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Healthier Communities Select Committee Agenda

Wednesday, 3 September 2014
7.00 pm, Committee Room 3
Civic Suite
Lewisham Town Hall
London SE6 4RU

For more information contact: Timothy Andrew (02083147916)

Part 1

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Members of the public are welcome to attend committee meetings. However, occasionally, committees may have to consider some business in private. Copies of agendas, minutes and reports are available on request in Braille, in large print, on audio tape, on computer disk or in other languages.

Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Wednesday, 3 September 2014.

Barry Quirk, Chief Executive
Tuesday, 26 August 2014

Councillor John Muldoon (Chair)	
Councillor Stella Jeffrey (Vice-Chair)	
Councillor Paul Bell	
Councillor Bill Brown	
Councillor Ami Ibitson	
Councillor Alicia Kennedy	
Councillor Jacq Paschoud	
Councillor Pat Raven	
Councillor Joan Reid	
Councillor Alan Till	
Councillor Alan Hall (ex-Officio)	
Councillor Gareth Siddorn (ex-Officio)	

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 16 July 2014 at 7.00 pm

PRESENT: Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Paul Bell, Bill Brown, Ami Ibitson, Alicia Kennedy, Jacq Paschoud, Pat Raven, Joan Reid and Alan Till

ALSO PRESENT: Val Fulcher (Lewisham Healthwatch) (Lewisham Healthwatch), Philippe Granger (Lewisham Healthwatch), Councillor Kevin Bonavia (Cabinet Member Resources), Timothy Andrew (Scrutiny Manager), Diana Braithwaite (Commissioning Director) (Lewisham Clinical Commissioning Group), Fran Bristow (Programme Director - Adult Mental Health Development Programme) (SLaM), Aileen Buckton (Executive Director for Community Services), Elizabeth Clowes (Assistant Director, Commissioning) (Lambeth integrated commissioning team), Steve Davidson (Service Director, Lewisham) (South London and Maudsley (SLaM)), Paul Donohoe (Assistant Medical Director) (King's College Hospital NHS Foundation Trust), Joy Ellery (Director of Knowledge, Governance and Communications) (Lewisham and Greenwich NHS Trust), Ruth Hutt (Public Health Consultant) (Public Health), Joan Hutton (Interim Head of Adult Assessment & Care Management), Hugh Jones (Clinical Director, Mood, Anxiety and Personality Disorders Clinical Academic Group) (South London and Maudsley NHS Foundation Trust), Miriam Long (Development Manager) (Healthwatch Lewisham), Georgina Nunney (Principal Lawyer) and Roland Sinker (Chief Operating Officer) (King's College Hospital NHS Foundation Trust)

1. Confirmation of the Chair and Vice Chair

Resolved: to confirm Councillor John Muldoon as Chair and Councillor Stella Jeffrey as Vice Chair of the Select Committee.

2. Minutes of the meeting held on 18 March 2014

Resolved: that the minutes of the meeting held on 18 March 2014 be agreed as an accurate record.

3. Declarations of interest

Councillor Muldoon declared a non-prejudicial interest in relation to item five as an elected member of the Council of Governors at the South London and Maudsley NHS Foundation Trust.

Councillor Brown declared a non-prejudicial interest because he is an employee of a Member of Parliament who belongs to the Parliamentary Health Committee.

4. Response from Mayor and Cabinet: public health expenditure

Aileen Buckton (Executive Director for Community Services) introduced the response from Mayor and Cabinet.

The Committee reiterated its view on the importance of focused and rigorous outcome measures for public health spending.

Resolved: to note the report.

5. Community mental health review: update

Fran Bristow (Programme Director, Adult Mental Health Development Programme) introduced the report; the following key points were noted:

- The update provided an overview of the changes to community mental health teams since the committee last considered the issue in October 2013.
- South London and Maudsley NHS Foundation Trust (SLaM) had moved away from its three locality team structure to a four neighbourhood structure, bringing the catchment areas for each team in line with the four Lewisham primary care neighbourhoods. This meant that moves were required for some staff and service users and a small number of people with a lower level of need had been discharged to primary care.
- A restructure of the current assessment & brief treatment and support and recovery services had been carried out. These teams had become the assessment and liaison service (A&L), treatment services for people with Psychosis and Mood, Anxiety and Personality problems (MAP) treatment teams, with three key areas of focus:
    - Increased evidence based interventions and care co-ordinator capacity to improve relapse prevention within the treatment teams.
    - Improving capacity and competency of assessment and crisis resolution services.
    - New pathways for people not requiring secondary care, this included a move to primary care to some people depending on their level of need, including additional support and back-up to GPs from the assessment services and treatment teams to support this.
- Additional staff had been allocated into the Home Treatment team to allow for urgent assessment of people referred from GPs between 5-8pm Monday to Friday and on Saturday mornings rather than requiring referral to Accident and Emergency for assessment
- A borough wide multi-professional Early Intervention team had been co-located together in one team base, centralising expertise.
- There had been an increase in the resources for the borough wide Enhanced Recovery team, who provide placement assessment and monitoring support to people in specialist health placements outside of SLaM services and in residential accommodation funded through the London Borough of Lewisham. This would add additional care co-ordination capacity and centralise the expertise together in one base.
- The revised model focused on relapse prevention and so a reduction in the reliance on bed based services. It was not anticipated that any significant change in the use of beds would be seen before September 2015, as service users would require support using the increased interventions to be provided before their relapses reduced.
- There was an investment of £1m from SLaM to support the additional staff required to deliver the restructured services.
- Staff training programmes would be provided to support staff to deliver the enhanced interventions required within the new ways of working.
- The Healthier Communities Select Committee had previously reviewed the changes (in May and October 2013) and was supportive of the approach being taken. At the time of the previous update, officers from SLaM had

committed to consulting with patients about the changes – this had been carried out in the following ways-

