

Healthier Communities Select Committee Agenda

Tuesday, 21 April 2015

7.00 pm, Council Chamber - Civic Suite

Civic Suite

Lewisham Town Hall

London SE6 4RU

For more information contact: Timothy Andrew (02083147916)

Part 1

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Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Tuesday, 21 April 2015.

Barry Quirk, Chief Executive
Thursday, 9 April 2015

Councillor John Muldoon (Chair)	
Councillor Stella Jeffrey (Vice-Chair)	
Councillor Paul Bell	
Councillor Colin Elliott	
Councillor Ami Ibitson	
Councillor Jacq Paschoud	
Councillor Pat Raven	
Councillor Joan Reid	
Councillor Alan Till	
Councillor Susan Wise	
Councillor Alan Hall (ex-Officio)	
Councillor Gareth Siddorn (ex-Officio)	

Agenda Item 1

Healthier Communities Select Committee		
Title	Confirmation of Chair and Vice-Chair of the Healthier Communities Select Committee	
Contributor	Chief Executive (Business and Committee Manager)	Item 1
Class	Part 1 (open)	21 April 2015

1. Summary

Further to the Annual General Meeting of Council on 26 March 2015, this report informs the Select Committee of the appointment of a Chair and Vice Chair of the Healthier Communities Select Committee.

2. Purpose of the report

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

3. Recommendations

The Select Committee is recommended to:

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

4. Background

4.1 On 26 March 2015, the Annual General Meeting of the Council considered a report setting out an allocation of seats on committees to political groups on the Council in compliance with the requirements of the Local Government and Housing Act 1989.

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

Labour: 6

5. Financial implications

5.1 There are no financial implications arising from this report.

6. Legal implications

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

Background papers

Council AGM Agenda papers 26 March 2015 – available on the Council website <http://www.lewisham.gov.uk/> or on request from Kevin Flaherty, Business and Committee Manager (0208 3149327)

If you have any questions about this report, please contact Timothy Andrew, Scrutiny Manager (020 8314 7916)

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 24 February 2015 at 7.00 pm

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

APOLOGIES: Councillors Alicia Kennedy and Joan Reid

ALSO PRESENT: Val Fulcher (Lewisham Healthwatch), Timothy Andrew (Scrutiny Manager), Liz Dart (Head of Culture and Community Development), Jeff Endean (Housing Programmes and Strategy Team Manager), Matthew Henaughan (Community Resources Manager), Joan Hutton (Interim Head of Adult Assessment & Care Management), James Lee (Service Manager, Inclusion and Prevention), Charles Malcolm-Smith (Head of Organisational Development) (Lewisham Clinical Commissioning Group), Georgina Nunney (Principal Lawyer), Dr Danny Ruta (Director of Public Health), Lynn Saunders (Director of Strategy, Business Development and Planning) (Lewisham and Greenwich NHS Trust) and David Walton (Community Assets Manager)

1. Minutes of the meeting held on 14 January 2015

Resolved: that the minutes of the meeting held on 14 January be agreed as an accurate record.

2. Declarations of interest

Councillor Bell - non-prejudicial – member of King's College Hospital NHS Foundation Trust.

Councillor Muldoon – non-prejudicial- lead governor of SLaM NHS Foundation Trust

Councillor Paschoud - non-prejudicial - family member in receipt of a package of social care.

Councillor Raven - non-prejudicial - family member in receipt of a package of social care.

3. Response from Mayor and Cabinet on matters raised by the Committee

3.1 Jeff Endean (Housing Strategy and Programmes Team Manager) introduced the response from Mayor and Cabinet on 18 February 2015; the following key points were noted:

- A working group had been set up to explore housing options for people who were not 'FACS (Fair Access to Care Services) eligible'.
- The most likely option for a future specialist housing development would be a small scheme facilitated by a third sector partner.

3.2 Jeff Endean (Housing Strategy and Programmes Team Manager) responded to questions from the Committee; the following key points were noted:

- Members of CLASH (Campaign in Lewisham for Autism Spectrum Housing) were involved in the process and were being consulted on future possibilities for the development of specialist housing.

- Preferential treatment was not being given to some groups over others. People on the autism spectrum were eligible for housing under band three of the housing register; yet they were unlikely to be in a position to access housing without a specialist scheme being developed.

3.3 Danny Ruta (Director of Public Health) introduced the response from Mayor and Cabinet on 18 February 2015; it was noted that the Mayor supported the development and sustainability of community health initiatives as well as the Committee.

Resolved: that the responses from Mayor and Cabinet be noted. The Committee also agreed to receive a further update on the progress made by CLASH in a year's time.

4. Leisure centre contract

This item was considered after item nine on the agenda.

4.1 David Walton (Community Assets Manger) introduced the report; the following key points were noted:

- An internal audit in April 2014 had highlighted changes required to the monitoring of the leisure contract. These changes had been implemented and the new system was reflected in the information provided in the report.
- The technical monitoring of the contract had been outsourced.
- The Community Assets Manger was responsible for monitoring service delivery.
- The financial performance of the contract, in terms of the provider's profits and losses was of less importance than the delivery of quality services to residents.
- The contract cost was approximately eight or nine per cent of the cost of running the leisure centres. The contractor was responsible for generating income through the development of the service.
- Providers were forecasting profit overall, although there may be losses in parts of the year; dependent on fluctuations in demand.
- In the future, the contract should enable the provider to pay Lewisham for the delivery of the service.
- There would be a benchmarking exercise at year seven of the contract (if the contractor met the conditions within the contract to be able to call it).
- The exercise would determine whether the initial income and expenditure projections were still valid. Benchmarking exercises would take place every five years following the initial term.
- The contract had been running for three and a half years.

4.2 David Walton (Community Assets Manager); Matt Henaughan (Community Resources Manager) and Liz Dart (Head of Culture and Community Development) responded to questions from the Committee, the following key points were noted:

- Projections for income and expenditure had been developed at the beginning of the contract; so it was expected that there would be variances in the levels of income projected and attained from month to month.
- The original budgets allocated might not have been applicable to the current circumstances.
- There were some areas of spending which appeared to have increased by significant amounts.

- Changes in expenditure and income from month to month could be explained by the difference between four and five week months, as well as the allocation of costs and supplies from one month to another.
- Losses would be envisaged in the winter months for swimming. The costs of maintaining and staffing the pool remained the same as the rest of the year but there was a lot less income.
- There was still a limited communications budget – but this was not as much as the budget available at the beginning of the contract.
- The Be Active programme (which provided free or subsidised use of leisure centres for specified groups) was popular – but not profitable.
- Wavelengths was primarily a swimming focused centre, which would not be expected to generate high levels of profit.
- Lifecycle works were taking place at the Bridge.
- The gym should be completed by 13 March, when works to the sports hall would begin.
- Work would also take place to refurbish the toilets and the dry change facilities.
- There would also be less noticeable changes, including repairs to the swimming pool pump and the air handling system.
- There would be a re-launch of the facilities following the completion of the works. Councillors would be notified when this was taking place.
- Lifecycle costs were included within the current contract costs- with spending guided by the original condition reports available at the start of the tender process.
- Once the works had been completed, the contractor would be expected to maintain the facilities in good condition.
- The Council was monitoring the contract closely in advance of the benchmarking exercise. Officers would work to negotiate the best possible outcome.
- The management fee for the 1Life contract was paid through the PFI (Private Finance Initiative) contract.

4.3 The Committee also discussed the possibility of making an unannounced visit to a leisure centre in the future.

Resolved: that the report be noted.

5. Community Education Lewisham

This item was considered after item three.

5.1 Gerald Jones (Service Manager, Community Education Lewisham) introduced the report; the following key points were noted:

- He had been newly appointed as service manager for CEL (Community Education Lewisham); he could see the strength of the service and was confident that it would continue to improve, even in the context of cuts.
- CEL had been successful at securing additional external funding and maintaining learner numbers, even in the context of cuts.
- The service had received European Social Fund funding in order to help people access employment.
- As a result of the ‘understanding the languages of work’ funding, 18 people had been moved into sustainable employment.
- Ofsted (Office for Standards in Education) inspections had become increasingly difficult, and some providers had struggled to maintain their

grading. However, the CEL had been rated at grade 2 – which made it one of the best rated providers in South London.

- Enrolment numbers were also being sustained.
- The demographic of learners was generally representative of the population in Lewisham.
- People with learning difficulties and people who were learning disabled made up approximately one third of learners.

5.2 Gerald Jones (Service Manager, Community Education Lewisham) responded to questions from the Committee; the following key points were noted:

- It was recognised that in some boroughs learning disabled students were ‘funnelled’ (pushed or persuaded) into adult education courses as a way of filling up places and keeping these students occupied but this was not the case in Lewisham.
- The offer to students in Lewisham was of a high quality – and if students did find themselves ‘funnelled’ into classes they would find it an enriching experience, nonetheless.
- The case studies provided in the report related only to students on courses delivered through the European Social Fund. Additional case studies from a broader range of students could be provided in the future.

Resolved: that the report be noted.

6. Implementation of the Care Act

6.1 Joan Hutton (Head of Adult Social Care and Assessment) introduced the report; the following key points were noted:

- The changes being brought about by the Care Act were mostly welcome – yet some of them were challenging to implement.
- In many cases, the changes made existing good practice a statutory requirement.
- The key changes included: the statutory status of the safeguarding adults board; a national threshold of care; carers being given the same status as the cared for; focus on prevention and wellbeing; support for young adults; commissioning and management of the market for adult social care services; the requirement for measures to deal with provider failure.
- A task and finish group of officers had been established to oversee the implementation of the changes required by the Care Act.
- The Act was designed to focus on the assets and support mechanisms a person already had.
- It was anticipated that there would be an increased requirement for assessments.
- Work was taking place across a range of areas, including: workforce development; commissioning and design of new services; communications and engagement; information and advice services.
- Work was also taking place with carer organisations in borough.
- Work to implement the Care Act was being integrated with other work streams – including the Adult Integrated Care Programme.

