positive challenge with positive action. Identifying key niggles which can be fixed to make life easier for staff and patients. i.e. reducing the number of ePJS screens for mandatory completion. • SP/QIST/SLaM Quality Academy/HR BPs/MH Wellbeing services working collaboratively to ensure a coherent, systematic approach to team based improvement work and team development.
2. Working with service users in a spirit of co-production and co-creation	<ul style="list-style-type: none"> • Review the structure and process for service user participation. Move to non-hierarchical and widespread – (not done by the few / elite). • Recruit service users and carers to internal inspection (PAV) Teams • Deliver planned Carers coaching programme 	<ul style="list-style-type: none"> • Removing the obstacles to participation of service users/carers within key operational meetings. • Introduce a process whereby skills can be given to/ gained by staff, who have no experience of working collaboratively with service users. • Set % targets to achieve meaningful user involvement in key roles / positions/ professions • Develop policy of service user involvement in all key recruitment processes

<p>3. Looking after staff, each other and ourselves</p>	<ul style="list-style-type: none"> • Invite Trust Board and Executive to review their behaviours and the impact of those behaviours on the way the organisation works. • Commit to the mental health promotion team's well being initiatives. Promoting staff mental well-being with a series of interventions at individual, team and organisational level to promote the positive mental health and wellbeing, including mindfulness, stress awareness, mental health awareness for line managers and mental wellbeing impact assessments. • Deliver Service line leader/ senior clinical programme over autumn 2013. (A shared leadership pilot has been completed within Psychosis CAG; for team leaders and Consultants). • Joint HR Business and SP programmes to help leaders and managers manage change and develop best performance • Deliver 'aspiring leaders' for band 6 staff. • Non clinical staff programme being negotiated • Deliver service user involvement training / responsibilities for Senior Managers. 	<ul style="list-style-type: none"> • Promoting and marketing SLaM values, and expected behaviours. • Conduct staff support surveys informed by information systematically collected about staff experience (SEDIC) • Plan to address wider psychological / organisational impact of violence and aggression. • Try Schwartz rounds as a means of allowing staff to get together to reflect on the stresses and dilemmas that they have faced • Joint HR Business and SP programmes to help leaders and managers manage change. • Consider developing a senior role leading staff partnership and engagement (as Oxleas have done successfully).
<p>Assuring quality of care in every corner of the Trust</p>	<p>Focus on two big ticket high impact items from the Quality Governance Framework:</p> <ol style="list-style-type: none"> 1. Commit resources to delivering a quality indicator cockpit capable of reporting down to team level. 2. Conduct systematic internal review of essential CQC standards. Commit to/invest in an annual schedule of self assessments and validation against essential standards. 	<ul style="list-style-type: none"> • Aligning the Measurement of Quality throughout the organisation Make a clear link between Quality Governance and Quality Programme delivery so that when problems are identified and prioritised to take through to projects to lead to improvement. • Programme to close gaps in QG arrangements – structure purpose and agendas of assurance committees.



Healthier Communities Select Committee

11 December 2013

Lewisham Council – Adult Social Care Services and Joint Commissioning Unit

PROGRESS REPORT

Although the focus of the Francis enquiry was primarily on hospital services, the findings are relevant to the Council's work in terms of adult social care and its commissioning responsibilities across health and care. In particular, in relation to the care provided within care home settings, where the risk of institutional abuse is significant.

Joint Commissioning

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.

The Joint Commissioning Team ensure that there are clear measurable quality standards included in all health and social care contracts, with agreed methods of measurement and clear redress for non compliance.

The team is working with health and social care providers to develop a culture of openness and transparency, ensuring that providers have in place systems to support staff to raise concerns.

Progress towards providers implementing the Francis recommendations is reviewed as part of the contract monitoring process. Commissioners and Contract Monitoring Officers continue to work alongside CQC to ensure that providers are compliant with the national standards of quality and safety.

Winterbourne View Concordant

Alongside the Francis report, officers have worked to ensure that the recommendations arising from the Winterbourne View serious case review have been progressed. The Department of Health has requested all Councils and CCGs to report directly on their progress.

The Winterbourne View concordant commitment identified a number of areas of good practice which have relevance to the Francis recommendations; these include a core training programme devised and monitored by commissioners and learning disability specialists which is made available to all staff providing

services in the borough. There is also a good level of advocacy support available to people with Learning Disabilities and their carers.

Adult Social Care Services

Adult social care provides or commissions services to individual service users and carers following an assessment of needs. Quality and safety form a key part of the assessment and review process. The assessment and review of users includes looking closely at the individual's experience of any services they receive and their safety, and where necessary would instigate a safeguarding alert. The intelligence gathered via assessments, reviews and safeguarding alerts, along with that gained through annual service user surveys, provides officers with feedback and evidence which contributes to the quality assurance framework (see below) and supports the identification of areas that may require further investigation.

In the continued drive to improve services, Adult Social Care will continue to set standards for the services it delivers, to collect information about the service experience and performance.

Quality Assurance Strategy and Framework

As part of the strategy to commission and provide high quality and safe services, a Quality Assurance Improvement Strategy and Framework is being further refined to take account of the Francis requirements. This work is overseen by the Quality and Performance Sub Group of the Adult Safeguarding Board, which consists of membership from Lewisham's health and care partners. The Quality and Performance Sub Group meets monthly to review progress of the quality assurance indicators and to monitor the quality of providers.

Health and Wellbeing Board

The Health and Wellbeing Board has a key leadership role to play in the monitoring and review of quality and assurance activity across health and care. This includes overseeing the delivery of the integrated care programme, which aims to deliver better care, better health and stronger communities and ensure that safe, high quality services are provided to Lewisham residents. Part of this work covers the development of joint contract monitoring and improved recording and sharing of information.

Healthwatch

Lewisham's care and health partners are supported in their work to drive up standards of care by Healthwatch Lewisham which has responsibility to:

- represent the views of people who use services, carers and the public on the Health and Wellbeing boards set up by local authorities
- report concerns about the quality of health care to Healthwatch England, which can then recommend that the CQC take action

Healthwatch is also permitted to 'Enter and View', allowing authorised representatives of Healthwatch to enter premises to observe the nature and quality of services. This provision does not apply to Children's Social Care.

Healthwatch can make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with their recommendations, for example if urgent action were required by the CQC).

Healthwatch England has statutory powers to report failing services to key national organisations, and central government. These national organisations must submit a public response to Healthwatch concerns.

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Healthier Communities Select Committee			
Report Title	Developing an Integrated Approach to Public Health in South East London: Establishing an Urban Public Health Collaborative		
Key Decision	No	Item No.	7a
Ward	All		
Contributors	Executive Director for Community Services		
Class	Part 1	Date:	11 December 2013

1. Purpose

- 1.1 The purpose of this report is to update the committee on the progress made in establishing a public health collaborative across Lambeth, Southwark and Lewisham involving all key partners.