- During September and October 2013 eight service user and carer engagement events were held. SLaM staff advertised the meetings with posters in waiting rooms and by post and e-mail to Lewisham service user and carer groups and to individuals who had asked to be notified of future events at past service user and carer engagement events. The events were also advertised on the SLaM website and the TWIG (Trust wide Service User and Carer Involvement group) blog.
- An information sheet about the service changes was made available before and the meetings. At the meetings a presentation offering more detail on the changes was provided and there was an opportunity for people to ask questions, give ideas and make comments. 93 people attended the events.
- Lewisham mental health and wellbeing stakeholder event, held on 19th November 2013 focussed on the changes to the community services. Around 200 people attended the stakeholder day, all attending the event were provided with a written proposal on the service changes and a list of frequently asked questions. The written information included a section on how people could feed their comments into the process. It also set out the arrangements for a follow up meeting in January 2014.
- No major changes to the plans were made following the engagement events because the changes were received as a positive change with further investment to services.
- Starting before May 2013, monthly meetings were held between SLaM, CCGs, Local Authority Commissioners and GPs.
- As a result, a referral form for GPs had been developed and distributed. A single point of access had been set up with a direct line contact number for GPs wishing to speak with a consultant psychiatrist to ensure GPs had access to clinical support when required.
- A consultation for staff affected by the change was undertaken within SLaM for 30 days from 5th February 2014. Following the consultation feedback was given to all staff and a process was put in place to recruit staff into the new teams. All current staff commenced in their new posts from 1st May 2014
- Additional new staff were currently being recruited into the new posts within the teams, it was anticipated that all posts will be filled by 1st September.
- Service user moves between teams and transfers to Primary care services commenced from 1st May 2014. It was anticipated that all transfers would be complete by 1st September 2014, this allowed for three months joint working between old and new teams, where required, to support people in these transitions.

In response to questions, the Committee was advised that:

- The rise in mental health conditions in South London was not disproportionate to the rest of London. Increases could largely be attributed to the rise in the population of young people, who more frequently presented with cases of psychosis between the ages of 14 and 35.
- The changes would not impact on mental health services for children.
- There would be an increase in the number of staff.
- The transition process for patients between old and new teams would not follow a set pattern, because of the varied needs in each case.

- It was acknowledged that people would be more at risk in the first 1-3 three months during changes, so support would be focused on this period.
- Most patients would be seen on a six monthly basis by clinicians, dependent on their case.

A member of the public requested to address the Committee and was allocated five minutes to do so by the Chair. The following key points were noted:

- They had direct experience of the services at SLaM following a period of illness and treatment.
- They had established a support group for users of SLaM services.
- In their case, and that of a number of other bi-polar patients in the group, there had been no forewarning about the discharge from secondary care.
- There had been no handover process to GPs and they were concerned about the capacity of GPs to deal with complex cases in short consultations.
- National Institute for Health Care and Excellence (NICE) guidance stated that bi-polar patients should be receive secondary level care.
- They believed that SLaM had failed in its duty to patients. As such a group of patients had approached Lewisham Healthwatch, Heidi Alexander MP and the charities Mind and Rethink about the case.
- Patients had also investigated the possibility of accessing a private psychiatrist, but the costs were prohibitively expensive.
- They hoped that secondary services would be reinstated for bi-polar patients.

In response to questions, the Committee was advised that:

- It would not be possible for the representatives from SLaM present to talk about the details of individual cases.
- Officers from SLaM would ensure that Heidi Alexander MP received a response to her letter.
- The service redesign being undertaken by SLaM was in line with NICE guidelines.
- Secondary care was not required in every case. SLaM was developing a psychological therapy education programme for GPs to educate them about the range of treatments available.
- The perceived separation between primary and secondary care was a false distinction. GPs in the clinical commissioning group and SLaM were working together to ensure that services overlapped.
- There had been an investment of £1m in services at SLaM.

Resolved: to note the update from SLaM and the comments from members of the public; and to receive an additional update from SLaM on the general issues raised at a future meeting of the Select Committee, including further information about the consultation process and the referral system for GPs.

6. King's College Hospital NHS Trust elective services proposals

Roland Sinker (Chief Operating Officer, King’s College Hospital NHS Foundation Trust) introduced the report; the following key points were noted:

- The report to the Committee on the changes consisted of three parts; an overview of the changes; information about why the changes were taking place and information about some of the issues raised by the changes.
- There was substantial pressure for bed spaces at the Denmark Hill hospital site; this was due in part because of its status as a major trauma centre.
- It was proposed to:
    - Transfer elective adult inpatient orthopaedics from Denmark Hill & PRUH to Orpington
    - Transfer elective inpatient gynaecology from Denmark Hill to PRUH
    - Transfer non-complex cataract surgery from Denmark Hill and PRUH to QMH
- Consultation had been carried out with the relevant clinical commissioning groups; Monitor and the Care Quality Commission.
- The proposals would improve the quality of care and alleviate capacity issues at across the Trust's hospital sites.
- Staff and stakeholder groups had been consulted widely.
- The Trust wanted to ensure that there would be improved patient choice and integration with other services in South East London.
- Where there was local capacity, patients would be able to choose where they wanted to have their operation.
- The Trust had provided a commitment to transporting people by taxi, or other means, where necessary.

In response to questions, the Committee was advised that:

- Where appropriate, patients would be able to remain at their local hospital.
- Contingency plans were in place to deal with problems.
- Staff had been consulted widely about the changes. There was support for the changes being proposed but this was not universal.
- There were no proposals to sell off land as part of the changes.
- There were no proposals to provide transport for families.
- There were mechanisms in place to receive feedback from patients. Initial views on the changes had been positive.
- The hospital in Denmark Hill attracted a number of TV documentary makers because of its status as a major trauma centre.
- Further work needed to be done to ensure that cases that could be dealt with by other hospitals were being dealt with elsewhere.
- It wasn't necessarily the case that there were too few beds in South East London, but rather that the wrong beds were in the wrong places.
- Free transport for patients would be provided for the foreseeable future.
- Lessons were learnt from the pilot of the changes. Including, the differences in cultures between the hospital sites as well as the specific need to ensure there was a clear discharge process from Orpington hospital.
- There were tried and tested methods in place for gathering patient feedback. The patient survey had 30/40 questions in it that covered a range of issues. It was clear that it was important to make sure that patients were clear about discharge from Orpington Hospital.

Resolved: to note the report – agreeing that, in the Committee's view the changes should not be considered as a substantial variation in services; and to receive a further update on the implementation of the changes from King's in six months.