6.2 Joan Hutton (Head of Adult Social Care and Assessment) responded to questions from the Committee; the following key points were noted:

- The Council was committed to paying the London Living Wage.

- The figures for the cost of paying the living wage for carers through direct payments were being reviewed and would be shared with the Committee when they were available.
- It was recognised that 'new burdens' was not the most appropriate way to describe the increased numbers of people with recognised care needs, even though the funding was described as 'new burdens' funding.

6.3 The Committee questioned whether the London Living Wage could be paid to carers by people with direct payments; officers agreed to return to the Committee at a later date with more detailed information.

6.4 The Committee also discussed the implications of the £72k cap on care costs. It was highlighted that the cap only applied to the cost of care; that this was based on local authority rates and did not include 'hotel charges'.

Resolved: that the report be noted.

7. **Adult safeguarding**

7.1 Joan Hutton (Head of Adult Social Care and Assessment) presented the report. The following key points were noted:

- The report tracked progress of the adult safeguarding board to the end of 2013-14.
- There had been a delay in producing the report because of the timescales associated with collating and assessing the management information.
- The safeguarding board had an independent chair, who also served as the chair of the Childrens safeguarding board.
- Having the same chair for both safeguarding boards enabled crosscutting themes to be identified quickly.
- The Care Act advised statutory partner organisations to finance and support the board, which would enable Lewisham to continue to build on existing good practice.
- The report outlined progress in relation to the work of the board and identified issues and areas of concern.
- Referrals to the LBL safeguarding team remained relatively static in 2013-14 compared to the previous year. The number of safeguarding reports was below the average, in comparison to neighbouring boroughs.
- In Lewisham there had been 409 referrals in 2013-14 compared to 1011 in Lambeth. This was because Lambeth and Lewisham defined and recorded referrals differently.
- There were a particularly low (2%) number of self-referrals in Lewisham.
- Referrals were highest in relation to people over the age of 65.
- There were a high number of referrals from care homes, which reflected the national picture. A number of these referrals were about pressure sores.
- There were a significant number of referrals about social care workers and health care staff, further work was being carried out to determine the source of referrals about staff categorised in the report as 'other professionals'.
- There had been a significant increase in referrals about neglect, which needed further scrutiny.
- There had been changes to the level of activity of deprivation of liberty safeguards, which resulted from case law in relation to the Mental Capacity Act. This had increased the number of situations in which deprivation of liberty safeguards were applicable.

- Work was taking place with partners to ensure there was a coordinated approach to adult safeguarding.

7.2 Joan Hutton (Head of Adult Social Care and Assessment) responded to questions from the Committee; the following key points were noted:

- Reports of neglect due to poor pressure care were being reduced through the improved communication, use of standard assessment tools, equipment and targeted training.
- Further work would take place with partners to ensure that they were working in a coordinated way.
- Work was taking place with GPs to enable them to identify safeguarding matters; those people at the highest risk – so that early intervention and prevention work could be targeted at them.

7.3 The Committee emphasised the importance of ‘risk stratification’ and indicated that benefits might be achieved by focusing on the 0.1% of people most at risk for early intervention.

Resolved: that the report be noted.

8. Public health performance dashboard

8.1 Danny Ruta (Director of Public Health) introduced the report; the following key points were noted:

- The Health and Wellbeing Board was responsible for the delivery of the Health and Wellbeing Strategy.
- The Board had identified nine priorities for focus – which formed the basis of the Strategy.
- It monitored progress against these themes in two ways. Firstly, it had a delivery plan, which included SMART (specific, measurable, assignable, realistic and time related) objectives. These were regularly RAG (red, amber, green) ratings.
- To monitor progress in the longer term, a group of indicators had been chosen from a national set to assess progress.
- Most actions on the delivery plan were currently rated as green – and it was expected that by the next time the plan was reviewed, all actions would be rated green.
- Translating the delivery of the action plan into measurement of outcomes was difficult.
- The successful outcome of some actions might take 30 years or more to have an impact; for example, it took 25 years for the lung cancer risk of smokers to reach normal levels once they had given up smoking.
- It was also very difficult to demonstrate a causal link.
- One indicator of the impact of public health interventions was the change in the numbers of ‘potential years of life lost’.
- Potential years of life lost for the whole population was calculated by measuring the difference between average life expectancy and premature deaths.
- HPV (Human Papilloma Virus) vaccination had decreased. This was problematic, because evidence demonstrated that the vaccination was one of the most important ways to prevent cervical cancer.
- Officers from Public Health would visit all schools in the borough to encourage uptake.

- Alcohol related admissions in the borough had increased.
- The smoking quit rate had decreased.
- The rate of admission to long term care was decreasing.

8.2 Danny Ruta (Director of Public Health) responded to questions from the Committee; the following key points were noted:

- Officers were developing risk stratification (identifying individuals most at risk for proactive treatment) techniques as part of the adult social care and health integration programme.
- Primary care services were not set up and organised in a way to deal effectively with cross cutting issues.
- There were a high number of small practices, which could not deliver on the broader aspects of quality required from coordinated primary care.
- Fundamental changes were taking place in the delivery of primary care.
- Groups of GP practices would work to care for groups of up to 50,000 patients rather than very small groups, which would be positive for public health.
- It was difficult to know what factors influenced the numbers of potential years of life lost; it could be that as people moved in and out of the borough the figures changed.
- Immunisation rates in London were poor.
- The primary cause of low rates of immunisation was the poor level of coordination and organisation of primary care.
- Tower Hamlets had provided a good example of how coordinated primary care immunisations could work. The population of Tower Hamlets had achieved 'herd immunity'. This meant that because of the high level of uptake of immunisations, the small numbers of people who were not immunised were also protected against infection.
- Officers in Public Health had done almost everything possible to increase numbers of immunisations; the impetus now lay with GP practices and primary care to increase levels coordination and uptake.
- Rates of termination of pregnancy were very variable across the borough – as rates reduced in one area, they often increased in other areas.

Resolved: that the report be noted.

9. King's elective services changes: update

Resolved: that the report be noted.

10. Select Committee work programme

Timothy Andrew (Scrutiny Manager) introduced the report. The Committee discussed ideas for the 2015-16 work programme- and put forward the following suggestions:

- Clinical Commissioning Group contracting arrangements – identifying all of the contracts issued to by the CCG – and the providers of services.
- Transport options for adult social care;
- Impact of the implementation of the Lewisham Future Programme proposals.

Resolved: that the Committee's suggestions for the 2015-16 work programme be put forward to the new Committee at the beginning of the next municipal year.

11. Referrals to Mayor and Cabinet

None

The meeting ended at 9.05 pm

Chair:

Date:

Agenda Item 3

Healthier Communities Select Committee			
Title	Declaration of interests		
Contributor	Chief Executive	Item	3
Class	Part 1 (open)	21 April 2015	

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 no part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**
- (b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph (c) below applies.

- (c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.
- (d) If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.
- (e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

6. Sensitive information

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

7. Exempt categories

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

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

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Agenda Item 4

Healthier Communities Select Committee		
Title	Select Committee work programme 2015-16	
Contributor	Scrutiny Manager	Item 4
Class	Part 1 (open)	21 April 2015

1. Purpose

To ask Members to discuss and agree an annual work programme for the Healthier Communities Select Committee.

2. Summary

This report:

1. Informs Members of the meeting dates for this municipal year.
2. Provides the context for setting the Committee's work programme.
3. Invites Members to decide on the Committee's priorities for the 2015-16 municipal year.
4. Informs Members of the process for Business Panel approval of the work programme.
5. Outlines how the work programme can be monitored, managed and developed.

3. Recommendations

The Select Committee is asked to:

- Note the meeting dates and terms of reference for the Healthier Communities Select Committee.
- Consider the provisional work programme at appendix B.
- Consider adding further items to the work programme, taking into consideration the criteria for selecting topics; information about local assembly priorities and items already added to the provisional work programme.
- Note the key decision plan, attached at appendix F, and consider any key decisions for further scrutiny.
- Agree a work programme for the municipal year 2015/16.
- Review how the work programme can be developed, managed and monitored over the coming year.