2. Recommendations

Members of the Healthier Communities Select Committee are recommended to:

- Note the progress made in the first year of the programme;
- Consider how frequently it would like to receive future updates.

3. Policy Context

- 3.1 There are profound Public Health challenges facing the local population served by the London Boroughs of Lambeth, Southwark and Lewisham, by King's Health Partners (KHP), Lewisham & Greenwich NHS Trust, Primary Care providers, Clinical Commissioners and other stakeholders. There are also tremendous opportunities for these organisations to work with the local population in South East London to develop and deliver innovative interventions to reduce inequalities and improve the quality of care.
- 3.2 The South East London Collaborative is committed to co-designing, co-evaluating and co-implementing public health interventions specifically aimed delivering the Health and Wellbeing Strategies of Lambeth, Southwark and Lewisham Health & Wellbeing Boards.

4. Background

- 4.1 To make a really significant impact in reducing premature mortality and health inequalities in urban populations will require public health academics, practitioners, clinicians, clinical researchers, public servants, policy makers and local communities to work together to co-design, co-evaluate and co-implement cost-effective complex public health interventions that are innovative and sustainable to scale.
- 4.2 Over the next five years the aim is to be recognised internationally for our academic and service innovation in Urban Public Health in addressing local and international issues, with a focus on inequalities in health and healthcare delivery, particularly with regard to ethnicity and deprivation. The vision will be delivered through the Urban Public Health Collaborative for South East London that will facilitate the design, evaluation and implementation of complex public health interventions by involving all stakeholders at every stage. The collaborative will provide a unique test bed to develop and test innovative solutions in prevention and management of long term conditions of Public Health importance.
- 4.3 The Collaborative was launched in April 2013 with representation from all three Boroughs (Leaders of the Boroughs, and Chairs of Clinical Commissioning Groups and Health & Wellbeing Boards), Kings Health Partners (KHP) and its Clinical Academic Groups (CAGs) as well as Public Health England (PHE). Working relationships with the local partners have been agreed which include informal regular updates with the Chairs of the CCGs and Health & Wellbeing Boards as well as formal presentations twice a year at the meetings to the Boards. This will ensure that research and implementation priorities of the Collaborative are aligned to the three Boroughs' health and wellbeing strategies.

6. Financial implications

- 6.1 The cost of engaging in these arrangements (staff time etc) will be met from existing budgets.
- 6.2 Sharing expertise and learning will give Lewisham better value for money from the research that we undertake or fund, though it won't necessarily reduce the cost of that research.
- 6.3 Changes in provision made as a result of what we learn will have an impact on the health of residents in the borough in the future but it is too soon to say what the financial impact of that will be on the cost of health and social care provision.

7. Legal implications

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

8. Crime and Disorder Implications

- 8.1 Complex public health interventions are likely to have a positive impact on crime and community safety by enhancing community resilience.

9. Equalities Implications

- 9.1 All public health interventions will be designed specifically to reduce health inequalities. A co-production / community development approach will underpin all the Collaborative's work; this will ensure a focus on addressing the needs of the most disadvantaged in our communities.

10. Environmental Implications

- 10.1 It is possible that some of the public health interventions may have a direct, positive impact on the environment.

11. Conclusion

- 11.1 It is hoped that a successful Urban Public Health Collaborative in South East London would allow us to:
- Build world class research capacity to develop and evaluate complex public health interventions;
 - Provide the education and training opportunities necessary to equip all our local stakeholders with skills to engage in the design, evaluation and implementation of complex public health interventions;
 - Provide a forum and resources for partners across Lambeth, Southwark and Lewisham to work together to design, evaluate and then implement large scale complex public health interventions across the populations and communities of South East London;
 - Create the world's first Urban Public Health Collaborative on the principles of co-production.

Background Documents

Establishing an Urban Public Health Collaborative:

<http://www.kcl.ac.uk/medicine/research/divisions/hscr/about/publichealth/index.aspx>

If there are any queries on this report please contact Dr Danny Ruta, Director of Public Health, Community Services Directorate, London Borough of Lewisham on 020 8314 9094.

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HEALTHIER COMUNITIES SELECT COMMITTEE			
Report Title	An Evaluation of the North Lewisham Health Improvement Programme and the Transfer of Learning		
Key Decision	NO	Item No.	7b
Ward	Mainly Evelyn, New Cross, Bellingham but applicable across Lewisham.		
Contributors	Executive Director for Community Services		
Class	Part 1	Date:	11/12/13

1. Summary

- 1.1 This report highlights an evaluation undertaken of the North Lewisham Health Improvement Programme (NLHIP). It describes the approach, and the methodology used to evaluate it, and the evaluation findings (with examples from individual projects).
- 1.2 It concludes that the programme has been successful in raising awareness, changing behaviour and improving health outcomes for a proportion of the target population living in Evelyn and New Cross wards in a cost effective way. It has also provided valuable learning, which can inform future activity, particularly in relation to the integrated prevention agenda.
- 1.3 The evaluation report is on the Lewisham Joint Strategic Needs Assessment website, www.lewishamjsna.org.uk and hard copies are available from Public Health Lewisham.
- 1.4 This evaluation was presented to the Lewisham Health and Well Being Board in September, with a follow up paper about the Participatory Budgeting element of the programme in November. The Board endorsed the approach as a way of contributing to the implementation of the Lewisham health and well being priorities and as part of the integration of health and social care.

2. Recommendation

- 2.1 Members of the Healthier Communities Select Committee are recommended to note the contents of report and that the Lewisham Health and Wellbeing Board endorsed the approach as a way of contributing to the implementation of the Lewisham health and wellbeing priorities and as part of the integration of health and social care.

3. Policy Context

- 3.1 The Health and Social Care Act became law in March 2012 and provided the legal basis for the transfer of public health functions from the NHS to local authorities as part of the wider NHS Transformation Programme.
- 3.2 Under the Act, the majority of Public Health responsibilities and functions transferred to the Council on 1 April 2013. These functions range from the more specific programmes e.g. NHS Health Checks to broader ones e.g. Public Health aspects of local initiatives to tackle social isolation.
- 3.3 Community development has been a central plank of the World Health Organisation's strategy for improving health and reducing health inequalities since the early 1980s. The World Health Organisation (WHO) linked community development to health by stating that 'the aim of community development is that of achieving personal, collective and social change, all of which is usually associated with improved health status.' As a means of reducing health inequalities, the WHO considers the empowerment of both individuals and communities to be essential (WHO 1997).
- 3.4 Recent NICE Guidance (2008) emphasises the importance of involving communities in priority setting, funding decisions, designing, delivering, improving and managing health related projects and activities.
- 3.5 Public health interventions contribute to the overall health and wellbeing of populations. In Lewisham the interventions support the delivery of the Sustainable Community Strategy's priorities, specifically *Healthy, active and enjoyable – where people can actively participate in maintaining and improving their own health and wellbeing* and the corporate priority, *Active, healthy citizens*. The North Lewisham Programme, whose evaluation findings are presented here, is an example of a public health programme contributing to this priority.

