

Healthier Communities Select Committee Agenda

Wednesday, 5 February 2014

7.00 pm

Committee Room 1

Civic Suite

Lewisham Town Hall

London SE6 4RU

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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, 5 February 2014.

Barry Quirk, Chief Executive
Tuesday 28 January 2014

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, 11 December 2013 at 7.00 pm

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

APOLOGIES: Councillors Pauline Beck, Peggy Fitzsimmons, Helen Gibson and Ami Ibitson

ALSO PRESENT: David Austin (Interim Head of Corporate Resources), Councillor Paul Bell, Diana Braithwaite (Director of Commissioning, Lewisham Clinical Commissioning Group), Dee Carlin (Head of Joint Commissioning, LCCG/LBL), Charlotte Dale (Scrutiny Manager), Steve Davidson (Service Director, SLaM), Joy Ellery (Director of Knowledge, Governance and Communications, Lewisham and Greenwich NHS Trust), Philippe Granger (Lewisham Healthwatch), Lorna Hughes (Head of Engagement, LCCG), Joan Hutton (Head of Adult Social Care), Robert Mellors (Finance Manager, Community Services and Adult Social Care), Sir Ian Mills (Age Exchange), Georgina Nunney (Principal Lawyer), Antonio Rizzo (Head of Library and Information Service), Dr Danny Ruta (Director of Public Health), Kathy Dunbar (New Cross Learning), Gill Hart (New Cross Learning), Graham Hewett (Head of Integrated Governance, LCCG), Dr Faruk Majid (Clinical Director, LCCG) and Darren Taylor (Eco Communities)

1. Minutes of the meeting held on 23 October 2013

- 1.1 **RESOLVED:** That the minutes of the meeting held on 23 October 2013 be signed as an accurate record of the meeting.

2. Declarations of Interest

- 2.1 Councillor Muldoon declared an interest in relation to item 4, as he was a fellow of the Royal Society of Arts which had provided a grant to the New Cross Library; and in relation to item 6, as he was an elected Governor of the Council of Governors of the South London and Maudsley NHS Foundation Trust and a member of its Quality Sub Group.
- 2.2 Councillor Till declared an interest in relation to item 4, due to his long standing involvement with the North Downham Training Project.

3. Response to referral on outcomes based commissioning

- 3.1 **RESOLVED:** That the response be noted.

4. The Library and Information Service

- 4.1 Antonio Rizzo introduced the report and stated that the Lewisham library model was unique and had resulted in longer opening hours, increased visits, increased issues and increased satisfaction. Problems around the issue of books in community libraries were being examined but were probably the result of (a) the substantial work being carried out at those venues which had entailed temporary closures in many instances; and (b)

change in audience and user priorities following the change in offer at those venues.

4.2 In response to questions from Members of the Committee; Councillor Bell, under standing orders; and Councillor Ibitson, via e-mail, the following key points were noted:

- Library technology has been introduced to the Pepys Resources Centre linking their collection to the main library service and the London Library Consortium, making it a sixth community library for Lewisham.
- Eco Communities was hoping to introduce a library offer in Bellingham and would talk to Phoenix Community Housing about potentially using one of their buildings and also investigate whether the leisure centre might be a good and feasible venue for library provision.
- Lewisham was the only London borough increasing library service points.
- Specific services were offered for homebound residents with around 300 regular users; and talking books and newspapers were offered for the blind. There were examples of community providers supporting similar services, subject to the vetting of volunteers that would be required for home visits.
- The three community providers had each negotiated different lease arrangements with the Council (New Cross Learning were due to sign their lease imminently subject to a few legal details being finalised) and had different funding arrangements.

4.3 Representatives from the community libraries made a short presentation each and responded to questions from the Committee. The following key points were noted:

Darren Taylor (Eco Communities)

- The Council had invested £60k per library to install self-service terminals, and Eco Communities had signed a 25 year lease which allowed the organisation occupy the library buildings rent free providing the buildings were repaired and maintained.
- £120k had already been spent on repairs.
- The 'Croftmas' event in Crofton Park had seen the library receive 1000 visits in one day.
- 40 staff were now employed, 80% were Lewisham residents and 60% of those were long-term unemployed immediately prior to gaining employment with Eco Communities.
- The Generation Play Centre had just been taken on and local residents would be consulted to find out what they wanted from the venue. Books would be provided via the centre as soon as possible.

Sir Ian Mills (Age Exchange)

- Age Exchange had received £200k funding from the Council and had raised £700k funding itself to refurbish the Reminiscence Centre.
- Footfall in the first year had been 130,000 and it was estimated that this would rise to 160,000 in the next 12 months.
- It was estimated that 45% of the footfall to the centre was people using library services.

- Goals for the next 12 months included (a) extending partnership working; (b) opening the second hand bookshop two Saturdays a month; and (c) further supporting the economic health of the village.

Gillian Hart and Kathy Dunbar (New Cross Learning):

- The Council had invested £60k in the library to install self-service terminals, and would allocate the organisation a further £60k funding once the lease was signed.
- The lease would let the organisation occupy the library building rent free providing the building was repaired and maintained.
- The lease was for a shorter term than the Eco Communities lease but it was hoped that with the help of Bold Vision, New Cross Learning would develop into an organisation in a position to sign a longer lease.
- Ten computers were being provided for the local community to use.
- 300 pupils had attended the library on 2 December 2013 to hear a rendition of *A Christmas Carol*.
- Black History month had been very successful and two Black Panthers had visited the library.
- A film club was planned.
- 3 local schools visited the library weekly.

4.4 **RESOLVED:** That a referral be made to the Mayor and Cabinet stating that the Select Committee, having received an update on the performance of the Library and Information Service in Lewisham, welcomed the progress made by the Community Libraries since 2011 but was concerned about the inequality of resources made available to the providers of Community Libraries; and therefore calls on the Mayor to consider a more generous settlement to assist New Cross Learning to meet the library needs for that deprived part of the Borough.

5. Strategic Financial Review update and Savings Proposals for 2014/15 and 2015/16

5.1 David Austin introduced the item and, in response to questions from Members, the following key points were noted:

- In terms of shared services the Council was looking at working with other local authorities, in particular with regard to joint procurement opportunities.
- **COM01:** This proposal built on earlier savings and was dependent on further integration with Health. Reviews of care packages would happen in a more timely manner, and a more effective way of providing care would be provided, whilst ensuring that all eligible care needs were met. There would be more preventative work and reablement; and the joining up of separate social care and health assessments would be pursued. There had been a mixed response from users to the service changes implemented thus far: some had welcomed the increased personalisation of services and the emphasis on reablement; others had become dependent on an intensive level of care and wished to remain receiving care at this level. There had been, however, no stage 3 complaints or referrals to the ombudsman. Social workers were

working with families to manage expectations and explain the options for returning to home as opposed to moving into residential care. The numbers requiring care packages were not going up at present although, given the ageing population, a rise was expected in the future.

- **COM02:** it was proposed to use £200k of the remaining unallocated public health budget (of between £500 and 800k) to fund free swimming for under 16s and over 60s. A priority for the remaining budget was likely to be school nursing.
- **COM04:** This saving was due to procurement efficiency – a better contract than expected had been negotiated.
- **COM05:** Ambulatory detox in the community was cheaper than residential detox, and arguably resulted in better long-term outcomes; although it was dependent on high quality aftercare services.

5.2 RESOLVED: That the following written submission be made to the Public Accounts Select Committee in relation to its consideration of this item: *The Healthier Communities Select Committee commends the Interim Head of Adult Social Care, and her team, on managing savings affecting adult social care services in response to the Government's austerity regime, and in meeting the challenges associated with the integration of health and adult social care.*

6. The Francis Report - progress on recommendations

6.1 The Committee received a report which provided an update on the progress made to date by local health and care partners in response to the Francis Report. The following comments were made in relation to the presentations from Trusts:

LCCG (Dr Faruk Majid, Graham Hewett, Diana Braithwaite)

- The LCCG was focussing on the recommendations it had identified as being a priority and had divided the recommendations into four thematic workstreams. However, the aim was to build the recommendations into the way people worked on a daily basis.
- The patient view was essential as the major thrust of the Francis report was that patients had been complaining but had not been listened to.
- A recent important innovation had been the introduction of GP quality alerts, whereby GPs could alert the LCCG about service quality concerns via a computerised system. This allowed the LCCG to identify trends.
- A People's Health Quality summit was planned for March to try to identify what quality means to service users.
- The LCCG had set up Clinical Quality Review Groups so that quality measures from SLAM and Lewisham and Greenwich NHS Trust could be considered.
- Although the LCCG did not have a particularly strong brand at the moment as it was a relatively new organisation, it had good relationships with a number of local organisations and had engaged with a large number of stakeholders.

Lewisham and Greenwich NHS Trust (Joy Ellery)

- Gap analysis had been conducted to assess the work that needed to be carried out to fully implement the recommendations and further embed the culture of making the patient central to everything that is done.
- The Trust was implementing an Organisational Development Strategy which aimed to reinforce the behaviours and values necessary throughout the new organisation. Correct behaviours were being discussed at every staffing level and staff and ward contracts were being reviewed.

SLaM (Steve Davidson)

- A working party had been set up to co-ordinate a response and cultural measures in particular had been looked at: the behaviours expected from staff and the support that staff needed to perform well.
- Five key commitments had been generated as a result of speaking to service users.
- An early warning system (QUEST) was in place to monitor quality of care and the quality sub group of the Board would be reporting to the Board in January on further action needed.

6.2 **RESOLVED:** That the updates be noted.

7. Public Health update

7.1 Dr Danny Ruta introduced the item and the following key points were noted:

Public health collaborative across Lambeth, Southwark and Lewisham

- The Collaborative was tackling big issues which required complex interventions and had funding for a further year.
- In Lewisham there had been a fitness training programme for primary school pupils which had been very successful and it was now hoped to roll this out to Southwark and Lambeth.
- An Alcohol dependency training app had been developed to take health professionals through the difficult conversations that they might need to have with patients around alcohol misuse. It was hoped that similar apps would be developed for smoking and obesity.
- Tackling obesity required a large number of different interventions coming from a variety of different angles.
- Incentives tended to work in situations where you needed people to make short term lifestyle changes (such as breastfeeding a baby for a period of time) but were less successful for long term lifestyle changes (e.g. losing weight then maintaining a healthy body weight).

Evaluation of the North Lewisham Health Improvement Programme and the Transfer of Learning

- This ground-breaking programme had produced some amazing outcomes and had been very successful in raising awareness, changing behaviour and improving health outcomes for a number of people living in Evelyn and New Cross wards, in a cost effective way.
- A grant application would be made in January to the Medical Research Council to establish similar projects in the Downham and Lewisham Central wards.

7.2 **RESOLVED:** That the updates be noted.

8. Lewisham Hospital - update

8.1 Joy Ellery provided an update and the following key points were noted:

- There would be a CQC inspection the week beginning 24 February 2014 which would (a) involve both sites and between 60 and 80 inspectors; (b) last 2 or 3 days; and (c) be followed up by an unannounced visit at night or on a weekend.
- The upcoming inspection had accelerated work on integration and every ward and department was being audited, starting with areas of concern (so re-audits could take place pre-inspection).
- Electronic Patient Records were going live at The Queen Elizabeth Hospital shortly after the inspection and at Lewisham Hospital in September and business continuity plans were being worked on.
- The Foundation Trust Project would only be restarted once the new organisation was ready to take it forward. The merging of the Lewisham and Queen Elizabeth Hospitals had meant that the Trust was not likely to receive an “excellent” rating as a result of the CQC Inspection (and might not achieve a “good” rating) so would need to be inspected again before the project was restarted.

8.2 **RESOLVED:** That the update be noted.

9. Future of NHS Direct - information item

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

10. Select Committee work programme

10.1 Charlotte Dale introduced the report.

10.2 **RESOLVED:** That the work programme be noted and that (a) the Public Health items scheduled for the February meeting be postponed to the March meeting; and (b) the following two items be added to the March meeting: Public Health Apps and Lewisham and Greenwich NHS Trust PFI costs.

11. Referrals to Mayor & Cabinet

11.1 **RESOLVED:** That a referral be made in relation to the Library and Information Service item.

The meeting ended at 9.55 pm

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	5 February 2014

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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HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report Title	Community Education Lewisham		
Ward	All	Item No	3
Contributors	Executive Director for Community Services		
Class	Part 1	Date: 5 February 2014	

1. Purpose of the Report

- 1.1 To update the Healthier Communities Select Committee on the adult learning services offered by Community Education Lewisham (CEL) in 2013/14.

2. Recommendation

- 2.1 Members of the Healthier Communities Select Committee are asked to note the contents of this report.

3. Policy Context

- 3.1 Shaping our future – Lewisham’s Sustainable Community Strategy, establishes the Council’s and Lewisham Strategic Partnership’s vision for Lewisham and its citizens, “Together, we will make Lewisham the best place in London to live, work and learn.” Underpinning this vision are six priority outcomes that describe sustainable communities in Lewisham and provide a clear picture of what citizens and services can deliver together.
- 3.2 The work of CEL contributes to the delivery of these priority outcomes, primarily Ambitious and Achieving – where people are inspired and supported to fulfil their potential and the commitment to encourage and facilitate access to education, training and employment opportunities for all citizens. In addition, the benefits of Adult Education mean that CEL plays an important supporting role for other priority outcomes including Empowered and Responsible – where people can be actively involved in their local area and contribute to supportive communities, and Dynamic and Prosperous – where people are part of vibrant localities and town centres well-connected to London and beyond.
- 3.3 CEL also supports the Council’s corporate priority to deliver services that support Active, healthy citizens and Strengthen the local economy.

4. Background

- 4.1 CEL offers a wide range of adult learning across the borough. Services are designed to welcome adults, many of whom may not otherwise take part in education or training. Courses provide accessible entry routes for new or returning learners and good progression routes. As well as acquiring new knowledge and skills, learners develop confidence, motivation and raised aspirations, as well as

gaining health and social benefits. CEL also works across the borough to improve learners' progression into employment and provides courses for Jobcentre Plus.

4.2 CEL aims to be community led and responsive to need across the borough and has an overarching goal: 'to be an outstanding Learning Community'.

4.3 CEL monitors itself against 6 Key Performance Indicators:

- (1) Outstanding/good teaching and learning in 90% of the provision including the effective use of e-learning in delivery.
- (2) To ensure there are no significant areas of unaddressed underachievement across the service, leading to headline retention (93%), achievement (92%) and success rates (85%) within CEL.
- (3) Safeguarding – our responsibility for the safety and wellbeing of all.
- (4) The views of wider community and users will be used to shape future developments and ensure that CEL responds to meet these needs.
- (5) CEL buildings, services and resources enable learning to take place in a safe, secure and inspiring environment.
- (6) Skills development for all CEL staff are embedded as a key quality function.

4.4 CEL receives funding from the Skills Funding Agency (SFA) to provide adult education. This constitutes the bulk of CEL's income together with a small amount of fee income, which is usually around £400k to £500k per annum.

4.5 CEL operates out of three sites: Brockley Rise, Granville Park and Grove Park, all of which are council owned and managed by Lewisham Property Services. CEL also delivers a range of provision in community settings across the borough by working in partnership with Libraries and community groups.

5. CEL Funding

	2011/2012	2012/2013	2013/2014
Adult Skills	£1,838,111	£1,675,676	£1,623,346
Community Learning	£1,873,761	£1,880,426	£1,880,426
Total	£3,711,872	£3,556,102	£3,503,772

5.1 The funding comes in designated funding streams and there have been substantial cuts in the funding since 2006/7. Funding cuts have impacted on the number of learners and the range of provision that is offered by CEL.

5.2 The Skills Funding Statement 2012-2015 was issued in December 2012 and this provides a commitment to maintain the same level of Community Learning funding until 2015.

5.3 In December 2011 "New challenges, New Chances: Further Education and Skills System Reform Plan" was published. The report provides a commitment to maintaining the funding for Community Learning with a clearer commitment to using

the funding to support access and progression for people who are disadvantaged and who are furthest from learning and therefore least likely to participate.

- 5.4 Community Learning funding has an increased emphasis on partnership working to ensure a learning offer which is underpinned by engagement and consultation with communities and is responsive to local need.
- 5.5 The Lewisham learning partnership which includes Lewisham College, Twin Group, Voluntary Action Lewisham, Economic Development, CEL and Lewisham Libraries actively engages in joint marketing activities to ensure that Lewisham residents are aware of the range of provision available across the borough.
- 5.6 Further cuts to the Adult Skills funding budget have been announced and confirmation to the final settlement is due in March 2014.
- 5.7 In September 2013 Learning Loans for learners over the age of 24 years who wish to study for a level 3 qualification were introduced. CEL provides level 3 courses in Childcare for learners who wish to progress to employment in this area. The introduction of Learning loans has caused a drop of enrolment from 46 in 12/13 to 22 in 2013/14.

6. Course Offer

- 6.1 CEL offers a wide range of adult learning across the borough. There are over 1100 courses offering both accredited and unaccredited learning.

Courses are offered in these Subject Sector areas	
SSA01	Health and Childcare
SSA06	Information and communications technology
SSA09	Arts and Leisure
SSA09	Textile and Floral Design
SSA09	Design, Media and Food
SSA12	Languages
SSA14	Supported Learning Computer Project Mindlift
SSA14	ESOL (English for Speakers of Other Languages) English Maths Neighbourhood learning in deprived communities.
SSA14	Family Learning

- 6.2 Lewisham's learner profile varies considerably, from those looking to achieve a formal qualification to adults who are re-engaging with learning after having had poor school experiences or interrupted learning.
- 6.3 An adult engaging with CEL for the first time is therefore offered a wide range of opportunities and provided with help and support to enable them to make their own individual choices about their future progression. Learners value the opportunities and the social interaction that their classes provide and this is in itself a valuable outcome.

- 6.4 CEL has a large provision of supported learning. These are classes for Learners with learning disabilities, physical disabilities, sensory Impairments or mental health difficulties.
- 6.5 These learners can access a range of non-accredited learning opportunities including art, dance, keep fit, fashion, floristry and health. Progression for these students includes increased confidence, development of new skills and an increased independence to help in further education or towards employment. Many learners move on from these classes to gain an accredited qualification.
- 6.6 CEL has continued to develop the course offer which is run from Deptford Lounge, and this has had the effect of engaging new learners. This provision includes English, ESOL, Maths, ICT- Get Into Work beginners and Improvers, Wider Family Learning- Creative Jewellery and Neighbourhood Learning in Deprived Communities - Healthy Eating.
- 6.7 CEL also delivers learning with a range of other providers. The family learning offer has increased the course offer from 96 (total 12/13) courses to 130 (13/14 to date) across the borough. The focus is on improving the quality of provision and key partners where the learning offer focuses on the hardest to reach. Success rates have increased by 7% to 89% in Family Language, Literacy and Numeracy and by 6% to 95% in Wider Family Learning. Currently Family Learning is delivered in 6 primary schools, 6 children's centres, 2 libraries and 5 community centres as well as from our 3 main sites.
- 6.8 The supported learning provision for adults with learning difficulties and disabilities also works in partnership across the borough. The curriculum is delivered from CEL's sites as well as in outreach community centres, for the purposes of maximising accessibility for the wider local community, at Wesley Halls and the Mulberry centre. CEL has continued to work in partnership with Lewisham Clinical Commissioning Group to deliver Arts Lift and MindLift programmes.
- 6.9 Within the vocational learning section learners studying courses in health and childcare use a variety of school and childcare placements across the borough.
- 6.10 CEL delivers a range of informal learning opportunities through Studio courses which were launched in September 2013. Studio courses enable learners to continue their learning in areas where they have previously completed a range of courses.
- 6.11 These courses offer learners an opportunity to continue to update and develop their skills and practice in these subject areas outside of Skills Funding Agency funding. These areas include Botanical illustration, tailoring and clothes making, glasswork, pottery, printing and upholstery.
- 6.12 These courses have proved to be very popular and CEL has exceeded overall target numbers. These courses will continue to be offered to learners in 2014/15 and CEL is exploring other curriculum areas to widen this offer, subject to learner feedback and demand.

7. Grove Park Relocation

- 7.1 The current CEL site at Grove Park is adjacent to Coopers Lane Primary School. There is an overwhelming need for additional primary school places in this part of Lewisham and the most appropriate site for pupil expansion would be for the school to expand into the existing CEL premises.
- 7.2 CEL is currently consulting learners and the public about a proposal to relocate the Grove Park site to 333 Baring Road, Grove Park which is 0.6 miles from the existing Pragnell Road site.
- 7.3 This site has many advantages and would provide CEL with an opportunity to transfer the existing course offer from the Pragnell Road site and increase the range of classes available in this area of the borough.
- 7.4 This site would provide CEL with a central location within Grove Park being located on the main road near to the station and serviced by several bus routes. The central location and increased visibility of the site will enable CEL to increase the opening hours of the centre to include evening class provision, initially two evenings per week with the ability to further increase hours subject to funding and learner demand.

8. Enrolment

- 8.1 It is difficult to make direct comparisons regarding learner numbers with previous years as CEL made significant changes to course provision for 2012/13 & 2013/14 in offering shorter courses rather than year long provision. For comparison, data has been extracted for enrolments at 14th Jan in each year.
- 8.2 The number of learners from the Borough of Lewisham is stable at 82%. Enrolments of Lewisham residents have shown no significant changes at ward level.
- 8.3 There has been no change in the proportion of enrolments by male learners at 24% at the same point in 2012/13 & 2013/14.
- 8.4 The number of enrolments by learners 65 and over is up, though changes in curriculum design to courses not normally accessed by older learners had caused the % of over 65s to fall slightly (changes to Skills for Life curriculum design). Fee concessions remain for this group.
- 8.5 The % of learner enrolments who have declared a learning difficulty or disability remains broadly stable, despite some fee remission changes made by Skills Funding Agency.
- 8.6 There has been a slight increase in the number of new and progressing learners who now account for 59% of all learners, up 1%.
- 8.7 Even though there have been significant reductions in funding over the last few years CEL has continued to increase enrolment numbers across the service and is providing better value for money by operating with increased class sizes.

8.8 The following tables provide the detail as to enrolment numbers taken at January 14th in each year.

Gender	Enrolments		
	2011/12	2012/13	2013/14
Male	1239	1466	1830
Female	3993	4661	5757
Total	5232	6127	7587
% Male	23.7%	23.9%	24.1%

Age Range	Enrolments		
	2011/12	2012/13	2013/14
Under 25	269	263	393
25-34	907	979	1405
35-44	1219	1469	1874
45-54	1185	1316	1620
55-64	734	983	1048
65-74	687	834	916
75+	231	283	331
Unknown	0	0	0
Total	5232	6127	7587
% 65+ of known	17.5%	18.2%	16.4%

LDD	Enrolments		
	2011/12	2012/13	2013/14
Yes	1669	1980	2461
No	3436	4031	4947
Not provided	127	116	179
Total	5232	6127	7587
% Yes of known	32.7%	32.9%	33.2%

Borough	Enrolments		
	2011/12	2012/13	2013/14
Lewisham	4260	5033	6327
Non	972	1094	1260
Total	5232	6127	7587
% Lewisham	81.4%	82.1%	83.4%

Ethnicity	Enrolments		
	2011/12	2012/13	2013/14
31 White – British	2007	2357	2720
32 White – Irish	95	128	142
33 Gypsy or Irish Traveller	0	0	2
34 White – any other White background	531	608	888
35 Mixed – White and Black Caribbean	71	111	194
36 Mixed – White and Black African	44	67	89

37 Mixed – White and Asian	36	35	55
38 Mixed – any other Mixed background	75	78	104
39 Asian or Asian British – Indian	65	80	106
40 Asian or Asian British – Pakistani	25	21	48
41 Asian or Asian British – Bangladeshi	28	29	33
42 Chinese	139	176	177
43 Asian or Asian British – any other Asian background	196	296	369
44 Black or Black British – African	565	719	927
45 Black or Black British - Caribbean	925	964	1160
46 Black or Black British – any other Black background	151	181	236
47 Arab	28	31	47
98 Any other	191	182	231
99 Not known/not provided	60	64	59
Total	5232	6127	7587
% BME of known	49.1%	49.0%	50.2%

9. Improvements

- 9.1 Service wide there is outstanding achievement at 95%, retention at 94% and success rates at 90%.
- 9.2 Headline success rate for Adult Skills Budget has risen by 8% from 79% in 2010/11 and is now very good at 87% in 2012/13.
- 9.3 Success rates for learners who receive additional support are very good at 89%
- 9.4 Headline success rates for Literacy (80%) and Numeracy (87%) have improved significantly from 71% and 67% respectively in 2010/11.
- 9.5 Significant progress has been made in narrowing achievement gaps in key areas of gender, disability and widening participation.
- 9.6 Success rates are at 80% and above for all of the Curriculum areas and 8 out of the 15 curriculum areas have overall success rates of 90% and above.
- 9.7 Rigorous Pre-course assessments have improved the success of diagnosing and providing support for learners with a range of learning difficulties. This has in part led to the overall increase in success rates across the curriculum areas.
- 9.8 There have been considerable improvements to the premises at Brockley Rise. A new building has created two large classrooms which are fully ICT equipped and which replace the old pre-fabricated hut buildings. Room 6 has been redesigned and resourced to provide for a range of multi-media and photography classes.

- 9.9 There has been a reduction in the use of accommodation that is not of a high standard or fully accessible for learners and significant improvement works have been made to rooms across the 3 main delivery sites.
- 9.10 There has been a significant increase in the training budget to ensure that all staff have access to priority training as identified across the service.
- 9.11 Improved tutor awareness, use and understanding of ICT including iCEL (moodle platform) to improve the learning experience.
- 9.12 Safeguarding for all learners is good.
- 9.13 CEL has continued to develop good partnerships and engage with disadvantaged sections of the community.
- 9.14 Good and effective operational Health and Safety Management processes are in place.
- 9.15 There is now a clear focus on improving the quality of teaching, learning and assessment across the curriculum areas.

10. Financial implications

- 10.1 Grant funding for CEL has already reduced and is expected to reduce further in the Adult Skills budget. Despite this, CEL has managed to contain its expenditure within the reduced budgets.
- 10.2 The service will continue to adjust spend in the light of changes in funding, whilst minimising the impact on the number of courses run.

11. Legal Implications

- 11.1 It is one of the roles of the Select Committee to review policy within its terms of reference. It can make enquiries and investigate options for future direction in policy development. Additionally the Committee can require the Executive Members or Executive Directors to attend before it to explain amongst other things the extent to which actions taken implement Council policy and provide evidence of the same.
- 11.2 The power for local authorities to provide community education facilities for adults is a discretionary one. This discretion should be exercised reasonably in the sense that only relevant matters should be taken into account and irrelevant considerations ignored.

12. Crime and Disorder Implications

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

13. Equalities Implications

- 13.1 CEL is one of the providers of adult education in Lewisham. It offers accessible entry routes for new or returning learners as well as progression routes that are used by learners to further their skills and education. In addition, CEL provides a range of informal learning activities.
- 13.2 Low levels of basic skills is often a characteristic of deprived communities and can prevent people from finding employment and fulfilling their potential. 45.9% of Lewisham residents are educated to NVQ Level 4 and above, which means they have a higher national diploma or degree level qualification. 61.4% have NVQ Level 3 and above which is equivalent to at least 2 A Levels or an advanced GNVQ.
- 71.4% have NVQ Level 2 and above which is the equivalent of 5 or more GCSEs at grades A-C or an intermediate GNVQ. 79.8% have NVQ Level 1 and above, which equates to less than 5 GCSEs at grades A-C or a foundation GNVQ. 11.9% of Lewisham residents hold other qualifications such as foreign qualifications, while 8.3% have no formal qualifications at all. 15,700 people aged 16 and over in Lewisham are unemployed. This equates to 10.6% of the economically active population and compares to 9.2% across London and 7.9% for Great Britain.
- 13.3 The profile of learners accessing CEL provision is predominantly female (76%). When analysed by age categories it is clear that provision is not disproportionately weighted to any particular age group. 84% of adult learners accessing CEL are of working age (16-65) with the remaining 16% aged over 65. The latter figure is higher than the borough profile for people aged 65 and over but reflects the number of older and retired people interested and with the time and capacity to develop new interests and skills. Half of CEL users are from a white ethnic background and half from a BME background. One quarter of CEL users identify themselves as having a disability or learning difficulty which is a higher proportion than the population average. Information on the other protected characteristics (sexual orientation, religion/belief, gender reassignment, pregnancy/maternity and marriage/civil partnership) is not currently collected by the service.

14. Environmental Implications

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

16. Conclusion

- 16.1 There has been a significant increase in enrolment numbers from 6127 to 7587 partly due to changes in curriculum design but also due to an increase in average class size. This is reflected by learner numbers also increasing by 308 to 3366 across the service. Despite funding cuts, CEL has maintained a wide range of learning opportunities for Lewisham residents and has increased partnership working across the borough. CEL continues to meet all SFA targets for learner numbers and funding allocation.

For further information, please contact Helen Hammond, CEL Service Manager
0208 314 6189

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Healthier Communities Select Committee			
Report Title	The Lewisham Safeguarding Adults Board Annual Report for 2012-13		
Contributors	Executive Director for Community Services	Item No.	4
Class	Part 1	Date:	5 th February 2014

1. Summary

- 1.1 The attached Lewisham Safeguarding Adults Board Annual Report for 2012-13 summarises the key messages from the Lewisham Safeguarding Adults Board (LSAB). The report also highlights the activity that has taken place during 2012/13 to ensure that all organisations in Lewisham work in partnership to protect those adults at risk in our community. The report seeks to inform Committee members of the improvements made since the previous annual report.

2. Recommendations

- 2.1 Members of the Healthier Communities Select Committee are recommended to:
- Note and comment on the achievements to date in the annual safeguarding report 2012/13.
 - Note and comment on the goals that were set for 2013/14.

3. Policy Context

3.1 National Policy

Safeguarding Adult Boards were developed following DH guidance issued in 2000 entitled 'No Secrets'. Although there were no legislative requirements, the guidance set out the Government's expectations for areas to establish multi agency safeguarding adult boards. The guidance advised that key statutory and voluntary sector agencies, led by the local authorities, met regularly to oversee and promote a range of activities to protect vulnerable adults. It also advised on the production of an annual report on activity undertaken and plans for the forthcoming year.

Since the initial issue of 'No Secrets', there have been two further Government position statements on Safeguarding Adults; a review of No Secrets and proposed legislation in the Draft Care and Support Bill (now the Care Bill). The Bill proposes that the boards become statutory bodies, places new legal duties on local authorities, defines financial abuse, and stipulates that safeguarding boards must hold formal case reviews in certain circumstances.

Both the Winterbourne Hospital scandal and the Francis report have shaped service changes and affected the role of the LSAB; adding a greater responsibility to oversee and ensure the quality of services provided and commissioned and to work collaboratively with partner agencies, in particular the Care Quality Commission (CQC), to ensure people's protection from abuse in institutional settings.

3.2 Local Policy

In 2011, a London wide multi agency policy and procedure was launched for safeguarding adults which Lewisham adopted the same year. This has been further embedded into practice during 2012/13 and has driven changes to local agency policy and procedures.

The work of the LSAB contributes to the 'Safer' priority within the Lewisham Sustainable Community Strategy supporting people to live free from abuse.

4. Background

4.1 Safeguarding Boards are required to produce an annual report which describes how they have strategically coordinated, planned and supported partner agencies' arrangements to deliver safeguarding services to protect adults at risk of harm or abuse across Lewisham. This role includes overseeing the effectiveness of these arrangements and holding agencies to account for the quality of practice of services provided and those commissioned on their behalf.