7. Sexual health strategy

Elizabeth Clowes (Lambeth Integrated Commissioning Team) introduced the report; the following key points were noted:

- The Lambeth, Southwark, Lewisham integrated commissioning team had been consulting a three borough sexual health strategy.
- The new strategy focused on the promotion of healthy behaviours and the prevention of disease.
- Messages of prevention underpinned all services. Including bringing HIV and other testing away from clinical settings.
- The strategy also focused on shifting activity and costs and promoting self-management.
- There were cost pressures in each of the boroughs but there was £27m invested across the three boroughs.
- Some services were commissioned by NHS England.
- The consultation had been wide ranging and it also targeted 'at risk' communities including, young people, BME groups and men who have sex with men (MSM)
- There had also been further work carried out with Latin American and Portuguese communities in Lambeth.
- There had been focus groups in each borough and Healthwatch had been involved in the consultation process.
- It was recognised that some workforce development and training needed to take place in community pharmacies and GPs.
- The aim of the strategy was to ensure that every contact with healthcare services created an opportunity for patients to improve their sexual health.
- The consultation response and an action plan based on the delivery of the sexual health strategy would be taken to Health and Wellbeing Boards in each of the boroughs.
- There had been a reverse in the downward trend of teenage pregnancies.

In response to questions, the Committee was advised that:

- Late diagnosis of HIV was a serious problem. A high proportion of people with HIV were infected by people who didn't know they had the virus. The early detection of HIV made it susceptible to treatment; it could also reduce the potential for transmission by 97%.
- The rate of HIV infection in the black African community was a concern. Black African women were often picked up by ante-natal services when they were pregnant – but black African men were less likely to come forward for testing.
- There had been some improvement in times to diagnosis; however, this was not reflected in the three year averages.
- The department of Health had indicated that no EU country would be implementing the World Health Organisation proposals to provide pre-exposure prophylaxis anti-retroviral medication to people from groups at high risk from HIV transmission.
- The move to community based services would enable people to access services in more settings, including at pharmacies, online and by post. It was intended that increasing the availability of services would make them more accessible to people who didn't want to go to medical settings.

- Evidence based prevention was defined as: the delivery of prevention services based on good, well designed research that demonstrated the impact of public health interventions.
- The three boroughs had some well supported faith communities that could help to spread powerful messages about sexual health. It was important to be open to working with these groups.
- There was good take up of sexual health education services in schools.

Resolved: to note the report and to endorse the approach being proposed in the strategy; and to receive the sexual health action plan once it had been agreed by Lewisham's Health and Wellbeing Board in September.

8. Lewisham Healthwatch annual report

Val Fulcher, Philippe Granger and Miriam Long (Manager, Lewisham Healthwatch) were present to answer questions about the report. In response to questions the Committee was advised that:

- Lewisham Healthwatch would be holding a workshop on 29 July, which would focus on the South East London five year commissioning strategy.

There was a further discussion about district nursing. In response to questions from the Committee, Joy Ellery (Lewisham Hospital) advised that:

- District nursing was provided by Lewisham and Greenwich NHS Trust.
- There had been a recent round of nurse recruitment, following on from the Trust's safer staffing review.
- In order to ensure that sufficient staff were available in all disciplines the Trust had carried out recruitment in Portugal, Spain and the Philippines.
- Nursing colleges in the Philippines trained more staff than were required by the local healthcare, in order that those nurses could work overseas.
- Interviews for all staff were carried out in English.
- All staff recruited to the hospital were required to pass literacy and numeracy tests – and to understand the hospital's commitment to equalities.
- The South London and Maudsley NHS Trust delivered a number of mental health services at Lewisham Hospital.

Resolved: to receive the Lewisham Healthwatch annual report.

9. Better Care fund update

A motion to suspend standing orders was put to a vote. Seven members voted in favour of suspending standing orders, two abstained and one voted against. Standing orders were suspended at 21:15 in order to enable the completion of Committee business.

Aileen Buckton (Executive Director for Community Services) introduced the report. The following key points were noted:

- Health and social care services were under a statutory duty to integrate.

- From April 2015 there would be additional responsibilities placed on health and social care providers to integrate their services, this would be delivered through the Better Care Fund.
- In April 2014 the Council and Clinical Commissioning Group submitted their plans for the Better Care Fund. Plans were subsequently put on hold nationally, in order to enable the government to produce additional guidance about the information required for the Fund.
- Further information had recently been provided by the government, requiring the Council to resubmit its plans through the Health and Wellbeing Board by 'the end of the summer'.

In response to questions, the Committee was advised that:

- An all member briefing would be held to provide an update on Health and Social Care integration.

Resolved: to note the report.

10. Select Committee work programme

Timothy Andrew (Scrutiny Manager) introduced the report. The Committee then discussed the work programme and agreed to add the following items:

- A six month update on the King's elective services proposals.
- Information from public health about the sustainability of community public health initiatives.
- An update on district nursing; to be included in a future update from Lewisham Hospital.
- An item on the development of the local market for social care services, to be included in future updates on health and social care integration.

There was also a discussion about the scrutiny of children's mental health services. The Committee were advised that scrutiny of Children's mental health fell within the terms of reference of the Children and Young People Select Committee.

The Committee proposed that the Overview and Scrutiny Business Panel be asked to decide how best the two select committees could coordinate a review into the provision of mental health services for Children and Young People.

The Committee further discussed the potential benefits of scrutinising the transition of responsibility between Children and Young People Social Services to Adult Social Services being considered jointly with the Children and Young People Select Committee at some point in the future, as well.

Resolved: to add the Committee's suggestions to the work programme for submission to Overview and Scrutiny Business Panel; and to request that Business Panel make a decision about the joint scrutiny of the mental health of young people.

11. Referrals to Mayor and Cabinet

None

The meeting ended at 10.00 pm

Chair: --

Date: --

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Healthier Communities Select Committee			
Title	Declaration of interests		
Contributor	Chief Executive	Item	2
Class	Part 1 (Open)	3 September 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;

(b) and 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 not 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			
Title:	South East London Five Year Commissioning Strategy – Update		
From:	Lewisham Clinical Commissioning Group	Item :	3
Class:	Part 1 (Open)	3 September 2014	

1. Summary

The attached document provides an; overview of the South East London 5 year Commissioning Strategy, details of development of the strategy including clinical and public engagement – in addition to next steps for 2014.

2. Recommendation

The Committee is recommended to note the update on the South East London 5 year Commissioning Strategy and direct questions to CCG officers in attendance at the meeting on 3rd September 2014.

3. Equalities Implications

An Equalities Impact Assessment (EIA) will be conducted to assess the impact on the nine characteristics protected by the Equality Duty Act 2010.

4. Contact Information

For further information about this report please contact Charles Malcolm-Smith, Head of Strategy & Organisational Development, Lewisham Clinical Commissioning Group; Email: charles.malcolm-smith@nhs.net.

