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Healthier Communities Select Committee Agenda

Wednesday, 9 September 2015
7.00 pm
Council Chamber - Civic Suite
Civic Suite
Lewisham Town Hall
London SE6 4RU

For more information contact: Simone van Elk (Tel: 0208 314 2336)

This meeting is an open meeting and all items on the agenda may be audio recorded and/or filmed.

Part 1

Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Wednesday, 9 September 2015.

Barry Quirk, Chief Executive
Tuesday 1 September 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)	

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Thursday, 25 June 2015 at 7.00 pm

PRESENT: Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Paul Bell, Colin Elliott, Ami Ibitson, Jacq Paschoud, Alan Till and Susan Wise

APOLOGIES: Councillors Pat Raven and Joan Reid

ALSO PRESENT: Councillor John Paschoud, Lisa Palin, Monsignor N Rothon (Roman Catholic Church), Councillor Luke Sorba, Timothy Andrew (Scrutiny Manager), Aileen Buckton (Executive Director for Community Services), Dee Carlin (Head of Joint Commissioning) (LCCG/LBL), Linda Gabriel (Chair) (Healthwatch Bromley and Lewisham), Heather Hughes (Joint Commissioner, Learning Disabilities), Joan Hutton (Interim Head of Adult Assessment & Care Management), Carmel Langstaff (Policy & Strategy Manager), Charles Malcolm-Smith (Head of Organisational Development) (Lewisham Clinical Commissioning Group), Tony Nickson (Voluntary Action Lewisham), Georgina Nunney (Principal Lawyer) and Belinda Regan (Deputy Director of Governance) (Lewisham and Greenwich NHS Trust)

1. Minutes of the meeting held on 21 April 2015

Resolved: that the minutes of the meeting held on 21 April be agreed as an accurate record.

2. Declarations of interest

Councillor Muldoon – non-prejudicial – Lead Governor of South London and Maudsley NHS Foundation Trust; personal – patient at Lewisham Hospital
Councillor Jacq Paschoud – non-prejudicial – member of the Parent Carers Forum; personal – family member in receipt of a package of social care.
Councillor John Paschoud – non-prejudicial- parent governor at Perrymount school; personal – family member in receipt of a package of social care.
Councillor Susan Wise – personal – patient at Lewisham Hospital.
Lisa Palin – non- prejudicial - parent governor at Greenvale school; personal – family member in receipt of a package of social care.

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

3.1 Councillor Muldoon provided an update to the Committee about the receipt of the Committee's referral at Mayor and Cabinet.

Resolved: to note the response from Mayor and Cabinet.

4. Transition from children's to adult services

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

- Two key pieces of legislation (The Children and Families Act 2014 and the Care Act 2014) had implications for the way in which transition from children's to adult's social care services was managed.
- The changes brought about by the legislation provided the opportunity for further collaborative and multi-agency work to take place.
- There were currently 553 14-18 year olds in receipt of social care services. 121 would be eligible for adult services.
- It could be a challenge to work with young people in receipt of care services and their families, if there were already set ideas about the services and support they should receive.
- The decision to provide residential support, following education could also be difficult.
- 77% of young people aged between 19 and 30 in out borough residential placement had been placed directly from out of borough schools and colleges.
- The Council was building on good work with providers in the borough to increase the education and residential options available in the borough.
- There was an increasing focus on bringing together current resource and working together (health, social care and education) at an earlier stage of the transition process.

4.2 Joan Hutton (Head of Adult Assessment and Care Management) and Aileen Buckton (Executive Director for Community Services) and Heather Hughes (Joint Commissioning Lead Complex Care & Learning Disabilities) responded to questions from the Committee; the following key points were noted:

- The Council had a statutory responsibility to provide for Lewisham residents in out borough residential placements.
- Partners would be working together to create a dedicated team, bringing together shared resources to manage the process of transition.
- It was anticipated that this would deal with some of the current issues involved with decisions being made before adult services became involved.
- The positive impact of collaborative working had been demonstrated in other local authorities.
- Sensitive work was required to support families of young people who were not due to receive adult services after they left children's social care.
- The Council had a responsibility (formalised in the Care Act) to provide information and advice to people who did not meet the threshold for the delivery of services.
- It was proposed that additional capacity for people who were learning disabled would be created in the borough, this work would not happen immediately and there would be a gradual shift to in-borough placements.
- With demographic changes and improvements in medical care, it was anticipated that the number of young people (currently 121) transitioning from children's to adult's services would increase by about 20 per year.
- There were currently approximately 600 learning disabled young people who were in receipt of day services.
- Work was underway to create local supported living provision.
- There would be a phased rather than a sudden change of services.
- Two schemes were in development and provision would be in place for the beginning of the 16/17 academic year.

- Further information would be provided about the destinations of young people leaving social care in in and out of borough placements.
- Further information would be provided about the changing demographic of service users.

4.3 The Committee agreed to share its views with Mayor and Cabinet as follows:

- Having considered a report about the transition of young people from children's to adult social care and received a report from officers; the Committee recommends that further work be carried out to improve the opportunities for children and young people to access education and care provision in Lewisham that meets their needs. The Committee is concerned about the number of young vulnerable people placed outside of the borough.
- The Council should consider working with neighbouring boroughs to ensure that a range of provision is in place for children and young people in receipt of social care.
- The Committee also recommends that the Council take into account the need for transitional support for families in cases where children are not eligible for adult social care upon reaching adulthood.

The Chair thanked Members of the Children and Young People Select Committee for their contribution to the discussion.

Resolved: to refer the Committee's views to Mayor and Cabinet.

5. Healthwatch annual report 2014-15

5.1 Tony Nickson (Director, Voluntary Action Lewisham) introduced the report; the following key points were noted:

- This was the second annual report from Healthwatch Lewisham.
- It had been a busy year. Healthwatch had provided views on health and social care services – as well as signposting and support for members of the public.
- There were some examples and case studies of actions carried out by Healthwatch in the report.
- The report followed the format set out by Healthwatch England.
- Lewisham Healthwatch had transferred to Healthwatch Bromley – to become Healthwatch Bromley and Lewisham as part of a successful re-tendering.

5.2 Linda Gabriel (Chair of Bromley and Lewisham Healthwatch) addressed the Committee; the following key points were noted:

- The take-over of Lewisham Healthwatch functions had been successful.
- The new organisation was keen to build on the successes of Healthwatch Lewisham.
- Bromley and Lewisham Healthwatch had been working successfully to engage with communities in both boroughs.

- Lewisham's recently appointed community engagement worker had been visiting organisations across Lewisham and had worked made links with a range of groups, including the Clinical Commissioning Group. Healthwatch was currently involved in the 'your voice counts' consultation on the South East London Strategy.
- Healthwatch would also have a presence at Lewisham People's Day.
- One particular area of focus in the coming months would be the mental health of children and young people.
- Bromley and Lewisham Healthwatch had good governance arrangements in place. Representatives from Lewisham and Bromley were on the board of the charity.
- Each borough also had a sub-committee to oversee its work plan.

5.3 Linda Gabriel (Chair, Bromley and Lewisham Healthwatch) responded to questions from the Committee, the following key points were noted:

- Healthwatch was an organisation which would speak for everyone who used healthcare services, whether they were described as service users, as consumers or as patients.
- The report followed the guidelines provided by Healthwatch England.
- The Board of Healthwatch comprised of ordinary people. There were no 'vested private interests' involved.
- Bromley and Lewisham Healthwatch was keen to be involved in community activities.
- The differences between the populations of Bromley and Lewisham provided an exciting challenge – and provided opportunities for each borough to learn from each other's good practice.
- The boroughs had some different demographics (such as the age profile) but Healthwatch intended to use its experience to build on good work in the other.
- Healthwatch was represented on a number of boards and groups – and used its experience with the community to develop and enrich the process of engagement.
- The joint commissioning arrangements for Bromley and Lewisham Healthwatch were unique in the country – and were being watched closely by Healthwatch England.
- It was assumed that there would be some cost savings to be made through the sharing of services, but it was the first year of the arrangement, so further work would need to take place to determine how much those savings would be.
- Some monies from Healthwatch Lewisham had been returned to the Council from last year and some had been transferred to B&L Healthwatch.

5.4 Tony Nickson (Director, Voluntary Action Lewisham) responded to a question about the discontinuation of VAL's hosting of Healthwatch. The following key points were noted:

- VAL had hosted Healthwatch for two busy and successful years.
- The Board of VAL recognised the need to reorganise its operations and retain its core focus.

- Part of VAL's purpose was to initiate new projects, this had happened – and VAL believed that it was important to let organisations develop their own identities so the Board chose not to take up the option of a contract extension for a third year.

5.5 Aileen Buckton (Executive Director for Community Services) responded to a question on the funding provided to run Healthwatch, the following key points were noted:

- Funding for Healthwatch was provided by the general fund, but it was not ring-fenced.
- Government indicated the amount it believed should be spent on commissioning Healthwatch services.

Resolved: to note the report.

6. Day centres consultation

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

- The report followed from previous discussions at Committee about changes to day centre provision.
- The service was being tasked to make a £1.3m saving in relation to its properties.
- Following scrutiny of the consultation options at Committee in January 2015, Mayor and Cabinet had agreed to consult on a proposal to consolidate directly delivered services for people with complex needs.
- There was a related report being considered by the Safer Stronger Communities Select Committee about changes to accommodation for the Community and Voluntary Sector and proposals for community hubs.
- The Ladywell centre would be retained for the provision of specialist support.
- Mulberry, Leemore and Naborhood centres would be developed as community hubs.
- The hubs would better utilise the available space, provide facilities for community organisations and training spaces for volunteers.
- The Leemore centre would operate as an information and advice giving centre.
- Voluntary sector organisations would be tasked to work more closely together.
- Work had been carried out to ensure that those who wanted to could still attend MENCAP evening club provision.
- Sessions had been held with service users and their advocates about the changes.
- If further staffing changes were required – consultation would be carried out with staff.

6.2 Aileen Buckton (Executive Director for Community Services) and Heather Hughes (Joint Commissioning Lead, Complex Care & Learning Disability) responded to questions from the Committee; the following key points were noted:

- It was agreed that the description of people 'living at home' might be misleading because wherever a person lived was their home. The term was used in the report to create a distinction between people who were in supported living and those who lived with family carers.
- Most of the work on transport issues had been completed; there were still some things to resolve in relation to people who were placed in Lewisham care from other boroughs.
- People would be helped to use different means of transport. Work with volunteer drivers had shown that they were eager to have regular hours, so transport to clubs would work well.
- Respondents to the consultation were not overwhelmingly against the proposals. There were specific concerns about some parts of the proposals, but it was recognised that there needed to be a change.
- There had been different views about different aspects of the consultation.
- Services users wanted assurances that their services would remain safe, that there would be some choice over activities and there were specific appeals for particular services.
- Some services were not sustainable and reorganisation was necessary.
- Officers would work to ensure there was a sensitive transition which would take account of the needs of affected staff.
- Assessments of all service users had not yet been completed. Reviews had been concentrated on people who would be most affected by the proposals, but there was more work to do.
- The case for change had been made in the original proposals, which were presented to Mayor and Cabinet. It was agreed that the consultation would be carried out on the option to consolidate day service provision.

6.3 The Committee also discussed their concern about the way in which consultations were presented and carried out. Some Members felt that certain consultations did not give enough weight to the responses received. Members also highlighted their concerns about the inability of the online system used to receive responses to determine whether there were multiple responses from the same source.

6.4 Georgina Nunney (Principal Lawyer) advised the Committee that there was a clear process for consultation, and the actions the local authority should take because of consultation responses, as set out in recent case law. There had to be an option to 'do nothing', the consultation should also seek to determine whether or not the proposal was achievable as described. The consultation carried out on the day centres proposals had been through a number of steps and it should be viewed as a whole.

Resolved: to note the report.

7. Lewisham and Greenwich NHS Trust Quality Account 2014-15

7.1 Belinda Regan (Deputy Director of Governance, Lewisham and Greenwich NHS Trust) introduced the report; the following key points were noted:

- The draft quality account had been circulated widely for comments by Healthwatch, Clinical Commissioning Groups and partners.

- The development of the Account was an iterative process and it was still in the process of being reviewed and updated before the final deadline for publication.
- The delivery of the account was a requirement of the NHS Act, the format and content were prescribed by the Department of Health.
- The Trust was required to set out a review of the quality of the delivery of its services in the preceding year and to set out its priorities going forward.
- The Trust sought to move beyond the actions set out in its improvement plan (which followed the inspection by the CQC) and continue to strengthen the delivery of services.
- The actions identified following inspection by the CQC had almost all been carried out.
- Work on improving a number of clinical pathways had been completed and the Account set out further work that would be done in the coming year.

7.2 Belinda Regan (Deputy Director of Governance, Lewisham and Greenwich NHS Trust) responded to questions from the Committee; the following key points were noted:

- The Trust had developed its own individualised care plans following the withdrawal of the Liverpool Care Pathway for patients who needed palliative care.
- Audits were carried out on the effectiveness of the plans.
- Complaints information and data monitoring was also used to ensure that the approach was meeting the needs of patients.
- The Trust would look at providing increased end of life support cover in Lewisham. Currently there was 24/7 cover at Queen Elizabeth Hospital.
- There wasn't information in the report about the role of cleaning and catering staff in infection control.
- The Trust was preparing to get back on the pathway to Foundation status but there was no ridged timetable for moving to foundation status at present.

7.3 Following discussion, the Committee agreed to submit its views to the Trust as follows:

The Committee commends Lewisham and Greenwich NHS Trust for the detailed information provided in the Quality Account 2014-15 and it wishes to give recognition the efforts of everyone who works at the Trust, including both clinicians and support staff. The Committee also welcomes the decision by the Trust to produce an easy read version of the Account so that it can be shared more widely.

Resolved: to submit the Committee's views on the Quality Account to the Trust for publication.

8. Select Committee work programme

8.1 Timothy Andrew (Scrutiny Manager) introduced the report. The Committee discussed its programme of work and the possibility of carrying out an in-depth review into the issue of patients that do not attend their GP appointments. The

Committee agreed that any proposed piece of work would need to clearly set out what its anticipated outcomes would be.

Resolved: to agree the work programme for the September meeting and to request a scoping report on the topic of patients missing their GP appointments.

9. Referrals to Mayor and Cabinet

Resolved: to refer the Committee's views on the transition from children's to adults' services to Mayor and Cabinet.

The meeting ended at 9.25 pm

Chair:

Date:

Healthier Communities Select Committee			
Title	Declaration of interests		
Contributor	Chief Executive	Item	2
Class	Part 1 (open)	9 September 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 not part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**

(b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph (c) below applies.

(c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.

(d) If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.

(e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

6. Sensitive information

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

7. Exempt categories

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

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

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Healthier Communities Select Committee		
Title	Care Quality Commission update	
Contributor	Scrutiny Manager	Item 3
Class	Part 1(open)	9 September 2015

1. Purpose

1.1 At its meeting on 21 April 2015, when deciding on its annual work programme, the Committee agreed to invite a representative of the Care Quality Commission (CQC) to a future meeting in order to provide an update on their work in Lewisham.

2. Recommendations

The Committee is asked to:

- Review the information about the Care Quality Commission (attached) and direct questions to the officer in attendance at the meeting on 9 September 2015 (Ian Brandon, Inspection Manager).

For further information please contact Simone van Elk, Scrutiny Manager on 02083142336.

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CQC and council scrutiny

Working together – a briefing for councillors

March 2015

About the Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage services to improve.

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what we find, including performance ratings to help people choose care.

About the Centre for Public Scrutiny

The Centre for Public Scrutiny (CfPS) (an independent charity) is the leading national organisation for ideas, thinking and the application and development of policy and practice to promote transparent, inclusive and accountable public services. We support individuals, organisations and communities to put our principles into practice in the design, delivery and monitoring of public services in ways that build knowledge, skills and trust so that effective solutions are identified together by decision-makers, practitioners and service users.

Contents

About this briefing

This briefing is for councillors engaged in the scrutiny of health and social care and the officers that support them. It explains how councillors can work with the Care Quality Commission (CQC), both as community representatives and in their scrutiny role. It aims to increase confidence and ambition about how councillors and council scrutiny can use our inspection findings about the quality of services and how they can share information with CQC to help us check on services. A short guide for all councillors and one specifically for district councillors are also available on the CQC and Centre for Public Scrutiny (CfPS) websites.

This guide has been produced jointly by the CQC and CfPS, with the advice of local councillors. It includes information about:

- CQC's role
- How CQC works
- The CQC inspection teams
- How councillors share scrutiny evidence with CQC
- How CQC works with council scrutiny

Comments and questions about this briefing are welcome and should be sent to **engagementandinvolvement@cqc.org.uk**

CQC's commitment to council scrutiny officers and members

CQC will work effectively with councillors and overview and scrutiny committees across health and social care to ensure that scrutiny evidence:

- Influences what, where and when we inspect services.
- Informs our ratings of the quality of care services.

CQC will also ensure our inspection findings are promoted to inform local scrutiny.

Better healthcare and social care

CQC and the CfPS are working together to help inspection teams and councillors share and use each other's information and insight about people's views and experiences of their care. This briefing is part of that process. Work is also taking place within CQC to ensure that staff are aware of the community leadership and scrutiny role played by local councillors and the value of working together to achieve quality within health and social care services.

CQC has committed to achieving the Francis report recommendation to build stronger working relationships and information sharing arrangements with council scrutiny. The Department of Health's most recent guidance about council scrutiny regulations also emphasised the value of council scrutiny working closely with CQC[1].

Robert Francis recommended that:

> "CQC should expand its work with overview and scrutiny committees and foundation trust governors as a valuable information source"

CQC's Strategy for 2013 to 2016[2] states that:

> "locally we will focus on developing relationships with local authorities…overview and scrutiny committees" and "in involving ….overview and scrutiny committees…we will make sure we better share information locally about people's experiences of care."

CQC's new public engagement strategy[3] commits CQC to putting in place a framework and arrangements for national and local engagement with council scrutiny across the country.

[1] Department of Health, *Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny*, June 2014.
[2] CQC, *Raising standards, putting people first: Our strategy for 2013 to 2016*, May 2013
[3] CQC, *Our strategy for engaging the public in CQC's work in 2015-2016*, January 2015

CQC's purpose and role

The Care Quality Commission is the independent regulator of health and adult social care in England. Our purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. Our role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

We are also responsible for monitoring and reporting on the use of the Mental Health Act and our findings inform our ratings of services. We protect the interests of people whose rights are restricted under the Act, including handling individual complaints about its use. We also monitor and report on the use of the Deprivation of Liberty Safeguards (DoLs) across England.

We register services
Most of the health and adult social care services in your area have to register with CQC in order to provide care. There are 'regulated activities' that CQC is required to monitor and inspect across health and care services. Go to **www.cqc.org.uk/content/what-registration** for details of who has to register with us.

Service providers are required to inform CQC if they set up a service or vary a service to provide different sorts of care. The main types of services we regulate are set out below.

Health and adult social care services that have to register with CQC

Hospitals – including maternity and children's services, medical and surgical care, end of life care, urgent care, outpatients and ambulance services

Community health services – including community hospitals, services for people with long-term conditions and district nursing services

Clinics – which offer services such as IVF, cosmetic surgery and advice or treatment to help with family planning or weight loss

GPs and doctors – including GP practices, out-of-hours services and walk-in centres

Dentists

Care homes – both with and without nursing care, extra care housing services, shared lives and supported living services including dementia care

Services in your home (home care agencies)

Services for people with mental health problems – including hospital, community and crisis care, and drug or alcohol misuse services

Services for people with a learning disability

Hospice services

Healthcare services in the criminal justice system – including prisons (with Her Majesty's Inspectorate of Prisons)

Healthcare in children's services (with Ofsted)

These services may be run by the NHS, private companies or charitable organisations.

We monitor and inspect services
Our inspection programmes are led by three chief inspectors, who are responsible for monitoring and inspecting adult social care, primary and integrated care, and hospital care (which includes mental health, community, acute hospital and ambulance care). Our inspection teams carry out inspections of all the services listed above.

On all our inspections, we ask five questions about a service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We publicly announce inspections of NHS and independent hospital services, community and mental health services in advance. Individual inspections of adult social care and primary care services are not publicly announced. They take place on a rolling programme across the country on an ongoing basis.

All CQC inspection teams gather and use information and feedback from people using services, their carers and families, and their representatives. This includes national data such as patient surveys, as well as people's stories sent to CQC. Council scrutiny and local Healthwatch are invited to contribute evidence about people's experiences of care, as are other patient and public representatives and voluntary groups.

CQC also asks local partners, including councils, health and wellbeing boards and clinical commissioning groups (CCGs), to share information about the quality of services before our inspections. We are not responsible for monitoring commissioners of services but we work closely with them to share information about risks and the quality of local services.

During the inspections, our inspection teams check on different aspects of care, the environment, the staff and how the service is run. They observe care, talk to people using the services and their carers, and to staff, and check policies, records and care plans to decide on the quality of the care.

We are introducing ratings of all services

The ratings tell you whether we have found an organisation and its main services to be:


Outstanding


Good


Requires improvement


Inadequate

We publish reports of our inspections

After every inspection, we publish a report setting out what we have found. The service that has been inspected has an opportunity to check the facts in the report before it is published. The inspection report includes examples of good practice, as well as areas for improvement. It also includes the rating we have given the organisation and its services. We publish all reports on our website at **www.cqc.org.uk**. You can sign up to receive inspection reports in your area through our website.

We take action where we find care does not meet fundamental standards

We have a number of powers we can use if we find services are not meeting the new regulations for care set out by the government. These set out the

fundamental standards of care below which no service should fall. Details of the new regulations can be found on our website. Our powers to take action range from warnings and fines, to cancelling a service's registration so it can no longer provide care, through to prosecuting those responsible for the service. We work closely with commissioners, including local authorities and other regulatory bodies in local areas to share our findings, and to encourage service improvements.

We have powers to carry out special reviews
CQC also has powers to run special reviews looking at how care is provided for people with particular health needs or across different services. For example, during 2015/16, we are running special reviews about the quality of crisis care, end of life care and integrated care for older people.

We also have powers to protect people's rights who are detained under the Mental Health Act, including providing them with a second opinion about their medical care, handling their complaints about the use of the Mental Health Act, and monitoring any activity to restrict people's rights.

CQC inspection teams

There are CQC inspection teams for each care sector in every part of England, and in most cases, our inspectors work in the area where they live. The diagram below shows the areas they cover and the main groups of services they inspect. Our registration teams work across all sectors.

CQC local inspection teams

Hospital inspection teams:
- Work across NHS trust areas
- Inspect acute, ambulance, mental health and community health trusts and independent healthcare

Primary and integrated care inspection teams:
- Work across CCG areas
- Inspect GP practices, out-of-hours services, dentists, healthcare in the criminal justice system and in children's services

Adult social care inspection teams:
- Work across local authority areas
- Inspect care homes, home care agencies, hospices

How local councillors and scrutiny can share information with CQC

There are lots of ways councillors can share information with CQC about people's views and experiences of local services and to let us know what council scrutiny is doing and finding to improve healthcare and social care. It will help if councils can keep us updated about scrutiny officers' and chairs' contact details. Our inspection teams want to know about your scrutiny plans, scrutiny findings as well as final reports, and evidence gathered from providers and other stakeholders through scrutiny. Evidence from your communities about their experiences of care is particularly useful. Please share information with CQC in any of the following ways, at any time or before an announced inspection:

- Send information about primary care services such as GP practices, dentists and out-of-hours services, or information about cross-cutting local care issues to **pmsinspections@cqc.org.uk**
- Send information about acute and ambulance services to **hospitalinspections@cqc.org.uk**
- Send information about community health services to **chinspections@cqc.org.uk**
- Send information about mental health services to **mhinspections@cqc.org.uk**
- Send information about independent healthcare services to **ihcinspections@cqc.org.uk**
- Send information about care homes, home care agencies and hospices to **enquiries@cqc.org.uk**

If in doubt, please send the information to the mailbox you think is most relevant and it will be shared with the appropriate inspection teams, or ring our customer service centre on **03000 616161**. You can send general queries to **enquiries@cqc.org.uk**

Where to go for more information

- Telephone **03000 616161** to check if services are registered, or to ask to speak to one of our local inspectors if you need to discuss services in your area. The customer services team will contact an inspector who will get back in touch with you.

- Check the CQC website for news of forthcoming announced inspections.
- CQC publishes inspection reports after every inspection under the name of the provider of the service. You can receive alerts about inspection reports in your area or look these up at **www.cqc.org.uk/emailalerts**
- You can also sign up to receive the CQC bulletin for the public, which brings you news about our national reports about the quality of care, consultations we are running and opportunities to get involved in CQC's work at **www.cqc.org.uk/newsletter**

What CQC will do with information from councillors and council scrutiny

Any information shared will help CQC inspection teams:

- Decide when to inspect an organisation or particular services.
- Decide what to focus on during the inspections – for example, the care for particular groups of people, wards or departments in the service, or how the service links to other health and care services in the area.
- Spot problems or concerns in local services that need to be acted upon quickly.
- Give services a rating.
- Decide if providers should make improvements or need to be placed in 'special measures' if they fail to improve.

How CQC works with councillors and council scrutiny

As part of our new approach to inspections, we want to build on and strengthen our relationships with council scrutiny and regional scrutiny networks in the following ways:

A strong local relationship

- CQC's local relationships with council scrutiny are vital to make sure that information and insight about the quality of local services is not overlooked.
- CQC inspection teams will work together to coordinate their contact with councils and council scrutiny and this will be led by the local CQC hospital inspection manager. The hospital inspection manager, or one of their inspectors, will be in contact with their local scrutiny chair/officer at least every three months either by phone, email or a meeting. There may be more frequent contact if councillors or council scrutiny have shared information with CQC about local services and the information needs to be discussed.

- Council social care scrutiny leads can also expect to have contact with the CQC inspection teams for adult social care to ensure any evidence from scrutiny of social care services is used as part of their inspections. CQC inspection teams will coordinate their contact with joint health and social care scrutiny committees. This will include ensuring that the CQC primary care inspection team makes use of scrutiny evidence related to primary care services.
- It is important to remember that CQC is not subject to council scrutiny and the relationship is an informal one based on understanding, trust and a joint aspiration to improve healthcare and social care services by sharing insight and complementing each other's roles.
- Relationships may be at different stages of development across the country – but there are examples of CQC using scrutiny evidence to inform our new inspections and scrutiny reviews making use of CQC findings.

Contact with council scrutiny during announced NHS inspections

- All scrutiny committees in England receive a regular letter listing all CQC inspections that are announced for the next three months. This includes acute, community, mental health and ambulance trust inspections in the NHS and independent healthcare.
- Our hospital inspection manager will also contact the local scrutiny committee that is geographically closest to an NHS trust, before each announced inspection, to gather any evidence to inform the inspection planning. It will be helpful if the scrutiny committee approached can also support the coordination of evidence gathering from other council scrutiny areas.
- We are developing our approach to independent healthcare inspections, and would welcome feedback on these services from scrutiny where it has been gathered.
- The local scrutiny chair and lead officer will also be invited to the quality summit after each NHS trust inspection to hear the findings of the inspection. This is an important opportunity to contribute to the discussion about the findings and how the trust can be encouraged to make any improvements in services that have been identified. Scrutiny participants at quality summits are encouraged to discuss the findings with their scrutiny colleagues in neighbouring authorities where relevant.
- The local scrutiny committee will also receive a press release when an NHS trust inspection report is published. We recognise these are significant announcements in a local area and scrutiny leads may want to prepare their response.

Making evidence collected through scrutiny count

- CQC and CfPS will continue to develop the best mechanisms for gathering and using information from regional scrutiny networks and joint scrutiny.
- CQC inspection teams will coordinate their work to capture, store and use information from council scrutiny so it is used to inform all CQC inspections in the area.
- Council scrutiny can discuss how CQC has used their evidence with their local CQC contacts.

Working together when we engage the public

- Wherever possible, CQC inspection teams will make use of the networks and events already organised by council scrutiny to hear about people's experiences of care.

Communication and information about CQC

- All council scrutiny can use CQC information about health and care services and their quality to drive service improvement. This is primarily through inspection reports available on the CQC website.
- CQC will continue to provide regular updates to council scrutiny about inspection reports and about CQC's national work and inspection programmes.
- CQC will not direct how council scrutiny or councillors plan their activity. It will be a matter for local councillors and scrutiny how they respond to CQC requests for information and evidence and whether to get directly involved in CQC's work.

Exploring new approaches to working with scrutiny networks

- At the regional level, CQC will work with CfPS to test ways of sharing information between CQC and scrutiny about corporate providers, regional specialist services or other large providers (such as ambulance trusts).

How to contact us

Fill in our online form at:
www.cqc.org.uk/sye

Email us at:
enquiries@cqc.org.uk

Call our contact centre on:
03000 616161

Write to us at:
Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

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HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report Title	Lewisham Future Programme 2016/17 DRAFT Revenue Budget Savings Proposals for Scrutiny		
Key Decision	No	**Item No.**	**4**
Ward	All Wards		
Contributors	Executive Director for Resources & Regeneration		
Class	Part 1	**Date:**	**09 September 2015**

1. EXECUTIVE SUMMARY – DRAFT PROPOSALS

1.1. This is the next stage of the savings process for members to scrutinise ahead of future years budget setting. These are being put forward by officers from the work of the Lewisham Future Programme.

1.2. This report updates members on the work of the Lewisham Future Programme and puts forward £12m of new savings proposals for 2016/17 developed by officers over the last six months for member pre-scrutiny prior to Mayor & Cabinet on the 30 September and a further £14m for 2017/18.

1.3. The Council is now in the sixth year of an expected ten year long period of resource reduction. In the period 2010 to 2015 the Council made savings of over £120m. The Council developed principles by which savings are made during the period 2010 to 2015 and these continue to apply (see Appendix 15). The Council recognises that this level of continual reduction also means that proposals need to be increasingly transformational and are becoming increasingly difficult to identify and implement. For this reason the Lewisham Future Programme was established in 2013.

1.4. This report presents the work of the Lewisham Future Programme since the budget in February 2015 to progress the transformational changes necessary to enable the Council to seize the opportunities of growth in London and reposition itself to meet the future needs of the communities it serves, while at the same time living within the financial resources at its disposal.

1.5. At this time two things about the savings are clear. For the un-protected areas of public sector spending, which includes Local Government, austerity will continue to 2019/20 with savings expected in each fiscal year. And, pending the Comprehensive Spending Review (CSR) in November and the provisional Local Government Financial Settlement (LGFS) in December, there is considerable uncertainty about the actual level of savings required in the next four years to 2019/20.

1.6. The Council is therefore continuing with its plan to identify £45m of savings over the next two years to 2017/18 and preparing to accelerate actions if necessary to enable it to be flexible and close any savings gap that emerges from the CSR and LGFS. This is a continuous process, and as agreed when the Lewisham Future

Programme was set up, will require savings to be brought forward for scrutiny, consultation and decision as and when they are ready. With the key requirement remaining the statutory obligation for Council to set a balanced budget by March each year.

1.7. In addition to the savings of £12m for 2016/17, the report also presents £13m of new proposals for 2017/18 and a summary of the work ongoing to prepare these savings and, where necessary, close the remaining gap to achieve the £45m target. The estimated saving requirement for 2016/17 is between £25m and £35m.

1.8. Finally the report then sets out the necessary financial and legal implications that are required to be considered in respect of these proposals (sections 9 and 10). And concludes with some additional steps that might be taken, if required, to address any budget gap for 2016/17 in the budget report in February 2016.

2. PURPOSE OF REPORT

2.1. To set out the revenue budget savings proposals that need to be scrutinised.

3. RECOMMENDATIONS

3.1. Members are invited to scrutinise these proposals through September and provide feedback to the Mayor ahead of the Mayor & Cabinet meeting on 30 September.

4. STRUCTURE OF THE REPORT

4.1. The report is structured into the following sections with supporting Appendices.

Section	Title
1	Executive summary
2	Purpose of the report
3	Recommendations
4	Structure of the report
5	Lewisham's Future Funding Outlook (Update)
6	Lewisham Future Programme
7	Timetable
8	Savings proposals by thematic review
9	Financial implications
10	Legal implications
11	Conclusion
12	Background documents
	Appendices

5. LEWISHAM'S FUTURE FUNDING (Update)

5.1. Pending the Comprehensive Spending Review (CSR) in November and the provisional Local Government Financial Settlement (LGFS) in December, there is

considerable uncertainty around the funding that Local Authorities will receive over the duration of this Government to 2019/20. The Council has considered the Local Government Association (LGA) and London Councils modelling along with its own best assumptions.

5.2. In July 2015 Lewisham's Medium Term Financial Strategy (MTFS) to 2019/20 was presented to Mayor & Cabinet. These uncertainties were recognised in the range of the possible outcomes considered – best, base and worst case scenarios. After allowing for the £11m of savings previously agreed for 2016/17 and 2017/18, the MTFS savings estimates to 2019/20 ranges from £57m to £105m.

5.3. The Chancellor of the Exchequer announced in his summer budget on 8 July 2015 that he would slow the pace of spending cuts by shifting his target of running a budget surplus by a year to 2019/20 in order to avoid a "rollercoaster-ride in public spending". This means that the reduction to overall government Resource Department Expenditure Limit (DEL) is less steep in 2016/17 and 2017/18 but higher for 2018/19 and 2019/20 than forecast in the March budget. All non-protected Departments have been asked to model 25% and 40% funding reductions. How much of these Departmental reductions go on to impact funding for Local Authorities is not yet clear.

5.4. Towards the end of July 2015, London Councils produced their funding predictions, specific to each London Borough, for the period up to 2019/20. This included six scenarios to model forecasted funding. The six options for Lewisham range from £15m to £130m. An even wider range than in the Council's MTFS.

5.5. Given the headline of austerity in non-protected areas of public spending is to continue and the uncertainty in potential impacts for local government to 2019/20, this report updates on the savings proposals prepared against the current target of £45m for 2016/17 and 2017/18. It also recognises the risk that this may leave a gap for Lewisham's budget when the LGFS is confirmed in December. The savings targets for each strand will be reviewed once the LGFS is announced in December 2015 and the Council's funding level is certain.

6. LEWISHAM FUTURE PROGRAMME

6.1. The Lewisham Future programme is the Council's approach to making the transformational changes necessary to reposition itself strongly for the future while living within the financial resources at its disposal. It is guided by the Council's enduring values and principles agreed in 2010 (see Appendix X), the elected administration's manifesto commitments, and its emerging political priorities for the savings.

6.2. Since 2010 over £120m of savings have been made, and in many cases the size and shape of the Council's services have changed dramatically. It also means that at this stage many savings options have been considered with some advancing to form proposals and many rejected as unfeasible or unreasonable.

Meeting the challenge

6.3. For the reasons set out in section 5 above, the Council is continuing with its current target to make £45m of savings over the next two years to 2017/18, while at the same time preparing to accelerate actions if necessary to enable it to be flexible and close any savings gap that emerges from the CSR and LGFS in late 2015.

6.4. The Lewisham Future Programme Board agreed targets for each work strand in February 2015 and then between March and June considered and challenged options for how these savings could be made from the respective work strand leads. The results of this work are presented in this report.

6.5. The intention was to identify option for how the full £45m target could be achieved over the two years to 2017/18. However, this has proved difficult as the options to change services at the scale and in the timeframes available that also bring service users and staff along the journey is very challenging, especially given the journey already travelled since 2010. The result is that the proposals presented, and assuming all were to be agreed, are likely to be short of the total required for 2016/17. Therefore, in addition to this report further savings will need to be identified and brought forward for 2016/17as we continue the savings journey over the next four years.

6.6. This report recaps on the savings previously agreed in Table B below and looks to the new proposals in Table A below. Section 9 of the report summarises the scope of each Lewisham Future Programme work strands, presents a list of the individual savings being proposed, and describes the work ongoing to close the gap and achieve the original £45m target. For each of the listed proposals proforma with the detail necessary to enable pre-scrutiny, public consultation (if required), and decisions to be taken are presented in the appendices.

6.7. The focus at this time is on the savings for 2016/17. This is a continuous process, and as agreed when the Lewisham Future Programme was set up, will require savings to be brought forward for scrutiny, consultation and decision as and when they are ready, with the key requirement remaining the statutory obligation for Council to set a balanced budget each year.

Table A: Outline of Revenue Budget Savings Proposals

Ref	LFP work strand	16/17 £'000	17/18 £'000	Total £'000	To Follow £'000	Key Decision	Public/ Staff Consultation	Appendix
A	Adult Social Care (incl. Public Health)	3,007	3,703	6,710	3,190	Y	Y	1
B	Supporting People	0	1,200	1,200	800	Y	N	2
F	Business Support & Customer Transformation	278	95	373	2,900	N	Y	3
G	Income Generation	1,050	250	1,300	1,300	N	Y	4
H	Enforcement and	0	1,200	1,200		Y	Y	5

Ref	LFP work strand	16/17 £'000	17/18 £'000	Total £'000	To Follow £'000	Key Decision	Public/ Staff Consultation	Appendix
	Regulation							
I	Corporate & Management Overheads	2,610	2,205	4,815	1,700	N	Y	6
J	School Effectiveness	660	0	660	240	N	Y	7
K	Crime reduction/ Drug and Alcohol Services	50	340	390	0	Y	N	8
L	Culture and Community	400	2,600	3,000	0	Y	Y	9
M	Housing and non HRA funded services	200	0	200	0	N	N	10
N	Environmental Services	2,350	1,250	3,600	600	Y	Y	11
O	Public Services	120 to 300	0 to 20	140 to 300	627 to 787	Y	Y	12
P	Planning	230	325	555	0	Y	Y	13
Q	Safeguarding and Early Intervention	875	640	1,515	75	N	Y	14
	Total	**11,830 to 12,010**	**13,808 to 13,828**	**25,658 to 25,818**				

Previously Agreed Savings

6.8. In addition to the above, in November 2014, the Mayor agreed savings for 2016/17 and 2017/18 which had been identified and proposed in advance of requirement. These will be presented to the Mayor for endorsement. The savings are shown in table B below:

Table B: Previously Agreed Revenue Budget Savings Proposals

LFP Area		16/17	17/18	Summary of Saving
Ref	**LFP Work Strand**	**£'000**	**£'000**	
B	Supporting People	1,174	0	Efficiency savings through reduced contract values while maintaining capacity, reductions in service capacity and service closures
D	Efficiency Review	2,500	2,500	Withholding non-pay inflation
E	Assets*	760	985	Efficiencies in the current facilities management contracts and optimising the current operational estate
F	Business Support & Customer Transformation	0	1,000	Establishment of a centrally located, corporate business support service which combines a general support function with specialist service hubs

LFP Area		16/17	17/18	Summary of Saving
Ref	LFP Work Strand	£'000	£'000	
K	Crime reduction	30	0	Tendering a number of services to increase efficiencies while reducing and targeting provision such as residential rehabilitation.
L	Culture and Community	375	0	Review of main VCS grants programme.
M	Housing and non HRA funded services	200	100	Transfer of non-Housing stock from the HRA to the General Fund
O	Public Services	200	0	The internal bailiff service will generate income from the statutory fees charged to debtors. The 'saving' is the net surplus income once operational costs have been taken into account.
Q	Safeguarding and Early Intervention	1,223	111	Further savings to the Children's Social Care placement and other budgets. In this strand
Total		**6,462**	**4,696**	

* Assets and the potential to develop future revenue streams are a key strand for the Lewisham Future Programme. While there are no new proposals for Assets in the current set of proposals, work continues apace to evaluate further options in this area. These will be brought forward in due course.

7. LEWISHAM FUTURE PROGRAMME : TIMETABLE

8.1 Working towards setting the Council's annual budget for 2016/17 in February 2016 the key dates for considering the savings proposals via scrutiny and the key Mayor and Cabinet (M&C) dates are as follows:

Review of Savings proposals	Children & Young People	Healthier	Housing	Public Accounts	Safer Stronger	Sustain-able
Select Ctte.	8 Sep	09 Sept	16 Sept	29 Sept	16 Sept	15 Sept
M&C	30 Sep	30 Sep	30 Sep	30 Sep	30 Sep	30 Sep
Select Ctte.	18 Nov	12 Nov	01 Dec	02 Dec	30 Nov	26 Nov
M&C	09 Dec	09 Dec	09 Dec	09 Dec	09 Dec	09 Dec
Select Ctte.	12 Jan	13 Jan	26 Jan	27 Jan + Budget	19 Jan	14 Jan
M&C	10 Feb	10 Feb	10 Feb	10 Feb + Budget	10 Feb	10 Feb

8.2 Each M&C decision is then subject to the usual Business Panel scrutiny call in process and reconsideration at the following M&C if necessary.

8. SAVING PROPOSALS BY THEMATIC REVIEW

8.1. For each of the eighteen work strands of the Lewisham future programme the remainder of this section sets out two things. They are:

- An overview of the work strand and approach being taken to identify the savings proposals required to 2017/18, and
- A summary of the specific proposals being brought forward for scrutiny and decision now.

8.2. Each proposal is supported by a pro-forma saving template and, where necessary (usually when public consultation is required), accompanied by a full report. The pro-forma and full reports are provided in the Appendices.

A. Smarter & deeper integration of social care & health

8.3. Overview

Proposals - A	16/17	17/18	Total
Proposed now	£3.0m	£3.7m	£6.7m
To follow			£3.2m
Total			**£9.9m**

8.4. The Adult and Social Care (ASC) is currently going through its most radical transformation, driven in the main by the Care Act which became operational from 1st April 2015. The different tenets of the Act will lead to both increased and decreased expenditure across ASC provision. It is within this context that opportunities to identify savings have been explored.

8.5. The savings, agreed last February, were developed in accordance with the legislation that governs the deliver of ASC. The 15/16 savings are to be achieved primarily within a clear framework that ensures the people's needs are being met in the most cost effective way.

8.6. A similar approach has been followed to identify the proposals that contribute to the £4.9m of savings outlined in this paper.

Summary of proposed savings

8.7. The table below sets out in summary the individual proposals.

A. Smarter & deeper integration of social care & health – Appendix 1							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
A11	Managing and improving transition plans	200	300	500	Y	N	N
A12	Reducing costs of staff	500	200	700	Y	N	Y

A. Smarter & deeper integration of social care & health – Appendix 1							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
	management, assessment and care planning						
A13	Alternative Delivery Models for the provision of care and support services, including mental health	1,100	700	1,800	Y	Y	Y
A14	Achieving best value in care packages	600	500	1,100	N	N	N
A15	New delivery models for extra care – Provision of Contracts	100	900	1,000	Y	Y	N
A16	Prescribed Medication	130		130	N	N	N
A16	Dental Public Health	20		20	N	N	N
A16	Health Protection		23	23	N	N	N
A16	Obesity/Physical Activity	232		232	N	N	N
A16	Health Inequalities	100		100	N	N	N
A16	Workforce development	25		25	N	N	N
A16	Redesign through collaboration		580	580	Y	N	N
A17	Sexual Health Transformation		500	500	Y	Y	N
TOTAL				**6,710**			

Work ongoing

8.8. In order to achieve the remainder of the savings target (a further £3.2m) we will need to continue to push the integration agenda with Health, this will, amongst other things, deliver effective advice and support for self-care, develop and improve access to community based care, and link individuals to community networks of support.

8.9. Alternative delivery models for specific services (e.g. transition from Children's to Adult's) or establishing a Care Trust (similar to the current model in Essex) need to be explored. Feasibility work is underway looking at the potential benefits of establishing a Care Trust. However, for that option to be progressed significant political and strategic support would be required.

8.10. In addition, we will need to seek further efficiencies from our contracts; this will enable us to deliver the same service at lower cost.

8.11. We must also look again at our Public Health spend and ensure it continues to be used in the most effective way possible to support our public health outcomes (e.g. early intervention services, environmental protection enforcement, and hygiene in the community).

8.12. The wider political landscape will also have an impact on the future structure of adult social care. Nevertheless, it is critical we continue to drive down costs ahead of any structural changes to the sector.

B. Supporting People

8.13. Overview

Proposals - B	16/17	17/18	Total
Proposed now		£1.2m	£1.2m
To follow		£0.8m	£0.8m
Total			**£2.0m**

8.14. The supporting people service funds housing related support via a number of providers to clients with varying needs. These range from high-support hostels to floating support in the community. The total spend on these services in 2014/15 was £8.4m. To date savings proposals have been put forward totalling £2.5m across 15/16 and 16/17.

8.15. In order to meet the reduced budget requirement for the service in 2017/18, the service will need to further remodel how it provides housing support. Officers have remodelled the initial proposals working on the following assumptions:

- Significant savings are required from this budget and it is not possible to deliver these without having some impact on current users, although every effort will be made to keep this to a minimum where possible.
- Direct cost shunts should be avoided (e.g. closing a service where a large proportion of users will directly require another Council funded service as a result of the closure).
- Alternative sources of funding to support this client group should be explored (e.g. Housing Benefit).
- Other support networks should be considered in order to ensure that existing service users can continue to receive some level of support if funding is withdrawn.