4.2 The LSAB is currently a non statutory body. Its membership consists of voluntary and statutory agencies such as Lewisham & Greenwich NHS Trust (formerly the Lewisham Healthcare NHS Trust), the Metropolitan Police, Voluntary Action Lewisham, Healthwatch, Lewisham Homes, London Ambulance Service, Lewisham Clinical Commissioning Group and London & Quadrant Housing Association. All organisations support the activity of the Board through involvement in the work of task orientated sub groups.

4.3 The activity and next steps of this Board were reported to the Committee in the previous financial year. The outcome of work undertaken in 2012/13 is described below.

5. The Lewisham Safeguarding Adults Board Key Achievements 2012/13

5.1 Partnership Working

A Multi Agency Safeguarding Case Conference (MASCC) process was established to coordinate all safeguarding casework and to consider the outcomes.

5.2 Data Collection and Analysis

A mapping exercise was completed to identify all the performance data collected by each agency. This was part of the process of establishing the performance reporting and quality assurance framework for the LSAB in 2013/14.

5.3 Making People Safe –Targeted Work

The Lewisham Multi-Agency Hoarding Protocol and Panel were launched in June 2012. This initiative brought concerned organisations such as housing providers, the London Fire Service, social care and health agencies together to share information and best practice about the approaches to make safe those people who hoard.

5.4 Safeguarding Support, Training and Advice for the Workforce

The Council and the LSAB adopted the National Capability Framework for Safeguarding Adults as a common set of standards for workers. During 2012/13 a programme of training based on this approach was carried out training approximately 400 staff so far.

5.5 Safeguarding Policies and Procedures

The London Ambulance Service, the Lewisham & Greenwich NHS Trust and Lewisham Homes reviewed and revised their safeguarding adult policies and procedures to reflect changes in practice, local and national learning, and to improve reporting and compliance. Feedback from staff indicated greater confidence in raising alerts and has resulted in increased numbers in certain service areas.

6. Goals set for 2013/14

In reviewing the outcomes of the activity undertaken in 2012/13, the Board set the following goals for 2013/14:

- To strengthen the governance and accountability of the LSAB through agreement by all partners to a compact describing expectations of each organisation as a member of the Board.
- To finalise a multiagency quality assurance framework and performance reporting framework to guide Board activities.
- To agree a multi agency audit process to enable the Board to assess its own performance and effectiveness as a partnership,

7. Financial implications

7.1 There are no financial implications arising from this report.

8. Legal implications

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

9. Crime and Disorder Implications

9.1 There are no specific crime and disorder implications arising from this report however the LSAB works in close collaboration with Safer Lewisham Partnership members to ensure joint approaches to overlapping issues such as domestic violence and hate crimes.

10. Equalities Implications

10.1 The LSAB has a leading role to ensure that all people in Lewisham are aware of adult abuse, have information on how to recognise it and where to report their concerns. In particular it ensures that those most at risk such as older adults, those people with learning disabilities and those people with mental health needs are advised and supported to recognise abusive behaviour and how to alert services.

10.2 In analysing the activity data collected, the LSAB is able to both provide information and identify trends in relation to the types of people being abused and the alleged perpetrators. This is invaluable in directing the Board to target activity and interventions towards those individuals, groups or sections of the community most at risk. This further enables the Board to understand the data in terms of those protected characteristics outlined in the Equality Act 2010.

11. Environmental Implications

11.1 There are no environmental implications arising from this report.

12. Conclusion

12.1 This report highlights the progress the LSAB partnership has made during 2012/13 and work still to be done in preparation for the impending statutory status and responsibilities. Nevertheless the foundations were laid in 2012/13 and the work that is underway this financial year is anticipated to deliver the set goals.

Background Documents

No Secrets DH 2000 [No Secrets: guidance on protecting vulnerable adults in care - Publications - GOV.UK](#)

Protecting adults at risk: London Multi Agency Policy and Procedure to safeguard adults from abuse

<http://www.scie.org.uk/publications/reports/report39.pdf>

If there are any queries on this report please contact Cheryl Spencer, Safeguarding Strategy Development officer, 020 8314 6139.



Lewisham Safeguarding Adults Board

Annual report 2012/13

Published January 2014

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Foreword



I am very pleased to introduce the Annual Report of the Lewisham Local Adults Safeguarding Board (LASB) for 2012/13. The report outlines progress made in preparing for the advent of legislation which will place Vulnerable Adult Safeguarding on a statutory basis (widely expected by 2015), as well as the LASB's response to the considerable organisational changes which have taken place this year.

Although the LASB still has some way to go in developing its governance in line with the anticipated legislative changes, a sound basis for this has been established with the changes to the Board's structure and membership this year. This annual report shows evidence of increased partner involvement and a widening of the business plan to take in a broader range of activities aimed at keeping vulnerable adults (or adults at risk) safe from harm or neglect.

The Board has responded to events at Winterbourne View care home and to the Francis report on events at the Mid Staffordshire Hospital, by strengthening its assurance systems and reviewing the way that local commissioners work together, and with the Care Quality Commission (who regulate these services), in order to improve the local safeguards for adults placed in the care sector. The introduction of a casework approach for adults who might be at risk of harm will support better joint working between local agencies.

Although there remain many challenges in developing safeguards for vulnerable adults, good progress has been made this year, and I look forward to working with the local partnership to develop the Lewisham response over the next period.

Christine Doorly
Independent Chair

Abbreviations

ASB	Anti-Social Behaviour
ASC	Adult Social Care
AWLD	Adults with Learning Disabilities
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CTN	Come To Notice
DOLS	Deprivation of Liberties Safeguards
HWB	Health and Wellbeing Board
LAS	London Ambulance Service
LCCG	Lewisham Clinical Commissioning Group
LFB	London Fire Brigade
LSAB	Lewisham Safeguarding Adults Board
MPS	Metropolitan Police Service
MASH	Multi-Agency Safeguarding Hub
NHS	National Health Service
Q&P	Quality and Performance
SLaM	South London and Maudsley NHS Trust

Introduction

This report details the key achievements of the Lewisham Safeguarding Adults Board (LSAB) in the year ending at the end of March 2013 and plans for the future. The report details:

- How adults at risk are protected in Lewisham
- National and local changes to adult safeguarding
- Our key achievements during 2012/13
- Key safeguarding facts and figures for Lewisham
- Our plans to improve safeguarding practice

The Lewisham Safeguarding Adults Board (LSAB)

The LSAB oversees how organisations across Lewisham work together to safeguard adults at risk of harm or who have experienced harm or abuse. The Board is chaired by Chris Doorly.

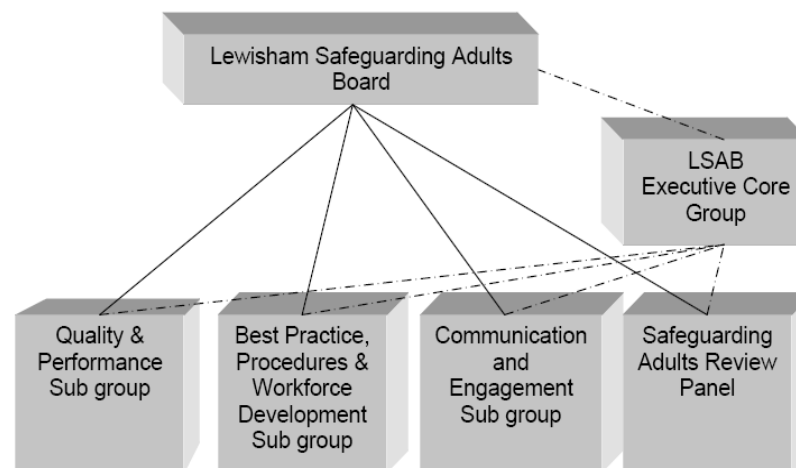
Members of the Board include representatives from Lewisham Council, Metropolitan Police, London Ambulance Service, Lewisham and Greenwich NHS Trust, South London and Maudsley NHS Trust, Lewisham Clinical Commissioning Group, London Fire Brigade, housing providers including Lewisham Homes, voluntary organisations, GPs, and probation services.

Subgroups under the LSAB have been formed to carry out specific functions and deliver on priority actions identified by the Board. Membership of the subgroups reflects the expertise required and also includes those organisations represented on the LSAB itself.

The LSAB Executive Core Group meets three times a year to review the effectiveness of the partnership arrangements supporting safeguarding work in Lewisham and assist with resolving any barriers to this work.

The LSAB is accountable to the Healthier Communities Select Committee of the Council and links to the Lewisham Health and Wellbeing Board, which is a multi agency group with statutory responsibilities.

Diagram 1. Lewisham Safeguarding Adults Board and subgroups



National and Local Changes in 2012/13

A number of key developments had a major impact on adult safeguarding work nationally and locally, and will continue to have a significant effect on this work over the next few years. Some of these key changes and local responses are highlighted below, and also referred to elsewhere in this report.

The Health and Social Care Act (2012)

This Act introduced the most far reaching changes to the NHS since its introduction in 1948, including establishing:

Health and Wellbeing Boards (HWB)

Lewisham HWB brings together key leaders from health and social care to improve the health and wellbeing of their local population.

Clinical Commissioning Groups (CCG)

Clinical Commissioning Groups (CCGs) are led by GPs and other clinicians and have responsibility for commissioning most local healthcare services. They are overseen by NHS England, who have developed the new 'Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework', published March 2013.

Lewisham CCG appointed safeguarding lead clinicians who attend the LSAB and a lead nurse practitioner to undertake project work to promote improved practice and reduction of safeguarding incidents.

Public Health Transfer

From April 2013, local authorities took on responsibility for most local public health functions; supported by Public Health England.

Lewisham and Greenwich NHS Trust

On 1 April 2013 the Trust was created from the Lewisham NHS Trust when it took on responsibility for Queen Elizabeth Hospital, Woolwich

The Care Bill

During July 2012, a draft Care and Support Bill was presented to Parliament, containing clauses to move adult safeguarding onto a statutory footing with specified responsibilities to ensure protection of the whole community. Since then the Bill has gone through a number of parliamentary stages and is now known as the Care Bill.

The Care Bill includes a legal duty for local authorities to make enquiries when they have a reasonable cause to suspect that an adult in their area that has a need of care and support, is at risk of abuse or neglect, or is unable to protect themselves. The local authority must make whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in that adult's case.

The Care Bill also confirms, for the first time in law, that "abuse" includes financial abuse. That includes having money or property stolen; being defrauded; being put under pressure in relation to money or other property; and, having money or other property misused.

The Care Bill proposes that local authority Safeguarding Adults Boards undertake a formal case review if an adult at risk in their area either experiences serious abuse or neglect, or dies in circumstances where abuse or neglect are known or suspected.

Lewisham has begun to address these legislative changes through strengthening the safeguarding adults partnership and the LSAB. Changes to operational structures in social care have been proposed to embrace a more integrated working with health partners in the community and to deliver integrated safeguarding adults practice.

Disclosure and Barring Service (DBS)

On 1 April 2013, under the new Protection of Freedoms Act 2012, the Criminal Records Bureau and the Independent Safeguarding Authority merged to become the Disclosure and Barring Service (DBS). This service provides criminal records checks and maintains the list of individuals registered and barred from working with children and adults at risk.

In February 2013, the final report from the Mid Staffordshire NHS Foundation Trust Public Enquiry, also known as the Francis Report, was published. The report described widespread failings in the standards of care of patients and a high number of related deaths between the years 2005-2008. The report identified 290 recommendations for change predominantly directed at healthcare services.

Implications for all agencies are being considered and LSAB works with the Lewisham CCG to support implementation of urgent recommendations and future priority planning.

Mental Capacity Act and Deprivation of Liberty Services

The Deprivation of Liberty Safeguards (DOLS) provide additional protection for the most vulnerable people living in residential homes, nursing homes or hospital environments through the use of a rigorous, standardised assessment and authorisation process. They protect those who lack capacity to consent to arrangements made for their care and/or treatment, but who need to be deprived of their liberty in their own best interest to protect them from harm. They also offer the person concerned the rights:

- to challenge the decision to deprive them of their liberty;
- for a representative to act for them and protect their interests; and
- the right to have their status reviewed and monitored on a regular basis.

DOLS help ensure that an institution only restricts liberty safely and correctly and only when there is no other way to take care of that person safely.

Winterbourne View Hospital

In May 2011, the BBC programme Panorama revealed the appalling abuse of patients at Winterbourne View Hospital in South Gloucestershire. Winterbourne View was a private sector hospital, with residents placed by health trusts from all parts of the UK. It was regulated by the Care Quality Commission (CQC), with the primary responsibility to investigate safeguarding issues resting with the local authority. Significant failings were found throughout the service. Staff were deemed to have 'routinely mistreated and abused patients with a learning disability'. There were management and operational failings, covering the most basic and fundamental issues – training, workload, supervision and managerial monitoring.

The main messages emerging from the subsequent report was that "only local action can guarantee good practice, stop abuse and transform local services" and to do this local health care and care services must take action to:

- 1) develop a person-centred approach to commissioning placements, taking into account views of people with learning disabilities and their families;
- 2) ensure that there are flexible community-based services;
- 3) focus on early detection, prevention and long-term support to prevent people reaching crisis levels and having to go into hospital;
- 4) deliver care for the individual so that we can understand factors which might distress people and make behaviours more challenging;
- 5) make reasonable adjustments for people with learning disabilities who have mental health needs so that they can make use of local generic mental health facilities; and
- 6) ensure services are carefully planned to care for children who are transitioning into adulthood and adult services in order to avoid crisis.

Integration of care services – first steps

During 2012/13 work was undertaken to look at areas where Lewisham Adult Social Care could build on current practice and further integrate safeguarding responsibilities. This involved a review of staffing structures, care pathways and audits of practice and outcomes for patients and service users.

This work has influenced plans for reorganisation in Lewisham, including the creation of a multi-agency team to quality assure casework and provide professional support to staff in all organisations undertaking safeguarding work.

Building on these changes, Lewisham is involved in the “Making Safeguarding Personal” project in 2013/14, which aims to ensure staff undertaking safeguarding investigations are clear on outcomes that patients/service users want for themselves. The results of this project will be incorporated within the relevant work streams of the integration project.

Care Quality Commission (CQC) Safeguarding Protocol 2013

In February 2013, the CQC launched a revised safeguarding protocol expressing their commitment to safeguarding. This was in the wake of

Key Achievements in 2012/13

The LSAB partner agencies made commitments to work on specific activities to improve safeguarding arrangements for adults at risk in their organisation and in Lewisham:

Governance

The LSAB met four times during 2012/13 and held a workshop event in February 2012 to identify key work areas for the Board to develop and improve. The areas identified were:

- the governance of the LSAB and associated partnership arrangements;
- understanding the effectiveness of safeguarding services in Lewisham;
- undertaking targeted work with groups of people most likely to be at risk to prevent harm or abuse;
- ensuring the workforce is skilled and well trained in adult safeguarding across the partnership; and
- ensuring safeguarding adults policies and procedures are in place across the partnership.

These actions were turned into a Business Plan and achievements are reported here.

Sub-groups of the LSAB were established to lead on specific pieces of work and a multi-agency senior officer group was established to support the work of the board and subgroups(see Diagram 1 above).

Partnership Working

In Lewisham, there are a range of ongoing partnership initiatives which contribute to the safeguarding of adults in the borough.

Lewisham has newly formed a Multi Agency Safeguarding Case Conference (MASCC) to co-ordinate complex safeguarding investigations and review outcomes. This helps to improve information sharing, identify trends and act quickly to prevent abuse or harm.

Voluntary Action Lewisham supports the Communications and Engagement Subgroup of the LSAB. In addition, regular providers meetings have been held to discuss how best to promote safeguarding good practice among the voluntary sector and raise awareness of residents in Lewisham.

The Multi-Agency Risk Assessment Conferences (MARACs) are regular local meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. Lewisham has seen domestic violence incidents almost halve over the last five years.

Following a Lewisham Clinical Commissioning Group (LCCG) review, the LSAB identified the need for a single lead person to develop a coherent strategic and operational approach across Lewisham to manage incidences of pressure ulcers. These may be an indication of neglect by carers or self neglect, and without effective management present risks to the overall health of the adult. The LCCG Designate Nurse for safeguarding adults took on this project and has established a multi agency action plan to tackle this issue and to monitor the improvements in practice and processes required. The impact of this work will be reported in the next annual report.

The London Ambulance Service (LAS) has identified safeguarding leads within their service to act as a key point of reference and liaison for staff and external agencies.

The Lewisham and Greenwich NHS Trust has appointed a specialist lead post for safeguarding adults to raise awareness and address known gaps in procedures and process.

Data collection and analysis to improve service and partnership effectiveness

It has been recognised that there are improvements to be made in both the collection and analysis of information about adult safeguarding. Improvements in recording and reporting are planned for 2013/14.

The LSAB Quality & Performance subgroup has undertaken a mapping exercise to identify the performance data needed from each agency. This will be used to shape the future multi-agency performance reporting and quality assurance framework.

Safeguarding Adults Self Assessments were received from SLaM and Lewisham Hospital, and the progress of their action plans will be monitored through the Q&P sub group. The SLaM self assessment identified a need to review information and records systems to meet requirements and improve safeguarding practice and performance. The outcomes of this review will likely form the basis for understanding how all organisations in the partnership work towards improving safeguarding adults.

The Metropolitan Police Service (MPS) database, shared with local health and social care staff in the Multi Agency Safeguarding Hub (MASH) for children's safeguarding, has been developed to include notification data on adults who 'come to

notice' (CTN) of being at risk of harm or abuse. Some CTN adults require safeguarding services and it is expected the database enhancements will significantly improve the speed at which action can be taken by the safeguarding services on alerts raised by the MPS.

Making People Safe – targeted work

Organisations within Lewisham have worked collaboratively to identify and safeguard those most at risk within the borough.

Lewisham Youth Offending Service worked with 12 voluntary and community organisations to develop their capacity to help young people and their parents who are susceptible to serious youth violence and gang involvement, including the selling of drugs. Visible policing and combined Police and tenancy enforcement has resulted in sustained reduction in crime on the Honor Oak estate. This community led approach has also reduced ASB complaints.

DoLs information and guidance in the safeguarding training for all staff has helped double the number of urgent DOLS requests reported by the then Lewisham NHS Trust in 2012/13. Identified through the LSAB monitoring, this change provides assurance that restraint/restriction is only used when it is in the best interest of patients.

London and Quadrant Housing introduced a programme of training courses on stress awareness, conflict resolution, personal safety, and communication skills in September 2012. Targeted at vulnerable residents to enable them gain more confidence and to better protect themselves from potential abuse or harm, the courses have proved popular and more have been requested.

In June 2012, the Multi Agency Hoarding Protocol and Panel were launched to support hoarders as a high risk group vulnerable to fire, self neglect, poor health and abuse from others. The initiative supports the work of local organisations by sharing information and best practice, providing an expert panel for complex cases and a comprehensive guide for professionals, with 61 people supported in 2012/13. A full report on this work will be made in the next annual report.

Staff safeguarding training, advice and support

The LSAB believes that the foundation of good practice is to equip staff to do their job with appropriate training and advice.

The LSAB adopted the National Capability Framework for Safeguarding Adults during 2012/13. A programme of training was devised to improve the capability of adult social care staff, with a focus on the needs of frontline staff & their managers, In addition courses for volunteers & others from the voluntary sector were provided. A total of 147 Council staff and 354 non-Council staff received training.

Mapping adult safeguarding training across all agencies within the partnership has begun. This is aimed at improving the efficiency and effectiveness of training provided through shared resources, targeted training and updating events for all roles within the partnership workforce.

In 2012 Lewisham Homes completed their first mandatory two-year training programme for all service providing managers, staff, operatives and contractors. This tailored training has been provided to over 300 staff, taking into account their roles, to ensure that they are aware of safeguarding issues and how to report them.

The Supporting People Service, which offers housing related support services, has provided safeguarding awareness training for staff over the past year that has resulted in an increase in safeguarding referrals.

Specific training for the Safeguarding Adults Investigating Officer and Safeguarding Adults Manager took place within mental health services at SLaM, resulting in more referrals to the Safeguarding Adults Service.

Safeguarding Policies and Procedures

During 2012/13 the 'London Multi-Agency Safeguarding Policy and Procedure to safeguard adults from abuse' was further embedded across the partnership. This prompted a review and redevelopment of safeguarding procedures within the Council.

Regular review visits to housing support services by Supporting People Team Monitoring Officers now include a check of safeguarding policy and procedures. Any deficits are addressed through the review action plans.

The safeguarding adults policies and procedures of the London Ambulance Service, the Lewisham Healthcare NHS Trust (now the Lewisham and Greenwich NHS Trust) and Lewisham Homes were all reviewed and updated in 2012/13. The changes improved compliance, ensured the alert process was effective and user friendly and that lead safeguarding staff were readily available. Feedback from staff showed increased confidence in raising alerts when it was believed an adult was at risk.

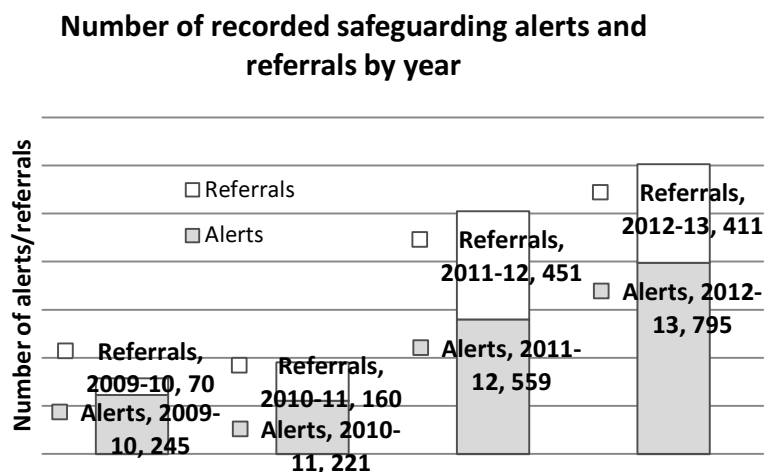
New support tools have also been developed, tested and revised. Lewisham Homes have adopted a case management system for monitoring adult tenants most at risk.

The Lewisham Healthcare NHS Trust board received bi-monthly reports on the number of safeguarding adult alerts that showed a significant increase in alerts indicating the revisions and training were successful in their aims.

Key Facts and Figures

Lewisham provides annual adult safeguarding information for the Department of Health in the Abuse of Vulnerable Adults (AVA) return. The data is used to assess activity in Lewisham and plan future LSAB work. A summary is set out below:

Alerts and referrals between 2009/10 and 2012/13



2009/10-2012/13 Comparison, Abuse of Vulnerable Adults Return - Lewisham Final Data

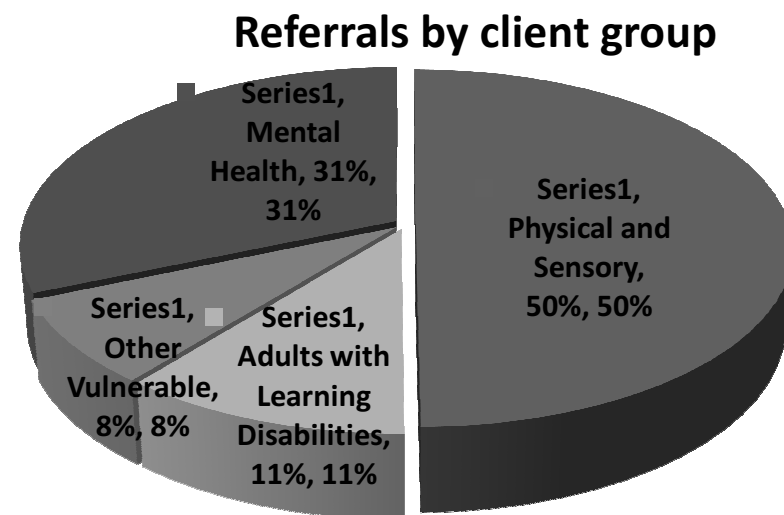
In Lewisham the number of alerts increased every year, and referrals increased until 2012/13, when they fell slightly. One possible explanation is the improved referral pathway and training.

Lewisham raised more alerts during 2012/13 than comparator boroughs on average, but less than the national average¹. This

may reflect the awareness, training and close partnership working in Lewisham to improve recognition of abuse or harm.

Approximately half of all alerts were fully investigated as safeguarding referrals. National and comparator groups showed similar rates of investigation.

Client Group Referrals

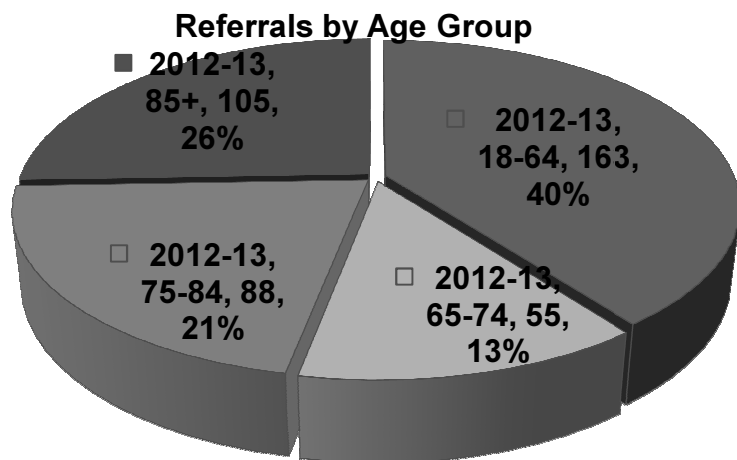


Adult at Risk Client Categories, Abuse of Vulnerable Adults Return, 2012-13, HSCIC

Most safeguarding referrals related to adults with physical or sensory needs, in line with the service user population. The highest increase in referrals related to adults with mental health needs, and adults with learning disabilities saw a smaller increase. Safeguarding referrals for adults with mental health needs were higher than both the comparator borough and national averages, but referrals for adults with learning

disabilities were lower than comparator borough and national averages².

Referrals by Age Group



Abuse of Vulnerable Adults Return, 2012-13, Lewisham Final Data

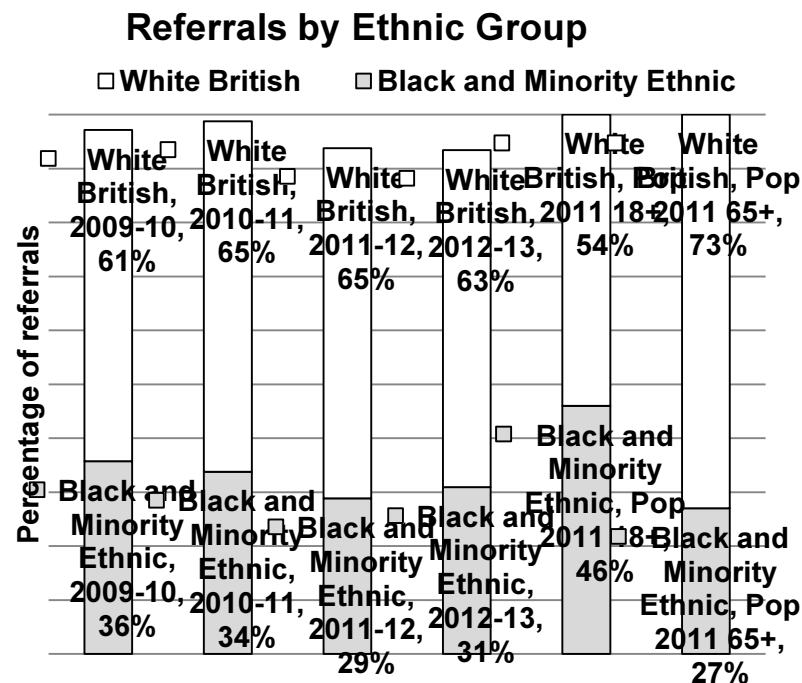
Lewisham's referral rate compared favourably to the national average in 2012/13. Adults aged 18-64 were less likely to be referred in Lewisham than in comparator boroughs and those aged 85 and over were slightly more likely³.

This may be due to the higher proportion of younger adults and lower proportion of older adults in the overall population.

² Abuse of Vulnerable Adults in England 2012-13, Health and Social Care Information Centre

³ Abuse of Vulnerable Adults in England 2012-13, Health and Social Care Information Centre

Referrals by Ethnic Group 2009/10 to 2012/13



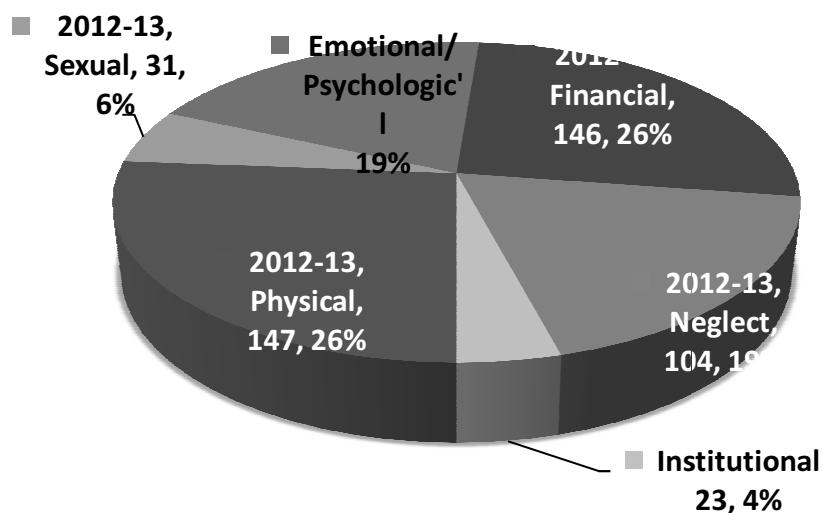
Ethnicity of Adult at Risk, Abuse of Vulnerable Adults Return, 2012-13, Lewisham Final Data

More people from Black and Minority Ethnic communities were referred than the overall ethnic profile of Lewisham's population might suggest. However, this may reflect the majority of referrals were from for adults aged 65+, as the 65+ BME communities were smaller than the overall population at around 27%.

A small percentage were unknown, so figures do not total 100%.

Types of alleged risk or harm

Alleged Type of Risk or Harm



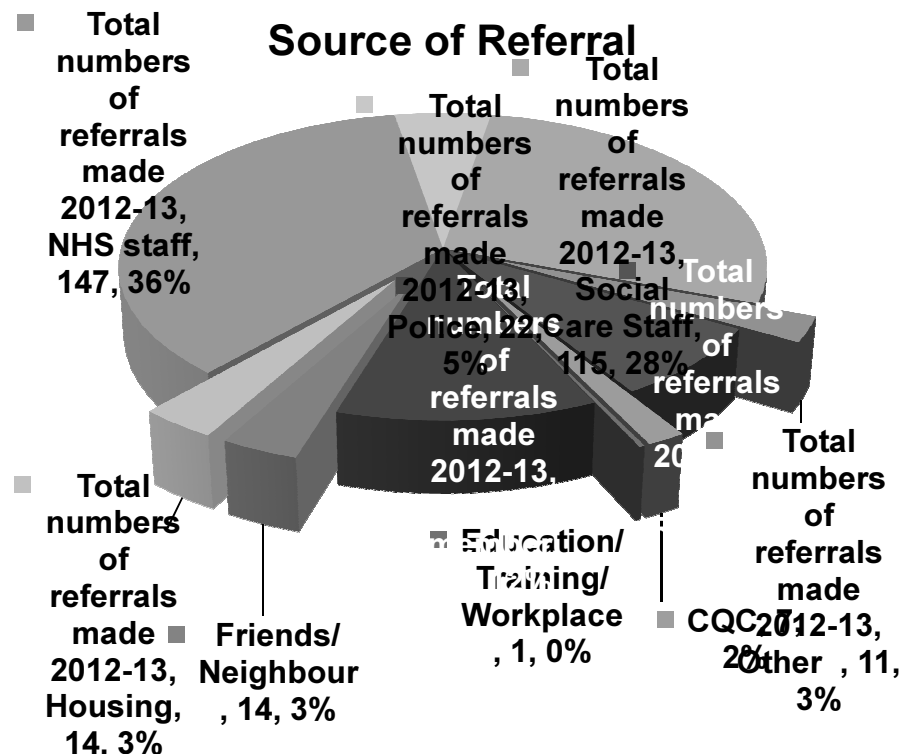
Abuse or Risk Alleged, Abuse of Vulnerable Adults Return, 2012-13, Lewisham Final Data

Financial and physical abuse were the most reported types of abuse, although the financial abuse in Lewisham was lower than comparator borough and national averages⁴. Victims of financial abuse were likely to be older women, with those aged 85 and above most at risk, as well as younger men. Younger women were more at risk of physical abuse. Older men were at risk of both financial abuse and neglect.