4. Background

- 4.1 In 2007, in response to recommendations by the Lewisham Strategic Partnership and what was at the time the Healthier Lewisham Partnership Board, and the Lewisham Primary Care Trust Board, Public Health developed an outline of a 5-year North Lewisham Health Improvement Programme (NLHIP) as part of the implementation of the health inequalities strategy.
- 4.2 North Lewisham was defined as New Cross and Evelyn wards in the north of the borough. The rationale for choosing these wards was that they were two of the four in the borough with the lowest life expectancy for both men and women; two of the five with the highest death rates for people under 75; and had the highest death rates for people under 75 from cardiovascular disease (CVD).

4.3 The objectives for the NLHIP were:

- To undertake a detailed health needs assessment of New Cross and Evelyn wards and comparing these with Lewisham as a whole and England
- To increase partnership working with key stakeholders to identify ways to reduce health inequalities in North Lewisham.
- To establish effective initiatives which promote health and reduce health inequalities in North Lewisham.
- To increase community engagement to raise awareness of health and promote the uptake of services.
- To increase uptake of primary care services and screening, including the identification of risk factors in patient populations, and the diagnosis of illness.
- To increase resource allocation and opportunities to target additional investment towards Evelyn and New Cross wards.
- To identify mechanisms for partners working in a different way.
- To develop local targets and indicators, and evaluate the health impact of the plan.

4.4 A further intention was that the NLHIP would also provide learning that could be applied to future community based programmes.

4.5 The evaluation reported here has been undertaken by Public Health officers in order to assess the impact of the NLHIP as it neared the end of its 5 year implementation period.

4.6 This evaluation was presented to the Lewisham Health and Wellbeing Board in September, with a follow up paper about the Participatory Budgeting element of the programme in November.

5. Evaluation methodology and framework

5.1. The NLHIP is a complex intervention involving community-based activities. Complex interventions are widely used in public health practice, but are difficult to evaluate because of their complexity, size, and the multiple problems they try to address. Overall, the diverse nature of NLHIP interventions requires a range of qualitative and quantitative methods to evaluate them.

5.2. An embedded evaluation was undertaken. This entailed assessing how far the constituent parts of a programme met their individual objectives, and then assessing their contribution to the process and outcomes of the whole programme. This design is particularly suitable here, as five years is not a long enough period of time to achieve aims such as reducing cardiovascular morbidity and mortality, but changes that contribute to these may still be observed.

- 5.3. Taken as a whole, the embedded evaluation was designed to answer four main questions:
- What projects or initiatives were established?
 - What objective[s] of the programme did they meet?
 - What was learned about the process of the projects or initiatives?
 - What were the outputs and outcomes of the projects or initiatives, and how did they contribute to improvements in the four overarching areas of the plan: knowledge, behaviour, disease prevalence and premature death?
- 5.4 The impact of this complex public health intervention on health and wellbeing in North Lewisham was further assessed by a panel of four public health specialists. The panel reviewed independently the findings and results for each of the NLHIP projects reported in the evaluation and gave an overall assessment.
- 5.5 Each panel member assigned a rating to each project against each relevant outcome, on a whole number scale from 0 to +3, where a score from >0 to 1 indicates a small effect, a score from >1 to 2 indicates a moderate effect, and a score from >2 to 3 indicates a large effect.

6. Summary of Evaluation findings of the Programme

- 6.1 Using a community development approach within a strategic framework to reduce health inequalities was an important feature of the NLHIP. The DH National Support Team on Health Inequalities described the programme as unique and innovative. Furthermore, Lewisham has been recognized nationally by the Department of Health (DH) for the ground-breaking approach of one of the initiatives of the programme; the Cardiovascular Disease (CVD) Healthy Communities Collaborative; especially for involving local communities and also for its participatory budgeting grant scheme in which local people made decisions on funding for community health activities. The NLHIP was the first example in this country where a participatory budgeting approach was taken to allocating funds to community groups to promote healthy lifestyle.
- 6.2 The approach used in the NLHIP enabled sharing of knowledge about the evidence base on the health of the population and the effectiveness of interventions as well as the key strategic priorities. These were shared with local communities, front line staff and statutory and voluntary organisations so that they could use that knowledge to inform their practice. Likewise the knowledge about local communities was harnessed and has informed how the programme was delivered.
- 6.3 Most projects explicitly used a community development approach to health improvement. The programme was effective at building social networks and social capital. At least 10,000 people benefitted directly from the programme and many more benefitted from the programme indirectly through families and friends.

- 6.4 The programme successfully targeted people from black and minority ethnic populations living in north Lewisham. All the projects were successful at reaching women. Some projects were more successful than others at reaching men and disadvantaged communities with poorer health. The numbers of people with disabilities accessing projects were low initially, but action was taken to address this and higher numbers of people with disabilities accessed projects in later years. A broad spectrum of ages benefitted from the programme although the predominant age of people participating in projects were adults aged between 30 and 75.
- 6.5 The programme increased awareness and encouraged behaviour change including the following:
- increased awareness and motivation to improve health and well-being
 - increased awareness about health/lifestyle and chronic conditions
 - increased numbers quitting smoking - 30% increase Evelyn, 62% increase New Cross, 7% increase rest of Lewisham
 - increased consumption of fruit & vegetables - 22-25%
 - increased levels of physical activity - 33-62.5%
- 6.6 The programme led to improvements in primary care, including:
- Increased uptake of & improvements in primary care services
 - Step change improvement in the recording of blood pressure for patients with hypertension in 2008
 - 41% increase prescribing anti-hypertensives and heart failure drugs versus 19% increase in controls
 - 44% increase lipid lowering drugs versus 6% increase in controls
 - Statins & Heart Failure drugs 62% increase versus 22% increase in controls
 - Fourfold increase in average number patients expressing concern or referred with suspected cancer symptoms
 - Trebling of the number of cancer referrals per month
 - Dramatic improvement in the numbers referred within two weeks by GPs for breast, bowel and lung cancer
- 6.7 A return on investment of a ratio of 1.8:1 to 3.0:1 suggests good value for money. This is particularly true as the only value included is value to the client/patient. Potential 'longer term cost' savings to the NHS and others are not included. A lack of longitudinal data also means that benefits are often only counted for the short term, and in some cases there may be longer term value that is not incorporated into this evaluation.
- 6.8 The programme has developed a rich knowledge base about how to reach communities, raise awareness, change behaviour and improve health outcomes. The innovative nature of the programme allowed projects to try new and different ways of working and there are many practical examples of what works and what does not work that can inform similar health improvement programmes and projects.