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South east London five year commissioning strategy

Update for Lewisham Healthier Communities Select Committee, Wednesday 3rd September 2014

The content of this presentation reflects work in progress and is subject to change following wider engagement

What is the five year strategy?

- A new clinically-driven five year commissioning strategy for health and integrated care across south east London
- To improve health services for everyone in Lewisham, Bexley, Bromley, Greenwich, Lambeth and Southwark
- Addressing issues that cannot be solved by one area alone or where there is more that can be achieved by working together
- Five years gives everyone time to plan, agree and make the improvements needed and build on what already works well and tackle what needs to be improved
- Building on borough-level Joint Strategic Needs Assessments, commissioning plans and health and wellbeing strategies, which will continue to be produced to identify borough-specific issues, needs and challenges and the local plans to address them
- Significant engagement is being undertaken to obtain the views of patients and local people across south east London

Who is involved?

- Six NHS organisations (Clinical Commissioning Groups) in south east London
- NHS England (London) commissioners
- Shaped by seven Clinical Leadership Groups (CLGs)
- In close partnership with local authorities, providers of care and other partners
- Patients and members of the public

Our case for change

Health outcomes in south east London are not as good as they could be:

- Too many people live with preventable ill health or die too early.
- The outcomes from care in our health services vary significantly and high quality care is not available all the time.
- We don't always treat people early enough to have the best results.
- People's experience of care is variable and can be better.
- Patients tell us that their care is not joined up between different services.
- The money to pay for the NHS is limited and need is continually increasing.
- It is taxpayers' money and we have a responsibility to spend it well.

The longer we leave these problems, the worse they will get; we all need to change what we do and how we do it.

Our vision and ambition

- Supporting people to be more in control of their health and have a greater say in their own care
- Helping people to live independently and know what to do when things go wrong
- Helping communities to support one another
- Making sure primary care services are consistently excellent and with an increased focus on prevention
- Reducing variation in healthcare outcomes by raising the standards in our health services to match the best
- Developing joined up care so that people receive the support they need when they need it
- Delivering services that meet the same high quality standards whenever and wherever care is provided
- Spending our money wisely, to deliver better outcomes and avoid waste

Proposed integrated system model

Stronger communities as the foundation

1) Primary & community care including social care – universal service supporting our whole population

2) Long terms conditions, physical and mental health – supporting those with long term physical and / or mental health conditions

Pathways of care (may require hospital intervention) – support patients through episodes of care:
Five selected priority pathways
3) Planned care
4) Urgent and emergency care
5) Maternity
6) Children & young people
7) Cancer

Proposed integrated system model

- Brings together the different components of the strategy into a proposed single system focused on delivering the objectives of the strategy.
- Recognises that we must and can strengthen our local communities.
- Primary and community care services are the cornerstone of health and social care. 90 per cent of NHS contacts take place in the community.
- People with long term physical and/or mental health conditions need integrated teams which bring together social care and wider local authority services, NHS funded services and the voluntary sector.
- People who require care need different parts of the system to be well connected so that their care is joined up

This is a clinically-driven strategy

There are seven Clinical Leadership Groups developing the strategy:

- Primary and community care
- Long term conditions - physical and mental health
- Planned care
- Urgent and emergency care
- Maternity
- Children and young people
- Cancer

The groups include senior clinicians and experts from south east London's NHS commissioners, providers of NHS services, social care services, public health services, Healthwatches and patient and public voices

They have developed early proposed new service models for testing and engagement

Overview of our work to date

The following have been engaged in planning, discussion, design, challenge and learning:

- **More than 100 clinicians**
- **Over 200 patients, members of the public and Healthwatches**
- **Clinical commissioners and senior management from all six CCGs**
- **NHS England primary care and specialised teams**
- **All six local authorities including Health and Well-Being Boards (to April 2014), Chief Executive Officers, public health and social care**
- **Members of the voluntary sector**
- **Chief executives, medical and nursing directors from local providers of NHS services**

This builds on engagement and strategy/ planning work in within individual boroughs

A south east London Case for Change has been developed, on which we have carried out further engagement and which has been used to set the priority areas of focus for the strategy

An overarching proposed integrated service model has been developed

GP practices are working together in Local Care Networks

Proposed new models of service delivery have been designed by Clinical Leadership Groups and these will now be tested through wider engagement with clinicians and local people and refined before detailed planning to implement is put in place.

Implementation work already underway

We understand the urgency to improve services and significant work is already underway to deliver parts of the strategy during years one and two.

CCG operating plans set out a series of bold changes that will be delivered in years one and two of the strategy, and we have begun the process of evaluation and continuous improvement for these services.

Some examples of significant work already being implemented include:

- **Development of primary care, provided at scale**
- **Developing a modern model of integrated care**
- **Improving and enhancing local urgent and emergency care**
- **Transforming specialised services**
- **Building resilient communities**
- **Partnership working across south east London**
- **Promoting public health role and prevention of ill health**

Further development from July 2014

Our work from July-December 2014 and beyond is focused on:

- Continued development of the integrated system model and the components that underpin it (models for primary and community care and long term conditions, plus our five priority pathways)
- Continued delivery of implementation work already underway (for example, development of wider primary care provided at scale; development of integrated services for people with long term conditions)
- Work to develop proposed interventions and impacts with considerably wider engagement with stakeholders on the strategy and implications as they develop
- An Equalities Impact Assessment to better understand the full effect on the 9 protected characteristics and the more vulnerable people in the community will be conducted

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Healthier Communities Select Committee			
Title	Improving District Nursing Services - Briefing		
Contributors	Alison Browne, Nurse Director, Lewisham Clinical Commissioning Group and Clair Champion, Director of Nursing & Clinical Services, Lewisham and Greenwich NHS Trust	Item	4
Class	Part 1 (open)	03 September 2014	

1. **Purpose**

   The purpose of the briefing is to provide members of the Healthier Communities Select Committee with oversight of the joint work to date between Lewisham Clinical Commissioning Group and Lewisham and Greenwich Trust on improving the quality of District Nursing Services.

2. **Recommendations**

   Members of the Healthier Communities Select Committee are recommended to note the findings of the district nursing audit and the progress made against the recommendations for improvement.

3. **Background**

   District Nursing services in Lewisham have been provided by Lewisham and Greenwich Trust (LGT) since 2010.