Summary of proposed savings

8.16. The table below sets out in summary the individual proposals.

B. Supporting People – Appendix 2							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
B2	Individual service users will no longer receive a service in their own homes and some will need to be decanted from accommodation based services.		1,200	1,200	Y	N	N

B. Supporting People – Appendix 2							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
TOTAL				**1,200**			

Work ongoing

8.17. Using the principles outlined above it is anticipated that the maximum that could be saved before the implications and cost shunts become unknowable and potentially counterproductive is approximately £1.2m. Should savings at this level be pursued, it would then be possible to determine the extent to which a further reduction of £0.8m would be feasible without resulting in significant cost shunt.

8.18. The figure of £1.2m still contains risks which would be largely mitigated if the saving was reduced to £0.5m. Savings of £2.0m would likely lead to significant but unquantifiable cost shunts to other Council services

F. Business Support and Customer Service Transformation

8.19. Overview

Proposals - F	16/17	17/18	Total
Proposed now	£0.278m	£0.95m	£0.37m
To follow			£2.90m
Total			**£3.27m**

8.20. The Corporate and Business Support Services work strand and the Customer Transformation work strand have now been merged due to the overlapping areas in how they could be delivered through improved use of technology. This work strand primarily relates to the large proportion of staff within the business support review that are responsible for key elements of end-to-end customer contact.

8.21. Following a comprehensive review of the business support and administrative services across the organisation, a model for a centralised business support service was developed that combines a general support function from service related hubs. Consultation for the new service began in February 2015 and the new structure is expected to be in place by September 2015. The new structure is operating at a 20% reduction across all of the posts in scope (resulting in a saving of £0.9m for 15/16).

8.22. Further technical and process redesign will be undertaken once the new service is fully embedded, this is hoped to enable additional savings of £1.1m, although combined with the further £1.0m still to be implemented in 17/18 already agreed, in total these services would be reduced by over 60%.

8.23. The Customer Transformation Review has been adopting a whole systems approach to review customer contact management and end to end service delivery utilising technology to automate process where possible.

Summary of proposed savings

8.24. The table below sets out in summary the individual proposals.

F. Business Support and Customer Transformation – Appendix 3							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
F2a	Improve our online offer, starting with environmental services.	148		148	N	N	Y
F2b	Pushing customers to self-serve online wherever possible.		52	52	N	N	Y
F3	Customer Service Centre reorganisation.	130	43	173	N	N	Y
TOTAL				**373**			

Work ongoing

8.25. The Customer Services Transformation Programme is one of the cross-cutting projects within the Lewisham Future Programme and has a £2m target for delivery by 2018. As outlined above, thus far £250k worth of savings are being proposed (£200k via changes within the call centre and optimising online channels, and £50k from a review of Casework functions, found in strand I).

8.26. To successfully deliver this saving whilst improving service delivery, it is not just about applying a digital 'front-end' to the way we work or moving customer contact online. In order to realise the benefits of increased digital contact, front and back office processes need to be integrated to create a fully digital service.

8.27. We want to develop a holistic approach to digital transformation supported by a streamlined, easy-to-use digital platform for customer contact. Not only will this provide a high quality customer service, it will also encourage customers to engage with us digitally as much as possible, reducing the need for more costly face to face or telephone contact. Our digital services need to be so good that customers prefer to interact digitally over any other channel, and in some areas should be good enough to be the only option for customer wanting to transact with the council.

8.28. Following implementation of the first phase of the project (focused on Environmental Services) the second phase of the project will expand to include other services with high volumes of customer contact, for example, school admissions, building control and registrations. It is expected that small scale savings will be identified from each service area reviewed as part of this work strand. As there is no dedicated budget from which the saving is to be taken,

identifying the required £1.8m will be challenging and the piecemeal approach likely to be relatively time and resource intensive.

G. Income Generation

8.29. Overview

Proposals - G	16/17	17/18	Total
Proposed now	£1.05m	£0.25m	£1.3m
To follow			£1.3m
Total			**£2.6m**

8.30. This review is considering approaches to optimise income generation. The income strategy is intended to ensure that where the Council has in place fees, charges and sources of income they are guided by certain principles and managed in a thoughtful and consistent way.

8.31. The guiding principle of the income generation strand is to ensure that income can be a means by which to ensure a service is sustainable in the longer term. The risk is that, if not implemented in a fair and transparent way, it can lead to a lack of engagement and distrust in the service and Council as a whole. Therefore, it is essential that we engage with services and service users throughout this process.

8.32. In delivering our strategic approach to income generation, the Council has established an Income Generation Board. This Board comprises three heads of service (Head of Financial Services, Head of Corporate Resources and the Head of Public Services) and two support staff. The Public Accounts Select Committee is currently conducting a review of income generation following which recommendations may be made to Mayor & Cabinet.

Summary of proposed savings

8.33. The table below sets out in summary the individual proposals.

G. Income Generation – Appendix 4							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
G2	Commercial Opportunities: Increase advertising income	300		300	N	N	N
G2	Wireless Concessions: Explore potential to install wireless connections in street furniture using a concession licence in exchange for income.	200		200	N	N	N
G2	Review of regulatory restrictions for the HRA, DSG and Capital Programme and review of treasury	300		300	N	N	N

G. Income Generation – Appendix 4							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
	management						
G2	Increase sundry debt collection.	250		250	N	N	N
G2	Parking: Review service level arrangements.		250	250	N	Y	Y
TOTAL				**1,300**			

Work ongoing

8.34. This review aims to identify the potential to generate at least a further £1.3m of income per annum. Following the assessment of whether service areas are charging in line with the income policy and strategy, a further area of work is underway to implement an annual review of fees and charges review to maintain this focus.

8.35. The review includes the initial creation of a database of all services where fee charging activity takes place. The review will cover circa £100m of income to the Council and there is potential to generate significant levels of income. Instilling this discipline will ensure that potential above inflation increases for some services are achieved. Having an agreement as to how we capture and attribute the additional income will be central to this being successful.

H. Enforcement and Regulation

8.36. Overview

Proposals - H	16/17	17/18	Total
Proposed now		£1.2m	£1.2m
To follow			
Total			**£1.2m**

8.37. The focus of the Enforcement and Regulation review thus far has been to establish a new service covering Crime, Enforcement and Regulation and Environmental Health. The newly established team covers the following functions:

- Crime Reduction
- Environmental Protection
- Food Safety
- Public Health and Nuisance
- Licensing
- Trading Standards

8.38. Via restructuring the service areas in scope and creating a new team a saving of £0.8m was achieved. The team are now adopting a risk and intelligence based approach to undertaking enforcement activity.

8.39. In order for further savings to be achieved (£1.2m) a further reduction and re-design of the service is required, with a further expansion of the risk and intelligence based approach established through the recent restructure.

8.40. The review does not include some other regulatory services such as Street Enforcement, Building Regulations and Enforcement under regeneration and Environmental Protection (e.g. rouge landlords) under housing.

Summary of proposed savings

8.41. The table below sets out in summary the individual proposals.

H. Enforcement and regulation – Appendix 5							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
H2	Further reductions in Crime, Enforcement and Regulation and Environmental Health		1,200	1,200	Y	N	Y
TOTAL				**1,200**			

Work ongoing

8.42. In order to retain resilience and to share knowledge, opportunities to share the functions within this service are being explored with neighbouring boroughs.

I. Management and corporate overheads

8.43. Overview

Proposals - I	**16/17**	**17/18**	**Total**
Proposed now	£2.6m	£2.2m	£4.8m
To follow			£1.7m
Total			**£6.5m**

8.44. This review is of all management and professional back office functions, with the aim of further reducing spend by between 30-50%. Thus far, proposals totalling £2.1m have been put forward for 15/16, the savings come from the following service areas:

- Policy, Performance, Service redesign and research & intelligence functions
- Governance and Strategy
- Human Resources
- Legal Services
- Corporate Resources
- Finance
- CYP Resources.

8.45. The remaining target for the management and corporate overheads review is £6.5m. To achieve this target, all back-office services will need to be reduced further and some non-statutory services may need to be stopped entirely.

Summary of proposed savings

8.46. The table sets out in summary the individual proposals.

I. Management and Corporate Overheads – Appendix 6							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
I2a	Policy, performance, service redesign and intelligence		180	180	N	N	Y
I2b	Senior management executive support	100		100	N	N	Y
I2c	Governance		75	75	N	N	Y
I3	Reorganisation of how Complaints are managed across the Council.	50		50	N	N	Y
I4a	Review of Programmes in Strategy and Mayor and Cabinet Office	150		150	N	N	Y
I4b	Restructure of Communications after voluntary redundancies	60		60	N	N	N
I5	Commissioning and Procurement: undertake base lining of current activity and focus time only on value add activities.	500	500	1,000	Y	N	Y
I6	Insurance and Risk: review liabilities and re-charge premiums to ensure they are contributing for the whole risk, not just direct costs.	300		300	N	N	N
I7	Finance non-salary budget and vacancies review	100	150	250	N	N	N
I8	Minor reorganisation of Legal Services to incorporate Procurement function	50		50	N	N	Y
I9a	HR support	20	200	220	N	N	Y
I9b	TU Secondments	40		40	N	N	Y
I9c	Graduate Schemes	40		40	N	N	N
I9d	Social Care Training		100	100	N	N	N
I9e	Realign Schools HR Recharge	100		100	N	N	N
I10a	Revising IT infrastructure support arrangements and Contract, systems and supplies review	1,000	1,000	2,000	Y	N	Y
I10b	Committee Papers: move to digital access only	100		100	N	N	N

I. Management and Corporate Overheads – Appendix 6							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
TOTAL				**4,815**			

Work ongoing

8.47. In order to make further savings from back office functions such as those in scope of this review shared services approaches will be explored.

J. School Effectiveness

8.48. Overview

Proposals - J	16/17	17/18	Total
Proposed now	£0.66m		£0.66m
To follow			£0.24m
Total			**£0.90m**

8.49. This strand is looking at all aspects of services to schools to identify opportunities to increase income or reduce levels of service. The current proposals include a reduction in central funding for Educational Psychologists; through grant substitution from the DSG around the management of our early years functions and from the Basic Needs Grant for staff working on the expansion of school places.

Summary of proposed savings

8.50. The table below sets out in summary the individual proposals

J. School Effectiveness – Appendix 7							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
J2a	Schools SLA: Apply an above inflation 2.5% increase to schools SLAs.	100		100	N	N	N
J2b	Attendance and Welfare: We currently deliver our core statutory offer plus some traded services within this area. A further restructure and increase in traded services could result in further	150		150	Y	N	N

J. School Effectiveness – Appendix 7							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
	savings.						
J2c	Schools IT Infrastructure: Schools Strategic IT support to be traded or withdrawn.	118		118	N	N	N
J2d	Educational Psychologists: Service reorganisation and further trading where possible.	5		5	N	N	N
J2e	Estates Management: Service re-organisation, improved coordination with property services, and reduced provision for property consultancy services.	220		220	N	N	Y
J2f	Free School Meals Eligibility: Service transfer to Customer Services financial assessments team.	17		17	N	N	Y
J2g	Management Restructure of the Standards and Achievement team.	50		50	N	N	Y
TOTAL				**660**			

Work ongoing

8.51. The proposals for the next two years will be discussed with the Schools Forum in September, specifically the scope for further price increases of traded services.

K. Drug and Alcohol Services

8.52. Overview

Proposals - K	16/17	17/18	Total
Proposed now	£0.05m	£0.34m	£0.39m
To follow			£0m
Total			**£0.39m**

8.53. This is a review of Drug & Alcohol and Youth Offending Services to identify opportunities for reshaping provision.

Summary of proposed savings

8.54. The table below sets out in summary the individual proposals.

K. Drug and Alcohol – Appendix 8							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
K4	Reducing the length of time that methadone (Heroin substitute) is prescribed, re-procurement of the main drug and alcohol service, and greater use of community rehabilitation	50	340	390	Y	N	N
TOTAL				**390**			

L. Culture and Community Services

8.55. Overview

Proposals - L	16/17	17/18	Total
Proposed now	£0.40m	£2.60m	£3.0m
To follow			
Total			**£3.0m**

8.56. The Culture and Community Development service covers a broad range of areas including leisure, libraries, local assemblies and the grants programme.

8.57. In identifying areas where savings could be achieved, the review leads have focused on the biggest areas of spend within the service. The majority of provision within the strand is discretionary so large scale reductions are possible, however some of these have significant implications for the community.

Summary of proposed savings

8.58. The table below sets out in summary the individual proposals.

L. Culture and Community Services – Appendix 9							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
L5	Reduce the level of grant funding to the voluntary sector by £1,000,000 from 1 April 2017/18. This is the final year of the current main grants programme and will require the reduction/removal of funding from a range of organisations currently		1,000	1,000	Y	Y	N

L. Culture and Community Services – Appendix 9							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
	receiving funding.						
L6	Library and Information Service: 1. Creation of three Hub Libraries – Deptford Lounge, Lewisham and Downham Health & Leisure Centre – which will carry an enhanced role for face to face contact between the Local Authority and the public to support the digital by default agenda.. 2. the extension of the Lewisham Community Library Model to Forest Hill, Torridon, and Manor House, in partnership with other council services and community organisations. And the integration of the library provision into the repurposed ground floor space within the Catford complex (Laurence House). 3. the regrading of front line staff to include new functions through the re-training and enhancement of front line roles.	400	600	1,000	Y	Y	Y
L7	Change in contractual arrangements relating the leisure services		1,000	1,000	Y	Y	N
TOTAL				**3,000**			

Work ongoing

8.59. In addition to the options outlined above, the service area is exploring opportunities to discuss variations to the existing leisure contracts in respect of their duration, subsidies/concessions and financing in the case of the PFI.

M. Housing Strategy and non-HRA funded services

8.60. Overview

Proposals - M	16/17	17/18	Total
Proposed now	£0.2m		£0.2m
To follow			
Total			**£0.2m**

8.61. This review covers the whole of the Strategic Housing Division (including Housing Needs, Private Sector Housing Agency and Housing Strategy & Programmes). It aims to identify how services can be reshaped to meet rising demand at a lower cost, as well as creating opportunities to generate additional income.

Summary of proposed savings

8.62. The table below sets out in summary the individual proposals.

M. Housing strategy and non-HRA funded services – Appendix 10							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
M2a	Review of funding streams across housing strategy, development and partnership functions	140		140	N	N	Y
M2b	Reduction in premises costs	60		60	N	N	N
TOTAL				**200**			

Work ongoing

8.63. Housing services are facing a period of unprecedented change and demand, particularly at a London level.

8.64. Structural changes within the strategic housing service have been implemented in order to respond to some of these challenges. The structural changes aims to improve integration across the Housing Needs, Housing Strategy and Private Sector Housing functions.

N. Environmental Services

8.65. Overview

Proposals - N	16/17	17/18	Total
Proposed now	£2.35m	£1.25m	£3.6m
To follow			£1.1m
Total			**£4.7m**

8.66. This is a review of key environment services, including waste collection and disposal, street cleansing and bereavement. An externally commissioned review of waste disposal services has recently been undertaken as part of a London-wide efficiency programme. The review has identified options including changes to the frequency of collection of waste and recycling, charging for elements of the collection process and introducing different vehicle types.

Summary of proposed savings

8.67. The table below sets out in summary the individual proposals.

N. Environmental Services – Appendix 11							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
N3	Review of Lewisham's Waste Services (Doorstep collection & disposal) Transfer of estates Bulky Waste disposal costs to Lewisham Homes	600	500	1,100	Y	Y	Y
N4	Provide a mobile, 'as required', response service for residential roads instead of traditional 'beat cased' sweeper.	1,000		1,000	Y	Y	Y
N5	Review of Lewisham's Passenger Transport Service.	500	500	1,000	Y	Y	Y
N6	To develop our Trade Waste customer base, improve efficiency and increase income. To negotiate an increased share of income from Parks Events.	250	250	500	Y	Y	N
TOTAL				**3,600**			

Work ongoing

8.68. In order to identify the remaining target for this review strand (£0.6m) further options linked to the frequency of waste collection are being explored.

O. Public Services

8.69. Overview

Proposals - O	16/17	17/18	Total
Proposed now	£0.12m to £0.3.0m	£0.0m to £0.02m	£0.14 to £0.30m
To follow			£0.63 to £0.79m
Total			**£0.93m**

8.70. The Public Service Division strategy for the delivery of savings is to move more services online, close down access channels where possible, group services together to generate economies of scale, automate the processing of work using technology and choose the most appropriate model for delivery (e.g. in house, shared or outsourced). The division is also maximizing income to reduce the cost of delivery. The Council's financial position means this approach must now be accelerated and an assertive approach taken to models of delivery that release savings.

Summary of proposed savings

8.71. The table below sets out in summary the individual proposals.

O. Public Services – Appendix 12							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
O4	Financial Assessments: Introduce standardisation and efficiencies in approach to financial assessments.	100		100	N	N	Y
O5	Discretionary Freedom Pass: Option 1: Withdrawal of discretionary scheme. Option 2: Close scheme to new applicants	200 or 20	 20	200 or 40	Y	Y	N
TOTAL				**140 to 300**			

Work ongoing

8.72. For further savings to be achieved from within Public Services the division and their work in support of Business Support and Customer Transformation (F) will continue.

P. Planning and Economic Development

8.73. Overview

Proposals - P	16/17	17/18	Total
Proposed now	0.230	0.325	£0.555m
To follow			
Total			**£0.555m**

8.74. The planning Service is actively managing a reduction of net budget through process improvement, eliminating waste, recovery of costs and income generation.

Summary of proposed savings

8.75. The table below sets out in summary the individual proposals.

P. Planning and Economic Development – Appendix 13							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
P2a	Restructure of Development Management team and restructure and amalgamation of the Conservation, Urban Design and Planning Policy teams.	185		185	Y	N	Y
P2b	Substitution of part of base budget by alternative funding sources (S.106 and fee income).	45		45	Y	N	N
P2c	Further increase in charges and changes to funding coupled with savings achievable from a corporate approach to and restructure of employment services.		305	305	Y	N	Y
P2d	Review of Statement of Community Involvement (SCI) on the way in which the service consults on planning applications. Efficiency savings based on paper, printing and postage costs.		20	20	Y	Y	N
TOTAL				**555**			

Work ongoing

8.76. For further savings to be achieved from the Planning service, the Head of Planning is considering further budget changes.

Q. Early Intervention and Safeguarding

8.77. Overview

Proposals - Q	16/17	17/18	Total
Proposed now	£0.875m	£0.640	£1.5m
To follow			£0.085m
Total			**£1.6m**

8.78. The safeguarding and early intervention review includes a wide range of services covering Children's Social Care, Early Intervention, Youth Services and services for Children with Complex Needs.

8.79. Proposals to date have focused on a re-alignment of the Early Intervention and Social Care Referral and Assessment functions to create a new approach to our front door and triage for access to services. This strand also proposes alternative delivery models and levels of provision across our early intervention providers in

Children's Centres, Targeted Family Support (TFS) and the Family Intervention Project (FIP) to build in greater flexibility to work at lower costs.

8.80. For further savings to be achieved, in addition to continuing to review the options outlined above, two further broad areas have been considered – Children with Complex Needs Service and the supplies and service expenditure within Children's Social Care.

Summary of proposed savings

8.81. The table below sets out in summary the individual proposals

Q. Safeguarding and Early Intervention – Appendix 14							
Ref.	**Description**	**16/17 £'000**	**17/18 £'000**	**Total £'000**	**Key Decision**	**Public Consultation**	**Staff Consultation**
Q3a & b	Sensory Teachers (a and b)	250		250	N	N	N
Q3c	Educational Psychologists: Further reduction in staffing through not replacing staff	35		35	N	N	Y
Q3d	Occupational Therapy – management reorganisation	50		50	N	N	Y
Q3e	Reduce Carers funding	40		40	N	N	N
Q3f	Review of MAPP portage with increased health contribution.	120		120	N	N	N
Q3g	Joint commissioning with efficiencies through reorganisation and better planning of work.	50		50	N	N	N
Q4a	Social care supplies and services reduced spend.	130	240	370	Y	N	N
Q4b	Social care financial management through continued cost control on all areas of spend.	50	50	100	N	N	N
Q4c	Placements: continuing strategy to use local authority foster placements where possible.		200	200	N	N	N
Q5	Youth Service: accelerate tapering of support to Youth Service to statutory minimum (will follow decision on creation of a mutual).	150	150	300	Y	N	N
TOTAL				**1,515**			

9. FINANCIAL IMPLICATIONS

9.1. This report is concerned with the saving proposals it presents to enable the Council to address the future financial challenges it faces. There are no direct

financial implications arising from the report other than those stated in the report itself.

10. LEGAL IMPLICATIONS

Savings proposals - General Legal Implications

Statutory duties

10.1. The Council has a variety of statutory duties which it must fulfil by law. The Council cannot lawfully decide not to carry out those duties. Even where there is a statutory duty there is often a discretion about the level of service provision. Where there is an impact on statutory duty, that is identified in the report. In other instances, the Council provides services in pursuit of a statutory power, rather than a duty, and though not bound to carry out those activities, decisions about them must be taken in accordance with the decision making requirements of administrative law.

Reasonableness and proper process

10.2. Decisions must be made reasonably taking into account all relevant considerations and disregarding all irrelevant matters. These are particular to the service reductions proposed and are set out in the body of the report. It is also imperative that decisions are taken following proper process. Depending on the particular service concerned, this may be set down in statute, though not all legal requirements are set down in legislation. For example, depending on the service, there may be a need to consult with service users and/or others and where this is the case, any proposals in this report must remain proposals unless and until that consultation is carried out and the responses brought back in a further report for consideration with an open mind before any decision is made. Whether or not consultation is required, any decision to discontinue a service would require appropriate notice. If the Council has published a procedure for handling service reductions, there would be a legitimate expectation that such procedure will be followed.

Staffing reductions

10.3. If service reductions would result in redundancy, then the Council's usual redundancy and redeployment procedure would apply. If proposals would result in more than 20 but fewer than 100 redundancies in any 90 day period, there would be a requirement to consult for a period of 30 days with trade unions under Section 188 Trade Union and Labour Relations (consolidation) Act 1992. The consultation period increases to 45 days if the numbers are 100 or more. This consultation is in addition to the consultation required with the individual employees. If a proposal entails a service re-organisation, decisions in this respect will be taken by officers in accordance with the Council's re-organisation procedures.

Equalities

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

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

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

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

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

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

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

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

10.10. The EHRC has also issued Guidance entitled "Making Fair Financial Decisions". It appears at Appendix 16 and attention is drawn to its contents.

10.11. The equalities implications pertaining to the specific service reductions are particular to the specific reduction.

The Human Rights Act

10.12. Since the introduction of the Human Rights Act 1998 (HRA) the rights set out in the European Convention on Human Rights (ECHR) have been incorporated into UK law and can be enforced in the UK courts without recourse to the European courts.

10.13. Those articles which are particularly relevant in to public services are as follows:-

Article 2	-	the right to life
Article 3	-	the right not to be subject to inhuman or degrading treatment
Article 5	-	the right to security of the person
Article 6	-	the right to a fair trial
Article 8	-	the right to a private and family life, home and correspondence
Article 9	-	the right to freedom of thought ,conscience and religion
Article 10	-	the right to freedom of expression
Article 11	-	the right to peaceful assembly
Article 14	-	the right not to be discriminated against on any ground

The first protocol to the ECHR added

Article 1	-	the right to peaceful enjoyment of property
Article 2	-	the right to education

10.14. Some of these rights are unconditional, such as the right not to be tortured or subject to degrading treatment. Others may be limited in finite and well defined circumstances (such as the right to liberty. Others are qualified and must be balanced against the need of the wider community – such as the right to a private and family life. Where there are human rights implications associated with the proposals in this report regard must be had to them before making any decision.

Crime and Disorder

10.15. Section 17 of the Crime and Disorder Act 1998 requires the Council to have regard to the likely effect on crime and disorder when it exercises its functions, and the need to do all that it reasonably can to prevent crime and disorder in its area.

Best value

10.16. The Council remains under a duty under Section 3 Local Government Act 1999 to secure continuous improvement in the way its functions are exercised, having regard to a combination of economy, efficiency and effectiveness. It must have regard to this duty in making decisions in respect of this report.

Environmental implications

10.17. Section 40 Natural Environment and Rural Communities Act 2006 states that "every public authority must, in exercising its functions, have regard, so far as is consistent with the proper exercise of those functions to the purpose of conserving biodiversity". No such implications have been identified in this report.

Specific legal implications

10.18. Members' attention is drawn to the specific legal implications arising in relation to particular proposals set out in this report. These will continue to be reviewed and updated as these proposals are considered by members before full and final legal implications are provided in the report for Mayor and Cabinet.

11. CONCLUSION

11.1. The Council expects to need to make further savings between now and 2019/20. However the amount and timing is uncertain at the present time pending the Comprehensive Spending Review and Local Government Finance Settlement due in November and December respectively. For this reason the work of the Lewisham Future Programme has continued to work and present proposals against the original £45m target for 2016/17 and 2017/18.

11.2. The draft saving proposals in this report reflect the work of the Lewisham Future Programme Board between February 2015 and August 2015. This work continues to bring forward further proposals to meet the savings gap. For 2016/17, the report presents £12m of potential savings and £13m for 2017/18.

12. BACKGROUND DOCUMENTS AND FURTHER INFORMATION

Short Title of Report	Date	Contact
Medium Term Financial Strategy	July 2015	David Austin

Appendices

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For further information on this report, please contact:
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LEWISHAM FUTURE PROGRAMME – SAVINGS REPORT APPENDICES – SEPTEMBER 2015

APPENDIX 1 – SAVINGS PROPOSALS FOR SCRUTINY, SECTION A

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Section A: Smarter and Deeper Integration of Social Care and Health

1. Savings proposal	
Proposal title:	Managing and improving transition planning
Reference:	A11
LFP work strand:	Adult Social Care (incl. Public Health)
Directorate:	Adult and Community Services
Head of Service:	Joan Hutton
Service/Team area:	Adults with Learning Disabilities
Cabinet portfolio:	Health, Wellbeing and Older People
Scrutiny Ctte(s):	Healthier Communities

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Transition planning	Yes	No	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

A number of young adults aged 18 with disabilities will transfer to adult social care so that their eligible needs can continue to be met. Most of the young people who come through this transition process continue into tertiary education. At present there are no college facilities in Lewisham where specialist educational requirements can be met. Therefore many of these young people attend out of borough college facilities and are residents of those colleges for the majority of the year. The residential costs for these placements are extremely high and tend to be ongoing as people remain out of borough. These costs further increase when the young person comes home during college breaks as additional packages of care need to be provided whilst they are living in their parents' or carers' homes.

Saving proposal

CYP Directorate has been working with providers to develop local college opportunities for young people with complex needs. In September 2016 provision for these young people will be available at the House on the Hill. In parallel the Council is developing supported living schemes to support these young students to remain within the borough.

This local college provision, alongside the development of supported living arrangements, will reduce the need for high cost out of borough placements and reduce the associated transport and supplemented packages of care during the college holiday periods. Young adults will be able to attend college in the borough and either be supported to continue to live at home with their family or in supported living schemes within the borough.

Adult Social Care will also be working with CYP to further develop local education offers for young people with challenging behaviour which will enable more young people to stay in the borough.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

The impact on young people should be positive; they will stay within the borough and be near family, friends and local groups with whom they are familiar. The new supported living schemes will enable young people to gain independent living skills in their own homes.

Outline risks associated with proposal and mitigating actions:

There is a risk of a lack of suitable accommodation for young people with disabilities within the borough. In mitigation, existing housing provision can be reconfigured to support young people without a physical disability. Where people have a significant physical disability, officers from ASC will work with housing colleagues to consider medium term options.

CYP and ASC will work with the young person, their parents and carers at an early stage in the transition process and will ensure that the requirements of a young person's Health, Education and Care plan can be met by provision within the borough thus reducing the need for reliance on colleges out of borough.

5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	1,000	0	1,000
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Transition	200	300	500
Total	200	300	500
% of Net Budget	20%	30%	50%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities

Main priority	Second priority
2	**8**
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**
Positive	**Positive**
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**
High	**High**

Corporate priorities

1. Community leadership and empowerment
2. Young people's achievement and involvement
3. Clean, green and liveable
4. Safety, security and a visible presence
5. Strengthening the local economy
6. Decent homes for all
7. Protection of children
8. Caring for adults and the older people
9. Active, healthy citizens

6. Impact on Corporate priorities		
		10. Inspiring efficiency, effectiveness and equity

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	M	Pregnancy / Maternity:	L
Gender:	M	Marriage & Civil Partnerships:	L
Age:	H	Sexual orientation:	L
Disability:	H	Gender reassignment:	L
Religion / Belief:	L	Overall:	M
For any High impact service equality areas please explain why and what mitigations are proposed:			
The nature of these proposals are targeted at younger people with disabilities. However, the equalities impact is a positive one rather than detrimental and therefore no specific mitigation will be required.			
Is a full service equalities impact assessment required: Yes / No			No

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

10. Legal implications
State any specific legal implications relating to this proposal:
The Children and families Act became law on the 1 September 2014. The new law makes it clear that children and young people with special educational needs and disabilities (SEND) should be supported on a consistent basis across Education, Health and Social Care from 0-25 years of age. Education Health and Care plans need to consider the needs of younger people in receipt of education. How those needs are met can be highly flexible.

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	Activity
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September

11. Summary timetable	
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	
April 2016	
May 2016	
June 2016	
July 2016	Savings implemented for new academic year

1. Savings proposal	
Proposal title:	Reducing costs of staff management, assessment and care planning
Reference:	A12
LFP work strand:	Adult Social Care (incl. Public Health)
Directorate:	Adult and Community Services
Head of Service:	Joan Hutton
Service/Team area:	Adult Social Care
Cabinet portfolio:	Health, Wellbeing and Older People
Scrutiny Ctte(s):	Healthier Communities

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Assessment and care management staffing	Yes	No	Yes

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The Adult Integrated Care Programme seeks to achieve a viable and sustainable 'One Lewisham Health and Social Care System' which includes giving residents access to high quality, cost-effective pro-active care, when it is needed.

In redesigning the services which identify and determine the support and care required by service users, the Council is working with health and care partners to further align and integrate adult social care with those services in the health sector which focus on similar cohorts of people. This includes looking at potential joint management, integrated staffing, alignment of processes and systems, and establishing a range of coherent and co-ordinated services that maximise efficiencies and eradicate duplication. All partners in the programme recognise the need to achieve savings as part of this work.

These services currently include those that cover prevention and early intervention services, enhanced care and support services, and the assessment and care management that is provided by neighbourhood community teams.

Saving proposal

In collaboration with health partners and following audits of current service provision and its effectiveness, the Council is developing detailed plans for the remodelling of services across the health and care system. This will be achieved by amalgamating similar roles and establishing joint posts which are able to work across organisations. This will include those staff employed by the Council who work to support admission avoidance, hospital discharge and those staff within the neighbourhood community teams. The remodelling will also be used as an opportunity to embed further the mental health teams with the current neighbourhood teams.

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
Improving access, reducing duplication and improving outcomes for those most at risk will benefit residents. However, the changes to staffing structures and levels through the integration and reconfiguration of services could potentially impact negatively on staff who may not be successful in obtaining a post in any new service model.
Outline risks associated with proposal and mitigating actions:
Although some staff will continue to work within the new model, we anticipate a reduction in both management and operational staff. We will try to mitigate against this and limit the number of potential redundancies by ensuring no posts are permanently recruited to within the current teams until decisions on the new delivery models have been made. The key stakeholders, Lewisham Clinical Commissioning Group, South London and Maudsley Mental Health Trust and the Lewisham and Greenwich Healthcare Trust and the Council are required to agree how resources are utilised and ensure that their respective organisational and shared priorities are met. The Adult Integrated Care Programme supported by four workstreams has been established as the forum to agree how any risks or adverse impacts on individual organisation's priorities or resources can be minimised.

5. Financial information			
Controllable budget:	**Spend £'000**	**Income £'000**	**Net Budget £'000**
	17,221	(7,846)	9,375
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) staffing	500	200	700
Total	500	200	700
% of Net Budget	5%	2%	7%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older
8	**10**	
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Neutral	**Neutral**	
Level of impact on main priority –	**Level of impact on second priority –**	

6. Impact on Corporate priorities		
High / Medium / Low	High / Medium / Low	people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
High	High	

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		Pregnancy / Maternity:	
Gender:	Low	Marriage & Civil Partnerships:	
Age:	Low	Sexual orientation:	
Disability:	Low	Gender reassignment:	
Religion / Belief:		Overall:	
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			Yes as part of service remodelling

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Yes but not yet known at what level or numbers
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2					
PO1 – PO5					
PO6 – PO8					
SMG 1 – 3					
JNC					
Total					
Gender	Female	Male			
Ethnicity	BME	White	Other	Not Known	
Disability	Yes	No			

9. Human Resources impact					
Sexual orientation	**Straight / Heterosex.**	**Gay / Lesbian**	**Bisexual**	**Not disclosed**	

10. Legal implications

State any specific legal implications relating to this proposal:

The Care Act 2014 sets in legislation the duty of the local authority to promote integration of care and support with health services. *"The Local Authority must exercise its functions under this part of the act, with a view to ensuring the integration of care and support provision with health provision and health-related provision"*

In delivering this part of the act, integration and partnership between social care and health are stressed as an important element in meeting prevention outcomes: '*The flexible use of resources should be encouraged if it improves outcomes. Coherent and integrated services are essential, not optional. Through shared involvement in activities such as supporting reablement, discharge pathways, falls prevention, nutritional advice and using community resources to prevent isolation, adult social care services and the NHS will become more closely linked. The workforce will be employed in different types of organisations, some working across traditional health and social care boundaries to deliver more integrated services. This new model of integrated care is aimed to meet the needs of the growing number of people with long-term conditions, such as dementia in the older population, and to reduce the pressure on more expensive acute healthcare services. The hope is that integrated care through service redesign and new skill mix will enable adult social care and the NHS to achieve gains in productivity. Improved relations and interaction between the two sectors [health and social care] 'could ultimately contribute to broader cooperation, more imaginative efficiencies, and more significant savings on both sides'* (Department for Health, 2014).

11. Summary timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:

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October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

1. Savings proposal	
Proposal title:	Alternative Delivery Models for the provision of care and support services, including mental health
Reference:	A13
LFP work strand:	Adult Social Care (incl. Public Health)
Directorate:	Adult and Community Services
Head of Service:	Joan Hutton
Service/Team area:	Adult Social Care
Cabinet portfolio:	Health, Wellbeing and Older People
Scrutiny Ctte(s):	Healthier Communities

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Integrated service models	Yes	Yes	Yes

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The Adult Integrated Care Programme seeks to achieve a viable and sustainable 'One Lewisham Health and Social Care System' which includes giving residents access to high quality, cost-effective pro-active care, when it is needed.

In redesigning the services which identify and determine the support and care required by service users, the Council is working with health and care partners to further align and integrate adult social care with those services in the health sector which focus on similar cohorts of people. This includes looking at potential joint management, integrated staffing, alignment of processes and systems, and establishing a range of coherent and co-ordinated services that maximise efficiencies and eradicate duplication. All partners in the programme recognise the need to achieve savings as part of this work.

These services currently include those that cover prevention and early intervention services, enhanced care and support services.

Saving proposal

Further work will take place during 15/16 and 16/17 to develop detailed plans for a more radical redesign of services across the system. From these plans, the Council will look to secure further savings from the redesign of its current service provision. The services that will be considered as part of the remodelling include those that support people to avoid unnecessary hospital admission, those that support hospital discharge and those that support people with long term care and health needs. Services for development will include Linkline and enablement services which are provided directly by the Council.

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
The Council and health partners are committed to the redesign of health and care services to improve user experience and to maximise people's independence and reduce their reliance on long term care. This work forms part of the Adult Integrated Care Programme and Better Care Fund proposals.
Outline risks associated with proposal and mitigating actions:
Co-production with stakeholders, including service users and staff, is a key design principle of the programme and their involvement in the redesign of health and care services is crucial to ensure the full benefits are realised. The transformation of health and care in Lewisham requires money to be is moved around the health and social care system to develop further services within the community that will prevent hospital admissions and support hospital discharge and maintain people to live independently in their own homes . The key stakeholders, Lewisham Clinical Commissioning Group, South London and Maudsley Mental Health Trust and the Lewisham and Greenwich Healthcare Trust and the Council are required to agree how resources are utilised and ensure that their respective organisational and shared priorities are met. The Adult Integrated Care Programme supported by four workstreams has been established as the forum to agree how any risks or adverse impacts on individual organisation's priorities or resources can be minimised.

5. Financial information			
Controllable budget:	**Spend £'000**	**Income £'000**	**Net Budget £'000**
	17,221	(7,846)	9,375
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) integrated service models	1,100	700	1,800
Total	1,100	700	1,800
% of Net Budget	12%	7%	19%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy
8	**10**	
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Positive	**Positive**	

6. Impact on Corporate priorities		
		6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
High	High	

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		Pregnancy / Maternity:	
Gender:		Marriage & Civil Partnerships:	
Age:	High positive	Sexual orientation:	
Disability:	High positive	Gender reassignment:	
Religion / Belief:		Overall:	High
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			Yes as part of service remodelling

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					No
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2					
PO1 – PO5					
PO6 – PO8					
SMG 1 – 3					
JNC					
Total					
Gender	Female	Male			
Ethnicity	BME	White	Other	Not Known	

9. Human Resources impact					
Disability	**Yes**	**No**			
Sexual orientation	**Straight / Heterosex.**	**Gay / Lesbian**	**Bisexual**	**Not disclosed**	

10. Legal implications

State any specific legal implications relating to this proposal:

The Care Act 2014 sets in legislation the duty of the local authority to promote integration of care and support with health services. *"The Local Authority must exercise its functions under this part of the act, with a view to ensuring the integration of care and support provision with health provision and health-related provision"*

In delivering this part of the act, integration and partnership between social care and health are stressed as an important element in meeting prevention outcomes: '*The flexible use of resources should be encouraged if it improves outcomes. Coherent and integrated services are essential, not optional*. *Through shared involvement in activities such as supporting reablement, discharge pathways, falls prevention, nutritional advice and using community resources to prevent isolation, adult social care services and the NHS will become more closely linked. The workforce will be employed in different types of organisations, some working across traditional health and social care boundaries to deliver more integrated services. This new model of integrated care is aimed to meet the needs of the growing number of people with long-term conditions, such as dementia in the older population, and to reduce the pressure on more expensive acute healthcare services. The hope is that integrated care through service redesign and new skill mix will enable adult social care and the NHS to achieve gains in productivity. Improved relations and interaction between the two sectors [health and social care] 'could ultimately contribute to broader cooperation, more imaginative efficiencies, and more significant savings on both sides'* (Department for Health, 2014).

11. Summary timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:

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November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

1. Savings proposal	
Proposal title:	Managing the demand for formal social care and achieving best value in the provision of care packages
Reference:	A14
LFP work strand:	Adult Social Care (incl. Public Health)
Directorate:	Adult and Community Services
Head of Service:	Joan Hutton
Service/Team area:	All adult social care areas
Cabinet portfolio:	Health, Wellbeing and Older People
Scrutiny Ctte(s):	Healthier Communities

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Achieving best value in care packages	No	No	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

Approximately 87% of the Adult Social Care budget is spent on packages of care to support people to remain living at home and on placements in residential and nursing homes, both in and out of the borough.

Saving proposal

In accordance with the Care Act 2014 and the Council's political priority to strengthen community resilience, adult social care will continue with its approach to assessment and support planning. This encourages people to utilise their existing resources by linking them to the support available within their own families and communities, thus reducing the need for formal social care services.

The demand for services will continue to be managed more effectively by supporting people who meet the eligibility criteria to be as independent as possible with minimal interference from, or reliance on, the Council. Support for these residents will be focused on the provision of assistance at the time of crisis and by offering help in a way that reduces the need for the person to require long term support.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

Achievement of this proposal requires a different approach and relationship with residents so they do not rely on the Council for the provision of all support to meet their needs. It also requires a different approach from practitioners who undertake the assessment and support planning function to ensure they consider an individual's own resources before determining the package of care.

4. Impact and risks of proposal
Outline risks associated with proposal and mitigating actions:
In accordance with the Care Act, training has been provided to practitioners to help them identify the potential risks to an individual in relation to their care and support needs and to determine what services are required to respond promptly and appropriately to those needs. This includes assisting people to access and utilise opportunities and support within their own families and communities.

5. Financial information			
Controllable budget:	**Spend £'000**	**Income £'000**	**Net Budget £'000**
	74,536	(17,750)	56,786
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a)	600	500	1,100
Total	600	500	1,100
% of Net Budget	1%	1%	2%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes		
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
8	**10**	
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Neutral	**Positive**	
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
Medium	**Low**	

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Low	**Pregnancy / Maternity:**	Low
Gender:	Low	**Marriage & Civil**	Low

8. Service equalities impact			
		Partnerships:	
Age:	High	**Sexual orientation:**	Low
Disability:	High	**Gender reassignment:**	Low
Religion / Belief:	Low	**Overall:**	Medium
For any High impact service equality areas please explain why and what mitigations are proposed:			
Most people in receipt of care and support from adult social care will have a disability or a frailty that relates to older age or disability. However, the assessment and care planning process will ensure that eligible needs continue to be met, although not necessarily from Council resources.			
Is a full service equalities impact assessment required: Yes / No			No

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

10. Legal implications
State any specific legal implications relating to this proposal:
When deciding how best to meet an individual's care needs, the Council is entitled to take into account its own resources as well as the client's stated preferences. In planning to meet an individual's needs, the Council may consider the most cost effective way in which this can be done and can take into account the individual's resources and contributions. This may include considering their family and support networks, their welfare benefits and the community resources available.

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	
November 2015	Reports returned to Scrutiny for review
December 2015	M&C for decision on 9 December
January 2016	work ongoing
February 2016	work ongoing and budget set 24 February
March 2016	Savings implemented

1. Savings proposal	
Proposal title:	New delivery models for extra care – Provision of Contracts
Reference:	A15
LFP work strand:	Adult Social Care (incl. Public Health)
Directorate:	Adult and Community Services
Head of Service:	Dee Carlin
Service/Team area:	All adult social care service areas
Cabinet portfolio:	Health, Wellbeing and Older People
Scrutiny Ctte(s):	Healthier Communities

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Extra Care	Yes	Yes	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The Council holds a number of contracts for extra care which will end in 2017. This gives the Council an opportunity to review the terms and conditions of those contracts. During this review, officers will establish whether those contracts are still required and, if so, revise the service specifications to better meet current needs and demands. This work will support the planned redesign of supported living.

Saving proposal

The savings proposed will be achieved by

1. The renegotiation of existing contacts and the development of new extra care schemes to better meet local demand and need.

   Support for people who have developed dementia and who are no longer able to live independently in their own homes is currently reliant on placements within residential and nursing home settings. The new extra care housing facilities that are being built within the borough will be used as an opportunity to develop specialist dementia support which will be a more cost effective alternative to residential care.

   In addition, extra care staff will be required to support people with a different range of needs, other than solely focusing on schemes that relate to older people. This will mean that younger adults with long term conditions will be able to remain living within the borough. Extra care providers will also deliver sustainable day time activities to meet the requirements of families who support their relative at home.

   The new service specifications will ensure that the Council:

   a) no longer pays charges relating to voids within existing extra care schemes;
   b) further consolidates the redesign of building based day services, in particular,

3. Description of service area and proposal

capitalising on the new and existing extra care locations;

c) as part of new extra care commissioning, seeks an alternative local offer for younger adults with significant physical support needs and for those older people who have developed dementia, to replace the need for costly out of borough residential or nursing services;

d) obtains further efficiencies in relation to costs of transport; and

e) financial impact of voids in extra care will be the responsibility of the housing and care partner, and not the Council.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

Extra care - the new service delivery model aims to improve outcomes for services users. An increase in local provision will ensure services users remain connected with their families and local communities, instead of having to move to out of borough placements.

Existing services, including those that provide other health and care support to these users, will be able to better integrate with locally provided extra care and day services. More local provision of this kind should improve the use of staff time as they will not have to travel out of borough to review or support service users.

Outline risks associated with proposal and mitigating actions:

a) Loss of income to providers who hold voids will be mitigated by offering void flats to neighbouring councils.

b) CQC or Fire/ Health and Safety implications of co-locating people with high physical support needs will be considered during the design and development of the specification and build. There may be specific grant conditions which predicate against the consideration of Extra Care schemes for younger adults which will be mitigated by officers from housing and social care working together to identify the best scheme to fit the brief.