7. Findings from some of the projects and initiatives under the programme

7.1 Below are the findings from some of the initiatives established under the NLHIP. The projects and initiatives range from needs assessments and stakeholder participation, to those aimed at promoting lifestyle change and uptake of health checks.

7.2 North Lewisham Health Needs Assessment

7.2.1 The health needs assessment confirmed the estimated pattern and level of deprivation and poor health of north Lewisham, with a high proportion of under 75 year olds reporting a long term illness, comparatively low levels of life expectancy, high rates of premature death and lower than expected diagnosis of chronic diseases.

7.2.2 The needs assessment report was added to the Lewisham Joint Strategic Needs Assessment (JSNA) website and presentations were made to the North Lewisham Health Improvement Stakeholder Group, the GP Neighbourhood 1 Clinical Commissioning Group and the Lewisham Adult Joint Commissioning Group.

7.2.3 The needs assessment informed the North Lewisham programme and its priorities and most of its recommendations have been addressed.

7.3 Vietnamese Focus Groups

7.3.1 The focus groups and subsequent report provided comprehensive information about the Vietnamese community, including key concerns and issues as well as providing insight into barriers to behaviour change, which informed the programme.

7.3.2 Most of the issues raised related to the wider determinants of health, such as income, social status, education, physical environment, social support networks, housing, unemployment and gender. Other issues included difficulty in learning and communicating in English; family relationships; safety; addictions; mental health, health services; the influence of culture and background and access to services.

7.3.3 A number of changes were made in terms of public health commissioning. The uptake of NHS Health Checks and the Stop Smoking Services increased among the Vietnamese community, which could lead to some reduction in smoking prevalence and more people at cardiovascular risk being identified. However, not all of the recommendations from the report were taken forward because the working group did not meet after a couple of meetings.

7.4 The Mental Health and Well Being Impact Assessment (MWIA)

7.4.1 The MWIA served three key purposes:

- identified indicators to use to measure mental wellbeing;
- raised awareness of how the programme was contributing to mental well being, the gaps in the programme, and how these gaps were to be addressed;
- strengthened the mental well-being element of the programme through making the promotion of well-being more explicit in the criteria for small grants funding, as well as in the referral pathways between the Improving Access to Psychological Therapies service and community groups funded through the programme.

7.4.2 The methodology used was an inclusive way of enabling stakeholders to assess the actual and potential impact of the programme, leading to concrete ways to improve the mental well being focus of the programme.

7.5 Evelyn Stop Smoking Social Marketing Project

7.5.1 The use of social marketing techniques to obtain an insight into smokers' views enabled the Stop Smoking Service to improve the way the service was provided and led to an increase in the number of smokers accessing the service, setting quit dates and stopping smoking.

7.5.2 There was a notable increase in the number of Evelyn and New Cross residents (53% and 103%, respectively) entering the Lewisham Stop Smoking Service throughout 2008 and 2009, and this was far greater than the 23% increase across Lewisham as a whole. The number of successful quitters also increased during that time period (by 30% in Evelyn and by 62% in New Cross), compared with a 7% increase in the numbers quitting in the rest of Lewisham.

7.6 Cardiovascular Disease Healthy Communities Collaborative (CVD HCC)

7.6.1 Social capital was built through the recruitment and training of local volunteers. Volunteers reported that the project raised their own awareness of CVD, its prevention and risk factors, and influenced their willingness to change their behaviour.

7.6.2 Overall, 2,247 health checks were undertaken by the project, with 1,389 people aged 40 to 75 years old, exceeding the target of 1,300. The project was successful in reaching women (70%), people from black and minority communities (70%) and those not registered with GPs (4%), but less successful in reaching residents living in the catchment area (40%) and men (30%). Lessons were learnt about how to successfully reach and engage communities with poor health outcomes.

7.6.3 In addition, prescribing of most medicines for hypertension increased more rapidly in North Lewisham than in the rest of Lewisham, and rates of increase were lower in the rest of Lewisham after the programme began, but higher in North Lewisham. The prescribing data are consistent with improved diagnosis and management of CVD, but the changes are not statistically significant at the usually accepted level. This is probably because of the small number of data points available for the period before the programme began.

7.6.4 It is reasonable to conclude that the step change improvement in recording the blood pressure of those with hypertension and increased prescribing in the management of hypertension, compared with the rest of Lewisham, were linked to the establishment of the CVD Healthy Communities Collaborative and the increased focus on CVD and the engagement of GPs in the North Lewisham Health Improvement Programme, its stakeholder group and events.

7.7 Cancer Healthy Communities Collaborative (Cancer HCC)

7.7.1 The outcomes of this collaborative were very similar to the CVD collaborative in that it built social capital through recruiting and training more than 20 volunteers from local communities, and raised awareness of the importance of cancer prevention and the early diagnosis of cancer, with a fourfold increase in those presenting with symptoms.

7.7.2 It also led to a change in practice within primary care leading to a trebling of the number of cancer referrals per month and a dramatic improvement in the numbers referred within two weeks for breast, bowel and lung cancer.

7.8 Stakeholder Involvement (Bi-Monthly Stakeholder Group, Stakeholder Events, New Cross & Evelyn Ward Assemblies)

7.8.1 Chaired by the voluntary sector, the stakeholder group introduced a different way of working on health inequalities, by bringing together a wide range of partners to take responsibility for the programme under a strategic framework to address health inequalities, but informed at a local level.

7.8.2 The inclusive nature of the stakeholder group and the community development approach used to develop and to implement the programme allowed many projects to flourish. There are many examples of an increase in social capital, whether through volunteering, training opportunities or community group activities.

7.8.3 Grassroots involvement through stakeholder events, meetings and ward assemblies has ensured that the priorities and direction of the programme have been informed by local communities and are therefore delivered in a way that is effective and relevant to people's lives.

- 7.9 Small Grants programmes (Evelyn Chooses Health Fund, Supporting Communities Fund, Deptford and New Cross Choose Health)
- 7.9.1 Allocating funding to community organisations has been demonstrated as an ideal way to reach and respond to the needs of different communities. Small grants programmes have been effective at raising awareness about health, and in changing the lifestyle behaviour of not only their participants, but also their friends and families.
- 7.9.2 The various small grants schemes have been amended and improved by incorporating the learning from the previous schemes. Community groups are more effective at delivering health promotion interventions when they receive advice and training and development from public health specialists and when they have opportunities to network with each other.
- 7.10 Community Development for Health – Nutrition Worker (170 Community Project)
- 7.10.1 The project worker provided community development support to 92 community groups and organisations in New Cross and Deptford to develop themselves into social enterprises and obtain funding for growth. A total of 21 workshops were completed and nine health events held between 2009 and 2010.
- 7.10.2 Individuals who completed the external evaluation questionnaires stated that the greatest influence of the project was a positive change in their attitudes to nutrition and healthy eating. They also said they benefited from the project through: mapping information on the range of services; addressing health related issues; information on funding opportunities; networking and support; capacity building and health related training; and networking to enable better collaboration. Most groups rated the information, support, accessibility and effectiveness that they received from the project as either good or very good.