   District Nursing services are commissioned by NHS Lewisham CCG (LCCG) as part of the community contract with LGT. The contract is overseen by a sub group of the LGT Contract Management Board and Quality reports are received by the Clinical Quality Review Group (CQRG) on a monthly basis.

   District Nursing services in Lewisham have largely remained untouched by previous reforms. However, a considerable amount of work has commenced to begin integrating community health services and social care services in line with the Health and Social Care Act 2012.

   LCCG presented its vision for Community Based Nursing Care to its Governing Body, GP membership and to LGT in January 2014. The strategy identified a care continuum to deliver care across the 4 levels of complexity from domain 1 self-care to domain 4 complex care from the NHS Outcomes Framework (See section 8).

   To further progress this work, commissioners needed to fully understand the capacity and capability of district nursing services and develop baseline information to support designing new service models for 2014/15, which will inform the strategic commissioning intentions of LCCG. In addition, concerns were being raised by GPs through Quality Alerts submitted to the CCG, about the district nursing workforce. In addition, other quality concerns were reported by the trust through its quality reports and staff raising concerns. The trust had already commenced addressing significant management challenges and some historic issues with the service – in tandem with

progressing the health and social care integration programme with Lewisham Borough Council.

In line with the Francis report 2013 and in the spirit of being open and working in partnership, an independent audit of District Nurses caseload and working practices was commissioned by the LCCG Nurse Director. The audit was conducted in February and March 2014, which was welcomed and supported by Lewisham and Greenwich NHS Trust.

The audit included 29 nurses and visits to over 200 patients and covered all shifts. The audit consisted of 3 components;

I. An observational audit of district nursing practice
II. A self-completed questionnaire for district nurses
III. Semi-structured interviews with patients

4. Results of the audit

The auditors acknowledged that they observed some excellent practice in challenging community environments, however improvements were recommended across the following 3 themes;

1. Organisation and infrastructure of the service
2. Communication with patients
3. Culture and behaviour

The findings of the patient experience semi-structured interviews highlighted difficulties with the call centre and getting through to someone, being left on hold or messages not getting through to the nurses and with unreturned calls. They also raised poor communication as an issue as they never knew what time their nurse would be arriving, which is important even if someone is housebound.

However, overall patients were positive about the attitude and care given by the nurses in most cases and were very grateful for their care given to them in their homes if they were housebound.

5. Remedial Improvement Plan

Recommendations for improvements based around the 6 Cs (See section 8); Compassion; Care; Communication; Courage; Commitment; Competence were shared LGT.

All the recommendations were welcomed and supported by the trust and consequently a detailed improvement plan has been developed to address the immediate and longer term improvements required for delivery of the service. The improvement plan is monitored through a steering group, which meets monthly and reports to the Clinical Quality Review Group (CQRG) and the plan includes;

- Full service review: The Trust has embarked on a 12 month programme to improve the service with a plan for excellence over the next 3 years. However, changes have already commenced, which includes a strengthened management and clinical supervisory structure. An an earlier start to the working day and caseload reviews. In addition, implementing improved management of the call

centre pending the delayed move to create a ‘single point of access’ at Laurence House.

- Nurse uniforms and kit bags have now been issued to all staff.
- A skill mix review is underway, supported by a training and education programme being developed in partnership with higher education providers.
- A competency framework has been developed.
- Multi-disciplinary team working is being developed as a part of the integration of health and social care.
- Referral pathway and timescale is in progress.
- HR programme will be developed.

6. Patient and Public Involvement

- Health Watch were commissioned to undertake the patient experience semi-structured questionnaires using a group of self-selecting patients who were visited as part of the audit.
- The results of the audit have been shared with the LCCG Public Engagement Group.
- A re-audit of patient views will be commissioned in early in 2015 following the delivery of the improvement plan.
- Integration of community services including district nursing services has been part of the Commissioning Intentions engagement plan to involve patients and the public in shaping the Lewisham CCGs 5 year Strategy ‘A Local health Plan for Lewisham 2013 – 2018’.

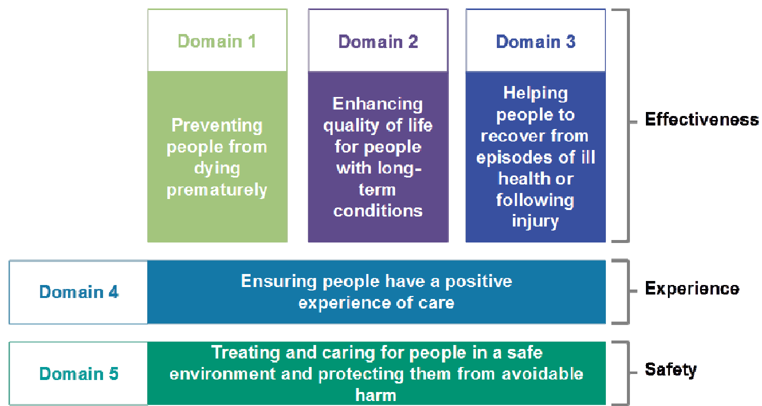
7. Equalities and Diversity

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.

8. References

Compassion in Practice: Nursing, Midwifery and Care Staff – Our Vision and Strategy (DH December 2012); The vision is based around six values - care, compassion, courage, communication, competence and commitment. The vision aims to embed these values, known as the Six C’s, in all nursing, midwifery and care-giving settings throughout the NHS and social care to improve care for patients.

NHS Outcomes Framework 2014/15 (DH December 2013); The framework provides a national overview of; (i) how well the NHS is performing; (ii) is the primary accountability mechanism, in conjunction with the Mandate, between the Secretary of State for Health and NHS England; and (iii) drives up quality throughout the NHS by encouraging a change in culture and behaviour focused on health outcomes not process. The 5 domains depicted below were developed in 2010 and are updated every year to ensure the most appropriate measures are included.


Domain 1
Preventing people from dying prematurely
Domain 2
Enhancing quality of life for people with long-term conditions
Domain 3
Helping people to recover from episodes of ill health or following injury
Effectiveness
Domain 4
Ensuring people have a positive experience of care
Experience
Domain 5
Treating and caring for people in a safe environment and protecting them from avoidable harm
Safety

Healthier Communities Select Committee				
Title	Better Care Fund Update			
Contributor	Executive Director for Community Services		Item	5
Class	Part 1 (open)	03 September 2014		

1. Purpose of report

1.1 This report provides background information on the Better Care Fund (BCF) and updates Members on the current position and activity being undertaken.