5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	7,311	(1,438)	5,873
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Extra Care	100	900	1,000
Total	100	900	1,000
% of Net Budget	2%	15%	17%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
		1. Community leadership and empowerment

6. Impact on Corporate priorities		
8	**10**	2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Positive	**Positive**	
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
High	**High**	

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	H	**Pregnancy / Maternity:**	L
Gender:	M	**Marriage & Civil Partnerships:**	L
Age:	H	**Sexual orientation:**	L
Disability:	H	**Gender reassignment:**	L
Religion / Belief:	L	**Overall:**	H
For any High impact service equality areas please explain why and what mitigations are proposed:			
The use of extra care for younger people with physical disabilities will have a positive impact on those people but could potentially have a negative impact on older adults as the extra care that would otherwise be available for them may be reduced. Officers will, however, ensure that extra care developments meet the required demands for older people, particular those with dementia.			
Is a full service equalities impact assessment required: Yes / No			Yes

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

10. Legal implications
State any specific legal implications relating to this proposal:
The majority of these proposals relate to service contracts that are being re-commissioned for 2017 and which are currently in the early stages of development. The Care Act has clarified that people placed into supported living schemes, including people placed in extra care schemes remain ordinarily resident with the placing

10. Legal implications
authority.

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	
February 2016	
March 2016	
April 2016	Extra Care specifications completed and negotiations with existing ECH provider(s) begin
May 2016	
June 2016	ECH procurement process begins
July 2016	
August 2016	
September 2016	
October 2016	Recommendation for ECH to Mayor and Cabinet
March 2017	New ECH contracts in place

1. Savings proposal	
Proposal title:	Public Health (not including sexual health, drugs & alcohol)
Reference:	A16
LFP work strand:	Adult Social Care (incl. Public Health)
Directorate:	Community Services
Head of Service:	Danny Ruta
Service/Team area:	Public Health
Cabinet portfolio:	Health, Wellbeing and Older People
Scrutiny Ctte(s):	Healthier Communities

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Prescribed medication	No	No	No
b) Dental Public health	No	No	No
c) Health Protection	No	No	No
d) Obesity/Physical Activity	No	No	No
e) Health Inequalities	No	No	No
f) Workforce development	No	No	No
g) Redesign through collaboration	Yes	No	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

This is one of three Public Health related proposals. The other two are for Sexual Health and Drugs & Alcohol, which are reviewed in separate proformas – A17 and K4. Public health areas, such as smoking and tobacco control are not included in this review as there were significant savings achieved in 2015/16.

Prescribed medication associated with commissioned services

Local authorities are responsible with medication costs associated with public health commissioned services. In Lewisham, the services which this applies to are Substance Misuse, Stop Smoking Service and Sexual Health Services. Payments are paid to a range of providers including, Lewisham and Greenwich Trust, GPs and pharmacies.

Dental public health

This programme budget was reduced in 15/16. Most aspects of dental public health, previously commissioned at local level, are now commissioned by Public Health England or NHS England. The only element currently funded is a contribution to the Lambeth Southwark and Lewisham dental infection control nurse. The post-holder manages a programme of training and audit to ensure the best possible levels of infection control in primary care dentistry (delivered in local dental surgeries) in Lewisham. This programme is unique in the UK, given the high sero-prevalence of HIV and other blood-borne viruses locally (especially HIV and Hepatitis B). There has been a clear impact in terms of improved infection control practice. The nurse is also important in managing any major incident involving the transmission or possible

3. Description of service area and proposal

transmission of a blood borne virus to dental patients. Such incidents (called lookbacks) can involve the need to assess risk, trace, test and counsel large numbers of patients at risk. In recent years, the largest look-back in the history of the NHS up to that point, was carried out in Lewisham. In such incidents, the dental infection control nurse assists in the assessment of risk of individual patients.

Health Protection

Immunisation is a proven tool for controlling and eliminating life-threatening infectious diseases. It is one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. Recorded uptake of indicator vaccines has been below target, and as a result, significant numbers of children in Lewisham are not protected against potentially serious infections. Due to the low uptake of MMR vaccine, there was an outbreak of measles in Lewisham in 2008 with a total of 275 confirmed or suspected cases.

NHS England now has the lead responsibility for commissioning of immunisation. Lewisham retained a Clinical Immunisation Co-ordinator to lead the development and implementation of the strategy to maximize the uptake in Lewisham of all vaccines included in the national immunisation programme, due to the low uptake of immunisation which has been a problem in Lewisham for some time. Since the development of an action plan to improve uptake of vaccine locally, there has been consistent improvement in uptake in Lewisham, which has gone from being one of the boroughs with the worst levels of uptake to being above average, sometimes well above the average uptake for London as a whole. Since the changes in commissioning responsibilities, other boroughs (most of which have lost dedicated immunisation programme management resources) and London as a whole have had declining levels of vaccine uptake, but Lewisham with its dedicated immunisation programme manager has continued to improve.

Obesity/Physical Activity

Obesity now ranks alongside smoking as the main causes of premature mortality and health inequalities in the UK and in Lewisham. Interventions to tackle obesity in adults and children are a local priority of the H&WB Strategy and the C&YP Plan. They are delivered through a co-ordinated, evidence based healthy weight strategy that incorporates a wide range of actions on prevention and early intervention to self management and self care.

The interventions on obesity and physical activity support the delivery of the mandatory National Child Measurement programme and the NHS Checks programme.

In 2015/16 £147,000 was taken as savings from the obesity and physical activity budget.

Health Inequalities

The Community Health Improvement Service undertakes community development for health function. The work, undertaken by Health Improvement Officers, involves developing partnerships and networks in the community in order to create opportunities for health improvement that health trainers and other health improvement practitioners can utilise in order to reach communities who do not often access health services and interventions

3. Description of service area and proposal

Public health has funded a part time health and housing advisor to assess medical eligibility for housing (which is in addition to another post). This post has been vacant for sometime. A review of the post was proposed but has not been implemented. It is unusual for public health to fund such posts.

Workforce development
The PH training programme is aligned with the Lewisham Health and Wellbeing Strategy priorities, national health improvement priorities and mandatory LA programmes, e.g. NHS Health Checks. Participants include front line workers and volunteers from a variety of backgrounds including Lewisham Council employees, Primary Care, community and voluntary organisations. £40k savings were taken from the programme in 2015/16.

Redesign through working with CCG/ other partners
Currently Lewisham Council commissions public health services separately from key providers. Through the transformation of primary care and the whole system there is an opportunity in the future to embed some public health practice into mainstream services.

Saving proposal

Prescribed medication costs will be reduced as payment will only be made for those associated with PH commissioned services. Over the past two years, since the transfer of Public Health to Lewisham Council, expenditure on medication has been disaggregated from Clinical Commissioning Group payments to GPs, hence the higher costs in previous years.

Dental public health (£20k)
Cease Lewisham's contribution to Lambeth, Southwark and Lewisham infection control nurse.

Health Protection (£23k)
Cease funding the secondment of The Clinical Immunisation Co-ordinator

Obesity/Physical Activity (£232k)
To reduce funding three physical activity initiatives that support residents to be more active. These include:

- Cease the free swimming programme for children under 16 and adults over 60
- Cease the cycling in schools programme.
- Reduce Physical activity sessions to support the NHS Health check programme

The free swimming programme offers the opportunity for eligible residents to swim for free at any of the Lewisham pools at designated times – for children this means they can only attend public and general swimming sessions that fall outside school hours or fall on weekends and school holidays, for adults the offer of free swimming is available during all public and general swimming sessions. The limitations on times and the difficulty accessing this information means that the initiative is underutilized, particularly by children. The payment for the initiative is by block contract and is not dependent on activity. This initiative is one of the mayoral commitments: to promote healthy lifestyles by continuing to provide free swimming and gym access for under 16s and over 60s.

Adults over 60 may be able to access swimming at a discounted price through the

3. Description of service area and proposal

subsidised Be Active scheme (subject to any changes and renegotiation of contractual arrangements with leisure providers).

The cycling in schools programme provides offers cycling proficiency/road safety training to school age children in 40 schools.

Health Inequalities

(A) Community Health Improvement (£70k)
Reduce value of Lewisham and Greenwich NHS Trust Community Health Improvement Service contract through a reduction in community development/ health improvement functions. This follows changes to the service specification in 2015/16 to better integrate the team with Community Connexions services and streamline the functions of the team.

(B) Health and Housing (£30k)
Cease funding the part time Housing and Health post. This post is currently vacant.

Workforce development (£25k)

Cease Public Health funding to wider workforce development which contributes to public health outcomes. Workforce development costs will need to be absorbed by providers.

Service redesign through working with CCG/ other partners (£580k)

Savings will be achieved through bundling services through co commissioning of GPs e.g. health checks, smoking and including key functions within contracts with key providers e.g. smoking advisors for pregnant women to be mainstreamed into Maternity services

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

Prescribed Medication

No risk

Dental public health

Since this service was established, responsibilities on the issue of dental infection control have changed. To meet the registration requirements of the Care Quality Commission all dental practices have to be able to demonstrate that they meet the relevant infection control requirements. NHS England is now the commissioner for primary care dentistry and the responsibility of the commissioning organisation to assure itself of appropriate infection control now rests with NHS England, and this is no longer a responsibility of the local health care commissioner. In addition, it is important to remember that no other area of the country has a local dental infection control service. The responsibility for managing a large lookback would no longer be a local one. Public Health England and NHS England now have this responsibility

Obesity/physical activity:

Adults over 60 will be able to access swimming at a discounted price through the subsidised Be Active scheme.

The cycling in schools programme is accessed by approximately 1877 children per

4. Impact and risks of proposal
year across 40 schools. **Health inequalities** The impact may be that of reduced community development capacity within the Community Health Improvement Service team and less outreach opportunities to 'hard to reach' groups. **Workforce Development** There is a risk that delivery of public health outcomes delivered by the wider workforce (including NHS, voluntary & community sector organisations) is reduced, and this development is not supported within partner organisations.
Outline risks associated with proposal and mitigating actions:
The implications for life expectancy and quality of life for Lewisham residents over the medium (3-10 years) and long term (10-20 years) are significant. The impact, particularly on preventative lifestyle interventions are not **currently** resourced from any other public sector budgets. It is possible however that the impacts described above could be mitigated by the council mobilising its resources to prevent ill health, promote healthy lifestyles and make healthy choices easier for Lewisham residents. It could achieve this by : - striving to make every contact across all council services and council commissioned services a health improving contact; - using all available policy and planning powers to create the healthiest possible environment. - to iterate transformative change through a process of continuous quality improvement; - to re-commission services where the evidence suggests new approaches are not delivering desired outcomes. **Dental public health:** Members of the Health Protection Committee will consider how they and the Health and Well-Being Board can be assured of continuing high standards of infection control in dentistry. The Public Health team for Lambeth and Southwark (host of the service) has already been advised of this proposed saving. NHS England will also need to be advised. **Health protection** The main risk is that the improvement in uptake of vaccine in Lewisham will cease, and that uptake might even decline. Without mitigating actions, there is a significant risk of this happening. Mitigating actions: Recently, a Lewisham Immunisation Action Plan has been agreed with NHS England. This clearly specifies the responsibilities of all parties involved, and for the first time there is agreement as to NHS England's action at local level to improve uptake of vaccine, focussing in particular on immunisation provided by GP practices as part of primary care commissioning. This is a change in NHS England activity. In addition, Lewisham CCG is developing neighbourhood primary care networks and new population commissioning mechanisms which should be able to address the need for continued improvements in immunisation uptake. The impact of these is likely to be in the medium to longer term, and hence the proposal to delay this saving until 2017/2018.

4. Impact and risks of proposal

Obesity/Physical Activity:
The risks identified include:
Likely to reduce the likelihood of participation in physical activity and contribute to an increase in the prevalence of obesity.
In 2013 91 children were injured on roads in the borough. Only 7 were cyclists. Without the training that is currently offered, this number could be significantly higher. Low numbers of children in Lewisham are able to swim 25 metres (national guidance), compared with the England average. In the last five years it is known that one child death was caused by the inability to swim a short distance.

Some adults will be able to access swimming through the subsidised Be-active scheme.

Possible mitigation for cycling in schools might include asking schools to pay for training (there is unlikely to be a good take up), or parents may be asked to pay for training (likely to increase health inequalities).

Those who have had health checks will continue to be able to access a range of activities including healthy walks and leisure centre provision. Those who are overweight or obese will be also be entitled to access the Exercise on Referral scheme.

Health Inequalities
Currently Community Development Workers and Community Facilitators are employed, in each of the four neighbourhoods. Reconfiguring the work, particularly of the Community Development workers, which currently focus on secondary prevention to encompass primary prevention may mitigate the possible impact of reduction in capacity

Workforce development
In the future funding for training for NHS staff may be accessed through Community Education Provider Networks. Public Health is liaising with the CCG and local CEPN to ensure that this included public health programmes. There will be more explicit training requirements in the contracts with providers including the delivery of mandatory training and funding of training. Public health staff will continue to provide a small limited training programme and some specialist providers will provide training to others as part of their contract terms.

5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	5,922	(5,922)	0
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Prescribed medication	130		130
b) Dental Public Health	20		20
c) Health protection		23	23
d) Obesity/Physical Activity	232		232
e) Health Inequalities	100		100

5. Financial information			
f) Workforce development	25		25
g) Redesign through working with CCG & other partners		580	580
Total	507	603	1110
% of Net Budget	9%	10%	19%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes		
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
9	**1**	
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Negative	**Negative**	
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
Medium	**High**	

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	medium	**Pregnancy / Maternity:**	low
Gender:	medium	**Marriage & Civil Partnerships:**	low
Age:	medium	**Sexual orientation:**	low
Disability:	medium	**Gender reassignment:**	low
Religion / Belief:	low	**Overall:**	Medium/low
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			No

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

10. Legal implications
State any specific legal implications relating to this proposal:
There are no specific legal implications arising from these proposals.

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**) Consultation with Lewisham Clinical Commissioning Group
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

1. Savings proposal	
Proposal title:	Sexual Health Transformation
Reference:	A17
LFP work strand:	Adult Social Care (incl. Public Health)
Directorate:	Community Services
Head of Service:	Danny Ruta
Service/Team area:	Sexual Health
Cabinet portfolio:	Health, Wellbeing and Older People
Scrutiny Ctte(s):	Healthier Communities

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Sexual Health Transformation	Yes	Technical yes	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

Sexual health services expenditure accounts for around 35% of the Public Health Grant. This includes sexual health (STI) and contraception clinics; long acting reversible contraception (LARC), HIV tests, pregnancy tests and condoms provided by GPs; emergency contraception, condom distribution provided by pharmacies; sexual health promotion services for HIV prevention, sexual health awareness targeted at young people, Black African and Caribbean communities and men who have sex with men. There is also a small element of online testing for STIs.

Services are open access and free at the point of delivery. This is enshrined in legislation. Due to the increase in the local population, an increase in the average number of sexual partners and decrease in the age at first sexual experience demand for these services has grown year on year, and is projected to continue to do so. Most women will access contraception services during their reproductive years, so these services need to be available to 50% of the population for this purpose. Every £1 spent on contraception gives a return of £11 making it one of the most cost effective public health interventions.

Clinic services also have an important role to play in the detection of child sexual exploitation, and identifying vulnerable young people and particularly women who may be in coercive or abusive relationships.

In 2015/16 £340k was taken as a saving from the sexual health budget. This was taken mainly from Sexual Health Promotion and HIV prevention services.

Saving proposal

A Sexual Health Transformation Programme has been developed across 22 London Boroughs to address the increase in specialist GUM provision. A clinical model is now being developed which is likely to see highly specialist sexual health service focused on fewer sites with longer opening hours. There are 3 key components to the model:

3. Description of service area and proposal

1. An online “front door” is proposed for all sexual health services across London, enabling people to get advice, online tests and be sign posted to appropriate services.
2. A centralised partner notification function for London to trace and treat partners of individuals diagnosed with an STI.
3. A rationalisation of very specialised clinic sites, with better gate keeping, and triage and self sampling available at point of entry in clinics.

It is anticipated that these services will become operational in April 2017.

In parallel to this, local services have been reviewed and commissioning plans being developed to:

- Increase the sexual health “offer” in pharmacies to include a range of contraception, STI testing and condom distribution;
- Develop and 3 borough sexual health promotion programme aimed at young people, Black communities and men who have sex with men;
- Switch on “online testing” currently being trialled in Lambeth and Southwark;
- Development of plans to re-specify and if necessary re-procure integrated sexual health and contraceptive services across Lewisham.

Savings are likely to be achieved through

- “channel switch” – i.e. diverting people from clinics to digital/online services which can be provided at less cost, including self sampling and home testing for STIs & automated results management through secure online message or SMS;
- Appropriate targeting of testing at most at risk communities through a comprehensive health promotion outreach programme procured across 3 boroughs (Lewisham, Lambeth and Southwark);
- Economies of scale realised through the delivery of a London wide sexual health website, and partner notification service for sexual partners of individuals diagnosed with an STI.

Due to the complexity of managing the system wide changes across so many different councils and the resource to deliver the reprocurement it is unlikely savings can be realised prior to full implementation in 2017-18.

The year on year rises in the demand led sexual health activity across London and in our local residents means that any year efficiencies will at best achieve a break even position due to the lack of commissioning control over providers outside of Lewisham.

Currently the majority of Lewisham residents access GUM services in central London.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

Service users will be able to access services closer to home through use of digital technology and increase in pharmacy provision. However, there will be less highly specialised consultant led NHS STI clinics. Provision will be better matched to need, so service users can be seen and treated in the most efficient service which can meet their needs. For example, there will be an increase in nurse led provision and the only

4. Impact and risks of proposal

people who have a diagnosed problem will be referred to consultant led care.

Local services may need to be able to cope with increased demand, in the short term and support patients to switch to alternative routes of care such as online testing. This has proved challenging to achieve in the past.

Outline risks associated with proposal and mitigating actions:

GUM services generate significant income to NHS Trusts and there is a risk that local authorities will not be able to implement the changes on account of lack of control of the whole system.

A comprehensive communication and consultation plan has been developed for the London Sexual Health Transformation Programme. This includes all major stakeholders, lobby groups and NHS Trusts. Meetings have already taken place with all providers to explore procurement options.

It is recommended that Sexual Health Budgets for 16/17 remain unchanged as the redesign of these services will take at least a year to implement, Savings have therefore been proposed for 2017/18 to allow for the development work required to deliver the 2017/18 transformation programme. Beyond 2017/18 it is anticipated that further savings may be realised from sexual health services.

5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	6,508	(6,508)	0
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Sexual Health Transformation		500	500
Total	0	500	500
% of Net Budget	0%	8%	8%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes		
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
9		1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Positive		
Level of impact on	**Level of impact on**	

6. Impact on Corporate priorities		
main priority – High / Medium / Low	second priority – High / Medium / Low	8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Medium		

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	High	Pregnancy / Maternity:	Medium
Gender:	High	Marriage & Civil Partnerships:	Low
Age:	High	Sexual orientation:	High
Disability:	Low	Gender reassignment:	Low
Religion / Belief:	Low	Overall:	
For any High impact service equality areas please explain why and what mitigations are proposed:			
As with all public health programmes, the sexual health strategy is focused on reducing health inequalities. As above, the groups who will be particularly affected by the transformation will be young people and women who are the main users of contraceptive services and men who have sex with men and Black African and Black Caribbean population with the highest levels of HIV and other sexually transmitted infections.			
Is a full service equalities impact assessment required: Yes / No			

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

10. Legal implications
State any specific legal implications relating to this proposal:
There are no specific legal implications arising form these proposals

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	Activity
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**) Consultation with Lewisham Clinical Commissioning Group
September 2015	Proposals submitted to Scrutiny committees leading to M&C

11. Summary timetable	
	on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February

LEWISHAM FUTURE PROGRAMME – SAVINGS REPORT APPENDICES – SEPTEMBER 2015

APPENDIX 2 – SAVINGS PROPOSALS FOR SCRUTINY, SECTION B

Contents page

Section B: Supporting People

1. Savings proposal	
Proposal title:	Funding related to the programme known as Supporting people
Reference:	B2
LFP work strand:	Supporting People
Directorate:	Community Services
Head of Service:	Geeta Subramaniam-Mooney
Service/Team area:	Crime Reduction and Supporting People
Cabinet portfolio:	Health, Wellbeing and Older People
Scrutiny Ctte(s):	Healthier Communities / Safer Stronger Communities

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) reduction in budget across all client groups	Yes	No	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The supporting people service funds housing related support via a number of providers to clients with varying needs. These range from high-support hostels to floating support in the community. The total spend on these services in 2014/15 was £8.4m. To date savings proposals have been put forward totalling £2.5m across 15/16 and 16/17.

In order to meet the reduced budget requirement for the service in 2017/18, the service will need to further remodel how it provides housing support. Officers have remodelled the initial proposals working on the following assumptions:

- Significant savings are required from this budget and it is not possible to deliver these without having impact on some current users.
- Direct cost shunts should be avoided (e.g. closing a service where a large proportion of users will directly require another Council funded service).
- Alternative sources of funding to support this client group should be explored.
- Other support networks should be considered in order to ensure that existing service users can continue to receive some level of support if funding is withdrawn.

Saving proposal

Individual service users will no longer receive a service in their own homes and some will need to be decanted from accommodation based services. This removal of service will be targeted to ensure that those with most needs will still receive interventions but ultimately the threshold for access to services will have to rise.

Supporting People (SP) funded services are generally preventative services and this reduction of capacity may impact on higher level services such as residential care.

3. Description of service area and proposal

However, the exact level of this impact is difficult to quantify as individuals will react differently to the withdrawal of services with some coping well and other deteriorating. This impact is expected to be greatest through the reduction in floating support.

The vast majority of the funding reductions will be passed to the providers of te frontline services (including those in the voluntary sector) in the form of:

- Reduced support for mental health, learning disability and single homeless clients
- Closure of provisions for vulnerable groups such as alcohol dependant.
- Closure of units for single homeless.
- Decommission floating support and replace with a crisis management targeted floating support service with reduced capacity and for all client groups

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

Reductions may result in:

- cost shunts to other parts of the Council specifically in relation to Adult Social care and housing
- reduction in individual available places may result in lack of places for clients.
- More work for partners such as the police, probation, mental health SLAM and the hospital if incidents escalate.

Outline risks associated with proposal and mitigating actions:

1. People becoming homeless

Any losses to the floating support service will carry increased risk of more individuals becoming homeless

2. Impact on statutory services/temporary accommodation/residential care

Loss of hostel bed spaces may lead to pressure elsewhere for council resources.

3. Increased risk of safeguarding cases and services failure

Further reductions in funding may impact on staff quality and morale potentially putting service users at risk

4. Increased use of existing hostels by high needs out of borough clients

The loss of buildings currently used as hostel accommodation is in itself a significant one.

5. A rise in rough sleeping

Numbers of people living on the streets in Lewisham may rise

6. A rise in Anti Social Behaviour on the streets

Anti social behaviour on the streets in Lewisham may rise

7. Financial Viability

Remaining services become financially unsustainable for providers and they withdraw from the market.

Work will be undertaken to ensure there is ongoing and detailed communication with partners and agencies that deliver services such as outreach provision and where possible discussions with a range of voluntary and community groups will take place.

5. Financial information			
Controllable budget:	**Spend £'000**	**Income £'000**	**Net Budget £'000**
	6,867	(514)	6,353
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a)		1,200	1,200
Total		1,200	1,200
% of Net Budget	%	19%	19%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:	n/a		

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
8	**9**	
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Negative	**Negative**	
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
High	**High**	

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	all
	If impacting one or more wards specifically – which?
	all

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	H	**Pregnancy / Maternity:**	L
Gender:	H	**Marriage & Civil Partnerships:**	
Age:	H	**Sexual orientation:**	
Disability:	H	**Gender reassignment:**	
Religion / Belief:		**Overall:**	H
For any High impact service equality areas please explain why and what mitigations are proposed:			
The nature of the services see funding reductions mean that the impact on certain groups is likely to be higher than others.			

8. Service equalities impact	
Statutory Consultation will be required in relation to some of the reductions. Engagement and non statutory consultation will be required with the current users, referral agencies and current providers in relation to the proposed cuts affecting other services which the Council supports. An EAA will be required and a full report to Mayor and Cabinet will detail assessments and set out actions reduce these impacts as far as possible . Statutory Consultation will be required in relation to some of the reductions. Engagement and non statutory consultation will be required with the current users, referral agencies and current providers in relation to the proposed cuts affecting other services which the Council supports. An EAA will be required and a full report to Mayor and Cabinet will detail assessments and set out actions reduce these impacts as far as possible.	
Is a full service equalities impact assessment required: Yes / No	Some yes and some no

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

10. Legal implications
State any specific legal implications relating to this proposal:
All services are delivered via contracts which will require decommissioning/ recommissioning, Reductions, Negotiations

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports on the main principles returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
May 2016	Service redesign work complete and procurement begins
September 2016	Procurement processes completed
November 2016	Final service reductions and new contract values (**full decision**) reports returned to Scrutiny for review
March 2017	Savings implemented

LEWISHAM FUTURE PROGRAMME – SAVINGS REPORT APPENDICES – SEPTEMBER 2015

APPENDIX 3 – SAVINGS PROPOSALS FOR SCRUTINY, SECTION F

Contents page

Section F: Business Support and Customer Transformation

1. Savings proposal	
Proposal title:	Customer Transformation Review (Phase 1)
Reference:	F2
LFP work strand:	Business Support and Customer Transformation
Directorate:	Public Services
Head of Service:	Ralph Wilkinson
Service/Team area:	Customer Services Centre
Cabinet portfolio:	Policy and Performance
Scrutiny Ctte(s):	Public Accounts

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) improve our online offer	No	No	Yes
b) pushing customers to self-serve online wherever possible	No	No	Yes

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

As part of the Customer Service Transformation Review (strand F within the Lewisham Future Board), work is being undertaken to identify opportunities to optimise digital access channels for our high volume services and to redesign back office functions to ensure efficiency. Initially, the savings will focus on the Customer Service Centre, who currently take calls on behalf of a number of council services.

This proposal is specifically focused on the calls the Customer Service Centre take for environmental services. This includes services allowing customers to ring up and report missed bin collections, flytipping, graffiti, dead animal etc., book garden waste, lumber and mattress collections and enquire about pest control and other related services.

The second phase of the project will expand to include other services with high volumes of customer contact, for example building control and registrations.

Saving proposal

We will improve our online offer, starting with environmental services, encouraging customers to self-serve online and where appropriate withdrawing the telephone channel in favour of an online-only service. We will then be able to reduce capacity within the Contact Centre equivalent to 5 FTE (factoring in annual leave, sick days etc). We will also focus on streamlining and improving back office processes to improve our service and create efficiencies.

Having proved this concept, we will take the same approach to delivering at least £52k further savings from the other services under review by pushing customers to self-serve online wherever possible.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

Customers will need to transact with the council online rather than via the call centre for specific services. The review will focus on making the online offer as efficient and easy to use as possible, so levels of service will not be affected.

Customers who might not have easy access to the internet may need additional support as a result of services moving online: this would potentially include potentially those with learning difficulties, those on low incomes, those with English as a second language or older people (although recent ONS data shows that 71% of 65-74 year olds and 33% of over 75s have used the internet in the past three months).
The main impact on council staff will be on call centre staff, whose role will be necessarily reduced as customer contact shifts from phone to online contact. Full staff consultation would be undertaken.

Environmental services (and other service areas to be identified) whose customer contact is delivered through the calls centre may need to make changes to their back office processes.

Outline risks associated with proposal and mitigating actions:

There is a risk that an inefficient online service will make it difficult for services to manage their processes, or that they will generate failure demand, driving up phone contact in other areas. In order to mitigate this we will ensure that the web offer is of a high standard, with services easy to find and complete. A joined up approach to digital transformation will ensure that customers transact with us online as their first choice, that requests are processed correctly the first time, and that links to back office services are fully streamlined.

We will deliver support services for those customers without the facilities or the knowledge to use online services to ensure that they are not disadvantaged by these proposals and are able to realise the benefits of being online. We will provide free internet access in libraries across the borough, supported by library staff, and are working with GoOn UK to develop targeted support to the above groups to ensure they realise the benefits of using the internet, including council services.

5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	2,256	(862)	1,394
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) improve our online offer	148		148
b) pushing customers to self-serve online wherever possible		52	52
Total	148	52	200
% of Net Budget	10%	4%	14%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**

5. Financial information			
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
10	3	
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Positive	Positive	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
High	Medium	

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	NA	Pregnancy / Maternity:	NA
Gender:	NA	Marriage & Civil Partnerships:	NA
Age:	Medium	Sexual orientation:	NA
Disability:	Medium	Gender reassignment:	NA
Religion / Belief:	NA	Overall:	
For any High impact service equality areas please explain why and what mitigations are proposed:			
We will deliver support services for those customers without the facilities or the knowledge to use online services to ensure that they are not disadvantaged by these proposals and are able to realise the benefits of being online. We will provide free internet access in libraries across the borough, supported by library staff, and are working with GoOn UK to develop targeted support to the above groups to ensure they realise the benefits of using the internet, including council services.			
Is a full service equalities impact assessment required: Yes / No			Yes

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	Yes
Workforce profile:	

9. Human Resources impact					
Posts	**Headcount in post**	**FTE in post**	**Establishment posts**	**Vacant**	
				Agency / Interim cover	**Not covered**
Scale 1 – 2					
Scale 3 – 5		13.5			2 FTE
Sc 6 – SO2		2			
PO1 – PO5		5			
PO6 – PO8		1			
SMG 1 – 3		1			
JNC					
Total		22.5			2 FTE
Gender	**Female**	**Male**			
		8			
Ethnicity	**BME**	**White**	**Other**	**Not Known**	
		16			
Disability	**Yes**	**No**			
		21			
Sexual orientation	**Straight / Heterosex.**	**Gay / Lesbian**	**Bisexual**	**Not disclosed**	
				19	

10. Legal implications
State any specific legal implications relating to this proposal:
TBC

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented
April 2016	

1. Savings proposal	
Proposal title:	Customer Service Centre reorganisation
Reference:	F3
LFP work strand:	Public Services
Directorate:	Customer Services
Head of Service:	Ralph Wilkinson
Service/Team area:	Public Services / Customer Service Centre
Cabinet portfolio:	Policy and Performance
Scrutiny Ctte(s):	Public Accounts

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) 120K	No	No	Yes
b) 53K	No	No	Yes

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The Customer Service Centre delivers the corporate call centre (including switchboard),face to face service in Laurence House and the Register Office.
In 2014/15 the service dealt with 160K calls to the switchboard of which approximately 70% were handled automatically, 149K calls to the call centre, 63K visitors, registering 3,965 births and 1,316 deaths, 564 marriages/civil partnerships and 1491 citizen ceremonies.

Saving proposal

a) Restructure corporate contact centre to reduce management (1FTE) and staff (3 FTE)
b) Restructure register office to remove management (1FTE) plus deliver enhanced 'Tell Us Once' service online/ via DWP only.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

a) Reduce contact centre telephone performance target from 91% of calls answered to 80% answered, subject to appropriate CRM and ACD systems being in place.
b) Basic 'Tell us Once' service offered only. Customers will need to go online or contact DWP to complete the enhanced service.

Outline risks associated with proposal and mitigating actions:

None

5. Financial information			
Controllable budget:	**Spend £'000**	**Income £'000**	**Net Budget £'000**
	2,256	(862)	1,394
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) 120	120		120
b) 53	10	43	53
c)			
d)			
Total	130	43	173
% of Net Budget	9%	3%	12%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
10		
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Positive		
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
Low		

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	N/A	**Pregnancy / Maternity:**	N/A
Gender:	N/A	**Marriage & Civil Partnerships:**	N/A
Age:	N/A	**Sexual orientation:**	N/A
Disability:	N/A	**Gender reassignment:**	N/A
Religion / Belief:	N/A	**Overall:**	N/A
For any High impact service equality areas please explain why and what mitigations are proposed:			

8. Service equalities impact	
Is a full service equalities impact assessment required: Yes / No	No

9. Human Resources impact (a) (CSC Management Re-structure)					
Will this saving proposal have an impact on employees:					Yes
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5	17	13.5		15.8FTE (19 staff)	2 FTE
Sc 6 – SO2	2	2			
PO1 – PO5	5	5			
PO6 – PO8	1	1			
SMG 1 – 3	1	1			
JNC					
Total	26	22.5		15.8 FTE (19 staff)	2 FTE
Gender	Female	Male			
	18	8			
Ethnicity	BME	White	Other	Not Known	
	10	16	0	0	
Disability	Yes	No			
	5	21			
Sexual orientation	Straight / Heterosex.	Gay / Lesbian	Bisexual	Not disclosed	
	7			19	

The impact of the staff re-structure element of (a) within the Customer Service Centre will not be identified until staff consultation has been held and outcomes of any downsizing/ recruitment confirmed.

10. Human Resources impact (b) (Register Office Restructure)					
Will this saving proposal have an impact on employees:					Yes
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2	8	6.5		1	
PO1 – PO5	3	3			
PO6 – PO8					
SMG 1 – 3					
JNC					
Total	11	9.5		1	0
Gender	Female	Male			
	10	1			

10. Human Resources impact (b) (Register Office Restructure)					
Ethnicity	**BME**	**White**	**Other**	**Not Known**	
	3	7		1	
Disability	**Yes**	**No**			
	0	11			
Sexual orientation	**Straight / Heterosex.**	**Gay / Lesbian**	**Bisexual**	**Not disclosed**	
	2			9	

Delivery of 'Tell Us Once' service online/ via DWP only has no staff impact.

11. Legal implications
State any specific legal implications relating to this proposal:

12. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September Consultation for (a) Management Restructure Transition work for (b) Tell Us Once element
October 2015	Transition work ongoing for (a) Management Restructure Transition work for (b) Tell Us Once element
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review Transition work for (b) Tell Us Once element
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December Implementation of (b) Tell Us Once element
January 2016	Implementation of (a) New Management Structure Savings implemented for (a) New Management Structure Savings implemented for (b) Tell Us Once element
February 2016	Budget set 24th February
March 2016	Implementation of (a) staff restructure (achieved through reduction in agency staff)
April 2016	Savings implemented for (a) staff restructure
July – October 2016	Consultation for (b) Register Office Management Restructure TBC
	Transition work for for (b) Register Office Management Restructure TBC Implementation of (b) New Register Office Management Structure TBC Savings implemented for (b) Register Office Management Restructure TBC

LEWISHAM FUTURE PROGRAMME – SAVINGS REPORT APPENDICES – SEPTEMBER 2015

APPENDIX 4 – SAVINGS PROPOSALS FOR SCRUTINY, SECTION G

Contents page

Section G: Income Generation

Includes: Advertising
Wireless Concessions
Regulatory restrictions and treasury management
Sundry debt collection.
Parking: Review service level arrangements.

1. Savings proposal	
Proposal title:	Various approaches to income generation
Reference:	G2
LFP work strand:	Income Generation
Directorate:	Cross-Council
Head of Service:	Selwyn Thompson (lead)
Service/Team area:	Various areas
Cabinet portfolio:	Resources
Scrutiny Ctte(s):	Public Accounts

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Advertising	N	N	N
b) Wireless concessions	N	N	N
c) Regulatory restrictions and treasury management	N	N	N
d) Sundry debtor collection	N	N	N
e) Parking income	N	Y	Y

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The Council generates in excess of £100m of income from fees, charges and other service income from a variety of sources. This revenue is increasingly important with government budget reductions meaning that the Council is required to implement significant savings over the short to medium term. While income will play a critical role in meeting this challenge, it must be undertaken in a clear, transparent and consistent way.

The guiding principle of the income generation strand is to ensure that income can be a means by which to ensure a service is sustainable in the longer term.
Proposals in this summary paper suggest that officers could implement measures to generate sustainable income of £1.050m for 2016/17 and a further £0.250m in 2017/18. These proposals currently exclude the ongoing review of fees and charges. This is a significant piece of work and officers are expected to bring further proposals forward on this in due course.

Saving proposal

Proposal 1: Increasing advertising income £0.300m

This proposal seeks to exploit advertisement opportunities in the borough. A recent audit of the borough was undertaken, identifying key locations where advertising would work well. It provided some reasoned indications that sustainable income of some £0.300m per annum could be achieved by a mixture of large format digital and non-digital advertising at various sites in the borough. This level of income is based on the likely guaranteed fixed rents payable to the Council and reflects assumptions

3. Description of service area and proposal

regarding commissions, discounts, voids and capital amortisation.

Proposal 2: Wireless concessions £0.200m

This proposal looks to implements a concession licensing arrangement for use of street furniture to install wireless networking equipment in exchange for income to the Council. This is expected to accelerate the take-up of wi-fi in areas where no or limited coverage exist. Proposals around phone mast installations are also being investigated. There are some caveats to these proposals, namely the PFI contracts that much of our street furniture is subject to. Careful legal discussions with our partners and contractors are necessary. Also there is a possibility that it may be harder to secure the levels of income in a borough without so many areas of high footfall and further investigation into the predicted costs and potential revenue would be needed. An annual target return of £0.200m would seem reasonable when benchmarked against the deals other local authorities have secured.

Proposal 3: Review of regulatory restrictions for the HRA, DSG and Capital Programme and review of treasury management £0.300m

In the latter half of 2015/16, officers will examine the regulation restrictions for the Housing Revenue Account (HRA), the Dedicated Schools Grant (DSG) and the Capital Programme. This is to ascertain whether or not it's possible to further push the boundaries for charges to these accounts, thereby releasing general fund resources. This detailed desktop exercise has begun and a target of £0.200m on going would appear realistic for 2016/17. For treasury management, first year proposal which focused on achieving greater gains from investments on treasury management activity, this proposals looks at a comprehensive review of the long term debts the Council has to assess options for debt rescheduling and debt redemption. This proposal will be dependent upon market conditions and the willingness of counterparties to enter negotiations on revising their loan books. An annualised equivalent saving target of some £0.100m would seem realistic at this stage.

Proposal 4: Review of sundry debtor collection - estimated 'saving' (improved performance on collection) £0.250m 2016/17

A review of sundry debtor collection will be carried out in 2015/16 with a target to improve collection by at least 1% which is equivalent to £0.250m. The review, led by the Head of Public Services, will look at the end to end process for sundry debtor collection; review the use of technology and the staffing arrangements. The current arrangements are that services raise invoices and where these remain unpaid they are followed up by the central sundry debt collection team using the new Oracle system. These arrangements will be comprehensively reviewed using external expertise to ensure we have the best structure in place which is following an effective process and making the most of the technology available.

Proposal 5: Parking - review of income £0.250m 2017/18

The Council reviewed its parking policy in 2012/13. On the 10 April 2013 Mayor and Cabinet agreed 37 recommendations which led to a revised parking policy. Recommendation 10 set out that the Council would freeze parking charges at the current levels until 2015/16 and review annually thereafter. Recommendation 11 set out that the Council would consult on any future charge increases that exceeded inflation.

3. Description of service area and proposal

The Council's parking policy has to balance the needs of those living, working, visiting and trading in the borough as well as ensuring that the cost of parking controls is met. Complicating matters further is the increase in car ownership and the insatiable demand for parking spaces along with the need to reduce the harmful effects of car use on the environment. The Council's parking charges reflect the need to not only cover the costs of delivering parking controls but also managing these issues.

The parking charges are fixed in accordance with the requirements of the Road Traffic Regulation Act 1984. Section 122 of the Act imposes a duty on the Council to use them to *'secure the expeditious, convenient and safe movement of vehicular and other traffic including pedestrians and the provision of suitable and adequate parking facilities on and off the highway'*.

Charges were set at a level which is in line with the median level in London. Setting charges at that level ensured that the borough did not become a 'car park' for those travelling into London from the south east. It also ensured the Council continued to meet the objectives set out above and comply with the requirements of Section 122 Road Traffic Regulations Act 1984.

The Council's fear of becoming a 'car park' for commuters is very real. The introduction of the congestion charge in 2003 saw the number of commuters driving into central London reduce but the risk was and remains that they park in car parks in the surrounding areas. The Council has multiple transport links into central London which makes it a very real risk. This is especially the case as Lewisham is just inside zone 2 with cheaper fares and at the end of the Docklands Light Railway. Added to this is the fact that access to Lewisham and its car parks is relatively easy for commuters driving into to London but becomes more difficult the further into London they travel as travel times' increase.

The charges were last increased in 2011. A review of the changes to maintain the arrangements detailed above will lead to an increase in income.

The parking policy review also led to a controlled parking zone programme of reviews of existing arrangements and the implementation of new zones. Whilst the review of existing zones is likely in some cases to lead to a loss of income and there is a cost of reviewing and implementing zones overall there is likely to be an increase income.

It is estimated that increased charges and the controlled parking zone programme will lead to an additional income of £0.250m.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

Impact discussed above

Outline risks associated with proposal and mitigating actions:

The key risk with all of these proposals is a failure to meet income targets as a result of a drop in service demand. This is particularly relevant to the parking proposal. Other factors to be mindful of include the economic climate, legislation or changed to government regulations. Analysis will be undertaken to model the potential impacts to mitigate risks wherever possible and the income generation project board will remain in place to keep oversight on the impact of the changes.

4. Impact and risks of proposal

5. Financial information			
Controllable budget:	**Spend £'000**	**Income £'000**	**Net Budget £'000**
General Fund (GF)			
HRA			
DSG			
Health			
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Advertising	300		300
b) Wireless Concessions	200		200
c)Debt Management	300		300
d) Sundry Debt Collection		250	250
e)Income	250		250
Total	1,050	250	1,300
% of Net Budget	%	%	%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
10		
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Positive		
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
High		

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		**Pregnancy / Maternity:**	

8. Service equalities impact			
Gender:		**Marriage & Civil Partnerships:**	
Age:		**Sexual orientation:**	
Disability:		**Gender reassignment:**	
Religion / Belief:		**Overall:**	
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			No

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

10. Legal implications
State any specific legal implications relating to this proposal:
To be reviewed by Legal Services

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

LEWISHAM FUTURE PROGRAMME – SAVINGS REPORT APPENDICES – SEPTEMBER 2015

APPENDIX 5 – SAVINGS PROPOSALS FOR SCRUTINY, SECTION H

Contents page

Section H: Enforcement and Regulation

1. Savings proposal	
Proposal title:	Enforcement and Regulatory services Food safety, Environmental protection
Reference:	H2
LFP work strand:	Enforcement and Regulation
Directorate:	Community Services
Head of Service:	Geeta Subramaniam-Mooney
Service/Team area:	Crime Reduction and Supporting People
Cabinet portfolio:	Community Safety and Public Realm
Scrutiny Ctte(s):	Safer and Stronger Communities

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
Further reductions in Crime, Enforcement and Regulation and Environmental Health will be identified via a 3 month and 6 month review post implementation of the new structure (which began in Aug 15). Proposals will be brought in April 16.	Yes	No	Yes

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

a) A number of service areas were brought together in 2015, including Licensing, Anti Social Behaviour, Public Health and Nuisance and Trading standards. These services were remodelled with a single multi faceted staff team delivering across all of these areas. To manage the service a risk matrix model has been adopted and staff deployed to tackle persistent and significant issues.
b) A number of services were brought together in 2015 including Food safety, Environmental Protection, Special treatment licensing and Commercial health and Safety. This service will also work on a risk based model.

In 2015 there was a reduction of £800K across both areas met in 2015. This resulted in approximately 33% reduction in the services collectively. The new service model was implemented in Aug 15.

Saving proposal

The New Service structure was implemented in Aug 15. The service will be reviewed 3 and 6 months post implementation to assess impact, deliverability and demand. Based on the findings of this review, a detailed demand management assessment and further exploration of alternative models, including shared services, proposals for further reductions will be made in April 16.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

Without first implementing the new structure in 2015 there is no way of knowing the deliverability and risks associated with the changes. Some areas for consideration include:

- Significant risks in achieving this cut based on safety to residents in relation to food safety.
- Reduced resources to tackle issues such as Anti Social Behaviour on a preventative way may result in increased demand on police, and demand on the Youth Offending Service.
- Ability to deliver the Statutory functions of the Council such as licensing and public health and nuisance.

Outline risks associated with proposal and mitigating actions:

It is too early to satisfactorily consider further reductions and impact – there will be a detailed review in Nov 15 and Feb 16 to understand implications and risks. Proposals will be brought in April 16.

5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	3,046	(885)	2,161
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
Not stated at this time	0	1,200	1,200
Total	0	1,200	1,200
% of Net Budget	0%	56%	56%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes		
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities

Main priority	Second priority
4	**3**
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**
N	**N**
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**
High	**High**

Corporate priorities

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

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific Impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	H	Pregnancy / Maternity:	
Gender:	H	Marriage & Civil Partnerships:	
Age:	H	Sexual orientation:	
Disability:		Gender reassignment:	
Religion / Belief:		Overall:	H
For any High impact service equality areas please explain why and what mitigations are proposed:			
Any further reductions will impact on the whole community. Specific victims of crime feature greatest within females.			
Is a full service equalities impact assessment required: Yes / No			No

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Yes
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2					
PO1 – PO5	33	33	37		4
PO6 – PO8	1	1	1		
SMG 1 – 3	1	1	1		
JNC					
Total					
Gender	Female	Male			
	15	20			
Ethnicity	BME	White	Other	Not Known	
	13	22		4	
Disability	Yes	No			
	2	33			
Sexual orientation	Straight / Heterosex.	Gay / Lesbian	Bisexual	Not disclosed	

10. Legal implications
State any specific legal implications relating to this proposal:
Staff consultation will be required for changes to the current structure.

10. Legal implications

The statutory nature of many of the activities delivered by the services outlined in this report is recognised. At the heart of the proposed new delivery model is the need to ensure that the Council's statutory obligations are addressed but that we are realistic about what is really needed, about what we can deliver and that enforcement action is targeted and proportionate to the circumstances. In most cases the level of statutory activity required is not explicitly set out which implies that it is for the Council to exercise their discretion on levels of local provision.