4. Meeting dates

4.1 The following Committee meeting dates for the next municipal year were agreed at the Council AGM on 26 March 2015:

- 21 April 2015
- 25 June 2015
- 9 September 2015
- 14 October 2015

- 12 November 2015
- 13 January 2016
- 2 March 2016

5. Context

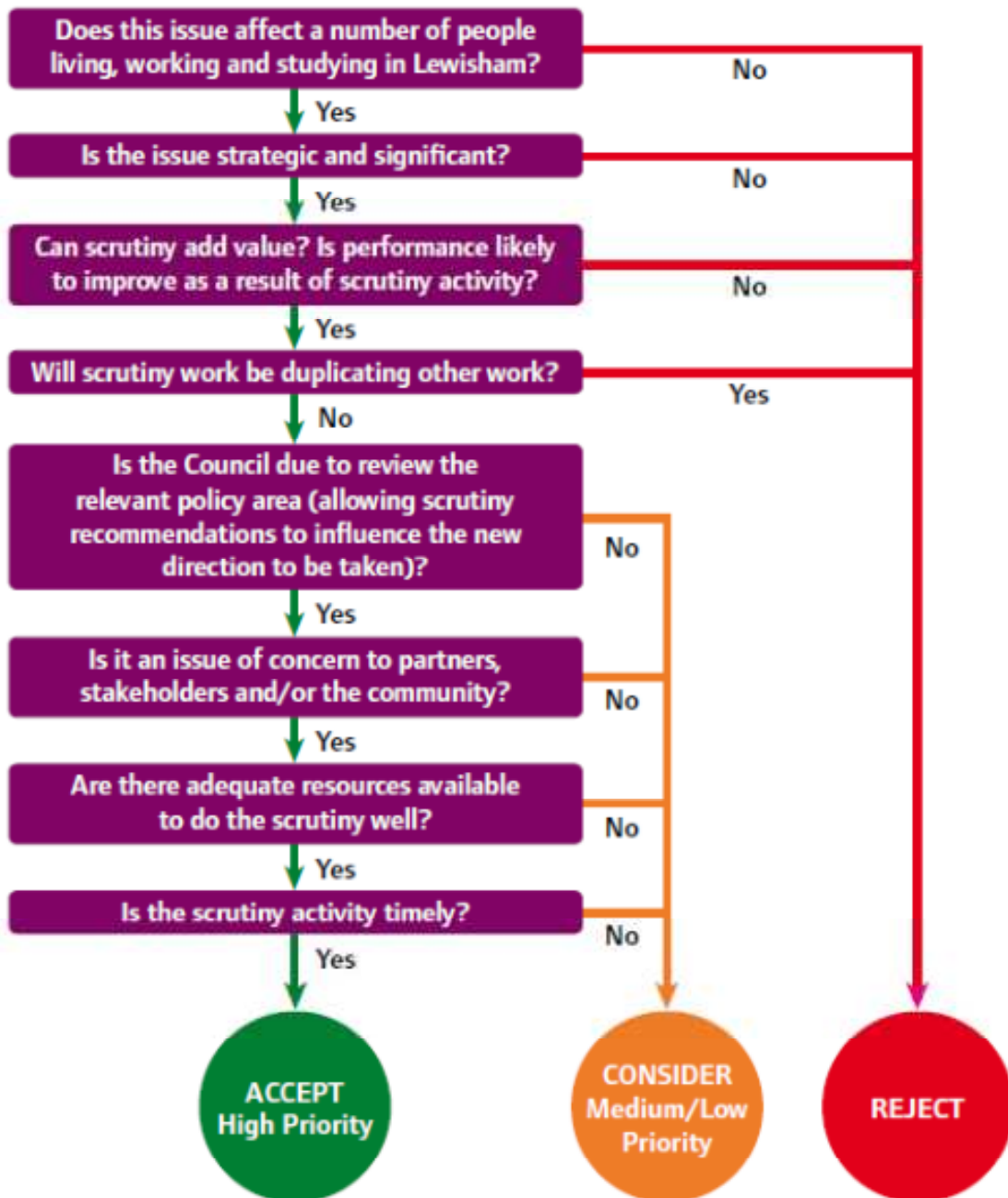
- 5.1 The Committee has a responsibility for carrying out the duties of the Overview and Scrutiny Committee as they relate to the provision of service by, and performance of, health bodies providing services for local people. The Committee's terms of reference are set out in appendix A.
- 5.2 The Committee regularly scrutinises the work of Lewisham's Community Services directorate, which includes teams responsible for adult social care, joint commissioning, community education and public health. The Committee also has a role in questioning local providers and commissioners – including Lewisham and Greenwich NHS trust, South London and Maudsley NHS foundation trust and Lewisham's clinical commissioning group.
- 5.3 The Committee works with Healthwatch Lewisham and Lewisham's Health and Wellbeing board to drive improvements to services for local people.

6. Deciding on items for the work programme

- 6.1 When deciding on items to include in the work programme, the Committee should have regard to:
- items the Committee is required to consider by virtue of its terms of reference;
 - the criteria for selecting and prioritising topics;
 - the capacity for adding items;
 - the context for setting the work programme and advice from officers;
 - suggestions already put forward by Members.

6.2 The following flow chart, based on the Centre for Public Scrutiny (CfPS) advice for prioritising topics is designed to help Members decide which items should be added to the work programme:

Scrutiny work programme – prioritisation process



7. Different types of scrutiny

7.1 It is important to agree how each work programme item will be scrutinised. Some items may only require an information report to be presented to the Committee and others will require performance monitoring data or analysis to be presented. Typically, the majority of items take the form of single meeting items, where members:

- (a) agree what information and analysis they wish to receive in order to achieve their desired outcomes;
- (b) receive a report presenting that information and analysis;
- (c) ask questions of the presenting officer or guest;
- (d) agree, following discussion of the report, whether the Committee will make recommendations or receive further information or analysis before summarising its views.

7.2 For each item, the Committee should consider what type of scrutiny is required and whether the item is high or medium/low priority (using the prioritisation process). Allocating priority to work programme items will enable the Committee to decide which low and medium priority items it should remove from its work programme, when it decides to add high priority issues in the course of the year.

In-depth review

7.3 Some items might be suitable for an in-depth review, where the item is scrutinised over a series of meetings. Normally this takes four meetings to complete:

- Meeting 1: Scoping paper (planning the review)
- Meetings 2 & 3: Evidence sessions
- Meeting 4: Agreeing a report and recommendations

7.4 If the Committee wants to designate one of its work programme items as an in-depth review, this should be done at the first meeting of the municipal year to allow sufficient time to carry out the review. A scoping paper for the review will then be prepared for the next meeting.

8. Provisional 2015/16 work programme

8.1 The Scrutiny Manager has drafted a provisional work programme for the Committee to consider, which is attached at appendix B. This includes:

- suggestions from the Committee in the previous year;
- suggestions from officers;
- issues arising as a result of previous scrutiny;
- issues that the Committee is required to consider by virtue of its terms of reference;
- items requiring follow up from Committee reviews and recommendations;
- standard reviews of policy implementation or performance, which is based on a regular schedule;

8.2 The Committee should also give consideration to:

- issues of importance to Local Assemblies
- decisions due to be made by Mayor and Cabinet (appendix F).

Suggestions from the Committee

8.3 At its last meeting of the 2014/15 municipal year, the Committee agreed that the following suggestions would be put forward for consideration as part of the work programme for this year:

- outcome of the SLaM older adults specialist care consultation;
- transition from children's to adult social care;
- update from the Care Quality Commission;
- development of the local market for adult social care services.
- Lewisham CCG contracts
- transport options for adult social care

8.4 These suggestions have been incorporated into the draft work programme at appendix B.

Suggestions from officers

8.5 The following are additional suggestions from officers:

- health and social care integration;
- the implementation of the Care Act;

In response to the Government's stated ambition to make joined up and coordinated health and social care the norm by 2018, the Health and Wellbeing Board agreed in 2013 to increase the scale and pace of integrated working across health and social care in Lewisham and established the adult integration care programme.

The programme is being delivered jointly between Lewisham Council and Lewisham Clinical Commissioning group. The integration of health and social care services is designed to:

- Improve the quality of services
- Enable sharing information between services in new and better ways
- Expand the range of locally based services
- Deliver 7-day services
- Help people to find the right information and advice
- Make every pound count by reducing duplication and improving value for money
- Shift the focus of services to early intervention
- Target support to vulnerable people, their families and carers

8.6 The integration programme is being delivered across a number of workstreams, which are monitored by the Adult Social Care integration board. The Committee will need to consider the aims of the programme as part of its scrutiny of every item on

its work programme. An update on the progress of the integration between health and social care services has been scheduled for the first meeting of the year.

- 8.7 The implementation of the Care Act will bring about major changes in the ways in which social care services are planned, delivered and paid for. Members have received briefings and information about the plans to implement the provisions of the Act that come into force in 2015, however, future parts of the act are due to come into effect at the beginning of 2016. Officers have proposed that the Committee may want to review the Council's plans for implementation.
- 8.8 These suggestions have been incorporated into the draft work programme at appendix B.
- 8.9 The medium term financial strategy reported to Mayor and Cabinet in July 2014 estimated that £85m of savings were still required for the period 2015/16 to 2017/8. In order to achieve savings, the Council has embarked on a series of thematic and cross-cutting reviews to fundamentally review the way it delivers services. This will mean that savings will be delivered over longer periods and will need to be agreed and taken as and when they are identified. Officers have committed to regular interactions with Members in order to facilitate scrutiny of the specific savings proposals arising from the major change programmes. The Select Committee will need to retain capacity in its work programme to consider these as is necessary.

Issues arising as a result of previous scrutiny

- 8.10 At the end of 2014, the Overview and Scrutiny Committee established a time limited working group to review Lewisham Future Programme public health proposals. The Public Health Working Group made the following recommendations:
- The Working Group notes that the staffing arrangements in Public Health are due to be reviewed with a restructure effective from April 2015. The Working Group would like the Healthier Communities Select Committee to be updated on the new staffing structure once this is in place.
 - The integration of services via the neighbourhood model is crucial to achieving the required savings and further integration is clearly required. The Healthier Communities Select Committee should continue to receive updates on the integration programme including information on the savings being achieved via the programme.
 - The Healthier Communities Select Committee should have the opportunity to comment on and scrutinise the proposed use of the savings resulting from the implementation of the 2015/16 public health savings proposals. A full breakdown of the use of the savings resulting from the proposals should be provided to the Healthier Communities Select Committee once this has been agreed.
- 8.11 These suggestions have been incorporated into the draft work programme at appendix B.

Issues that the Committee is required to consider by virtue of its terms of reference

- 8.12 Items added to the provisional work programme under this heading include:
- Healthwatch annual report

- Public health annual report
- Delivery of the health and wellbeing strategy priorities
- Annual safeguarding report

8.13 These suggestions have been incorporated into the draft work programme at appendix B.

Items requiring follow up from Committee reviews and recommendations

8.14 The committee agreed to receive an update on the work being carried out in partnership between the Council and the Campaign in Lewisham for Autism Spectrum Housing.