2. Recommendation

2.1 Members of the Healthier Communities Select Committee are asked to note the information provided in this report.

3. Background

3.1 Members of the Healthier Communities Select Committee received a short briefing on 16 July 2014 which gave an introduction to the BCF and the current position in Lewisham. At that time further information was still awaited from NHS England and the Local Government Association (LGA) which would direct the next stages of the programme.

4. Better Care Fund Introduction

4.1 The Better Care Fund was announced as part of the 2013 Spending Round. The document stated that ‘the Government will introduce a £3.8 billion pooled budget for health and social care services, shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people’.

4.2 The Government also announced an extra £200m to be transferred from health to social care in 2014/15. The associated guidance stated that Councils should use the additional £200m to prepare for the implementation of pooled budgets in April 2015 and to make early progress against the national conditions and the performance measures set out in the locally agreed plan.

4.3 The Spending Round announced that in 2015/16 the £3.8m Fund would be created from £1.9bn of existing funding for 2014/15 that was allocated across the health and wider care system. The breakdown of this funding was:

- £130m Carers’ Break funding
- £300m CCG reablement funding
- £354m capital funding (including £220m Disabled Facilities Grant)
- £1.1bn existing transfer from health to adult social care.

4.4 The remaining £1.9bn of the £3.8bn for 15/16 was to be dependent on performance and local areas were required to set and monitor achievement of national and locally agreed outcomes during 2014/15 as a baseline for 2015/16. Plans were required to set out five national metrics and one local indicator showing performance and improvement targets, including ones relating to avoidable emergency admissions and delayed transfers of care from acute settings.

5. First draft BCF submission

5.1 To access the fund Lewisham was required to submit a "good first draft" of its plan by 14 February 2014. A review of all BCF plans was carried out by a team consisting of representation from NHS England's local area teams, the integrated care team, and with local authority input provided by the London Social Care Partnership and London Councils. The outcomes of this review were then fed into the overarching assurance process conducted by local area teams to align BCF and operating plans.

5.2 The feedback from the local area team on Lewisham's draft plan on 26 February 2014 and further feedback given on 3 March was that it evidenced Lewisham's good governance arrangements for the integration of health and care and the team acknowledged the strategy that was in place for integration. However the feedback also identified the need for the plan to contain more concrete milestones and better descriptions of the specific activity to achieve the national outcomes.

5.3 On 12 March, NHS England issued a further update of the BCF technical guidance and issued a revised Part 2 template. It stated that access to the Better Care Fund was dependent on the submission of a two year plan which outlined how Lewisham would use the fund to support integration and meet the national conditions.

6. April submission

6.1 The final draft of Lewisham's BCF plan was submitted on 4 April 2014. NHS England stated that the subsequent BCF plans had been subject to an assurance process led by Area Teams together with Local Government regional peers. NHS England said that while the assurance process demonstrated some improvement on the draft plans submitted in February, it also showed that further work was required on many local plans, particularly around the metrics and finance data, and on the extent of provider engagement in the planning process. In light of this, Ministers confirmed that no BCF plans would be formally signed off in April and that further time should be taken for CCGs and Councils, working with Health and Wellbeing Boards to refine their plans during June and that further guidance would follow.

6.2 The additional guidance was due to be issued by the end of the first week of June, along with clarification on next steps and timetable, with the data required by 27 June; this additional guidance and information was delayed until the last week of July and with additional guidance coming out in the first week of August.

7. Updated guidance – July/August

7.1 The July/August guidance provided details of the process for revising and resubmitting BCF plans and set a new submission deadline of 19 September 2014.

7.2 At the same time it was announced that a national programme was being designed to support local areas in the further development of BCF plans which would be available to councils and CCGs over the summer period ahead of the deadline for resubmission.

7.3 The guidance set out a number of key policy changes. In summary, the previous £1bn Payment for Performance framework was revised so that the proportion of the £1bn that is now linked to performance is dependent solely on an area's scale of ambition in setting a planned level of reduction in total emergency admissions (i.e. general and acute non-elective activity). The national planning assumption is that this will be in the region of a 3.5% reduction against the baseline detailed in the technical guidance. If this is achieved, it would equate to a national payment for performance pool of c.£300m. The remaining c.£700m would be available up front in 2015/16 to be invested in NHS commissioned out-of-hospital services. The detail of this will be subject to local agreement, as set out in the planning guidance.

7.4 Additionally the guidance stated that all areas must set out the local vision for health and care services, and describe the schemes that will deliver this vision. However, it noted that plans are expected to go beyond this, and required to specifically set out:

- **The case for change**: a clear analytically driven and risk stratified understanding of where care can be improved by integration,
- **A plan of action**: A clear explanation of the activity that will take place to shift activity away from emergency admissions, developed with all local stakeholders and aligned with other initiatives and wider planning,
- **Strong governance**: clear local management and accountability arrangements, and a credible way of tracking the impact of interventions and taking remedial action as necessary, as well as robust contingency plans and risk sharing arrangements across providers and commissioners locally,
- **Protection of social care**: How and to what level social care is being protected, including confirmation that the local share of the £135m of revenue funding resulting from new duties within the Care Act is protected, and the level of resource dedicated for carers is spelled out,
- **Alignment with acute sector and wider planning**: including NHS two-year operational plans, five-year strategic plans, and plans for primary care as well as local government plans.

8. Supplementary guidance 20 August 2014

8.1 At the time of writing this report further guidance was received from the LGA and NHS England offering additional information on two key areas:

- Methodology for the Nationally Consistent Assurance Review Process.
- Guidance on the National Aspiration to reduce emergency admissions by 3.5%.

8.2 Nationally Consistent Assurance Review Process

The guidance states that the BCF national review of all submitted plans will be performed by externally commissioned providers all working to a common methodology which has been reviewed and approved, and validated by external experts. The results of the review process will then be moderated and calibrated to develop a consistent national view of the status of local BCF plans. This will include an individual assessment of each plan including a pre-scheduled meeting with the Health and

Wellbeing Board leadership to discuss it. The individual assessment of each plan will be used alongside an assessment of the local delivery context in which a plan sits, to produce an approval rating. Plans will be either: approved; approved with support; approved with conditions; or not approved.