Pursuant to s.17 of the Crime & Disorder Act 1988, every local authority has a statutory "duty to …exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent, crime and disorder in its area."

It is understood that as a consequence of the proposals within this report, there will be no loss of any specific statutory function; accordingly, the broad statutory obligations pursuant to the provisions of the said Crime & Disorder Act 1998 will continue to be complied with. So too, will the other relevant statutory enforcement obligations continue to be complied with by the Council consequent upon the specific proposals specified within this report.

Namely, section 6 Food Safety Act 1990, to carry out all necessary food enforcement inspections as a statutory 'food authority', (this is carried out and will continue to be carried out with the assistance of external qualified support,) the provisions of the Health and Safety at Work etc Act 1974, in particular, Ss. 18 & 19, so as to enforce the necessary health and safety provisions as a statutory 'enforcement authority', with a necessary authorized Inspector, S. 69 and Part VI of the Weights and Measures Act 1985, S. 3 Licensing Act 2003, as a Licensing Authority for the purposes of all the Licensing Act functions and S. 2 Gambling Act 2005 when acting as a Licensing Authority for the purposes of all Gambling Act functions.

Since the meeting of the Mayor and Cabinet held on Wednesday 11th February 2015, there has been a need to expand the legal implications following a consultation response .

As a direct consequence of that said meeting and representations made thereat, an attempt is made below to address a number of further relevant statutory provisions. To be noted however, is that the following supplementary list of relevant statutory functions covered by the service areas affected, is by no means intended to be exhaustive given that the range of services covered by this proposal are so broad in nature. (By way of example only, in addition to the specific noted functions within this report both set out above and below, there are numerous others; including but not limited to, non- food consumer product safety and unfair trading practices, which the Council also has a duty to enforce'.)

All relevant functions pursuant to the Public Health (Control of Disease) Act 1984, including powers of necessary entry to premises (s. 61) as a 'relevant health protection authority' (and for the Council to be able to serve all relevant documents and notices, s. 60) also in particular, Part III of the said Act.

All relevant functions pursuant to the Health Protection (Part 2A Orders) Regulations 2010 (in the context of the said 1984 Act) and this includes the obligation to provide a written report to the national 'Public Health [England]' Office, each time a Part 2A Order is made.

10. Legal implications

All relevant functions pursuant to the Public Health Act 1961 including filthy or verminous premises.

All relevant functions pursuant to the Control of Pollution Act 1974, which are not dealt with elsewhere within the Council's enforcement services; namely, including but not limited to, the service of statutory notices and related enforcement action concerning controlling 'noise' emanating from construction sites (Ss. 60 & 61), and exercising lawful rights of entry and inspection (s. 91).

All relevant functions pursuant to the Environmental Protection Act 1990, including those within Part IIA of the Act, where necessary. For this Part of the 1990 Act, the Council is the 'enforcing authority'. This enables the authority to serve appropriate notices, so as to require and subsequently enforce remediation of contaminated land – and deal with alleged significant pollution of controlled waters. The Council must maintain a register containing prescribed particulars relating to 'remediation notices' served and action taken.

All relevant functions pursuant to the Environmental Protection Act 1990, Part III, where necessary. Here the Council's authorized officers seek to counter alleged statutory nuisances when witnessed by them, pursuant in particular sections, 79 and 80.

All relevant functions pursuant to the Clean Air Act 1993, to control in particular, smoke. Part III of the said Act is relevant to the discretionary power available to a local authority; namely the declaration of a smoke control area. Local Authorities within the provisions of this Act, have the power to obtain information about the emission of pollutants and other substances into the air, and the undertaking of relevant enforcement action if deemed necessary. This works in tandem with the Government published National Air Quality Strategy which contains policies with respect to the assessment or management of the quality of air, pursuant to s. 80 of Part IV Environment Act 1995. The functions here are linked closely with those pursuant to the Pollution Prevention and Control Act 1999, s. 1 which seeks to prevent polluting activities.

All relevant functions pursuant to the said 1999 Act require Local Authorities to regulate certain types of industries so as to reduce pollution and in particular improve air quality. Certain industrial activities require Permits to be issued so as to set controls and emission standards to minimize pollution.

All relevant functions pursuant to the Safety of Sports Grounds Act 1975, and 1987, including in particular the inspecting and issuing of safety certificates for stands at sports grounds.

In addition to the above, it is important to note the Council's "Equalities" obligations when considering the exercise of its functions. The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

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

10. Legal implications

- 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.

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

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

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

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

11. Summary timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:

Month	Activity
August 2015	Outline intention for further review prior to putting up options
November 2015	3 month review of the new service
February 2016	6 month review of the new service
April 2016	Options identified for consideration.

LEWISHAM FUTURE PROGRAMME – SAVINGS REPORT APPENDICES – SEPTEMBER 2015

APPENDIX 6 – SAVINGS PROPOSALS FOR SCRUTINY, SECTION I

Contents page

Section I: Management and Corporate Overheads

1. Savings proposal	
Proposal title:	policy development, support to senior management and council governance
Reference:	I2
LFP work strand:	Corporate & Management Overheads
Directorate:	Resources & Regeneration
Head of Service:	Barrie Neal
Service/Team area:	Policy & Governance
Cabinet portfolio:	Policy & Performance and Resources
Scrutiny Ctte(s):	Public Accounts

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) policy, performance, service redesign and intelligence	No	No	Yes
b) senior management support service	No	No	Yes
c) governance	No	No	Yes

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

Savings on policy development, support to senior management and council governance.

a) policy, performance, service redesign and intelligence

- already the subject of a 50% saving for 15/16, staff numbers were reduced in the service area saving £900,000 and the function was remodelled around a single consolidated team
- the smaller and newly modelled team was launched in the middle of June 2015
- the team supports the organisation's need for policy development (including response to equalities duties), statutory publications, performance management, service redesign and intelligence
- the newly formed function has begun to establish new ways of working that provide for greater economy, efficiency and effectiveness within a significantly reduced cost base
- key service priorities relate to: policy development (including this year's renewal of the comprehensive equalities scheme and annual monitoring of the CES); statutory publications including the annual governance statement (AGS), comprehensive equalities scheme (CES) and annual CES review; support for the budget process and advice for service consultations and equalities analysis assessment; integration of key service areas across agencies (including social care – health integration); inspections (e.g. Ofsted and CQC inspections due this year); supporting a number of partnership boards; development and management of service related performance data,

3. Description of service area and proposal

performance management & review; service redesign for cost reduction and improved service delivery; intelligence (covering demographic trends and horizon scanning for key changes impacting on the borough)

b) senior management executive support

- executive directors and heads of service are supported by three teams of personal assistants
- cost reductions in the last year reduced the number of PAs supporting heads of service

c) governance

- supporting member decision making, scrutiny functions, member development, education appeals, civic events and international partnerships
- savings to date have impacted on staff numbers and though demand has increased with new committees to be served and the volume of governance activities increasing, these demands have been absorbed within a small staff complement with the adoption of technology, including 'modern.gov' and a bespoke software system to address the huge scale of education appeals
- pressures persist in particular in the management of education appeals and the wide range of popular civic events as well as the core responsibilities for committee management to both executive and scrutiny functions

Saving proposal

a) policy, performance, service redesign and intelligence £180,000 – 2017/18

The proposed saving would, subject to staff consultations mean a further reduction in posts within the recently re-organised and consolidated function. The new team's impact on establishing new ways of working and streamlining processes will be evaluated after the first full year of operation. It is therefore proposed that relevant staff consultations follow the outcome of the first year and a review targets a £180,000 salaries saving to be delivered in 2017/18.

b) senior management executive support £100,000 - 2016/17

Alongside the reduction in posts in 2015/16 the potential for further savings to come were flagged-up in staff consultations. This included the scope for further consolidation and co-location of executive support to senior managers. Further consolidation of support and co-location of more posts might provide scope for additional savings of £100,000 for 2016/17, subject to the relevant staff consultations.

c) governance £75,000 – 2017/18

The service has taken salaries savings impacting on staffing over the last two years. Any further savings proposal will, subject to staff consultations, impact again on salaries budgets and the number of posts supporting the respective governance functions. Though demand has increased with new committees to be served and the volume of governance activities increasing, these demands have been absorbed within a small staff complement with the adoption of technology, including 'modern.gov' for committee management and a bespoke software system to address

3. Description of service area and proposal

the huge scale of education appeals.

The £75,000 proposed here would impact directly on salaries budgets and therefore posts supporting the function. The savings proposal is equivalent to up to two FTE posts. Proposals for savings in 2017/18 would impact, in generally what is the lighter of the four years of the administration since the saving does depend upon a reduction in the scale of governance activities.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

a) policy, performance, service redesign and intelligence

Whilst not obviously a front-line service area, significant vulnerabilities exist around: statutory publications, statutory data returns, public consultations and data management for operational services, support & advice for Equalities Analysis Assessments (EAAs) and preparations for service inspections across adult social care and children's services. Efforts to mitigate the impact of further savings need to be set against the background of 50% savings taken in the last year. It is proposed to target any additional savings at 2017/18 taking the level of savings to 60% on 2014/15 base line.

Action being taken to accommodate current savings and prepare the ground for future savings proposals includes:

- the streamlining of business processes, systems and procedures
- reducing the scale of data demands and increasing the scale at which data risks can be managed
- consultation formats and procedures being streamlined with the potential for less corporate oversight and advice to service areas
- preparedness for inspection and external scrutiny being curtailed
- possibly reviewing the frequency of partnership boards & level of support

b) senior management executive support

The saving will, subject to staff consultations, impact on the number of posts supporting senior management. Each round of savings reduces the attention that can be provided to deal with senior management communications (letters, e-mails and telephone calls); preparations of senior officers for meetings (papers and briefings); support to council complaints, agenda planning and council questions; diary management and formal note taking & reporting. The need for a greater degree of self-servicing for basic administrative needs shifts to senior management.

c) governance

The saving, subject to staff consultations, would impact directly on the available support to the respective governance functions including committee management and scrutiny reviews. To try to mitigate the effect on committee management and scrutiny, options will be evaluated for managing the balance of that impact on the following activities: committee management, scrutiny, member development, education appeals, civic events, international partnerships. The year in which the saving is

4. Impact and risks of proposal
proposed is the final year of the current administration. This final year tends to have less committee activity, a reduced number of scrutiny reviews and less member development commitments.
Outline risks associated with proposal and mitigating actions:
a) policy, performance, service redesign and intelligence – as above **b) senior management executive support** – as above **c) governance** – as above

5. Financial information			
Controllable budget:	**Spend £'000**	**Income £'000**	**Net Budget £'000**
a) policy, performance etc	900		900
b) senior management executive support	750	(35)	715
c) governance	600		600
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) policy, performance etc.		180	180
b) senior management executive support	100		100
c) governance		75	75
d)			
Total	100	255	355
% of Net Budget	%	%	%
a) policy, performance etc	0%	20%	20%
b) senior management executive support	14%	0%	14%
c) governance	0%	13%	13%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	yes	no	no
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local
10		
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Negative		

6. Impact on Corporate priorities		
		economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium		

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No Specific Impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Low	Pregnancy / Maternity:	Low
Gender:	Low	Marriage & Civil Partnerships:	Low
Age:	Low	Sexual orientation:	Low
Disability:	Low	Gender reassignment:	Low
Religion / Belief:	Low	Overall:	Low
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			No

9. a) Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Yes
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2					
PO1 – PO5	4	4			
PO6 – PO8	7	6.8			
SMG 1 – 3	3	3			
JNC					
Total	14	13.8			
Gender	Female	Male			
	7	7			
Ethnicity	BME	White	Other	Not Known	
	4	10			

9. a) Human Resources impact					
Disability	Yes	No			
	2	0			
Sexual orientation	Known	Not known			
	9	5			

9. b) Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Yes
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2	10	10			
PO1 – PO5	5	5			
PO6 – PO8					
SMG 1 – 3					
JNC					
Total	15	15			
Gender	Female	Male			
	14	1			
Ethnicity	BME	White	Other	Not Known	
	7	7	1		
Disability	Yes	No			
	1				
Sexual orientation	Known	Not known			

9.c) Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Yes
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5					
Sc 5 – SO2	1	1			
PO1 – PO5	5	5			
PO6 – PO8	1	1			
SMG 1 – 3	2	2			
JNC					
Total	9	9			
Gender	Female	Male			
	5	4			
Ethnicity	BME	White	Other	Not Known	
	2	7			
Disability	Yes	No			
	1				

9.c) Human Resources impact					
Sexual orientation	Known	Not known			
	2	7			

10. Legal implications
State any specific legal implications relating to this proposal:
The respective savings proposals will each be subject to staff consultations where appropriate and subject to the Council's Management of Change Policy.

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September Draft consultation papers where relevant for 2015/16 savings
October 2015	Consultations on-going
November 2015	Consultations on-going - reports returned to Scrutiny for review where relevant
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December (if appropriate)
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

1. Savings proposal	
Proposal title:	Customer Transformation – casework review
Reference:	I3
LFP work strand:	Corporate & Management Overheads
Directorate:	Cross council
Head of Service:	Led by Ralph Wilkinson
Service/Team area:	
Cabinet portfolio:	Policy and Performance
Scrutiny Ctte(s):	Public Accounts

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Casework Review	No	No	Yes

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The Council has a process in place for dealing with casework (complaints, casework and Freedom of Information Requests). There are Directorate teams in place to deal with this work as well as an Independent Adjudicator to deal with complaints that have escalated to stage 3 and Local Government Ombudsman liaison arrangements. The Council currently using the iCasework system to administer complaints.

There are about 14 staff involved in casework administration but some have other responsibilities not covered by the review. The review will identify the exact number of staff involved.

Saving proposal

The casework review will look at the Council's complaints process, the staff structure in place to deal with it and the IT system used. The review will consult with all stakeholders including the Mayor, Councillors, MP's etc.

It is estimated that the review will deliver a saving of £50K by restructuring the staffing arrangements that deliver the casework service.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

The review will focus on the early resolution to complaints and the streamlining of the process to improve (or in some cases maintain) the speed and quality of the response whilst making it more efficient.

Outline risks associated with proposal and mitigating actions:

The risk is that the outcome of the review does not achieve the objective for all stakeholders. To mitigate this the review will ensure that all the necessary input is

4. Impact and risks of proposal
gathered and considered in the redesign of the new process.

5. Financial information			
Controllable budget: (approximate)	**Spend £'000**	**Income £'000**	**Net Budget £'000**
	400		400
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a)	50		50
Total	50		50
% of Net Budget	13%	0%	13%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
10		
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Positive		
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
Low		

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	N/A	**Pregnancy / Maternity:**	N/A
Gender:	N/A	**Marriage & Civil Partnerships:**	N/A
Age:	N/A	**Sexual orientation:**	N/A
Disability:	N/A	**Gender reassignment:**	N/A
Religion / Belief:	N/A	**Overall:**	N/A
For any High impact service equality areas please explain why and what mitigations are proposed:			

8. Service equalities impact	
Is a full service equalities impact assessment required: Yes / No	Yes

9. Human Resources impact					
Will this saving proposal have an impact on employees:					Yes
Workforce profile:					
Posts	**Headcount in post**	**FTE in post**	**Establishment posts**	**Vacant**	
				Agency / Interim cover	**Not covered**
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2					
PO1 – PO5					
PO6 – PO8					
SMG 1 – 3					
JNC					
Total					
Gender	**Female**	**Male**			
Ethnicity	**BME**	**White**	**Other**	**Not Known**	
Disability	**Yes**	**No**			
Sexual orientation	**Known**	**Not known**			

10. Legal implications
State any specific legal implications relating to this proposal:
The Council will need to ensure any new complaints process is statutorily compliant where appropriate.

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review

11. Summary timetable	
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

1. Savings proposal	
Proposal title:	Review of Strategy and Comms
Reference:	I4
LFP work strand:	Corporate & Management Overheads
Directorate:	Resources and Regen
Head of Service:	Robyn Fairman
Service/Team area:	Strategy
Cabinet portfolio:	Policy & Performance, Growth & Regeneration
Scrutiny Ctte(s):	Public Accounts

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Review of Programmes in Strategy and Mayor and Cabinet Office	No	No	Yes
b) Restructure of Comms after voluntary redundancies	No	No	No – already implemented

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

Programmes within Strategy include the apprenticeship programme, traineeships and the Young Mayor's programme. The Communications Team proposal has already been implemented through the voluntary redundancy restructure.

Saving proposal

Increase the income to the team by applying for more European funding, reviewing the apprenticeship programme to suit labour market conditions, and maximising efficiencies. The Communications Team restructure has already delivered the savings through the implementation of voluntary redundancy.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

We expect to increase income and offer more apprenticeships and traineeships (circa 90 a year) in conjunction with ESF and LEP funding. We will review the operation of the apprenticeship programme- in order to achieve delivery of new programme we will have to realign roles and restructure may be necessary.

Outline risks associated with proposal and mitigating actions:

We may be unsuccessful in winning the full amount bid for, however the LEP funding is already available. We have high success rates in winning grant.

5. Financial information			
Controllable budget:	**Spend £'000**	**Income £'000**	**Net Budget £'000**
	2,491	(444)	2,047
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Review of Programmes in Strategy and mayors office and increasing income	150		150
b) Restructure of Comms after voluntary redundancies	60		60
Total	210		210
% of Net Budget	10%	%	10 %
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** **1. Community leadership and empowerment** **2. Young people's achievement and involvement** **3. Clean, green and liveable** **4. Safety, security and a visible presence** **5. Strengthening the local economy** **6. Decent homes for all** **7. Protection of children** **8. Caring for adults and the older people** **9. Active, healthy citizens** **10. Inspiring efficiency, effectiveness and equity**
5	**2**	
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Positive	**Positive**	
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
Low	**Low**	

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users –N/A			
Ethnicity:		**Pregnancy / Maternity:**	
Gender:		**Marriage & Civil Partnerships:**	
Age:		**Sexual orientation:**	

8. Service equalities impact			
Disability:		Gender reassignment:	
Religion / Belief:		Overall:	
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			No

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Possibly
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2					
PO1 – PO5					
PO6 – PO8					
SMG 1 – 3					
JNC					
Total					
Gender	Female	Male			
Ethnicity	BME	White	Other	Not Known	
Disability	Yes	No			
Sexual orientation	Known	Not known			

10. Legal implications
State any specific legal implications relating to this proposal:
None

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	Activity
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Review of programmes within the Strategy Division
November 2015	Consultations if required
December 2015	Consultations returned to Scrutiny for review leading to M&C

11. Summary timetable	
	for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

1. Savings proposal	
Proposal title:	Commissioning and Procurement
Reference:	I5
LFP work strand:	Corporate & Management Overheads
Directorate:	Cross Directorate
Head of Service:	Head of Corporate Resources
Service/Team area:	Cross Directorate
Cabinet portfolio:	Resources
Scrutiny Ctte(s):	Public Accounts

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Commissioning and Procurement	Yes	No	Yes

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

Across all its services the Council spends in the region of £240m (approximately half the gross general fund spend annually) with third party suppliers. This excludes other commissioning and procurement activity undertaken for and on behalf of our partners, in particular Health.

The scale of procurement activity ranges from small scale purchases to support service delivery up to the very large (multi-million pound) contracts for the provision of care services and capital projects. Some procurement activity is very transactional (e.g. purchasing refuse trucks) while other areas require more involved work through commissioning activities (e.g. purchasing of care packages for individuals).

Saving proposal

To continue the work begun in 2015/16 in respect of assessing and reducing our spend on commissioning and procurement activity – approximately £4m annually which represents a cost for securing and running these contracts of just over 1.5% – and the amount we spend with suppliers. The intention is to reduce contract spend where possible (by varying or re-letting contracts) and identify opportunities for efficiencies, better co-ordination, and streamlining of activities to achieve in the region of £1m of savings over the next two years.

A base lining exercise of commissioning and procurement activity across the Council will be completed by the end of September. The Council's contract register has also been refreshed and moved to an online platform. This information and options will be presented to the Lewisham Future Board to enable them to consider whether a new organisation model for managing commissioning and procurement is appropriate (including potentially sharing services) or the savings are best achieved within individual services in proportion to their commissioning and procurement activity.

4. Impact and risks of proposal
Outline impact to service users, partners, other Council services and staff:
There should be no impact to service users. However, with the planned £1m reduction in spend there are likely to be staff redundancies. How and where these changes will impact has not yet been finalised and will depend on the assessment of how savings are to be implemented when the base line analysis is concluded – see description of proposal.
Outline risks associated with proposal and mitigating actions:
The main risks to this proposal arise from reducing the resources available to complete the activities required. These might be that: 1) sub-optimal procurement decisions are made, or 2) that contract management does not maintain sufficient oversight and control - resulting in the Council not receiving the services it pays for or spending more on certain activities than is necessary. The mitigations to these risks are through: the use of technology to help streamline procurement processes in line with EU procurement regulations (including new contract register and financial reporting tools in Oracle R12); the work of the Corporate Commissioning and Procurement Board to ensure the gateway approach introduced in 2014/15 continues and improves; guidance and training offered by the procurement team to facilitate the steps to achieving successful and value for money procurement; and the work of individual services to also use technology and their relationships with partners to improve efficiency and effectiveness in this area.

5. Financial information			
Controllable budget:	**Spend £'000**	**Income £'000**	**Net Budget £'000**
General Fund (GF)	4,000 est.		4,000 est.
HRA			
DSG			
Health			
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Commissioning and Procurement	500	500	1,000
Total	500	500	1,000
% of Net Budget	13%	12%	25%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** **1. Community leadership and empowerment** **2. Young people's achievement and involvement** **3. Clean, green and liveable** **4. Safety, security and a visible**
10		

6. Impact on Corporate priorities		
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	**presence** **5. Strengthening the local economy** **6. Decent homes for all** **7. Protection of children** **8. Caring for adults and the older people** **9. Active, healthy citizens** **10. Inspiring efficiency, effectiveness and equity**
Negative		
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
Low		

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		**Pregnancy / Maternity:**	
Gender:		**Marriage & Civil Partnerships:**	
Age:		**Sexual orientation:**	
Disability:		**Gender reassignment:**	
Religion / Belief:		**Overall:**	N/A
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			No

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Yes*
Workforce profile:					
Posts	**Headcount in post**	**FTE in post**	**Establishment posts**	**Vacant**	
				Agency / Interim cover	**Not covered**
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2					
PO1 – PO5					
PO6 – PO8					
SMG 1 – 3					
JNC					
Total					
Gender	**Female**	**Male**			

9. Human Resources impact					
Ethnicity	BME	White	Other	Not Known	
Disability	Yes	No			
Sexual orientation	Straight / Heterosex.	Gay / Lesbian	Bisexual	Not disclosed	

* this will be completed when the base lining exercise is concluded and the decision taken on whether the savings are to be made through a corporate 'solution' or locally by individual services.

10. Legal implications
State any specific legal implications relating to this proposal:
Irrespective of the preferred operational arrangements, those involved in commissioning and procuring services on behalf of the Council will need to ensure they continue to comply with the EU procurement regulations as they pertain to local government.

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	Activity
August 2015	Proposal prepared (**this template**)
September 2015	Proposal submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Analysis of detailed baseline and implementation options to the Futures Board
November 2015	
December 2015	Staff consultations undertaken as/if necessary
January 2016	
February 2016	
March 2016	Savings implemented

1. Savings proposal	
Proposal title:	Insurance
Reference:	I6
LFP work strand:	Corporate & Management Overheads
Directorate:	Resources and Regeneration
Head of Service:	Head of Corporate Resources
Service/Team area:	Insurance and Risk Management
Cabinet portfolio:	Resources
Scrutiny Ctte(s):	Public Accounts

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Insurance recharge risk premium	No	No	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

Insurance and Risk ensures the Council has sufficient insurance cover (in the market or by way of reserves) and manages claims promptly and fairly to reduce the impact of risks should they materialise. The Council's insurance services are also offered to schools and housing to enable them to access the expertise and economies of scale the Council's arrangements provide.

Saving proposal

Current arrangements ensure that insurance recharges to third parties - schools via the Dedicated Schools Grant (DSG) and housing via the Housing Revenue Account (HRA) - cover the direct (e.g. premiums) and operational (e.g. claims handling) costs for providing agreed levels of cover.

This proposal is to adjust the insurance recharge model to introduce a 'premium for risk'. The revised charges will more accurately reflect the whole risk to the Council arising from the higher levels of excess applicable to school properties and provide a contribution to the risk that the Council carries in respect of the gap between the level of risk insured (self-insured and via external premium) and the actual exposure.

This will represent income to the General Fund where the cost of insurance risk is held and an expense to each of the DSG and HRA as part of the cost to them of accessing this insurance cover.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

There is no direct impact to service users or staff. This proposal is about ensuring the Council has sufficiently robust and resourced insurance arrangements in place in the event of a serious incident that results in a claim against the Council.

4. Impact and risks of proposal

Outline risks associated with proposal and mitigating actions:

The risks associated with the proposal are that the income is not achieved because:
1) the offer to provide insurance services from the Council to schools and the HRA are declined; or
2) those activities leave the Council (e.g. schools become Academies or there is a housing stock transfer).

In respect of the first the mitigation is to ensure that the insurance offer (cost and level of service) continues to compare favourably with that which is offered on the open market. There is limited mitigation for the second so the risk remains.

5. Financial information

Controllable budget: General Fund (GF)	Spend £'000	Income £'000	Net Budget £'000
	4,021	(2,180)	1,841
HRA			
DSG			
Health			
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Insurance recharge risk premium	300		300
Total	300		300
% of Net Budget	16%	0%	16%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	Yes	Yes
If impact on DSG or HRA describe:	Yes – this premium will be an increased cost (of less than one tenth of one percent) to each of the DSG and HRA.		

6. Impact on Corporate priorities

Main priority	Second priority
10	4
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**
Neutral	Neutral
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**
Low	Low

Corporate priorities

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

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?
	N/A

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		Pregnancy / Maternity:	
Gender:		Marriage & Civil Partnerships:	
Age:		Sexual orientation:	
Disability:		Gender reassignment:	
Religion / Belief:		Overall:	N/A
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			No

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

10. Legal implications
State any specific legal implications relating to this proposal:

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	Activity
August 2015	Proposal prepared (**this template**)
September 2015	Proposal submitted to Scrutiny leading to M&C on 30 September
October 2015	
November 2015	
December 2015	Return to M&C, if decision not delegated or already taken, for decision on 9 December
January 2016	Finalise insurance recharge model for 2016/17
February 2016	
March 2016	Saving implemented

1. Savings proposal	
Proposal title:	Finance efficiency savings
Reference:	I7
LFP work strand:	Corporate & Management Overheads
Directorate:	Resources and Regeneration
Head of Service:	Selwyn Thompson
Service/Team area:	Financial Services Division
Cabinet portfolio:	Resources
Scrutiny Ctte(s):	Public Accounts

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Finance non-salary budget and vacancies review	No	No	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

Finance – The Council's Finance Division provides a statutory accounting function; financial, business and management accounting advice to management as well as a payroll and pension function.

Saving proposal

There will be a review of non-salaried budgets following the recent restructure of the finance function. In addition to this, a number of staffing vacancies have been held pending a more detailed review which is planned to take place in April 2016. It is expected that a saving of £100k could be achieved in 2016/17 with minimal impact on staffing with a further £150k to follow in 2017/18.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

The Finance Division will need to continue working with limited flexibility in its staffing budget to deal with workload pressures should existing workloads not be reduced or contained following the recent restructure/downsizing and further savings being delivered.

Outline risks associated with proposal and mitigating actions:

The finance function has already delivered significant revenue budget savings over the course of the last three years which has had an impact on lessening the team's capacity. In delivering these further savings for 2016/17 and 2017/18 it will become increasingly important to ensure a more direct focus on our statutory responsibilities whilst at the same time equipping budget holders with the appropriate tools and knowledge to be more self-reliant in managing their budgets

5. Financial information			
Controllable budget:	**Spend £'000**	**Income £'000**	**Net Budget £'000**
General Fund (GF)	5,382	(1,191)	4,191
HRA			
DSG			
Health			
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Finance non-salary budget and vacancies review	100	150	250
Total	100	150	250
% of Net Budget	2%	4%	6%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:	N/A		

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
10		
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Positive		
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
Medium		

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	No Specific Impact
	If impacting one or more wards specifically – which?
	N/A

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		**Pregnancy / Maternity:**	
Gender:		**Marriage & Civil Partnerships:**	
Age:		**Sexual orientation:**	
Disability:		**Gender reassignment:**	
Religion / Belief:		**Overall:**	

8. Service equalities impact	
For any High impact service equality areas please explain why and what mitigations are proposed:	
N/A	
Is a full service equalities impact assessment required: Yes / No	No

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

10. Legal implications
State any specific legal implications relating to this proposal:
There are no specific legal implications

11. Summary timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:

Month	Activity
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

1. Savings proposal	
Proposal title:	Streamlining procurement and legal administration.
Reference:	I8
LFP work strand:	Corporate & Management Overheads
Directorate:	Resources & Regeneration
Head of Service:	Kath Nicholson
Service/Team area:	Legal (Procurement/Administration)
Cabinet portfolio:	Resources
Scrutiny Ctte(s):	Public Accounts

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Minor reorganisation of Legal Services to incorporate Procurement function	No	No	yes

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The procurement team provides advice to commissioners across the Council, maintains the Council's contract register and makes reports available to central government about council procurement activity through overseeing the Council's procurement portal.

Saving proposal

The procurement function transferred to Legal in 2015. With the merging of the two functions, legal and procurement, a mini-reorganisation of administrative support will net out a £50k salaries saving.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

Senior procurement practitioner posts will be recruited to minimising the impact on meeting the organisation's needs from the changes being made. However, reorganisation of the administrative support to legal/procurement will provide scope for the deletion of two posts.

The proposal should provide a more stable and resilient procurement team working closely with contract lawyers.

Outline risks associated with proposal and mitigating actions:

Inability to recruit to senior positions. External advert for procurement manager at appropriate grade

4. Impact and risks of proposal

5. Financial information			
Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	2,160	(387)	1,773
Saving proposed:	2016/17 £'000	2017/18 £'000	Total £'000
a)	50		50
Total	50		50
% of Net Budget	3%	0%	3%
Does proposal impact on: Yes / No	General Fund	DSG	HRA
	yes	no	no
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
10 As procurement relates to all services, the proposal will impact on all political priorities		
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Positive		
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Low		

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		Pregnancy / Maternity:	
Gender:		Marriage & Civil Partnerships:	
Age:		Sexual orientation:	
Disability:		Gender reassignment:	
Religion / Belief:		Overall:	

8. Service equalities impact	
For any High impact service equality areas please explain why and what mitigations are proposed:	
Depends on outcome of reorganisation procedure and recruitment exercise	
Is a full service equalities impact assessment required: Yes / No	No

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Yes
Workforce profile:					
Posts	**Headcount in post**	**FTE in post**	**Establishment posts**	**Vacant**	
				Agency / Interim cover	**Not covered**
Scale 1 – 2					
Scale 3 – 5		1			
Sc 6 – SO2					
PO1 – PO5		1			
PO6 – PO8					1
SMG 1 – 3					
JNC					
Total					
Gender	**Female**	**Male**			
		2			
Ethnicity	**BME**	**White**	**Other**	**Not Known**	
Disability	**Yes**	**No**			
		2			
Sexual orientation	**Known**	**Not known**			
		2			

10. Legal implications
State any specific legal implications relating to this proposal:
The reorganisation will follow the Council's management of change and redeployment procedures.

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing

11. Summary timetable	
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

1. Savings proposal	
Proposal title:	Reduction in Human Resources Support
Reference:	I9
LFP work strand:	Corporate & Management Overheads
Directorate:	Resources & Regeneration
Head of Service:	Andreas Ghosh
Service/Team area:	Human Resources
Cabinet portfolio:	Resources
Scrutiny Ctte(s):	Public Accounts

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) HR Support	N	N	Y
b) TU Secondments	N	N	Y
c) Graduate Scheme	N	N	N
d) Social Care Training	N	N	N
e) Realign Schools HR Recharges	N	N	N

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The Council's HR services are made up of a strategic core of staff providing industrial relations, organisation change and development and business partner support, as well a recruitment and clearance function, reorganisation support and employee advice and learning and development provision.

The division supports service to the schools in the production of people management policies, occupational health service, trade union secondments, DBS checks and industrial relations.

A substantial part of the divisions learning resource also provides adult social care learning which in turn is substantially focussed on the private and voluntary sector.

Saving proposal

a) To reduce the provision of support to managers, including advice on employee relations, reorganisations, change management, recruitment and learning. In the process review employee support provision such as Investors in People accreditation.

b) To review the trade union secondment arrangements to reflect a reduction in the number of Council employees.

c) Reduce support provision available to the graduate scheme and restricting number of future graduates taken on to the current limit of 2 per annum.

d) Reduce social care training, including that provided to the private, voluntary and independent sector, by incorporating basic training such as induction and safety

3. Description of service area and proposal

into the provider requirement, rationalise the number of programmes on any one subject, developing improved digital learning activity and improved attendance at classroom based programmes.

e) Realign the HR recharges to the schools for recruitment, occupational health, policy advice, HR systems. DBS clearance, trade union secondments and employee relations.

f)

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

The proposals will reduce the support on human resources matters to managers, as well as the Council's compliance with people management policy and objectives. The proposals will reduce the social care training support in the community which will be mitigated by increasing provider requirements on training.

Outline risks associated with proposal and mitigating actions:

The proposals are a risk to effective employee relations and the Council's ability to act as a single employer

5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
			2,100
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Staff	20	200	220
b) Trade unions	40		40
c) Graduate support	40		40
d) Schools recharge	100		100
d) Adult social care training		100	100
Total	200	300	500
% of Net Budget	10%	15%	25%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
10		1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Negative		

6. Impact on Corporate priorities		
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Medium		

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Low	Pregnancy / Maternity:	Low
Gender:	Low	Marriage & Civil Partnerships:	Low
Age:	Medium	Sexual orientation:	Low
Disability:	Low	Gender reassignment:	Low
Religion / Belief:	Low	Overall:	Low
For any High impact service equality areas please explain why and what mitigations are proposed:			
The reduction will have an overall impact on most characteristics as HR policies and practice relate to all these characteristics. However as adult social care training is being reduced there will be a greater impact on older people.			
Is a full service equalities impact assessment required: Yes / No			No

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Yes
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2	1				
Scale 3 – 5	2	1.5	3		
Sc 6 – SO2	10	10	11		1
PO1 – PO5	17	15.3	19	1	3
PO6 – PO8	3	3	2		
SMG 1 – 3	4	3.2	5		1
JNC	1	1	1		
Total	38		41		
Gender	Female	Male			
	30	8			
Ethnicity	BME	White	Other	Not Known	
	14	23		1	
Disability	Yes	No			
	3	32		3	

9. Human Resources impact					
Sexual orientation	Known	Not known			

10. Legal implications
State any specific legal implications relating to this proposal:

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

1. Savings proposal	
Proposal title:	IT
Reference:	I10
LFP work strand:	Corporate & Management Overheads
Directorate:	Customer services
Head of Service:	Duncan Dewhurst
Service/Team area:	Technology and Change
Cabinet portfolio:	Resources
Scrutiny Ctte(s):	Public Accounts

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Revising infrastructure support arrangements	Yes	No	Yes
b) Contract, systems and supplies review	Yes	No	No
c) Committee Papers: move to digital access only	No	No	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The Technology and Change division provides IT services to the whole Council through a mixture of in-house provision and contracted services. The central IT budget is around £7m and across the Council expenditure on IT and related IT services accounts for a further £3m.

Saving proposal

The internal IT teams were restructured last year (to deliver savings £750k agreed in 14-15). As agreed by Mayor and Cabinet the Technology and Change division is currently in the process of implementing a major upgrade of Lewisham's IT infrastructure which will provide modern, stable and flexible IT. Building on this, as part of the IT strategy, the Head of Technology and Change has reviewed the potential to make savings in other parts of the Council's budget and is proposing to make further savings of £1m in 16-17 and a further £1m in 17-18.

<u>16-17 savings</u>

The savings in 16-17 will come from two areas:

- Revising our arrangements for supporting our infrastructure (our current arrangements with Capita come to an end on April 1 2016); and
- Reviewing contracts, systems and supplies to make best use of the new infrastructure.

3. Description of service area and proposal

Revising infrastructure support arrangements

As agreed by Mayor and Cabinet we are currently investigating the feasibility of setting up a shared infrastructure support service with London Borough of Brent. No further decisions are required at this stage – a final decision on whether to proceed with the shared service will need to be taken by Mayor and Cabinet later in the autumn. Nevertheless indicative financial modelling suggests that savings in the region of £0.5m pa could be feasible.

Reviewing contracts, systems and supplies

Once the new IT infrastructure is in place there will be opportunities to deliver further savings from a combination of:

- Retendering existing contracts and better supplier management
- Reducing the amount of paper the Council uses, for example through making better use of mobile devices
- Reducing the cost of replacing our desktop estate through the use of 'thin clients'
- Reducing the use of bespoke systems

As part of the IT strategy the Head of Technology and Change is currently reviewing the options for making savings in these areas and will look to put in place a plan of action to coincide the with the introduction of the new infrastructure. This plan will be in line with the Council's existing strategy of getting better value for money. Mayor and Cabinet may need to take further decisions on to realise these savings – for example where new contracts need to be awarded – which will be subject to the usual decision making process.

As a result of the changes being made it may be necessary to restructure staff posts in either 16-17 and / or 17-18, which would be subject to the usual consultation process.

17-18 savings plans

17-18 savings plans are yet to be developed but it is expected that further savings could be made to contracts and through further sharing with other partners.

Electronic access to committee reports and ending of paper copies

Moving toward being a paperless council will provide the scope for significant reduction in paper and printing costs. Costs of committee papers alone could provide a reduction in printing costs of between £90,000 and £100,000. More detailed work will be undertaken to substantiate this for effecting a future saving.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

IT underpins every service that the Council delivers and is a critical function for all staff.

4. Impact and risks of proposal

Electronic access to committee reports and ending of paper copies
Timing of delivery of this savings will have to be managed alongside the development of the new ICT arrangements. Therefore the risks relate to effective implementation of a stable system to support electronic access to relevant papers and for elected members access and the public access to committee papers.

Outline risks associated with proposal and mitigating actions:

Risk: migrating to new infrastructure support arrangements may take longer than expected. Mitigation: taking a decision on the future of the infrastructure support arrangements as soon as possible.
Risk: changes in our infrastructure support arrangements could put at risk the stability of key systems. Mitigation: ensuring that our new infrastructure support arrangements can deal with both the new infrastructure and existing legacy infrastructure.
Risk: reducing budgets without a clear understanding of where savings are going to come from could put at risk the smooth running of key systems. Mitigation: ensuring that there is a clear plan for delivering savings from systems, supplies and contracts before proceeding

Electronic access to committee reports and ending of paper copies
Risks will be mitigated by forward planning for the roll out of the new arrangements

5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	7,947	(1,177)	6,770
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a)	500		500
	500		500
b) 17-18 savings		1,000	1,000
c) Paperless Cttees.	100		100
Total	1,100	1,000	2,100
% of Net Budget	16%	15%	31%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
10		1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Positive		
Level of impact on	**Level of impact on**	

6. Impact on Corporate priorities		
main priority – High / Medium / Low	second priority – High / Medium / Low	8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Medium		

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		Pregnancy / Maternity:	
Gender:		Marriage & Civil Partnerships:	
Age:		Sexual orientation:	
Disability:		Gender reassignment:	
Religion / Belief:		Overall:	
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			No

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Yes
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2	3				
Scale 3 – 5	10				
Sc 6 – SO2	6				
PO1 – PO5	19				
PO6 – PO8	4				
SMG 1 – 3	2				
JNC	1				
Total	45				
Gender	Female	Male			
	25	19			
Ethnicity	BME	White	Other	Not Known	
	18	21	4		
Disability	Yes	No			
	40	3			
Sexual	Known	Not known			

9. Human Resources impact					
orientation	20	23			

10. Legal implications
State any specific legal implications relating to this proposal:
TBC

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared
September 2015	Overall proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Ongoing work to review contracts, systems and supplies
November 2015	Decision on shared IT infrastructure support service to go to Scrutiny and Mayor and Cabinet
December 2015	
January 2016	
February 2016	
March 2016	
April 2016	Implementation of new infrastructure support arrangements

LEWISHAM FUTURE PROGRAMME – SAVINGS REPORT APPENDICES – SEPTEMBER 2015

APPENDIX 7 – SAVINGS PROPOSALS FOR SCRUTINY, SECTION J

Contents page

Section J: School Effectiveness

1. Savings proposal	
Proposal title:	Schools Related Services
Reference:	J2
LFP work strand:	School Effectiveness
Directorate:	Children & Young People
Head of Service:	Alan Docksey
Service/Team area:	Standards and Achievement, Education Psychology, Attendance and Welfare, Estates Management, Pupil Support
Cabinet portfolio:	Children & Young People
Scrutiny Ctte(s):	Children & Young People

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) **Schools SLAs**: **(£100k)** Introduce a 2.5% above inflation increase to the charges to schools for service level agreements.	No	No	No
b) **Attendance and Welfare: (£150k)** The proposal is to focus council spend on meeting statutory duties and increase the range of services that schools can receive if they pay.	Yes	No	No
c) **Schools Infrastructure ICT: (£118k)** Schools Strategic IT post costs to be covered by charges to schools.	No	No	No
d) **Educational Psychologists: (£5k)** Increase in charging for training to PVI sector.	No	No	No
e) **School Estates Management: (£220k)** To increase charges to schools, reduce budgets for consultancy services and management re-	No	No	Yes

2. Decision Route			
organisation.			
f) **Free School Meals Eligibility Assessment: (£17k)** A re-organisation to reduce costs of service	No	No	Yes
g) **Standards and Achievement team: (£50k)** Management re-organisation to reduce costs of service	No	No	Yes

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The services and activities being reviewed all provide support to schools in support of their responsibilities.

The Local Authority already charges for services provided to schools with an annual income of £3.3m (2015/16). The proposals set out below would increase the level of traded services by £0.4m representing 0.2% of the totality of schools' delegated budgets.

Saving proposal

a) To increase the charges to schools for all existing SLAs 2.5% above rate of inflation to raise **£100k** in 2016/17. This would better reflect the actual cost of delivering the services.

b) This proposal is to increase the proportion of **Attendance and Welfare services** traded with schools and reduce the cost of the core service. The increased income is estimated at **£150k**. While the attendance of vulnerable pupils would continue to be the subject of attendance casework centrally, schools would be charged for routine casework currently undertaken as part of the core service. Under this proposal, the AWS would better reflect the statutory duties of the LA and there would be greater clarity about the responsibilities of schools either to undertake the casework themselves or to pay for the LA to undertake it.
The current council funded budget of £498k represents a cost of £19 per pupil which benchmarks against average English spending of £12 per pupil. The budget has in last two years been reduced to move towards national and local comparators and this further saving would achieve the English average benchmark.

c) The **Schools Strategic IT** post to be covered by the DSG through charges to schools or to no longer provide the service. The post currently costs **£118k**.

d) Increase in charges for training by **Education Psychology service** to PVI child care providers raising £5k.

e) **School Estates:** Some savings have already been made through the voluntary

3. Description of service area and proposal

severance scheme releasing **£30k** not already accounted for in previous savings proposals.

It is anticipated a further efficiency of the estates team can release savings of **£190k** through greater collaboration within the Council and a reduction in provision for property consultancy fees.

f) **Free School Meals Eligibility Assessment:**
It is proposed to transfer the service to the Customer Services financial assessments team. The saving would delete the remaining GF contribution of £17k towards costs but there would still be a cost borne by the DSG. This will be achieved by the deletion of a vacant post and a change of line management.

g) **The Standards and Achievement Team** monitors the performance of schools, identifies where action is required to secure improvement and broker or provide that support to the schools requiring it. A management restructure is in process which would ensure the senior capacity required for the school improvement agenda especially for secondary schools and continue work for primary and early years while delivering savings. The re-organisation would deliver **£50k** of savings through reduction in staffing budget, with the remaining staffing/commissioning budget sufficient to meet the local authority's duties to secure improvement of schools. The reduction in staffing costs will not result in redundancies because of existing vacancies.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

General
School budgets and the dedicated schools grant have come under increasing pressure over the last few years. For 2015/16, funding allocated to schools in respect of children with special educational needs has been reduced by £2.1m to help balance the central DSG budget. The Schools Forum agreed to this change, recognising that schools had already been funded for some of these costs within their delegated budgets.

Recent publicity, nationally, has highlighted that real terms funding of schools budgets will reduce over the life of this parliament by at least 7% in real terms if the funding level per pupil stays cash frozen. Some forecasts suggest up to 12% (an analysis by the Institute of Fiscal Studies).

A 7% reduction would reduce schools' spending power across Lewisham by £17m. There are other budgetary pressures on the Dedicated Schools Grant that will need to be funded. The national rates revaluation which will take place in 2017 is expected to increase the rates bills falling to the DSG. Some of this pressure will however be eased by the continued increase in pupil numbers.