8. A Public Health Specialists' Panel Overall Assessment of the Impact of the North Lewisham Plan

- 8.1 Large health impacts were observed for all outcomes except reducing premature deaths in at least one individual project within the North Lewisham Plan. Large improvements were observed in: knowledge in 3 projects; behaviour in 5 projects; disease prevalence in 1 project; health needs assessment in 4 projects; increased partnership working in 7 projects; increased health promotion initiatives in 5 projects; increased community engagement in 10 projects; increased primary care uptake in 3 projects; increased resource allocation in 8 projects; improved working in a different way in 10 projects; and increased identification of targets in 3 projects.

9. Transfer of Learning

- 9.1 Learning has been transferred to other parts of the Borough. A particular example in the south of the borough (similar to the NLHIP), is the locally focussed Bellingham Well London (a partnership initiative with the Greater London Authority and the Big Lottery). It uses an integrated, community action approach that aims to improve community health and wellbeing in ways that are effective and sustainable. It works through co-production by engaging and empowering people to build and strengthen the foundations of good health and wellbeing in their communities using community action, capacity building and development.
- 9.2 Phase 1 of the Bellingham Well London Programme
This ran from 2008 to 2011 in South Bellingham. Out of a sample of 501 participants:
- 393 people reported an increase in healthier eating.
 - 365 people reported increased access to affordable healthy food.
 - 367 people reported an increase in levels of physical activity.
 - 419 people reported that they felt more or much more positive.
- 9.3 Phase 2 of the Bellingham Well London Programme began in September 2012 and will run initially up to March 2015. So far, the programme has involved the creation of a Delivery Team made up of local volunteers and youth apprentices. The volunteers have been trained to deliver key messages around public health e.g. healthy eating, sensible drinking and benefits of physical activity to residents. The Youth Apprentices work specifically with young people and an example is that Bellingham won the Lewisham Cut Films Award on tobacco and young people from Bellingham attended the national award ceremony. Furthermore, 12 small community groups, through a participatory budgeting process borrowed from the NLHIP, have been awarded up to £5k to run activities that contribute to these public health messages.
- 9.4 This programme is currently being evaluated by University of East London in conjunction with Well London and Public Health Lewisham.
- 9.5 The intention is for similar programmes to be supported in Downham and in Lewisham Central, in addition to North Lewisham and Bellingham, which will form part of the integration of health and social care, specifically the joint work with GPs and neighbourhoods, where the aim is to make better use of existing community resources, improve the range of services available within communities and increase access to services to support people to maintain independent living and a high quality of life.

- 9.6 The learning from the evaluation of these programmes could also inform the implementation of 'Fulfilling Lives, Better Start', funded by the Big Lottery, (led by the Children's Society and the London Borough of Lewisham). This is particularly pertinent as this new programme has a commitment to partnership working and engaging and involving communities in taking the work forward.

10. Financial implications

- 10.1 During the first three years (2008/11) the NLHIP cost a total of £570,000 public health/PCT funding, supplemented with additional resources of £310,000 from DH. A return on investment of a ratio of 1.8:1 to 3.0:1 for the North Lewisham Health Improvement programme suggests good value for money.
- 10.2 The Phase 1 of the Well London Programme was commissioned and managed directly by Well London and the Big Lottery and it cost £100k per annum. The current Phase of the Bellingham Well programme is commissioned through Public Health Lewisham. The cost is also approximately £100k per annum. However, for the year 2012-13 matched funding of 50% was provided by Public Health Lewisham and the other 50% was funded by Well London and the Big Lottery.
- 10.3 Any future financial implications from taking the learning forward will be met through the Public Health Allocation to the London Borough of Lewisham, in addition to any potentially available external funding.

11. Crime and Disorder Implications

- 11.1 There are crime and disorder implications within some of the public health priorities being addressed at a local level, such as tackling underage sales of tobacco and alcohol; the supply of illicit tobacco and the reduction in crime and anti social behaviour arising from reduced alcohol consumption.

12. Equalities Implications

- 12.1 A key element of public health activity consists of the identification of health inequalities, notably the extent to which people with different protected characteristics can experience variations in health outcomes. Interventions, such as the NLHIP, which take a community development approach are designed to deliver health improvement initiatives in ways that are appropriate to population groups that are often not reached in other ways.

13. Environmental Implications

- 13.1 Creating healthier environments are often central to encouraging healthier lifestyles and promoting health and well being and can also result from behaviour change .e.g. reduction in cigarette litter, safe open spaces which encourage physical activity.

14. Conclusion

- 14.1 This programme has been successful in raising awareness, changing behaviour and improving health outcomes for a proportion of the target population living in Evelyn and New Cross wards in a cost effective way. Overall this large, ambitious and challenging programme has made good progress in achieving its objectives. It has also provided valuable learning about how this can be achieved and applied to other similar programmes.

If there are any queries on this report please contact: Jane Miller, Deputy Director of Public Health, 0208 314 9058

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report	SEL NHS 111: Briefing (For information)		
Ward	All	Item No.	9
From	Tom Bunting, SEL NHS 111 Project Manager, South London Commissioning Support Unit: SEL Collaborative Commissioning PMO		
Class	N/A	Date	11.12.13

1. Purpose

- 1.1. This briefing paper provides an update to the Lewisham Healthier Communities Select Committee on the South East London (SEL) NHS 111 service, following the last update given at the Committee's meeting on 29 May 2013.