The number of alleged abuse incidents due to institutional neglect or poor professional practice have risen to 4% since

2011/12. However only 6 cases were substantiated and numbers overall remain low.

Referral Source



Abuse or Risk Alleged, Abuse of Vulnerable Adults Return, 2012-13, Lewisham Final Data

Overall analysis of the previous four years referral data shows that in Lewisham, adult social care staff made the highest numbers of referrals annually. The data for the 2012-13 reporting period shows NHS staff have made the highest percentage of referrals (51% of all referrals made), with staff from mental healthcare services making up the majority of those referrals. A lower referral rate from social care staff and a higher rate of NHS

staff is thought to demonstrate good partnership working between these organisations and Lewisham Council.

Self, Family and Friends Who Make Referrals

Self referrals increased from none in 2009/10 to 32 (8%) in 2012/13. Family member referrals declined over the same period, but were the third highest source of safeguarding referrals. Lewisham had a higher combined rate of self-referrals and referrals from family members, friends and neighbours than the comparator borough average⁵. This may indicate an overall good awareness of safeguarding within the community.

Other Referrals from Partner Agencies

The Metropolitan Police (MPS), those working in the housing sector and the Care Quality Commission (CQC) all increased their rate of referral in 2012/13, although overall rates remained low. Referral organisations recorded as 'other' included the voluntary sector and the London Fire Brigade.

Where did the alleged risk or harm take place?

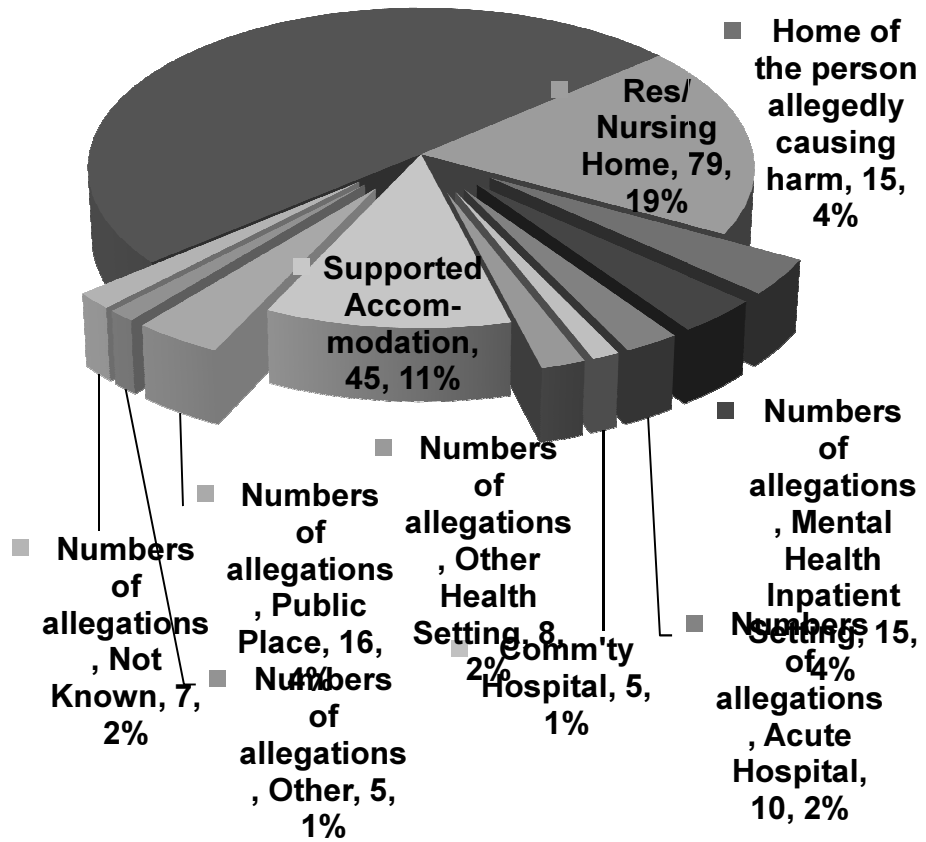
Alleged abuse was more likely to be in someone's own home (49%) than a residential and nursing care home setting. This is in line with the comparator borough average, but higher than the national average⁶. The source of risk or harm in one's own home was most likely to be a family member (56%), which included partners (15%) and other family members (41%).

Referrals relating to adults living in supported accommodation rose the most in 2012/13 compared to 2011/12. Referrals relating to adults in care homes have seen the biggest decrease in the same period and are lower than comparator borough and national averages⁷. This category includes both temporary and permanent placements in residential or nursing homes.

⁵ Abuse of Vulnerable Adults in England 2012-13, Comparator Report, Chart 10 –Locations alleged abuse took place. Health and Social Care Information Centre

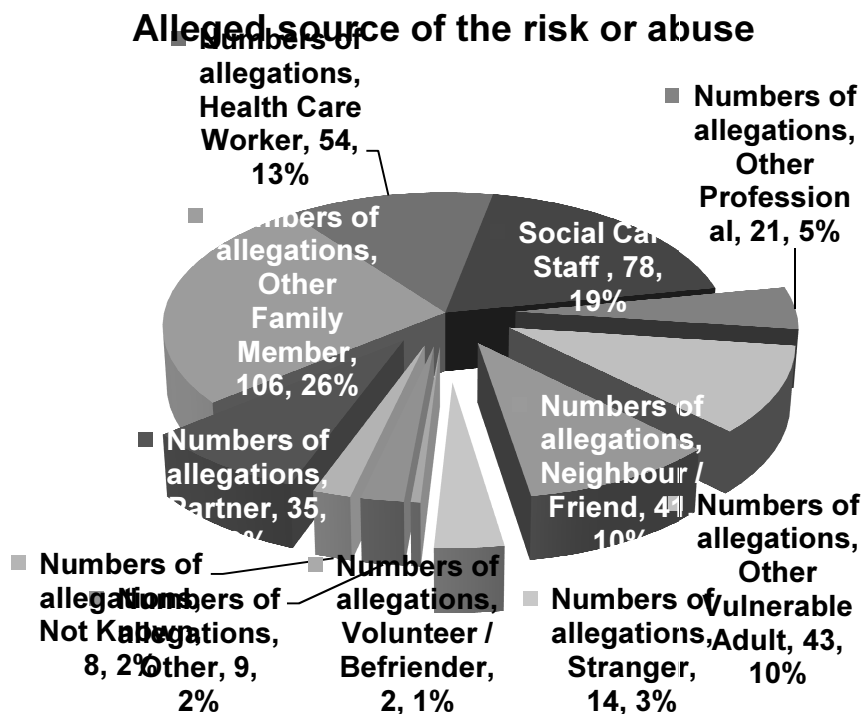
⁷ Abuse of Vulnerable Adults in England 2012-13. Health and Social Care Information Centre

■ Where did the harm or abuse take place?



Location of alleged harm or abuse, Abuse of Vulnerable Adults Return, 2012-13, HSCIC

Who are those alleged to be the source of the risk or harm?



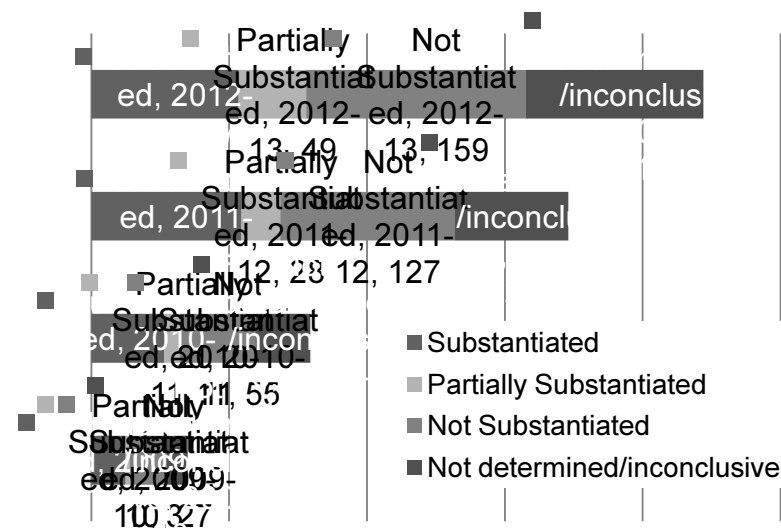
Alleged person to have caused harm or abuse, Abuse of Vulnerable Adults Return, 2012-13, Lewisham Final Data

The source of risk or harm in one's own home was most likely to be a family member (56%), which included partners (15%) and other family members (41%). Outcomes for completed cases were 40% substantiated or partially substantiated, 31% not substantiated and 29% inconclusive.

As in previous years, family members are the most likely source of harm or risk with social care staff being the second most cited source.

Outcomes of concluded safeguarding cases

Outcomes of concluded safeguarding cases



Numbers of concluded safeguarding cases

Lewisham concluded 444 safeguarding referrals in 2012/13, of which 35% were either substantiated or partially substantiated, which is lower than the 43% national average. Some 36% were not substantiated, higher than the 30% national average. A further 29% of cases had an inconclusive outcome; slightly above the 27% national average⁸. A safeguarding case may have an outcome of "not determined/inconclusive" if there is more than one possible perpetrator and if no evidence of the alleged abuses or harm can be established.

⁸ Abuse of Vulnerable Adults in England. 2012-13, Provisional Report, Experimental Statistics

LSAB Goals for 2013-14

In determining the goals and activity for the forthcoming year the LSAB have analysed all the information from activity, agency safeguarding plans, national and local incidents and the latest research into practice and policy in safeguarding adults.

Key facts and figures: Analysis and Next Steps

Although still above the national average, the slight decrease in the number of referrals locally can be partly attributed to a number of the achievements such as:

- a clearer referral pathway;
- targeted training and awareness raising across the partnership;
- the introduction of specialist posts; and
- the partnership case conference approach.

However, the detection of abuse or adults at risk by non-social care and other professionals has increased the number of appropriate referrals from those settings, particularly from mental health.

The increase in self, family, friends and neighbour referrals to levels higher than the comparator borough average could indicate there is good awareness in the community. However it will be important to continue to raise awareness and ensure appropriate support is in place for carers and families who remain the most likely perpetrators of harm or abuse.

Low rates of referral for AWLD in Lewisham compared to both national and comparator borough averages needs further

investigation and could suggest that targeted training for staff in those services in 2013-14 is required.

As referral rates for financial abuse for all younger adults are lower than national and comparator borough averages, it may be necessary to broaden the message on the impact of financial abuse on all genders and age groups on future safeguarding publicity, and at training and events.

Although it would appear that detection rates for institutional abuse and poor professional practice are improving, there has not been a matched increase in substantiation of allegations. The Quality & Performance Sub Group of the LSAB will need to review the detailed activity to understand this trend.

Partners will be asked to ensure that data collected clearly records the source of alert to enable trends in activity locally to be identified and understood.

Further Analysis (other sources)

The self assessment introduced for health agencies during 2012/13 brought the importance of their role in the detection of abuse and safeguarding of adults at risk to the forefront. This approach of self audit and ratings enabled the Board to understand how each organisation is addressing safeguarding adults issues, their role in the system, how data is recorded and where improvements could be made.

The **Winterbourne View Hospital** enquiry recommended that local safeguarding boards should adopt a role of overseeing delivery of the of action plans and scrutinising the outcomes, mainly in respect of AWLD. The themes of **Francis Report** echo the concerns about patient safety, quality of care and the monitoring of services. The **Care Bill** (published in May 2013)

further endorses the role of the Board to coordinate, oversee and hold agencies to account for actions around safeguarding.

The partnership will work both strategically and operationally to address the issues identified by this report. This will enable the Board to ensure that the partnership organisations deliver effective, safe, high quality services and that appropriate monitoring systems are in place.

The recent initiatives and achievements in the Crime Reduction Service highlight the overlaps with adult safeguarding and domestic violence in particular. Collaborative work between the appropriate partner organisations will ensure learning and best practice is shared, particularly from the domestic homicide reviews.

Goals for 2013-14

These are the key pieces of work that the LSAB will undertake in 2013-14:

- Strengthen and align the strategic work of the partnership agencies to develop a cohesive Lewisham Safeguarding Adults Strategy and Plan to guide the work and bring resources together.
- Monitor Lewisham's progress in response to the recommendations of Winterbourne View Hospital enquiry and the Francis Report.
- Establish a Lewisham Safeguarding Adults Board Compact which describes what is expected of each organisation as members of the LSAB.
- Agree an audit process to assess performance of the Safeguarding Board multi agency partnership.
- Produce a Lewisham Adult Safeguarding Workforce Development Plan.
- Establish a multi- agency quality assurance framework and performance reporting framework.
- Establish an identity and raise the profile of the work of the Board and the partnership to engage with the wider community and promote awareness.
- Work with Children's services and Children's Safeguarding Board to ensure that we have arrangements in place to work collaboratively.

- Support implementation of the Lewisham Management of Pressure Care action plan.

something risky happening, or you have seen other signs and symptoms such as bruises.

Appendix 1: Glossary

Abuse

Abuse is the breaching of someone's human and civil rights by another person or people. It may be a repeated or single act, it can be unintentional or deliberate and can take place in any relationship or setting. It includes: physical harm, sexual abuse, emotional and psychological harm, neglect, financial or material abuse, and harm caused by poor care or practice or both in institutions such as care homes. It may result in significant harm to, or exploitation of, the person being abused.

Adult at risk

Anyone aged 18 years or over who may be unable to take care of themselves due to age-related frailty, visual or hearing impairment, severe physical disability, learning disability, mental health problem, substance misuse or because they are providing care for someone else and therefore may be at risk of harm and serious exploitation.

Alert

An alert is when the local authority is first told that an adult at risk may have been abused, is being abused, or might become a victim of abuse. Anyone can raise an alert: professionals, family members, adults at risk and members of the public. Often an alert is raised because of a feeling of anxiety or worry for an adult at risk. This feeling can arise because the adult at risk has told you what they are experiencing, you have seen abuse or

Alleged perpetrator(s) or Person/organisation alleged to have caused harm or risk

Anyone who has been accused of abusing or neglecting an adult at risk, where this has not yet been proved.

Alleged victim(s)

Adult at risk, who may have been abused, harmed or neglected by someone else, where it has not yet been proved that they are a victim.

AVA

Annual collection of figures for the Department of Health

Clinical Commissioning Group (CCG)

Groups of GPs which, from April 2013, will design and buy local health and care services that local communities need, including: urgent and emergency care; most community health services; and mental health and learning disability services.

Commissioners

People who purchase services, often from voluntary and independent sector organisations, to provide health and care services.

Care Quality Commission (CQC)

Independent regulator of health and care services in England. CQC inspects providers such as hospitals, dentists and care homes to ensure the care they provide meets government quality and safety standards.

Deprivation of Liberty safeguards (DoLs)

Rules that ensure special protection is given to people who cannot make a decision ('lack capacity') to consent to care or treatment (or both) that will be given in a care home or hospital and stops them doing what they want to do ('deprives them of their liberty'). The hospital or care home has to get special permission to give the care or treatment and must make decisions that are in the person's 'best interests'.

Health and Wellbeing boards

Forums that bring together key health and social care leaders to work in a more joined-up way to reduce health inequality and improve local wellbeing. They will listen to local community needs, agree priorities and encourage health and social care commissioners to work better together to meet local needs.

HealthWatch

Taking over from Local Involvement Networks in April 2013 to give patients a voice when decisions are made about their care and when services are being commissioned. Healthwatch Lewisham reports directly to HealthWatch England.

Independent Safeguarding Authority (ISA)

The ISA helps prevent unsuitable or dangerous people from working with children and adults at risk. It keeps lists of people who have harmed or pose a risk of harm to children or adults at risk and are barred from working with these groups. When an

organisation is employing someone, they can check the ISA's lists as part of the CRB check (see above).

Informal Carer

See unpaid carer on p21 below.

Mental Capacity Act (MCA 2005)

A law that supports and protects people who may be unable to make some decisions for themselves (people who 'lack capacity') because of a physical or mental disability or ill-health. It includes a test professionals can perform to tell whether someone can make decisions or not. It covers how to act and make decisions on behalf of people who 'lack capacity'. It is often used for decisions about health care, where to live and what to do with money.

Multi-agency public protection arrangements (MAPPA)

Process by which responsible authorities such as criminal justice and social care work together to manage violent and sexual offenders and try to reduce their reoffending in order to protect the public.

Multi-agency risk assessment conference (MARAC)

A multi-agency specialist meeting that shares information on the highest risk domestic abuse cases focuses on the victim's needs and develops a safety plan for each victim. It is part of a coordinated community response to domestic abuse.

Outcome

This is the result of the safeguarding case or investigation. It includes the four categories: not substantiated, partly

substantiated, substantiated and not determined/inconclusive that a case can be recorded under from a professional viewpoint. It also includes the results for both the alleged victim and the alleged perpetrator, that is, whether a protection plan was offered, what was included in it (such as community care assessment, application to Court of Protection, police action against the perpetrator or service improvement requirements in a care home), and whether this was taken up.

Partner agencies

Organisations that are members of the Safeguarding Adults Partnership Board.

Referral

A referral is recorded when it is confirmed that a safeguarding investigation needs to be carried out in response to a report of alleged abuse. Usually, an alert is raised first and then this is confirmed as a referral, but not always. A safeguarding referral is different from other referrals to adult social care.

Safeguarding adults

All work that enables adults at risk to retain independence, wellbeing and choice and to stay safe from abuse and neglect.

Safeguarding Alert

See Alert on p19 above

Safeguarding Referral

See Referral above

Safeguarding Strategy

A document that lays out the steps we will take over the next three years to promote the safety and wellbeing of adults at risk in Lewisham, improve safeguarding practice, investigate suspected abuse and protect people who have been harmed.

Service providers

Organisations that deliver services, such as health and social care services.

Service user

A person who is a customer or user of a service particularly used in relation to those using social care services.

Unpaid carer

Family, friends or neighbours who provide unpaid support and care to another person. This does not include those providing care and support as a paid member of staff or as a volunteer.

Appendix 2

Comparator Boroughs

Comparator groups are a selection of 15 councils considered to be similar to the chosen council (i.e. Lewisham). They are selected according to the Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbour Model, which identifies similarities between councils based on a range of socio-economic indicators. Boroughs that are comparable with the London Borough of Lewisham are:

- Barking and Dagenham
- Brent
- Croydon
- Ealing
- Greenwich
- Hackney
- Haringey
- Hounslow
- Lambeth
- Merton
- Newham
- Southwark
- Tower Hamlets
- Waltham Forest
- Wandsworth

Adult Social Care Outcome Framework Indicators

Background

The Adult Social Care Outcome Framework (ASCOF) was introduced in 2010 following the withdrawal of the National Indicator framework. It has been updated annually since then, and is based on the annual data returns made to the Health and Social Care Information Centre (HSCIC).

For 2012/13, the results have been made available in a new interactive format at <http://ascof.hscic.gov.uk>. This compares each authority with the national average, the regional average (London for Lewisham) and a group of comparator authorities determined by the CIPFA Nearest Neighbour Model. For Lewisham these are: Greenwich, Southwark, Lambeth, Hackney, Brent, Haringey, Ealing, Hounslow, Waltham Forest, Merton, Wandsworth, Tower Hamlets, Newham, Barking & Dagenham, and Croydon.

Domain 4 is the section that addresses outcomes for safeguarding adults. Here are the results for Lewisham

1. Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

1.1 4A % people who use services who feel safe

This measure is based on a single question in the ASC user survey - Q7a: "Which of the following statements best describes how safe you feel?", to which the following answers are possible: 'I feel as safe as I want', 'Generally

I feel adequately safe, but not as safe as I would like', 'I feel less than adequately safe', 'I don't feel at all safe'. The indicator counts all those giving the first response as a percentage of all those responding.

We currently score 59.8%, below national (65.1%) but above comparator (58.7%) averages. Results have also improved steadily over the past three years.

1.2 4B % people who use services who say that those services have made them feel safe and secure

This measure is based on a single question in the ASC user survey - Q7b: "Do care and support services help you in feeling safe?" The indicator counts all those saying 'Yes' as a percentage of all those responding either 'Yes' or 'No'.

We currently score 83.3%, above both national (78.1%) and comparator (73.4%) averages. Introduced last year, this year saw a slight drop in the result.



Voluntary Action Lewisham



London Ambulance Service **NHS**
NHS Trust

NHS
*Lewisham
Clinical Commissioning Group*

Lewisham and Greenwich **NHS**
NHS Trust

Briefing paper for Members of HCSC

Internal Audit Report for Assessment and Care Management - Long term and complex cases within Adult Social Care

Introduction

Members of the HCSC were provided with a briefing paper outlining the context and rationale for the internal audit regarding the management of long term case work within adult social care in November 2013.

This further briefing provides more detail on how the recommendations from the audit are being implemented so that both performance and quality outcomes for services users and carers are improved.

Background

Like other councils Lewisham have undertaken a review of assessment and care management functions as part of a much wider process to redesign adult social care. The review has considered pathways that people follow from their first contact with the council, to the point beyond which they no longer need help.

The costs associated with assessment and care management in Lewisham are 12% of the Adult Social Care budget. A review undertaken by the Audit Commission recommended that no more than 10% of the total budget should be spent on the cost of carrying out the assessment functions.

Adult Social Care has therefore designed, and is in the process of implementing a Care Management system that will reduce the associated costs to the recommended 10% of the overall costs whilst at the same time delivering our statutory requirements.

The new structure strengthens our focus on quality assurance of case work, service quality and safeguarding issues. There are dedicated roles within the structure to provide monitoring and oversight of casework across all assessment teams.

The internal audit of long term and complex case work along with our participation in the 'Making safeguarding personal' programme led by the LGA/ ADASS has provided useful insight into current practice and has influenced the improvement action plan in relation to this area of assessment and case management.

Key Findings of the Audit

In the 20 cases reviewed in the internal audit process these were the issues identified:

- Case allocation, monitoring, supervision and case closure were not supported by formal process or standard documentation.
- Key decisions, supervision actions and case updates were not routinely recorded on the electronic database case file.

- Management tools such as the caseload weighting tool were not used.

Actions taken

There are a range of actions that have been implemented to improve management oversight of social work practice in relation to long term and more complex casework as well as safeguarding casework:

- The implementation of supervision policy that embeds procedures for case allocation, case audit and action and exit plans.
- Every 6 weeks a manager reviews all cases held by each worker.
- to practise 'self audits' of case work on a two weekly basis to review action plans.
- The implementation of a project 'Making Safeguarding Personal' to pilot a new approach to safeguarding practice moving from process oriented to one that is focussed on improving outcomes for people.

Outcomes of the Audit

The proposed care management Quality Assurance system for all teams has been modelled on historical workload data, key performance indicators and information gained from the internal audit of casework.

As well as being more cost effective the new arrangements will take into account the changing demands within adult social care including reablement, preventative services, integrated working, self directed support (SDS), safeguarding and the increasing pressures associated with demographics. There will be dedicated quality assurance roles within the new structure to provide monitoring and oversight of casework across all assessment teams.

Additional scrutiny/oversight of casework is now provided through the newly established Vulnerable Adults Panel, where cases are presented for consideration of funding for services. Action plans can be challenged and changed to ensure the best potential outcome for the individual. Similarly the newly established Multi Agency Safeguarding Conference where safeguarding cases that have been fully investigated are presented for conclusion affords the opportunity to scrutinise decision making and practice.

The audit process has been a useful mechanism to influence how we care manage and assess Service Users on the long term and complex pathway. Participation in the Making Safeguarding Personal programme led by the LGA/ADASS has further provided useful insight into current practice and influenced the improvement plan in relation to this area of assessment and case management.

It has also helped us refine the management oversight and supervision support which is a key function to ensure the balance between meeting the need of Service Users in a timely way, staff 's continuing professional development, and application of our risk management policies and processes.

Author: Joan Hutton, Head of Adult Social Care, January, 2014

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report	Lewisham Clinical Commissioning Group: Commissioning Intentions 2014/15 to 2015/16		
Ward	All	Item No.	5
From	Dr David Abraham, Senior Clinical Director, Lewisham Clinical Commissioning Group Martin Wilkinson, Chief Officer, Lewisham Clinical Commissioning Group		
Class	Part 1	Date	5 February 2014 2014

1. Purpose

The NHS is required to make £20 billion of QIPP efficiency savings by 2014/15 due to increasing demand for services. Lewisham Clinical Commissioning Group (LCCG) has begun the process of identifying a number of ways we can improve the quality of services through innovation, greater productivity and prevention (QIPP) using an integrated approach – whilst acknowledging the financial limitations.

The purpose of this briefing paper is to provide the Healthier Communities Select Committee with an overview of the following areas;

- QIPP 2013/14 Successes;
- Our Commissioning Intentions for 2014/15 and 2015/16, including high level Quality, Innovation, Productivity and Prevention (QIPP) schemes, which have been identified to deliver the Lewisham CCGs 5 year Strategy – ‘A Local health Plan for Lewisham 2013 – 2018’.

It is our view that Lewisham CCG has made significant progress in improving care and the quality of services for patients and productivity in 2013/14. Our aim is to continue to build on the progress to date and work with patients, the public and our partners in the wider local health economy to improve health outcomes for our community.

2. Recommendations

Members of the Healthier Communities Select Committee are recommended to note the achievements and challenges in delivering the QIPP programme in 2013/14, our Commissioning Intentions (Appendix 1) and our approach to engaging and involving Lewisham people (Section 4 and Appendix 2).

3. QIPP 2013/14 Successes

The 2013/14 QIPP programme focussed on increasing the level of integrated services and ensuring that services were accessible and met the health needs of local people. The Lewisham Clinical Commissioning Governing Body receives a monthly performance report on QIPP at all meetings, including those held in public. At month 9 (2013/14) Lewisham CCG had delivered 99.4% of its 12m QIPP challenge.

3.1 Urgent Care

This year a number of schemes supporting improving access and choice with regard to urgent care produced a reduction in the number of A&E attendances. Supporting the

Urgent Care Centre (UCC) at Lewisham Hospital, Lewisham CCG commissioned GPs to provide dedicated Urgent Care Slots for patients' in local practices during the winter period. This provided an additional 388 appointments per week across Lewisham in practices.

Following the success of a 2 month pilot in 2013 the UCC Assess, Redirect or Treat (ART) Model of care was rolled out in the UCC in October 2013. The model aims to manage adult patients with an apparent non-urgent care need attending the UCC/A&E enabling patients with more complex needs to be seen quicker and managed more appropriately. Patients are assessed by a UCC clinician and receive either;

- immediate treatment (See and Treat);
- are referred to the UCC/Emergency Department for further investigations/treatment;
- discharged with self-care management guidance;
- or appropriately signposted to an alternative health or social care provider appropriate for their health care need.

The pilot demonstrated huge benefits for all patients (pilot and non-pilot) as they experienced shorter waiting times, were informed about services they can access for their health care condition and received advice on how to manage some minor ailments themselves (self-care).

3.2 Long Term Conditions (LTCs): Improving Diabetes Care

Lewisham CCGs Improving Diabetes Care Strategy continues to deliver improved care for patients with Diabetes. The number of emergency admissions for diabetes related conditions fell in 2013/14 in comparison to 2012/13. This is in part due to the collaboration of improvements in integrated diabetes services and early diagnosis and treatment (Register, Review and Recall) by local GPs.

Our programme to empower patients to be at the centre of their care has resulted in a 100% increase in the numbers of patients undertaking the DESMOND (Diabetes Education and Self-Management for Ongoing and Diagnosed) course. DESMOND is a UK NHS training course for people with type 2 diabetes that helps people to identify their own health risks and to set their own goals.

In addition, Lewisham CCG remains committed to raising awareness amongst local communities and commissioned a comprehensive training and support programme for Community Champions provided by Diabetes UK.

Fifteen Lewisham residents from mainly Black, Asian and minority ethnic backgrounds have been supporting their communities to better understand the potentially devastating consequences of diabetes. The group, who trained as part of the Diabetes UK Community Champions programme, received awards for their work at a celebration event on Thursday 14 November 2013 at the Broadway Theatre in Catford.

Since the group completed their training in July 2013, they have carried out 24 separate awareness raising events in the borough, reaching an estimated 1,000 residents. The group has pledged to continue to raise awareness with support from Diabetes UK, Lewisham Clinical Commissioning Group and Lewisham Borough Council.

4. Patient and Public Involvement

4.1 Our Approach

- Public engagement in the Commissioning Intentions will build on recent engagement activities to involve patients and the public in shaping the Lewisham CCGs 5 year Strategy 'A Local health Plan for Lewisham 2013 – 2018'.
- Public appetite to discuss health and social care was demonstrated well at this time, and the CCG has maintained contact with the groups that participated in those initiatives during September and October 2013.
- Feedback received from the public during the Strategic Plan engagement was acted upon to clearly focus the priorities we now seek their views on. Importantly, the forthcoming engagement seeks a clear contribution from the public.
- The engagement is designed to involve patients, carers and members of the public, including young people, in a dialogue to inform the LCCGs two year Operating Plan 2014 – 2016.
- The full Commissioning Intentions document has been reproduced as a Summary Document in response to feedback received from local residents, who formed our Readers Panel to 'test' the suitability of the full document.
- The Readers Panel suggested the full document be broken down into a 'suite' of documents, empowering the public to choose the areas of importance they are keenly interested in. This framework is being used to structure the questions we will use during engagement.
- The full Commissioning Intentions document will be available at all events and on-line for those who want to read more of the detail.

4.2 Aims of engagement in the Commissioning Intentions

Views gathered during public engagement will be used to inform the Lewisham CCGs two year Operating Plan. The Operating Plan provides further details on the activities and programmes taking place within Contract Frameworks with our major healthcare Providers. The Operating Plan is the key internal guidance framework we use to progress and deliver our Strategic Priorities and Commissioning Intentions.

Engagement is being developed in partnership with London Borough of Lewisham to ensure good coordination of important health and social care initiatives are delivered with respect for participants' time and energy for engagement. The priorities within the Commissioning Intentions document reflect the Health and Well Being Board priorities. The Adult Integrated Care Programme is a core priority within the Commissioning Intentions, and forms part of the engagement questions.

4.3 Engagement Method/s

We will use a number of methods to attract as many residents as possible; including face to face engagement within the equalities and health inequalities groups (9 protected characteristics groups); social media and on-line communication, and offer the traditional method of 'freepost' envelope for return.