In respect of the individual proposals:
a)The increased income would represent 0.2% of the delegated budgets of schools so the impact on both take up of services and on schools budgets will be minimal.
b) There is a risk that if schools do not buy in to this, that children who have some vulnerabilities and who are not in school may be missed. However the LA's 'missing from education' procedures should mitigate this. If the service is not successful in

4. Impact and risks of proposal
securing buy back from schools, there is a risk that up to 3 FTE staff may need to be made redundant. c) Schools not buying the Strategic IT service may make poorer decisions on renewal of their IT infrastructure and equipment. d)The increase in training charges by EPS will not have a significant impact over 120 child care providers in the borough e) There will be a reduced capacity to respond to major incidents across the schools estate that no one individual school could manage on its own. f) It should be possible to maintain the free school meals eligibility service with the budget reduction of £17k g) There will be reduction in support to schools which are good and outstanding, with a greater expectation that they are sustained and improved through school to school support.
Outline risks associated with proposal and mitigating actions:
General It is likely that there will come a point when schools feel the increased charges through SLAs will result in them having to purchase fewer services, a reduced level of support or reducing expenditure on other services in support of pupils' education. This will make the traded services much more sensitive to price increases than has been the case in the past. In order to mitigate the likelihood of the increased levels of income failing to be achieved there will be consultation with schools forum on the proposals with the opportunity to influence the final shape of the proposals for the services to be charged for and the value of charges. Other mitigation for each specific proposal is set out below: a) Consultation with schools forum b) There is a need to ensure that schools have robust systems in place to identify vulnerable children and refer to the appropriate agencies. c) Promotion of the IT goods and services framework contract negotiated by the Council for schools d) n/a e) Closer alignment of service with corporate property services and wider spread of expertise to draw upon. f) There is a need to ensure that the close working with the free entitlement Child care provision team to ensure national objectives are being delivered. The implementation of IT solutions for the application process should assist this. g) None significant

5. Financial information			
Controllable budget: General Fund	**Spend £'000**	**Income £'000**	**Net Budget £'000**
	5,844	(3,670)	2,174
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Schools SLAs	100		100
b) Attendance and Welfare	150		150
c) Schools Infrastructure ICT	60	58	118
d) Educational Psychologists	5		5
e) School Estates Management	220		220
f) Free School Meals Eligibility Assessment	17		17
g) Standards and Achievement team	50		50
Total	602	58	660
% of Net GF Budget	28%	2%	30%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	Yes	No
If impact on DSG or HRA describe:	The DSG provides additional support to these services £634k.		

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
2	**10**	
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Neutral	**Positive**	
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
Low	**Low**	

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	No Specific Impact
	If impacting one or more wards specifically – which?
	N/A

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		**Pregnancy / Maternity:**	N/A
Gender:		**Marriage & Civil Partnerships:**	N/A
Age:		**Sexual orientation:**	
Disability:		**Gender reassignment:**	
Religion / Belief:		**Overall:**	N/A
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			No

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	Other than deletion of vacant posts - No

10. Legal implications
State any specific legal implications relating to this proposal:
Section 443 of the Education Act 1996 requires local authorities to make arrangements to enable them to establish (as far as possible) the identity of children in their area who are not receiving a suitable education. Section 444 imposes a statutory responsibility of local authorities to ensure that parents fulfil their legal duty that children of compulsory school age receive suitable, efficient full-time education either by regularly attending school or otherwise. Section 446 of the Education Act 1996 requires that proceedings for offences under sections 443 or 444 can only be instituted by a local authority. The local authority is statutorily required to ensure that its education and training functions are exercised with a view to promoting high standards, fulfilment of potential and fair access to opportunity for education and training. The proposals have to be consistent with the local authorities ability to meet its statutory responsibilities.

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations with Schools Forum 1 October 2015
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review

11. Summary timetable	
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented
April 2016	

LEWISHAM FUTURE PROGRAMME – SAVINGS REPORT APPENDICES – SEPTEMBER 2015

APPENDIX 8 – SAVINGS PROPOSALS FOR SCRUTINY, SECTION K

Contents page

Section K: Drugs and Alcohol Service

1. Savings proposal	
Proposal title:	Public Health – Drug and Alcohol Services
Reference:	K4
LFP work strand:	Crime reduction/ Drug and Alcohol Services
Directorate:	Community Services
Head of Service:	Danny Ruta / Geeta Subramaniam-Mooney
Service/Team area:	Public Health
Cabinet portfolio:	Community Safety and Equalities
Scrutiny Ctte(s):	Healthier Communities / Safer Stronger Communities

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) reduction in budget across a range of services	Yes	No	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

LB Lewisham currently delivers and commissions a range of services to meet the needs of those with a drug and/or alcohol problem and to reduce harm to society as a whole.

The service works to align with the ambition of Public Health England (PHE) to reduce health inequalities and the Government's Drug and Alcohol Strategies to increase the number of individuals recovering from addiction. It works to reduce drug and alcohol related offending as it is well demonstrated that cessation of drug use reduces re-offending significantly. This in turn will have benefits to a range of wider services and will help reduce harm in local communities.

The National Drug Strategy 2010 puts a key focus on recovery. Whilst recognising that recovering from dependent substance misuse is an individual person-centred journey, there are high aspirations for increasing recovery outcomes. Drug and alcohol recovery systems are increasingly being geared towards the achievement of the following outcomes:

- Freedom from dependence on drugs or alcohol
- Prevention of drug related deaths and blood borne viruses
- A reduction in crime and re-offending
- Sustained employment
- The ability to access and sustain suitable accommodation
- Improvement in mental and physical health and wellbeing
- Improved relationships with family members, partners and friends
- The capacity to be an effective and caring parent

Saving proposal

An overall saving of £390,000 will be delivered by 2017/18 through a combination of demand management and service reductions.

In 2016/17 £50,000 saving will be delivered through reducing the length of time that

3. Description of service area and proposal

methadone (Heroin substitute) is prescribed for consumption under supervision and the reducing costs related to needle exchange provision. The supervision of methadone consumption is designed to reduce risk of overdose and promote recovery but it is considered possible to reduce costs through greater monitoring and personalised prescriptions rather than a standard 12 week prescription.

The remaining £340,000 will be delivered by March 2017 through the re-procurement of the main drug and alcohol service (currently provided through CRI) and through greater use of community rehabilitation (rather than expensive residential services).

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

The overall reduction of investment may lead to the introduction waiting time for services. This is due to the cumulative effect of year on year funding reductions since 2012.

The reduction in capacity may also mean that drug and alcohol services are less able to respond to specific requests from the council and partners e.g. the provision of outreach services to drug/alcohol hotspots e.g. street drinking areas.

Outline risks associated with proposal and mitigating actions:

If people are unable to access treatment for their drug and/or alcohol problems it is likely to lead them to continue to engage in harmful and/or illegal activity.

This will impact on their health and may lead to increased levels of crime and anti-social behaviour.

These potential impacts will be mitigated through a focus on triaging patients to ensure those with most acute need have rapid access to services and through working with GP surgeries to focus on universally delivered preventative services.

5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	4,903	(511)	4,392
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a)	50	340	390
Total	50	340	390
% of Net Budget	1%	8%	9%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:	n/a		

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
9	**4**	
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Negative	**Negative**	
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
Medium	**Medium**	

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	No Specific Impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	H	**Pregnancy / Maternity:**	L
Gender:	H	**Marriage & Civil Partnerships:**	
Age:	H	**Sexual orientation:**	
Disability:	NA	**Gender reassignment:**	
Religion / Belief:	NA	**Overall:**	H
For any High impact service equality areas please explain why and what mitigations are proposed:			
Men are over-represented within the Lewisham treatment system, as are those from a white background and those aged between 25 and 50 so these groups are likely to be disproportionately affected by any changes in the treatment system. An EAA will be required as part of the procurement of the new services and a full report to Mayor and Cabinet will detail the actions undertaken to reduce these impacts as far as possible.			
Is a full service equalities impact assessment required: Yes / No			Yes

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

10. Legal implications
State any specific legal implications relating to this proposal:
All services are delivered via contracts which will require decommissioning/ recommissioning, reductions, negotiations

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	£50,000 savings implemented
May 2016	Tender process for new services begin
October 2016	Mayor and Cabinet report seeking permission for letting of the new contracts
March 2017	£340,000 savings implemented

LEWISHAM FUTURE PROGRAMME – SAVINGS REPORT APPENDICES – SEPTEMBER 2015

APPENDIX 9 – SAVINGS PROPOSALS FOR SCRUTINY, SECTION L

Contents page

Section L: Culture and Community Services

1. Savings proposal	
Proposal title:	Main grant funding to the voluntary sector
Reference:	L5
LFP work strand:	Culture and Community Services
Directorate:	Community Services
Head of Service:	Liz Dart/James Lee (job share)
Service/Team area:	Culture and Community Development
Cabinet portfolio:	Third Sector & Community
Scrutiny Ctte(s):	Safer Stronger Communities

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Reduction in main grant funding to the voluntary sector	Yes	No	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

a) Reduction in main grant funding to the voluntary sector

LB Lewisham currently provides £3.9m in annual grant funding to the voluntary sector to deliver a range of services and activities.

The funding is currently provided to 65 organisations and covers a range of provision including information and advice (e.g. Citizens Advice Bureau, 170 Project), Community development and support (e.g. Community Connections, Lee Green Lives), Arts and Cultural services (e.g. the Albany, Lewisham Youth Theatre), services for vulnerable people (e.g. Deptford Reach, Mencap) and Sports Development (e.g. Lewisham Thunder, Saxon Crown Swimming Club).

Saving proposal

Reduction in main grant funding to the voluntary sector

Reduces the level of funding available by £1,000,000 from 1 April 2017. This is the final year of the current main grants programme and will require the reduction/removal of funding from a range of organisations currently receiving funding.

A full consultation will be required due to the terms of the Compact and commitments made during the letting of the current grants programme.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

Reduction in main grant funding to the voluntary sector

A reduction in funding for local organisations will reduce direct service provision as the

4. Impact and risks of proposal

vast majority of this funding goes directly into frontline delivery.

The impact of this reduction will depend on how the cut is allocated e.g. it could be pro-rata across all groups or focused on a particular sector (e.g. Arts or Advice). This decision will need to be informed by consultation. It also needs to be considered that some activity could not easily absorb a pro-rata cut (i.e. the funding pays for a single post and would not be sustainable if reduced by 20%).

A high profile consultation is likely to generate considerable public interest and significant lobbying of local members and MPs.

5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
Main Grants	3,900	0	3,900
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Reduction in main grant funding to the voluntary sector	0	1,000	1,000
Total	0	1,000	1,000
% of Net Budget	0%	26%	26%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities

Main priority	Second priority
1	**8**
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**
Negative	**Negative**
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**
High	**Medium**

Corporate priorities

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

7. Ward impact

Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	Possible specific impact in one or more
	If impacting one or more wards specifically – which?
	Reduction in grant funding to the voluntary sector

7. Ward impact	
	The exact impact will depend on the groups that are affected. This would only be determined following consultation.

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	NA	**Pregnancy / Maternity:**	NA
Gender:	NA	**Marriage & Civil Partnerships:**	NA
Age:	High	**Sexual orientation:**	NA
Disability:	High	**Gender reassignment:**	NA
Religion / Belief:	NA	**Overall:**	
For any High impact service equality areas please explain why and what mitigations are proposed:			
It is not possible to fully assess the impact of the savings ahead of the consultation on the grants programme as the impact will depend entirely on which groups are identified to lose to funding. However, given the profile of the currently funded groups it is likely that older people and those with disabilities will be negatively affected by this reduction in funding.			
Is a full service equalities impact assessment required:			Yes

9. Human Resources impact	
Will this saving proposal have an impact on employees:	No

10. Legal implications
State any specific legal implications relating to this proposal:
TBC

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
February 2016	Transition work ongoing and budget set 24 February
April 2016	Begin full public consultation on Grants reductions

11. Summary timetable	
July 2016	Report on outcome of Grants consultation
October 2016	Detailed proposals on Grants reductions to Mayor and Cabinet
March 2017	Savings implemented

1. Savings proposal	
Proposal title:	Library & Information Service
Reference:	L6
LFP work strand:	Culture and Community Services
Directorate:	Community Services
Head of Service:	Liz Dart
Service/Team area:	Library & Information Service
Cabinet portfolio:	Health, Wellbeing and Older People
Scrutiny Ctte(s):	Safer Stronger Communities

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
Library & Information Service	Yes	Yes	Yes

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

Library & Information Service

The Service delivers the Local Authority's statutory duties under the Public Library and Museums Act 1964, to deliver a "comprehensive and efficient" library service to the residents of Lewisham.

The Service operates from 7 buildings that the council manage and staff, and from 6 buildings that the council does not manage or staff (Community Libraries). The latter buildings operate through a self-service solution remotely managed by the Service, a Community Engagement Team, and the support of Community Organisations that signed up to "promoting books and reading" in 2011.
The Community Engagement Team also includes the Home Library Service that serves residents who cannot visit a library building. The Service also includes the Archives and the Local History Service.

Beyond traditional services – borrowing of books, reading promotions, information services – libraries provide room hire, computers and apple macs, wifi, digital content (newspapers, magazines, reference material), eAdmissions, parking permits, and registrar services.

Saving proposal

Library & Information Service

The proposal which is more fully described in the draft consultation paper for Lewisham Libraries is based on the following:

1. creation of three Hub Libraries – Deptford Lounge, Lewisham and Downham Health & Leisure Centre – which will carry an enhanced role for face to face contact between the Local Authority and the public to support the digital by default agenda..
2. the extension of the Lewisham Community Library Model to Forest Hill, Torridon, and Manor House, in partnership with other council services and community

3. Description of service area and proposal

organisations. And the integration of the library provision into the repurposed ground floor space within the Catford complex (Laurence House).

3. the regrading of front line staff to include new functions through the re-training and enhancement of front line roles.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

Library & Information Service

1. Service Users
   The proposal may result in a negative impact for some residents where services at their local library may change. However, new community partnerships may bring new services that do not currently exist to the affected neighbourhoods.
2. Partners
   The proposal brings opportunities to develop new partnerships for the library service and will provide partner organisations with access to new premises and additional service users.
3. Other Council Services
   The review of staff functions may have an impact on colleagues and the delivery of their services, e.g. eAdmissions, parking services, registrar etc.
4. Staff
   There will be a full staff reorganisation and some staff will be made redundant

Outline risks associated with proposal and mitigating actions:

1. The Local Authority may be challenged by DCMS and ACE to demonstrate how it will continue to provide the statutory "comprehensive and efficient" library service to residents.
   Lewisham has run the Community Library Model since May 2011. The model is both replicable and scalable. It can be argued that the extension of the model will in fact enhance the service overall by extending opening hours at the largest branches while maintaining a library offer at the new Community Libraries.

2. The Local Authority may face legal challenges from local residents and library campaigners. The council will ensure that the decision making process is sound and that adequate consultation has taken place.

3. There is a risk that suitable partner organisations cannot be identified. The service will be flexible and adaptable in looking for partners in order to give the greatest chance of success.

4. The proposal will be challenged by staff at risk of redundancy. The council's Managing Change Policy will be followed to ensure that staff are fully consulted and treated fairly and in accordance with the council's HR policies.

5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	4,772	(552)	4,220
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**

5. Financial information			
LIS – Employee costs	400	400	800
LIS – Supplies and Services	0	100	100
LIS – Other efficiencies	0	50	50
Deptford Lounge – efficiencies	0	50	50
Total	400	600	1,000
% of Net Budget	9%	15%	24%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
9	**1**	
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Neutral	**Positive**	
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
Low	**Medium**	

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	Forest Hill, Rushey Green, Catford South and Lee Green
	If impacting one or more wards specifically – which?
	Library & Information Service The impact is borough wide, with more acute initial impact in the wards where a library is proposed to be changed to a community library.

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Low	**Pregnancy / Maternity:**	Low
Gender:	Low	**Marriage & Civil Partnerships:**	Low
Age:	Low	**Sexual orientation:**	Low
Disability:	Low	**Gender reassignment:**	Low
Religion / Belief:	Low	**Overall:**	Low
For any High impact service equality areas please explain why and what mitigations are proposed:			

8. Service equalities impact	
Is a full service equalities impact assessment required: Yes / No	Yes

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					TBC
Workforce profile:					
Posts	**Headcount in post**	**FTE in post**	**Establishment posts**	**Vacant**	
				Agency / Interim cover	**Not covered**
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2					
PO1 – PO5					
PO6 – PO8					
SMG 1 – 3					
JNC					
Total					
Gender	**Female**	**Male**			
Ethnicity	**BME**	**White**	**Other**	**Not Known**	
Disability	**Yes**	**No**			
Sexual orientation	**Known**	**Not known**			

10. Legal implications
State any specific legal implications relating to this proposal:
See Point 4 (Impacts and Risks)

11. Summary timetable		
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:		
Month	**Activity**	
August 2015	Draft strategy for library consultation.	
September 2015	Presentation of this paper and strategy to SSSC. Consultation starts with public meeting and presentation of the strategy and consultation vehicles	Proposal presented to library staff
October 2015	Soft market test for partner organisations for buildings	

11. Summary timetable		
	proposed to move to Community Library model	
November 2015	Public consultation ends	
December 2015	Result of Consultation and Market Test to SSSC	
January 2016	Ratification of strategy and mandate to tender to Mayor & Cabinet	Staff consultation starts
February 2016	Tender documents issued	
March 2016		
April 2016	Results of tender	Staff consultation ends
May 2016	Partners appointed	Recruitment
June 2016		
July 2016	Mobilisation	Reorganisation implemented
August 2016	New model implemented	
September 2016		
October 2016		

DRAFT

London Borough of Lewisham

Consultation: Proposed changes to Library and Information Service

September 2015

Libraries and Information Service
2nd Floor, Laurence House
1 Catford Road, London SE6 4RU
library.consultation@lewisham.gov.uk

Part 1 – About this Consultation

Topic of this consultation

1. This consultation is asking for your views on a proposal, outlined in this paper, to change the way in which the council provides library services.

Audience

2. The consultation is aimed at Lewisham residents whether current library users or not. We are also interested in hearing from other organisations that may be impacted by our proposed changes.

Duration

3. The consultation will be open from 1 October 2015 until 12 November 2015, this is the deadline for responses.

How to Respond

4. There are several ways to respond to this consultation:
   - By e-mail to: library.consultation@lewisham.gov.uk
   - By post to: Libraries and Information Service 2nd Floor, Laurence House, 1 Catford Road, London SE6 4RU
   - By attending a consultation meeting

There will be consultation meetings on:

Date	Time	Location
		To be announced
		To be announced
		To be announced
		To be announced
		To be announced

After the Consultation

5. Once the consultation has closed all responses will be considered and a summary of responses will be included in a report going to the meeting of Mayor and Cabinet on 9 December 2015. This report will seek a decision on the future plan for library services and approval to proceed with implementation.

Part 2 – Background

Background

6. Lewisham believes in the fundamental role that the public library service and the library buildings play as a bridge between the local authority and its residents, as public spaces that encourage communities to get together, and as portals to information, learning, and culture.

7. In the period 2010 to 2015 the council made savings of over £120 million. The council needs to identify a further £45million savings over the next 2 years to 2017/18. For this reason the council has been undertaking a fundamental review of all its budgets, including the Library and Information Service.

2014 – 2015

- Over 2,115,000 visits
  41.2% higher than in 2004-05
- Over 764,000 issues
  39.3% less than in 2004-05
- Libraries open 34,814 hours per year
  60% higher than in 2004-05
- 5 libraries open on Sundays
- 82,445 residents (29%) are active users
  62% more than in 2004-05
- Lewisham gifts books to 100% of under 5s
- Libraries cost £1.07 /month per resident

Budget	Budget 2015-2016	Net Exp
Expenditure		
Employees	£3,105,800	79.7%
Premises	£100,500	2.7%
Transport	£23,000	0.6%
Supplies & Services	£666,500	18.2%
Gross Expenditure	**£3,895,800**	
Gross Income	-£237,700	
Net Expenditure	**£3,658,100**	

8. The Lewisham Library and Information Service is one of the most successful library services in London and has often performed against national trends, attracting increasing numbers of users, extending both opening hours and geographical reach, and presenting a unique and successful way of engaging with local communities.

9. The service operates through 7 buildings that the council owns and manages (Catford, Deptford, Downham, Forest Hill, Lewisham, Manor House and Torridon Road) and through 6 buildings that are owned and/or managed by third-sector organisations (Blackheath, Crofton Park, Grove Park, New Cross, Sydenham, and Pepys).
   In the buildings that are run by others, the service is run on a peripatetic basis, fundamentally relying on a self-service infrastructure. The Lewisham Model is different from other “community library” solutions in that the council owns and manages the stock and the systems that allow residents to access the library service.
   The library service that is delivered in partnership with the community libraries is therefore fully integrated with the rest of the service.
   The service also includes the Home Library Service that supports residents who cannot visit a library building, the Archives, and the Local History Service

10. Beyond traditional services such as borrowing of books, reading promotions, information services, the Library & Information Service provides room hire, access to computers and Apple Macs, Wi-Fi, a vast collection of digital content (newspapers, magazines, reference material), and support to eAdmissions, parking permits, and registrar services.

Rationale for changing the library service

11. The Mayoral Commission on Libraries and Adult Learning that was published in 2009 set some principles that hold true today. Mainly they define this statutory service as the one that offers “unbiased access to information and works of the creative imagination” and one that relies on open, trusted, public spaces available to citizens. From this, two concepts are critical to interpret the function of the service:
    a) the first pertains to the public library “service”. This is the function that interprets the right – enshrined in law – to access books (and other services) free at the point of use. The way in which this is delivered should be “comprehensive and efficient” to satisfy the law governing the service.
    b) the second pertains to the public library “space”, the buildings that are interpreted and experienced as libraries by the public. These play a critical role in people’s lives.

12. Lewisham’s approach to the delivery of Library and Information Services embraces these principles, and the changes to the service implemented in 2011 with the introduction of community libraries were shaped by them.

13. Among others, there are now three compelling drivers that require the service to take the changes further:
    a) The expectation of 24/7 online service provision
    b) The need to sustain quality and reach, while serving a growing and changing population
    c) The continued pressure on the council to reduce expenditure.

14. <u>Online service provision</u>
    Our lives are increasingly reliant on web-based resources and services that are available 24/7. The council itself, responding to changing customer behaviours and expectations, is increasingly moving services online.
    However, there is a clear recognition both in the value of face to face interaction and in the need to provide for those who – for whatever reason – may feel the need to seek support in accessing or interpreting online resources.

15. Library staff are particularly skilled in providing this support. Since the late 90s public libraries have offered free access to computers, training, and support for information seekers, learners, and more. Lewisham libraries are at the forefront of this provision, offering PCs, Apple Macs, Wi-Fi, and online collections of reference materials, eBooks, eAudio books, substantial collections of online magazines and newspapers, and Access to Research papers.

16. In developing proposals for the future delivery of the service it is important to maintain the service ability to expand the digital presence and equip staff with even better skills to support the move to digital in years to come.

17. <u>Changing demographics</u>
    Lewisham’s resident population is due to grow steadily. For this reason, the Library and Information Service has increased its geographical reach through a Community Engagement Team, the increase in number of venues where library services can be accessed from, and the investment in digital resources. Indeed, the Service is working to develop a new and additional library presence in the Ladywell Pop-Up development. In developing proposals for the future delivery of the service it is important to build on this success.

18. Budget Pressures
The library service has been asked to identify savings of £1million to contribute to the minimum requirement of £45million that the council needs to find over the next 2 financial years. For this reason when developing proposals for the future delivery of the service it is important to substantially reduce the net expenditure budget.

Part 3 – Possible Options

19. In considering how to deliver the Library and Information Service in the future, the council has looked at a number of options:

20. **We could outsource the service and commission a third party to deliver the service** – tender the delivery of library and information services and seek a third party to run the service on a contract basis. For options linked to this approach please look at the FAQ.

Pros: A tried and tested option that other Local Authorities have adopted. A new external provider could bring new skills and capacity to the service.

Cons: This approach alone is unlikely to deliver the scale of savings required as staff costs would be transferred to the new provider as part of TUPE legislation. The ability for the service to operate as the main interface between the council and residents, supporting the digital by default agenda, may be compromised.

Given the uncertainty of the level of saving that this approach could deliver and the compromise in terms of links to the digital by default agenda, this option has been dismissed.

21. **We could reduce the opening hours of libraries or close some branches** – look at reducing costs through operating from less buildings and/or reducing opening hours.

Pros: Could deliver the required level of saving.

Cons: This option is not in line with the principles of the 2009 Mayoral Commission and would not sustain the service reach or enhance its capacity to support the digital by default agenda.

Whilst this option could deliver the required level of saving it does not meet the proposed principles and other drivers for change described in Section 2 of this paper and this option has been dismissed.

22. **We could further extend the Lewisham Model, building on the success of the community libraries** – the proposal would be to extend the model by:

a. Establishing three hub libraries at Deptford Lounge, Lewisham and Downham Health and Leisure Centre. These hubs would carry an enhanced role for face to face contact between the Local Authority and the public, while supporting the digital by default agenda. A reorganisation of the staff and new roles would deliver increased opening hours, allowing the three hubs to be open 85 hours per week each, taking Lewisham and Downham to the level of Deptford.
These three libraries are the most popular with very large numbers of visitors every month.

b. Extending the Lewisham Community Library Model to Forest Hill, Torridon Road and Manor House and integrating the library provision into a repurposed ground floor space within the Catford Complex at Laurence House.
These would become self service libraries and would operate in a very similar way to the current community libraries. There would be a full staff reorganisation of the service and library staff would be withdrawn from these buildings prior to the move to the community library model.
Potential partner organisations will be asked to express an interest in occupying Forest Hill, Manor House and Torridon Road library buildings on the basis that they work with the service to support the continued provision of library services as well as providing other community benefits.
In Catford a self service library provision will be supported by the other council staff that operate from the ground floor.

Pros: This approach would deliver the required £1M savings through a reduction of £800k to staff salaries budget, £150k from contract efficiencies in the service, and £50k efficiencies from the Deptford Lounge premises budget.
This approach safeguards the fundamental principles that the Mayoral Commission identified for the library service while continuing to deliver cost effective, quality library services to Lewisham residents and supporting the digital by default agenda.

Cons: The proposal is reliant on identifying suitable partner organisations for three buildings.
The service offer at the four self service libraries will change, although this may be mitigated by new services provided by the partner organisations.

On balance we believe that extending the Lewisham Library Model is the best way to continue to provide a comprehensive and efficient library service within reducing resources, and it is upon this approach that we seek your views.

Part 4 – Key Dates

23. Key dates:

1 October 2015	Consultation opens
12 November 2015	Consultation closes
30 November 2015	Outcome of consultation considered by Safer Stronger Select Committee
9 December 2015	Outcome of consultation reported to Mayor and Cabinet and decision sought on future approach for the service.
January 2016	Implementation of new approach commences including staff consultation and tendering for partner organisations.
August 2016	New approach fully implemented.

Part 5 – Consultation Questions

24. We are happy to receive responses to this consultation in any format and we are particularly keen to hear your views on the following:

    a. The council is committed to delivering a comprehensive and efficient library service that moves with the times. Our rationale for continuing to develop this is laid out in paragraphs 11 – 18 above.
    Do you agree that developing the public library service is important?
    Is there anything missing from the rationale?

    b. Within this document you can see that we have described and then dismissed two approaches (paragraphs 20 and 21 above).
    Do you agree with our reasoning?
    Are there any other options that we should have considered?

    c. We are undertaking an equalities assessment of the proposed methodology.
    Do you feel that the proposed changes would have a negative or positive impact on Lewisham residents on the basis of their race, gender, faith/religious belief, disability, age, sexual orientation, gender assignment or marital status?
    Please provide comments on the impact you feel the proposed methodology could have, which groups you feel may be affected and any action you feel we could take to mitigate any potentially negative impact.

    d. Do you have any other views on the content of this consultation paper, not covered above?

Part 6 – Frequently Asked Questions

25. Is Lewisham closing four libraries?
No. The suggested approach which is the object of this consultation – described in paragraph 22 – is based on the four library buildings continuing to provide library services, but on the basis of the existing Community Libraries.

26. What will happen to my library?

Deptford Lounge
Very little will change at the Lounge, which is still the most successful library in Lewisham.

Lewisham
Opening hours will increase to match Deptford Lounge.
The proposal will also require some improvements to the building, including the lift and other minor adjustments.

Downham
Opening hours will increase to match Deptford Lounge.

Catford
The library space will operate on a self-service basis, while other council services are integrated across the whole ground floor of Laurence House. The integration work will be developed with Lewisham's Customer Services department.

Forest Hill, Manor House, and Torridon Road
A soft market test will seek partners willing to manage the space while supporting the provision of library services in the building.
We would expect the opening hours to remain unchanged and the floor space of the library may reduce where other activities are being developed by the partner organisation. The partners are likely to be different to reflect the different potential uses of the three sites.

27. Blackheath, Crofton Park, Grove Park, Sydenham, and New Cross
The existing community libraries will continue to operate as at present.

28. How do Community Libraries work in Lewisham?
The Community Library is a service delivered in partnership with others in buildings that used to be wholly managed by the council or in buildings owned outright by the partner organisation.
The council is responsible for buying the books, maintaining the stock, providing self-service terminals, for organising reading events, and for supporting the partner organisation with training.
Residents can still join the library service, reserve a book, borrow and return books, ask for information, and more.

29. What will happen to library staff?
There will be a full reorganisation of the service with the introduction of new, enhanced front line roles. This will see a reduction to the number of library staff. The reorganisation will be based on all remaining staff being moved to the hub libraries before the proposed extension of the community library model to the four buildings.

30. What options are there to outsource the library service?
These depend very much on the drivers that inform the choice to outsource. What follows is not an exhaustive list, but may offer a few examples of what is possible.

a. If the driver for shared services is **securing significant staff engagement** in the ownership, leadership, and design of the library service an **employee owned social enterprise** may be the way forward.

b. If the driver is securing **direct library user engagement** in the leadership, design, and delivery of the service a **mutual or co-operative** model may be appropriate.

c. If the driver is achieving commercial financial discipline and a **business focus** a **local authority trading company** may be appropriate. (Essex / Slough)

d. If the driver is **managing and developing libraries as community assets over the long term** a **charitable trust** may be appropriate (Wigan, Salford, Luton, Greenwich, although these are leisure trusts that also run libraries).

e. If the driver is **transferring risk and decision-making** to the private sector, (joint) procurement of an **independent provider** may be appropriate (e.g. Wandsworth/Croydon, Bexley/Bromley).

f. If the driver is **securing economies of scale** in management and service delivery **cross-borough collaboration** may be appropriate.

It would be possible to consider any of the above at a future date for the newly reconfigured service.

1. Savings proposal	
Proposal title:	Leisure Services
Reference:	L7
LFP work strand:	Culture and Community Services
Directorate:	Community Services
Head of Service:	Liz Dart/James Lee (job share)
Service/Team area:	Culture and Community Development
Cabinet portfolio:	Health, Wellbeing and Older People
Scrutiny Ctte(s):	Safer Stronger Communities

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
Change in contractual arrangements relating the leisure services	Yes	Yes	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

Change in contractual arrangements relating the leisure services

LB Lewisham currently contract with two providers, Fusion and 1 Life, to deliver leisure services within council owned facilities.

Fusion operate 9 sites across the borough including 6 leisure centres, 1 athletics track, 1 playing field and 1 school sports facility while 1 Life deliver services from the PFI Health and Leisure Centre in Downham. See full details and locations in section 8.

The Fusion contract commenced on 15 October 2011 with immediate transfer of The Bridge Leisure Centre, Ladywell Arena, Ladywell Leisure Centre and Wavelengths Leisure Centre. The contract length is 15 years.

In addition to these leisure centres, previously managed by Parkwood Leisure, the contract has since included the new centre on Loampit Vale (Glass Mill), Forest Hill Pools, Forest Hill School Sports Centre and the Warren Avenue playing fields. Bellingham Leisure and Lifestyles Centre finally transferred to Fusion 1st February 2014 when GLL pulled out of the contract to run the centre.

Downham Health & Leisure Centre opened in March 2007, and is managed by 1Life operating through an Industrial and Provident Society (IPS) or trust, Downham Lifestyles Limited. 1Life have a 32 year contract through a PFI.

Saving proposal

Change in contractual arrangements relating the leisure services

This will give the leisure operators more freedom in the delivery of services in return for the reduction in subsidy to the contract and, where possible, the paying of a fee. This is likely to include the granting of ‘long-lease’ arrangements.

3. Description of service area and proposal

The ability to generate savings in this way is limited by a number of factors including the PFI arrangement at Downham and the position/condition of several of the sites in the leisure portfolio.

The budget remaining following the reduction will cover the costs of the PFI at Downham and major landlord liabilities.

The overall examination of the leisure provision in line with a range of related services such as parks, physical activity programmes, sports grants etc may lead to a more effective and joined up service offer across the borough. This could include some of the sites being removed from the Fusion contract and dealt with on a stand-alone basis or as part of a broader approach to parks, leisure services and local sports clubs.

NB – a separate savings proposal within Public Health suggests the ending of free swimming provision.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

Change in contractual arrangements relating the leisure services

LBL's ability to dictate terms in relation to the day to day operation of leisure services will be reduced.

This may lead to price increases across sites (although this is likely to be limited by market forces/demographics), limited concession rates, changes in leisure programmes (e.g. the loss of less marketable classes) and less favourable terms for local clubs using the facilities.

Less accessible/affordable leisure provision is likely to impact on a range of Public Health outcomes including obesity levels, prevalence of diabetes/COPD etc although this is very difficult to quantify.

5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
Leisure services	3,852	(1,664)	2,188
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
Change in contractual arrangements relating the leisure services	0	1,000	1,000
Total	0	1,000	1,000
% of Net Budget	0%	46%	46%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or			

5. Financial information	
HRA describe:	

6. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
9	3	
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Negative	Neutral	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
High	Low	

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	If impacting one or more wards specifically – which?
	Change in contractual arrangements relating the leisure services While the impact is borough wide it is likely to be felt most acutely in the wards were there are currently leisure facilities which may be subject to change. Bellingham - Bellingham Leisure & Lifestyle Centre Downham - Downham Health and Leisure Centre Forest Hill - Forest Hill Pools Perry Vale - Forest Hill School Sports Centre Lewisham Central - Glass Mill Leisure Centre Rushey Green - Ladywell Arena Bellingham - Lewisham Indoor Bowls Centre Bellingham - The Bridge Leisure Centre New Cross - Wavelengths Leisure Centre Outside of Borough/Downham - Warren Avenue Playing Fields

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	NA	Pregnancy / Maternity:	NA
Gender:	NA	Marriage & Civil Partnerships:	NA
Age:	Medium	Sexual orientation:	NA

8. Service equalities impact			
Disability:	Medium	**Gender reassignment:**	NA
Religion / Belief:	NA	**Overall:**	NA
For any High impact service equality areas please explain why and what mitigations are proposed:			
It is difficult to fully assess the impact of the proposals as it will depend on the final offer which will be determined following the conclusion of current contract negotiations and possible tender activity. However, given that the savings are likely to limit the level of subsidy available for certain groups it is anticipated that people at either end of the age spectrum (i.e. those least able to pay full price for activities) and those with disabilities (for whom specialist classes may not be financial viable) are likely to be adversely affected.			
Is a full service equalities impact assessment required:			Yes

9. Human Resources impact	
Will this saving proposal have an impact on employees:	No

10. Legal implications
State any specific legal implications relating to this proposal:
TBC

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Detailed contractual negotiations related to leisure contracts begin
February 2016	Transition work ongoing and budget set 24 February
March 2016	Begin leisure procurement exercise (if required)
April 2016	Begin full public consultation on proposals (if required)
July 2016	Report on outcome of consultation (if required)
October 2016	Detailed proposals on new leisure contracts to Mayor and Cabinet
March 2017	Savings implemented

LEWISHAM FUTURE PROGRAMME – SAVINGS REPORT APPENDICES – SEPTEMBER 2015

APPENDIX 10 – SAVINGS PROPOSALS FOR SCRUTINY, SECTION M

Contents page

Section M: Housing and non HRA funded services

1. Savings proposal	
Proposal title:	Housing Services: Strategy and Development
Reference:	M2
LFP work strand:	Strategic Housing
Directorate:	Customer Services
Head of Service:	Genevieve Macklin
Service/Team area:	Housing Strategy & Programmes; Housing Needs
Cabinet portfolio:	Housing
Scrutiny Ctte(s):	Housing

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Review of funding streams across housing strategy, development and partnership functions	No	No	Yes
b) Reduction in premises costs	No	No	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The Housing Strategy and Programmes team co-ordinates the Council's strategic housing partnerships; enables affordable housing development among housing association partners; clients the Council's housing management contracts with Lewisham Homes and Regenter B3; programme manages the new-build housing programmes delivered by Lewisham Homes and other partners; leads on larger housing-led regeneration programmes.

The Housing Needs team leads on homelessness assessment and prevention, across both families and single homeless client groups; manages temporary accommodation and allocations and moves of homeless families within that accommodation; manages the allocation of social housing across the borough including the administration of Homesearch.

Saving proposal

a) To review the funding arrangements for the staffing element of the Strategy and Programmes team budget. The team was restructured in September 2014, in light of major strategic changes including the demand for new home building and reforms to the HRA. Since that time the work of the team has focussed to very large extent on large-scale capital programmes, as well as supporting new affordable housing delivery among partners. As a result it is now proposed to review the funding of the team, specifically looking at the contribution made to staffing costs made by the capital projects that the team leads on. In addition further savings may be enabled by funding specific staff from other funding streams, including the Housing Revenue Account and S106 funds

3. Description of service area and proposal

b) To make savings on premises costs by reducing the number of buildings used to provide services. As a result of smarter working and the co-location of staff the Single Homelessness Intervention Project (SHIP) no longer needs a separate operational base at Winslade Way, and instead is able to operate out of Eros House with other housing services.

c)

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

a) There will be no impact from this proposal for service users, staff or other council services. The number of posts will remain the same, and the focus of the team will remain the same. The change simply relates to the funding streams used to meet the salary budget.

b) This change has already taken place. Service users still have access to front line services, although these are in a different location. There are positive operational benefits from co-locating housing services in Eros House and not having a "satellite" office located away from other services.

Outline risks associated with proposal and mitigating actions:

As above, there are no negative impacts from this proposal, other that the need for SHIP service users to access front line services at a different location, however this change has already been made and there have been no negative impacts reported.

5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
General Fund (GF)	22,909	(19,072)	3,837
HRA	914		
DSG			
Health			
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Review of funding streams across housing strategy, development and partnership functions	140	0	140
b) Reduction in premises costs	60	0	60
Total	200	0	200
% of Net Budget	5%	0%	5%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	Yes
If impact on DSG or HRA describe:	Cost pressure of £6k on HRA		

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
6	3	
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Neutral	Neutral	
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
NA	NA	

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Low	**Pregnancy / Maternity:**	Low
Gender:	Low	**Marriage & Civil Partnerships:**	Low
Age:	Low	**Sexual orientation:**	Low
Disability:	Low	**Gender reassignment:**	Low
Religion / Belief:	Low	**Overall:**	Low
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			No

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

10. Legal implications
State any specific legal implications relating to this proposal:
None

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

LEWISHAM FUTURE PROGRAMME – SAVINGS REPORT APPENDICES – SEPTEMBER 2015

APPENDIX 11 – SAVINGS PROPOSALS FOR SCRUTINY, SECTION N

Contents page

Section N: Environmental Services

1. Savings proposal	
Proposal title:	Waste Review (Collection / Disposal)
Reference:	N3
LFP work strand:	Environmental Services
Directorate:	Customer Services
Head of Service:	Nigel Tyrell
Cabinet portfolio:	Public Realm
Scrutiny Ctte(s):	Sustainable Development

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
1 Review of Lewisham's Waste Services (Doorstep collection & disposal)	Yes	Yes	Yes
2 Transfer of estates Bulky Waste disposal costs to Lewisham Homes	No	Yes	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The Council are responsible for the collection & disposal of all household waste in the borough. An efficiency review of waste and recycling services is underway, primarily focusing on doorstep properties with wheeled bins. An analysis of service options has been produced. These options consider ease of use for residents, operational deliverability, environmental and financial impacts, particularly in relation to waste disposal market conditions. Service options are also evaluated to ensure compliance with the Waste Regulations.

The efficiency review noted the high levels of bulky-lumber waste being produced from Lewisham Homes managed estates. Although the majority of collection costs are re-charged to Lewisham Homes, disposal costs are currently paid for by the Council. This arrangement does not incentivise housing managers to reduce the amount of waste being generated.

Saving proposal

1 Combinations of: Alternate weekly collections (residual waste/recycling). Charged garden waste service. Separate Paper/Card Collection. Separate Kitchen Waste Collection.

2 Re-charge bulky waste disposal costs to Lewisham Homes.

1) Public Consultation is due to begin to gauge attitudes towards service changes based around the following areas: food collections, subscription based garden waste collections, frequency of collections, special arrangements and collecting certain materials separately. The results of the consultation combined with an analysis of the operational deliverability and environmental and financial impact, may result in a service represented by the options outlined below.

3. Description of service area and proposal

a. Option 1 (current service plus garden waste): Refuse collected weekly, recycling collected co-mingled weekly and garden waste fortnightly;

b. Option 2: Refuse collected fortnightly, recycling collected twin stream (i.e. paper separately from the rest of the recycling) fortnightly and garden & food waste collected weekly;

c. Option 3: Refuse collected weekly, recycling collected twin-stream fortnightly and garden waste fortnightly;

d. Option 4: Refuse collected fortnightly, recycling collected twin stream fortnightly, garden waste collected fortnightly and food waste collected weekly.

e. Option 5: Refuse collected fortnightly, recycling collected co-mingled fortnightly, garden waste collected fortnightly and food waste collected weekly.

2) The transfer of responsibility for bulky-waste disposal costs to Lewisham Homes aims to encourage more active engagement with residents to manage unreasonable expenditure and environmental impact.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

Potentially large change in waste and recycling services for service users and for staff delivering the new services.

Outline risks associated with proposal and mitigating actions:

Public resistance to change. Market volatility for recyclables. High dependence on private waste disposal/transfer facilities. Very difficult to predict accurate disposal costs or income levels from recyclable materials.

Risk	Detail	Mitigation
Number of people subscribing to the garden waste service might not be as high as expected	Benchmarked with other boroughs. Modelling has been undertaken to show high and low subscription levels to account for this and financial modelling adjusted accordingly. Already have 4000 unique users of garden waste bag service and the aim is to have 13,000 subscribers (25%)	Effective communications. Target households with gardens. Target existing users. Enforce no garden waste in black bin.
Participation Rates	Residents need to participate in the services to divert waste away from the black	Effective and ongoing communications. Fortnightly collections

4. Impact and risks of proposal		
	bin therefore reducing the disposal budget. Language, levels of deprivation, transient populations will also impact on participation.	should ensure that participation in the food waste service is high.
Yields	Need to capture the right materials in the right bin. Modelling has been undertaken to show high and low yields as this will impact on any future waste reduction in the black bin and future waste contracts. If yields aren't as high then performance may be affected.	Effective and ongoing Communications.
Contamination Rates	Residents need to use the services correctly otherwise contamination levels will increase. This in turn may mean that loads are rejected and performance in recycling drops. There is also the potential impact of the Environmental Permitting Regulations that may also impact on reported contamination levels.	Effective contaminated bin procedure. Effective ongoing communications. Ensure contract documentation covers contamination processes and procedures.
Commodity Prices	Materials are traded on a commodities market and prices fluctuate. At the moment the prices are reducing and this would impact on a gate fee or rebate. MRF's have different ways of approaching twin stream material pricing so difficult to judge what the impact would be on any rebate. One local newsprint company has just gone into administration.	Following the commodities market to anticipate impact.
Disposal options	SELCHP Contract ends in 2024. This is likely to mean that the cost of incineration is likely to increase. Other disposal options for garden waste, food waste, recycling may have to consider additional bulking and haulage costs if direct	Looking at reducing the tonnage that goes into SELCHP (capture more recycling, food waste). Discussions with other boroughs about joint disposal arrangements.

4. Impact and risks of proposal		
	delivery isn't an option.	
Property Numbers	The assumptions used in the modelling are high level and have taken the number of kerbside properties from general data. The number of properties actually delivered to may be less when you consider space for additional containers and whether fortnightly collections can take place in particular locations / housing types.	Analysis of properties currently being undertaken.