2. Background

- 2.1. The SEL NHS 111 service is commissioned jointly by Lambeth, Southwark, Lewisham, Bromley, Bexley and Greenwich Clinical Commissioning Groups (CCGs). The service launched in March 2013, with NHS Direct as the service provider, and was intended to operate as a pilot for two years.
- 2.2. Following the closure of NHS Direct's 0845 health information and advice service in London on 21 March 2013, patients in Lambeth, Southwark and Lewisham were able to access the 111 service. However, direct access to SELDOC GP out-of-hour services remained and patients were advised to contact SELDOC rather than 111 if they require GP services during the out of hour's period.
- 2.3. On 29 July 2013, NHS Direct announced that it would withdraw from its NHS 111 contracts nationally. Following this announcement, NHS England and CCG Commissioners entered into discussions with potential alternative providers for the affected services.
- 2.4. In August/September 2013, SEL CCG governing bodies approved the selection of the London Ambulance Service NHS Trust (LAS) as the preferred contingency provider for the SEL NHS 111 service, subject to contract negotiations and the service transition meeting NHS England assurance requirements. This enabled the use of existing staff and infrastructure, a stable contingency provider to be in place before Winter pressures and in the lead up to the process for substantive procurement which was due to start in March 2014. It also enabled shared infrastructure with the four other affected NHS Direct pilot sites out of London which were also transferring to Ambulance Trusts.
- 2.5. Robust local and national assurance processes were put in place to ensure transfer arrangements enabled the continuation of a safe and sustainable service to local patients.
This included completion of three NHS England (London) Gateway reviews, external scrutiny of transfer plans by Deloitte and sign off from the NHS England Central Team. The process placed considerable scrutiny on the ability of LAS to meet requirements around demand modelling, staffing capacity, clinical governance, IT/infrastructure, contingency, and costs.
- 2.6. Following the successful completion of the assurance process (approved by NHS England), SEL CCGs formally approved the transfer of the SEL NHS 111 service to LAS to deliver on an interim basis until March 2015, with procurement for a longer-term

provider and SEL NHS 111 service model to begin in March 2014. Formal transfer of the service took place on 19 November 2013.

3. What this means for patients in Lewisham

3.1. The SEL NHS 111 service will not fully roll-out to Lambeth, Southwark and Lewisham during the contingency period (ie. direct access to SELDOC will remain in place during the out of hours period). This decision has been taken to guard against any risk to service stability with a new 111 service provider.

3.2. Therefore, for patients in Lambeth, Southwark and Lewisham the following remains in place (as reported at the Lewisham Healthier Communities Select Committee on 29 May):

- If residents in Lambeth, Southwark and Lewisham need urgent healthcare between 8am and 6pm, they should contact their GP practice in the first instance. If they require a GP out of hours they can access SELDOC directly on 020 8693 9066 or phone their GP practice where the answerphone should direct them appropriately.
- If residents in Lambeth, Southwark and Lewisham call 111 their call will be handled within the NHS 111 system. If it is felt that they need a GP OOH service, they can and will be transferred to SELDOC through an automated referral system.

4. Update on the SEL NHS 111 service since transition

4.1. The transition of the service to the London Ambulance Service was successfully completed on schedule for the 19 November with no operational or clinical issues.

4.2. The service has maintained the strong performance levels that were consistently reported prior to transfer in relation to access to the service, clinical call-backs and referrals to emergency departments and ambulance services.

5. Future of the NHS 111 service in SE London

5.1. SEL Commissioners will commence the process to re-procure a longer term NHS 111 service model from March 2014, with a substantive service model and provider in place from April 2015.

5.2. An initial South London-wide service design workshop took place on 7 November 2013, with representation from SEL Commissioners, providers and patient representatives. This workshop provided an opportunity to identify lessons learnt from London NHS 111 pilots and NHS 111 service models outside of London, and will inform the development of the future SEL NHS 111 service specification.

Agenda Item 10

Committee	Healthier Communities Select Committee	Item No	10
Report Title	Select Committee Work Programme		
Contributors	Scrutiny Manager		
Class	Part 1	Date	11 December 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, it was agreed that the budget item scheduled for the October meeting, but unavailable for despatch at that time, would come to this meeting, together with an information item on the future of NHS Direct. It was also agreed that the Public Health 2012/13 Annual report and information on public health expenditure in 2014/15 would come to the February 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
1. Community Education Lewisham	Performance monitoring	High
2. Lewisham Hospital – Update	Standing item	High
3. Adult Safeguarding Report	Standard review	High
4. CCG Plan for 2014/15	Standard review	Medium
5. Learning Disabilities and Healthcare Services	Standard review	Medium
6. The Healthier Catering Commitment scheme	Standard review	Medium
7. Public Health update including: <ul style="list-style-type: none"> • Public Health 2012/13 Annual report • Expenditure in 2014/15 (incl. sustainability of community health projects and initiatives) 	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

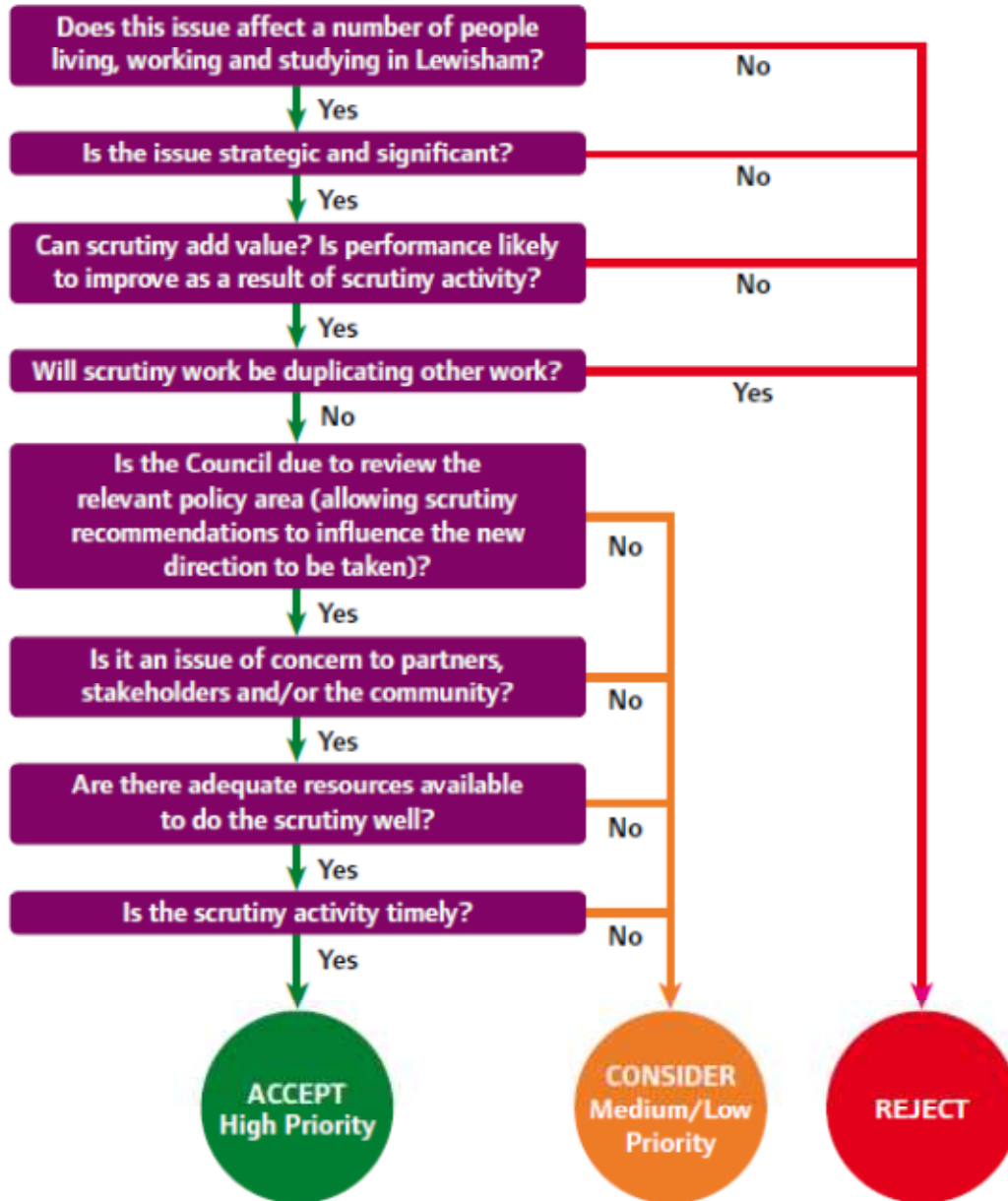
8.1 The date of the next meeting is Wednesday 5 February 2014.