Standard reviews of policy implementation or performance, which is based on a regular schedule

8.15 In previous years, Members of the Committee have agreed to consider the following items on a regular cycle:

- Leisure centre contract
- Community education annual report
- Annual safeguarding report

Decisions due to be made by Mayor and Cabinet

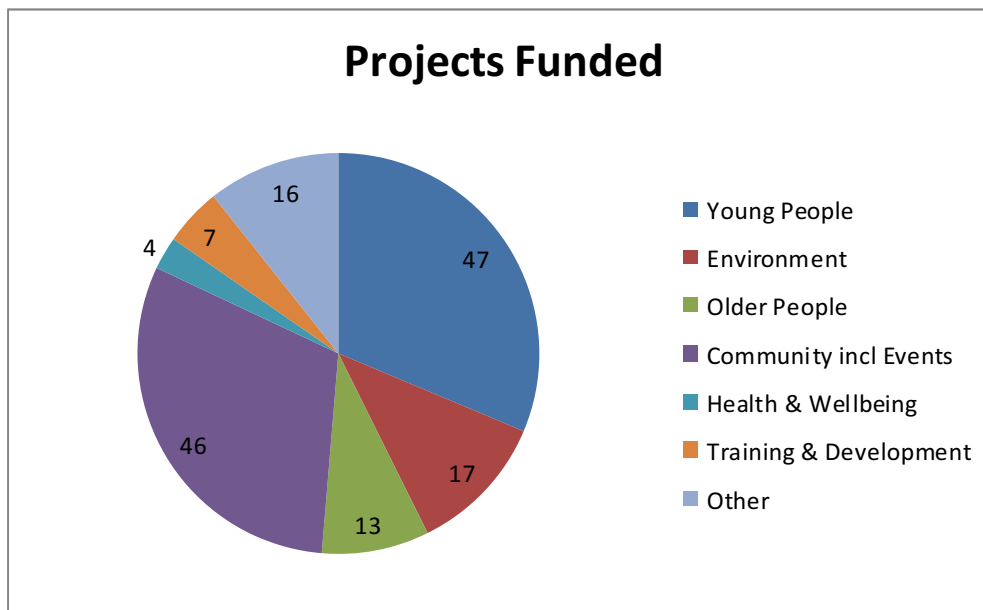
8.16 Members are asked to review the most recent notice of key decisions (at appendix F) and suggest any additional items for further scrutiny.

Consideration of issues of importance to Local Assemblies

8.17 A list of assembly priorities is included at appendix D. Members are asked to consider whether there are issues of importance arising from their interactions with their ward assembly that should be considered for further scrutiny.

- Ten of the ward assemblies have priorities relating to intergenerational activities or caring for older people.
- Lewisham Central and Lee Green wards have developed specific priorities relating to local health and wellbeing.

8.18 At its meeting on 3 February 2015, the Safer Stronger Communities Select Committee scrutinised an annual update from officers about the assemblies programme. Members received the following breakdown of assembly funding for local projects:



8.19 It is up to the Committee to agree the provisional work programme, outlined at appendix B and decide which additional items should be added.

10. Approving, monitoring and managing the work programme

10.1 In accordance with the Overview and Scrutiny Procedure rules outlined in the Council's constitution, each select committee is required to submit their annual work programme to the Overview and Scrutiny Business Panel. The Business Panel will meet on 28 April 2015 to consider provisional work programmes and agree a co-ordinated Overview and Scrutiny work programme, which avoids duplication of effort and which facilitates the effective conduct of business.

10.2 The work programme will be reviewed at each meeting of the Committee. This allows urgent items to be added and items which are no longer a priority to be removed. Each additional item added should first be considered against the criteria outlined above. If the committee agrees to add additional items because they are high priority, it must then consider which medium/low priority items should be removed in order to create sufficient capacity. The Committee has seven scheduled meetings this municipal year and its work programme needs to be achievable in terms of the amount of meeting time available.

10.3 The Committee has requested advice about prioritising and managing its work programme for the 2015/16 year. The key issues have been noted as concerns:

- the length of meetings;
- the number of items scheduled for each meeting
- the order of items at meetings;

10.4 The following sections set out information about the current process for managing the work programme.

10.5 At each meeting of the Committee, there will be an item on the work programme presented by the Scrutiny Manager. When discussing this item, the Committee will be asked to consider the items programmed for the next meeting. Members will be

asked to outline what information and analysis they would like in the report for each item, based on the outcomes they would like to achieve, so that officers are clear on what they need to provide.

Length of meetings

- 10.6 Provision is made for Committee meetings to last for two and a half hours. If the items scheduled for the meeting are not completed within this time the Committee may decide suspend standing orders. The Council's constitution also provides the option for meetings to be adjourned by the Chair until a later date (with limitations). The suspension of standing orders and any decision to adjourn a meeting are matters for Members of the Committee and the Chair.
- 10.7 The length of each item at Committee meetings will vary based on a number of factors – including the complexity of the subject under scrutiny; the number of issues identified by members and the range of questions put to officers/guests.

The number of items scheduled for each meeting

- 10.8 The terms of reference of the Committee are broad and there are many areas of health and wellbeing provision that the Committee could scrutinise. The prioritisation process set out above (at paragraph 6.2) is designed to help the Committee decide whether it should add items to its work programme.
- 10.9 Where the committee identifies issues of interest that are low priority because:
- they are not due to be reviewed by the Council;
 - there are inadequate resources available to carry out the scrutiny effectively;
 - the issue has recently been reviewed by others;

Members may wish to make a request to receive a briefing – or task the relevant scrutiny manager to identify sources of further information for circulation to the Committee in order to provide context for future discussions.

- 10.10 It is for Members of the Committee to decide how many items should be scheduled for the meeting. However, giving consideration to the time available and the length of previous meetings of the Committee, Members may wish to schedule three items for each meeting, leaving space available for responses to consultations, substantial variations and other urgent business.

The order of items at meetings

- 10.11 The Council's standing orders require that the minutes of previous meetings, declarations of interest and responses to select committees from Mayor and Cabinet are considered as the first items on select committees' order of business. At the beginning of the municipal year – it is also necessary for a committee to decide on a chair and vice chair and to set a programme of business for the coming year at the earliest opportunity.
- 10.12 It has become standard practice for committees to consider items presented by guests and officers from partner organisations at the beginning of each agenda. This allows these speakers and presenters to be released from the meeting.

- 10.13 The Committee has been asked to allocate a level of priority to each of the items on its work programme. Following the consideration of standing items, taking into account invitations to guests and external witnesses as well as the complexity and length of the reports on the agenda, work programmes are ordered by priority (from high to low).
- 10.14 Decisions about agreeing the order of business and changing the priority of items for discussion are made by the Chair, with the agreement of the Committee.

11. Financial implications

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

12. 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.

13. Equalities implications

- 13.1 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.
- 13.2 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.
- 13.3 There may be equalities implications arising from items on the work programme and all activities undertaken by the Committee will need to give due consideration to this.

14. Crime and disorder implications

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

Background documents

Lewisham Council's Constitution
Centre for Public Scrutiny: The Good Scrutiny Guide

Appendices

Appendix A – Committee's terms of reference
Appendix B – Provisional work programme
Appendix C – CfPS criteria for selecting scrutiny topics
Appendix D – Local assembly priorities
Appendix E – How to carry out reviews
Appendix F – Key decision plan (April – July 2015)

Appendix A

The following roles are common to all select committees:

(a) General functions

To review and scrutinise decisions made and actions taken in relation to executive and non-executive functions

To make reports and recommendations to the Council or the executive, arising out of such review and scrutiny in relation to any executive or non-executive function

To make reports or recommendations to the Council and/or Executive in relation to matters affecting the area or its residents

The right to require the attendance of members and officers to answer questions includes a right to require a member to attend to answer questions on up and coming decisions

(b) Policy development

To assist the executive in matters of policy development by in depth analysis of strategic policy issues facing the Council for report and/or recommendation to the Executive or Council or committee as appropriate

To conduct research, community and/or other consultation in the analysis of policy options available to the Council

To liaise with other public organisations operating in the borough – both national, regional and local, to ensure that the interests of local people are enhanced by collaborative working in policy development wherever possible

(c) Scrutiny

To scrutinise the decisions made by and the performance of the Executive and other committees and Council officers both in relation to individual decisions made and over time

To scrutinise previous performance of the Council in relation to its policy objectives/performance targets and/or particular service areas

To question members of the Executive or appropriate committees and executive directors personally about decisions

To question members of the Executive or appropriate committees and executive directors in relation to previous performance whether generally in comparison with service plans and targets over time or in relation to particular initiatives which have been implemented

To scrutinise the performance of other public bodies in the borough and to invite them to make reports to and/or address the select committee/Business Panel and local people about their activities and performance

To question and gather evidence from any person outside the Council (with their consent)

To make recommendations to the Executive or appropriate committee and/or Council arising from the outcome of the scrutiny process

(d) Community representation

To promote and put into effect closer links between overview and scrutiny members and the local community

To encourage and stimulate an enhanced community representative role for overview and scrutiny members including enhanced methods of consultation with local people

To liaise with the Council's ward assemblies so that the local community might participate in the democratic process and where it considers it appropriate to seek the views of the ward assemblies on matters that affect or are likely to affect the local areas, including accepting items for the agenda of the appropriate select committee from ward assemblies.

To keep the Council's local ward assemblies under review and to make recommendations to the Executive and/or Council as to how participation in the democratic process by local people can be enhanced

To receive petitions, deputations and representations from local people and other stakeholders about areas of concern within their overview and scrutiny remit, to refer them to the Executive, appropriate committee or officer for action, with a recommendation or report if the committee considers that necessary

To consider any referral within their remit referred to it by a member under the Councillor Call for Action, and if they consider it appropriate to scrutinise decisions and/or actions taken in relation to that matter, and/or make recommendations/report to the Executive (for executive matters) or the Council (non-executive matters)

(e) Finance

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

(f) Work programme

As far as possible to draw up a draft annual work programme in each municipal year for consideration by the overview and scrutiny Business Panel. Once approved by the Business Panel, the relevant select committee will implement the programme during that municipal year. Nothing in this arrangement inhibits the right of every member of a select committee (or the Business Panel) to place an item on the agenda of that select committee (or Business Panel respectively) for discussion.