We will be delivering;

- Workshops with 8 previously involved community groups
- Sessions with Health and Social Care Forum, Parkinson's Support Group and Lewisham Pensioners Forum
- Attendance at 5 Community Libraries
- Surveys for GP practices (by Healthwatch)
- Kaleidoscope Children's Centre (by Healthwatch)
- Distribution to Housebound Residents via Library Service/Healthwatch
- Attendance at Community Advice Hub - Healthwatch

- BME groups to be engaged by Community Health Team

Specific activities are in the process of being organised for community groups that have users of marginalised communities – as we are keen to engage and reflect our commitment to accessing all communities as stated in our Equalities and Health Inequalities groups.

4.4 Communication

Widespread communication of the engagement initiatives will take place through our partnerships within the community and voluntary sector, the London Borough of Lewisham's Leisure and Community Teams. Our Summary Document will be available in all Libraries and all centrally managed community centres and we have gained the support of the contracted Leisure Centre providers to distribute information to all their membership groups. These partnership activities will raise the awareness to Lewisham residents.

Lewisham CCG has secured 4 pages in the next edition of Lewisham Life and will communicate the participation opportunities. We will also utilise community infrastructure, including pharmacies, GP surgeries, and supported housing and care homes to encourage involvement.

4.5 Outcomes from engagement

An example of our engagement activities in action can be found at Appendix 2. The recent Asthma event is reported and demonstrates how we 'listen and respond' to public views. All participants involved in the event will receive feedback and further opportunities to stay engaged with Lewisham CCG.

5. Equalities and Diversity

An Equality Impact Assessment (EIA) was conducted by Public Health on Lewisham CCGs 5 year Strategy: 'A Local health Plan for Lewisham 2013 – 2018' (presented to the Healthier Communities Select Committee in September 2013). In order to ensure that Lewisham CCGs fulfils its commitment and duty to eliminate discrimination and promote equality – the Lewisham CCG's equalities objectives are embedded within the Commissioning Intentions. Our objectives are covered in Appendix 1;

- **Access to GP services:** Section 3.9 'Primary Care and Planned Care';
- **Navigating the NHS System:** Section 3. 8 'Adult Integrated Care – Living Well';
- **Information for patients when discharged from hospitals into the community:** Section 4.1 High Quality of Care';
- **Communication and understanding of reception staff in a range of settings:** Section 3. 8 'Adult Integrated Care – workforce'.



NHS LEWISHAM CLINICAL COMMISSIONING GROUP

**COMMISSIONING INTENTIONS
2014/15 and 2015/16**

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Approved by	Governing Body
Date Approved	TBC
Originator/Author	Corporate Director
Responsible Committee	Strategy & Development

INTRODUCTION

NHS Lewisham Clinical Commissioning Group is responsible for commissioning (planning, buying and monitoring) the majority of health services in Lewisham. We are a membership organisation made up of all the GP practices in Lewisham.

These are our Commissioning Intentions for 2014/15 to 2015/16. It is a framework for how we intend to commission local health services during the next two years. Our Commissioning Intentions have been developed to show how we intend to make best use of our available resources to ensure that Lewisham people receive high quality, safe health services that meet their needs and are good value for money.

It is an ambitious commissioning plan; but we believe that it is only by being transformational in our approach that we will be able to respond effectively to the significant challenges facing the NHS. We will only be successful if we can continue to work effectively with our member practices, build on our strong collaborative working with the local authority, health care providers, Healthwatch Lewisham and voluntary and community organisations, whilst working in partnership with the public

Our Commissioning Intentions sets out our commissioning priorities and Quality, Innovation, Productivity and Prevention (QIPP) schemes for the next two years. It has been informed by the feedback received from our members, the public, the Lewisham Joint Strategic Needs Assessment and the Lewisham Health and Wellbeing Strategy.

We would welcome your further engagement on shaping our Commissioning Intentions before we translate them into formal plans and contracts for 2013/14. Please contact the Engagement Team on 0203 049 3204 or lewccg.enquiry@nhs.net to attend a local meeting.

Dr Marc Rowland



CCG Chair

Martin Wilkinson



Chief Officer

1. WHO WE ARE

1.1 CCG's Responsibilities

Lewisham CCG is responsible for planning and buying most of the healthcare services for Lewisham residents. These health services include:

- hospital care
- rehabilitation care
- urgent and emergency care
- most community health services
- mental health and learning disability services

Primary care services such as GPs, pharmacists, dentists, opticians and some other specialist services are commissioned by NHS England¹.

Our aim is to commission the best possible health and care services for Lewisham residents in order to reduce health inequalities and improve health outcomes, in partnership with the people of Lewisham. We will do this by using findings about the health needs of our population² to identify priorities and to make plans for how healthcare can be provided.

We have contracts with a range of health service providers that include NHS and private hospitals and voluntary sector organisations. We monitor how well the services are being delivered to ensure that they are meeting the needs of our patients, that they are safe and of high quality and that they are providing value for money.

We are overseen by NHS England which makes sure that we have the capacity and capability to commission services successfully and to meet our financial responsibilities.

As a membership organisation, our GP member practices work closely, in local or neighbourhood groupings, to discuss common problems that are arising and to see how local services can be improved and co-ordinated better.

¹ Visit www.england.nhs.uk for more information

² JSNA <http://www.lewishamsna.org.uk/>

1.2 Partnership Working

We work in partnership with other commissioners to meet our goals and to ensure efficient and effective working.

1.2.1 Lewisham Health & Wellbeing Board

The Health & Wellbeing Board is a statutory committee of the London Borough of Lewisham (LBL). It is responsible for jointly planning how best to meet the local health and care needs and to promote greater integration and partnership working within Lewisham. The CCG is a member the Health and Wellbeing Board and is fully committed to working in partnership to deliver the priority areas identified in the Health and Wellbeing Strategy and implementing the Delivery Action Plan.

The Health and Wellbeing Board oversees the work of the Children and Young Peoples Partnership (see section 3.4) and the Adult Integrated Care Programme (section 3.8).

The Public Health team of London Borough of Lewisham support the work of the Health and Wellbeing Board with specific responsibility for the co-ordination of the information on the health and wellbeing of the people of Lewisham, which is summarised in Lewisham's Joint Strategic Needs Assessment (JSNA). The CCG has a strong working relationship with Public Health as its work underpins the CCG's commissioning plans and priorities.

1.2.2 South East London Clinical Commissioning Groups

The six CCGs in South-East London, Lewisham, Lambeth, Southwark, Greenwich, Bexley and Bromley, have established collaborative arrangements to meet their shared and interdependent commissioning responsibilities. These arrangements include collaborative work on developing a joint south east London strategy, which encompasses the South East London Community Based Care Strategy. The reason for working collaboratively with the six CCGs in south east London is that we believe that we can transform the way services are delivered faster, learn from one another and implement some programmes collectively at scale.

2. CCG's STRATEGIC PLAN (2013-18)

2.1 CCG's Strategic Vision

Our strategic vision - 'Better Health, Best Care, Best Value – is visually represented below:



Working together with Lewisham people is at the centre of everything we do.

2.2 Our Ambition

We will determine our success in improving the health of Lewisham people through measures of life expectancy, rates of premature mortality from the three biggest causes of death in Lewisham (cancer, respiratory diseases and cardiovascular disease), infant mortality, patient experience and end of life care. We want people to live longer and with a better quality of life.

Over the last 10 years health outcomes have got better for Lewisham people, however, compared to other similar London boroughs we have further room to improve. Our ambition is to reduce the gap in key health outcomes between Lewisham and England by 10% over the five year period and to reduce inequalities within Lewisham.

Further details on outcome measures by which we will measure our success can be found in Appendix 3.

2.3 Health Needs of Lewisham Population

The information we use to understand the health and wellbeing of the people of Lewisham, is obtained from the Lewisham's Joint Strategic Needs Assessment (JSNA).

(Source - <http://www.lewishamjsna.org.uk/>)

2.3.1 Population Growth

Lewisham population size is estimated to be 284,325. Lewisham has a young population with 25.4% of the population being under the age of twenty. The Lewisham population is projected to grow across all age groups over the next five years. For this period the largest percentage growth rate is in the 20-64 year old age group.

There has been a sustained rise in the birth rate in Lewisham for several years, reflecting a similar rise in London and the country as a whole, although the trend in birth rate in Lewisham is expected to level off in future years. The population of children, in particular those aged 5 to 14 will continue to rise for the foreseeable future because of the previous rise in births.

2.3.2 Ethnicity

Lewisham is a very ethnically diverse borough, 46.5 % of the population are from Black and Minority Groups (BME) compared to 40.2% London and 12.5% in England. In 2011 the two largest BME groups were Black African (12%) and Black Caribbean (11%). In the

school population the proportion from BME groups is 77% and over 170 different languages are spoken.

2.3.3 Deprivation

Deprivation is increasing in Lewisham Borough. The 2010 Index of Multiple Deprivation (IMD) ranked Lewisham 31st out of the 354 local authorities in England compared to a rank of 39 in 2007.

Evelyn ward in the north of Lewisham is the most deprived ward followed by Bellingham, Downham and Whitefoot (5th) in the south of the borough. Rushey Green in the centre of Lewisham borough ranks as the 4th most deprived ward.

Lewisham has had a higher proportion of one person households 34% compared to 30% in England of which nearly a third are aged 65 and over. Also Lewisham has a higher proportion of lone parent households (11%) compared to London (9%) and England (7%).

2.3.4 Inequalities

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

While there are improvements in population health, there are still variations between different parts of the borough, for instance life expectancy at birth is rising but for men living in Lewisham Central and for women living in Telegraph Hill it is significantly lower than the average.

2.3.5 Mortality

The main causes of death in Lewisham are cancer, circulatory disease and respiratory diseases. Over the last couple of years cancer has overtaken cardiovascular disease as the main cause of death, and cancer deaths are now 33% of all deaths.

Overall the death rates have been falling in Lewisham, but the death rate in Lewisham Central ward is significantly higher than the Lewisham average.

2.4 Public Feedback

Since September 2013 a number of different types of public engagement events have taken place in order to gather public views on the Draft Commissioning Strategy 2013 –

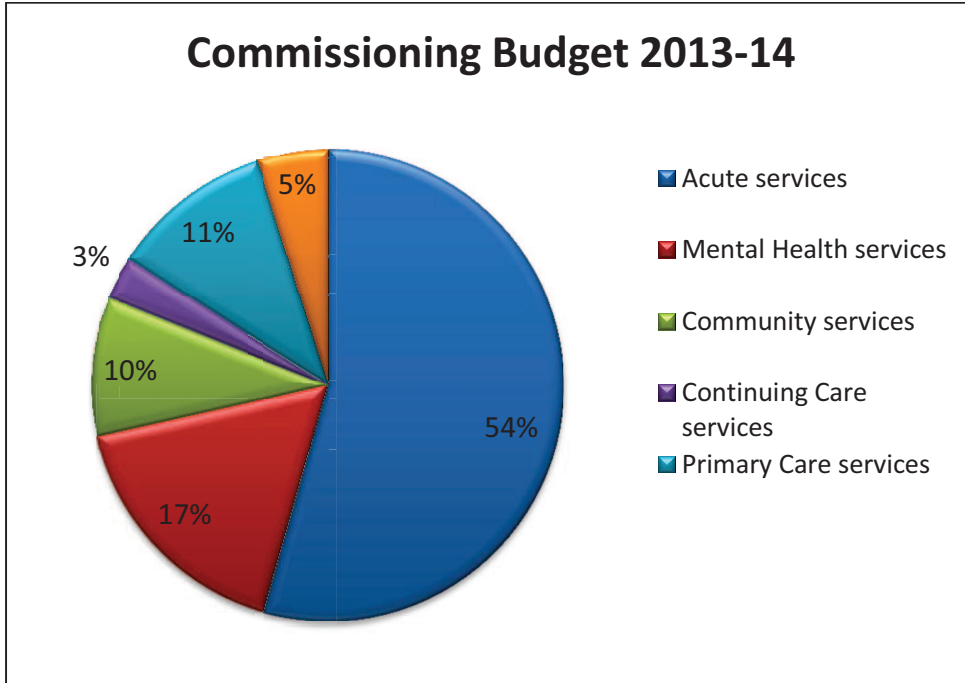
2018: A Local Health Plan for Lewisham. The key findings are summarised and have been incorporated into our commissioning Intentions as indicated below:

- Patient contact and interaction with GP Practices requires attention and/or improvement – this should not be confused with actual appointments; rather, patients report extensive telephone booking problems and provide examples of poor service by practice staff – see *section 3.9 Primary Care and Planned Care*;
- Patient experience and/or perception of quality of services at Lewisham & Greenwich NHS Trust will benefit from on-going qualitative monitoring, particularly those that fall outside of the Family and Friends Test – see *section 4.1 High Quality Care*;
- Improvements are required in health communications and the provision of information for patients – including advice, self-management and prevention material. There is strong support for reducing confusion in health messages – see *section 3.9 Primary Care and Planned Care section*;
- Consider the community and voluntary sector as delivery mechanisms for health to build on the trust within the community; potential to link to Commissioning and Social Value Act – see *section 3.8 Adult Integrated Care*;
- There is strong support for proactive primary care including NHS Health Checks – see *section 3.9 Primary Care and Planned Care*;
- There is strong support for the mental health priority, including early advice within the community – see *section 3.7 Mental Health*;
- There is strong support and need for the integrated care programme that must improve services, team working and deliver patient centred care – see *section 3.8 Adult Integrated Care*;
- Delivering services differently using suggestions made by the public should be considered as future pilots within care pathways – see *section 3.6 Long Term Conditions*;

2.5 Our Commissioning Portfolio

In 2013/14 we received around £365 million in order to commission most of the healthcare services for Lewisham residents. The following chart shows how we have budgeted to spend the money we receive from the Government in acute (hospitals), mental health, community and continuing healthcare services:

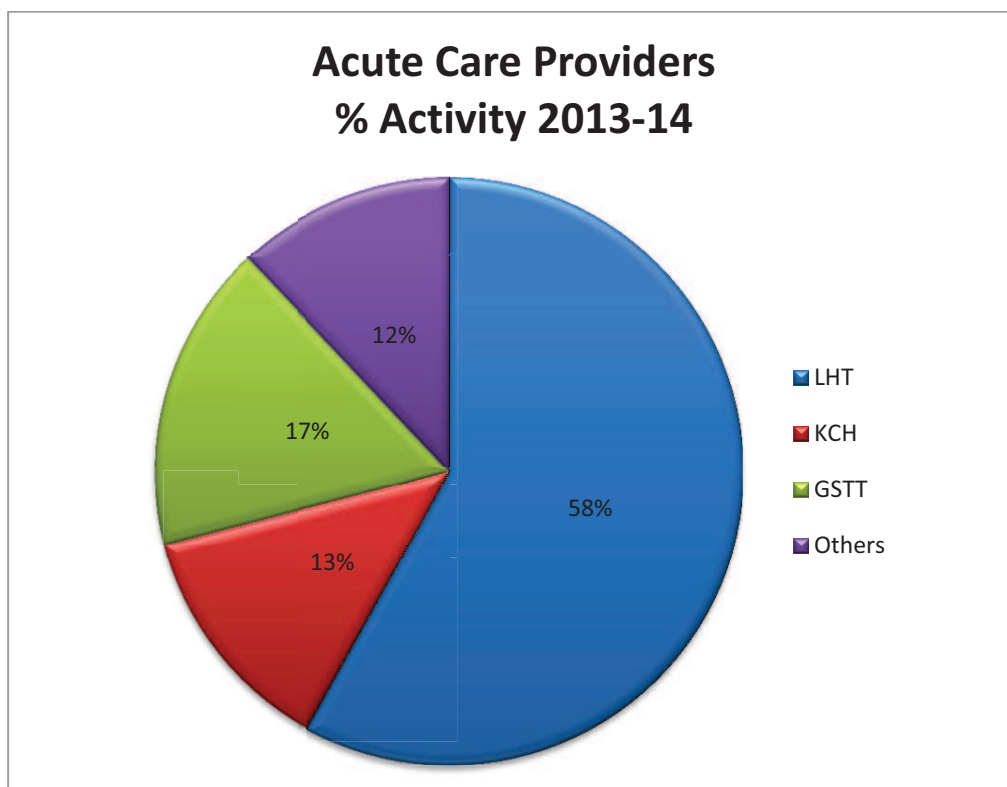
Commissioning Budget 2013-14



Our main providers by expenditure of acute care services are Lewisham and Greenwich NHS Trust (which provided services at Lewisham hospital previously - Lewisham Healthcare NHS Trust - LHT), King's College Hospital NHS Foundation Trust (KCH), and Guy's and St Thomas's NHS Foundation Trust (GSTT).

Our community services provider is also Lewisham and Greenwich NHS Trust and mental health services are provided by the South London and Maudsley NHS Foundation Trust (SLaM).

Their approximate share of CCG expenditure is shown in the next chart.



2.6 National and Local Planning Context

2.6.1 The NHS Constitution

The NHS Constitution requires the Government to provide a statement of NHS accountability, describing the principles, values, rights and responsibilities that underpin the NHS. You can find further details about the NHS Constitution at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf

2.6.2 The NHS Mandate

The NHS Mandate (November 2013) sets out the Government's strategic direction and ambition for the NHS based on the eight strategic objectives, as shown in the table below. The NHS Mandate also summarise the clear expectations of the NHS in terms of improvements in the quality of care to be delivered during 2014/15. Lewisham CCG has incorporated these priorities and requirements into its local Strategic Plan and Commissioning Intentions, as is summarised in the next sections on Commissioning Priorities and Commissioning Enablers:

NHS Mandate: Strategic Objectives

1. **Help people live well for longer** – preventing ill-health, and providing better early diagnosis and treatment of conditions such as cancer and heart disease, so that more of us can enjoy the prospect of a long and healthy old age
2. **Manage ongoing physical and mental health conditions** - managing ongoing physical and mental health conditions such as dementia, diabetes and depression – so that we, our families and our carers can experience a better quality of life; and so that care feels much more joined up, right across GP surgeries, district nurses and midwives, care homes and hospitals
3. **Help people to recover from episodes of ill health or following injury**
4. **Make sure people experience better care** - not just better treatment, so that we can expect to be treated with compassion, dignity and respect
5. **Provide safe care** - so that we are treated in a clean and safe environment and have a lower risk of the NHS giving us infections, blood clots or bed sores
6. Free the NHS to innovate;
7. Support the NHS to play a broader role in society;
8. Make better use of resources.

NHS Mandate - November 2013

A summary of The NHS Mandate (2014 - 2015) for patients and the public is shown at Appendix 2. You can find the current Mandate and additional documents at: <https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015>

2.6.3 South East London Clinical Commissioning Groups

The six CCGs in south east London: Lewisham, Lambeth, Southwark, Greenwich, Bexley and Bromley, have established collaborative arrangements to meet their shared and interdependent commissioning responsibilities. These arrangements include collaborative work on developing a joint south east London strategy, which encompasses the South East London Community Based Care Strategy. There are three major work programmes:

- Integrated care for people with longstanding health needs including mental health needs;
- Primary and community including urgent care;
- Planned care for people with short term conditions

The aspirations of the Community Based Care Strategy are summarised at Appendix 4.

2.7 Local Financial Challenge

The CCG's financial forecasts for 2014/15 and 2015/16 are based on the following local planning assumptions:

Assumption	2014/15	2015/16
Allocation Growth	2%	2%
Demographic Growth	0.8%	1.5%
Non Demographic Growth	2%	2%
Prescribing Growth	4%	4%
Planned Surplus (increased from 1%)	2%	2%
Integration Transformation Fund (transfer to Local Authorities)	(0.3%)	(3.1%*)

The combination of increasing demand for healthcare and cost inflation in excess of income growth results in a real terms financial challenge for the CCG - in a "no change" scenario, it is estimated that this is a "gap" of about £13.7 million in 2014/15 and £10.3 million in 2015/16. In other words the CCG would overspend against its income allocation unless action is taken to increase efficiency or reduce cost – see table below.

Forecast Financial Position 2014/15 – 2015/16	2014/15 £'000	2015/16 £'000
Modelled Forecasts Expenditure	380,232	369,875
Modelled Allocation	366,554	359,547
Estimated Shortfall	(13,678)	(10,328)

Lewisham CCG plans to address the challenge of delivering improved quality whilst making efficiency savings, to address the estimated £24 million shortfall over 2014/15 and 15/16, by implementing a number of commissioning initiatives through the Quality, Innovation, Productivity and Prevention (QIPP) framework. The QIPP framework is

about making health services more cost-effective while improving the quality of services through innovation. In the next section further details of the QIPP schemes are given by commissioning priority area.

An overall summary of QIPP Schemes for 2014/15 and 2015/16 is shown at Appendix 1

3. COMMISSIONING PRIORITIES - TRANSFORMING LOCAL SERVICES

This section describes our commissioning priorities for the next two years – 2014/15 and 2015/16 - to achieve our strategic vision and ambition as set out in Section 2 of these Commissioning Intentions.

3.1 Commissioning Priorities - Overview

We have identified the following eight commissioning priorities that we will focus on to transform services, supported by four system-wide enablers:

Strategic Themes	Commissioning Priorities
Healthy Lifestyles and Choice	1. Health Promotion – smoking cessation, alcohol abuse, obesity and cancer
	2. Maternity and children’s care in hospital
Frail and Vulnerable People	3. Frail older people (including end of life care)
Long Term Conditions	4. Long Term Conditions – eg COPD, diabetes, CVD, dementia
	5. Mental Health
Deliver Services Differently	6. Primary care development and planned care
	7. Urgent Care
	8. Adult Integrated Care
‘Enablers’	High Quality Care
	Public Engagement
	Information and Communication Technology
	Commissioning Development

For each commissioning priority we have set out:

- A brief description of the service area(s) covered and our strategic aim;
- A summary of the current issues for Lewisham;
- A summary of the action Lewisham CCG intends to take over next two years;
- A list of the key benefits expected to be achieved by delivering these Commissioning Intentions for the Lewisham population.

We would welcome your views on whether you agree with our choice of priority areas for action for the next two years to achieve our strategic aims and to deliver the expected benefits for the Lewisham population.

3.2 Health Promotion

What do we mean by Health Promotion?

Health promotion is the process of enabling people to increase control over, and to improve, their health. Health promotion activities include prompting strategies and campaigns to support people to make healthier decisions or change their behaviour to improve their health, such as to stop smoking and to eat more healthily. Health promotion can also include a range of social and environmental interventions.

Health promotion activities provides long-term benefits as they contribute to reducing premature deaths from cancer, cardiovascular disease (CVD) and respiratory disease (which includes COPD) and addressing inequalities between different communities and locations in Lewisham.

Our Strategic Aim

Strategic Aims

- Overarching Health and Wellbeing Board's strategic aim – 'Achieving a healthier and happier future for all'.
- CCG's strategic aim - to contribute to the delivery of the Health and Wellbeing Board's strategy with a particular focus on reducing smoking, alcohol abuse, obesity and to increase cancer awareness, screening and early diagnosis.

The Health and Wellbeing Board's Strategy (September 2013) sets out the wider health and wellbeing prevention strategy for Lewisham. The following nine priority areas have been selected:

1. Achieving a healthy weight
2. Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years
3. Improving immunisation uptake
4. Reducing alcohol harm
5. Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking
6. Improving mental health and wellbeing
7. Improving sexual health
8. Delaying and reducing the need for long term care and support.
9. Reducing the number of emergency admissions for people with long term conditions

The CCG, as a member of the Health and Wellbeing Board, is fully committed to supporting the delivery of all priorities identified in the Health and Wellbeing Strategy, with a specific focus on reducing smoking, alcohol harm, obesity, improving sexual health and increasing cancer awareness, screening and early diagnosis.

More details about the Lewisham Health and Wellbeing Strategy for all by 2023 can be found at:

www.councilmeetings.lewisham.gov.uk/Health.and.Wellbeing.Board/19Sept

What are the current issues for Lewisham?

The key health risks for people living in Lewisham are:

- Smoking - more people smoke than the national average. Reducing the number of people in Lewisham who smoke would have a major impact on the key causes of premature death. Having smoke free homes also protects the health of children.
- Alcohol - alcohol related harm is increasing in Lewisham. Alcohol use has a major impact on health, anti-social behaviour, crime and other important social issues, including the wellbeing and development of children.
- Obesity – about 33% of adults in Lewisham are overweight or obese compared to 24.2% in England. Lewisham has a high level of childhood obesity. Over 40% of 10 - 11 year olds and nearly a quarter of 4 - 5 year olds were overweight or obese in 2011/12.
- Physical activity – adults in Lewisham participate less in sport or active recreation compared to both the rest of London and England.
- Cancer screening uptake - the uptake of cancer screening in Lewisham is significantly worse than London. This has implications for cancer survival as many women particularly are missing the opportunity for early diagnosis of cancers which may result in better treatment outcomes.

Also, we know that beneath the overall picture of health that exists, specific inequalities need to be addressed. For example, people on low incomes or with mental health problems are more likely to smoke. Uptake of breast cancer screening is lower in black women, whilst late diagnosis of HIV infection is more common in black African heterosexual men. Black teenage girls are 74% more likely to get pregnant than white teenage girls. White men and women have higher rates of admission for alcohol related problems.

What action does Lewisham CCG intend to implement over next two years?

In order to achieve improvements in health and wellbeing, individuals, communities and voluntary and statutory organisations will need to work collaboratively. The CCG will work with contribute specifically to:

- preventing uptake of smoking among young people and reduce smoking – including encouraging health providers to give brief advice on smoking and making it easier to be referred to a stop smoking services in primary care;
- reducing alcohol admissions – by supporting GP practice members to systematically identify and give brief advice on alcohol, including signposting support on alcohol for those who require it;
- achieving a healthy weight - by supporting GP practice members to offer brief advice on levels of physical activity and weight in children and adults and refer to weight management and physical activity programmes.
- increasing awareness, screening and early diagnosis cancer and to improve quality of primary and secondary care in relation to cancer - by working to secure improvements in cancer services, focusing on national and local priorities covering prevention, early diagnosis and intervention, patient experience, quality and value for money, working with the our GP practice members, London Cancer Commissioning and the Public Health team at LBL;
- supporting the reduction of unintended pregnancies and Sexually Transmitted Infections (STIs) including HIV - by improved access to contraception and STI services provided by GPs, sexual health clinics, online and in pharmacies.

The CCG will continue to meet its Health Inequality Duty, as set out in the Equality Act 2010, to reduce inequalities between patients with their ability to access health services and to reduce inequalities between patients with respect to the outcomes achieved for them.

Also the CCG, as an employer, will promote healthy lifestyles, including healthy eating and physical activity to our employees.

What are the expected benefits for Lewisham population?

Key Benefits
<ul style="list-style-type: none">• Lewisham’s people living a healthier, independent and fuller life;• Reduce the risk of developing disabling or life threatening conditions;• Delay the onset of disease;

- Support a more speedy and sustainable recovery;
- Reduced costs to health and social care in the longer term;
- Reduced cost to business through a reduction in absenteeism;
- Increased financial benefits to individuals of being able to work;
- CCG fulfilling its Health Equality Duty.

3.3 Maternity Care

What do we mean by Maternity Care?

Maternity care covers a wide range of services that provide a woman with advice, support and care from preconception, during pregnancy (antenatal care), child birth and after care (postnatal care).

Our Strategic Aim

Strategic Aims

- To normalise and improve the quality of maternity care to women in Lewisham across the care pathway from preconception, pregnancy, childbirth to aftercare.

What are the current Issues for Lewisham?

The population of children in Lewisham has been increasing due to an increase in the number of births. This trend is expected to level off towards the end of decade, but new housing developments planned for Lewisham Central mean that there is likely to be an increase in births in that particular ward.

Historically Lewisham has had a high percentage of low birth weight babies (less than 2.5kg or 5 lbs 8oz). The numbers of low weight babies is falling, but it is still a significantly higher rate than the England average, though it is now similar to the rest of London.

Lewisham Hospital's birthing unit is highly praised by mothers. However there is limited maternity services capacity in south east London, which means that sometimes a woman has limited choice in where she can plan to have the birth of her baby.

All providers of maternity services are working to achieve the London Health Programmes' London Quality Standards, including standards on waiting times, staffing levels and protocols in a maternity unit (February 2013).

What action does Lewisham CCG intend to implement over next two years?

The CCG is planning to pilot a new way of providing maternity care, where all maternity care is integrated and centred around the mother. This will involve strengthening the current community midwifery teams and integrating these community midwifery teams into other child and mother centred community teams e.g. Health Visitors, Children's

centres, GPs. In so doing, we hope that this model of care, where services are ‘wrap around’ the woman, will:

- give women greater choice and control in their care;
- improve the continuity of advice, support and care from preconception to the postnatal period.
- reduce risks for vulnerable pregnant women by earlier identification;
- improve communication and integration with other community based services centred around children’s centres.

Also we want to build on the positive public feedback about the birthing unit at Lewisham Hospital and to support the long-term sustainability of our local maternity providers. So we will coordinate capacity planning for future maternity services to make sure that we have the right services to cope with the expected rise in birth rates, working with our local hospitals and other south east London CCGs.

The CCG will continue to support actively the Health and Wellbeing programme to reduce low birth weight rates in Lewisham, by working with women and partners to increase the proportion of women who see a midwife early in pregnancy and breast feed their child. Also to support women to stop smoking and avoid drinking alcohol during pregnancy.

What are the expected benefits for the Lewisham population?

Key Benefits
<ul style="list-style-type: none">• Higher levels of satisfaction with maternity services and better experience of child birth as women receive the support they need throughout their pregnancies, based within community settings – ‘Friends and Family Test’ from October 2013.• Every women has a named midwife who is responsible for her care throughout pregnancy, childbirth and during the post natal period (NHS Mandate 2013).• More women booking early antenatal appointments enabling earlier identification of women at high risk and better long term health outcomes for both mother and child.• More women initiating breastfeeding resulting in better long term health outcomes for both mother and child.• Reduced level of postnatal depression through earlier diagnosis and better intervention and support. (NHS Mandate 2013).

3.4 Children and Young People

What do we mean by Children and Young People?

The usual definition of children and young people are those children and young people from 0 to 19 years.

In Lewisham there is a well embedded and mature Children's Partnership. All partners - Lewisham Council, health, education, police and voluntary organisations - have agreed to work together so that services are well placed to deliver our vision for all children and young people in Lewisham.

Our Strategic Aim

Strategic Aims

- Overarching strategic aim - 'Together with families, we will improve the lives and life chances of the children and young people in Lewisham';
- CCG's strategic aim - to develop integrated care pathways to ensure that all children receive excellent care and complementary care from different services and partners, in the appropriate setting.

Lewisham children's services are organised into three groups of - universal, targeted and specialist. All Lewisham children and young people benefit from excellent universal services. For those children and young people who may have a problem there are high quality targeted services that can provide support quickly to ensure that problems do not escalate and eventually require specialist services.

Lewisham Children and Young People's Plan 2012–2015 - It's everybody's business – can be found at:

www.lewisham.gov.uk/myservices/socialcare/children/Documents/CYPP2012-15.pdf

What are the current issues for Lewisham?

Overall Lewisham has a slightly younger age profile than the rest of the UK. Children and young people aged 0–19 years make up 24.5% of our residents, compared to 22.4% for inner London and 23.8% nationally.

Lewisham hospital has a separate 24 hour Accident & Emergency (A&E) service dedicated to children (under 16) supported by a full range of paediatric surgical and medical staff. Lewisham hospital is working to achieve the London Health

Programmes' London Quality Standards (February 2013), including standards on waiting times, staffing levels and protocols for a children's A&E department.