5. Financial information			
Controllable budget: General Fund (GF)	**Spend £'000**	**Income £'000**	**Net Budget £'000**
	14,600	(2,600)	12,000
HRA			
DSG			
Health			
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
Waste Review	600	500	1,100
Total	600	500	1,100
% of Net Budget	5%	4%	9%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes		
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** **1. Community leadership and empowerment** **2. Young people's achievement and involvement** **3. Clean, green and liveable** **4. Safety, security and a visible presence** **5. Strengthening the local economy** **6. Decent homes for all** **7. Protection of children** **8. Caring for adults and the older people** **9. Active, healthy citizens** **10. Inspiring efficiency, effectiveness and equity**
3	10	
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Neutral	Neutral	
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
Medium	Low	

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	N/A	Pregnancy / Maternity:	Low
Gender:	N/A	Marriage & Civil Partnerships:	N/A
Age:	Low	Sexual orientation:	N/A
Disability:	Low	Gender reassignment:	N/A
Religion / Belief:	N/A	Overall:	Low
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			Yes

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Possibly
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2					
PO1 – PO5					
PO6 – PO8					
SMG 1 – 3					
JNC					
Total					
Gender	Female	Male			
Ethnicity	BME	White	Other	Not Known	
Disability	Yes	No			
Sexual orientation	Straight / Heterosex.	Gay / Lesbian	Bisexual	Not disclosed	

10. Legal implications
State any specific legal implications relating to this proposal:
3 Waste Regulations 3.1 Regulation 13 of the Waste (England and Wales) Regulations 2011 (as

10. Legal implications

amended), transposes into English law Article 11 of the EU Revised Waste Framework Directive (2008/98/EC). Regulation 13 states that from 1 January 2015, waste collection authorities must collect waste paper, metal, plastic and glass separately. This duty is to ensure that recyclate is of a high quality and that the quantity of recyclate collected is improved. The duty is subject to two tests:

3.1.1 The Necessity Test: This is to ensure that waste undergoes recovery operations to facilitate or improve recovery, which tests if the material is of a sufficiently high quality? If yes, then it is not necessary to collect the materials separately from each other.

3.1.2 The Practicability or TEEP Test: Is it Technically, Environmentally or Economically Practicable (TEEP) to collect the materials separately from each other? If one of these is not the case, then it is not necessary to collect the materials separately from each other.

3.2 There is no statutory guidance on the requirements of Regulation 13, but a 'Route Map' was produced in England by local government stakeholders which sets out a process by which local authorities may assess their position in terms of compliance with the regulation.

3.3 Officers are currently conducting these tests using the 'Route Map' process, at the same time as developing and analysing the future waste and recycling service options.

11. Summary timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:

Month	Activity
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**) Public Consultation 21st August – 18th October
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review Report to Sustainable Development Select Committee
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing Report to Mayor & Cabinet
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented Savings implemented should approval be granted
April 2016	
May 2016	
June 2016	

11. Summary timetable	
July 2016	
August 2016	
September 2016	Savings implemented in a phased approach should approval be granted
October 2016	

1. Savings proposal	
Proposal title:	Replacing static street sweeping with mobile response facility – all residential roads
Reference:	N4
LFP work strand:	Environmental Services
Directorate:	Customer Services
Head of Service:	Nigel Tyrell
Cabinet portfolio:	Public Realm
Scrutiny Ctte(s):	Sustainable Development

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
Stop the routine sweeping of residential roads by traditional 'beat based' sweeper. Provide a mobile, 'as required', response service for these areas.	Yes	Yes	Yes

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The street cleansing service comprises:

a. cleaning all paved areas of the highway (footways, carriageways and pedestrianised areas);

b. cleansing the council controlled car parks and the grounds of Lewisham Homes based on Service Level Agreements (SLAs);

c. providing, managing and emptying 2,000 litter bins, mostly placed on streets, and collecting and disposing of litter sacks using a small fleet of 7.5 tonne refuse collection and compaction vehicles (RCVs);

d. operating the booked bulky household waste (lumber) collection service;

e. clearing fly-tipping – including all residual waste under the Council's Clean Streets Policy;

f. cleansing at least some of the sundry green spaces that are contiguous with highways;

h. over-sight of the largely outsourced public toilets contract.

Management Structure

1 The service is divided into 4 operational areas, each of which is overseen by a Cleansing Team Manager, who report to the Cleansing Operational Manager. Cleansing managers have responsibility for all staff dedicated to their areas and the effectiveness of operations, including by mobile crews and resources.

3. Description of service area and proposal

Mechanical Resources

2 With the exception of the litter bin RCVs, the caged vehicle crews involved in household waste collections, cleansing SLA areas and priority locations such as retail areas and the vicinity of railway and bus stations, the only other significant piece of mechanical equipment involved in street cleansing is a Johnston 600 mechanical street sweeper. This latter vehicle mainly cleans Red Routes and other major roads that are largely protected by no parking restrictions. Off-side areas, refuges and splitter islands are also cleansed periodically on Sundays when traffic is lighter, with the aid of a manual crew. Prior to the budget cuts in April 2011 there were 2 Johnston 600s and a Scarab mechanical sweeping machine.

Manual Resources

3 Lewisham's street cleansing service is wholly manual, comprising street orderly carts that are generally equipped with a swish (dolly) broom, a medium yard broom, and a litter picker.

4 In April 2011 the number of management areas was reduced from 6 to 4, and the number of beat sweepers was also reduced by 20 in total. A further 14 sweeping posted were deleted from April 2015. This has resulted in a large increase in the size of the average sweeper beat, and yet the service is still aiming to guarantee to sweep every street once a week (Monday – Friday), with selected main shopping areas having dedicated sweepers on 7 days a week and secondary shopping areas also being swept on Saturdays.

Saving proposal

A saving of this size would require the loss of between 40-50 Sweeper posts.
[The precise number to be determined upon reorganisation of the beat based service to mobile response units]

In order to make the saving, the traditional programmed sweeping of all residential roads will cease. This will be replaced by the creation of mobile response teams working on an intelligence based approach, e.g. problem areas / requests / complaints. To achieve an adequately resourced mobile facility it will be necessary to reduce the frequency of Town Centre and 'Main Drag' sweeping. A complete re-organisation and re-assessment of the service would be required to deliver the saving.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

There will be obvious impacts to the visual environment, e.g. increased detritus and weed growth in likely to increase pavement / highway maintenance costs. A poor visual environment and cleansing standards may generate complaints and casework in certain areas of the Borough.

Outline risks associated with proposal and mitigating actions:

Residential roads are currently swept approximately once a week, but the service allows for the more frequent sweeping of deprived and higher density areas. The aim

4. Impact and risks of proposal
would be to replace this static programmed sweeping with a responsive mobile service. Priority areas and problems would be identified, in part, by refuse collection staff who can supply frequent service standard updates. Previous savings from ceasing herbicide application on pavement areas would need to be re-instated to mitigate some of the visual deterioration to the street scene. A comprehensive restructuring of the service will need to take place to deliver these savings, shifting the emphasis from static street sweeping operatives towards an increase in vehicles, mobile teams, machinery and mobile technology. An in-house, Peer2Peer version of the LoveLewisham app is being developed to facilitate this.

5. Financial information			
Controllable budget: General Fund (GF)	**Spend £'000**	**Income £'000**	**Net Budget £'000**
	7,300	(1,600)	5,700
HRA			
DSG			
Health			
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
Stop the routine sweeping of residential roads by traditional 'beat based' sweeper. Provide a mobile, 'as required', response service for these areas.	1,000		1,000
Total	1,000	0	1,000
% of Net Budget	18%	0%	18%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens
3	4	
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Negative	Neutral	
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	

6. Impact on Corporate priorities		
High	Medium	10. Inspiring efficiency, effectiveness and equity

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	Specific impact in one or more wards
	If impacting one or more wards specifically – which?
	Northern wards due to higher density housing & deprivation

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		Pregnancy / Maternity:	
Gender:		Marriage & Civil Partnerships:	
Age:		Sexual orientation:	
Disability:		Gender reassignment:	
Religion / Belief:		Overall:	
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			Yes

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					TBC
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2					
PO1 – PO5					
PO6 – PO8					
SMG 1 – 3					
JNC					
Total					
Gender	Female	Male			
Ethnicity	BME	White	Other	Not Known	
Disability	Yes	No			
Sexual orientation	Straight / Heterosex.	Gay / Lesbian	Bisexual	Not disclosed	

10. Legal implications
State any specific legal implications relating to this proposal:

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
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December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented
April 2016	
May 2016	
June 2016	
July 2016	
August 2016	
September 2016	
October 2016	

1. Savings proposal	
Proposal title:	Review of Lewisham's Fleet and Passenger Transport Service
Reference:	N5
LFP work strand:	Environmental Services
Directorate:	Customer Services
Head of Service:	Nigel Tyrell
Service/Team area:	Fleet and Passenger Services
Cabinet portfolio:	Public Realm
Scrutiny Ctte(s):	Sustainable Development

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
Review of Lewisham's Passenger Transport Service	Yes	Yes	Yes

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The council's Fleet management service and the Door to Door service sit within the Environment division. The fleet management service procure, run and maintain the council's owned fleet and procure specialist hired in vehicles when needed. The direct revenue cost of this service is in the region of £4.1m. The costs of the service are fully recharged to end service users such as Door to Door and Refuse collection.

The Door to Door services provides home to school transport to children with special educational needs and also transports adult social care clients to and from day care provision. The council spends approx. £5.3m p/a operating passenger transport made up of direct staff and management costs and vehicle costs recharged from Fleet (fuel, staff costs, vehicle on the road costs and maintenance etc). In addition to this, the council (primarily CYP SEN and ASC) spends a further £2m p/a on taxi provision for clients that can't be accommodated on Door to Door vehicles (due to capacity of vehicles, the logistics of the routes etc.) The total spent on providing transport for this client group therefore equates to £7.3m p/a.

Saving proposal

A. **Review of Lewisham's Fleet and Passenger Transport Service:** The relationship with the transport provider (Environment) and the client services (primarily CYP and ASC) and the funding model for these services are interwoven and complex. As such a corporate approach is being taken in order to identify opportunities to reduce spend and demand whilst continuing to meet statutory duties and support the residents that rely on passenger transport. It is expected that the savings identified for this review will be achieved via the following approaches:

1. Operational efficiency

3. Description of service area and proposal

Identify opportunities within the current Door to Door operational model to reduce costs through more efficient use of resource and increasing operational efficiency.

2. Promoting Independence

Recent legislative changes (e.g. the Care Act and the Children and Families Bill) make the need to promote choice, independence and 'ordinary lives' essential in the delivery of services to both children and young people with SEN and clients accessing adult social care support. This extends to how we meet a client's transport needs. However the legislative changes also increase the age range applicable for travel assistance from 5-18 years to 0-25 years. Within CYP we will be exploring the potential to further embed and offer a wider range of alternative travel assistance options (such as direct payments and independent travel training) in order to better support independence and reduce reliance on local authority provided transport. Whilst direct transport provision will continue to be the most suitable option for some clients, we expect to be able to at least maintain, and possibly reduce, demand through growing and improving the range of travel assistance options we offer. It should be noted however, that there is currently an overspend on the CYP SEN budget (of approx. £700k) and as such any reduction to spend achieved as a result of this approach will be required to reduce the overspend in the first instance.

Adult Social Care will also continue to promote Direct Payments in line with the previously agreed saving for remodelling day services (A4).

The council's waste services account for a significant proportion of the costs attracted by the Fleet service. The influence of demand on those costs are being considered by the waste strategy review as a part of a separate savings strand.

3. Alternative delivery models

Explore opportunities to pursue alternative delivery models for local authority provided transport provision (e.g. via an outsourced contract).

4. Policy review

The council is required to provide transport for eligible young people of statutory school age. Other local authorities (e.g. Coventry) are now exploring removing or charging for discretionary travel for under 5s and over 16s. As part of this review we would like to explore the legal position of this approach to determine the extent to which this could be applied in Lewisham. This is a work in progress and any proposed changes to Policy would be returned to Mayor and Cabinet.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

The impact of the approaches detailed in this proposal are as follows:

- Possible re-organisation within the Door to Door Service (to respond to a reduced demand from client services as a result of higher take up of direct

4. Impact and risks of proposal

payments/independent travel training, or as a result of operational efficiencies identified).

- Changes to process within the client service areas – to promote and embed a wider range of alternative travel assistance options.

- Market development – to ensure we have a suitable range of travel assistance options to offer to suitable clients (e.g. commission an independent travel training programme for SEN clients).

- Service users – Eligible clients within ASC will be offered Direct Payments as a matter of course. Within CYP, new and existing clients will be encouraged to take up travel assistance options with direct transport provision being seen as a last resort.

Outline risks associated with proposal and mitigating actions:

For any changes the current Door to Door operating model or a reduction in service requirements as a result of reduced demand from client services (due to an increased take up of direct payments/independent travel training) staff consultation would be required.

For CYP- Consultation with service users would be required prior to the introduction of new travel assistance options, or if changes to the processes for application or the transport policies were to be pursued.

For ASC Clients – Discussions about transport requirements will form part of an individual's care plan. For those who the service is changing – consultation has already taken place as part of the previously agreed saving.

5. Financial information

Controllable budget:	**Spend £'000**	**Income £'000**	**Net Budget £'000**
	7,884	(660)	7,224
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
Review of Lewisham's Fleet and Passenger Transport Service	500	500	1,000
Total	500	500	1,000
% of Net Budget	7%	7%	14%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities

Main priority	**Second priority**	**Corporate priorities** **1. Community leadership and empowerment**

6. Impact on Corporate priorities		
9	**10**	2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Positive	**Positive**	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	**Medium**	

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact on a single ward.
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Low	Pregnancy / Maternity:	Low
Gender:	Low	Marriage & Civil Partnerships:	Low
Age:	Medium	Sexual orientation:	Low
Disability:	Medium	Gender reassignment:	Low
Religion / Belief:	Low	Overall:	Low
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			Yes

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Yes
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2	0	0	0	0	0
Scale 3 – 5	61	61	61	0	0
Sc 6 – SO2	48	48	51	0	3
PO1 – PO5	7	7	9	0	2
PO6 – PO8	2	2	2	0	0
SMG 1 – 3	1	1	1	0	0
JNC					

9. Human Resources impact					
Total	119	119	124	0	5
Gender	**Female**	**Male**			
	53	66			
Ethnicity	**BME**	**White**	**Other**	**Not Known**	
	52	64	3	0	
Disability	**Yes**	**No**			
Sexual orientation	**Straight / Heterosex.**	**Gay / Lesbian**	**Bisexual**	**Not disclosed**	

10. Legal implications
State any specific legal implications relating to this proposal:
TBC

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
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April 2016	
May 2016	
June 2016	
July 2016	
August 2016	
September 2016	
October 2016	

1. Savings proposal	
Proposal title:	Other Environment Savings & Income
Reference:	N6
LFP work strand:	Environmental Services
Directorate:	Customer Services
Head of Service:	Nigel Tyrell
Cabinet portfolio:	Public Realm
Scrutiny Ctte(s):	Sustainable Development

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
Increase income from Trade Waste Services & Parks Events	Yes	Yes	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

We currently provide a Trade Waste collection services to around 2500 Lewisham businesses. Our parks and open spaces are subject to increasing demand for income-generating events.

Saving proposal

To develop our Trade Waste customer base, improve efficiency and increase income. To negotiate an increased share of income from Parks Events.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

Improved Trade Waste services will have a positive impact on our street scene, cleansing and domestic refuse services.

Outline risks associated with proposal and mitigating actions:

A post within the Environment Division will be developed to focus on business development opportunities. IT, Accountancy/Debt Recovery systems are being improved to facilitate an improved business focus. Each Park event is subject to consultation within the Council's Events Strategy. Increased income will, of course, be subject to this approval.

5. Financial information			
Controllable budget:	**Spend £'000**	**Income £'000**	**Net Budget £'000**
General Fund (GF)	4,700	(2,200)	2,500
HRA			
DSG			
Health			

5. Financial information			
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
To develop our Trade Waste customer base, improve efficiency and increase income. To negotiate an increased share of income from Parks Events.	250	250	500
* budget figures are commercial waste and parks budget combined			
Total	250	250	500
% of Net Budget	10%	10%	20%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
3	5	
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Neutral	Neutral	
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
Medium	Low	

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	No Specific Impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		**Pregnancy / Maternity:**	
Gender:		**Marriage & Civil**	

8. Service equalities impact			
		Partnerships:	
Age:		Sexual orientation:	
Disability:		Gender reassignment:	
Religion / Belief:		Overall:	
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			Yes

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					TBC
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2					
PO1 – PO5					
PO6 – PO8					
SMG 1 – 3					
JNC					
Total					
Gender	Female	Male			
Ethnicity	BME	White	Other	Not Known	
Disability	Yes	No			
Sexual orientation	Straight / Heterosex.	Gay / Lesbian	Bisexual	Not disclosed	

10. Legal implications
State any specific legal implications relating to this proposal:
TBC from legal re competing with Private Sector Commercial Waste companies.

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
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August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)

11. Summary timetable	
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LEWISHAM FUTURE PROGRAMME – SAVINGS REPORT APPENDICES – SEPTEMBER 2015

APPENDIX 12 – SAVINGS PROPOSALS FOR SCRUTINY, SECTION O

Contents page

Section O: Public Services

1. Savings proposal	
Proposal title:	Financial Assessments review
Reference:	O4
LFP work strand:	Public Services
Directorate:	Customer Services Directorate
Head of Service:	Ralph Wilkinson
Service/Team area:	Public Services / Benefits
Cabinet portfolio:	Resources
Scrutiny Ctte(s):	Public Accounts / Healthier Communities

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Review Financial Assessment staff structure	No	No	Yes

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The Benefit Service is responsible for administering the payment of housing benefit, discretionary housing payments, council tax reductions, concessionary awards (freedom passes, blue badges and taxi cards) and the local support scheme.

In October 2014 the service became responsible for adult social care financial assessments as part of the Council's approach to join up assessment services where possible. The team responsible for financial assessments carry out 3,500 assessments each year but they are also responsible for managing client finances – around 50 as deputy's and 350 as appointees and some of the client property services arranging some 50 property searches and 70 funerals each year.

Saving proposal

To review the way financial assessment service operates and reorganise to take advantage of streamlined procedures, better use of existing information and make better use of technology.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

The outcome of the review will be a better service with less information requested from service users, faster processing times and clear procedures in place for dealing with appointee/deputyships.

Outline risks associated with proposal and mitigating actions:

The risk is that the new procedures do not meet the requirements of adult social care. A board, chaired by the Head of Public Services, has been set up to oversee the

4. Impact and risks of proposal
review and is attended by Head of Adult Social Care and others from the Community Services Directorate.

5. Financial information			
Controllable budget:	**Spend £'000**	**Income £'000**	**Net Budget £'000**
	268	0	268
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Reorganisation	100		100
Total			
% of Net Budget	37 %	%	37 %
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
8	**10**	
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Positive	**Positive**	
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
Low	**Low**	

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	N/A	**Pregnancy / Maternity:**	N/A
Gender:	N/A	**Marriage & Civil Partnerships:**	N/A
Age:	N/A	**Sexual orientation:**	N/A
Disability:	N/A	**Gender reassignment:**	N/A
Religion / Belief:	N/A	**Overall:**	N/A
For any High impact service equality areas please explain why and what			

8. Service equalities impact	
mitigations are proposed:	
Is a full service equalities impact assessment required: Yes / No	No

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Yes
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2	7	7	7		
PO1 – PO5	0	0	1	1	
PO6 – PO8					
SMG 1 – 3					
JNC					
Total					
Gender	Female	Male			
	4	3			
Ethnicity	BME	White	Other	Not Known	
	1	6			
Disability	Yes	No			
Sexual orientation	Known	Not known			

10. Legal implications
State any specific legal implications relating to this proposal:
None

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
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11. Summary timetable	
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

1. Savings proposal	
Proposal title:	End entitlement to discretionary Freedom Pass
Reference:	O5
LFP work strand:	Public Services
Directorate:	Customer Services
Head of Service:	Ralph Wilkinson
Service/Team area:	Public Services / Benefits
Cabinet portfolio:	Resources
Scrutiny Ctte(s):	Safer and Stronger Communities

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) End discretionary Freedom Pass scheme	Yes	Yes	No
b) Close discretionary Freedom Pass scheme to new applicants	Yes	Yes	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The Benefit Service is responsible for administering the payment of housing benefit, discretionary housing payments, council tax reductions, concessionary awards (freedom passes, blue badges and taxi cards) the local support scheme and financial assessments.

The Council issues Freedom Passes to all residents who meet the national eligibility criteria in relation to age or disability. In addition, discretionary Freedom Passes are issued to those residents who do not meet the national criteria but have mobility or mental health issues. There are currently 1,471 people are in receipt of discretionary Freedom Passes.

Saving proposal

The proposal is to withdraw the discretionary Freedom Pass with effect from 2016. As the cost is based on usage it is difficult to be precise about exactly how much could be saved but estimates suggest the saving would be in excess of £200k pa.

The criteria for entitlement to a discretionary Freedom Pass are:

Criteria for mobility disability:

1. Can walk to a distance of 300 metres, but not able to walk further than this without pain or discomfort.
2. Applicant has a degenerative medical condition effecting mobility

Criteria for mental health conditions:

That the applicant has an enduring mental health condition and has accessed

3. Description of service area and proposal

secondary care mental health services in the last 12 months.

There are 1,471 discretionary Freedom Passes in use (of which 162 have been awarded under the mobility criteria and 1,309 under the mental health criteria).

Important - The proposal does not impact on the national Freedom Pass scheme for elderly persons and for specific disabilities.

There are 32,000 elderly persons national Freedom Passes in use.

There are 5,000 disabled persons national Freedom Passes in use. See appendix 1 for eligibility.

Although withdrawing the discretionary Freedom Pass will impact on some households, there 2 are alternative schemes that may help negate the impact and are at no cost to the Council.

Job Centre Plus travel discount card (valid for up to 3 months) – This is available to residents who have been unemployed for 3 months and over, received a qualifying benefit or must be working with an advisor for a return to work, they will be able to apply for a concession that gives them half-price travel;

60+ London Oyster card – This is available to residents who live in a London borough, are over the age of 60 but who do not qualify for a Freedom Pass and they will qualify fro free travel.

A recent sampling of those residents currently receiving a discretionary Freedom Pass suggested that 68% would qualify for an alternative concession, this being 63% who would qualify for the JC+ travel discount card and 5% for the 60+ London Oyster card.

A recent survey of the 33 London Boroughs found 19 (58%) have a discretionary scheme and 15 of these do not intend withdrawing it. Excluding Lewisham, of the remaining 3 boroughs, 2 are reviewing their qualifying criteria and one did not respond.

An alternative option to this saving would be to close the discretionary freedom pass scheme to new applicants – saving £20,000 in year 1 plus a further £20,000 in year 2 and in year 3. This is based on previous years where an average of 100 discretionary freedom passes holders per year are no longer entitled because their circumstances change (e.g. they move or they reach the national scheme age for an elderly persons freedom pass).

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

Some service users with mobility or mental health needs will no longer be entitled to free public transport in London.

Outline risks associated with proposal and mitigating actions:

4. Impact and risks of proposal

The saving impacts on other services – this may happen where the withdrawal of the Freedom Pass means the person becomes reliant on other Council services. A recent sample review found 7 of the 10 mobility cases sampled and 12 of the 40 mental health cases were no longer in receipt of services.

The saving is not achieved because it was an estimate – the saving is based on average usage so should be reasonably accurate. However, charging is done in arrears so there may be an issue with timing where the saving is not achieved in year 1. The timing / charging mechanism is being reviewed and discussed with London Councils who oversee the scheme.

Council reputation – communications will need to explain the reason for the change in policy. Not all London boroughs offer a discretionary scheme and of those that do some have withdrawn them or are reviewing them.

5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	12,242	(24)	12,218
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Either end scheme	200		200
b) or close to new applicants	20	20	40
Total	20-200	0-20	40-200
% of Net Budget	0.2%-2%	0%-0.2%	0.3%-2%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
8		1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Negative		
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
Medium		

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	All
	If impacting one or more wards specifically – which?
	All

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	N/A	Pregnancy / Maternity:	N/A
Gender:	N/A	Marriage & Civil Partnerships:	N/A
Age:	N/A	Sexual orientation:	N/A
Disability:	M	Gender reassignment:	N/A
Religion / Belief:	N/A	Overall:	M
For any High impact service equality areas please explain why and what mitigations are proposed:			
N/A			
Is a full service equalities impact assessment required: Yes / No			Yes

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

10. Legal implications
State any specific legal implications relating to this proposal:
None

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
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December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

DRAFT

Customer Services Directorate

Consultation on proposed removal of discretionary Freedom Pass scheme

September 2014

Part 1 – About this Consultation

Topic of this consultation

1. This consultation is about the proposal to stop issuing new discretionary Freedom Passes and withdraw the 1,175 passes currently in use. Discretionary Freedom Passes, which allow free travel on public transport in London, are issued on application in the following circumstances:

   Criteria for mobility condition:
   - Unable to walk over 300 metres unaided
   - Applicant has a degenerative medical condition effecting mobility

   Criteria for Mental Health conditions:
   - The mental health criteria identified is that the applicant has an enduring mental health condition and has accessed secondary care mental health services in the last 12 months.

2. The proposal would generate a saving of approximately £200,000 pa.

3. It is estimated that 68% of those affected would qualify for subsidised travel under another travel scheme that is not funded by the Council.

Audience

4. Anyone may respond to this consultation and all responses will be fully considered.

5. We are particularly keen to hear from current discretionary Freedom Pass holders and agencies that deliver services to them to understand the impact the proposal may have.

Duration

6. The consultation will be open for 3 weeks from 4 November 2014. The deadline for responses is 25 November 2014.

How to Respond

7. A letter will be sent to support agencies and 100 discretionary Freedom Pass recipients. There are several ways to respond to this consultation:
   - On the Council web site
   - By post to London Borough of Lewisham, PO Box 58996, London, SE6 9JD

After the Consultation

8. Once the consultation has closed all responses will be considered and a summary of responses collated and included in a report to Mayor and Cabinet.

Part 2 – Background

9. The Transport Act 2000 sets out the criteria which are used to determine eligibility to the National Freedom Pass scheme. The criteria are:

    - Blind or partially sighted,
    - Profoundly or severely deaf,
    - Without speech,
    - Disabled or has suffered an injury, which has a substantial and long – term adverse affect on his/her ability to walk,
    - Without arms or has long – term loss of the use of both arms,
    - Has a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning,
    - If applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have his/her application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol.

10. There are 37,000 Freedom Pass holders in the borough and the proposal does not impact on any of them.

11. The Transport Act 2000 allows the Council to have a locally determined discretionary Freedom Pass scheme for persons with a disability that do not meet the above criteria. In 2008 the Council implemented a discretionary Freedom Passes scheme, which allows free travel on public transport in London. Discretionary Freedom Passes are issued on application in the following circumstances:

    Criteria for mobility condition:
    - Unable to walk over 300 metres unaided
    - Applicant has a degenerative medical condition effecting mobility

    Criteria for Mental Health conditions:
    - The mental health criteria identified is that the applicant has an enduring mental health condition and has accessed secondary care mental health services in the last 12 months.

12. There are currently 1,175 discretionary Freedom Passes issued.

Lewisham Council Financial Position

13. Since 2010 the Council has cut more than £100 million from its budget. The Council needs to find savings of £85m in the next 3 years. For this reason the council has been undertaking a fundamental review of all its budgets.

Part 3 – The proposal

14. The proposal is to stop issuing new discretionary Freedom Passes and to withdraw those currently in use to deliver a saving of approximately £200,000 pa.

15. A recent sampling exercise of those currently in receipt of a discretionary Freedom Pass suggested that 68% would qualify for an alternative concession, this being 63% who would qualify for the JC+ travel discount card and 5% for the 60+ London Oyster card.

    - JC+ travel discount card – This is available to residents who have been unemployed for 3 months and over, received a qualifying benefit or must be working with an advisor for a return to work, they will be able to apply for a concession that gives them half-price travel;
    - 60+ London Oyster card – This is available to residents who live in a London borough, are over the age of 60 but who do not qualify for a FP and they will qualify fro free travel.

Timetable

16. The proposed timetable for the proposal which is subject to agreement by Mayor and Cabinet and the consultation process is:

    23 October 2014 – report to Mayor and Cabinet
    4 November 2014 – consultation process
    December 2014 – Mayor and Cabinet
    January 2014 - implementation

Part 4 – Consultation Questions

17. We are happy to receive responses to this consultation in any format and we are particularly keen to hear your views on the following:

    b. What will the impact be if the Council stops offering a discretionary Freedom Pass?

LEWISHAM FUTURE PROGRAMME – SAVINGS REPORT APPENDICES – SEPTEMBER 2015

APPENDIX 13 – SAVINGS PROPOSALS FOR SCRUTINY, SECTION P

Contents page

Section P: Planning

1. Savings proposal	
Proposal title:	Planning Service – Budget Savings 2016/17 and 2017/18
Reference:	P2
LFP work strand:	Planning
Directorate:	Resources and Regeneration
Head of Service:	John Miller
Service/Team area:	Planning Service, incorporating Development Management, Conservation & Urban Design, Planning Policy and Economic Development.
Cabinet portfolio:	Growth and Regeneration
Scrutiny Ctte(s):	Sustainable Development

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Restructure of Development Management team and restructure and amalgamation of the Conservation, Urban Design and Planning Policy teams. (£185k)	Yes	No	Yes
b) Substitution of part of base budget by alternative funding sources (S.106 and fee income). (£45K)	Yes	No	No
c) Further increase in charges and changes to funding together with an assessment of savings achievable from a corporate approach to and restructure of employment services. (£305k)	Yes	No	Yes
d) Review of Statement of Community Involvement (SCI) on the way in which the service consults on planning applications. Efficiency savings based on paper, printing and postage costs. (£20k).	Yes	Yes	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The Planning Service forms part of the Resources and Regeneration Directorate and operates from 3rd Floor Laurence House. The Planning Service currently comprises: Forward Planning, Urban Design and Conservation, Development Management, Land Charges and Economic Development. This saving proposal affects all areas of the Planning Service.

Development Management deals with individual planning applications within the policy framework set by the development plan, as well as appeals against Council decisions, and enforcement action against unauthorised development. This team has recently been re-structured, but further changes are required to provide a more proactive and delivery focused approach, with more resources needed to be allocated to pre-application discussions with applicants and the local community. Closer and more flexible working is also required between the planning officer, support and enforcement functions to enable the service to be more efficient and effective.

Forward Planning provides a policy framework in the development plan to promote and guide development and investment in the built environment.

Design and Conservation advise on planning applications and undertake specific projects to protect and improve the environment and to promote development opportunities.

Economic Development exists to provide strategic expertise on matters relating to the economy as well as providing guidance, commissioning and delivery of employment and business support. It also provides an EU funding and advisory role council wide.

Saving proposal

Savings proposal covers 4 areas of potential budget savings:

1. A staff re-structure of our Development Management team to further embed the principles of Development Management and to enable us to build flexible, well trained Planning Casework teams that can respond to fluctuations in caseload. Wherever possible, case officers will be fully responsible for all aspects of the processing of their applications.

2. An amalgamation and re-structure of our Conservation & Urban Design and Planning Policy teams.

3. Increasing the non-statutory fees / charges for major developments and funding services / posts from CIL / S.106 income. This will reduce the Planning Service's base budget, without impacting service delivery.

4. A Council wide review to include the role and function of the Economic Development service in delivering place making, business development and employment objectives.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

1. Planning Case Officers will have more input and control into the quality and processing timescales of their individual caseloads. A larger percentage of Planning decisions will be issued within published timescales. Residents and other professional bodies will be able to contact their Planning Officer for the majority of aspects of their application.
2. Residents, Members and other professional bodies will have a single point of contact for strategic Planning Policy, Conservation and Urban Design queries / comments. Clearer career paths in place for staff within these teams.
3. There will be little, if any, impact on service users in increasing the non-statutory fees / charges for major developments and changes to way the Planning Service is funded.
4. There may potentially be significant impacts on economic development service users depending on the outcome of the corporate review.
5. Residents will be impacted by the proposed changes to the SCI as they will no longer be sent an individual notification letter. These will be replaced by additional site notices.

Outline risks associated with proposal and mitigating actions:

1. Planning policy could increase in relation to the government's recent reforms and interest in Neighbourhood Planning. The latter is increasing the borough; such as Deptford and New Cross where there could be significant tensions between local objectives and the Council's regeneration programme. The full impact of these pressures on the planning service is not yet known.
2. Changing or ceasing some activities / responsibilities of the Economic Development service could significantly reduce the Council's ability to assist residents into work or support businesses to locate and grow in the borough.
3. Legislation has now been passed to enable HM Land Registry to take responsibility for and administer the Local Land Charges Service. This could result in loss of up to £220k annual income which underpins the planning service's net budget. However, the council will still need to maintain the Local Land Charges Register and supply the necessary data to Land Registry.

5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
General Fund (GF)	3,270	(1,611)	1,659
HRA	N/A		
DSG	N/A		
Health	N/A		
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Restructure of Development Management team and restructure and amalgamation of the Conservation, Urban Design and Planning Policy teams.	185		185

5. Financial information			
b) Substitution of part of base budget by alternative funding sources (S.106 and fee income).	45		45
c) Further increase in charges and changes to funding coupled with savings achievable from a corporate approach to and restructure of employment services.		305	305
d) Review of Statement of Community Involvement (SCI) on the way in which the service consults on planning applications. Efficiency savings based on paper, printing and postage costs. (£20k).		20	20
Total	230	325	555
% of Net Budget	13%	20%	33%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	Yes	No	No
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
10	5	
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Positive	Negative	
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
Medium	Medium	

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific Impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	Low	Pregnancy / Maternity:	N/A
Gender:	Low	Marriage & Civil Partnerships:	N/A
Age:	Low	Sexual orientation:	N/A
Disability:	N/A	Gender reassignment:	N/A
Religion / Belief:	N/A	Overall:	Low
For any High impact service equality areas please explain why and what mitigations are proposed:			
Impact on users is considered low, and may occur as a result to changes in the Economic Development Service.			
Is a full service equalities impact assessment required: Yes / No			No

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Yes
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2	0	0	2	0	2
Scale 3 – 5	2	2	5	3	0
Sc 6 – SO2	8	8	14	6	0
PO1 – PO5	27	24.8	33	6	0
PO6 – PO8	3	2.9	4	1	0
SMG 1 – 3	1	1	2	1	0
JNC	1	1	1	0	0
Total	42	39.7	61	17	2
Gender	Female	Male			
Ethnicity	BME	White	Other	Not Known	
Disability	Yes	No			
Sexual orientation	Straight / Heterosex.	Gay / Lesbian	Bisexual	Not disclosed	

10. Legal implications
State any specific legal implications relating to this proposal:
This proposal is subject to staff consultation as stipulated within the Council's Employment/Change Management policies.

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented
April 2016	
May 2016	
June 2016	
July 2016	
August 2016	
September 2016	
October 2016	

LEWISHAM FUTURE PROGRAMME – SAVINGS REPORT APPENDICES – SEPTEMBER 2015

APPENDIX 14 – SAVINGS PROPOSALS FOR SCRUTINY, SECTION Q

Contents page

Section Q: Early Intervention and Safeguarding

1. Savings proposal	
Proposal title:	Targeted Services Savings
Reference:	Q3
LFP work strand:	Safeguarding and Early Intervention
Directorate:	Children & Young People
Head of Service:	Warwick Tomsett
Service/Team area:	Children & Young People
Cabinet portfolio:	Children & Young People
Scrutiny Ctte(s):	Children & Young People

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) **Sensory Teachers:** A Reduction in the Equipment Budget	NO	NO	NO
b) **Sensory Teachers:** The DSG regulations indicate that any individual support would be from DSG resources so costs can be recharged to DSG.	NO	NO	NO
c) **Educational Psychologists**: Further reduction in staffing through not replacing staff	NO	NO	YES
d) **Occupational Therapy –** management reorganisation	NO	NO	YES
e) **Reduce Carers funding**	NO	NO	NO
f) **Review of MAPP**	NO	NO	NO
g)**Joint commissioning** Increased contribution from health toward joint commissioning work for children's services.	NO	NO	NO

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
Children with Complex Needs The Children with Complex Needs Service provides the following services to enable

3. Description of service area and proposal

Children with Complex Needs

The Children with Complex Needs Service provides the following services to enable Children and Young People with Special Educational Needs and Disabilities to achieve better life outcomes, they include:

- Multi-Agency Planning Pathway Service;
- Portage Service;
- Short Breaks Service;
- Occupational Therapy Service;
- Special Educational Needs Service;
- Social Work Service for Children with Disabilities.

The overall budget is £2.9m excluding placement costs but including support and packages of care. The overall reduction would be 13%. In 2013/14 savings of c£200k were made following a service restructure. The service is involved in the implementation of the latest SEND reforms (Children & Families Act 2014) which has put a significant pressure on the service in terms of case work delivery.

Multi-Agency Planning Pathway Service (MAPP):
MAPP is a care co-ordination service across health, education and social care. MAPP also provides a care co-ordination for Discharge Planning, Joint Initial Assessment Clinic (JIAC) and Continuing Care.

MAPP also undertakes a statutory role with Education, Health and Care plans for children and young people under the age of 5 years of age.

Portage:
Portage is an educational home visiting service for pre-school children with developmental needs. The aim of Portage is to support the development of young children's play, communication, relationships and full participation in day to day life at home and within the wider community. Support offered through Portage is based on the principle that parents are the key figures in the development of their child and Portage aims to help parents to be confident in this role, regardless of their child's needs. The service plays a key role in managing expectations and reducing dependency on services.

The Short Breaks service:

- enables eligible parents/carers with disabled children and young people to have a short break from their caring responsibilities;
- ensures that while the parents/ carers are receiving a break from their caring responsibilities that their disabled child or young person additional needs are being met and that they benefiting as much as their parents/ carers from this short break.

Occupational Therapy Service**:**
The Occupational Therapy Service provides specialist equipment and adaptations within the home to ensure safety and to increase and maximise the potential of independent living and participation in daily living activities for children and young people with disabilities.

Special Educational Needs Service:
The Special Educational Needs (SEN) team works closely with parents, young people, education settings, social care and health services on undertaking Education, Health

3. Description of service area and proposal

and Care Needs assessments to ensure that children and young people with SEND have improved life outcomes and maximise their educational potential. They have a statutory role under the Children and families Act 2014.

Social Work Service for Children with Disabilities:
The Social Work Service for Children with Disabilities provides assessment and support to disabled children and young people and their families. The Social Work Team operates across the full spectrum of social work interventions this includes child protection, Children in Need, Looked After Children and Transition

STEPS – Specialist Teachers and Educational Psychology Service
STEPS is made up of three teams:

- Sensory Specialist Teachers Team
- Specific Learning Difficulties Specialist Teachers Team (SpLD)
- Educational Psychology Team (EP)

The SpLD and EP Teams provide assessments and consultations to settings and families to enable CYP to maximise their learning opportunities and for settings to increase their capacity to address the needs of CYP with special needs. Both teams provide training to settings and SENCOs. Both teams are involved in the implementation of the latest SEND reforms and have a statutory role in providing advice as part of the EHC assessments. The EP team provides psychological advice to every CYP who has an EHC assessment. This is a significant pressure on capacity.

The Sensory Team provides assessment, monitoring and specialist support for children and young people with a visual or hearing impairment, including direct teaching of visual/hearing impaired children and young people as appropriate. The team works with the young person/child, their families/carers and partner agencies to ensure the child can fully access education and make progress in order to fulfil their aspirations. The team carries out assessments as part of the SEND pathway, contributing to EHC assessments. The team provides training to settings and partner agencies as well as providing specialist equipment furniture and materials for CYP. The budget for these specialist resources is currently.

STEPS contribute to raising the achievement of all CYP and contribute to safeguarding, as well as being integral to the multidisciplinary work which is integral to the recent SEND reforms.

STEPS contribute to raising the achievement of all CYP and contribute to safeguarding, as well as being integral to the multidisciplinary work which is integral to the recent SEND reforms.

Joint Commissioning

The current budget is £545k which includes £150k from the CCG.

The joint commissioning service undertakes commissioning on behalf of the Local Authority and the CCG for CYP services. This includes:

- Services for the early years, including Health Visiting, Family Nurse Partnership and Children's Centres
- Early Intervention and Targeted Services, including Targeted Family Support, Family Intervention Project

3. Description of service area and proposal

- Children's Community Health Services, including children's community nursing, community paediatrics service, special needs nursing, school nurses and immunisations, care and support in the home, and therapies services
- CAMHS services
- Looked After Children's commissioning (such as foster carer recruitment, residential placements, independent visiting)
- Maternity services

The service also undertakes service redesign and analysis, including supporting the restructure of the Youth Support Service in 2014, and implementing Personal Health Budgets (for the CCG, and in partnership with the SEND programme)

In May 2015, the CCG will be transferring responsibility for Maternity commissioning to the CYP joint commissioning team, and a financial contribution will accompany this transfer to reflect the work undertaken by the team on behalf of the CCG.

In October 2015, NHSE will be transferring responsibility for commissioning for 0-5 services to the Local Authority. There is a contribution of approx £30k for this. As the team has effectively managed HV services prior to the transfer, it is anticipated that this can be offered up as a saving and included in these saving figures

Saving proposal

a) Sensory Teachers: A reduction in the Equipment Budget to reflect actual levels of demand would provide a saving of **£60k**. This would amount to a reduction of 33% in the budget and could be achieved without impact on service delivery.

b) Sensory Teachers: The DSG regulations suggest assessment and monitoring should be funded through the General Fund but any individual support can be funded from DSG resources. An assessment of the time on activities provided by the team is that 2.5fte would count as support and can be charged to the DSG**.** This would provide a saving of **£190k** to the General Fund or 40% of the budget.

c) Educational Psychologists: Further reduction in staffing through not replacing staff or replacing vacant roles on lower grades to save **£35k** or 10% of the budget.

d) Occupational Therapy – The management restructure will align the OT service within the LA with the health OT service provided by L&G Trust. This would produce a saving of **£50k or 50%** of the budget.

e) Reduce Carers Funding £40k

This saving is achieved through reducing the commissioning of Contact a Family to co-ordinate the provision of short breaks to families with disabled children and young people (£14k). This can be achieved without significantly impacting on service delivery and makes a small impact on the overall commissioning from Contact a Family. The remainder of this saving (£26k) results from the non-renewal of a small contract with Carers Lewisham. Carers Lewisham has a larger contract with the council which will continue. These grants are funded from the Short Breaks Budget of £1.2m.

f) Review of MAPP Team - This saving to the GF is achieved through increasing the Health contribution to the service by **£120k**. This saving is under negotiation and would represent 50% of the current budget provision.

3. Description of service area and proposal

g) Joint Commissioning of Health services
This saving is achieved through increasing the contribution from the CCG towards joint commissioning work for children's services. This will deliver **£50K** in savings to the GF (9% of the budget).

In May 2015, the CCG will be transferring responsibility for Maternity commissioning to the CYP joint commissioning team, and a financial contribution will accompany this transfer to reflect the work undertaken by the team on behalf of the CCG.

In October 2015, NHSE will be transferring responsibility for commissioning for 0-5 services to the Local Authority. There is a contribution of approx £30k for this. As the team has effectively managed HV services prior to the transfer, it is anticipated that this can be offered up as a saving and included in these saving figures.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

The proposals where there are risks are as follows:

It is considered that for (a) to (c) and (g) can be achieved without impact to families and any actual risk.

d) The management restructure will align the OT service within the LA with the OT service provided by L&G Trust. The focus of the service in both teams is arguably different, and may make alignment difficult; there may also be an impact on casework capacity which will need to be addressed.

e) The Children with Complex Needs service established a new targeted Short Breaks service in 2013. The new service enables eligible parents/carers with disabled children and young people to have a short break from their caring responsibilities. This service is now well established and as a result we no longer require Contact a Family to provide short breaks. We will be continuing to work with Contact a Family to ensure that we continue to support the families that were known to them. The budget provision for this continuing work is £48k. On the ending of the contract with Carers Lewisham the organization will continue to be supported for work with children and young people through their Community Sector Grants award.

f) The negotiations to secure additional financial contributions from Health may not be successful.

Outline risks associated with proposal and mitigating actions:

TBC

5. Financial information

5. Financial information			
Controllable budget:	**Spend £'000**	**Income £'000**	**Net Budget £'000**
	3,540	(682)	2,858
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Sensory Teachers	60		60
b) Sensory Teachers	190		190
c) Educational Psychologists	35		35
d) Occupational Therapy	50		50
e) Reduce Carers Funding	40		40
f) Review of MAPP Team	120		120
g) Joint Commissioning of Health services	50		50
Total	545		545
% of Net Budget	19%	0%	19%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	YES	YES	NO
If impact on DSG or HRA describe:	Increased pressure on central expenditure budgets of DSG that will need to be agreed by Schools Forum. The DSG provides £100k support for two social workers to work with schools.		