The Council and the Executive will also be able to request that the overview and scrutiny select committee research and/or report on matters of concern and the select committee will consider whether the work can be carried out as requested. If it can be accommodated, the select committee will perform it. If the committee has reservations about performing the requested work, it will refer the matter to the Business Panel for decision.

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

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

(b) To review and scrutinise the decisions and actions of the Health and Wellbeing Board and to make reports and recommendations to the Council and/or Mayor and Cabinet.

(c) To review and scrutinise in accordance with regulations made under Section 244 NHS Act 2006 matters relating to the health service in the area and to make reports and recommendations on such matters in accordance with those regulations

(d) Require the attendance of representatives of relevant health bodies at meetings of the select committee to address it, answer questions and listen to the comments of local people on matters of local concern.

(e) To fulfil all of the Council's Overview and Scrutiny functions in relation to social services provided for those 19 years old or older including but not limited to services provided under the Local Authority Social Services Act 1970, National Assistance Act 1948, Mental Health Act 1983, NHS and Community Care Act 1990, Health Act 1999, Health and Social Care Act 2001, NHS Act 2006, Health and Social Care Act 2012 and any other relevant legislation in place from time to time.

(f) To fulfil all of the Council's Overview and Scrutiny functions in relation to the lifelong learning of those 19 years or over (excluding schools and school related services).

(g) To receive referrals from the Healthwatch and consider whether to make any report/recommendation in relation to such referral (unless the referral relates solely to health services for those aged under 19 years of age, in which case the referral from the Healthwatch should be referred to the Children and Young People Select Committee

(h) To review and scrutinise the Council's public health functions.

(i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to:-

- people with learning difficulties
- people with physical disabilities
- mental health services
- the provision of health services by those other than the Council
- provision for elderly people
- the use of Section 75 NHS Act 2006 flexibilities to provide services in partnership with health organisations
- lifelong learning of those aged 19 years or more (excluding schools and school related services)
- Community Education Lewisham
- Libraries

- other matters relating to Health and Adult Care and Lifelong Learning for those aged 19 years or over

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

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

Appendix B - Provisional Work Programme 2015/16

Work item	Type of item	Priority	Strategic priority	Delivery deadline	21-Apr	25-Jun	09-Sep	14-Oct	12-Nov	13-Jan	02-Mar
Lewisham future programme	Standard item	High	CP9	On-going			Budget				
Confirmation of Chair and Vice Chair	Constitutional req	High	CP9	Apr							
Select Committee work programme	Constitutional req	High	CP9	Apr							
SLaM specialist care changes	Consultation	High	CP9	Apr							
Health and social care integration	Standard item	Medium	CP9	Apr							
Healthwatch annual report	Standard item	Medium	CP9	Jun							
Development of the local market for adult social care services	Standard item	Medium	CP9	Jun							
CQC update	Standard review	Medium	CP9	Jun							
LCCG contracts	Standard review	Medium	CP9	Sep							
Reinvesting Public Health savings	Standard item	Medium	CP9	Sep							
Transition from children's to adult social care	Standard review	Medium	CP9	Oct							
Transport options for adult social care	Standard review	Medium	CP9	Oct							
Public health annual report	Performance monitoring	Medium	CP9	Nov							
Delivery of the Lewisham Health & Wellbeing priorities	Performance monitoring	Medium	CP9	Nov							
Lewisham hospital update	Standard item	Medium	CP9	Nov							
Leisure centre contract	Performance monitoring	Medium	CP9	Nov							
Community education Lewisham annual report	Performance monitoring	Medium	CP9	Mar							
Adult safeguarding annual report	Standard item	Medium	CP9	Mar							
Implementation of the Care Act	Standard review	Medium	CP9	Mar							
Campaign in Lewisham for Autism Spectrum Housing	Information item	Medium	CP9	Mar							

**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

Appendix C – Criteria for selecting topics

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

General questions to be asked at the outset

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

Sources of topics

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

Public interest

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

Internal council priority

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

External Factors

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

Criteria to reject items

Finally, the CfPS suggest some criteria for rejecting items:

- issues being examined elsewhere - e.g. by the Cabinet, working group, officer group, external body;
- issues dealt with less than two years ago;
- new legislation or guidance expected within the next year;

- no scope for scrutiny to add value/ make a difference;
- the objective cannot be achieved in the specified timescale.

Bellingham

- Children and young people.
- Older people's issues
- Community events and festivals
- The promotion and development of Bellingham as a community

Blackheath

- Environment and Community.
- Provision for Older people, Young People and Children
- Parking, Streets and Waste.
- Crime and Anti-Social Behaviour

Brockley

- Creating a high-quality living environment – improving our local living environment and making Brockley a safer, cleaner and greener place to live, work and learn
- Connecting communities – bringing Brockley residents together and fostering a sense of community spirit, mutual understanding and respect, through community projects, events and activities

Catford South

- Streetscape and environment (litter, dog fouling, fly tipping, street furniture).
- Developing local opportunities for children (aged 16 and under) and young people (aged 17–25)
- Increase opportunities for older people
- Improvements to shopping hubs
- Community cohesion

Crofton Park

- Streetscape (litter, dog fouling, fly tipping, street furniture).
- Roads and pavement maintenance.
- Traffic and parking issues.
- Youth provision.
- Community cohesion.

Downham

- Crime and ASB
- Youth Provision
- The Environment
- Provision for the Elderly
- Adult Education

Evelyn

- Young people and children.
- Provision for older people.
- Community support on anti-social behaviour, crime and drug issues.
- Housing issues/developments.
- Community capacity building.

Forest Hill

- youth engagement and provision
- making Forest Hill more attractive
- community events and publicity

Grove Park

- Traffic congestion.
- Community communication.
- Neighbourhood security.
- Cleaner and better environment.
- More activities for the young and elderly

Ladywell

- Environment and landscape.
- Antisocial behaviour and crime.
- Local shops.
- Lack of youth and community facilities.
- Traffic.

Lee Green

- Safe healthy living – improving health services, crime reduction, improved environment, provision of outdoor spaces / exercise spaces, promote measures to reduce air pollution / promoting cleaner air.
- Roads and streets – road safety and traffic calming measures, road maintenance, cleaner streets, tree

planting, rubbish collection, improved road use, provision of cycling tracks, addressing parking and CPZ issues.

- Leisure and amenities – improved parks and open spaces, more meeting spaces / community centres, provision of cycling tracks, improved shops, Leegate, provision of more local events.
- Services and infrastructure – better social housing, provision of jobs locally, more services for the elderly and young people, increased use and access to local use for recreational activities, more school spaces.

Lewisham Central

- Improving health and well-being.
- Cleaner, better environment.
- Better access to activities and facilities for young people.
- Better access to training and employment for all inhabitants of the ward.
- Promoting and improving community cohesion.

New Cross

- Unemployment.
- Child poverty and young people.
- Community facilities.
- Environment.
- Community cohesion and engagement.
- Crime and antisocial behaviour.

Perry Vale

- The environment.
- Roads and traffic.
- Activities for younger people.
- Antisocial behaviour and crime.
- Activities for the whole community.

Rushey Green

- activities for children, young people or older people
- community cohesion (including the Rushey Green Festival)
- culture and the arts
- development of a Rushey Green Community Hub
- local streetscape, environment and ecology

Sydenham

- Bringing the community together – intergenerational and intercultural activities.
- Health, wellbeing and community safety – increasing wellbeing including supporting people who cannot get out as much.
- Vibrant high street.
- Clean and green – helping to keep Sydenham streets clean and appealing.
- Transport improvements