The London Borough of Lewisham (LBL) won its appeal against the Secretary of State's decision to close the Children's A&E service along with the main A&E department on the Lewisham hospital site. The problem of finding a way to make local health services more affordable still remains, but now we can work with local people, providers and with other commissioners to identify and implement a local solution to the future way children's and adult's emergency and urgent care is provided in Lewisham.

What action does Lewisham CCG intend to implement over next two years?

The Children's Partnership priorities for all children in Lewisham are being developed jointly with other commissioners, and will be published later this year. The CCG's commissioning priority, summarised below, will form part of this wider list of priorities.

The CCG wishes to review the top five reasons for children's unplanned visits to A&E and resultant admissions and to develop an integrated care pathway for the most common reasons for attendances. It is intended that this work will inform the wider work being undertaken to review local emergency and urgent care services— see section 3.10 on Urgent Care for further information.

What will be the key benefits for Lewisham population?

Key Benefits
<ul style="list-style-type: none">• Improved care of children and young people with the commonest conditions presenting as unplanned care, by improving self-management and improving care along integrated pathways.• Improved skills and confidence of primary care to support children in the top 5 priorities.• Improved working within community settings through developing integrated care pathways.• Improved confidence of parents and children to self-manage chronic conditions and knowing how to navigate the health system for appropriate support when needed.• More effective use of paediatric A&E and hospital by children and young people and their families.

3.5 Frail Older People

What do we mean by Frail Older People?

There is a variety of definitions of frailty. We use the term to highlight the group of older people who are at a higher risk of significant decline in their health and wellbeing, because they have little resilience. This means that a small adverse event can have a major impact on their ability to continue with their day to day living.

In the UK between quarter and half of those aged over 85 years are thought to be frail.

Our Strategic Aim

Strategic Aims

- To improve the advice, support and care provided to frail older people and their carers so they can continue to live independently;
- To commission a range of responsive and high quality care and support, available in a variety of settings including community, extra care and care homes, to meet the changing requirements of the frail older person;
- To improve end of life care for Lewisham residents.

What are the current issues for Lewisham?

In Lewisham the number of residents aged over 65 years has been stable or even falling slightly over the last decade, despite an overall growth in the population. However population projections suggest that from about 2015 the number of Lewisham residents over 65 years old will begin to rise. This is because the population is living longer. More older people live in the south than in the north of Lewisham.

Feedback from the public has indicated that some older people feel disengaged in their care and say how important it is to include their carers, as well as themselves in developing their care plans.

What action does Lewisham CCG intend to implement over the next two years?

The CCG intends to get better at systematically identifying our frail older population in Lewisham, so that earlier preventative support can be provided to reduce the loss of independence and harm from being more vulnerable. This will be done working collaboratively with older people, their carers and families; with both statutory and voluntary agencies.

For example each year many frail older people are admitted to Lewisham hospital because they have fallen in their own home or care home or they have pneumonia or an Urinary Tract Infection (UTI). The CCG, working with GP practice members, will focus on preventing these health issues so reducing the number of avoidable hospital admissions from falls, UTIs and respiratory conditions.

The CCG is committed to increasing the support to carers with better access to information, advice and support, to maintain their own health and wellbeing. The development of a multi-agency carer's strategy will assist in raising awareness amongst professionals and carers of the Carers Emergency Alert Card Scheme and the wider network of advice and support services available within Lewisham.

The CCG is committed to improving the quality of care provided by residential and nursing homes in Lewisham, by increasing the type and range of appropriate clinical support and staff training provided in all our local care homes.

The CCG will work jointly with Lewisham Council to ensure that the process for obtaining NHS fully funded continuing care is fair and simple for people to understand and is linked with accessing NHS personal health budgets. This will include those who are terminally ill.

The CCG wants every person who is near to the end of their life to be supported to die in a place of their choice. As we have been successful in obtaining additional two year funding from Macmillan Cancer Care, this will support us to transform end of life care in Lewisham in conjunction with people who use the service (service users), carers, GP practice members, Lewisham hospital and other providers.

What are the expected benefits for the Lewisham population?

Key Benefits
<ul style="list-style-type: none">• Reduce or minimise risk of harm, abuse or serious untoward events for vulnerable people in Lewisham;• Improved frail older people's experience of health and social care services being timely and joined up;• Early identification of frail older people at risk of worsening health or avoidable hospital admission – it is estimated that this could save up to £1 million (6% of the CCG's planned expenditure on emergency admissions) over 2014/15 and 2015/16;• Improved experience and feedback from carers;

- Good clinical quality standards across all care homes;
- NHS fully funded continuing care is fair and simple;
- Offering NHS personal health budgets to eligible continuing care adults;
- Increased proportion of people who are supported to die in the place of their choice.

3.6 Long Term Conditions

What do we mean by Long Term Conditions?

Long term conditions (LTC) are conditions that cannot, at present, be cured but can be controlled by medication and other therapies. They include diabetes, heart failure, chronic obstructive pulmonary disease (COPD), cardiovascular disease (CVD), asthma, dementia, living with cancer and many others. LTCs can affect many parts of a person's life.

Care of people with long term conditions accounts for 70% of the money we spend on health and social care in England.

Our Strategic Aim

Strategic Aims

- To improve the patient's and carer's experience by changing culture and behaviours so that the patient is at the centre and better supported to take greater responsibilities;
- To develop integrated care pathways for long term conditions, including for people with dementia;
- To provide personalised care, using risk profiling tools to systematically identify people earlier with health issues.

What are the current issues for Lewisham?

There are an increasing number of people in Lewisham who have long-term conditions and this will increase further with the ageing population, particularly the likelihood of having more than two conditions and having dementia.

In addition there are inequalities in long-term conditions as our more deprived populations are more likely to have two or more long-term conditions compared to our less deprived populations. Also Lewisham's black and minority ethnic communities are at greater risk from health conditions such as diabetes, hypertension and stroke.

Given that long term conditions are becoming more common in Lewisham, we, in partnership, will need to ensure service users and carers receive the advice, support and care to manage their long term conditions. We aim to support people to live healthy and independently, with much better control over the care they receive and so do not end up in hospital needlessly.

Feedback from the public is that we should be more readily using suggestions made by the public on how services could be delivered differently within care pathways.

What action does Lewisham CCG intend to implement over next two years?

The CCG will continue to work in partnership with service users, their carers and our GP practice members to transform the way that care is provided for people with LTCs – from promoting healthy living, early identification and diagnosis of LTCs, supporting self-care and self- management, medication and treatment. Changes already made to diabetes and COPD care has been successful in improving the quality of care and service users experience and reducing the numbers of emergency hospital admissions in Lewisham. We intend to roll this work out consistently across all of Lewisham for the other key long term conditions, particularly for dementia.

Also we will work to ensure that local health and social care providers are better at supporting service users and their carers to manage and make decisions about their own care and treatment by:

- offering a personalised care plan that reflects their preference and agreed decisions to everyone with a LTC;
- giving people the option to hold their own personal health budget;
- increasing the support to carers with better access to information, advice and support, to maintain their emotional and physical health and wellbeing – see section 3.5 on Frail Older People.

Lewisham CCG will work jointly with London Borough of Lewisham to increase the pace and scale of integration across health (primary, community and secondary care) and social care to provide the most effective care and support where and when it is most needed for people with a long term condition – see further details in section 3.8.

What are the expected benefits for the Lewisham population?

Key Benefits
<ul style="list-style-type: none">• Improved service users’ and carers’ experience of being supported to manage and make decisions about their own care and treatment;• More people with a long term condition having a personalised care plan and feeling confident in self-care management, supported by better health information and access to appropriate technological support (NHS Mandate 2013);• Good clinical quality standards, based on clinical evidence, consistently achieved

across the LTC's care pathways;

- A reduction in number of people with a LTC requiring an emergency admission to hospital as support and care is better planned in community based services – it is estimated that this could save up to £2.9 million (6% of the CCG's planned expenditure on emergency admissions) over 2014/15 and 2015/16.

3.7 Mental Health

What do we mean by Mental Health?

Being mentally healthy is not simply the absence of mental illness.

Mental health is about physical, emotional and social wellbeing. If people are mentally healthy they are able to cope with the ups and downs of day to day living, they have the energy to lead active lives, and they achieve personal goals and are able to make a contribution to their community.

Mental health problems are very common. About a quarter of the population experience some kind of mental health problem in any one year.

Our Strategic Aims

Strategic Aims

To transform the local mental health system within which all providers, whether statutory, independent or third sector focus on four key aims:

- Outcomes - more people will have good mental health and more people with mental health problems will recover;
- Safety – fewer people will suffer avoidable harm;
- Choice – more people will have a positive experience of care;
- Access – fewer people will experience stigma and discrimination and people with mental health problems will have straightforward access to physical health care services.

What are the current issues for Lewisham?

Overall Lewisham has a high level of mental health need. In 2011, 1.1% of the population registered with a Lewisham GP was on a Severe Mental Illness (SMI) register. This equates to 3,423 people. In London the figure is 1% and England 0.8%.

Within Lewisham there is variable need, with the southern wards of the borough (Downham, Bellingham and Whitefoot) estimated to have a 25 - 40% higher need for services, in contrast to less deprived wards such as Forest Hill and Catford.

Also certain ethnic groups are over-represented in local inpatient mental health services (principally White other and Black other). It is a nation-wide concern that urgent action is required to reduce racial inequalities in mental health services.

The public strongly supported mental health to be a local commissioning priority, given the high level of need in Lewisham. People welcomed the shift of focus from mental health services to the provision of early advice and support within the community.

What action does Lewisham CCG intend to implement over next two years?

Commissioning of mental health services traditionally has been focused on the volume of services provided – the number of admissions to hospital, or outpatient visits, or contacts with a community team. This approach has helped us to understand the output of services (how much they are doing for the money we provide) but it does not tell us about their outcome – how mental health services are improving the lives of the people who use them.

Our intention is to change this and to move our commissioning to focus on to the outcomes which mental health services achieve for service users, their families and carers and the wider community.

So our commissioning intentions are to focus on:

- work closely with South London and Maudsley Foundation Trust (SLaM) to ensure Lewisham's needs are understood as they transform their delivery of adult mental health services to offer a wider range of services in the community with less need for inpatient mental health bed based care but also less delay in accessing community services;
- further expanding treatment options in the community by strengthening the relationships between the various statutory and voluntary health and social care services and providers, working with our GP practice members, to make them more focused on the service user's needs;
- further increasing service user and carer involvement in all aspects of how services develop with a specific focus on patients from BME backgrounds;
- ensuring equity of access for people with mental health problems to mainstream physical health care services, in particular primary care;
- Ensure that the services to manage acute and serious episodes of mental health illness do so safely and effectively and to increase provider accountability for the services they provide.

What are the expected benefits for the Lewisham population?

Key Benefits
<p>People with mental health problems will see improvements in their ability to function and will feel supported to maintain the best possible quality of life;</p>
<p>People will feel supported to regain the best possible quality of life after a period of illness;</p>
<p>People using mental health services will be at the lowest possible risk of suicide, deliberate self-harm or self-neglect;</p>
<p>People using mental health services will feel more involved in all aspects of service design and delivery and will report strong relationships across the network of partnership organisations;</p>
<p>People using mental health services will have access to all the physical health care services they need and will be able to maintain a healthy lifestyle despite their mental illness;</p>
<p>People will be seen within the least intensive service that is appropriate and community based plans will be the preferred referral for care;</p>
<p>People self-referring to services and professional referrers will find access to mental health services to be fair and straightforward - across age groups and across diverse communities;</p>
<p>A wider network of community based mental health services with effective interfaces including the provision of effective mental health care in a crisis and reduced waiting times for access to mental health services is estimated to have the potential to deliver up to £2 million in savings (equivalent to 2% of the SLaM current contract value) over 2014/15 and 2015/16.</p>

3.8 Adult Integrated Care Programme

What do we mean by Adult Integrated Care Programme?

The Lewisham Adult Integrated Care Programme has been established by Lewisham's Health and Wellbeing Board to increase the pace and scale of integration across health (primary, community and secondary care) and social care. As our ageing population develops more complex health needs and there are an increasing number of people living with long term conditions (LTCs), there is, and will continue to be, increasing pressure on our services. It will be essential for us to manage our collective resources in a more effective way to deliver our joint strategic vision '*Better Health, Better Care, Stronger Communities*'.

Our Strategic Aim

Overarching vision – '*Better Health, Better Care, Stronger Communities*'

- To make choosing healthy living easier;
- To provide the most effective care and support where and when it is most needed;
- To build engaged, resilient and self-directing communities.

What are the current issues for Lewisham?

The development of the Adult Integrated Care Programme has been influenced by the views expressed by our local residents, who highlighted some of the barriers to improving health outcomes, including:

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

(Source – Health and Wellbeing Strategy - September 2013)

What action does Lewisham CCG intend to take over next two years?

The Lewisham Adult Integrated Care Programme has established a number of different work streams to take this work forward including:

- I. Providing high quality information and advice – involving the co-ordination of health and wellbeing campaigns; health promotion and self- help initiatives; and access to

information and signposting about services - connects with the CCG's priority on Health Promotion in section 3.2;

- II. Supporting independence - the development of effective systems and processes for, primary care identification, diagnosis and management, including enablement, telecare, and equipment, with a specific focus to support admission avoidance and hospital discharge - building on the work being undertaken by the CCG as part of Primary Care, Long Term Conditions, Mental Health and Frail Older People;
- III. Transforming care planning – the development of single assessments, including risk profiling , joint care plans, joint reviews, direct payments, personal budgets, personalised health budgets and the development of a single health and care record – building on the work being undertaken by the CCG as part of Long Term Conditions, Primary Care, Mental Health and Frail Older People;
- IV. Streamlining care pathways – the streamlining of key pathways across health and social care from initial contact to ongoing care – dementia, falls, COPD, Heart Failure and Diabetes – building on the work being undertaken by the CCG as part of Long Term Conditions in section 3.6;
- V. Inspiring the workforce – working with patients and local providers to develop new ways of working and culture and behaviour changes to proactively manage health and wellbeing – links with the wider CCG work to achieve high quality of care in section 4.1;
- VI. Maximising the potential of Information and Communication Technology (ICT) – involving a joint approach to collection, use and sharing information and joint care records – builds on the CCG's work summarised in section 4.3 on ICT;
- VII. Building stronger communities – coordinated work to develop vibrant connected local communities and strong neighbourhood networks – links with the wider work CCG on Public Engagement summarised in section 4.2;
- VIII. Creating excellent commissioning – the CCG will work with other commissioners to develop more innovative commissioning approaches and contractual models to support the transformation of services. This will include developing new ways of incentivising market development in the community; implementing transparent processes so that resources can move flexibly around the system and achieve system wide savings, whilst assuring quality and safety standards; creating the right commissioning environment to facilitate transformation change, rather than

transactional change - builds on the CCG's work on Commissioning Development in section 4.4;

- IX. Securing wider partnerships - with an initial focus on the interface with housing and supported accommodation;
- X. Managing the programme - including programme support; sources of programme funding; financial modelling and forecasting; risk management, programme consultations and communications.

What are the expected benefits for the Lewisham population?

Key Benefits
<ul style="list-style-type: none">• Better health and wellbeing outcomes and reduced health inequalities – seeing significant improvements in the outcomes as set out in national frameworks for public health, CCG and Adult Social Care.• High quality and safe services provided to Lewisham residents – provided by a professional and flexible workforce, robust joint contract monitoring and improved recording and sharing of information.• Sustainable, high quality and cost effective health and care systems by transforming the way we provides services - reducing and shifting demand for complex health and care services to existing and new preventative and early intervention opportunities, by innovative commissioning which can respond flexibly to meet people's individual requirements and circumstances. - it is estimated that this could save up to £3.75 million (6% of the CCG's planned expenditure on emergency admissions) over 2014/15 and 2015/16 for health care, as part of a four to five year work programme.

3.9 Primary Care and Planned Care

What do we mean by Primary Care and Planned Care?

Primary Care services includes the GP services provided in your local general practice, supported by practice nurses, community nursing services and health visitors. Also it includes pharmacists, optometrist and dentists.

Lewisham CCG is responsible for improving the quality of local GP services, working closely with NHS England. The CCG, unlike its predecessor organisation the PCT, has a unique working relationship with the local GPs, as it is also a membership organisation of all GP practices in Lewisham which creates new opportunities to gain the added value from clinical lead commissioning.

Planned Care is the care which is organised in advance, usually by booking an appointment for example to see your GP, or for arranging for a diagnostic test, or to see a specialist consultant in outpatients or for a planned operation.

Our Strategic Aim

Strategic Aims

- Supporting GP practice members to ensure high quality of care for all by levelling up standards and reducing variations between practices;
- Working with local providers to ensure optimisation of planned care services by commissioning effectively.

What are the current Issues for Lewisham?

Lewisham people sometimes, still find it difficult to get in touch with their GP Practice. This problem varies between practices, but some patients report that they have significant difficulties in telephoning a practice to book an appointment with practice staff.

Lewisham people have told us that they are not given enough information about medication and other aspects of their care. The feedback is that people would like to receive clearer, consistent information on health prevention and self-management, as sometimes there appears to be confusion in the health messages given.

There is general support for more proactive approach to care in primary care, by earlier diagnosis of potential illnesses and tackling high risk factors such as high blood pressure and cholesterol by using NHS Health Checks.

Primary care services, across the country, are having to manage increasing demand for their services because of the rising number of people with long-term conditions, including dementia and an ageing population. This is combined with the higher public expectations of a customer orientated service, wanting services easier access 7 days a week. This has meant local GP Practices are considering how they can work together differently to respond to this increased demand effectively, in a way in which it is more sustainable in the longer term.

Lewisham population are referred more often for an outpatient specialist opinion and /or treatment and it would appear have more operations in hospitals compared to other similar populations.

What action does Lewisham CCG intend to implement over next two years?

The CCG will continue to support our member GP practices to improve access to their services, specifically the booking appointments system and to improve clinical quality standards by reducing the current variation between different practices.

The CCG plans to support member practices to increase the use of new technologies so that everyone who wishes will be able increasingly to get online access to their own health record, book a GP appointment, order a repeat prescription and communicate with their GP by email - an 'e-consultation'.

The CCG's intention is to integrate its work on self - care management with Lewisham Council so that there is a joint programme of support for individuals to access good quality information in a number of different ways and appropriate technologies eg telehealth and telecare, so that service users are better equipped to manage their own care as far as they want and are able to.

The CCG will focus on planned care, by member practices to refer the right patients for a specialist opinion and/or treatment in outpatients, based on clinical effectiveness protocols, with the introduction of a Referral Support Service for GPs to use. This should result in a reduction in a number of hospital based outpatients appointments. Also the CCG will undertake further work with Lewisham and Greenwich NHS Trust and other providers to understand the reasons why it would appear that Lewisham's population have more operations compared to other similar populations.

The CCG will plan to ensure that all prescribing is both clinically appropriate and cost effective and reflects national and local advice (e.g. current NICE guidance and other clinical evidence). This will be achieved mainly by making sure that our members as primary care prescribers, are given full information on the most cost effective prescribing and supporting patients to ensure that they understand their treatment and how to take their medicine in the best way.

The CCG will work with NHS England to increase the use of pharmacists, optometrist and dentists to promote and maintain good health locally.

The CCG is committed to support our member practices to work together to develop a more sustainable way of working so that primary care can respond effectively to the increasing demands of Lewisham population, as the CCG believes that high quality community based care is the foundation of high quality care for all.

What are the expected benefits for the Lewisham population?

Key Benefits
<ul style="list-style-type: none">• Improved patient experience and feedback with better access to GP practices for all of Lewisham’s registered population;• Everyone will be able to get online access to their own health record, book a GP appointment and order a repeat prescription by March 2015 (NHS Mandate 2013)• Good clinical quality standards across all primary care services;• More people feel confident in self–care management supported by better health information and knowledge and access to appropriate technological support;• 25% reduction in number of patients being referred for a specialist opinion and treatment in outpatients with more care provided in the community – it is estimated that this could save up to £4.4 million over 2014/15 and 2015/16;• Prescribing is both clinically appropriate and cost effective - it is estimated that this could save up to £2 million (5% of the CCG’s planned expenditure on the prescribing of drugs) over 2014/15 and 2015/16;• CCG members effectively respond to the increasing demands of Lewisham population, by implementing a long term sustainable way of working.

3.10 Urgent Care

What do we mean by Urgent Care?

Urgent care services are those health services which we use in an emergency or when we require urgent advice, support and care. This includes advice from NHS 111, out of hours services provided by local GPs, phoning 999 for the London Ambulance Services (LAS), the Walk In Centre at New Cross and the Accident and Emergency department (A&E) including the Urgent Care Centre (UCC) based at Lewisham hospital.

Our Strategic Aim

Lewisham CCG's fundamental aim is to support local people to receive the right care in the right place, at the right time. Research has shown that healthcare is more effective if health treatment is planned in advance, but this is not always possible. So when emergency or urgent treatment is required, Lewisham CCG is planning to make it simpler to access the services required in the future.

Strategic Aims

- To ensure that the right care is delivered in the right place, at the right time and to reduce the requirement for unplanned care, working with providers of urgent care.
- To review, with stakeholders, the current number of different ways Lewisham people currently access urgent care, enabling us to develop and implement the most appropriate model(s) and configuration of urgent care services.

What are the current issues for Lewisham?

Local people have stated that they value local A&E services.

The London Borough of Lewisham (LBL) won its appeal against the Secretary of State's decision to downgrade the A&E department on the Lewisham hospital site.

The number of patients accessing urgent care services is increasing across Lewisham however, so the problem of finding a way to make local health services more affordable still remains. We will work with the local people, providers and with south east London CCGs to identify and implement a local solution to the future way emergency and urgent care is provided.

Current providers of urgent care services are working to achieve the London Health Programmes' London Quality Standards (February 2013), including standards on waiting times, staffing levels and protocols in an A&E department.

What action does Lewisham CCG intend to take over next two years?

The CCG has begun co-ordinating the work with the public, providers and other south east London CCGs to review emergency and urgent care services to ensure that they provide good quality care that is affordable. This includes evaluating the Walk in Centre at New Cross against agreed service standards, working with and improving GP (in and out of hours), working differently with London Ambulance Service (LAS) and working with other CCGs to deliver the NHS 111 service to support patients and demand across NHS services.

Also the CCG intends to continue working jointly with Lewisham Council to provide clearer information and simple sign posting to help everyone to choose the right service to use within Lewisham and to support self-care, where appropriate.

What are the expected benefits for the Lewisham population?

Key Benefits
<ul style="list-style-type: none">• Simpler and improved access for all to urgent and emergency care services in Lewisham – it is estimated we could save about £1.3 million (2.5% of the CCG’s planned expenditure on A&E attendances) by streamlining current services;• Good clinical standards across all urgent and emergency care services;• Reduction in patients using urgent and emergency care services in Lewisham, that have non-urgent and non-life threatening conditions, so reducing pressure on these services;• Reduce confusion for the people of Lewisham by informing them how to access the right health and social care services to support their health and wellbeing.

4. COMMISSIONING PRIORITIES – “ENABLERS”

This section describes the four system wide enablers which will support the work to deliver our eight commissioning priorities, as summarised in the previous section. The four system wide enablers are:

- High Quality Care
- Public Engagement
- Information and Communication Technology
- Commissioning Development

4.1 High Quality Care

What do we mean by High Quality Care?

High quality care means that the care and support you receive is safe and meets the appropriate quality standards and clinical outcomes, as set by organisations such as NICE (National Institute for Health and Care Excellence). Also it means making sure that all people have a positive experience of care - people are treated with compassion, respect and dignity – whether at home, in hospital or in a care home.

Our Strategic Aims

‘High quality care for all’

- to ensure that all services commissioned are of high quality – in terms of being safe, a positive patient experience and based on evidence and good practice;
- to ensure that everyone receives high quality of care regardless of income, location, age, gender, ethnicity or any other characteristic.

What are the current issues for Lewisham?

Over the last year major quality failings in Mid Staffordshire hospital with its unusually high mortality rates amongst patients in 2008 and the Winterbourne View hospital abuse suffered by people with learning disabilities and challenging behaviour in 2011 have been reported and subject to public scrutiny. These tragedies have resulted in the NHS already putting a much greater level of scrutiny on the quality of care, where compassionate care and patient experience are as important as clinical outcomes and mediocrity in quality is no longer acceptable.

In Robert Francis QC's report on Mid Staffordshire he said that the NHS needed a 'real change in culture of all who work in the NHS – from top to bottom of the system - putting the patient first' (February 2013).

Locally patient experience and/or perception of quality of services at Lewisham and Greenwich NHS Trust varies. It has been suggested that on-going qualitative monitoring, to include waiting times of the service, would be beneficial, particularly those areas that fall outside the Family and Friends Test.

What action does Lewisham CCG intend to implement over next two years?

The overall aim of Lewisham CCG is to focus on achieving safe and high quality care that puts patients at its heart.

We will improve patient safety in all our commissioned services by:

- embedding a culture of patient safety, including safeguarding for vulnerable children and adults;
- creating a culture of learning from patient safety incidents and particular events that should never happen, such as wrong site surgery, to prevent them from happening again. This will require improving the reporting, investigation, prevention and treatments, for examples pressure ulcers, across Lewisham;
- implementing the CCG's action plan as a response to the Robert Francis QC Public Inquiry report and identifying common priorities with our local providers such as prevention of falls in hospitals;
- making sure that vulnerable people, particularly those with learning disabilities and autism, frail older people and those at the end of their life, receive safe, high quality compassionate care;
- supporting local providers to deliver good quality of care seven days of the week, not just Monday to Friday.

We will build on our Quality Assurance Framework so that we can systematically monitor and identify issues earlier. This will require:

- ensuring all contracts include 'fundamental quality standards', based on CQC and NICE guidance, as recommended by the Francis report. This will include having agreed methods of measurement and clear redress for noncompliance;
- making it easier for patients and carers to give feedback on their care and ensuring that we provide information on the impact of this feedback, building on the 'Friends and Family' test;
- getting better at monitoring patient experience working with other organisations like the Academic Health Science Centre (AHSC);

- monitoring trends and variances in the key outcome measures, such as avoidable deaths, and quality of care to address poor performance supported by Public Health and the Commissioning Support Unit;
- contributing to the wider South London Quality Surveillance Group.

We will work to deliver a significant improvement in follow up care after discharge, including the quality of discharge communication in acute, mental health and community providers, working with our GP practice members. We will expect that all discharge information is accurate, appropriate and clearly communicated in a timely fashion.

We intend to use contractual mechanisms to make improvements in the quality of care, for example using financial incentives, such as CQUINs. Also, to ensure that contracts operate effectively Clinical Quality Review Groups (CQRG) with appropriate mechanisms to escalate quality concerns and to intervene where substandard or unsafe services are being provided.

What will be the key benefits for Lewisham population?

Key Benefits
<ul style="list-style-type: none"> • care and support provided is safe – but when things go wrong we find out quickly and we are honest and open and have a culture of learning from mistakes; • our commissioned services meet the appropriate quality standards and clinical outcomes, which are monitored systematically through our Quality Assurance Framework; • all people have a positive experience of care - people are treated with compassion, respect and dignity – whether at home, in hospital or in a care home - regardless of income, age, gender, ethnicity or any other characteristic.

4.2 Public Engagement

What do we mean by Public Engagement?

Public engagement describes the many different ways in which the CCG involves the public from developing, agreeing and implementing its commissioning plans and priorities, through service re-design, to individual care plans. Engagement is by definition a two-way process, involving interaction and listening, with the goal of making better decisions that deliver our CCG’s strategic vision for all – ‘better health best care and best value’.

Engagement is our continuous offer to residents of Lewisham to shape and influence decisions made about local health and social care services that we commission.

Through involving and engaging the public we will be better able to commission high quality services that meet the health needs of our local population. Effective engagement will not only help us improve health outcomes, it will also help us to make the best use of public money, and provide services that are co-designed in partnership with the public.

Our Strategic Aim

To commission the best possible health and care services for Lewisham residents in order to reduce health inequalities and improve health outcomes, in partnership with the people of Lewisham.

What are the current issues for Lewisham?

We know that effective engagement is not always easy; it can be difficult as not everyone will agree on the same solution when difficult choices have to be made.

However, in Lewisham, we have a clear commitment to extend our engagement with the public, demonstrated - for example - in our recent initiatives aimed at involving members of the public in the development of the CCG's Strategic Plan. We want to build on this dialogue to ensure that future service changes – the challenges, the options and the financial, quality and clinical implications - are clearly communicated and community views are sought, valued and responded to in our decision making process. We have developed our Public Engagement Charter, as part of our Public Engagement Strategy, to support our continuous dialogue with the public – this can be found at Appendix 5.

What action does Lewisham CCG intend to take over next two years?

Our approach is to embed engagement activity in the work of the CCG by:

- Creating a dialogue with all our communities so that there is a range of open and creative ways in which local people can get involved in influencing and informing local health services. This includes seeking out and listening to the less heard groups or communities. For example using our knowledge of the local population, through mapping and Equality Impact Assessments, to promote engagement with the nine protected characteristic groups set out in the Equality Act 2010, working in partnership with Healthwatch, the voluntary sector and Lewisham Council networks;
- Engaging the public in reviewing our strategy, our priorities and future service changes. In particular we aim to increase awareness of the financial challenges

and opportunities facing the NHS and to encourage public participation in making sound decisions for improving local healthcare services for example, how maternity, urgent and emergency care is provided in Lewisham;

- Monitoring and evaluating feedback data collected through our engagement activity, including from practices' Patient Participation Groups, against the fundamental safety and quality standards in light of the Francis report (see section 4.1). This information with other quality monitoring data will be used to inform discussions at For Learning and Action Group (FLAG), which is a CCG group overseeing clinical quality and patient outcomes;
- Involving patients in shared-decision making about their care and promoting self-management by supporting a culture change in the way care is delivered;
- Providing greater assurance and public accountability by developing clear structures for engagement in the CCG, including annual engagement report and continuing to developing the use of new engagement methods and mechanisms, including social media;
- Continuing to collaborate with our partners in the Patient Engagement Group (PEG) as well as in the new Joint Public Engagement Group which will support the engagement work of the Health and Well-being Board.

What are the expected benefits for the Lewisham population?

Key Benefits
<ul style="list-style-type: none"> • Using information gained through public engagement to enhance the commissioning of services, by making the best use of public money to achieve our strategic vision – ‘better health, best care and best value’; • Improve the commissioning of high quality services that meet the health needs of our local population; • Support Lewisham residents to live healthy lives, help them to make healthy choices and reduce inequalities; • Support those with long-term conditions to have greater choice in managing their conditions; • Greater involvement of people in decisions about their care.

4.3 Information and Communication Technology (ICT)

What do we mean by Information and Communication Technology (ICT)?

Information and Communication, Technology, from the perspective of the CCG, includes three different components:

1. Commissioning high quality, safe health services at value for money, for Lewisham's population is the main role of the CCG. This role is supported by the Information and Communication Technology strategy, the systems already in place and being developed, to help deliver more appropriate personalised care. These systems will enable sharing of relevant information across health and social care providers to support the delivery of a chosen care package;
2. The ICT strategy sets out the priorities for technology, tools and techniques needed to support the delivery of the CCG's information strategy;
3. The Information Governance Strategy considers confidentiality, security and use of information, as well as improving the quality of information and how information is shared between organisations.

Our Strategic Aims

- Robust and high quality Information and Communication Technology that helps the delivery of service transformation in line with the CCG's Strategic Plans objectives;
- To provide personalised information across health and social care to empower individuals decision making about choice about their care and support.