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



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Healthier Communities Select Committee

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 Deliver	Standard Review	High	CP9, 10	July			Response from Health & Well Being Board					
Health Scrutiny Protocol (Revised)	Standard Review	High	CP10	May								
Lewisham CCG's Engagement Strategy & Strategic Plan (including 'South-East London Community Based Care Strategy')	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	CS5, CP1, CP8	May								
Outcomes Based Commissioning and Outcomes Based Practice for Adult Social Care.	Standard Review with consultation event	Medium	CP8, 9	July			Plus an afternoon engagement event					
Leisure Contracts Update	Standard Review	Medium	SCS5, CP9	July								
'Extra Care' Housing Plans	Review	Medium	CP6, 8, 9	Sept								
Healthwatch Annual Report-postponed until next year	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/Adult Safeguarding Report	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 for 2014/15 and 2015/16	Standard Review	High	CP10	Dec								
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								
Future of NHS Direct	Information item	Medium	CP7,8,9	Feb								
expenditure in 2014/15 (incl. Sustainability of Community Health Projects and Initiatives)	Standard review	High	CP1, 9, 10	Dec								
Public Health 2012/13 Annual Report	Standard review	Medium	CP1, 9, 10	Dec								
The Francis Report - progress on recommendations	Standard review	Medium	SCS5, CP1,8,9	Dec								
Establishing a South East London urban public health collaborative across Lambeth, Southwark and Lewisham	Standard review	Medium	CP9, 10	Dec								
Interim Evaluation of the North Lewisham Plan	Standard review	Medium	CP9, 10	Dec								

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

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)

	item added
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6)	Weds	11/12/2013 (dsp. 3 December)
7)	Weds	05/02/2014 (dsp. 28January)
8)	Tues	18/03/2014 (dsp. 6 March)

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**MAYOR & CABINET AND SCRUTINY
PROGRAMME OF BUSINESS**

Programme of Business for October 2013 - February 2014

Meeting date	Committee	Item	Directorate	Lead Officer
November				
Friday, 29 Nov 2013	Safer Stronger Communities Select Committee	Promoting a sense of belonging	Community Services Directorate	Liz Dart
Friday, 29 Nov 2013	Safer Stronger Communities Select Committee	Update on main grants programme funding	Community Services Directorate	Liz Dart
December				
Monday, 2 Dec 2013	Joint Meeting of Housing Select Committee and Sustainable Development Select Committee	Regeneration and Housing in Deptford	Resources and Regeneration Directorate	
Tuesday, 3 Dec 2013	Children and Young People Select Committee	Nursery Education and Childcare Review	Children and Young People Directorate	
Tuesday, 3 Dec 2013	Children and Young People Select Committee	Strategic Financial Review update and Savings Proposals for 2014/15 and 2015/16	Children and Young People Directorate	
Wednesday, 4 Dec 2013	Housing Select Committee	Brockley PFI mid year review	Customer Services Directorate	
Wednesday, 4 Dec 2013	Housing Select Committee	Key housing issues	Customer Services Directorate	
Wednesday, 4 Dec 2013	Housing Select Committee	Lewisham Homes mid year review	Customer Services Directorate	
Wednesday, 4 Dec 2013	Housing Select Committee	Proposed rent and service charge increases	Customer Services Directorate	
Wednesday, 4 Dec 2013	Mayor and Cabinet	Appointment of LA Governors		Frankie Sulke
Wednesday, 4 Dec 2013	Mayor and Cabinet	Council Tax Reduction Scheme for 2014-15 and Response to OSBP		Kevin Sheehan
Wednesday, 4 Dec 2013	Mayor and Cabinet	Declaration on Tobacco Control		Aileen Buckton

Meeting date	Committee	Item	Directorate	Lead Officer
2013				
Wednesday, 4 Dec 2013	Mayor and Cabinet	Housing Matters Update		Kevin Sheehan
Wednesday, 4 Dec 2013	Mayor and Cabinet	Planning Service Annual Monitoring 2012-13		Janet Senior
Wednesday, 4 Dec 2013	Mayor and Cabinet	Response to Housing SC - low cost home ownership		Kevin Sheehan
Wednesday, 4 Dec 2013	Mayor and Cabinet	Response to Lee Green Assembly - Manor Road Safety		Janet Senior
Wednesday, 4 Dec 2013	Mayor and Cabinet	Social Value Policy		Aileen Buckton
Wednesday, 4 Dec 2013	Mayor and Cabinet	To approve a licensed deficit for Trinity Secondary School		Frankie Sulke
Wednesday, 4 Dec 2013	Mayor and Cabinet (Contracts)	Award of Highways Maintenance and Planned Works Contract		Janet Senior
Wednesday, 4 Dec 2013	Mayor and Cabinet (Contracts)	Main grants extension		Aileen Buckton
Wednesday, 4 Dec 2013	Mayor and Cabinet (Contracts)	Mercator Road - New Build Scheme		Kevin Sheehan
Thursday, 5 Dec 2013	Mayor and Cabinet	Brent Knoll School		Janet Senior
Tuesday, 10 Dec 2013	Sustainable Development Select Committee	Business growth strategy	Resources and Regeneration Directorate	Kevin Turner
Tuesday, 10 Dec 2013	Sustainable Development Select Committee	Convoys Wharf	Resources and Regeneration Directorate	John Miller
Tuesday, 10 Dec 2013	Sustainable Development Select Committee	Strategic Financial Review update and Savings Proposals for 2014/15 and 2015/16	Resources and Regeneration Directorate	Janet Senior
Wednesday, 11 Dec 2013	Healthier Communities Select Committee	Interim Evaluation of the North Lewisham Plan	Community Services Directorate	