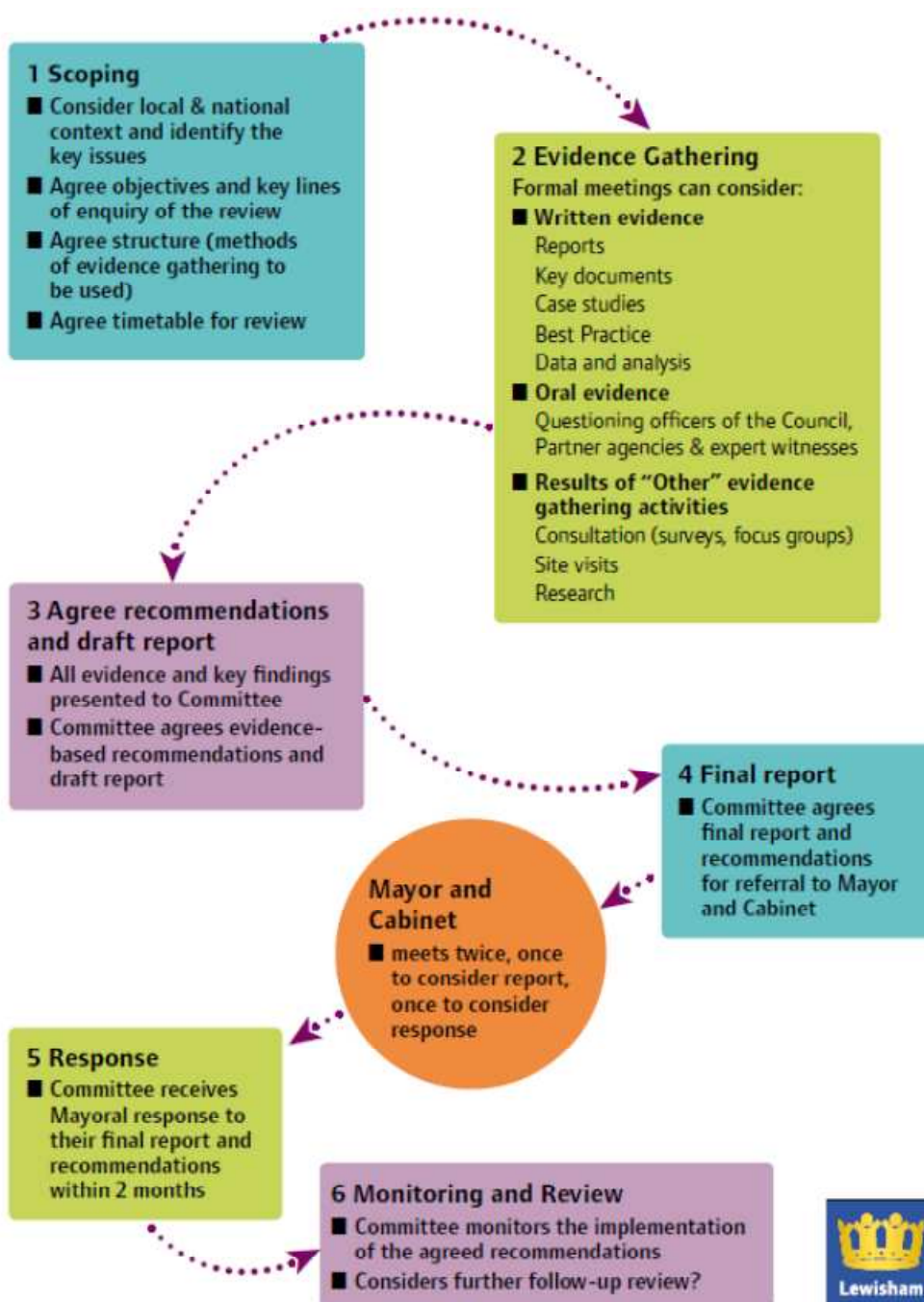
Telegraph Hill

- Safety, crime and antisocial behaviour.
- Youth activities and support projects.
- Traffic calming and transport.
- Community activities.
- Cleaning up dirty streets.

Whitefoot

- Crime and ASB
- Lack of Community Facilities
- Activities for Children and Young people
- Roads and Traffic
- Lack of Community Spirit

How to carry out an in-depth review



FORWARD PLAN OF KEY DECISIONS

Forward Plan April 2015 - July 2015

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
December 2014	Annual Lettings Plan	Wednesday, 25/03/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
February 2015	Deptford Green School - Transition to a Normally Constituted Governing Body	Wednesday, 25/03/15 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
September 2014	Deptford Southern Sites Regeneration Project	Wednesday, 25/03/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
February 2015	Discharge of Homeless Duty into the Private Rented Sector	Wednesday, 25/03/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
June 2014	Housing Strategy 2015 - 2020	Wednesday, 25/03/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
February 2015	Governing Bodies Reconstitution	Wednesday, 25/03/15 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin,		

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
			Cabinet Member for Children and Young People		
February 2015	Instruments of Government Multiple Schools	Wednesday, 25/03/15 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
February 2015	Local Support Scheme Update	Wednesday, 25/03/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		
February 2015	Proposal to enlarge Turnham Primary School to 3FE	Wednesday, 25/03/15 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
November 2014	School Admissions Arrangements 2016-17	Wednesday, 25/03/15 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
February 2015	Contract Award for	Wednesday,	Frankie Sulke, Executive		

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
	modifications at Horniman Primary School	25/03/15 Mayor and Cabinet (Contracts)	Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
December 2014	Pay Policy Statement	Thursday, 26/03/15 Council	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
December 2014	Contract Award Launcelot Primary school	Wednesday, 08/04/15 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		
December 2014	Asset Management Strategy (Highways)	Wednesday, 22/04/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
February 2015	Building Control Review of Fees and Charges	Wednesday, 22/04/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
February 2015	Determination of Applications to Establish Neighbourhod	Wednesday, 22/04/15	Janet Senior, Executive Director for 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
	Forum and Designate Neighbourhood Area for Corbett Estate	Mayor and Cabinet	Regeneration and Councillor Alan Smith, Deputy Mayor		
February 2015	Section 75 Agreement between CCG and Council	Wednesday, 22/04/15 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
February 2015	Voluntary Sector Accommodation	Wednesday, 22/04/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Joan Millbank, Cabinet Member Third Sector & Community		
March 2015	Appointment of Operator Lewisham Enterprise Hub	Wednesday, 22/04/15 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
February 2015	Award of Contract for the enlargement of St George's Primary School	Wednesday, 22/04/15 Mayor and Cabinet (Contracts)	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
February 2015	Award of Design and Build Contract Phase 1 Grove Park Public Realm Project	Wednesday, 22/04/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration 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 Rachel Onikosi, Cabinet Member Public Realm		
September 2014	Award of Street Advertising and Bus Shelter Contract	Wednesday, 22/04/15 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
November 2014	Procurement of the School Kitchen Maintenance Contract	Wednesday, 22/04/15 Mayor and Cabinet (Contracts)	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
March 2015	Procurement of Occupational Health and Employee Assistance Programme Provider	Wednesday, 22/04/15 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
February 2015	Variation of Contract with Bailey Partners Provision of Services to Primary Places Programme	Tuesday, 28/04/15 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		
February 2015	Variation of contract for works at Forster Park Primary School	Tuesday, 28/04/15 Overview and Scrutiny Education	Frankie Sulke, Executive Director for Children and Young People 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
		Business Panel	Councillor Paul Maslin, Cabinet Member for Children and Young People		
December 2014	Catford Town Centre CRPL Business Plan 2015/16	Wednesday, 13/05/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
March 2015	Leathersellers Federation of Schools Academy consultation	Wednesday, 13/05/15 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
March 2015	Licensed Deficit Application Sedgehill School	Wednesday, 13/05/15 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 (New Bermondsey) - Compulsory Purchase Order Resolution	Wednesday, 13/05/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
March 2015	Allocation of Main Grants Programme	Wednesday, 13/05/15 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 Joan Millbank, Cabinet Member Third Sector & Community		
September 2014	Prevention and Inclusion Framework Contract Award	Wednesday, 13/05/15 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
March 2015	Adoption Statement of Purpose 2015-16	Wednesday, 03/06/15 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
March 2015	Fostering Statement of Purpose 2015-16	Wednesday, 03/06/15 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
February 2015	ICT Service Review	Wednesday, 03/06/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
December 2014	Catford Town Centre CRPL	Wednesday,	Janet Senior, Executive		

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
	Business Plan 2015/16	24/06/15 Council	Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
March 2015	Housing Strategy	Wednesday, 24/06/15 Council	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
February 2015	Local Development Framework: Revised Local Development Scheme (version 7)	Wednesday, 24/06/15 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
January 2015	Waste Strategy Consultation	Wednesday, 15/07/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
November 2014	Award of Highways Public Realm Contract Coulgate Street	Wednesday, 15/07/15 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
February 2015	Review of Licensing Policy	Wednesday, 21/10/15 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		

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
February 2015	Review of Licensing Policy	Wednesday, 25/11/15 Council	Aileen Buckton, Executive Director for Community Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		

Agenda Item 5

Healthier Communities Select Committee		
Title	South London and Maudsley NHS foundation trust: specialist care consultation	
Contributor	Scrutiny Manager	Item 5
Class	Part 1 (open)	21 April 2015

1. Purpose

To advise Members about the outcome of the consultation into the changes to specialist care of older adults proposed by the South London and Maudsley NHS foundation trust.

2. Recommendation

The Select Committee is asked to:

- Receive the interim report on the consultation and note that a further report will be provided at the meeting on 21 April.

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Interim report re: consultation of the proposed closure of Inglemere Specialist Care Unit.

1. Introduction

1.1 This report has been prepared for Lewisham Healthier Communities Select Committee it provides a review of the consultation process to date April 8th 2015 the Consultation is due to end April 15th 2015. The South London & Maudsley NHS Foundation Trust (SLaM) brought a proposal to public consultation for the closure of specialist care mental health inpatient beds. The proposed service change was the closure of Inglemere Specialist Care Unit in Lewisham. This paper outlines the responses from the public consultation and makes recommendations following the consultation. The proposal to close the unit is supported by the Lewisham NHS Clinical Commissioning Group.

1.2 Future provision for patient s' who meet the criteria for NHS Funded mental health continuing care will be provided in SLaM units in the neighbouring boroughs of Lambeth and Southwark.

1.3 The Consultation process was undertaken over a period of 90 days. It allowed for consultation with all stakeholders.

1.4 The feedback from the consultation was collated and themed and informed the recommendations.

2. Inglemere Specialist care Unit

2.1 Inglemere Specialist Care Unit is a 16 Bed unit that provides mental health nursing care for patients' with a diagnosis of Dementia who are experiencing severe Behavioural and Psychological Symptoms of Dementia (BPSD). The focus of the nursing care is to devise care plans that will alleviate, reduce and manage the symptoms of BPSD.

3. Proposed Reasons for closure

- 3.1** The reasons for this proposed change in NHS service provision are:
- 3.2** The numbers of specialist care mental health places available in the borough are running at a surplus.
- 3.3** The demand for these beds in Lewisham and Nationally in specialist mental health units has consistently declined over the last five years.
- 3.4** The current service level in the borough is disproportionately focused on inpatient care. A recent evidence based needs assessment indicate there are many people in Lewisham with low to moderate mental health needs and a high number of people in care homes with unmet mental health needs.
- 3.5** There are more cost effective ways to deliver care needed. This can be delivered via community services providing early intervention to patients'. Front loading the service reduces the need for multiple interventions and multiple reviews of patients' living situation.