6. Impact on Corporate priorities		
Main priority	**Second priority**	**Corporate priorities** 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
7	**2**	
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
NEUTRAL	**NEUTRAL**	
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
LOW	**LOW**	

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	No Specific Impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	N/A	**Pregnancy / Maternity:**	N/A
Gender:	N/A	**Marriage & Civil Partnerships:**	N/A
Age:	N/A	**Sexual orientation:**	N/A
Disability:	LOW	**Gender reassignment:**	N/A
Religion / Belief:	N/A	**Overall:**	N/A
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No	NO		

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No	YES (OT Service)				
Workforce profile:					
Posts	**Headcount in post**	**FTE in post**	**Establishment posts**	**Vacant**	
				Agency / Interim cover	**Not covered**
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2					
PO1 – PO5	3	2.6	2.6		
PO6 – PO8					
SMG 1 – 3					
JNC					
Total					
Gender	**Female**	**Male**			
	3				
Ethnicity	**BME**	**White**	**Other**	**Not Known**	
	1	2			
Disability	**Yes**	**No**			
		x			
Sexual orientation	**Straight / Heterosex.**	**Gay / Lesbian**	**Bisexual**	**Not disclosed**	

10. Legal implications
State any specific legal implications relating to this proposal:
There is a statutory framework for joint commissioning of social care and health services and each year the Council and the CCG agree their respective financial contribution towards the budget required to deliver the services and make decisions as to the letting of contracts to providers. Each partner can delegate its function to the other, if this is considered to be in the interests of stakeholders and the efficient delivery of the services. Any reductions in budget will involve negotiation and

10. Legal implications
agreement with the CCG. Where the Council holds the budget it must ensure this is managed to avoid any overspend. As these services are provided to vulnerable young people, to the extent that there is a change to the provision , then consultation will be required and a report setting out the outcome of such consultation placed before the decision maker. The recipients of the service have protected characteristics under the Equality Act 2010 and the Council must comply with its statutory duty under this Act

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

1. Savings proposal	
Proposal title:	Safeguarding Services
Reference:	Q4
LFP work strand:	Safeguarding and Early Intervention
Directorate:	Children & Young People
Head of Service:	Alastair Pettigrew (Interim)
Service/Team area:	Children & Young People
Cabinet portfolio:	Children & Young People
Scrutiny Ctte(s):	Children & Young People

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Social Care Supplies and Services reduced spend	NO	NO	NO
b) Social care financial management through continued cost control on all areas of spend.	NO	NO	NO
Placements: continuing strategy to use local authority foster placements where possible.	NO	NO	NO

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

The Children's Social Care service currently has c500 Looked After Children for whom it is responsible and has placed in fostering or residential placements. The budgeted cost of this in 2015/16 is £31m with social worker costs of £10m. In support of these costs the service incurs a range of Supplies and Services expenditure, with a value of £1.5m, covering: conferences, consultancy, advertising, subscriptions, equipment, and third party payments.

Saving proposal

Social Care Supplies and Services:
A detailed review of budgets, totalling £1.5m, that fall under the classification "supplies and services" including payments to third parties has been undertaken. Some of the budgets were being used to offset the spending pressures on placements costs and salaries. The review has reduced proposed budgets to be in line with most recent spend experience and to reflect actions to further reduce planned expenditure. The proposal would produce a saving of £370k over two years. The budget concerned covers equipment, conferences, consultancy, advertising, subscriptions, equipment, and third party payments. The reduction proposed represents 25% of the past budget.

3. Description of service area and proposal

Social Care:
This proposal is to improve social care financial management across the £42.5m of social care spend through a wider review of processes for financial decision making at the frontline. In the first instance the focus is on the management of placement costs with the objective of reducing unit costs from their current position. This will involve a more detailed analysis and monitoring of placement decisions, costs and ensuring closer control of placements that are ending or changing. This is being introduced in 2015 but it is not clear yet what the full scale of any cost reductions may be. The proposal is currently estimated to produce a saving of £100k. It is also planned to review procurement of and arrangements for supporting young people who are categorised as leaving care.

Placements:
The proposal is to continue to reduce spend in 2017/18 through a further focus on the use of specialist foster carers for challenging young people. These placements are very expensive ones costing in the region of £3,000 a week. This proposal would propose to pay £800 for fostering costs plus say, £800 for additional support, giving a total of £1600 instead of the £3000. The saving of **£200k** is based on 3 placements using these specialist carers.

A similar saving has been agreed for 2015/16 and covers 4 placements, this proposal would need to be reviewed in the light of the progress of that proposal. This additional saving is not expected to be delivered until 2017/18 and will require some careful thought and planning during 2015 and 2016 to avoid any unintended consequences in its implementation. The saving represents 1% of the placements budget this compares with the savings of 6% agreed for 2015/16.

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

a) This saving may impact on staff training and development, and reduced scope for access to external expertise. This may impact upon the skill levels of social workers in the service. Also, a budget with a degree of under spending each year will not be available to support other over spending areas in children's social care. No direct impact on young people is anticipated from this proposal.

b) Potentially, additional management time will need to be dedicated to oversight of placements and costs rather than care planning and staff management that could have an impact on care arrangements for some young people and children.

c) If we are able to attract specialist foster carers to care for challenging teenagers this will have a positive impact on those service users. The risk is that some of the identified target group will not be ready to live in a family, the placement will break down and the young person will end up in more expensive residential units. There may also be pressure from existing foster carers who have been caring long-term for young people who become challenging as they get older, that they should receive enhanced rates.

Outline risks associated with proposal and mitigating actions:

General

4. Impact and risks of proposal

If the number of Looked after Children (c500 currently) increases in line with the rising population (10 per annum) or the rise in child protection work leads to a rise in care proceedings this will offset the financial impact of the savings.

a) This proposal would not impact upon children and young people directly.

b) Changes in the recording and analysis of placements is underway to ensure better management of placement costs and decisions it may however be difficult to ascribe any reduced expenditure to the impact of these changes as opposed to other management and procurement activities.

c) There is an increased possibility of placement breakdown for more challenging children if specialist foster carers are not successful in their support of these young people.

The current demand for foster placements in Kent and London will make the identification of foster placements, especially for more challenging children, more difficult to achieve. The savings proposal will rely on the ability to identify and train local foster carers to take on and support more challenging children.

Existing foster carers may expect higher rates for current children but the additional support proposed, for the most challenging young people, will be considered on a case by case approach.

5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	34,504	(200)	34,304
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a) Social Care Supplies and Services	130	240	370
b) Social Care	50	50	100
c) Placements	0	200	200
Total	180	490	670
% of Net Budget	0.5%	1.4%	1.9%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	YES	NO	NO
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
7	**10**	1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
NEGATIVE	**POSITIVE**	

6. Impact on Corporate priorities		
		economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
HIGH	**LOW**	

7. Ward impact	
Geographical impact by ward:	**No specific impact / Specific impact in one or more**
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	N/A	**Pregnancy / Maternity:**	N/A
Gender:	N/A	**Marriage & Civil Partnerships:**	N/A
Age:	N/A	**Sexual orientation:**	N/A
Disability:	N/A	**Gender reassignment:**	N/A
Religion / Belief:	N/A	**Overall:**	N/A
For any High impact service equality areas please explain why and what mitigations are proposed:			
There is no major equalities impact other than the fact that it will impact on children			
Is a full service equalities impact assessment required: Yes / No			NO

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	NO

10. Legal implications
State any specific legal implications relating to this proposal:
The Council has statutory responsibility to provide services appropriate to meet assessed need for Children in Need , and also Looked After Children, for whom we may or may not be exercising parental responsibility. There are differing levels of regulation applicable to services, ranging from a wide discretion as to meeting need pursuant to s17 Children Act 1989, to clear regulations relating to Looked After Children and those leaving care. More detailed legal implications will be prepared appropriate to the individual proposals.

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**

11. Summary timetable	
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (**full decision**) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

1. Savings proposal	
Proposal title:	Youth Service
Reference:	Q5
LFP work strand:	Safeguarding and Early Intervention
Directorate:	Children & Young People
Head of Service:	Warwick Tomsett
Service/Team area:	Children & Young People
Cabinet portfolio:	Children & Young People
Scrutiny Ctte(s):	Children & Young People

2. Decision Route			
Saving proposed:	**Key Decision Yes/No**	**Public Consultation Yes/No**	**Staff Consultation Yes/No**
a) Youth Service tapering of financial support	YES	NO	No

3. Description of service area and proposal

Description of the service area (functions and activities) being reviewed:

Lewisham Council's Youth Service budget covers a two-pronged statutory obligation: facilitate access to positive activities for young people to build life skills, and track young people's current education and employment statuses in order to report to Central Government the number of young people not in education, employment or training (NEET) and then ensure these young people receive appropriate support.

The Youth Service provides and facilitates access to a range of activities for young people through a combination of direct delivery, support to access delivery provided by other organisations, and commissioning and partnering with the voluntary sector. The activities are now focused on developing young people's life skills as agreed in the previous reorganisation of the service.

Provision includes positive activities for young people, offering them places to go and things to do, including social and cultural activities, sports and play, and early intervention services. The Youth Service also offers informal education, advice and guidance on career choices and healthier lifestyles, and information concerning the dangers of substance misuse.

Saving proposal

Youth Service (£1.7m)

The service is currently developing proposals for the creation of a staff and young people led mutual for the youth service. A separate report on this, outlining the business plan and demonstrating the viability, will be presented to Scrutiny and Mayor and Cabinet in the late autumn, including the potential savings that will be achieved.

This proposal is to include an initial financial tapering for the mutual at £150k per annum, to a total of £300k by the end of 2017/18. This will be included in the financial modelling as part of the business plan.

3. Description of service area and proposal

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

Outline risks associated with proposal and mitigating actions:

The proposal to taper the financial support to the mutual increases the challenge in establishing the mutual successfully. However this will be mitigated through the detailed business planning process. It may be that the delivery of the £300k is not split as evenly across the two years as shown here, but will be factored in for the full delivery by the end of 2017/18.

The expectation that the mutual proposal will achieve further savings will be addressed in the business plan and report to be presented firstly to CYP Select Committee, then Mayor & Cabinet later in the autumn.

5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	2,000	(300)	1,700
Saving proposed:	**2016/17 £'000**	**2017/18 £'000**	**Total £'000**
a)	150	150	300
Total	150	150	300
% of Net Budget	9%	9%	18%
Does proposal impact on: Yes / No	**General Fund**	**DSG**	**HRA**
	YES	NO	NO
If impact on DSG or HRA describe:			

6. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
2		1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency,
Impact on main priority – Positive / Neutral / Negative	**Impact on second priority – Positive / Neutral / Negative**	
Neutral		
Level of impact on main priority – High / Medium / Low	**Level of impact on second priority – High / Medium / Low**	
Low		

6. Impact on Corporate priorities		
		effectiveness and equity

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No Specific Impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	N/A	Pregnancy / Maternity:	N/A
Gender:	N/A	Marriage & Civil Partnerships:	N/A
Age:	N/A	Sexual orientation:	N/A
Disability:	N/A	Gender reassignment:	N/A
Religion / Belief:	N/A	Overall:	N/A
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			Not for this proposal. A full EIA will be needed for the separate report covering the mutual proposal.

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	NO

10. Legal implications
State any specific legal implications relating to this proposal:
A full report will go to Mayor and Cabinet setting out the proposals for the development of a mutual to deliver the youth services. This report will contain detailed legal and financial implications. If the formation of a mutual is agreed, then the Lewisham mutual would have to compete in the market for a contract for the youth service for a period of up to three years although only mutuals will be permitted to tender. The Council will have to specify the nature of the services it requires the mutual to deliver although this can be in the form of an output specification to allow the bidders to come forward with their own proposals as to how to deliver the services and to offer, if they so wish, any innovative proposals. It is lawful to offer Initial financial or other support to the mutuals provided that it is fair to all bidders and not discriminatory. There will be employment implications which will be set out in the Report.

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	**Activity**
August 2015	Proposals prepared (**this template and supporting papers – e.g. draft public consultation**)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	CYP Select 17 November 2015 with Draft Business Plan
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

Appendix 15 – Corporate Savings Principles

Prior to the General Election in 2010, the Labour Government instituted a programme of austerity planned over a five year period. In 2010 the Coalition Government increased the level of and pace of "fiscal consolidation" (i.e. tax increases and spending cuts) that applied to the nation's public finances. In 2013 these were increased again such that the original plans of the (then) Labour Government to reduce public spending have been increased dramatically. To ensure that this scale of service cuts did not impact adversely on front-line services the Mayor and Cabinet agreed a set of principles to underpin the Council's decision making. These principles ensure that we:

1) Take account of the impact on service outcomes and social results for customers and citizens

2) Be prudent and sustainable for the longer term, we will not just opt for shortterm fixes

3) Reflect a coherent "one organisation" approach that avoids silo-based solutions

4) Encourage self-reliance, mutualism and cooperative endeavour

5) Mitigate potential harm in accordance with an appropriate assessment of needs

6) Be mindful of the impact on the geography of fairness across Lewisham (and our boundaries)

7) Involve service users, staff and other stakeholders in the redesign of services for the future

8) Consider the current or potential actions of other public agencies and the voluntary sector locally, including sharing and reshaping services (Total Place)

9) Consider the impact on the Lewisham approach where we listen to all voices, take account of all views and then we move forward to implement.


Equality and
Human Rights
Commission

This guidance has been updated to reflect the new equality duty which came into force on 5 April 2011. It provides advice about the general equality duty.

0B**Introduction**

With major reductions in public spending, public authorities in Britain are being required to make difficult financial decisions. This guide sets out what is expected of you as a decision-maker or leader of a public authority responsible for delivering key services at a national, regional and/or local level, in order to make such decisions as fair as possible.

The new public sector equality duty (the equality duty) does not prevent you from making difficult decisions such as reorganisations and relocations, redundancies, and service reductions, nor does it stop you from making decisions which may affect one group more than another group. The equality duty enables you to demonstrate that you are making financial decisions in a fair, transparent and accountable way, considering the needs and the rights of different members of your community. This is achieved through assessing the impact that changes to policies, procedures and practices could have on different protected groups (or protected characteristics under the Equality Act 2010).

Assessing the impact on equality of proposed changes to policies, procedures and practices is not just something that the law requires, it is a positive opportunity for you as a public authority leader to ensure you make better decisions based on robust evidence.

1B**What the law requires**

Under the equality duty (set out in the Equality Act 2010), public authorities must have 'due regard' to the need to eliminate unlawful discrimination, harassment and victimisation as well as to advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

The protected groups covered by the equality duty are: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The duty also covers marriage and civil partnerships, but only in respect of eliminating unlawful discrimination.

The law requires that public authorities demonstrate that they have had 'due regard' to the aims of the equality duty in their decision-making. Assessing the potential impact on equality of proposed changes to policies, procedures and practices is one of the key ways in which public authorities can demonstrate that they have had 'due regard'.

It is also important to note that public authorities subject to the equality duty are also likely to be subject to the Human Rights Act. We would therefore recommend that public authorities consider the potential impact their decisions could have on human rights.

2B**Aim of this guide**

This guide aims to assist decision-makers in ensuring that:

• The process they follow to assess the impact on equality of financial proposals is robust, and
• The impact that financial proposals could have on protected groups is thoroughly considered before any decisions are arrived at.

We have also produced detailed guidance for those responsible for assessing the impact on equality of their policies, which is available on our website: http://www.equalityhumanrights.com/uploaded_files/EqualityAct/PSED/equality_analysis_guidance.pdUfU

3B**The benefits of assessing the impact on equality**

By law, your assessments of impact on equality must:

• Contain enough information to enable a public authority to demonstrate it has had 'due regard' to the aims of the equality duty in its decision-making
• Consider ways of mitigating or avoiding any adverse impacts.

Such assessments do not have to take the form of a document called an equality impact assessment. If you choose not to develop a document of this type, then some alternative approach which systematically assesses any adverse impacts of a change in policy, procedure or practice will be required.

Assessing impact on equality is not an end in itself and it should be tailored to, and be proportionate to, the decision that is being made.

Whether it is proportionate for an authority to conduct an assessment of the impact on equality of a financial decision or not depends on its relevance to the authority's particular function and its likely impact on people from the protected groups.

We recommend that you document your assessment of the impact on equality when developing financial proposals. This will help you to:

• **Ensure you have a written record of the equality considerations** you have taken into account.

• **Ensure that your decision includes a consideration of the actions that would help to avoid or mitigate any impacts on particular protected groups**. Individual decisions should also be informed by the wider context of

decisions in your own and other relevant public authorities, so that particular groups are not unduly affected by the cumulative effects of different decisions.

• **Make your decisions based on evidence**: a decision which is informed by relevant local and national information about equality is a better quality decision. Assessments of impact on equality provide a clear and systematic way to collect, assess and put forward relevant evidence.

• **Make the decision-making process more transparent**: a process which involves those likely to be affected by the policy, and which is based on evidence, is much more open and transparent. This should also help you secure better public understanding of the difficult decisions you will be making in the coming months.

• **Comply with the law**: a written record can be used to demonstrate that due regard has been had. Failure to meet the equality duty may result in authorities being exposed to costly, time-consuming and reputation-damaging legal challenges.

4B**When should your assessments be carried out?**

Assessments of the impact on equality must be carried out at a **formative stage** so that the assessment is an integral part of the development of a proposed policy, not a later justification of a policy that has already been adopted. Financial proposals which are relevant to equality, such as those likely to impact on equality in your workforce and/or for your community, should always be subject to a thorough assessment. This includes proposals to outsource or procure any of the functions of your organisation. The assessment should form part of the proposal, and you should consider it carefully **before** making your decision.

If you are presented with a proposal that has not been assessed for its impact on equality, you should question whether this enables you to consider fully the proposed changes and its likely impact. Decisions not to assess the impact on equality should be fully documented, along with the reasons and the evidence used to come to this conclusion. This is important as authorities may need to rely on this documentation if the decision is challenged.

It is also important to remember that the potential impact is not just about numbers. Evidence of a serious impact on a small number of individuals is just as important as something that will impact on many people.

5B**What should I be looking for in my assessments?**

Assessments of impact on equality need to be based on relevant information and enable the decision-maker to understand the equality implications of a decision and any alternative options or proposals.

As with everything, proportionality is a key principle. Assessing the impact on equality of a major financial proposal is likely to need significantly more effort

and resources dedicated to ensuring effective engagement, than a simple assessment of a proposal to save money by changing staff travel arrangements.

There is no prescribed format for assessing the impact on equality, but the following questions and answers provide guidance to assist you in determining whether you consider that an assessment is robust enough to rely on:

• **Is the purpose of the financial proposal clearly set out?**
A robust assessment will set out the reasons for the change; how this change can impact on protected groups, as well as whom it is intended to benefit; and the intended outcome. You should also think about how individual financial proposals might relate to one another. This is because a series of changes to different policies or services could have a severe impact on particular protected groups.

Joint working with your public authority partners will also help you to consider thoroughly the impact of your joint decisions on the people you collectively serve.

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel. Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable. This combined impact would not be apparent if the decisions were considered in isolation.

• **Has the assessment considered available evidence?**
Public authorities should consider the information and research already available locally and nationally. The assessment of impact on equality should be underpinned by up-to-date and reliable information about the different protected groups that the proposal is likely to have an impact on. A lack of information is not a sufficient reason to conclude that there is no impact.

• **Have those likely to be affected by the proposal been engaged?**
Engagement is crucial to assessing the impact on equality. There is no explicit requirement to engage people under the equality duty, but it will help you to improve the equality information that you use to understand the possible impact on your policy on different protected groups. No-one can give you a better insight into how proposed changes will have an impact on, for example, disabled people, than disabled people themselves.

• **Have potential positive and negative impacts been identified?**
It is not enough to state simply that a policy will impact on everyone equally; there should be a more in-depth consideration of available evidence to see if particular protected groups are more likely to be affected than others. Equal treatment does not always produce equal outcomes; sometimes authorities

will have to take particular steps for certain groups to address an existing disadvantage or to meet differing needs.

• **What course of action does the assessment suggest that I take? Is it justifiable?**
The assessment should clearly identify the option(s) chosen, and their potential impacts, and document the reasons for this decision. There are four possible outcomes of an assessment of the impact on equality, and more than one may apply to a single proposal:

Outcome 1: No major change required when the assessment has not identified any potential for discrimination or adverse impact and all opportunities to advance equality have been taken.

Outcome 2: Adjustments to remove barriers identified by the assessment or to better advance equality. Are you satisfied that the proposed adjustments will remove the barriers identified?

Outcome 3: Continue despite having identified some potential for adverse impacts or missed opportunities to advance equality. In this case, the justification should be included in the assessment and should be in line with the duty to have 'due regard'. For the most important relevant policies, compelling reasons will be needed. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact, as discussed below.

Outcome 4: Stop and rethink when an assessment shows actual or potential unlawful discrimination.

• **Are there plans to alleviate any negative impacts?**
Where the assessment indicates a potential negative impact, consideration should be given to means of reducing or mitigating this impact. This will in practice be supported by the development of an action plan to reduce impacts. This should identify the responsibility for delivering each action and the associated timescales for implementation. Considering what action you could take to avoid any negative impact is crucial, to reduce the likelihood that the difficult decisions you will have to take in the near future do not create or perpetuate inequality.

Example: A University decides to close down its childcare facility to save money, particularly given that it is currently being under-used. It identifies that doing so will have a negative impact on women and individuals from different racial groups, both staff and students.

In order to mitigate such impacts, the University designs an action plan to ensure relevant information on childcare facilities in the area is disseminated to staff and students in a timely manner. This will help to improve partnership working with the local authority and to ensure that sufficient and affordable childcare remains accessible to its students and staff.

• **Are there plans to monitor the actual impact of the proposal?**
Although assessments of impact on equality will help to anticipate a proposal's likely effect on different communities and groups, in reality the full impact of a decision will only be known once it is introduced. It is therefore important to set out arrangements for reviewing the actual impact of the proposals once they have been implemented.

6B**What happens if you don't properly assess the impact on equality of relevant decisions?**

If you have not carried out an assessment of impact on equality of the proposal, or have not done so thoroughly, you risk leaving yourself open to legal challenges, which are both costly and time-consuming. Recent legal cases have shown what can happen when authorities do not consider their equality duties when making decisions.

Example: A court recently overturned a decision by Haringey Council to consent to a large-scale building redevelopment in Wards Corner in Tottenham, on the basis that the council had not considered the impact of the proposal on different racial groups before granting planning permission.

However, the result can often be far more fundamental than a legal challenge. If people feel that an authority is acting high-handedly or without properly involving its service users or employees, or listening to their concerns, they are likely to be become disillusioned with you.

Above all, authorities which fail to carry out robust assessments of the impact on equality risk making poor and unfair decisions that could discriminate against particular protected groups and perpetuate or worsen inequality.

As part of its regulatory role to ensure compliance with the equality duty, the Commission will monitor financial decisions with a view to ensuring that these have been taken in compliance with the equality duty and have taken into account the need to mitigate negative impacts where possible.

Appendix 17 – Summary of Savings as a Navigation Table

Please note, the page numbers refer to the page numbers of the left hand side of the Savings Proposal Report.

Ref.	Description	16/17 £'000	17/18 £'000	Total £'000	Key Decision	Public Consultation	Staff Consultation	Appendix	Scrutiny Committee	Page Number
A	**Smarter & deeper integration of social care & health**									
A11	Managing and improving transition plans	200	300	500	Y	N	N	1	Healthier	31
A12	Reducing costs of staff management, assessment and care planning	500	200	700	Y	N	Y	1	Healthier	35
A13	Alternative Delivery Models for the provision of care and support services, including mental health	1,100	700	1,800	Y	Y	Y	1	Healthier	39
A14	Achieving best value in care packages	600	500	1,100	N	N	N	1	Healthier	43
A15	New delivery models for extra care – Provision of Contracts	100	900	1,000	Y	Y	N	1	Healthier	47
A16	Prescribed Medication	130		130	N	N	N	1	Healthier	51
A16	Dental Public Health	20		20	N	N	N	1	Healthier	51
A16	Health Protection		23	23	N	N	N	1	Healthier	51
A16	Obesity/Physical Activity	232		232	N	N	N	1	Healthier	51
A16	Health Inequalities	100		100	N	N	N	1	Healthier	51
A16	Workforce development	25		25	N	N	N	1	Healthier	51
A16	Redesign through collaboration		580	580	Y	N	N	1	Healthier	51

Ref.	Description	16/17 £'000	17/18 £'000	Total £'000	Key Decision	Public Consultation	Staff Consultation	Appendix	Scrutiny Committee	Page Number
A17	Sexual Health Transformation		500	500	Y	Y	N	1	Healthier	59
B	**Supporting People**									
B2	Individual service users will no longer receive a service in their own homes and some will need to be decanted from accommodation based services.		1,200	1,200	Y	N	N	2	Healthier/ Safer stronger	67
F	**Business Support and Customer Transformation – Appendix 3**									
F2a	Improve our online offer, starting with environmental services.	148		148	N	N	Y	3	Public Accounts	73
F2b	Pushing customers to self-serve online wherever possible.		52	52	N	N	Y	3	Public Accounts	73
F3	Customer Service Centre reorganisation.	130	43	173	N	N	Y	3	Public Accounts	77
G	**Income Generation**									
G2	Commercial Opportunities: Increase advertising income	300		300	N	N	N	4	Public Accounts	83
G2	Wireless Concessions: Explore potential to install wireless connections in street furniture using a concession licence in exchange for income.	200		200	N	N	N	4	Public Accounts	83
G2	Review of regulatory restrictions for the HRA, DSG and Capital Programme and review of treasury management	300		300	N	N	N	4	Public Accounts	83

Ref.	Description	16/17 £'000	17/18 £'000	Total £'000	Key Decision	Public Consultation	Staff Consultation	Appendix	Scrutiny Committee	Page Number
G2	Increase sundry debt collection.	250		250	N	N	N	4	Public Accounts	83
G2	Parking: Review service level arrangements.		250	250	N	Y	Y	4	Public Accounts	83
H	**Enforcement and Regulation**									
H2	Further reductions in Crime, Enforcement and Regulation and Environmental Health		1,200	1,200	Y	N	Y	5	Safer Stronger	91
I	**Management and Corporate Overheads**									
I2a	Policy, performance, service redesign and intelligence		180	180	N	N	Y	6	Public Accounts	99
I2b	Senior management executive support	100		100	N	N	Y	6	Public Accounts	99
I2c	Governance		75	75	N	N	Y	6	Public Accounts	99
I3	Reorganisation of how Complaints are managed across the Council.	50		50	N	N	Y	6	Public Accounts	107
I4a	Review of Programmes in Strategy and Mayor and Cabinet Office	150		150	N	N	Y	6	Public Accounts	111
I4b	Restructure of Communications after voluntary redundancies	60		60	N	N	N	6	Public Accounts	111

Ref.	Description	16/17 £'000	17/18 £'000	Total £'000	Key Decision	Public Consultation	Staff Consultation	Appendix	Scrutiny Committee	Page Number
I5	Commissioning and Procurement: undertake base lining of current activity and focus time only on value add activities.	500	500	1,000	Y	N	Y	6	Public Accounts	115
I6	Insurance and Risk: review liabilities and re-charge premiums to ensure they are contributing for the whole risk, not just direct costs.	300		300	N	N	N	6	Public Accounts	119
I7	Finance non-salary budget and vacancies review	100	150	250	N	N	N	6	Public Accounts	123
I8	Minor reorganisation of Legal Services to incorporate Procurement function	50		50	N	N	Y	6	Public Accounts	127
I9a	HR support	20	200	220	N	N	Y	6	Public Accounts	131
I9b	TU Secondments	40		40	N	N	Y	6	Public Accounts	131
I9c	Graduate Schemes	40		40	N	N	N	6	Public Accounts	131
I9d	Social Care Training		100	100	N	N	N	6	Public Accounts	131
I9e	Realign Schools HR Recharge	100		100	N	N	N	6	Public Accounts	131
I10a	Revising infrastructure support arrangements and Contract, systems and supplies review	1,000	1,000	2,000	Y	N	N	6	Public Accounts	135

Ref.	Description	16/17 £'000	17/18 £'000	Total £'000	Key Decision	Public Consultation	Staff Consultation	Appendix	Scrutiny Committee	Page Number
I10b	Committee Papers: move to digital access only	100		100	N	N	N	6	Public Accounts	135
J	**School Effectiveness**									
J2a	Schools SLA: Apply an above inflation 2.5% increase to schools SLAs.	100		100	N	N	N	7	CYP	143
J2b	Attendance and Welfare: We currently deliver our core statutory offer plus some traded services within this area. A further restructure and increase in traded services could result in further savings.	150		150	Y	N	N	7	CYP	143
J2c	Schools Infrastructure: Schools Strategic IT support to be traded or withdrawn.	118		118	N	N	N	7	CYP	143
J2d	Educational Psychologists: Service reorganisation and further trading where possible.	5		5	N	N	N	7	CYP	143
J2e	Estates Management: Service re-organisation, improved coordination with property services, and reduced provision for property consultancy services.	220		220	N	N	Y	7	CYP	143
J2f	Free School Meals Eligibility: Service transfer to Customer Services financial assessments team.	17		17	N	N	Y	7	CYP	143
J2g	Management Restructure of the Standards and Achievement team.	50		50	N	N	Y	7	CYP	143

Ref.	Description	16/17 £'000	17/18 £'000	Total £'000	Key Decision	Public Consultation	Staff Consultation	Appendix	Scrutiny Committee	Page Number
K	**Drug and Alcohol**									
K4	Reducing the length of time that methadone (Heroin substitute) is prescribed, re-procurement of the main drug and alcohol service, and greater use of community rehabilitation	50	340	390	Y	N	N	8	Safer Stronger	153
L	**Culture and Community Services**									
L5	Reduce the level of grant funding to the voluntary sector by £1,000,000 from 1 April 2017/18. This is the final year of the current main grants programme and will require the reduction/removal of funding from a range of organisations currently receiving funding.		1,000	1,000	Y	Y	N	9	Safer Stronger	159
L6	Library and Information Serivce: 1. Creation of three Hub Libraries – Deptford Lounge, Lewisham and Downham Health & Leisure Centre – which will carry an enhanced role for face to face contact between the Local Authority and the public to support the digital by default agenda. 2. the extension of the Lewisham Community Library Model to Forest Hill, Torridon, and Manor House, in partnership with other council services and community organisations. And the integration of the library provision into the repurposed ground floor space within the Catford complex (Laurence	400	600	1,000	Y	Y	Y	9	Safer Stronger	163

Ref.	Description	16/17 £'000	17/18 £'000	Total £'000	Key Decision	Public Consultation	Staff Consultation	Appendix	Scrutiny Committee	Page Number
	House). 3. the regrading of front line staff to include new functions through the re-training and enhancement of front line roles.									
L7	Change in contractual arrangements relating the leisure services		1,000	1,000	Y	Y	N	9	Safer Stronger	179
M	**Housing strategy and non-HRA funded services**									
M2a	Review of funding streams across housing strategy, development and partnership functions	140		140	N	N	Y	10	Housing	185
M2b	Reduction in premises costs	60		60	N	N	N	10	Housing	185
N	**Environmental Services**									
N3	Review of Lewisham's Waste Services (Doorstep collection & disposal) Transfer of estates Bulky Waste disposal costs to Lewisham Homes	600	500	1,100	Y	Y	Y	11	Sustainable	191
N4	Provide a mobile, 'as required', response service for residential roads instead of traditional 'beat cased' sweeper.	1,000		1,000	Y	Y	Y	11	Sustainable	199
N5	Review of Lewisham's Passenger Transport Service.	500	500	1,000	Y	Y	Y	11	Sustainable	205

Ref.	Description	16/17 £'000	17/18 £'000	Total £'000	Key Decision	Public Consultation	Staff Consultation	Appendix	Scrutiny Committee	Page Number
N6	To develop our Trade Waste customer base, improve efficiency and increase income. To negotiate an increased share of income from Parks Events.	250	250	500	Y	Y	N	11	Sustainable	211
O	**Public Services**									
O4	Financial Assessments: Introduce standardisation and efficiencies in approach to financial assessments.	100		100	N	N	Y	12	Public Accounts	217
O5	Discretionary Freedom Pass: Option 1: Withdrawal of discretionary scheme. Option 2: Close scheme to new applicants	200 or 20	20	200 or 40	Y	Y	N	12	Public Accounts	221
P	**Planning and Economic Development**									
P2a	Restructure of Development Management team and restructure and amalgamation of the Conservation, Urban Design and Planning Policy teams.	185		185	Y	N	Y	13	Sustainable	231
P2b	Substitution of part of base budget by alternative funding sources (S.106 and fee income).	45		45	Y	N	N	13	Sustainable	231
P2c	Further increase in charges and changes to funding coupled with savings achievable from a corporate approach to and restructure of employment services.		305	305	Y	N	Y	13	Sustainable	231

Ref.	Description	16/17 £'000	17/18 £'000	Total £'000	Key Decision	Public Consultation	Staff Consultation	Appendix	Scrutiny Committee	Page Number
P2d	Review of Statement of Community Involvement (SCI) on the way in which the service consults on planning applications. Efficiency savings based on paper, printing and postage costs.		20	20	Y	Y	N	13	Sustainable	231
Q	**Safeguarding and Early Intervention**									
Q3a & b	Sensory Teachers (a and b)	250		250	N	N	N	14	CYP	239
Q3c	Educational Psychologists: Further reduction in staffing through not replacing staff	35		35	N	N	Y	14	CYP	239
Q3d	Occupational Therapy – management reorganisation	50		50	N	N	Y	14	CYP	239
Q3e	Reduce Carers funding	40		40	N	N	N	14	CYP	239
Q3f	Review of MAPP portage with increased health contribution.	120		120	N	N	N	14	CYP	239
Q3g	Joint commissioning with efficiencies through reorganisation and better planning of work.	50		50	N	N	N	14	CYP	239
Q4a	Social care supplies and services reduced spend.	130	240	370	Y	N	N	14	CYP	247
Q4b	Social care financial management through continued cost control on all areas of spend.	50	50	100	N	N	N	14	CYP	247
Q4c	Placements: continuing strategy to use local authority foster placements where possible.		200	200	N	N	N	14	CYP	247

Ref.	Description	16/17 £'000	17/18 £'000	Total £'000	Key Decision	Public Consultation	Staff Consultation	Appendix	Scrutiny Committee	Page Number
Q5	Youth Service: accelerate tapering of support to Youth Service to statutory minimum (will follow decision on creation of a mutual).	150	150	300	Y	N	N	14	CYP	253

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Title	Lewisham Annual Public Health Report		
Key Decision	No		Item No. 5
Ward	Borough Wide		
Contributors	Danny Ruta – Director of Public Health		
Class	Part 1	Date: 09 September 2015	

1. Summary

1.1 The report discusses the health of Children and Young People in Lewisham. Where possible, information has been presented in relation to the three stages of childhood: Early Years (0-4), Primary School Age (5-11) and Secondary School Age (12-18). Data has been drawn from a wide range of sources including Public Health England, NHS England and local data sets to provide a comprehensive picture of the health of young residents in Lewisham. Key messages include:

- The population of children and young people in Lewisham will continue to rise over the next twenty years. As the population increases, it will continue to become more diverse. The associated challenges, together with the challenges of deprivation and other adverse factors in local children's lives should continue to influence planning for Lewisham's children and young people.

- One of the four key areas in which the Lewisham Children and Young People's Strategic Partnership aims to improve outcomes through its Children and Young People's Plan (2015-18) is 'Be Healthy and Active'. This Annual Public Health Report pays particular attention to the priorities identified in this key area in the Children and Young People's Plan:

    - Improve our uptake of immunisations
    - Ensure our children and young people are a healthy weight
    - Improve mental and emotional wellbeing
    - Improve Sexual Health
    - Reduce the impact of alcohol, smoking and substance misuse
    - Ensure our looked after children are healthy
    - Encourage access to and use of culture, sport, leisure and play activities

- Attention is also paid to the following priority included in the Children and Young People's Plan key area "Build Child and Family Resilience":

- Ensure the best outcomes or pregnancy and the first 1,000 days including the reduction of the impact of toxic stress on children.

2. Purpose

2.1 This report provides members of the Healthier Communities Select Committee with the 2015 Annual Public Health Report (APHR), which is themed on Children and Young People. Wider information on the entire population is also provided through the Public Health Performance Dashboards, which are provided as appendices to the main report.

3. Recommendation

3.1 Members of the Healthier Communities Select Committee are asked to note, and to comment as they wish, on the content of the attached report (Appendix 1).

4. Policy context

4.1 The Health and Social Care Act 2012 states that the production of an APHR is a statutory duty of the Director of Public Health, which the local authority is responsible for publishing. The report aims to inform partners, professionals, and other decision makers, as well as the community about the health of the local population.

4.2 The publication of a themed report on Children and Young People is to coincide with the upcoming publication of the 2015-2018 Children and Young People's Plan. The report also supports achieving the Sustainable Communities priority for Lewisham of healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and well-being.

4.3 This draft report will also be submitted to the Health and Wellbeing Board, for information at its meeting on 22/09/2015, and to the Children and Young People's Select Committee for discussion on 20/10/2015.

5. The Health of Lewisham Children and Young People

5.1 Lewisham's Children

5.1.1 Lewisham's children form one of the most diverse and vibrant populations of children in the UK. This means that they can experience a huge range of cultures within Lewisham and benefit from this. But there are also challenges associated with this feature of life in Lewisham. These challenges, together with the rapid rise in Lewisham's population of children, and the challenges of poverty and other elements of toxic stress that a greater proportion of Lewisham's children experience than children in England generally, have also influenced the development of the Children and Young People's Plan.

5.2 Outcomes of Pregnancy

5.2.1 It is estimated that approximately 50% of pregnancies are planned, which in Lewisham would equate to around 2,500 planned pregnancies per year. All

care providers and agencies in contact with child bearing women should ensure that the pre-conception web-based resource is promoted and that in cases where women have a long term condition, their specialist health team should work with them to ensure they are in the best possible health prior to embarking on a pregnancy including advice on management of medication.

5.3 Immunisation

5.3.1 There needs to be continued efforts to improve uptake of all vaccines, in particular MMR2 and HPV vaccines.

5.4 Achieving a Healthy Weight

5.4.1 Lewisham has a high number of children with excess weight. Prevention and early intervention is crucial. A partnership approach is necessary to minimise the impact of an obesogenic environment.

5.5 Mental and Emotional Health

5.5.1 Understanding what protects mental health and builds resilience and building on an individual child's, family's and community's assets can help deliver better mental health for both children and adults. Therefore efforts will be focused on promoting a better understanding across the Partnership of toxic stress. Lewisham is developing a strategy for mental health and emotional wellbeing in children and young people which will ensure that resilience and emotional well being is addressed at all levels to ensure young people can thrive and maximise their potential, as well as being able to access support and services in a timely manner when their needs escalate.

5.6 Sexual Health

5.6.1 Despite the significant gains made in improving access to services through the teenage pregnancy and Chlamydia screening programmes, these are now showing signs of stalling. Targeted sexual health promotion and SRE programmes will be vital to maintaining and building on the success of these initiatives.

5.6.2 Over the next few years sexual health services will be reconfigured to improve access. It is important that young people, especially the most vulnerable, receive specialist support to equip them to maintain and protect their own sexual health and develop healthy physical relationships.

5.7 Smoking, Drinking and Drugs

5.7.1 A range of interventions are recommended to reduce the impact of smoking, alcohol or drug misuse on the lives of children and young people. These recommendations are already included in the Children and Young People's Plan, or are being considered for inclusion.

5.8 Looked After Children

5.8.1 Lewisham's Children and Young People's Strategic Partnership will continue its focus on meeting the healthcare needs of this vulnerable group of children and young people. Statutory Health Assessments are valuable in ensuring the health of individual children and the focus on improving coverage and timeliness of these assessments is justified and will continue.

5.9 Mortality and Serious Injury

5.9.1 Premature delivery is the single most important cause of mortality of children in Lewisham. The impact of the recently initiated programme to tackle this issue will be closely monitored.

5.9.2 Other recommendations on mortality relate to the investigation of a number of issues that have emerged from a recent analysis of all deaths that have been reviewed in recent years, or from other sources.

5.9.3 Much work has been undertaken in Lewisham in the last decade to improve road safety and to reduce the number and severity of road traffic injuries. This has been successful. However, it is important to maintain and continue to improve the programme of casualty reduction.

5.10 Children with Special Educational Needs and Disabilities

5.10.1 The key aim of the service is to improve life outcomes for children with special educational needs and disabilities through the implementation of a new Partnership SEND strategy. The strategy will build on the work that has been achieved already and provide direction for the partnership and will set out the aims and priorities for all agencies working with children and young people with SEND across Lewisham. The strategy also establishes how partner agencies will continue to work together to improve those outcomes that will make significant improvements to the lives and life-chances of our children and young people with SEND.

5.11 Universal and Targeted Public Health Services for Children and Young People

5.11.1 The Partnership is in a strong position for the transfer of the commissioning public health services for children under five. This transfer and the development of the Health Visiting Service is an invaluable opportunity for Lewisham and should help us in our objectives to give children the very best start in life. Current efforts to achieve full recruitment to this service, the full implementation of the agree common outcomes framework for children under five, and the achievement of better outcomes for children are all major priorities for the Lewisham Children and Young People's Partnership.

6. Financial implications

6.1 There are no specific financial implications. The recommendations of the APHR have already been included, or are being considered for inclusion in the Children and Young People's Plan.

7. Legal implications

7.1 The requirement to produce an APHR is set out above.

8. Crime and disorder implications

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

9. Equalities implications

9.1 Equalities Implications and the impact they have on health outcomes have been highlighted throughout the body of the report..

10. Environmental implications

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

11. Conclusion

11.1 Planning health services for children and their families will need to continue to take into account the needs of a rapidly growing and changing population.

Background documents and originator

Lewisham's Annual Public Health Report 2015
Public Health Performance Dashboards
The 2014 Annual Public Health Report focussed on helping residents improve their health and fitness is available here.

If there are any queries on this report please contact Dr Danny Ruta, Director of Public Health, Community Services Directorate, Lewisham Council, on 020 8314 8637 or by email danny.ruta@lewisham.gov.uk

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The Health of Lewisham Children and Young People

The Annual Report of the Director of Public Health for Lewisham

2015

Contents

Foreword

To be added

Introduction

I am delighted to present my annual report on the health of Lewisham's population. This year, I have chosen the health of children and young people as the focus of my report.

Children are the future of any community. Their health and welfare, and their present and future happiness ought to be the most important focus for the activity of any society. Childhood itself can be a wonderful period in the life of any individual – forming the first attachment to other human beings, exploring and learning about the world for the first time, with an endless rush of first experiences and sensations. For very many adults, childhood and early adulthood are remembered as the happiest times of their life. And so it should be; pregnancy and early childhood, particularly the period that is now known as the first thousand days of life, are critical in determining an individual's future health and well-being – the strength and nature of the attachment they form with their primary caregiver – usually their mother, determines their future physical, mental and emotional wellbeing. Failure in this primary relationship or the toxic stress caused by neglect, emotional deprivation or other adverse influences can destroy or severely affect a child's emotional, mental and physical health, both in childhood and in the future. Adverse events, a failure of society in ensuring the best possible housing, education and protection of a child, or illness in later childhood or in young adulthood can also have a disproportionate affect on a child's future.

This year sees the publication of the Lewisham Children and Young People's plan, which will cover the period 2015 to 2018, and so it seemed appropriate that the main focus of my report this year should be the health of Children and Young People in Lewisham.

Lewisham and its people benefit greatly from its strong strategic partnership arrangements, which ensure that all statutory and non-statutory organisations work together locally so as to improve the lives of local people. Our strong, mature partnership arrangements for children and young people have cultivated a culture which constantly strives to improve services so that:

'Together with families, we will improve the lives and life chances of the children and young people in Lewisham'

One of the four key areas in which the Lewisham Children and Young People's Strategic Partnership aims to improve outcomes through its Children and Young People's Plan (2015-18) is *Be Healthy and Active*. This Annual Public Health Report pays particular attention to the priorities identified in this key area in the Children and Young People's Plan:

- Improve our uptake of immunisations
- Ensure our children and young people are a healthy weight
- Improve mental and emotional wellbeing
- Improve sexual health
- Reduce the impact of alcohol, smoking and substance misuse
- Ensure our looked after children are healthy

- Encourage access to and use of culture, sport, leisure and play activities

Attention is also paid to the following priority included in the Children and Young People's Plan key area *Build Child and Family Resilience*:

- Ensure the best outcomes or pregnancy and the first 1,000 days including the reduction of the impact of toxic stress on children.

Members of the Public Health team at Lewisham Council have been working closely with members of the Children's and Young People's Directorate in the development of the Children and Young People's Plan.

The entire partnership is committed to delivering the Healthy Child Programme (HCP), the Government's early intervention and prevention public health programme to ensure all children and families reach their full potential. The programme is evidence-based and covers a whole range of activity including screening, immunisation, neuro-developmental reviews, information and guidance to support parenting and healthy choices, as well as action to improve health more generally. The Healthy Child Programme underpins our work to improve the health of children in Lewisham and all that Lewisham Public Health and the Lewisham Children's Partnership is striving to achieve for Lewisham's children. HCP has a universal reach, but also aims to identify families who need additional support or are at risk of poor health outcomes and to address those needs. Our challenge, therefore, in ensuring the present and future health of Lewisham's children and young people is to do the best that we can to deliver the national Healthy Child Programme.

Lewisham's Children and Young People's Plan includes all the most important actions that members of our local strategic partnership for Children and Young People can take to improve children's lives and life chances, and therefore their health. I endorse and support the plan and recommend it to all those who would support the welfare of Lewisham's children and young people.