8.3 National Aspiration to Reduce Emergency Admissions by 3.5%.

The LGA and NHS England note that since the release of their 25 July guidance, they have received a number of requests for further guidance regarding what would constitute a robust case for setting a target lower or higher than the guideline reduction of 3.5%. In response they have provided additional supplementary guidance which sets out for CCGs and Councils the extent of flexibility available in setting the scale of ambition to reduce the total number of emergency admissions to hospital, as a key performance metric for the Better Care Fund plan. It notes that although targets should be ambitious and stretching they should not be unrealistic.

9. Lewisham's next steps

9.1 In preparation for our resubmission, on 8 August the Adult Integrated Care Programme Board reviewed the new guidance and identified areas that required further discussion and development. It was agreed that the original schemes proposed within Lewisham's plan would need to be reviewed given the performance element of funding relating to a reduction in total emergency admissions. In the developing the plan, Board Members will ensure that it takes account of the Care Act and adequately addresses the needs of carers and the mental and physical health of service users. Members will also ensure that activity to reduce acute emergency admissions is feasible and realistic.

9.2 This activity is currently underway and is being undertaken alongside the development of Lewisham's joint commissioning intentions for health and care. This will ensure that the funding from BCF is properly targeted and that the risk of failure in achieving a reduction in emergency admissions and the financial risk to the Council, the CCG or other providers is minimised.

9.3 Following the 19 September submission it is anticipated that feedback on Lewisham's revised plans will be provided by NHS England and the LGA at the end of October 2014.

Background documents

1. Full Revised Planning Guidance
   http://www.england.nhs.uk/wp-content/uploads/2014/07/bcf-rev-plan-guid.pdf

2. Revised Technical Guidance
   http://www.england.nhs.uk/wp-content/uploads/2014/08/bcf-technical-guidance-v2.pdf

For further information, please contact Aileen Buckton, Executive Director for Community Services on 020 8314 8675.

Healthier Communities Select Committee				
Title	Select Committee work programme			
Contributor	Scrutiny Manager		Item	6
Class	Part 1 (open)	03 September 2014		

1. Purpose

To advise Members of the proposed work programme for the municipal year 2014/15, and to decide on the agenda items for the next meeting.

2. Summary

2.1 At the beginning of the new administration, 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 29 July 2014 and agreed a co-ordinated overview and scrutiny work programme. However, the work programme 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 Committee is asked to:

- note the work plan 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;
- review all forthcoming key decisions, attached at **Appendix C**, and consider any items for further scrutiny.

4. The work programme

4.1 The work programme for 2014/15 was agreed at the Committee's meeting on 16 July 2014.

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

which medium/low priority item(s) should be removed in order to create sufficient capacity for the new item(s).

5. The next meeting

5.1 The following reports are scheduled for the meeting on 21 October 2014:

Agenda item	Review type	Link to Corporate Priority	Priority
Sexual health strategy action plan	Standard item	Active, healthy citizens	Medium
Emergency services review update	Standard item	Active, healthy citizens	High
Health and wellbeing strategy and delivery plan	Performance monitoring	Active, healthy citizens	High
Health and social care integration: care act eligibility criteria and joint planning intentions	Standard item	Active, healthy citizens	High

5.2 The Committee is asked to specify the information and analysis it would like to see in the reports for these 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.

6. Financial Implications

There are no financial implications arising from this report.

7. Legal Implications

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

8. Equalities Implications

8.1 The Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

8.2 The Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act

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

8.3 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.

9. Date of next meeting

The date of the next meeting is Tuesday 21 October 2014

Background Documents

Lewisham Council's Constitution

Centre for Public Scrutiny: the Good Scrutiny Guide

Scrutiny work programme – prioritisation process

Does this issue affect a number of people living, working and studying in Lewisham?
- Yes → next question; No → REJECT

Is the issue strategic and significant?
- Yes → next question; No → REJECT

Can scrutiny add value? Is performance likely to improve as a result of scrutiny activity?
- Yes → next question; No → REJECT

Will scrutiny work be duplicating other work?
- No → next question; Yes → REJECT

Is the Council due to review the relevant policy area (allowing scrutiny recommendations to influence the new direction to be taken)?
- Yes → next question; No → CONSIDER Medium/Low Priority

Is it an issue of concern to partners, stakeholders and/or the community?
- Yes → next question; No → CONSIDER Medium/Low Priority

Are there adequate resources available to do the scrutiny well?
- Yes → next question; No → CONSIDER Medium/Low Priority

Is the scrutiny activity timely?
- Yes → ACCEPT High Priority; No → CONSIDER Medium/Low Priority

ACCEPT High Priority

CONSIDER Medium/Low Priority

REJECT

Healthier Communites Select Committee work programme 2014/15

Programme of work

Work item	Type of item	Priority	Strategic priority	Delivery deadline	16-Jul	03-Sep	21-Oct	02-Dec	14-Jan	24-Feb
Lewisham future programme	Standard item	High	CP9	Jul						
Confirmation of Chair and Vice Chair	Constitutional req	High	CP9	Jul						
Select Committee work programme	Constitutional req	High	CP9	Jul						
Healthwatch annual report	Standard item	Medium	CP9	Jul						
Sexual health strategy and action plan	Standard item	Medium	CP9	Jul						
Better care fund update	Standard item	Medium	CP9	Ongoing						
Community mental health review: update	Standard item	High	CP9	Jul						
King's: elective services proposals	Standard item	High	CP9	Jul						
Sustainability of community health initatives	Standard item	Medium	CP9	Sep						
South East London five year commissioning strategy	Standard item	Medium	CP9	Sep						
Lewisham hospital update	Standard item	Medium	CP9	Ongoing		Nursing				
Emergency services review: update	Standard item	High	CP9	Oct						
Health & Wellbeing strategy and delivery plan	Performance monitoring	High	CP9	Oct						
Health and social care integration	Standard item	High	CP10	Ongoing						
Development of the local market for adult social care services	Standard item	Medium	CP9	Tba						
Public Health 2013/14 annual report	Standard item	Medium	CP9	Dec						
Transition from children's to adult social care	Standard item	Medium	CP 7,8, 9	Tba						
CQC Local Compliance Manager update	Standard item	Medium	CP9	Jan						
Access to primary care	Standard item	Medium	CP10	Jan						
Leisure centre contract	Performance monitoring	Medium	CP9	Feb						
Library and Information Service	Performance monitoring	Medium	CP9	Feb						
Community Education Lewisham annual report	Performance monitoring	Medium	CP9	Feb						