What are the current issues for Lewisham?

The NHS Mandate (November 2013) sets out a number requirements for the NHS to deliver.

Information is not shared routinely across different health organisations in a way that ensures the every time, the best clinical decision are made.

The current CCG's Information Strategy is being reviewed and updated.

What action does Lewisham CCG intend to take over next two years?

The CCG will refresh its Information Strategy, underpinned by an Information and Communication Technology (ICT) Strategy. These strategies will underpin the implementation of the CCG's Strategic Plan and the integration work with Lewisham Council and will set out how information and technology will have a positive impact on healthcare.

Also the CCG will work towards delivering the National Information Strategy which includes:

- ensuring that the public can book GP appointments and order repeat prescriptions online;
- incorporating recommendations of Dame Fiona Caldicott's Information Governance Review;
- implementing the update technology objectives to go digital, including to work towards paperless referrals in the NHS ;
- optimising the use of Information Technology to modernise and streamline NHS processes and procedures.

The CCG will work with commissioning partners and local care providers to enable the effective sharing of clinical data between clinicians and with patients by:

- ensuring that patient records are linked in a secure way with patient consent;
- developing and implementing protocols to facilitate information sharing across professions in different organisations as part of the Integration Programme;
- developing real time information and information sharing between commissioners and clinicians including real time patient feedback (Francis Recommendation);
- continuing to improve data quality and the use of quality outcomes and financial data to support effective commissioning and delivery of the CCG's priorities.

The CCG will improve access to information to support choice and self-management by enabling the public to have access to their own health records and to increase the use of technology to help people to manage their health and care.

The CCG will work with its members to support them with tools and services to deliver the strategic plan. Also the CCG will work with the practices' Patient Participation Groups to understand their additional requirements to deliver more personalised care.

What are the expected benefits for Lewisham population?

Key Benefits

- Quality ICT support will underpin the transformation of services as set out in the CCG's Strategic Plan and the joint work on integration – improved safety, quality and more care at home; 'seamless care'; easier communication with care providers; inclusive decision making process about care;
- Lewisham residents will increasingly be able to get online access to book a GP appointment and order a repeat prescription and access their health records, where appropriate by March 2015 (NHS Mandate 2013);
- Self-care management will be improved by easy accessible, relevant and timely information and access to appropriate support;
- A person with a long term condition will have greater access to their care plan giving them more confidence in self-care management, supported by better health information and access to appropriate technological support (NHS Mandate 2013).

4.4 Commissioning Development

What do we mean by Commissioning Development?

Commissioning Development means the support required to assist the CCG to continuously improve so that it achieves its full potential as an effective commissioning organisation to improve local services and deliver better outcomes for Lewisham people.

Our Strategic Aim

To commission the best possible health and care services for Lewisham residents in order to reduce health inequalities and improve health outcomes in partnership with the people of Lewisham.

What are the current issues for Lewisham?

Commissioning Development is particularly important as Lewisham CCG is a new commissioning organisation, established in April 2013, working in a complex NHS system with significant health and financial challenges to address.

Lewisham CCG went through an independent authorisation process to assess whether it had the right level of capability, capacity and governance arrangements to be able to

commission services on behalf of Lewisham's population. Lewisham CCG was fully authorised as a statutory organisation without conditions from April 2013.

What action does Lewisham CCG intend to take over next two years?

The CCG would wish to ensure that good governance is embedded in its structures, process and policies by ensuring that:

- all commissioned organisations have started to implement their response to the Francis report including staff awareness and training to develop a shared culture in which the patient is the priority in everything done and there is the 'duty of candour' for all staff;
- the CCG continues to meet its Health Inequality Duty and Public Sector Equality Duty and fully implements its Equalities Objectives;
- there are regular audit reviews of the CCG's Structures, schemes of delegation and processes especially our governance arrangements where the CCG is collaborating and/or has delegated some of its responsibilities to another organisation;
- membership and clinical leadership capability and capacity is further developed;
- effective collaboration to pursue Lewisham goals through working with others as required across south east London.

The CCG will implement its Organisational Development Plan which focuses on the six assurance domains covering quality, strong leadership, better outcomes, engagement, robust governance and collaborative commissioning arrangements.

The CCG will review its commissioning arrangements for commissioning support services.

The CCG will work with other commissioners to develop more innovative commissioning approaches and contractual models to support the transformation of services. This will include developing new ways of incentivising market development in the community; implementing transparent processes so that resources can move flexibly around the system and achieve system wide savings, whilst assuring quality and safety standards; creating the right commissioning environment to facilitate integrated care, competition and choice as part of the SEL Community Based Care Strategy (section 2.2) and the Adult Integrate Care Programme (section 3.8).

What are the expected benefits for Lewisham population?

Key Benefits
<ul style="list-style-type: none">• The CCG's structures, schemes of delegation and process in place to meet its statutory functions continue to be fit for purpose, with clear, transparent and open decision making processes.

- The CCG has the capacity and capabilities to fulfil its statutory responsibilities and deliver its strategic vision.
- Effective collaborative commissioning arrangements are in place within Lewisham Borough and across south east London, which support the CCG to deliver its strategic plan and these Commissioning Intentions;
- Effective commissioning support services that represent value for money and improved quality
- Improved commissioning approaches and contractual models that incentivise the delivery of the CCG's strategic plan and these Commissioning Intentions

APPENDIX 1

OVERVIEW OF DRAFT QIPP* SCHEMES – 2014/15 and 2015/16

Commissioning Priority	2014/15	2015/16	Commentary
Health Promotion	£0	£0	
Maternity and Children's	£940,000	£0	Local tariff adjustment
Frail Older People	£1,000,000	£0	Reduction in emergency admissions
Long Term Conditions	£1,450,000	£1,450,000	Improved care pathway redesign – diabetes , COPD, Heart Failure, asthma and Flu
Mental Health care	£1,000,000	£1,000,000	Shifting focus of services from inpatient beds to community care
Adult Integrated care	£0	£3,750,00	Part of the 4 year programme to transform adult care
Primary Care – prescribing	£2,000,000	£2,000,000	Improving the prescribing of medicine and patient concordance
Primary Care – outpatients	£2,100,000	£2,300,000	Reducing outpatient appointments by 25% in line with national performance.
	£900,000	£0	Physiotherapy outpatient tariff change
	£300,000	£900,000	Reducing the ratio of new to follow up OP appointments, procedures and day cases working with Lewisham and Greenwich Healthcare Trust
Primary Care – Electives	TBC	TBC	Further work is being undertaken to clarify the scope of the potential financial opportunities
Urgent Care	£300,000	£1,000,000	Reviewing the current configuration of urgent and emergency care
TOTAL	£9,990,000	£12,400,000	

QIPP Schemes – Quality Innovation Productivity and Prevention Schemes

<p>The Mandate 2014/15 at a glance The Government wants NHS England to:</p>	<p>1. Help people to live well for longer NHS England should play its part in the ambition to save an additional 30,000 lives per year by 2020 by:</p> <ul style="list-style-type: none"> • helping ensure patients receive an early diagnosis to prevent people developing more serious conditions; • working to give people the right treatment when they need it; • making sure all hospitals are as good as the best hospitals; • supporting NHS staff to make every contact with patients an opportunity to help people stay in good health. 	<p>3. Help people recover from episodes of ill health or following injury NHS England should shine a light on variation in care and unacceptable practice in the NHS, share best practice and improve services. They should:</p> <ul style="list-style-type: none"> • Improve transparency by publishing more data and involve local people in decision-making; • put mental health on a par with physical health, close the current health gap and support people who fall into crisis; • work on developing access and waiting time standards for all mental health services for a rolling implementation beginning in April 2015. 	<p>4. Make sure people experience better care Patients should experience better care, not just better treatment, particularly older people and those at the end of their lives. NHS England should:</p> <ul style="list-style-type: none"> • measure how people feel about their care by asking if you would recommend a service to your friends or family; • improve the standards of care and experience for women during pregnancy; • support children and young people with specific health and care needs; • provide good quality care seven days of the week; • implement the lessons learnt from the Mid-Staffordshire and Winterbourne View scandals.
<p>5. Provide safe care NHS England should continue to reduce the number of incidents of avoidable harm and embed a culture of patient safety through improved reporting of incidents. They should also take action to identify those groups known to be at a high risk of suicide.</p>	<p>6. Free the NHS to innovate NHS England must get the best health outcomes for patients by:</p> <ul style="list-style-type: none"> • strengthening local autonomy; • promoting innovation in the NHS; • controlling financial incentives to drive up the quality of NHS services; • lead the continued drive for efficiency savings • ensure there is a fair playing field for providers of NHS care. 	<p>7. Support the NHS to play a broader role in society NHS England should promote and support participation by NHS organisations and patients in research, to improve outcomes and contribute to economic growth. They should also make partnership working with local councils, the police, job centres, housing associations and others a success to improve care for all.</p>	<p>8. Making better use of resources NHS England will be given £98 billion in 2014/15 to achieve the objectives in the Mandate. They must ensure good financial management of this money.</p>

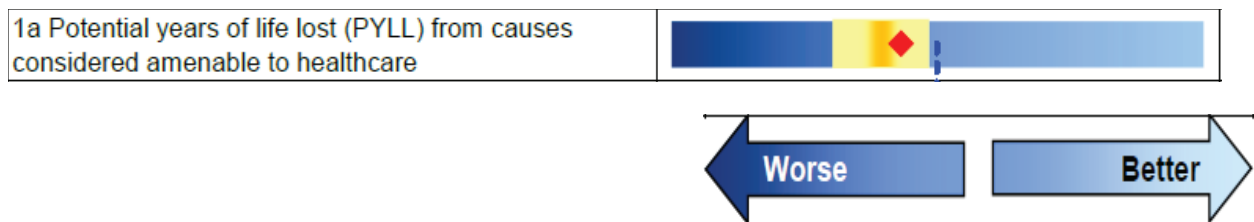
CCG'S OUTCOMES MEASURES

Our aim is to improve health outcomes for all of the Lewisham population. Over the last 10 years health outcomes have got better for Lewisham people however compared to other similar London boroughs we have further room to improve. The NHS Health Outcomes Framework provides the mechanism to assess improvements, and these indicators in particular will reflect the priorities of the CCG's strategy:

The figures below illustrates Lewisham's current position (red square) in comparison to the England average (blue dotted line), and its ONS cluster (yellow segment).

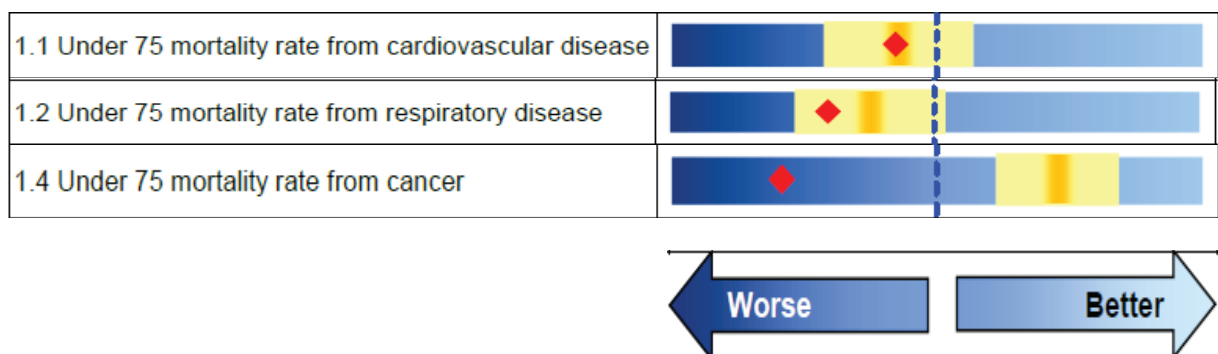
Potential Years of Life Lost

To ensure that the NHS is held to account for doing all that it can to prevent amenable deaths. Deaths from causes considered 'amenable' to health care are premature deaths that should not occur in the presence of timely and effective health care.



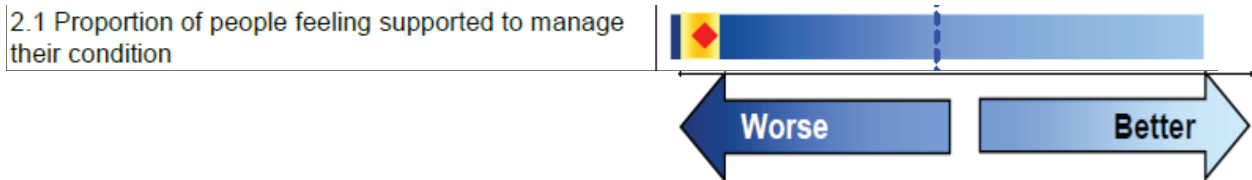
Premature (under 75) mortality rates

The key causes for premature death in Lewisham are cancer, now the main cause of death (33% of deaths), followed by circulatory disease (26%), respiratory disease (13%) and dementia (10%). Cardiovascular disease –



Long Term Conditions

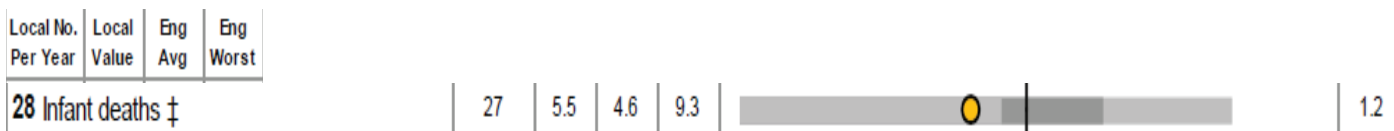
An assessment of the extent to which those with long-term conditions are able to manage their condition through the quality of the support offered by healthcare providers. The outcome will be proportion of people feeling supported to manage their condition. Lewisham's current position is:



Infant Mortality

The outcome framework will include an indicator that measures how neonatal mortality and stillbirths relates to the outcomes of NHS care during pre-pregnancy, pregnancy, birth and immediately after birth.

Currently available is a measure of infant deaths per 1,000 births. This shows Lewisham comparison with England as follows (the yellow circle being Lewisham and the vertical line the England average)³:



³ Lewisham Health Profile 2012 English Public Health Observatories

SEL CBC STRATEGY- WORKSTREAMS AND ASPIRATIONS

The three major CBC implementer work streams and their aspirations are:

Primary and community care (PCC)

Working to ensure that the public will:

- Have access to public health programmes that support prevention and early detection of diseases by proactively finding people at risk of losing their good health.
- Be supported to manage their own health and any illnesses that they have and be given confidence to take decisions about their own care, including navigating access to specialist services where needed.
- Have access to telephone advice and triage for all community health and care services 24 hours a day, seven days a week either through their General Practice or through a telephone single point of access.
- Have access to primary care service/advice 24 hours a day, seven days a week for urgent needs through a combination of appointments and walk in services, telephone appointments, 111/NHS Choices or same day urgent care etc.
- Receive high-quality care that meets agreed quality standards and outcomes, provided through teams working in networks across primary care, community and specialist services that may be based in the hospital.
- Know that their local commissioners (CCGs) proactively plan how to meet the health needs for the population they have responsibility for and have confidence they are supporting hard to reach groups of patients.

Planned care

Working to ensure that the public will:

- Be well supported when they are at risk of being admitted to hospital, receiving the expert advice, tests or access to equipment they need promptly to ensure they will only go to hospital if absolutely necessary.
- Be confident that as soon as they are referred to hospital their Community Based Care Team will be working with staff in the hospital and the community to coordinate an individual discharge plan, including intermediate care, reablement and rehabilitation, to support efficient discharge from the hospital within 24 hours of being declared medically fit, knowing they will receive the right continuing care in the community.
- Have access to relevant and complete information, in the right formats, to inform personal choice and decisions.

- Experience consistent quality of care and access to services anywhere in south east London, based on agreed standards, protocols, access times and approaches to referrals and diagnostics such as radiology, phlebotomy, ECG and spirometry.
- Receive treatment for planned specialist diagnostics and care in specialist hospitals, but be able to access other planned routine outpatient appointment, diagnostics, pre- and postoperative appointments in settings closer to home or via telephone / web consultations to reduce unnecessary travel.

Integrated care

Working to ensure that the public will:

- Receive targeted and more personalised care appropriate to their needs, as a result of systems that allow to proactively identify and support more patients before a crisis.
- Play an active part together with their health professionals and carers in developing a care plan that sets out what they and those involved in delivering their care will do to support them staying as healthy as possible, or what should happen in the event of problems.
- Have a named 'care coordinator' who will work with them to coordinate their care across health and social care. This role will be clearly defined and clinical accountability for care will remain with their GP.
- Know that their GP is working within a multi-disciplinary group of health professionals to co-ordinate and deliver care, incorporating input from primary, community, social care, mental health and specialists.

OUR PUBLIC ENGAGEMENT CHARTER

NHS Lewisham CCG will:

1. Listen to people and ensure in every way possible that public views are heard and acted upon.
2. Involve the public early in developing our strategic plans and how we plan to deliver improvements in local services.
3. Involve the public early in our decision making about how we commission new services, and redesign them.
4. Demonstrate what impact the public has had on the decisions we make.
5. Always feedback to people who have worked with us.
6. Use the information provided to ensure that we improve the quality of our services, support equality and identify inequalities in access to healthcare.
7. Be honest about when we are engaging, when we are consulting and when we are providing information.
8. Support the involvement of patients in decisions about their care.
9. Make sure that everyone who works with us will recognise and promote the value of involving the public.
10. Make sure that all the organisations that we commission services from have effective public engagement and systems in place to gather patient experience data.
11. Work closely with Healthwatch Lewisham, the independent organisation responsible for representing the views of local residents.
12. Meet all our legal and statutory duties in regard to effective engagement.
13. Ensure that all our feedback documents and responses collected from our work with the public complies with the Data Protection Act and our Information Governance policies.

GLOSSARY OF TERMS

AAS Admission Avoidance Service

A&E Accident and Emergency

AQP Any Qualified Provider

BME Black and Minority Ethnic

BNF British National Formulary

CAMHS Child and Adolescent Mental Health Services

CBT Cognitive Behavioural Therapy

CCG Clinical Commissioning Group

COPD Chronic Obstructive Pulmonary Disease

CQC Care Quality Commission

CQUIN Commissioning for Quality and Innovation

CSU Commissioning Support Unit

CYP PB Children and Young people Partnership Board

DAT Drug Action Team

DGH District General Hospital

DH or **DoH** Department of Health

E&D Equality and Diversity

EDS (NHS) Equality Delivery System

EIA Equality Impact Assessment

EPR Electronic Patient Record

EPS Electronic Prescription Service

FHS Family Health Services

FOI Freedom of Information

FT Foundation Trust

GP General Practitioner

GPI General Practitioner Interactive

GPSI or **GPwSI** General Practitioner with a special interest

GSTT Guy's & St. Thomas's NHS Foundation Trust

HCAIs Healthcare Acquired Infections

HIA Health Impact Assessment

HRG4 Healthcare Resource Group version 4

HV Health Visitors

HWB Health and Wellbeing Board

IAPT Improving Access to Psychological Therapies (programme)

ICT Information and Communication Technology

IM&T Information Management and Technology

IST Intensive Support Team

JSNA Joint Strategic Needs Assessment

KPI key Performance Indicator

LA Local Authority

LAS London Ambulance Service

LCCG – Lewisham Clinical Commissioning Group

LHT Lewisham Healthcare NHS Trust

LTC Long-Term Conditions

MCATS Musculoskeletal Community Assessment and Treatment Service

MSK Musculoskeletal

NHS National Health Service

OD Organisational Development
OOH Out of Hours
OP Outpatient Appointment
OSC (local authority) Overview and Scrutiny Committee

WIC Walk in Centre

PALS Patient Advice and Liaison Service
PbR Payment by Results
PHE Public Health England
PPE Patient and Public Engagement
PPI Patient and Public Involvement
PROM Patient-Reported Outcome Measure

QA Quality Assurance
QALY Quality-Adjusted Life Year
QIPP Quality Innovation Productivity and Prevention

RTT Referral to Treatment

SLaM South London and Maudsley Mental Health Foundation Trust
STIs Sexually Transmitted Disease
SMR Standardised Mortality Ratio

TIA Trans Ischaemic Attack- Stroke Indicator
TDA – Trust Development Authority
TSA – Trust Special Administrator

UCC Urgent Care Centre

VFM Value for Money
VPR Virtual Patient Record

TAKING CARE OF ASTHMA:

*A Patient & Public Involvement event to
improve the Asthma
Care Pathway*



January 2014

Patient and Public Involvement Asthma Event 13th January 2014

1. Background

As a part of Lewisham Clinical Commissioning Group's (LCCGs) *Improving Primary Care Programme*, there is an identified need to increase patient awareness, self-management and care of Asthma in Lewisham. A public event was delivered to engage patients, carers and family members in a discussion with Commissioners and Clinicians. We asked patients to provide details of their experience and views of using the current Asthma Care Pathway.

The event was designed to be partly informative and partly exploratory to achieve the following:

- Understand experiences of diagnoses and treatment options
- Understand who and how Asthma care is preferred to be received by participants
- Understand the levels of self-management undertaken before seeking assistance
- Explore the experiences of the current care pathway
- Identify opportunities to improve and/or amend the current pathway.

By involving patients and the public early, we are enabling them to influence and shape care pathways at the earliest possible stage – before decisions are made.

Widespread communication about the event was distributed through key partner organisations. Many of these organisations have direct service users who may have or care for patients with Asthma. Additional direct engagement took place within the community through existing community development workers who work with communities who are traditionally not represented in engagement activities. Transport was offered to those who needed/requested it. We provided transport to ensure we included vulnerable groups.

The event followed a format of 'brief' presentations by Clinical and Public Health leads in the Asthma care pathway, followed by round table discussions. Each table was hosted by a clinical member (GP, Nurse, Consultant), with facilitation/ note taking by a member of the Lewisham Clinical Commissioning Group.

This Feedback Report contains direct quotes from participants.

'The NHS belongs to the people. It is there to improve our health and well-being, supporting us to keep mentally and physically well, to get better when we are ill, and when we cannot fully recover, to stay as well as we can to the end of our lives' *The NHS Constitution*

2. Providing Patients with clear information and support to self-manage

Many patients came to the event feeling that using prescribed medication is the only way to manage their Asthma. During this discussion many patients reported how informative this event was – enabling them to change their approach to managing their condition:

- ‘A lot of this information I was not aware of so this session has been very informative
- Daughter has suffered with asthma for 30 years patient’s mother believes her daughters asthma is uncontrolled and would like to learn techniques such as resuscitation this will improve support to her daughter. She wants more information and does not have a computer, where can she find this information?
- Enjoyed talk very helpful’

3. How do you normally take care of your Asthma? Or what do you do to ensure you are managing your asthma?

Patients were able to explain how they manage their Asthma; with many giving examples of the limits they set before they seek additional clinical support. Patients said they:

- Manage bad days with inhalers and rest
- Recognise when it’s getting worse
- Take two puffs salbutamol wait 2 minutes and repeat and rest
- Patient cannot be around grass as the asthma gets worse, usually will visit the pharmacist if she cannot be remedied then she will go to the GP’.

4. Role of Clinical Staff

Included in this discussion, was a clear message to Commissioners on the importance of providing appropriate information in the places patients prefer. A few comments were made about GPs ability diagnose and refer appropriately:

- ‘On the maternity ward received nebuliser (1st diagnosis) I was not called up for a review and believe it would that it would have been helpful’.
- Dissatisfied with NHS so went private
- GP was not knowledgeable on Asthma

The role of GPs in caring for Asthma patients was raised very early on – at the presentation stage of this event. Participants raised a number of questions, which would suggest that assurance and confidence in their treatment was needed. Comments included:

- We see so many different GPs
- Do GPs need to be trained in Asthma – referring to management and diagnosis during crisis
- We need continuity of care – Named GP

4.1 Practice Nurses

During the table conversations there was strong support for the Practice Nurses in managing Asthma. Many Patients made positive references to their Practice Nurse, and there was shared agreement that Asthma Care should be provided by the Nurse:

- Practice nurse best to undertake annual review
- Get appropriate level of support from practice nurse and GP
- Continuity of care across the board communication between GP and practice nurse
- Would like practice nurse to specialise in asthma

5. Communicating about Asthma

Participants made some suggestions about communication and education needs that may provide some useful future activity as part of the wider Improving Primary Care Programme and the Self Care agenda. Participants suggested:

- Educate children in schools
- Improve on delivering knowledge updates on a regular basis
- Patient has not had an attack for a long time so is not aware of any support mechanisms in place
- Breathe Easy Group should be available for asthmatics

Based on these comments, we have learned that communication on Asthma Care reaches patients and carers during their 'active asthma' periods. The clear patient concern on communication is that patients want correct, updated information, ideally from Practice based staff.

6. Key Outcomes from the event

The Asthma event was very well received by participants. Many offered praise and thanked staff for the information and opportunity to learn about the Asthma Care Pathway – and discuss with others in a shared and supportive environment.

- Patients are keen to obtain Asthma Care from Practice Nurses
- Communication must target current and past Asthma service users
- Patients suggest we follow the Breathe Easy Support Group model as a self-care vehicle for Asthma.

7. Feedback to Patients

Participants will receive feedback on how their involvement has been used directly from the LCCG Commissioning Team, and also through the new LCCG pages in Lewisham Life.

8. Next steps for commissioners

- Public feedback gathered at this event will inform the new Asthma patient pathway.
- Patients will be invited to take an active role in the decision making process as the pathway is developed
- More events like this will take place in the coming months
- All patients participating in the event will receive a feedback report from us.
- The event will be promoted in Lewisham Life

9. Further information

If you would like to know more or would like to get involved please contact;

Grainne Bellenie

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HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report	Learning Disabilities: Joint Health & Social Care		
Ward	All	Item No.	6
Contributors	Dee Carlin, Head of Joint Commissioning (LBL & LCCG) Health Hughes, Joint Commissioner – Learning Disabilities (LBL & LCCG) Alison Keane, Guy’s and St Thomas’ NHS Trust Diana Braithwaite, Commissioning Director, LCCG		
Class	Part 1	Date	5 February 2014

1. Recommendations

1.1 The Healthier Communities Select Committee is asked to note the contents of the attached report. The report contains data from Lewisham and Greenwich NHS Trust, London Borough of Lewisham, Guy’s and St Thomas’ NHS Trust and South London and the Maudsley NHS Trust.

2. Purpose

2.1 This report will be presented to Members of the Healthier Communities Select Committee by three Lead Officers:

- A. The findings of the Lewisham Joint Health and Social Care Self-Assessment and Lewisham 2012/13 RAG Rating Summary (Appendix 1) 2012/13 Preliminary Action Plan (Appendix 2) Dee Carlin, Head of Joint Commissioning.
- B. The Lewisham Action Plan to deliver recommendation 57 of the Department of Health’s Final report “Transforming Care: a national response to Winterbourne View Hospital” (2012) into the abuse exposed at Winterbourne View Hospital for adults with a learning disability. Also to present a summary of Lewisham’s response to the recent Department of Health’s ‘Winterbourne Stock take’, Heather Hughes, Joint Commissioner – Learning Disabilities.
- C. An update on 2014 MDT Pathway improvements, Alison Keane, Guy’s and St Thomas’ NHS Trust.

3. Stakeholder Involvement

3.1 Stakeholder involvement is recorded in report A.

SECTION A: The findings of the Lewisham Joint Health and Social Care Self-Assessment, Dee Carlin, Head of Joint Commissioning

1. Policy Context

- 1.1 The Lewisham Joint Health and Social Care Self-Assessment (referenced in this report as 'the LD SAF') forms part of a national data collection exercise managed through the Learning Disabilities Health Observatory 'Improving Health and Lives'. Local Partnership Board Areas were required to report retrospectively on 2012/13 activity. The overall context of the LD SAF remains the need to improve the health and life chances of people with learning disabilities. Concerns around poor health care have been highlighted in a number of reports notably 'Death by Indifference' (2007), '6 Lives' (2009) and 'Transforming Care; a national response to Winterbourne View' (2012) Issues relating to citizenship and inclusion have also been highlighted in reports, notably Valuing People Now (2009) and more recently are reflected in the draft Health and Care Bill.
- 1.2 The LD SAF also intersects with other national frameworks including the Adult Social Care Outcomes Framework 2013-14, the Public Health Outcomes Framework 2013-2016, the Health Equalities Framework (HEF) and the National Health Service Outcomes Framework 2013-14.
- 1.3 The Lewisham LD SAF submissions reflect and support Lewisham's Sustainable Community Strategy particularly 'healthy, active and enjoyable'.
- 1.4 It also reflects the Health and Wellbeing Strategy priorities of 'improving mental health and wellbeing' and 'delaying and reducing the need for long term support'.

2. Background

- 2.1 The Joint Health and Social Care Learning Disability Self-Assessment Framework (LD SAF) replaced two previous documents, the LD Partnership Board Self-Assessment Framework and the Learning Disability Health Self-Assessment.
- 2.2 The 2012/13 LD SAF required the collection and collation of information from a number of information sources including specific data, evidence statements from both the Council and the Clinical Commissioning Group, and also the personal experiences of people with a learning disability and their families. Measures explored the success with which specialist services and universal services supported the needs and aspirations of people with a learning disability. A particular area of enquiry was the application of 'reasonable adjustments' to ensure access, for example through the use of accessible information.
- 2.3 Specific areas of data collection were Healthcare delivery, Inclusion and Where I Live / Accommodation, Quality/ Mental Capacity Act & Deprivation of Liberty, and Transition. The Learning Disabilities Health Observatory advised that they would themselves extract data pertaining to 'where I live/ accommodation' from the Adult Social Care Combined Activity Returns.

- 2.4 The Self-assessment measures were presented as three specific sections: Section A - Staying Healthy; Section B – Being Safe; and Section C; Living Well. There were twenty seven measures in total (Appendix 1). Guidance was highly specific to support a consistent national grading process. A statement of up to 1000 characters was allowed to evidence each measure, along with the option to include an anonymised ‘Real Life Story’.
- 2.5 Information was gathered from a large number of key partners both within the Public Sector and the Third Sector. The submission was coordinated by Adult Joint Commissioning and the process overseen by the Head of Joint Commissioning for NHS Lewisham CCG & the Council, and the Chief Accountable Officer for the Lewisham Clinical Commissioning Group.
- 2.6 The LD SAF was submitted to the Learning Disabilities Health Observatory, hosted by Public Health England, on 6 December 2013. In previous years, there has been a process of interrogation and validation of the LD SAF. However, there is no formal validation planned for the 2012/13 LD SAF. The Learning Disabilities Observatory has advised that an abridged version of the data will be given to local area teams for quality assurance purposes. The full data and final reports are expected to be published in March 2014.
- 2.7 Officers have nevertheless set out as Appendix 2 an action plan to begin to address what are the key areas for improvement as a result of the SAF analysis. This will be amended following further discussion with key stakeholders and review of the Observatory’s March report.
- 2.8 The widespread nature of the LD SAF, and what it is required to report on, cuts across all statutory and third sector provider services. Therefore ‘ownership’ of the return is often considered as an LD issue, though most of what is being examined is not within the LD ‘portfolio’. It is a complex return for a client group that is low in number. Experience of coordinating data and evidence for the report itself, and implementing any actions arising from it is often low on the agenda of partners’ competing priorities. The identification of a high profile LD ‘Champion’ would assist in managing a higher priority for this work in the future.

3. Key Findings

- 3.1 This section sets out some of the key findings of the LD SAF which officers consider may be of specific interest to the Board. The return format itself is lengthy and is contained within a web based electronic submission thus making it inaccessible and not reader friendly enough to attach to this report.