Meeting date	Committee	Item	Directorate	Lead Officer
Wednesday, 11 Dec 2013	Healthier Communities Select Committee	Lewisham Hospital - update	Community Services Directorate	
Wednesday, 11 Dec 2013	Healthier Communities Select Committee	Library and Information Service	Community Services Directorate	
Wednesday, 11 Dec 2013	Healthier Communities Select Committee	Strategic Financial Review update and Savings Proposals for 2014/15 and 2015/16	Community Services Directorate	
Wednesday, 11 Dec 2013	Healthier Communities Select Committee	The Francis Report - progress on recommendations	Community Services Directorate	
Monday, 16 Dec 2013	Public Accounts Select Committee	Annual complaints report	Resources and Regeneration Directorate	Angelique Golding
Monday, 16 Dec 2013	Public Accounts Select Committee	Strategic Financial Review update and Savings Proposals 2014/15 and 2015/16	Resources and Regeneration Directorate	
Tuesday, 17 Dec 2013	Overview and Scrutiny Business Panel	Award of Ladywell Dementia Service Construction contract		Aileen Buckton
Wednesday, 18 Dec 2013	Mayor and Cabinet	Savings Proposals 2014/15 and 2015/16		Janet Senior
January				
Wednesday, 15 Jan 2014	Mayor and Cabinet	Annual Pay Policy Statement		Janet Senior
Wednesday, 15 Jan 2014	Mayor and Cabinet	Business Growth Strategy		Janet Senior
Wednesday, 15 Jan 2014	Mayor and Cabinet	Consultations on the proposals to enlarge Holbeach Primary school from 2 to 3 fe and John Ball Primary school from 2 to 3 FE		Frankie Sulke
Wednesday, 15 Jan 2014	Mayor and Cabinet	Heathside and Lethbridge - Update and Phase 4A Disposal		Kevin Sheehan
Wednesday, 15 Jan 2014	Mayor and Cabinet	Management Report		Janet Senior
Wednesday, 15 Jan 2014	Mayor and Cabinet (Contracts)	Award of Contract for final phase of works at Forster Park Primary School		Frankie Sulke
Wednesday, 15 Jan 2014	Mayor and Cabinet (Contracts)	Award of contracts to cover consultancy services to the Primary Places Programme		Frankie Sulke

Meeting date	Committee	Item	Directorate	Lead Officer
Wednesday, 15 Jan 2014	Mayor and Cabinet (Contracts)	Award of contract for the enlargement of John Stainer Primary from 1 to 2 FE		Frankie Sulke
Wednesday, 15 Jan 2014	Mayor and Cabinet (Contracts)	Community services Investment Fund		Aileen Buckton
Wednesday, 15 Jan 2014	Mayor and Cabinet (Contracts)	Contract Award for works to construct a Primary Phase at Prendergast Ladywell Fields College		Frankie Sulke
Wednesday, 15 Jan 2014	Mayor and Cabinet (Contracts)	London Boroughs Grants Scheme		Aileen Buckton
Wednesday, 15 Jan 2014	Mayor and Cabinet (Contracts)	School Minor Capital Works Programme 2014/15		Frankie Sulke
Tuesday, 21 Jan 2014	Safer Stronger Communities Select Committee	Local assemblies review	Community Services Directorate	Liz Dart
Wednesday, 29 Jan 2014	Children and Young People Select Committee	Generation Play Clubs update	Children and Young People Directorate	
Wednesday, 29 Jan 2014	Children and Young People Select Committee	Secondary school placements planning	Children and Young People Directorate	
February				
Tuesday, 4 Feb 2014	Sustainable Development Select Committee	Highways	Customer Services Directorate	Ian Ransom
Tuesday, 4 Feb 2014	Sustainable Development Select Committee	Plans for extension of the DLR	Resources and Regeneration Directorate	Simon Moss
Tuesday, 4 Feb 2014	Sustainable Development Select Committee	Road safety and cycling	Resources and Regeneration Directorate	Simon Moss
Tuesday, 4 Feb 2014	Sustainable Development Select Committee	Update on Bakerloo line discussions	Resources and Regeneration Directorate	Simon Moss
Wednesday, 5 Feb	Healthier Communities	Adult Safeguarding Report	Community Services	

Meeting date	Committee	Item	Directorate	Lead Officer
2014	Select Committee		Directorate	
Wednesday, 5 Feb 2014	Healthier Communities Select Committee	Prioritisation process for Public Health expenditure in 2014/15 (incl. Sustainability of Community Health Projects and Initiatives)	Community Services Directorate	
Wednesday, 5 Feb 2014	Healthier Communities Select Committee	Public Health 2012/13 Annual Report	Community Services Directorate	
Thursday, 6 Feb 2014	Public Accounts Select Committee	Revenue and Capital Budget Monitoring	Resources and Regeneration Directorate	Conrad Hall
Wednesday, 12 Feb 2014	Mayor and Cabinet	Budget 2014-15		Janet Senior
Wednesday, 12 Feb 2014	Mayor and Cabinet	Church Grove Self Build Consultation		Kevin Sheehan
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Commissioned Youth Provision Contract award		Frankie Sulke
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Family Intervention Project		Frankie Sulke
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Funding For Carers		Aileen Buckton
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Procurement of the School Catering Contract Service		Frankie Sulke
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Public Health Contracts 2014		Aileen Buckton
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Section 75 - Public Health Services		Aileen Buckton
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Section 75 - Mental Health Services		Aileen Buckton
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Section 75 - Overarching		Aileen Buckton
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Supporting People Contract Pagnell Street and Edward Street		Aileen Buckton
Wednesday, 19 Feb 2014	Mayor and Cabinet	Budget Update Report		Janet Senior

Meeting date	Committee	Item	Directorate	Lead Officer
Wednesday, 19 Feb 2014	Mayor and Cabinet	Response to Overview & Scrutiny Committee - Emergency Services Review		Aileen Buckton
March				
Wednesday, 5 Mar 2014	Housing Select Committee	Developing Lewisham's housing assets: upgrading existing stock	Customer Services Directorate	
Wednesday, 5 Mar 2014	Housing Select Committee	In depth review into low cost home ownership report and follow up	Customer Services Directorate	
Wednesday, 5 Mar 2014	Mayor and Cabinet	Management Report		Janet Senior
Wednesday, 5 Mar 2014	Housing Select Committee	Newham landlord licensing scheme	Customer Services Directorate	
Wednesday, 5 Mar 2014	Housing Select Committee	Review of the housing complaints process	Customer Services Directorate	
Tuesday, 25 Mar 2014	Public Accounts Select Committee	Council tax reduction scheme	Resources and Regeneration Directorate	
Wednesday, 9 Apr 2014	Mayor and Cabinet (Contracts)	Discretionary Rate Relief Awards over £10,000		Kevin Sheehan

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