4. Summary of the consultation process

- 4.1** The consultation process ran from January the 14th 2015 to April 15th 2015. The consultation process was delivered over a period of 90 days following approval by Lewisham Healthier Communities Select Committee and the SLaM Trust board. The process was based on a model of engagement with the stakeholders this took the form of:

4.2 Written information

This consisted of a consultation paper, covering letter, and schedule of public meetings. This was sent via email, post and hand delivered to stakeholders. In addition the public consultation document was published on the Trust Internet site.

4.3 Open public meetings

At the launch of the consultation process the schedule of open public meetings was widely distributed via email, post and prominently displayed in the unit. The meetings were scheduled in such a way to maximise the opportunity for attendance and participation from the widest possible audience. The schedule was designed to cross a wide variety of time frames to enable access for patients', relatives, staff and stake holders to attend. Carers and relatives with individual needs to access the meeting were accommodated e.g. taxi, Skype provision.

The integrity of the flow of information from the meetings was maintained by the use of a number of key staff acting as chair.

The participants were as follows:

- Director of Service MHOA&D SLaM
- Associate Clinical Director MHOA&D SLaM
- Joint Commissioner Lewisham Clinical Commissioning Group.
- MHOA&D Involvement lead SLaM
- MHOA&D Clinical Service Manger SLaM
- Continuing Health Care Manager Lewisham CCG.
- Unit Manager Inglemere SCU.
- Lewisham Health Watch.

4.4 Attendance at external stakeholder meetings

Two members of the consultation team the Clinical Service Manager MHOA&D and the SLaM Public Involvement lead attended Meetings hosted by Health Watch to present the proposal to their members and receive feedback.

4.5 Carers' and relatives

The focus of the consultation team was to provide maximum input to carers and relatives. This was to enable as much feedback to be obtained from individuals who would have experience high impact from the closure. This was conducted face to face, by telephone and via email.

4.6 Follow up to written information

Telephone calls were made to stakeholders at appropriate intervals to ensure consultation paperwork have been received and also obtain comments.

4.7 Feedback

This was built into the process via a system of face to face contact, email or post to the Clinical Service Manager who was leading the process.

4.8 Contact with staff

Staff were involved in the process they were invited to meeting s and had access to the written information pertaining to the process. They also had the opportunity to meet with the Clinical Service Manager at regular intervals during the process.

4.9 Equality

Equalities impact assessments were completed as part of the consultation process.

5 Summary of the consultation responses and comments

During the consultation the following themes arose via feedback these themes have been grouped as some overlap occurs:

5.1 Patient Care

- There were a number of expressions of overriding concern for the continuance of good quality care received in Inglemere to be delivered to patients'. To achieve this relatives' expressed a preference for Inglemere to remain open.
- There was concerns about the availability of other suitable providers in the local and regional, National areas. Relatives had previous experience of needing to transfer patients' care to Inglemere to enable the patients' needs to be met.
- Feedback relating to unsatisfactory care previously received under private sector provision.
- There was concerns about timeline for moving their relatives if the consultation recommend closure.
- There we concerns regarding increased risk of mortality as a result of a move.
- It should be noted that some feedback reflected that they did always feel care was of a high standard at Inglemere.
- It was observed the condition of the building required significant investment to upgrade the building to improve the environment to provide excellent patient experience and to meet CQC standards.

5.6 Impact on relatives

- Relatives expressed concerns about financial implications for families. Patients' are currently fully funded by the NHS. Families were concerned they would now be required to fund the care needed.

- Relatives were concerned that the ongoing annual review of funding for NHS continuing care would be undertaken by less skilled staff leading to incorrect assessments of patients' needs.
- Concerns were raised regarding by relatives and carers' about how easy it would be to visit patients' once moved had moved to a new residence. This was related to the distance people would need to travel and how accessible new residences might be to public transport.
- Relatives raised the question of trust in relation to the consultation process. Expressing concerns decisions had already been made and it was an inevitable that Inglemere would close.

5.7 Future provision

- Removal of beds from the borough of Lewisham meaning patients' and relatives would need to travel.
- Expressed concerns about the long term plan for the National Health Service. A service they valued and want to see maintained. This was also related to the information received via the media and government regarding an explosion in Dementia diagnosis and indicating a higher level of provision needed to provide care to patients' diagnosed with Dementia.
- Concerns were raised about the provision in Lewisham for community mental health care provision being inadequate.

6.0 Response to consultees

We have reviewed the themes and have summarised our responses below.

6.1 Patient care

We recognised there is variation in the provision of private sector mental health patient care locally, regionally and nationally. In Lewisham borough we are currently delivering a specialist service dedicated to supporting private sector providers in the management of patient s' who have a diagnosis of Dementia and are experiencing BPSD as a symptom. This team demonstrates good outcomes. Staff have been supported to manage SlaM patients' symptoms enabling them

to be cared for in the same environment by the same home/ provider. This means fewer moves for people with a diagnosis of Dementia. This is beneficial as change can be distressing for patients' with a diagnosis of Dementia. The long terms vision is increasing work with the private sector to support Patients' and providers deliver evidence based care.

SLaM will continue to provide specialist residential mental health care for patients' who have severe BPSD and require a highly specialist intervention in Units in Lambeth and Southwark. We recognise that these are not located in Lewisham borough but they are accessible to Lewisham residents (distances/ transport links).We have offered travel support to families whose relatives will need to be placed in our out of borough Specialist care Units as a result of this closure.

We recognise that moving can be distressing for both patient and family and in some cases patient have died following a move. We have expertise in the movement of mental health patients to minimise the risks. We will work in conjunction with Lewisham Clinical Commissioning group brokerage team to identify suitable alternative placements for our current patients'. Discharges will be managed through rigorous discharge planning with the clinical team.

6.2 Impact on Relatives

We acknowledge that the impact of a Dementia diagnosis on families is significant. We acknowledge that any additional pressure needs to be kept to a minimum. Communication is essential during any process of change to ensure concerns are promptly addressed.

The financial impact on families will be negligible because all current patients at Inglemere meet the criteria for either ongoing NHS Continuing Health Care or social services funding.

A number of relative live away from the Lewisham Borough we are committed to support them to identify placements that are near to them to reduce travelling time and support ease of visiting.

6.3 Future Provision

A concern about the increasing numbers of patients' are being diagnosed with Dementia was raised. Patient s' have been living with an undiagnosed Dementia with our communities. The commitment to increase diagnosis rates will increase recorded numbers of Dementia sufferers in the UK. However this will enable patients' to access early intervention services and enable them to live well with Dementia for longer.

Lewisham Borough has no significant projections for increased Dementia rates due to the age demographic indicates a minimal increase in older adults additionally a low rise in Dementia. In the last two years Lewisham CCG has invested in memory services and specialist mental health team to support private sector providers. This model has now been adopted by neighbouring CCG's.

7.0 Recommendation to be made to Trust Board

Following a review of the consultation all concerns raised can be addressed. We recommend closure of Inglemere Specialist Care Unit.

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Agenda Item 6

Healthier Communities Select Committee		
Title	Adult Integrated Care Programme: Neighbourhood Working Progress Update	
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group	Item 6
Class	Part 1 (open)	21 April 2015

1. Purpose

- 1.1 This report provides Members of the Healthier Communities Select Committee with a progress update on key elements of Lewisham's Adult Integrated Care Programme. The report focuses on the Neighbourhood Community Care model and also provides updates on the Better Care Fund and the Joint Commissioning Intentions.

2. Recommendation

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

3. Policy Context

- 3.1 Lewisham Council's Community Services, working in partnership with the CCG, is focused on delivering the strategic vision for Lewisham as established in Shaping Our Future, Lewisham's Sustainable Community Strategy and in Lewisham's Health and Wellbeing Strategy.
- 3.2 The work of the Directorate directly contributes to Shaping our Future's priority outcome that communities in Lewisham should be healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.
- 3.3 The Health and Social Care Act 2012 placed a specific duty on the CCG to include the relevant Health and Wellbeing Board in the preparation of commissioning plans and when making significant revisions to those plans. The Health and Wellbeing Board must be provided with a draft commissioning plan and the CCG must consult the Board as to whether it considers the plan takes proper account of the Health and Wellbeing Strategy.
- 3.4 The Health and Social Care Act 2012 also requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
- 3.5 In response to the Government's stated ambition to make joined up and coordinated health and social care the norm by 2018, the Health and Wellbeing Board agreed in 2013 to increase the scale and pace of integrated working across health and social care in Lewisham and established the Adult Integration Care Programme.

4. Neighbourhood Community Care: Background

- 4.1 The Adult Integrated Care Programme “Better Health, Better Care and Stronger Communities” is focused on the redesign and reshaping of services to transform the way in which residents are encouraged and enabled to maintain and improve their own health and wellbeing, transforming the way in which local health and care services are delivered within the borough and transforming the way in which people access and are connected to the assets that are available within their own communities and neighbourhoods.
- 4.2 The vision for Neighbourhood Community Care is to provide support and care for vulnerable adults and adults with long term physical and/or mental health conditions in their local community. By working with individuals, their carers, families and communities, people will be able to more effectively manage their own care and maintain their independence.
- 4.3 As highlighted in the Primary Care report presented to the committee in January, Lewisham’s 41 GP practices have been arranged in four neighbourhood groups for more than four years. This has enabled the development of relationships between practices resulting in agreeing collective goals and improvements. Four Neighbourhood Community Teams (NCTs), multi-disciplinary units bringing together staff from Adult Social Care and District Nursing in neighbourhood offices, wrapped around a registered list held by GP practices have now been established. Each neighbourhood team has direct access to other associated key services including the Hospital Discharge team and admission avoidance services.
- 4.4 As reported to the committee in January, LCCGs vision for primary care is to ensure the systematic development of primary and community care to produce; (a) a network of advice, support, education physical/mental health and social care hubs embedded in activated communities; and (b) work together to maximise health and well-being of the population, with access to specialist and diagnostic services when needed. To that end, the NCTs sit within the Local Care Networks (LCNs) which are being developed across south east London through the six borough partnership arrangements. The LCNs will include a range of services including pharmacy, mental health, community therapy, community nursing and services provided by the voluntary and community sector.
- 4.5 Community Connections, a preventative community development programme, was developed in November 2013 to operate within the Neighbourhood Community Care model. The programme is delivered by a consortium of voluntary sector organisations. Community Connections supports vulnerable adults in Lewisham to benefit from services to improve their social integration and wellbeing. The initiative also works with local community based organisations to promote volunteering, respond to gaps in provision and build capacity.