	Item completed
	Item ongoing
	Item outstanding
	Proposed timeframe
	Item added

Meetings					
1)	Wed	16 July	4)	Tue	02 December
2)	Wed	03 September	5)	Wed	14 January
3)	Tue	21 October	6)	Tue	24 February

Shaping Our Future: Lewisham's Sustainable Community Strategy 2008-2020		
	Priority	
1	Ambitious and achieving	SCS 1
2	Safer	SCS 2
3	Empowered and responsible	SCS 3
4	Clean, green and liveable	SCS 4
5	Healthy, active and enjoyable	SCS 5
6	Dynamic and prosperous	SCS 6

Corporate Priorities		
	Priority	
1	Community Leadership	CP 1
2	Young people's achievement and involvement	CP 2
3	Clean, green and liveable	CP 3
4	Safety, security and a visible presence	CP 4
5	Strengthening the local economy	CP 5
6	Decent homes for all	CP 6
7	Protection of children	CP 7
8	Caring for adults and older people	CP 8
9	Active, healthy citizens	CP 9
10	Inspiring efficiency, effectiveness and equity	CP 10

FORWARD PLAN OF KEY DECISIONS

Forward Plan August 2014 - November 2014

This Forward Plan sets out the key decisions the Council expects to take during the next four months.

Anyone wishing to make representations on a decision should submit them in writing as soon as possible to the relevant contact officer (shown as number (7) in the key overleaf). Any representations made less than 3 days before the meeting should be sent to Kevin Flaherty, the Local Democracy Officer, at the Council Offices or kevin.flaherty@lewisham.gov.uk. However the deadline will be 4pm on the working day prior to the meeting.

A "key decision"* means an executive decision which is likely to:

(a) result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates;

(b) be significant in terms of its effects on communities living or working in an area comprising two or more wards.

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
June 2014	**Award of contract for works to enable Lucas Vale to admit 30 additional pupils**	Tuesday, 29/07/14 Overview and Scrutiny Education Business Panel	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
June 2014	**Construction of the primary phase at Prendergast Ladywell Fields College**	Tuesday, 29/07/14 Overview and Scrutiny Education Business Panel	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
March 2014	**Community Infrastructure Levy Adoption version**	Wednesday, 03/09/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
June 2014	**Council Tax Reduction Scheme**	Wednesday, 03/09/14 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
July 2014	**Financial Forecast 2014/15**	Wednesday, 03/09/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
July 2014	**Freehold Acquisition of Brookdale Club Property by CRPL**	Wednesday, 03/09/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
June 2014	**Lewisham Homes Business & Delivery Plan**	Wednesday, 03/09/14 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
July 2014	**LIP Annual Spending Submission 2015/16**	Wednesday, 03/09/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
May 2014	**New Homes, Better Places: Phase 2 Programme**	Wednesday, 03/09/14 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
June 2014	**Options for the provision of permanent school places**	Wednesday, 03/09/14 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
June 2014	**Surrey Canal Triangle - Compulsory Purchase Order Resolution**	Wednesday, 03/09/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith,		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	**Description of matter under consideration**	**Date of Decision Decision maker**	**Responsible Officers / Portfolios**	**Consultation Details**	**Background papers / materials**
			Deputy Mayor		
July 2014	**Adult Social Care Block Contract Extension**	Wednesday, 03/09/14 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member Health-Well-Being-Older People		
July 2014	**Adult Social Care Domiciliary Care Framework**	Wednesday, 03/09/14 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member Health-Well-Being-Older People		
June 2014	**Resurfacing Works Contract Award**	Wednesday, 03/09/14 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
July 2014	**Supervised Contact PPF Extension of Contract**	Wednesday, 03/09/14 Mayor and Cabinet (Contracts)	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
June 2014	**Application to become an accredited Timewise council**	Wednesday, 01/10/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Joan Millbank, Cabinet Member Third Sector & Community		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	**Description of matter under consideration**	**Date of Decision Decision maker**	**Responsible Officers / Portfolios**	**Consultation Details**	**Background papers / materials**
July 2014	**Approval for public consultation Lewisham River Corridors Improvement Plan SPD**	Wednesday, 01/10/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
December 2013	**Asset Rationalisation Programme 2013/14 and Strategic Asset Management Plan 2014/15**	Wednesday, 01/10/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
June 2014	**Campshill Road Extra Care Scheme**	Wednesday, 01/10/14 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
July 2014	**144 Evelyn Street (Parker House) Surplus Declaration and Approval to Demolish**	Wednesday, 01/10/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
June 2014	**Heathside and Lethbridge phase five**	Wednesday, 01/10/14 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
May 2014	**Introduction of a Street Naming & Numbering Charging Service**	Wednesday, 01/10/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
July 2014	**Reconstitution of Governing Bodies**	Wednesday, 01/10/14 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
July 2014	**Award of Contract for Banking Services**	Wednesday, 01/10/14 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
June 2014	**Annual Parking Review**	Thursday, 23/10/14 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
March 2014	**Planning Obligations SPD Adoption Version**	Thursday, 23/10/14 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
July 2014	**Reconstitution of Governing Bodies**	Thursday, 23/10/14 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Kevin Bonavia, Cabinet Member Resources		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	**Description of matter under consideration**	**Date of Decision Decision maker**	**Responsible Officers / Portfolios**	**Consultation Details**	**Background papers / materials**
May 2014	**Education Contract Awards ICT Specialist Service Provider Framework**	Thursday, 23/10/14 Mayor and Cabinet (Contracts)	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
May 2014	**Kenton Court and Somerville Extra Care Schemes: Update**	Wednesday, 12/11/14 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
June 2014	**Housing Strategy 2015 - 2020**	Wednesday, 03/12/14 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
July 2014	**Customer Service centre out of hours switchboard Procurement**	Wednesday, 03/12/14 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
July 2014	**Extension of Drug and Alcohol contract**	Wednesday, 03/12/14 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Janet Daby, Cabinet Member Community Safety		
July 2014	**Award of 3 drug and alcohol contracts:young People, Aftercare, Shared Care**	Wednesday, 03/12/14 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
		(Contracts)	Councillor Janet Daby, Cabinet Member Community Safety		
July 2014	**Award of Single Violence against Women and Girls Service Contract**	Wednesday, 03/12/14 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Janet Daby, Cabinet Member Community Safety		
March 2014	**Review of Blackheath Events Policy 2011**	Wednesday, 21/01/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		