On a general note, data integrity for the LD SAF return remains an issue as it has in previous years. The SAF requests both health and social care data in a way that is not generally collected for this client group. Also, while there are some specific registers which do note people’s LD ‘diagnostic’, those registers are not ‘cross referable’. Whilst some data could be extracted from the health Quality Outcome Framework (QOF), several Indicator sets for health conditions could not. A manual count of known cases was undertaken wherever possible to provide a valid submission figure. This is not a Lewisham specific issue. However, data aside, there is much positive activity relating to supporting people with a learning disability in the borough.

3.2 *Demographics*

In Lewisham 534 children aged 0-17 years have a learning disability. And 859 adults aged 18 years and over are known to have a learning disability in Lewisham.

3.3 *Healthcare Data*

- 3.3.1 Many people with learning disabilities also have other health needs. For example, 28.5% of people in Lewisham known to the CCG have a BMI (body mass index) recorded in the obese range. Over 10% of people with LD have asthma, and over 10% are known to have diabetes.
- 3.3.2 General health screening has been improved through the use of Health Action Plans: almost 50% of people with LD have a plan. However, only 31% received a GP Annual Health Checks (validated by the DES) in 2012/13 [this percentage is higher than that reported in the LD SAF following updated NHSE data January 2014].
- 3.3.3 With regard to specialist cancer screening, a figure could only be obtained for cervical screening. This figure demonstrates that less than 27% of 'eligible' women with a learning disability attended cervical screening. A 'special needs' mammography service is available at Kings College Hospital and many Lewisham women with a learning disability benefit. However, the actual breast screening numbers for this client group could not be identified. Bowel cancer screening figures for LD could not be captured. Some of this under recording of activity is reflected by an inconsistent 'flagging' of learning disabled people on GP and hospital systems. This should improve in 2014.
- 3.3.4 Acute and Specialist Care figures were reported from Lewisham and Greenwich NHS Trust and from Kings College Hospital NHS Foundation Trust. Taking into consideration the inconsistent 'flagging' of patients who have a learning disability, it is difficult to ensure robust figures for total numbers of attendances. However, a manual count of attendances by the Safeguarding Leads using the hospital database has indicated that 5 people with learning disabilities attended A&E more than three times between April 2012 and March 2013.
- 3.3.5 With regard to Winterbourne View in-patient related data seven people were admitted once or more to both mental health and learning disability care between in 2012/13. Of those in both mental health and learning disability inpatient beds on 31st March 2013, four people had been continuously in a placement for more than two years. The care of each person continues to be reviewed in line with the Winterbourne protocol.

3.4 *Inclusion/where I live and accommodation Data*

- 3.4.1 The data for this section is equivalent to that recorded by the NHS Information Centre NASCIS Online analytic processor service based on Adult Social Care Combined Activity Returns.
- 3.4.2 Lewisham has strong indicators demonstrating progress towards independent living for people with learning disabilities. Over 10% of adults in receipt of social care services are in paid employment, which is higher than the England and comparator borough average, and 80% of people live in settled accommodation, a definition which excludes registered residential or nursing care.

3.5 *Service Quality Data*

The LD SAF reports that there is consistent recording relating to the management of safeguarding concerns 'internally' and across all partners and provider services. Of all adult safeguarding concerns raised and investigated in 2012/13, 36% were

escalated for further investigation. Over 75% of front-line support and clinical staff have accessed training in Deprivation of Liberty Safeguards and Mental Capacity Act.

3.6 *Transition*

Of the total school age population of 42,164 pupils, 269 children with a learning disability receive additional assistance in school because of Special Educational Needs, combined with a further descriptor of moderate, severe, or profound learning disability. Many of these children, particularly those with higher needs, will continue to require additional care into their adult lives. Therefore effective 'transition' planning through good quality integrated Education, Health and Care Plans, is key to supporting this group as adults.

3.7 *Self-assessment Measures*

3.7.1 Appendix 1 of this report sets out the RAG (Red Amber Green) ratings at a glance for the full set of self-assessment measures. Detail is outlined in the paragraphs below.

3.8 **Section A - Staying Healthy**

3.8.1 Section A examined how well primary care, community care, acute clinical settings and also criminal justice settings are meeting the needs of people with learning disabilities. In order to score highly, universal services needed to demonstrate consistent examples of reasonable adjustments and active analysis of information contributing to service planning.

3.8.2 Five of the nine measures relating to health were self-assessed as red due to either a lack of available information, issues with multiple recording systems that could not produce the required data or a range of aspects within a single measure that could not all be demonstrated according to the strict assessment criteria.

3.8.3 Without full availability of screening data for people with learning disabilities it is not possible to tell whether they are proportionally underrepresented compared with the full eligible population. However, the lack of complete data obscures the whole story and there are many instances of good practice to be evidenced, for example the establishment of an LD hospital liaison nurse at Lewisham Hospital, health promotion and disease prevention through Health Action Plans and service user involvement through the Good Health Group.

3.8.4 One illustrative story highlighting good collaborative working:

'Ms T' is on a palliative care pathway and has an LD specific syndrome that causes swallowing difficulties. She is prescribed a wide range of medications on a daily basis, therefore it is essential that swallow safety is effectively balanced with the need for these medications. Close collaboration between the Community Pharmacy Team, LD Speech and Language Therapy (SaLT) and Ms T's GP has been central to ensuring that her medication has been taken in the safest possible way for her. SaLT have further collaborated with the Lewisham Community pharmacy team to ensure that, for people with identified swallow risks, medications generally are given in the safest available form, and in a medium that does not affect the medication's efficacy. This has led to an adjustment in pharmacy procedure and contributed to overall service improvement.'

3.9 Section B – Being Safe

3.9.1 Section B considered how effectively all health and social care commissioners oversee care review, contract compliance, equalities, safeguarding and complaints. In order to score highly, comprehensive coverage and continuous improvement needed to be evidenced.

3.9.2 Six of the nine measures in this section were self-assessed as green. Three were rated as amber where the information available could not evidence the exact outcomes as set out in the guidance. A consistent area of good practice is the ways in which service providers involve individuals with learning disabilities and their families in the recruitment of staff, improving service planning and the quality of delivery. Of particular note is the extent to which contract compliance is regularly monitored, and evidence of safeguarding as a priority across all agencies.

3.9.3 One illustrative story highlighting the involvement of people with a learning disability:

The 'All Star Trainers' are a group of 13 trainers all of whom have a learning disability. They deliver training to social care staff in Lewisham (e.g. courses on Epilepsy, Diabetes Awareness, Mental Capacity, Person Centred Awareness and Supporting Independence). They also deliver sessions to students on the Nursing and Social Work degree courses at Southbank University, again on a wide range of topic areas relating to good working practices across health and social care.

4. Section C – Living Well

4.1 Section C focussed on community engagement across a number of different areas, the majority of which relate to universal service provision. It also covered specialist areas of transitions for young people, involvement in service planning and carers support. In order to score highly, evidence was required of the ways in which people with learning disabilities engage locally in the public sphere and how they and their carers are consulted around improvements.

4.2 Seven of the nine measures were self-assessed as green. Three were assessed as amber where not all details of the measure could be met. Arts, sports, transport and amenities were included, demonstrating how they enable access for people with learning disabilities as full citizens of the borough. Community inclusion, citizenship and access to employment all demonstrate how Lewisham is working to reduce social isolation and how people engage with their community through both learning disability specific groups and also universal services.

4.3 One illustrative story highlighting citizenship and inclusion:

'Ms S' loves dancing. She used to attend classes in one of the day centres, but then support staff helped her to choose line dancing classes which were part of a programme of activities delivered by Leisure Services at local leisure centres. She loved them before, but she loves them even more now they are held at Glass Mill and everyone knows it! 'Ms S' will tell everyone, 'It's Wednesday, I go dancing!' Her support staff said that 'what is really nice is that the tutor helps her to get the moves right, and understands when she needs to sit down or remove herself from the group. The other participants also help her and it is nice to see this sense of community from the group.'

5. Financial implications

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

6. Legal implications

6.1 There are no specific legal implications arising from this report. However, the LD SAF offers a snapshot of the extent of integrated working between health and social care services to support people with a learning disability who are the responsibility of Lewisham which Health and Wellbeing Boards have a duty to encourage under Section 195 of the Health and Social care Act 2012.

7. Crime and Disorder Implications

7.1 There are no specific crime and disorder implications arising from this report. However, the Health and Wellbeing Board's attention is drawn to the section 5.6.1 where it is reported that Section A – Staying Healthy also considers support for people with a learning disability in the criminal justice system. The LD SAF full report referenced the renewed focus on offender health and the integrated working between multi-agency specialists, as part of the Liaison and Diversion service.

8. Equalities Implications

8.1 The reality that people with a learning disability have inequitable access to health services has been well evidenced in many reports. In particular, the Government Ombudsman in '6 Lives' highlighted the extent to which health providers "failed to (also) live up to human rights principles, especially those of dignity and equality" (p8) and also highlighted a number of avoidable deaths relating to the poor quality of care received. 'Valuing People Now' (2009) highlighted the extent to which people with a learning disability still remained excluded from many of the rights of citizens in terms of their own home, choosing who they lived with, employment, accessing generic services and other areas that many citizens take for granted.

8.2 People with a learning disability are also at risk of double discrimination because of their learning disability specifically, but also language barriers related to ethnicity, challenging behaviour, poor communication and a general lack of expectation of achievement by those who care for them in any setting.

8.3 In addition to general disability measures, some specific measures need to be adopted to support access and integration such as double appointment times, accessible and easy read information. The LD SAF seeks to evaluate the extent to which such measures are generally adopted by local services to promote and support equality of inclusion. The LD SAF (measure B7) considered whether an EIA or EAA have been conducted for housing, care, and support strategies relating to the population as a whole and for people with learning disabilities. An EAA is not required specifically for this Self-Assessment.

- 8.4 All people with a learning disability have the protected characteristic of a disability defined as ‘a person who has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities’. Lewisham has been able to evidence in the LD SAF the extent to which it has considered reasonable adjustments for its citizens with a learning disability in a wide range of generic mainstream services such as sports and leisure, arts and culture, transport and general amenities and also primary and secondary health services.

9. Environmental Implications

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

10. Conclusion

- 10.1 Despite some of the issues that have arisen with data collection across multiple sites, the Joint Health and Social Care Self-Assessment Learning Disabilities Framework (LD SAF) serves as a reference point for the extent to which people with learning disabilities are able to benefit from services across health, social care and in the community as a whole.

- 10.2 In Lewisham it has highlighted good practice, both in specialist and universal services. These include safeguarding, employment and community inclusion across a number of areas. It has also highlighted aspects that require improvement. These include the consistent recording of Learning Disability status by healthcare professionals, an extension of Health Action Plans and Annual Health Checks to all and an improvement in the management of data relating the diagnosis and health conditions of people with learning disabilities for both adults and children.

- 10.3 The anticipated outcome is that data management will improve for subsequent annual LD SAF exercises and that Lewisham will continue to be able to evidence the ways in which the health and life chances of people with learning disabilities continue to improve. These outcomes would be strengthened by the identification of a Learning Disability Champion who would promote the work required to strengthen these key areas.

10.4 Background Documents

Full information about the background to Joint Health and Social Care Self-Assessment (Public Health England) and guidance for all measures can be found at: <http://www.improvinghealthandlives.org.uk/projects/hscldsaf>

Appendix 1
Joint Health and Social Care Self-Assessment Framework (LD SAF)
Lewisham 2012/13 RAG rating summary

JHSCSAF SELF ASSESSMENT 2012/13	RATING
Section A – Staying Healthy	
A1. LD QOF register in primary care	RED
A2. Screening (general health)	AMBER
A3. Annual Health Checks & Registers	RED
A4. Health Action Plans	RED
A5. Screening (cervical, breast, bowel)	RED
A6. Primary Care Communication of LD status to other healthcare providers	RED
A7. LD liaison function in acute setting	AMBER
A8. NHS commissioned primary and community care	AMBER
A9. Offender Health & Criminal Justice	AMBER
Section B – Being Safe	
B1. Regular Care Review	AMBER
B2. Contract Compliance Assurance	GREEN
B3. Monitor Compliance Framework for Foundation Trusts	AMBER
B4. Safeguarding of people with LD in all provided services & support	GREEN
B5. Training and Recruitment - Involvement	GREEN
B6. Staff recruitment (providers) based on compassion, dignity and respect	GREEN
B7. Local Authority Strategies (support, housing, care) have EIA addressing needs of people with LD	AMBER
B8. Providers change practice as a result of feedback from complaints	GREEN
B9. Mental Capacity Act & Deprivation of Liberty	GREEN
Section C – Living Well	
C1. Effective Joint Working	GREEN
C2. Local Amenities and Transport	GREEN
C3. Arts and Culture	GREEN
C4. Sports and Leisure	GREEN
C5. Supporting People with LD into and in employment	GREEN
C6. Effective Transitions for young people	AMBER
C7. Community Inclusion and Citizenship	GREEN
C8. LD & family carer involvement in service planning and decision making	AMBER
C9. Family carers	GREEN

Appendix 2

Learning Disability Self-Assessment 2012/13 Preliminary Action Plan

Theme	Detail	Timescale	Lead	ref.
	<ul style="list-style-type: none"> Identify LD Champion 	Sep 2014		
Transition	<ul style="list-style-type: none"> Numbers with complex/profound learning disability 0-13/14-17 Numbers with autism & learning disability 0-13/14-17 Numbers receiving additional assistance in school because of LD and Autistic Spectrum Disorder 	March 2014	CYP	2.1/2.2 3.1/3.2 58
Screening	<ul style="list-style-type: none"> Number of eligible population with LD who had mammographic screening Number of eligible population with LD who had bowel screening 	June 2014 - for 2013/14 LD SAF	KCH - breast GSTT -bowel	5.3/5.4 & A5 6.3/6.4 & A5
Wider Health	<ul style="list-style-type: none"> Number of people with LD & epilepsy 	March 2014	LGHT	14
Health Action Plans	<ul style="list-style-type: none"> Increase number of people with Health Action Plan who live with family 	March 2014	LD Nursing	18.2
Acute	<ul style="list-style-type: none"> Frequent A&E attendees (Ensure people are identified and support plan put in place/ actions to address health needs) 	June 2014	LGHT/ Communi ty LD Team	24.1/24 .2
Health Registers	<ul style="list-style-type: none"> LD/downs QOF register validation AHC register validation 	March 2014 (to identify lead)	CCG	A1/A3
	<ul style="list-style-type: none"> Improve communication between LD Community Team and GP practices 		LD Nursing	A4
LD Status	<ul style="list-style-type: none"> Primary care to flag LD status in referrals LD patients alerted to Safeguarding Lead in Lewisham Hospital 	-- Jan 2014 (in place)	CCG	A6
Care review	<ul style="list-style-type: none"> Continue to ensure 90% of social care and health clients reviewed annually 	ongoing	ASC	B1
Carers	<ul style="list-style-type: none"> Review number of registered LD carers 	Jan 2014	ASC & CYP	C9

SECTION B: The Lewisham Action Plan to deliver recommendation 57 of the Department of Health's Final report "Transforming Care: a national response to Winterbourne View Hospital" (2012)

1. Purpose

- 1.1 The purpose of this report is to present the Lewisham Action Plan to deliver recommendation 57 of the Department of Health's Final report "Transforming Care: a national response to Winterbourne View Hospital" (2012) into the abuse exposed at Winterbourne View Hospital for adults with a learning disability. Also to present a summary of Lewisham's response to the recent Department of Health's 'Winterbourne Stock take'.

2. Recommendations

Members of the Healthier Communities Select Committee are recommended to note the Lewisham 'stock take' summary position in Appendix 1.

3. Policy Context

- 3.1 Following the exposure in 2011 of institutional abuse at Winterbourne View, a hospital for adults with a learning disability, the Department of Health commissioned the Care Quality Commission (CQC) to undertake an inspection programme of 150 learning disability services. The Department published the main findings in their 2012 interim report, which were:

- Too many people were placed in hospitals for assessment and treatment and staying there for too long;
- They were experiencing a model of care which went against published government guidance that people should have access to the support and services they need locally, near to family and friends;
- There was widespread poor quality of care, poor care planning, lack of meaningful activities to do in the day and too much reliance on restraining people;
- All parts of the system have a part to play in driving up standards.

- 3.2 The report also referenced existing good practice guidance, in particular the Mansell Report (1993, updated 2007) which emphasised:

- The responsibility of commissioners to ensure that services meet the needs of individuals, their families and carers;
- A focus on personalisation and prevention in social care;
- That commissioners should ensure services can deliver a high level of support and care to people with complex needs or challenging behaviour; and
- That services/support should be provided locally where possible.

- 3.3 In December 2012, the DH published a concordat, signed by the most significant providers of services for people with a learning disability which committed partners to "a programme of change to transform health and care services and improve the quality of care offered to children, young people and adults with learning disabilities

or autism who have mental health conditions or behaviour that challenges to ensure better care outcomes for them". In particular they pledged a rapid reduction in hospital placements for this group of people.

- 3.4 The Department's final report on Winterbourne, "Transforming Care: a national response to Winterbourne View Hospital" also published in December 2012, set out a significant work programme of 63 timetabled actions for delivery required across the whole health and social care system, between 2012 and 2016, to transform care and support for people with learning disabilities and challenging behaviour. The DH is closely monitoring activity against these actions, and in July 2013 required every local authority area to complete a Winterbourne stock take.
- 3.5 This report particularly relates to recommendation 57, that "CCGs and local authorities set out a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of people with challenging behaviour in their area. The Minister of State for Care and Support charged the Health and Wellbeing Board with responsibility for monitoring this recommendation in July 2013.
- 3.6 Delivery of this joint strategic plan reflects 2 key priorities of Lewisham's Strategic Partnership priorities: Safer – keeping people safe from harm and abuse; and Health Active Enjoyable – supporting people with long term conditions to live in their communities and maintain their independence.

4. **Background**

- 4.1 The 2011 Panorama programme about Winterbourne View, a Castlebeck Group hospital, exposed, once again, the risk of abuse and inhumane treatment of adults with a learning disability whose behaviour challenges in institutional settings. Additionally, the programme also highlighted the failure of the system, including the care regulator CQC, to respond to attempts to 'blow the whistle'.
- 4.2 There have been many previous enquiries into poor and abusive hospital 'care' of people with a learning disability, from Ely Hospital (1969) and more recently Orchard Hill Hospital (2007). Ely was one of the scandals that drove the 'Care in the Community' hospital closure programmes not only for people with a learning disability, but also people with mental health difficulties. The then South East Thames Regional Health Authority (SETRHA) led the way on a large scale hospital closure programme and replacement with more locally based 'staffed housing' model.
- 4.3 As part of that programme SETRHA commissioned a staff training and systems consultancy service from the University of Kent. The outcome of that work informed the content of the Mansell report; good practice guidance into how to support people whose behaviour challenges in local services. The report looked at a whole systems approach from prevention through to the management of services for people with seriously challenging behaviour.

- 4.4 Despite the knowledge about what leads to cruelty and abuse in human services and a now significant body of literature and evidence about how to mitigate against it, Winterbourne View still happened. The series of investigative reports commissioned following this culminated in the Department of Health Report “Transforming care: A national response to Winterbourne View Hospital” (2012).
- 4.5 The report contains 63 recommendations for the Department itself, for CQC, the police, Royal Colleges, the Local Government Association and the National Commissioning Board among others. However, these recommendations collectively still signpost towards what the Mansell report contained in its original publication in 1993 and its revision in 2007 about best practice in supporting people with a learning disability whose behaviour challenges.
- 4.6 A first action following Winterbourne was the development of registers of NHS fully funded clients whose behaviour challenged, with a key focus on people in hospital beds. A key finding from the CQC reviews of 150 services post Winterbourne had been to highlight that some (then) PCTs did not know the people they were funding services for in long term hospital placements, and many had not been reviewed for a number of years. That register transferred to the new Clinical Commissioning Groups on 1st April 2013. There was a further requirement to ensure that all clients in inpatient beds were reviewed, and an active planning process put in place to move people who were inappropriately placed in hospitals.
- 4.7 The DH continues to audit the number, and duration of stay, of people in hospital placements as a separate work stream. However, the July 2013 ‘stock take’ audit has reinforced that service review and development must consider all people with a learning disability whose behaviour challenges, and not just for adults, but also for children and young people.
- 4.8 A summary of Lewisham’s response to the July 2013 ‘stock take’ is attached as Appendix A. Without reiterating its content here, it basically advises that Lewisham knows who it has placed in in-patient beds and where, and that the holistic reviews required have been carried out. Also noteworthy is that Lewisham’s long standing history of partnership working, has served the authority well in that annual reviews, even of people in hospital inpatient beds, have been led by the social work team with support from clinical colleagues.
- 4.9 There are no more than 10 people in in-patient beds as at August 2013, the majority funded by the Lewisham Clinical Commissioning Group and others funded through NHS England contracts as the result of changes to recent NHS commissioning changes. There is a query over ordinary residence of a person not previously the responsibility of LCCG.
- 4.10 The ‘stock take’ also highlighted areas where pathways could be strengthened around supporting people whose behaviour challenges, particularly the need to improve transition pathways, and also delivering earlier intervention where people are challenging and living in the family home. Also, it has highlighted the need to review what services and service models are in place locally against what new

service models may need to be put in place to better support people to stay in borough longer either as children and young people, or as adults.

- 4.11 The Action Plan attached as Appendix B outlines the work streams envisaged to develop an improved local service for people with a learning disability whose behaviour challenges. In particular, it highlights the need for Children and Young People and also Adult Health and Social Care commissioners, responsible for service to people with learning disabilities, to work closely together through the SEND pilot and to be clear about the Lewisham 'offer'. Also, the need for a Joint Strategic Needs Assessment across the population of both Children and Adults with a learning disability in order to (a) project demand and also (b) match existing service models against what will be required by the next generations. It also signposts a review of clinical pathways, particularly psychology support to ensure that young people are receiving appropriate behavioural interventions and support through their school lives and that local psychology support is directly targeting the support needs of families, as distinct from service providers, to help maintain this population locally.

5. **Financial implications**

- 5.1 There are no specific financial implications relating to this report.

6. **Legal implications**

There are no specific legal implications relating to the content of this report. Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

7. **Crime and Disorder Implications**

- 7.1 There are no specific crime and disorder implications. However, the Winterbourne action plan attached to this report includes an action to review how health and social care can work in a more efficient and effective way with the wider criminal justice system to offer best support to people with a learning disability whose behaviour challenges.

8. **Equalities Implications**

- 8.1 The Winterbourne View scandal highlighted the risk to people with challenging behaviour in long term service provision, particularly where that provision is in an inpatient hospital unit, and where the service is delivered at a distance from the person's borough of origin. This means that people can become invisible from their responsible local service systems. The local action plan developed as a response to Winterbourne and attached as Appendix B, will support a more equitable access for this group to local services, and ensure that local services more appropriately meet the needs of this group, thus seeking to prevent out of borough placements.
- 8.2 One of the actions outlined in the plan is the development of a Joint Strategic Needs assessment for learning disability. This will assist officers in assessing the equalities

impact of existing service offers, which were developed out of the hospital closure programme, given the changing population of people with learning disabilities in the borough, in particular in terms of ethnicity, but also gender and long term health conditions.

9. **Environmental Implications**

9.1 There are no specific environmental implications.

10. **Conclusion**

10.1 This report has sought to inform members of the Healthier Communities Select Committee of the scandal exposed by the Panorama documentary at Winterbourne View Hospital in 2011; also to provide a summary of the Lewisham July 2013 'stock take' position. Finally, to present the action plan which officers are currently working to deliver which will review and improve the care pathway for people with a learning disability whose behaviour challenges in services for children, young people and adults.

10.2 **Background Documents**

If there are any queries on this report please contact Heather Hughes, Joint Commissioner for Learning Disabilities, LBL/LCCG, on 020 8698 8133 or at heather.hughes@lewisham.gov.uk

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

**Winterbourne Joint Action Plan – 2013/14
Lewisham Clinical Commissioning Group (LCCG) and London Borough of Lewisham (LBL)**

This joint action plan has been developed by the Joint Commissioning team on behalf of Lewisham CCG and LB Lewisham, working with other key partners, to support a joint approach to ensure people across all ages from Lewisham with learning disabilities / autism / challenging behaviour receive safe, appropriate, high quality care. This plan includes all the key actions required to deliver the Winterbourne View Concordat. This is a working document that details the work streams and progress against key milestones. Coordination of work will be the responsibility of the Joint Commissioner for Learning Disability. However, the table below identifies the department, agency or individual who will be the major contributors for each work stream

Objective	Key Actions/ Milestones	Time-scale	Key Contributors
<p>Review all current hospital placements and support everyone inappropriately placed in hospital to move to community based support as quickly as possible and no later than 1 June 2014</p>			
<p>Develop and maintain a register of all people with learning disabilities or autism who have mental health conditions or challenging behaviour in NHS funded treatment.</p>	<p>Lewisham has established and maintains a register of all people with learning disabilities or autism who are fully funded by the NHS for their care needs.</p>	<p>Achieved</p>	<p>Heather Hughes Joint Commissioner LD Caroline Hurst Joint Commissioner CAMHS</p>

<p>Review the care of all people in hospital placements with learning disability or autism support. Everyone inappropriately placed in hospital to move to community-based support as quickly as possible and no later than 1 June 2014</p> <p>All people with challenging behaviour in inpatient assessment and treatment services are safe and receiving services or treatment which is actively promoting an effective discharge plan</p>	<p>Lewisham has historically managed its review processes through the adult social care team. Therefore all clients/ patients have received regular, at least annual reviews.</p> <p>Everyone inappropriately placed in hospital will be supported to move to community-based. No one in Lewisham is inappropriately placed at this time. That said plans are being developed to discharge 3 of the 8 Lewisham people in inpatient beds over the next year to 18 months.</p> <p>The majority of individuals are detained under the Mental Health ACT (MHA) and funding responsibility for some of these people is held by NHS England. Reviews continue to be undertaken by social care staff in partnership with SLaM clinicians. Mental Health Tribunals make decisions about whether the individual remains under the Mental Health Act, considering the right of the individual to receive necessary treatment, the loss of freedom that the individual experiences when they are treated involuntarily, and the interests of the community. It also considers the appropriateness of the current treatment plan and therefore these individual's will need to be remain</p>	<p>1 June 2014</p>	<p>Jacky Weise, Service Manager AWLD</p>
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	<p>within a registered hospital provision while detained under the Mental Health Act.</p> <p>Identify the local authority responsible for S117 after-care for patients detained under Section 3 and 37. Recent case law has confirmed that the local authority responsible is the authority in whose area the patient was actually resident immediately before they were detained. This may apply to one person currently counted in Lewisham's 'cohort'.</p>		
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		September 2013	Sue Grose Joint Commissioner AMH
Review existing contracts with providers to ensure they include an appropriate specification (based on the national care model), an absolute expectation of clear individual outcomes, appropriate interventions and sufficient resource to meet the needs of the individuals, and appropriate information requirements to enable commissioners to monitor the quality of care being provided	<p>There are contracts in place for in-patient beds , which are the responsibility of Lewisham CCG to commission. The individual specifications clarifying expected outcomes are monitored as part of the review process by the Service Manager for the social work team. Specific concerns or requests for advice are made to SLaM or GSTT LD specialist clinical colleagues as required.</p> <p>The specifics of the contracts will be further reviewed once the guidance from NCB/ADASS is issued (see below)</p> <p>It is assumed that NHSE have contracts in place for the services they commission. Clarification of this will be sought and the contracts /service specifications</p>	Completed	

<p>The National Commissioning Board (NCB) is working with Association of Directors of Adult Social Services (ADASS) to develop practical resources for commissioners of services for people with learning disabilities, including:</p> <ul style="list-style-type: none"> • model service specifications; • new NHS contract schedules for specialist learning disability services 	<p>for low and medium secure units will be reviewed.</p> <p>Implement the guidance locally once available.</p>	<p>tbc</p> <p>TBC. These specific schedules are delayed. Original timescale was March 2013</p>	<p>Jacky Weise Service Manager AWLD</p> <p>Tom Bird Joint Commissioning Manager LD</p> <p>NCB / ADASS</p> <p>Susan Grose Joint Commissioner AMH</p>
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			<p>Tom Bird Joint Commissioning Manager LD</p> <p>Jacky Weise Service Manager AWLD</p>
<p>Locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour, that accords with the model of good care</p>			
<p>Ensure that from April 2013, health and care commissioners, set out a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of children, young people and adults with challenging behaviour in their area.</p>	<p>Plan in place which sets out the outcomes and work plan arising from the work streams below:</p> <p>LD JSNA which builds on the previous Health JSNA, the outcome of the 2012/13 LD SAF (self assessment framework), and what is known about LD CYP trends and demands.</p> <p>Market position statement building on existing knowledge of commissioning activity and the Transition/ SEND pilot projections</p> <p>Working with SLaM and across Southwark, Croydon and Lambeth, develop a short and medium term programme of organisational development and redesign which (a) looks at</p>	<p>1 June 2014</p> <p>1 February 2014</p>	<p>Heather Hughes Joint Commissioner LD</p> <p>Public Health</p>

	<p>pathway mapping between health and social care to maintain people in community settings and (b) strengthening the pre and post transition support to young people whose behaviour challenges and (c) managing a programme of pilot projects appropriate to the presenting borough specific hypotheses for out of borough/ hospital placements.</p>	<p>31 March 2014</p> <p>November 13</p>	<p>Keri Landau Joint Commissioning Manager LD</p> <p>Heather Hughes Joint Commissioner LD</p> <p>Joint Commissioning Leads for Lambeth Southwark, and Croydon</p> <p>Eleanor Davies Director Behavioural and Developmental CAG, SLaM & GSTT clinical teams</p>
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<p>Ensure that the right local services are available, for children, young people and adults with learning disabilities or autism who also have mental health conditions or behaviour that challenges</p>	<p>Review current service provision for younger adults with LD. Establish alternative pathways to out of borough education options and develop a commissioning plan for the same, including local cross borough options.</p> <p>Review specialist health services, particularly community psychology services, for young people in schools whose behaviour challenges.</p> <p>Develop competency framework across Lambeth, Southwark, Lewisham and Croydon to encompass the following:</p> <ul style="list-style-type: none"> • A multi-disciplinary approach to the assessment and treatment of challenging behaviour in order to meet the individual needs of a person • A range of assessments to 	<p>1 June 2014</p>	<p>Caroline Hurst Joint Commissioner, CAMHS</p> <p>Liz Bryan SEND Pilot Project Manager</p> <p>Ed Knowles Service Manager, CYP</p>

	<p>inform how individuals are supported with a clear focus on recovery and personalisation</p> <ul style="list-style-type: none"> • Staff adequately trained and supervised • Good supportive environments <p>Commission the housing and support services/ stimulate the local market to deliver services identified through the Transition mapping process, as members of the 'Developing Care Markets for Quality and Choice' (DCMQC) being piloted in Lambeth. And in line with national tools such as the Care Fund Calculator (CFC) and other Lewisham Resource Allocations Systems (RAS) as may be developed to ensure cost effective support packages are available for people with complex needs, including behaviour which challenges.</p> <p>Work with the Safer Lewisham Partnership to review options for closer working with probation and police services to better support this population (e.g. on discharge from hospital, in custody suites etc)</p>	<p>1 January 2014</p>	<p>Joint Commissioning Leads for Lewisham, Lambeth Southwark, and Croydon</p> <p>Jacky Weise Service Manager AWLD</p> <p>Tom Bird Joint Commissioning Manager LD</p>
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		January 2014	Tom Bird Joint Commissioning Manager LD Keri Landau Joint Commissioning Manager LD
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		March 2014	Fiona Kirkman Prevention and Inclusion Manager
Review funding arrangements for people whose behaviour challenges, and in particular people in hospital placements, ensuring that local action plans to reflect pathways of support required to develop local options which meet individuals' needs	<p>Pathways for agreeing funding responsibilities are already established through the Section 75 Agreement.</p> <p>Table top review of all clients currently placed out of borough to establish who was placed out of borough because of behaviour which challenges. Clear decision about whether return to borough is an option. Plus review of clients whose behaviour challenges in borough and statement about how/ why they are successfully maintained here.</p> <p>Review of young people with LD 16 plus whose behaviour challenges and at risk of going out of borough. Pathway mapping and statement about services to be commissioned to meet needs.</p> <p>Development of a Challenging</p>	<p>Completed</p> <p>January 2014</p>	<p>Dee Carlin Head of Joint Commissioning</p> <p>Learning Disability Joint Management Team</p>

	Behaviour 'register' based on the above. The utility of this register, given resources required to maintain it, will be considered as part of service planning in the longer term.	March 2014	<p>Keri Landau Joint Commissioning Manager LD</p> <p>Helen Alsworth Operational Manager AWLD</p> <p>Liz Bryan SEND Project Manager</p> <p>Heather Hughes Joint Commissioner LD</p>
All patients requiring an assessment for autism have access to a diagnostic service. Those people newly diagnosed with autism receive individual support response and where appropriate, support services which respond to their individual	Lewisham already has a pathway for autism diagnosis with SLaM, and a service support system (Burgess Autistic Trust) in place. See also the Autism SAF.	Completed	<p>Dee Carlin Head of Joint Commissioning</p>

needs.			
Review current community learning disability provision	In the main, current service options continue to reflect the response to the 1980s hospital closure programme. The Transition population in particular is changing in terms of complex health needs (physical and also severe challenging behaviour) , and the population of the borough is changing in terms of ethnicity. These changes need to be captured through the JSNA (see above). Additionally, the potential impact of Personalisation over the next decade needs to be mapped. The current, provision then needs to be mapped against this and service changes/ redevelopments to be added to the commissioning plan.	1 April 2014	Public Health Learning Disability JMT

Appendix A

Summary of the Lewisham 'Stock take'

This is a summary of the key areas included in The Department of Health's July Winterbourne 'stock take'. Questions were posed against 11 criteria.