5. Neighbourhood Community Care: A Summary of Progress

5.1 Alignment of Staff and Recruitment

The core team has been defined as the District Nurse Service, adult social care workers, occupational therapists, physiotherapists, and therapy assistants. The core teams have been established and each neighbourhood now has a district nurse lead and an adult social care Operational Manager in post. Neighbourhood

Co-ordinators have been recruited to work with practice managers to improve the identification of people that would benefit from a multi disciplinary approach to their care and support. In addition, the Neighbourhood Co-ordinators are working to identify carers who may benefit from access to support services.

It was anticipated that some mental health services would operate within the co-located NCTs. However, the Adult Mental Health Team is too large to be housed in its entirety in each neighbourhood and co-location of the relatively small Old Age psychiatry team would risk fragmentation. Hot-desking arrangements and ICT solutions are being investigated to achieve a virtual / physical mental health presence within the NCTs.

5.2 Identifying and Managing Cases

Integration - a 'joined up' approach - is essential to this way of working. GP meetings now take place in each of the four neighbourhoods on a monthly basis. At these meetings, members of the NCT identify cases that require a more co-ordinated approach. Most practices have regular monthly meetings and there are plans in place to improve the frequency of these. Further work will be undertaken to clarify the referral processes into the NCTs and the workflow for all referrals.

Work to better co-ordinate the information which is discussed at the GP meetings is being developed. At present information is exchanged by secure e-mail ahead of meetings so the aligned workers can take the most up to date case notes to inform the meeting.

As a result of discussions at GP meetings, a more co-ordinated approach to complex cases has developed with district nurses, social workers and occupational therapists undertaking joint visits. Improved outcomes have also been achieved, for example, a GP raised a concern about a very vulnerable person which has resulted in an independent advocate being appointed to provide support in relation to re-housing.

5.3 Workforce Development

To support the further integration and joint working within the NCT, a workforce development programme has been established. Workshops on values and behaviours for staff within the core teams have taken place in each neighbourhood. Active learning sets are being developed which will act as the framework for developing staff in the neighbourhoods. The training on problem solving and case management will call on actual case work.

5.4 Office Accommodation

The initial plan was to co-locate all staff in the current premises occupied by District Nursing. Following assessment of the proposed sites, it has been confirmed that these sites could not accommodate the proposed number of additional staff. The sites need to be adequate for the current teams and for the growth of these teams in the medium term. A feasibility study undertaken by Lewisham and Greenwich NHS Trust to identify suitable alternative accommodation for the NCTs is currently being considered. Work in relation to connectivity, IG and facilities management to enable the co-location of the NCTs is on-going.

5.5 IT Connectivity and Information Governance

Using the service requirements of Kaleidoscope as a model for shared services, the IT and Information Governance (IG) departments of LBL and Lewisham and Greenwich NHS Trust are developing a shared solution for the neighbourhood offices.

The CCG is in the process of requesting specialised project management support in order to:

- Manage the move of ICT to four neighbourhood locations and ensure that all staff have full operability.
- Support the CCG in the procurement of any equipment necessary for the smooth transition of teams to the co-location sites.

In order to support information sharing and the integration of records, the NHS number is being used as the unique identifier for Social Care records. Lewisham Council has met the requirements which will allow it to connect to the NHS network and cross-reference clients between the two systems.

5.6 Local Care Networks

The NCTs are already aligned to key services within the LCNs including pharmacy, mental health services and the enablement care teams who work with people for up to six weeks to help them reach their optimum level of independence.

The CCG is working with partners and local communities to develop the Local Care Networks. A specification that outlines the benefits, function and form of Local Care Networks working across South East London will be produced by June 2015.

5.7 Community Connections

An interim evaluation of the Community Connections project was undertaken in November 2014. In a relatively short space of time, Community Connections has become a key element of the Neighbourhood Community Care model. The programme's community development strand has been particularly successful with a range of new activities, such as befriending services, supported to meet identified gaps in provision. The evaluation highlighted that 86% of service users had reported an increase in their wellbeing following support from Community Connections. The report recognised that further work is required to demonstrate impact over the longer term.

In its first operating year, Community Connections supported approximately 700 people. The initial pilot was funded by the Council's Investment Fund. A recommendation for continuation funding through the main grants programme is currently being considered. The Community Connections team is currently exploring options for further development of the model to expand the scope of support and information available and increase referrals, particularly from GPs.

6. Developing the Neighbourhood Community Care Model

- 6.1 Having established the Neighbourhood Community Care model and secured co-located Neighbourhood Community Teams aligned to effective Local Care Networks, the priority will be to develop the systems and processes to ensure neighbourhood working operates efficiently and effectively.

6.2 A single referral form, a single assessment process, a single care plan and a single care record will be developed. The potential to develop specialist dementia nurse roles that link the NCTs to primary care based dementia pathways will also be explored.

7. The Better Care Fund: Section 75 update

7.1 Section 121 of the Care Act 2014 requires the BCF arrangements to be underpinned by pooled funding arrangements with a section 75 agreement. A section 75 agreement is an agreement made under section 75 of the National Health Services Act 2006 between a local authority and an NHS body in England. It can include arrangements for pooling resources and delegating certain NHS and local authority health related functions to the other partner.

7.2 Lewisham's local agreement will be based on the template that has been suggested by the Department of Health. Officers are currently drawing up the draft agreement which will need to be signed off by the Mayor and Cabinet and by the LCCG Board.

8. Joint Commissioning Intentions for 2015/16-2016/17

8.1 A public engagement exercise on the Joint Commissioning Intentions ended on 23rd January 2015. The preliminary analysis of the outcome of the activity was considered by the Joint Public Engagement Group (JPEG) on 29th January 2015.

8.3 The preliminary themes identified from the responses received were:

- Support for Neighbourhood working, with specific focus on mental health access for children, young people and adults and the development of culturally sensitive services.
- Support for a greater focus on prevention, self-management and creating community resilience, with better support to carers and wider access to information;
- Better access to GPs – improving the appointment system, greater access at weekends and evenings and more training of GP staff, for example, to engage with patients with mental health issues
- Recognition that smarter ways of working are required by all staff using Information and Technology (IT) system, and sharing information;
- Ensure that the service user is at the heart of every decision.

8.4 The number of individual respondents was about 40-50 in total. Although various channels of engagement were utilised to seek as many views as possible, the equality monitoring data suggested that more targeted work was needed to reach some communities. The overall view expressed by the public was to endorse the priorities identified within the Joint Commissioning Intentions.

8.5 A full analysis of the responses received was reviewed at Adult Joint Strategic Commissioning Group on 12th March 2015 and will be assured by JPEG on 30th April 2015.

8.6 The outcome of this public engagement exercise will then inform the 'translation' of the joint Commissioning Intentions into the CCG's Operating Plans and Communities Services plans and priorities for 2016/17.

- 8.7 The Health and Social Care Act 2012 requires the Health and Wellbeing Board to provide an opinion on whether the CCG's Operating Plan has taken proper account of the Health and Wellbeing Strategy. The Health and Wellbeing Board will be asked to review the CCG's Operating Plan for 2015/16 at its meeting in July 2015.

9. Financial implications

- 9.1 There are no financial implications arising from this report. Any proposed activity or commitments arising from the Adult Integrated Care Programme or the Joint Commissioning Intentions and Operating Plan will need to be agreed by the delivery organisation concerned and be subject to confirmation of resources. The funding available in future years will of course need to take account of any required savings or any other reduction in overall budgets and national NHS planning guidance which can be found at: <http://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf>

10. Legal implications

- 10.1 Members of the Health and Wellbeing Board are required to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner.
- 10.2 Where there is an integration of services and/or joint funding, then this is dealt with under an agreement under Section 75 NHS Act 2006 which sets out the governance arrangements for the delivery of services, and where relevant any delegation of functions from one party to another and the respective budget contributions of the local authority and the CCG in relation to the services.
- 10.3 The Health and Social Care Act 2012 places a specific duty on the CCG to include the relevant Health and Wellbeing Board in the preparation of their commissioning plans and when making significant revisions to those plans. The Health and Wellbeing Board must be provided with a draft plan and consult the Board as to whether it considers the plan takes proper account of the Health and Wellbeing Strategy. The Health and Wellbeing Board's opinion on the final plan must be published within the commissioning plan.

11. Crime and disorder implications

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

12. Equalities implications

- 12.1 Although there are no specific equalities implications arising from this report, an Equalities Analysis is being undertaken of the Joint Commissioning for Integrated Care to be considered by the Adult Joint Strategic Commissioning Group.

13. Environmental implications

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

14. Conclusion

- 14.1 This report provides an update on neighbourhood working, a key scheme within Lewisham's Adult Integration Care Programme and invites members to note this information.

If there are any queries on this report please contact: Joan Hutton, Interim Head of Adult Assessment and Care Management, Lewisham Council, on 020 8314 8364 or by email joan.hutton@lewisham.gov.uk

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