Partnership Working – Lewisham has a strong history of working in partnership across health and social care and, in particular, has a Section 75 agreement in place for Joint Commission with the Council as the lead agency. There are good quality specifications in place with specialist learning disability clinical teams with SLaM and GSTT, and good links with the Council's Housing department and also third sector providers. Good governance arrangements are in place.

Finance - The cost of all Learning Disability services are known and reported in the appropriate level of detail through the governance systems in place. The change to funding arrangements for low and medium secure placements, which are now commissioned by NHS England, is a potential but not immediate concern for the CCG in terms of Winterbourne.

Individual Case Management – Lewisham has a strong 'virtual' Community Learning Disability Team which is value led and focussed on risk management and pathway planning. The low inpatient numbers reflect the successful support for people with complex behaviours in community settings. The team uses a 'team around a client' approach where there are particularly complex management issues, and where people are admitted to hospital from assessment and treatment, an outline plan for discharge management is developed.

Current Review Programme – Social workers have historically, and continue to lead the review programme for hospital in-patients, with support and advice as required from clinical colleagues. This strengthens the 'person centred' whole life consideration of people's needs and wishes, and also the involvement of families in reviews and future plans. Of the current 7 people in in-patient beds, active discharge planning is happening for 2 and a medium term plan is being developed for 1. The remaining 4 people would require a legal decision making process to facilitate discharge planning.

Safeguarding - Lewisham fully complies and engages with the principles of the ADASS inter authority out of area Safeguarding Adults protocol and are active as required in safeguarding investigations led by other boroughs. Senior officers from Health and Social Care (including the Head of Assessment and Care Management, the Head of Joint Commissioning, Head of Community Safety, the Lewisham CCG Safeguarding

lead) sit on Lewisham's Adult Safeguarding Board, along with senior officers from the emergency services and other key partners. The Lewisham Adult Safeguarding Board held a special meeting to review the Winterbourne reports and their implications for local safeguarding.

Commissioning arrangements – Lewisham decommissioned its block contracted hospital assessment and treatment beds over two years ago to minimise hospital admission as an 'automatic' pathway. In general, there is a strong and highly competent local provider market who can deliver a wide range of service responses, including bespoke service packages as required for some very challenging people.

Delivering local teams and services – In addition to what has been said above regarding discharge planning for people in hospital placements, there is good advocacy support available which, where possible, will 'follow people in' to hospital, support them there and 'follow them back out'. This helps with continuity of support and history for the person and also their family. Lewisham makes good use of Community treatment Orders to support the person and manage risks appropriately in the community.

Prevention and crisis response – A recent review of people admitted to hospital or placed out of borough because of challenging behaviour highlighted that this was not due to placement breakdown but complex family arrangements, where there is a 'crisis' event (e.g. the illness of a main carer) which upsets the equilibrium of the environment. Putting additional support into the family home (the strong provider market allows fast mobilisation of competent support), or placing the person in a local 'interim placement' can provide additional time to plan a long term local response in a person centred way.

Understanding the population who need/receive services – the market position statement is in draft form. Capital funding for accessible housing is a general issue to support people with complex needs to live locally. Better aligning the education and support pathways will form part of the SEND (special education needs and disability) pilot work. The number of people in hospital inpatient beds is too small to make an EAA a useful indicator. However, the development of a 'register' of people with challenging behaviour will support investigation of equalities issues in decision making and also consideration of the changing populations groups within Lewisham itself.

Transition Planning – The names of people coming into adult services from children's services are known. However, it is less certain when any individual may need a particular service. A number of planned pathways have been redirected because of late presentation of education opportunities. Also, the placing of children and young people in residential schools and colleges can inhibit the consideration of local offers.

Current and Future Market Development – A review of what is available and a gap analysis was planned for August 13. However, this has been slipped back as a Joint Strategic Needs Assessment is required to deliver this more meaningfully

SECTION C: An update on 2014 MDT Pathway improvements, Alison Keane, Guy's and St Thomas' NHS Trust

1. Introduction

- 1.1 The health team within Guy's and St Thomas' NHS Trust provides community nursing and therapy support to people with learning disabilities as part of the wider Community Learning Disabilities Team in Lewisham.
- 1.2 Implementation has begun at Guy's and St Thomas' NHS Trust (GSTT) to improve the MDT Care pathways for people with Profound and Multiple Learning Disabilities (PMLD). During 2014 a number of programmes will deliver improved outcomes for patients through a range of hospital and community based initiatives:
- Ensuring that there is a regular *health review* system in place including the production of a hospital passport and health action plan. This also includes providing an enhanced health assessment for those people with PMLD.
 - Agreement has been sought from respiratory consultants to undertake annual health checks for the PMLD population and a pilot project will commence next year.
 - The speech and language therapy team has been working with King's College Hospital Foundation (KCH) to further develop the oral care project ensuring that people with learning disabilities have timely and reasonably adjusted access to dental treatment and oral care.
 - Provision of training to provider services across a range of health issues including epilepsy, cerebral palsy, augmentative communication, autism and skills teaching and supports the two-way feedback mechanism for ensuring that health interventions are carried out and monitored within provider services.
 - Continuation of the dementia pathway project including completion of baseline assessments for people with Down's Syndrome who are at greater risk of developing dementia.
 - The CLDT as whole has been discussing how to reach individuals who do not engage easily with services and will be exploring ways to monitor the health of this group over the coming year.
 - Establishment of a hospital liaison nurse group across GSTT, KCH and Lewisham Hospital following the successful recruitment of a hospital liaison nurse to Lewisham Hospital.
 - Introduction of easy read material and systems of reasonable adjustments to ensure that people with LD have planned adjusted care and appropriate support whilst in hospital.
 - Development of a sleep apnoea project with KCH to ensure that all those individuals with LD and in particular, Down's syndrome, are referred to the sleep clinic for an assessment of sleep apnoea which can affect mood, functioning and behaviour.

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Healthier Communities Select Committee			
Report Title	Progress on the implementation of the Healthier Catering Commitment scheme in Lewisham.		
Contributors	Executive Director for Community Services	Item No.	7
Class	Part 1	Date:	5/2/2014

1. Purpose

- 1.1. The purpose of the report is to provide information on the progress of implementing the Healthier Catering Commitment scheme (HCC) with local food businesses in Lewisham.

2. Recommendation/s

- 2.1. Members of the Healthier Communities Select Committee are recommended to note the contents of the report.

3. Policy Context

- 3.1. Achieving a healthy weight in children and adults is a priority in Lewisham's Health and Wellbeing Strategy and the Children and Young People's plan. The Government's publication Healthy Lives, Healthy People: a call for action on obesity (2011) highlights the health risks of obesity and that individuals should be supported to make healthier choices by provision of an environment that is less inhibiting of healthy lifestyles. Increasing access to healthy food is one of the objectives in the Health and Wellbeing strategy and implementation of the HCC scheme is one of the actions to achieve this.
- 3.2. This initiative also supports achieving the Sustainable Community Strategy's priority of healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and well-being.

4. Background

- 4.1. The prevalence of obesity in adults and children in England has more than doubled in the last twenty-five years. A modelled estimate of adult obesity prevalence in Lewisham is 23.7% which is not significantly different to the England average. However this is believed to be an underestimate as rates of maternal obesity indicate a higher rate than the English average. For children the prevalence of obesity is significantly higher than the England average with 10.7% of reception children and 23.3% of year 6 children obese (2012/13).
- 4.2. The typical adult diet exceeds recommended dietary levels of sugar and fat and less than a third of adults meet the five a day target with

the average intake being just three portions of fruit and vegetables a day. One of the changes to peoples' diet in recent years has been an increase in the proportion of food eaten outside the home, accounting on average 11% of an adult's energy intake. Hot food takeaways are a concern because they tend to sell food that is high in fat and salt and low in fibre, fruit and vegetables.

- 4.3. Obesity levels tend to be higher in deprived areas and the National Obesity Observatory found there is a strong association between deprivation and the density of fast food outlets, with more deprived areas having more fast food outlets per population. Lewisham Council's retail surveys (2011 and 2012) show that there are 282 hot food takeaway shops across the borough. The National Obesity Observatory research shows that Lewisham has the thirteenth highest density of hot food takeaway shops per head of population in England. The proposed Lewisham Development Management Local Plan includes a policy option to manage the development of new hot food take-away premises in the borough and prevent the establishment of new hot food take-away shops in close proximity to schools.
- 4.4. As part of the evidence briefings for the Preventing Premature Mortality review in Lewisham working with existing fast food outlets to make food healthier was identified as an option to increase access to healthy food choices. In London the HCC scheme developed by the Chartered Institute of Environmental Health (CIEH) in conjunction with the Association of London Environmental Health Managers (ALEHM) and the Greater London authority (GLA) is used in 25 London boroughs. The HCC scheme aims to encourage businesses to reduce the levels of saturated fat, salt and sugar in foods, offer healthier options and/or smaller portions and adopt healthier cooking practices. These changes not only result in healthier food options but can also increase business profits.

5. Progress on implementing the scheme in Lewisham

- 5.1. In 2013 Public Health funded the Lewisham Environmental Health team to implement the HCC on a small scale in the borough with the initial focus on working with fast food outlets. 187 businesses were eligible for the scheme (business deemed to be eligible if it is broadly compliant for food hygiene, (3 star rating or above) and there is no statutory nuisance arising from the business). The funding secured the opportunity to work with 25 fast food outlets that had achieved a 4 or 5 star food hygiene rating. All businesses targeted served fried fish and fried chicken on the menu. Businesses were targeted that were in close proximity to schools or in the most deprived wards in the borough.
- 5.2. Of the 25 businesses that were approached the HCC scheme was received positively by the majority of businesses. Businesses found the information and leaflets sent to them to be informative and helpful and many had made changes to their practice prior to the visit by the Food Safety officer. Following assessment 15 of the original 25 businesses were successful in meeting the criteria for the scheme and

able to display the HCC sticker on their premises. The 15 businesses that met the criteria were located in 11 wards in the borough (3 in Downham and Ladywell, and 1 each in New Cross, Sydenham, Brockley, Bellingham, Lee Green, Whitefoot, Catford South, Perry Vale and Evelyn). Each business will be reassessed for the HCC scheme each time the routine food inspection is carried out.

- 5.3. The potential impact of the scheme can be estimated by the number of meals served by the businesses that are part of the HCC scheme: if each business served on average 50 meals/day, this equates to 225,000 meals/year.

6. Next steps

- 6.1. Public Health plan to continue funding the Environmental Health team to implement the HCC scheme in 2014. Actions are in place to work with an additional 25 business with 4 or 5 star food hygiene ratings but to also expand the scheme and discuss eligibility with all business with a 3 star food hygiene rating with the aim that an additional 40 businesses meet the criteria.
- 6.2. It is recognised that many fast food outlets are not eligible for the HCC scheme because they do not meet the required food hygiene standard. It is proposed that there is a focus on frying practices and the use of salt for these businesses. Workshops on 'frying' and nutrition will be offered to all businesses including those not eligible to apply for the HCC to inform catering practices. Also there will be the provision of free 'five hole salt shakers' to replace the traditional salt shakers used as a means to reduce the amount of salt added to food by customers.

7. Financial implications

- 7.1 The work described in this report is funded from the Public Health budget within Community Services.

8. Legal implications

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

9. Crime and Disorder Implications

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

10. Equalities Implications

- 10.1 There are no specific equalities implications arising from this report however addressing health inequalities is a key element of the initiative. Provision of healthier food options will help to reduce health inequalities as individuals on low income have poorer diets than the

general population, especially regarding saturated fat and salt which are higher.

11. Environmental Implications

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

Background Documents

Dept of Health. Healthy Lives, Healthy People: a call to action on obesity in England. 2011. Available at:

<https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-call-to-action-on-obesity-in-england>

Healthier catering commitments – guide to boroughs. Available at:

http://www.cieh.org/uploadedFiles/Core/Membership/Regional_network/London/London%20Healthier%20Catering%20Commitments%20project%20-%20info%20for%20boroughs.pdf

Public Health England. National Obesity Observatory, Fast food outlets by local authority. Available at:

http://www.noo.org.uk/securefiles/140121_1607//FastFoodOutletMap_PHE.pdf

If there are any queries on this report please contact **Gwenda Scott, Healthy Weight Strategy Manager, Public Health**, 020 8314 9108.

Agenda Item 9

Committee	Healthier Communities Select Committee	Item No	9
Report Title	Select Committee Work Programme		
Contributors	Scrutiny Manager		
Class	Part 1	Date	05 February 2014

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 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).

4.3 Following the last meeting it was agreed that the Public Health Update scheduled for this meeting be moved to the March meeting.

5. The next meeting

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

Agenda Item	Review Type	Priority
1. Lewisham Hospital – Update	Standing item	High
2. 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
3. Public Health Apps (Alcohol dependency)	Demonstration	Medium
4. Lewisham and Greenwich PFI costs	Standard review	Medium
5. Update on outcomes of Premature Mortality Review	In-depth review follow-up	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

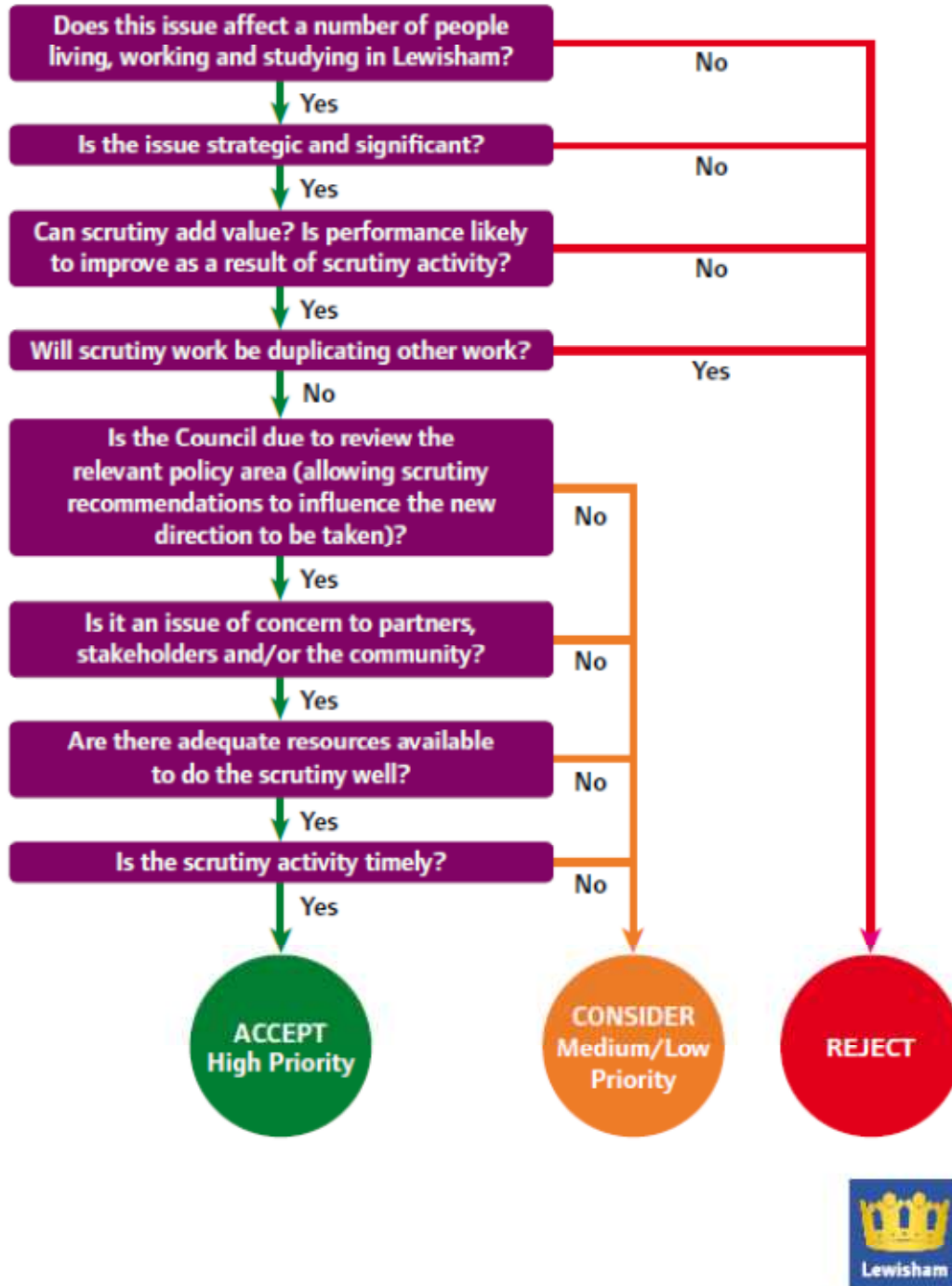
8.1 The date of the next meeting is Tuesday 18 March 2014.

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, CP	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	Standard 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							Adult Safeguarding Report
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							
Lewisham and Greenwich NHS Trust: PFI costs	Standard Review	Medium	CP9, CP10, SCS5	Mar							
Public Health Apps	Demonstration	Medium	CP1, 9, 10 CP7,8,9	Mar							
Future of NHS Direct expenditure in 2014/15 (incl. Sustainability of Community Health Projects and Initiatives)	Information item	Medium		Feb							
Public Health 2012/13 Annual Report	Standard review	High	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

Meeting Schedule

1)	Tues	16/04/2013 (dsp. 4 April)
2)	Weds	29/05/2013 (dsp. 16 May)

	Item outstanding
	Proposed timeframe
	Carried over from last year
	item added

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

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**MAYOR & CABINET AND SCRUTINY
PROGRAMME OF BUSINESS**

Programme of Business for January 2014 - April 2014

Meeting date	Committee	Item	Directorate	Lead Officer
Tuesday, 21 Jan 2014	Safer Stronger Communities Select Committee	Local assemblies review	Community Services Directorate	Liz Dart
Tuesday, 21 Jan 2014	Safer Stronger Communities Select Committee	Promoting a sense of belonging: update	Community Services Directorate	Liz Dart
Tuesday, 28 Jan 2014	Overview and Scrutiny Business Panel	Decisions taken by Executive Directors		Janet Senior
Wednesday, 29 Jan 2014	Children and Young People Select Committee	Early intervention and targeted support	Children and Young People Directorate	
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				
Monday, 3 Feb 2014	Housing Select Committee	Church Grove Self Build	Customer Services Directorate	
Monday, 3 Feb 2014	Housing Select Committee	Key housing Issues		
Monday, 3 Feb 2014	Housing Select Committee	Newham Landlord Licensing Scheme		
Monday, 3 Feb 2014	Housing Select Committee	Use of temporary accommodation for homeless households: update		
Monday, 3 Feb 2014	Joint Meeting of Children and Young People Select Committee and Safer Communities Stronger Communities Select Committee	Youth Service Reforms	Children and Young People Directorate	
Tuesday, 4 Feb 2014	Sustainable Development Select	Road safety and cycling	Resources and Regeneration Directorate	Simon Moss

Meeting date	Committee	Item	Directorate	Lead Officer
	Committee			
Tuesday, 4 Feb 2014	Sustainable Development Select Committee	Update on plans for the extension of the Bakerloo line, DLR and Overground	Resources and Regeneration Directorate	Simon Moss
Wednesday, 5 Feb 2014	Healthier Communities Select Committee	Adult Safeguarding Report	Community Services Directorate	
Wednesday, 5 Feb 2014	Healthier Communities Select Committee	CCG Plan for 2014/15		
Wednesday, 5 Feb 2014	Healthier Communities Select Committee	Community Education Lewisham		
Wednesday, 5 Feb 2014	Healthier Communities Select Committee	Learning Disabilities and Healthcare Services		
Wednesday, 5 Feb 2014	Healthier Communities Select Committee	Lewisham Hospital – Update		
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	
Wednesday, 5 Feb 2014	Healthier Communities Select Committee	The Healthier Catering Commitment scheme		
Thursday, 6 Feb 2014	Public Accounts Select Committee	Annual Budget 2014/15	Resources and Regeneration Directorate	
Thursday, 6 Feb 2014	Public Accounts Select Committee	Annual complaints report	Customer Services Directorate	Angelique Golding
Thursday, 6 Feb 2014	Public Accounts Select Committee	Management report	Resources and Regeneration Directorate	
Thursday, 6 Feb 2014	Public Accounts Select Committee	Revenue and capital Budget monitoring	Resources and Regeneration Directorate	
Monday, 10 Feb 2014 Wednesday, 12 Feb 2014	Overview and Scrutiny Committee Mayor and Cabinet	Draft London Housing Strategy consultation	Customer Services Directorate	

Meeting date	Committee	Item	Directorate	Lead Officer
Wednesday, 12 Feb 2014	Mayor and Cabinet	Budget 2014-15		Janet Senior
Wednesday, 12 Feb 2014	Mayor and Cabinet, Council	Catford Town Centre - CRPL Business Plan 2014/15		Kevin Sheehan
Wednesday, 12 Feb 2014	Mayor and Cabinet	Consultation response to the London Housing Strategy		Kevin Sheehan
Wednesday, 12 Feb 2014	Mayor and Cabinet	Development of Post 19 provision at House on the Hill		Frankie Sulke
Wednesday, 12 Feb 2014	Mayor and Cabinet	144 Evelyn Street (Parker House) Surplus Declaration and Demolition		Janet Senior
Wednesday, 12 Feb 2014	Mayor and Cabinet	Heathside and Lethbridge: Update and Phase 4 A and B Disposal		Kevin Sheehan
Wednesday, 12 Feb 2014	Mayor and Cabinet	Adoption of Lewisham Town Centre Local Plan.		Janet Senior
Wednesday, 12 Feb 2014	Mayor and Cabinet	Proposals for re commissioning differently the existing BME specific older adult day service at Calabash & St Mauritius as a non BME specific day service		Aileen Buckton
Wednesday, 12 Feb 2014	Mayor and Cabinet	Surrey Canal Sports Foundation - Funding Allocation		Janet Senior
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Award of contract for the enlargement of John Stainer Primary from 1 to 2 FE		Frankie Sulke
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Commissioned Youth Provision Contract Award		Frankie Sulke
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Community Services Investment Fund		Aileen Buckton
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Contract Award for works to construct a Primary Phase at Prendergast Ladywell Fields College		Frankie Sulke
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Contract variations to deliver the 2013 primary places programme		Frankie Sulke
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Delivery of advisory and financial services contract award		Aileen Buckton
Wednesday, 12 Feb 2014	Mayor and Cabinet	Deptford Southern Housing sites Development		Kevin Sheehan

Meeting date	Committee	Item	Directorate	Lead Officer
Feb 2014	(Contracts)	Agreement		
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Family Intervention Project (FIP) Contract		Frankie Sulke
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Funding for Carers		Aileen Buckton
Wednesday, 12 Feb 2014	Mayor and Cabinet (Contracts)	Rushey Green Primary School Contract Award		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 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)	Section 75 Public Health Services		Aileen Buckton
Tuesday, 18 Feb 2014	Overview and Scrutiny Business Panel, Overview and Scrutiny Education Business Panel	Decisions taken by Executive Directors		Janet Senior
Wednesday, 19 Feb 2014	Mayor and Cabinet	Budget Update Report		Janet Senior
Wednesday, 19 Feb 2014	Mayor and Cabinet	Response to Overview & Scrutiny Business Panel - Redevelopment of Lewisham Central Opportunity Site		Janet Senior
Wednesday, 19 Feb 2014	Mayor and Cabinet	Response to Overview & Scrutiny Business Panel - the Asset Rationalisation Programme		Janet Senior
Wednesday, 19 Feb 2014	Mayor and Cabinet	Response to Overview & Scrutiny Committee - Emergency Services Review		Aileen Buckton
Wednesday, 19 Feb 2014	Mayor and Cabinet	Response to Sustainable Development Select Committee and Housing Select Committee - regeneration and housing in Deptford and New Cross.		Janet Senior
Tuesday, 25 Feb 2014	Safer Stronger Communities Select	Comprehensive equalities scheme - monitoring and update	Resources and Regeneration Directorate	Paul Aladenika

Meeting date	Committee	Item	Directorate	Lead Officer
	Committee			
Tuesday, 25 Feb 2014	Safer Stronger Communities Select Committee	Reshaping youth services - joint scrutiny with CYP select committee - update	Children and Young People Directorate	Warwick Tomsett
Tuesday, 25 Feb 2014	Safer Stronger Communities Select Committee	Safer Lewisham strategy monitoring and update	Community Services Directorate	Geeta Subramaniam-Mooney
March				
Tuesday, 4 Mar 2014	Children and Young People Select Committee	Corporate parenting update	Children and Young People Directorate	
Tuesday, 4 Mar 2014	Children and Young People Select Committee	Falling Through the Gaps Review - Update	Children and Young People Directorate	
Tuesday, 4 Mar 2014	Children and Young People Select Committee	Safeguarding status and update (including LSCB)	Children and Young People Directorate	
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	Family Mosaic: Heathside and Lethbridge		
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	Housing Select Committee	Local Authority Borrowing Cap		
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	
Wednesday, 5 Mar 2014	Mayor and Cabinet	Asset Rationalisation Programme 2013/14		Janet Senior
Wednesday, 5 Mar 2014	Mayor and Cabinet	Church Grove Self Build Consultation		Kevin Sheehan

Meeting date	Committee	Item	Directorate	Lead Officer
Wednesday, 5 Mar 2014	Mayor and Cabinet	Heathside and Lethbridge Estate, Lewisham - Phase 4B) Compulsory Purchase Order 2013		Kevin Sheehan
Wednesday, 5 Mar 2014	Mayor and Cabinet	Re-development of Heathside and Lethbridge Demolition Notice		Kevin Sheehan
Wednesday, 5 Mar 2014	Mayor and Cabinet	Management Report	Resources and Regeneration Directorate	Barrie Neal
Wednesday, 5 Mar 2014	Mayor and Cabinet	Strategic Asset Management Plan 2014/15		Janet Senior
Wednesday, 5 Mar 2014	Mayor and Cabinet (Contracts)	Award of contracts to cover consultancy services to the Primary Places Programme for Employers Agent and other professional services		Frankie Sulke
Wednesday, 5 Mar 2014	Mayor and Cabinet (Contracts)	Supporting People Contract Award (Pagnell Street and Edward Street/Adult Placement Scheme)		Aileen Buckton
Tuesday, 11 Mar 2014	Overview and Scrutiny Business Panel, Overview and Scrutiny Education Business Panel	Decisions taken by Executive Directors		Janet Senior
Wednesday, 12 Mar 2014	Sustainable Development Select Committee	Sustainable Resources update	Resources and Regeneration Directorate	Martin O'Brien
Wednesday, 12 Mar 2014	Sustainable Development Select Committee	Implementation of the street lighting contract	Customer Services Directorate	Ian Ransom
Wednesday, 12 Mar 2014	Sustainable Development Select Committee	Parking policy monitoring and update	Customer Services Directorate	Ralph Wilkinson
Wednesday, 12 Mar 2014	Sustainable Development Select Committee	Parks and street trees	Customer Services Directorate	John Thompson
Tuesday, 18 Mar 2014	Healthier Communities Select Committee	Lewisham Hospital – Update		
Tuesday, 18 Mar 2014	Healthier Communities Select Committee	Update on outcomes of Premature Mortality Review		

Meeting date	Committee	Item	Directorate	Lead Officer
Wednesday, 19 Mar 2014	Children and Young People Select Committee	ECH Pathfinder Project	Children and Young People Directorate	
Wednesday, 19 Mar 2014	Children and Young People Select Committee	Trading services to schools	Children and Young People Directorate	
Wednesday, 19 Mar 2014	Mayor and Cabinet (Contracts)	Procurement of the School Catering Contract Service		Frankie Sulke
Tuesday, 25 Mar 2014	Public Accounts Select Committee	Asset Management update	Resources and Regeneration Directorate	
Tuesday, 25 Mar 2014	Public Accounts Select Committee	Audit Panel Update	Resources and Regeneration Directorate	
Tuesday, 25 Mar 2014	Public Accounts Select Committee	Fairness Review update	Resources and Regeneration Directorate	
Tuesday, 25 Mar 2014	Public Accounts Select Committee	Managing Contract review - update on response	Resources and Regeneration Directorate	
Tuesday, 25 Mar 2014	Public Accounts Select Committee	Oracle cross-borough project - update	Resources and Regeneration Directorate	
April				
Wednesday, 9 Apr 2014	Mayor and Cabinet (Contracts)	Discretionary rate relief – awards over £10,000	Community Services Directorate	Kevin Sheehan
Tuesday, 1 Apr 2014	Overview and Scrutiny Business Panel, Overview and Scrutiny Education Business Panel	Decisions taken by Executive Directors		Janet Senior
Wednesday, 9 Apr 2014	Mayor and Cabinet (Contracts)	Award of Contract for the Provision and Support of Multi-Functional Devices		Janet Senior
Wednesday, 23 Apr 2014	Overview and Scrutiny Business Panel, Overview and Scrutiny Education Business Panel	Decisions taken by Executive Directors		Janet Senior

Meeting date	Committee	Item	Directorate	Lead Officer
May				

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