Because of the nature of the collaboration between Lewisham Council's Public Health Team and Children and Young People's Directorate, the recommendations arising from the work underpinning this report have already been discussed with members of the Children's Directorate. For this reason, where this report identifies needs currently being addressed in the draft Children and Young People's Plan, I recommend that these actions continue to be part of the Plan. Where my report identifies unmet needs, I have recommended that, within the resources available to the Partnership, they are taken into account in further development of the Plan.

Finally, in an appendix to this report, I have included a full set of our Public Health Dashboards. These are meant to show at a glance the Lewisham experience in relation to a number of key areas for the Public Health. Apart from the one which applies to child and maternal health, they all apply to the whole of Lewisham's population, and are included here to inform readers of the state of the Public Health more generally in Lewisham. It might be helpful to read these in conjunction with the Appendix to my report from last year on *Key Public Health Outcomes and Performance.*

Lewisham's Children

Lewisham is the second largest inner London borough, and is home to approximately 291,900 residents[1], 24% of whom are under 19 years of age (Table 1).

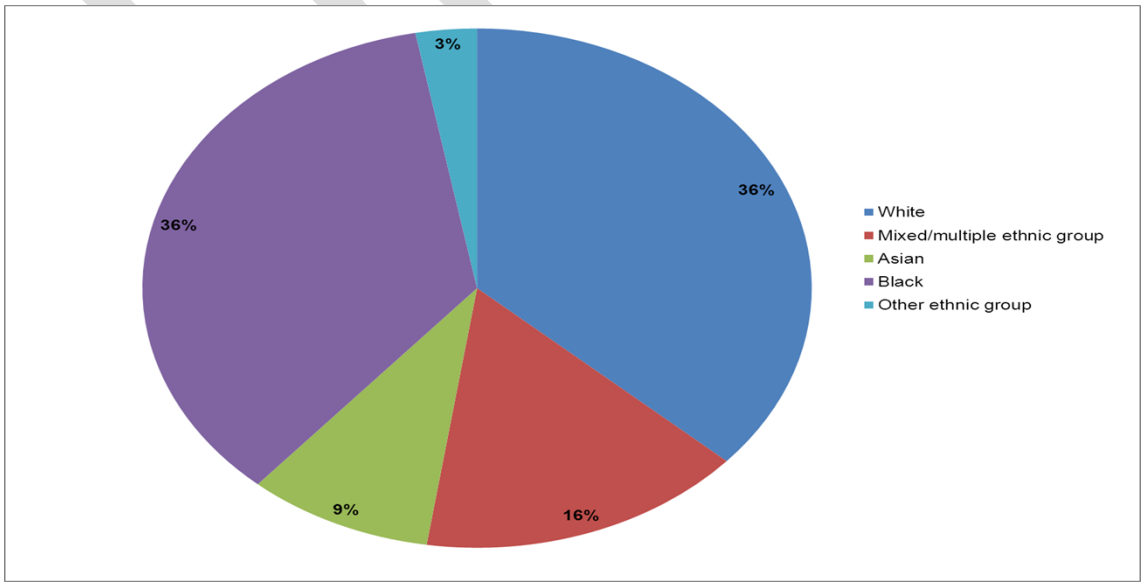
Table 1: Key Demographics

	0-18	Total Population
Population	69,867	291,933
% of population BME[2]	63.4	46.5

The 2011 Census identified Lewisham as the 14th most ethnically diverse local authority nationally. Almost two thirds of those under 19 were members of a black or other minority ethnic (BME) group (Fig 1). There were equal numbers of residents from Black or White ethnic minority groups, with smaller numbers of residents from Asian groups. There is considerable diversity within these broad ethnic groups locally. People from Black African and Black Caribbean groups, in particular, each form a significant proportion of Lewisham's population. There are significant groups of people with an Eastern European or Vietnamese background. Overall, members of 94 ethnic groups make up Lewisham's population.

This local diversity makes for a vibrant population, rich in the cultures associated with its constituent BME populations. Children benefit from this wealth of different cultures, but this diversity also presents challenges in relation to public health promotion, public health programmes, and (crucially) in higher rates of certain conditions or a greater prevalence of certain risk behaviours. Lewisham children are also far more likely to have English as a second language. As the population grows, it continues to diversify, meaning that a multitude of nationalities, faiths and cultures with differing needs is emerging. In 2014, 74% of pupils in Lewisham schools were from a BME background.

Figure 1: 0-19 Population by Broad Ethnic Group[3]



[1] ONS 2014 Mid Year Population Estimates
[2] 0-19 BME - 2011 Census
[3] 2011 Census

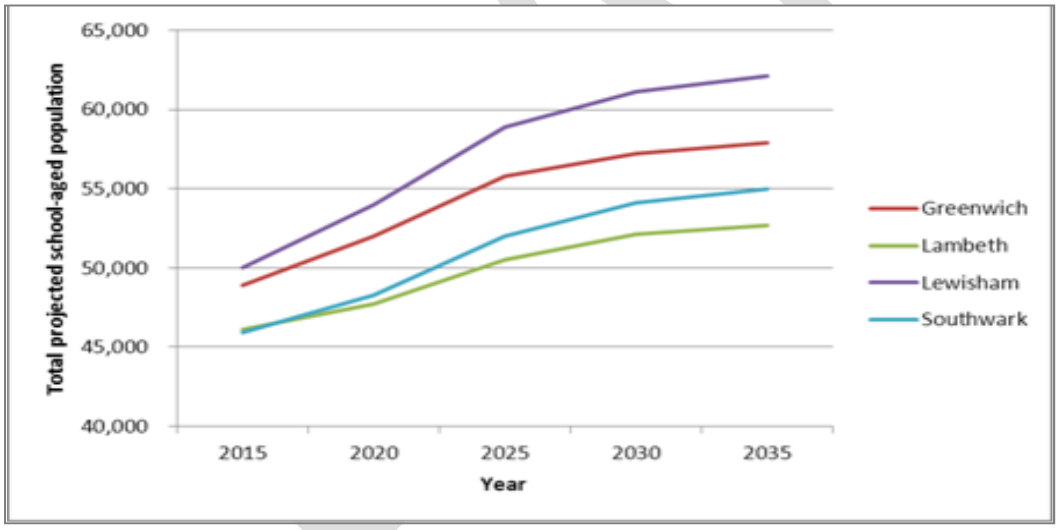
Births and Population Growth

There has been a sustained rise in the birth rate in Lewisham for several years, reflecting a similar rise in London and the country as a whole. Each year, there are now around 5,000 births to Lewisham women. Much of the rise in births has been in births to mothers who were not born in the UK, the Commonwealth or the EU. Over 50% of all births in Lewisham now occur to women born in countries other than the UK.

Although the rise in the numbers of births to Lewisham women is expected to cease and decline a little over the next decade or so, because of the earlier rise in births, and the numbers of families who come to live in Lewisham, the numbers of children locally will continue to rise for many years. Using 2012 GLA projections, it is clear that Lewisham is a borough where this rise will be greater than in the country as a whole and will also be greater than in neighbouring London boroughs (Fig 2).

This rapid rise in the numbers of births and in the numbers of children locally has meant a huge challenge to local services in ensuring that all the needs of these children and their families are met. There has had to be a considerable expansion in the number of school places, and in the provision of health services, particularly maternity services. As the population of children in Lewisham continues to increase and become more diverse, the challenges will become ever greater over the next twenty years.

Figure 2: School Aged Population Projections (5-19 year olds)



Source – GLA Projections 2012

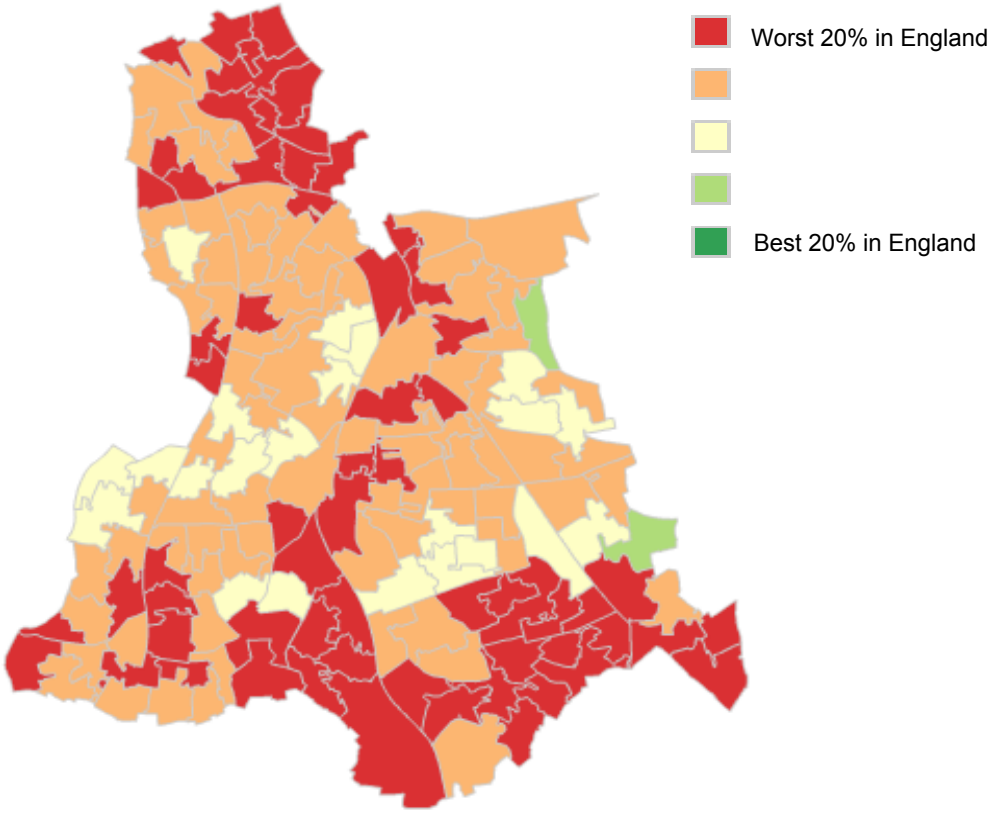
Deprivation

There is now considerable evidence about the relationship between specific aspects of poverty on the one hand and deprivation and children's health on the other. The specific aspects of poverty include poor housing, homelessness, unemployment, dependence on benefits, living in a deprived area, low income, multiple deprivation, all of which have a specific association with poor health in children and young people.

Lewisham is amongst the 20% of all local authority areas in England that are the most deprived. In the latest overall Index of Multiple Deprivation or IMD (the Department for Communities and Local Government's combined score using all indices of deprivation)

Lewisham's average score was 30.97, which means the borough is the **31st most deprived** in the country. In 2007 Lewisham was ranked 39th. There are areas of significant deprivation in the north, central and southern parts of the borough (Fig 3) the populations of which experience many of the problems associated with poverty. Looking in particular at income deprivation affecting children, 35 of the 166 super output areas (SOAs) in Lewisham are in the 10% of the SOAs in the country that are the most deprived. Bellingham, Downham, Evelyn, New Cross and Whitefoot wards have the highest concentrations of deprivation. Children in these areas in particular are at risk of poor outcomes in terms of education, employment and health.

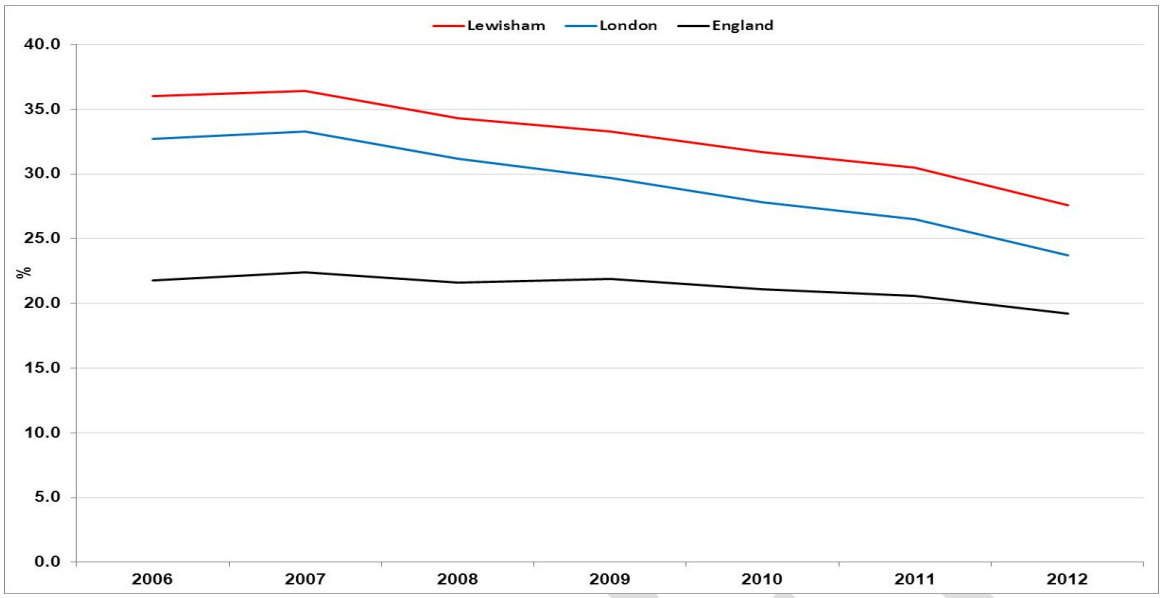
Figure 3: Indices of Multiple Deprivation 2010 - Lewisham Super Output Areas



Source: Department for Communities and Local Government 2011

Whilst there has been a decrease in the numbers of children living in poverty in Lewisham, over recent years, the difference between Lewisham's children and those in London or England as a whole remains the same (Fig 4). A significantly greater proportion of Lewisham's children live in poverty than is the case in England as a whole.

Figure 4: % of Children Aged under 16 in Poverty



Source: HM Revenue and Customs 2012

Children in lone parent families are at a greater risk of poverty and therefore of poor health outcomes. The 2011 Census revealed that there were 13,239 lone parents households in Lewisham, an increase from 11,242 in 2001. We also know that in 2011 there were 7,599 households with dependent children (6.5% of the total) where no adult was in employment. Almost 26% of children in Lewisham's primary and secondary schools are in receipt of free School Meals, a proxy indicator for child poverty[4].

Housing

London has the highest child poverty rates and highest housing costs in the UK. This means that the capital has been hit particularly hard by changes to the benefits system, particularly cuts to housing benefit.

As housing becomes less affordable, the risk of homelessness increases, as some people find it more difficult to find and sustain a tenancy. Homelessness can contribute to a number of physical and mental health problems in children. Firstly, as individuals and families are moved into temporary and less secure accommodation, overcrowding becomes more likely which can contribute to morbidity from respiratory infections and activation of tuberculosis. If such accommodation is sub-standard and lacking efficient heating, adequate hot water supply, and adequate facilities for food storage and waste disposal, then the risk of the spread of infectious diseases is increased. Children living in poor and overcrowded housing are also at greater risk than other children of suffering anxiety and depression and other long-term health problems, and poor mental and physical development.

Lewisham like all other London boroughs has high levels of residents in temporary accommodation as a result of the housing crisis and the shortage of housing supply. Overcrowding in Lewisham, like most other London boroughs, has increased since 2001

[4] Lewisham's Children and Young People's Directorate

when 17.6% of local households were in accommodation deemed overcrowded to 22.2% in 2011. However there were fewer homes without central heating, down to 3.3% in 2011[5].

Private renting has seen a 10% increase between the two censuses to 24% of Lewisham residents renting their housing privately in 2011. Based on 2011 Census data, 31% of Lewisham residents lived in social housing; this is a notable decrease from the position in 2001 when this figure was 36%. More recent data compiled by Lewisham's Housing Department found that in the last ten years the private rented sector (PRS) in Lewisham has more than doubled in size and continues to grow. It is of note that more than half of people living in the PRS in Lewisham are under 34. The feature of the PRS which is of most concern are Homes in Multiple Occupations (HMOs). In Lewisham, there are an estimated 13,410 HMOs and of these, 7,880 are houses that are poorly converted to flats, while 4,830 are shared by more than one family or contain multiple households.

Homeless children are at risk of depression, behavioural problems and poor educational attainment. A significantly greater proportion of families in Lewisham are homeless than is the case in England as a whole. In 2013/2014 a total of 640 Lewisham households including dependent children or a pregnant woman were homeless[6].

Education

There is clear evidence that a good education can lead to better mental and physical health, and that poor health inhibits learning. Education can help overcome social and economic disadvantages and so help combat health risks associated with poverty and social exclusion.

The latest Educational attainment data will be inserted here

Table 2: GCSE Attainment - data to be inserted

Not in Education, Employment or Training (NEET)[7] also to be inserted.

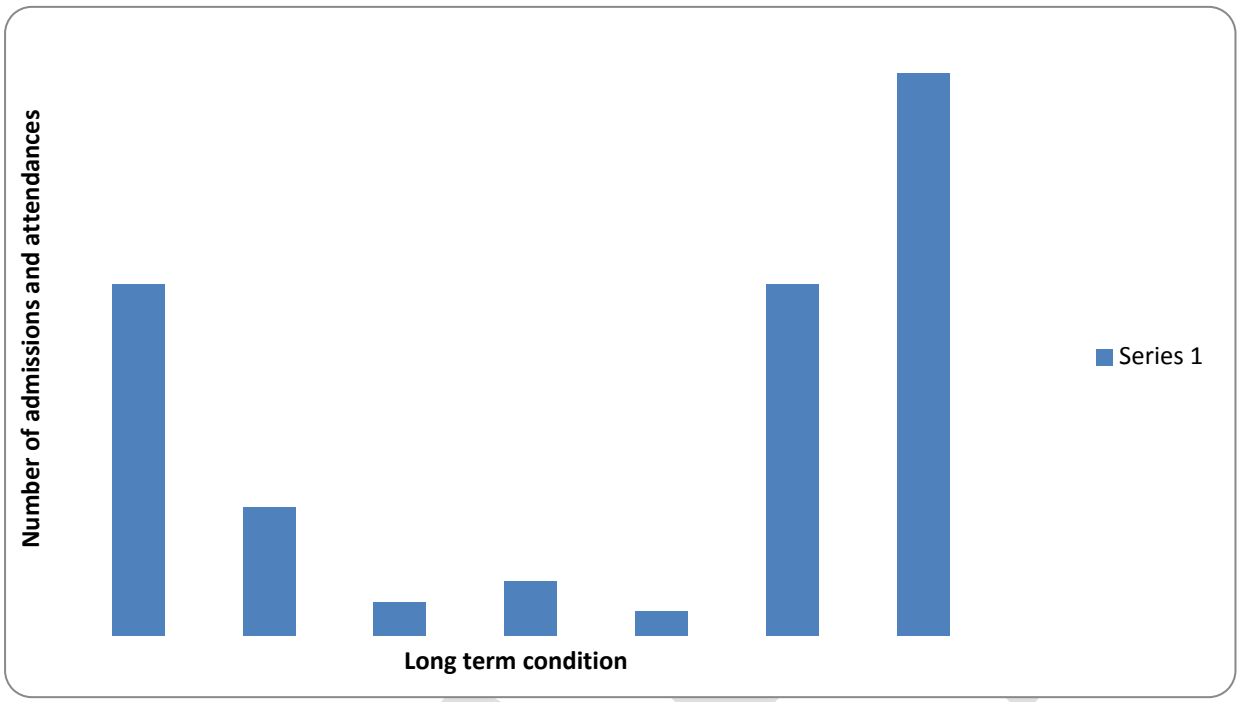
Health

The major threats to the health of Lewisham's children are discussed in individual chapters of this report, but there are other health issues worthy of attention. Two issues that are discussed in this chapter are asthma and sickle cell disease.

Lewisham and Greenwich NHS Trust has recently performed an analysis of all attendances and admissions of children at Lewisham Hospital's children's ward, children's day care unit and children's emergency department . In the year 2014/2015, the two conditions that accounted for the greatest number of such admissions and attendances were asthma and Sickle Cell Disease (Fig 5).

Figure 5 - Long Term Condition Admissions and Attendances at University Hospital Lewisham 2014-15

[5] 2011 Census
[6] Lewisham Housing Register
[7] Department for Education



Source: Lewisham and Greenwich NHS Trust

Lewisham has had a high rate of paediatric asthma admissions for over a decade. Between 2003 and 2012 it had an average of 303 admissions per 100,000 of the population, compared to 220/100,000 for London and 249/100,000 for England. To understand the high admission rate and identify modifiable factors to improve admission rates and care of asthmatic children, an audit of paediatric asthma admissions in Lewisham Hospital took place in October 2014.The audit also aimed to identify key links between different services and the results of the audit have been used to develop a new paediatric asthma pathway that will ensure a good understanding of the roles and responsibilities of each area of care, and the links between community, primary, secondary and tertiary care. It will also provide guidance and support for clinical staff when they are dealing with a child with asthma and should ensure that excellent care for children is provided across all areas.

The Public Health team at Lewisham Council, Lewisham and Greenwich NHS Trust and Lewisham CCG are now to work together to further develop and implement the asthma care pathway and to develop a new care pathway to improve the care of children with sickle cell disease so as to improve the control of this condition and to avoid admission or attendance at emergency department.

Recommendations - Lewisham's Children

- Over recent years, there has been huge growth in the numbers of children living in Lewisham. Lewisham is a young borough, and benefits greatly from this. But such a large increase over a relatively short time-scale has been a challenge for those planning and providing services for Lewisham's children. In years to come the population of children will continue to rise, and the Children and Young People's Plan should continue to take into account the needs of a rapidly growing population.

- Lewisham's children form one of the most diverse and vibrant populations of children in the UK. This means that they can experience a huge range of cultures within Lewisham and benefit from this. But there are also challenges associated with this feature of life in Lewisham. These challenges, together with the rapid rise in Lewisham's population of children, and the challenges of poverty and other elements of toxic stress that a greater proportion of Lewisham's children experience than children in England generally, should continue to influence the development of the Children and Young People's Plan.
- The work already commenced on the development of care pathways for children with asthma or with sickle cell disease should continue, and all partners should contribute to their implementation.

Outcomes of Pregnancy

Both Lewisham's birth rate, and the fertility rate amongst women in Lewisham are greater than the average for London and than is the case in the country as a whole (Table 1). Although the local birth rate is expected to plateau and decline towards the latter half of this decade, the population of children, in particular those aged 5 to 14, will continue to rise for the foreseeable future because of the previous rise in births[8].

Ensuring the availability of high quality maternity services for a population experiencing such rapid increase in growth, which is so diverse and where much greater numbers of people experience deprivation than in England as a whole is not without its challenges. Deprivation is associated with increased rates of stillbirth, premature delivery, low birth weight babies, neonatal deaths and infant mortality. Because of this, women in Lewisham are at greater risk of these outcomes than women from more affluent areas. Levels of poor outcomes of pregnancy are therefore higher than the national average (Table 1). Evidence suggests that early access to antenatal care is important in improving outcomes of pregnancy. Locally, the emphasis has therefore been on direct access to midwife-led antenatal care and on improved maternity services to help improve outcomes for mothers and babies.

Table 1: Summary of Outcomes of Pregnancy

	Lewisham	London	England	Measure	Lewisham compared to England
Crude Birth Rate (2014)	16.3	14.9	12.2	Per 1,000 population	Higher
General Fertility Rate (2014)	65.8	63.3	62.2	Number of live births per 1,000 women aged 15-44	Higher
Stillbirth rate (2011-13)	6.1	6.0	4.9	Per 1,000	Higher
Proportion of babies weighing <2500 grams[9] (2013)	7.8	7.9	7.4	% of all births	Higher
Neonatal mortality rate	3.1	3.0	2.9	Per 1,000 (2011-13)	Higher

Source: ONS, unless indicated otherwise in Table and footnotes.

Over time, the outcomes of pregnancy in Lewisham have been improving:

- Stillbirth rates in London and England have fallen in recent years. This is also the case in Lewisham, where the stillbirth rate has fallen faster than London's and is now directly comparable with that for the Capital as a whole.

[8] GLA Projections
[9] HSCIC

- In Lewisham, the proportion of births where the baby is of low birth weight has decreased over time and is now similar to the London average, but it is still higher than the national average.

The commissioning of maternity services in Lewisham is now managed for Lewisham Clinical Commissioning Group by the joint commissioning team based in the Children and Young People's Directorate at the Council. This means that work on improving outcomes of pregnancy can be even better integrated with work on improving health outcomes for children through health care services that are also jointly commissioned by the same team.

Pre-conception

Ideally, women and their partners will be in the best possible health, both mentally and physically before they embark on a pregnancy. Lewisham's Public Health team have developed an internet-based resource called, *Thinking of Having a Baby*. This aims to support women and their partners who are planning a pregnancy and to direct them to national and local help and information should they decide to make lifestyle or behavioural changes in preparation for pregnancy or if they have long term conditions requiring specialist advice.

Healthy weight

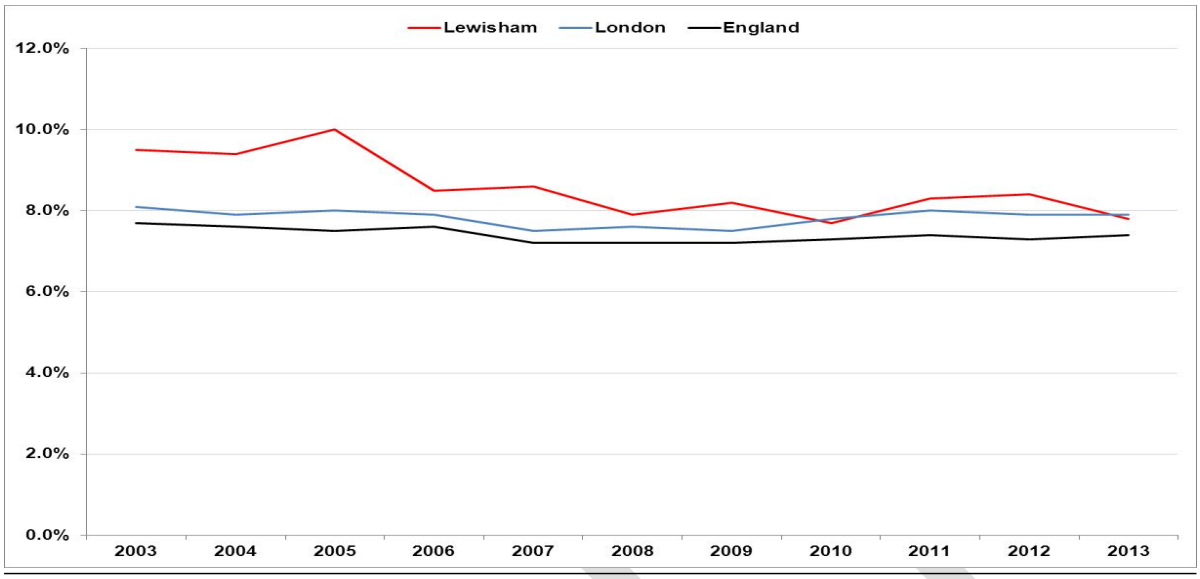
Maternal obesity increases the risk of poor pregnancy outcomes including miscarriage and other serious complications such as gestational diabetes, hypertension, pre-eclampsia and caesarean birth. Data obtained from Lewisham and Greenwich NHS Trust (LGT) for 2013-2014 indicates that maternal obesity rates are lower than those recorded in 2010-2012 (43.5% of women at their booking appointment identified as overweight or obese compared to over 50%). Training of midwives on raising awareness of maternal obesity and on how to communicate benefits of a healthy weight to pregnant women is part of the mandatory training at Lewisham Hospital and all midwives have attended annual updates.

In addition to pre-conception information, there are a number of other initiatives to help women to reach and maintain a healthy weight. The PH team have worked with Lewisham CCG and with Lewisham Hospital to design an improved care pathway for overweight and obese women who choose to have their babies at the Hospital. This has been the subject of what is known as a CQUIN (Commissioning for Quality and Innovation) which provides an incentive to providers to improve performance.

Low birth-weight

Low birth-weight is associated with a significantly increased risk of stillbirth and perinatal mortality as well as adverse effects into childhood and adult life. A planned programme to reduce the low birth-weight rate in Lewisham had as its focus early attendance for antenatal care and a reduction in the prevalence of smoking during pregnancy. This indicator has declined over time in Lewisham so that the most recent figures for Lewisham are comparable to London and England as a whole. (Fig 1)

Figure 1: % Low Birth Weight Babies



Source: ONS

Prematurity

A number of low birth-weight babies are pre-term, and prematurity, particularly extreme prematurity is the single most important cause of death in Lewisham children[10]. The pre-term rate is not collected by borough or nationally but the rate for LGT is 7.8%[11] against a national rate of 7.3% quoted by Tommy's, a national charity that aims to fund research and provide information on the causes of miscarriage, premature birth and stillbirth.[12]

A collaborative programme has recently commenced in Lewisham with the aim of better understanding the factors that may contribute to prematurity in order to design appropriate interventions. This work is supported by the Collaborative Leadership in Applied Health Research and Care (CLAHRC) and its impact will be closely monitored.

Smoking

Smoking is harmful to mothers and babies. It increases the risk of miscarriage, pre-term birth, low birth-weight and stillbirth. Risks of sudden unexplained deaths in infancy (SUDI), and of asthma, respiratory and ear infections in childhood are significantly increased if one or both parents smoke.

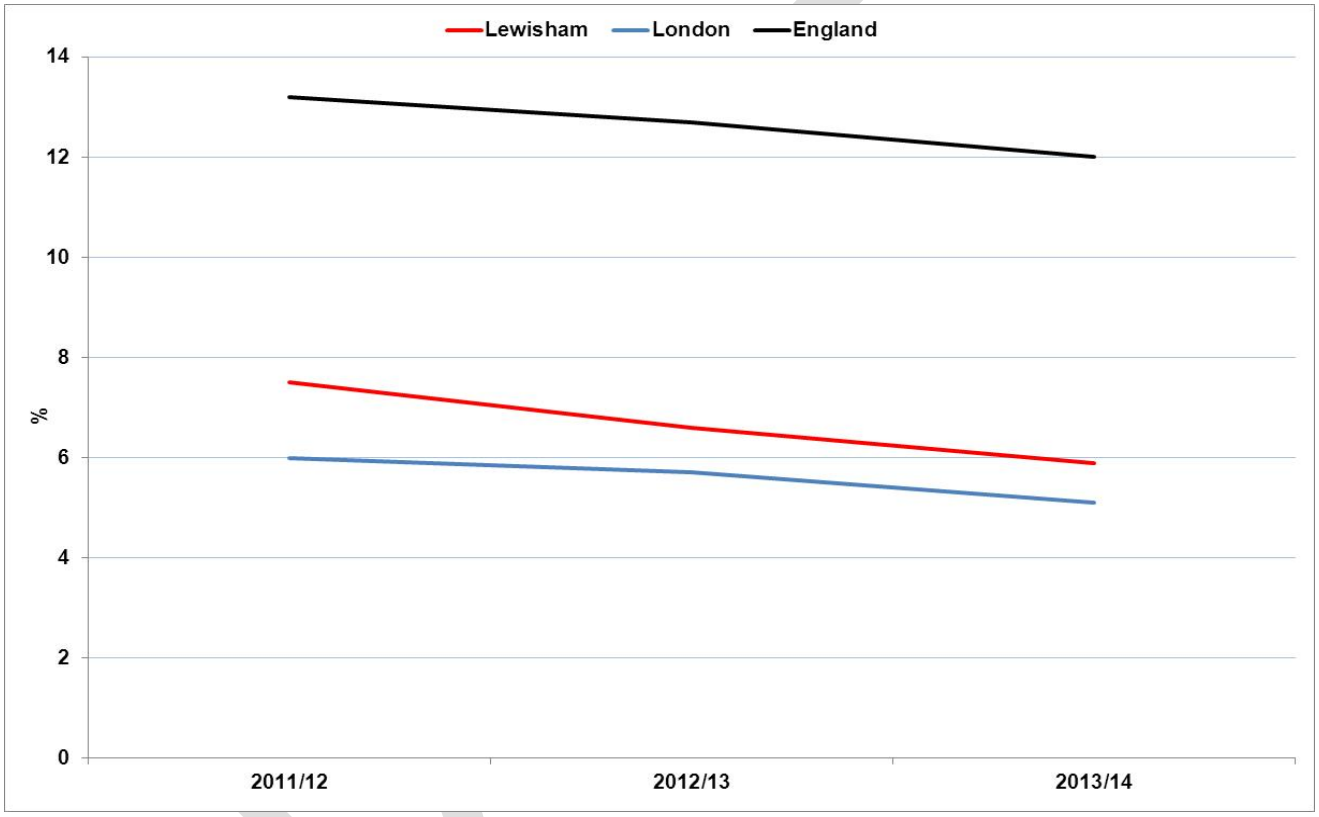
Lewisham maternity services operate an 'opt-out' smoking referral system in which all women who at their first antenatal appointment report that they smoke are automatically referred to Stop Smoking services unless they specifically op-out. There has also been a programme of brief intervention training for all midwives, support workers and health visitors in the local maternity provider, and until recently a stop smoking update was part of mandatory annual training for all midwives The Stop Smoking team are currently engaged in

[10] Lewisham Child Death Overview Panel Annual Report 2013/14. Dr Donal O'Sullivan and Helen Leahy.
[11] Data provided by Lewisham and Greenwich Hospital Trust. February 2015.
[12] www.tommys.org.uk

a programme to extend the training to other professional groups including obstetricians and children's centre staff. In addition, a number of carbon monoxide monitors have been purchased by the team for use by midwives in line with NICE guidance though this is not fully implemented yet.

Locally, in 2013/2014 6% of women were reported to be smoking at time of delivery. This is slightly above the London average but considerably lower than the national average of 12% (Fig 2). This indicator has been declining over time in Lewisham.

Figure 2: % of Women Smoking at Time of Delivery



Source: Health and Social Care Information Centre

Alcohol in pregnancy

It has been known for many years that alcohol can damage a developing baby and that high levels of alcohol consumption in pregnancy can cause Foetal Alcohol Syndrome which leads to damage to the baby's brain and may impair subsequent development. There has however been no conclusive evidence about exactly what constitutes safe levels of drinking in pregnancy and therefore NICE guidance states that pregnant women and women planning a pregnancy should abstain from alcohol completely in the first 3 months of pregnancy and thereafter; if they cannot abstain, they should be advised to drink no more than one to two UK units of alcohol once or twice a week.

Public Health Lewisham have supported the introduction of an alcohol assessment tool to be used when women book for maternity care which enables a discussion with the pregnant women, advice and onward referral if appropriate. This assessment tool has now been

incorporated into the new hand-held maternity notes and specific training on risk assessment has been provided for key staff members.

Perinatal mental health

Improvement of perinatal mental health is both a local and national priority. It is estimated that up to 20% of women in the UK develop a mental health problem in pregnancy or within a year of giving birth.[13] In Lewisham this would equate to approximately 1,019 affected women.[14] It is recognised that perinatal mental health problems in women have a huge personal impact on them and their families. Nationally it is estimated that perinatal mental health issues cost 8.1 billion pounds in the UK every year with 72% of those costs being related to the impact on children.

The Our Healthier South East London (OHSEL) programme has mapped services in SE London. In Lewisham, there is a specialist midwifery service, called the Kaleidoscope team, which is for women with serious mental health problems and who are booked to deliver a baby at University Hospital Lewisham. For women with moderate mental health problems and other vulnerable women, there is a Pregnancy Support Team which is a multi-agency team designed to identify and offer additional support to women who are vulnerable both in pregnancy and after the baby is born.

The OHSEL mapping exercise identified that improvements are still required in terms of information available to women regarding psychiatric medication in pregnancy, staff training regarding perinatal mental illness and improved access to psychological therapy. Lewisham Maternity Services Liaison Committee (MSLC) have voted improvement to perinatal mental health as their priority and are currently working on improved information to women and their partners in the form of a web-site detailing all the support available in Lewisham. Perinatal mental health and parental mental health needs more generally are now also included in the work to help improve the mental health and well-being of children in Lewisham. The PH team have worked with the CCG and LGT to improve support and appropriate referral of vulnerable pregnant women generally including those identified as having mental health issues and/or drug or alcohol addiction. This was the subject of a CQUIN, as described above, in 2014/15 and has been continued into 2015/16.

Antenatal and newborn screening

Screening is a programme of testing apparently healthy people for health problems where early action may be beneficial. The national screening programme in England offers pregnant women testing for Down's Syndrome, fetal abnormalities, sickle cell and thalassaemia disease. It also offers pregnant women testing for HIV, hepatitis B, syphilis and rubella (German measles). Newborn babies are screened for fetal abnormalities by physical examination of the newborn, hearing screening and newborn bloodspot screening.

[13] Perinatal Mental Health: The costs of perinatal mental health problems. The Maternal and Mental Health Alliance. 2014.

[14] Establishing service provision in SE London for perinatal mental health. Our Healthier SE London. April 2015

Prevention of Infectious Diseases

In 2014, Lewisham CCG commissioned the midwifery service at Lewisham Hospital to help improve the uptake of immunisation of pregnant women against influenza and pertussis (whooping cough). The immunisation of pregnant women against both of these diseases is part of the national immunisation programme because of the high risk of severe disease in pregnant women who acquire influenza and because of the current risk to neonates because of a higher incidence of pertussis in the community. The latter, combined with declining immunity in adults, particularly in pregnant women, means that babies are not protected because of passive transfer of antibodies across the placenta and at greater risk because their mother might develop disease. This local initiative was successful in relation to influenza. Lewisham's uptake of the vaccine in 2014/2015 meant that the Borough ranked fourth in London and achieved an increase of 11% over the previous year's performance. The initiative was less successful in improving uptake of pertussis vaccine.

Recommendations - Outcomes of Pregnancy

- It is estimated that approximately 50% of pregnancies are planned, which in Lewisham would equate to around 2,500 planned pregnancies per year. All care providers and agencies in contact with child bearing women should ensure that the pre-conception web-based resource is promoted and that in cases where women have a long term condition, their specialist health team should work with them to ensure they are in the best possible health prior to embarking on a pregnancy including advice on management of medication.
- Access to maternity care before the tenth completed week of pregnancy is recommended by NICE[15] and by National Screening Committee guidelines[16]. This is in order to maximise the best outcomes for mothers and their babies but also in order that when medical or social risk factors are identified, appropriate support can be put in place as early as possible. Commissioners and maternity providers, supported by the public health team, will continue to work together to ensure that systems and processes are working effectively and regularly reviewed in order that all Lewisham women can access maternity care easily and as early in their pregnancy as possible. The current agreed target relates to the numbers of women who access antenatal care before 12 weeks and six days of pregnancy has elapsed. Once this has been achieved, there will be an even greater focus on maximising the numbers who attend before the end of the tenth week
- Smoking in pregnancy remains the major modifiable risk factor contributing to low birthweight and is a significant risk factor for pre-term birth.[17][18] It is essential that the opt-out referral to stop smoking services and carbon monoxide(CO) monitoring is in place for all pregnant women and that this will be carefully monitored by providers and commissioners.
- The two-year local maternity CQUIN on complex social risk factors in pregnancy recognises that young women, women with mental health issues, women with drug

[15] NICE Antenatal Quality Standards. 2015.

[16] NHS Antenatal and Newborn Screening Committee_Key Messages_February 2015

[17] Prevention of low birthweight:assessing the effectiveness of smoking cessation and nutritional interventions. Health Development Agency. 2003

[18] Ash Fact Sheet: Smoking and Reproduction. August 2013

and alcohol issues, women who disclose domestic abuse and recent arrived migrant women are a group that are particularly vulnerable and that those issues, if unaddressed can have a profound effect on the woman's health and wellbeing and that of her unborn child in pregnancy, labour and thereafter. Work to improve care to this client group will be shared by providers and commissioners in order that improvements are as effective as possible and sustained.

- Perinatal mental health is a local and national priority and this year saw the 1001 Critical Days campaign[19] gain momentum supported by politicians of all parties. Following the SE London mapping exercise, commissioners and providers will continue to ensure that Lewisham women experiencing all levels of mental health problems receive appropriate and sensitive information and support and that service-users including the MSLC are actively involved in planning and monitoring service improvements in this area. Training of staff and their knowledge of local mental health support services is particularly important. Attention should be paid to ensuring that information is also available to partners and families of women who may be experiencing mental health problems.
- Lewisham's Public Health team will continue to work with NHSE, PHE and local providers to ensure that Lewisham women and babies receive antenatal and newborn screening that is in line with national standards.
- Finally, the recommendations outlined in this chapter are included in the Maternity Specification document due for completion by the end of October 2015. The specification includes specific methods of measuring that the recommendations included here translate into improvements in care that are experienced by Lewisham women and their families.

[19] 1001criticaldays.co.uk

Immunisation

Active immunisation using modern vaccines remains one of the most cost effective healthcare interventions. Through its use, some of the most important diseases in the history of mankind have been eradicated, or eliminated in large parts of the world. Active immunisation has been named one of the ten greatest public health achievements in the twentieth century, and the World Health Organisation has identified immunisation as being outranked only by the provision of safe food and water, and effective sanitation as the best means of the prevention of disease.

As a country, we have embraced this hugely valuable means of preventing disease, so that certain diseases, once major causes of death and morbidity, are now virtually unknown in the UK. Earlier generations will remember, for example, the deadly scourge of diphtheria, or the dreadful effects of the polio pandemics of the middle of the twentieth century. In the UK, there are clear mechanisms for agreeing and implementing the national immunisation programme. NHS England has a major role in commissioning immunisation services, but much effort is also required at local level if the national immunisation programme is to be successful. NHS England has recently developed an action plan to improve uptake of vaccine in Lewisham. This action plan has been agreed with Lewisham Clinical Commissioning Group (CCG) and Lewisham Council's Public Health team; Lewisham and Greenwich NHS Trust was also consulted.

This year sees some major changes to the national immunisation schedule. The Influenza immunisation programme is being extended to all children in Reception and in Years 1 & 2. This will be the first time this century that primary schools will be involved in a major immunisation programme. The programme's aim is to protect children from influenza and to prevent spread from children to older members of the population. The vaccine will be given by intranasal spray, rather than by injection, but even so - this will be a major logistical challenge for the School Aged Nursing Service. This year also sees the introduction of a vaccine against group B meningococcal disease. Group B Meningococcus is the most important bacterial cause of meningitis in this country. This vaccine is a major advance in the prevention of this serious disease in children; it will be given to infants in their first year of life by their GP practice. School nurses will also be introducing vaccine against group A,C,W and Y meningococcal disease into the secondary school immunisation programme so as to protect children against Group C and Group W forms of disease, the latter having seen an upsurge in recent years.

In Lewisham, uptake of immunisation has been poor in the past, but in recent years, increasing uptake has been secured by concerted local efforts. Lewisham, once the worst borough in London, is now at or above the London average uptake for all vaccines of childhood, except for the second dose of MMR at five years of age (Table 1). Challenges remain; however, both in getting uptake to levels that are as good as possible, and high enough to ensure what is known as herd immunity – or the levels of uptake that will prevent significant spread of an organism within a population. Immunisation, therefore, remains a priority for the whole children's partnership.

Table 1: Key Immunisation Indicators

Vaccine	**Target**	**2014-15 Q1**	**2014-15 Q2**	**2014-15 Q3**	**2014-15 Q4**	**London (2014/15 Q4)**	**England (2014/15 Q4)**
D3 at 1 year	91.9%	90.0%	90.6%	91.0%	92.2%	90.3%	94.1%
D3 at 2 years	N/A	92.3%	94.1%	94.2%	94.4%	92.6%	95.6%
MMR1 at 2 years	90.8%	85.5%	87.2%	88.9%	90.0%	86.5%	92.0%
Hib/MenC booster at 2 years	90.3%	83.1%	85.9%	86.9%	86.3%	86.3%	92.1%
PCV booster at 2 years	90.8%	83.8%	85.4%	87.3%	86.0%	85.7%	92.1%
D3 at 5 years	N/A	92.8%	94.7%	92.6%	93.9%	92.3%	95.7%
MMR1 at 5 years	N/A	89.3%	92.1%	89.8%	94.4%	90.5%	94.5%
D4 at 5 years	91.1%	76.2%	80.4%	78.5%	83.5%	77.0%	88.4%
MMR2 at 5 years	91.1%	70.8%	72.6%	71.6%	71.0%	80.1%	88.6%

- Hib/ MenC and PCV boosters (bstr) are given at 12 months and aim to protect children against Haemophilus influenzae B, Group C Meningococcus and Pneumococcus. An explanation of other vaccines is given in the following sections of this chapter.

Source: Cover of vaccination evaluated rapidly (COVER) programme

Uptake of flu vaccine in Lewisham in 2014/2015 was considerably better than in previous years. At the end of January 2015, local uptake showed improvements for all the main groups targeted. Particular progress was made on uptake in pregnant women in Lewisham: the Borough ranked fourth in London and achieved an increase of 11% over last year's performance. This means that Lewisham was the most improved borough in London. The service commissioned by the Clinical Commissioning Group to improve uptake in pregnant women, and provided by maternity services at Lewisham Hospital, clearly had an important impact.

Although there are parents who still question vaccination, training provided in partnership with Lewisham and Greenwich NHS Trust helps health care professionals to be able to respond to parental concerns, to give reassurance or direct them to evidence-based information sources and websites and the Immunisation experts in the Trust.

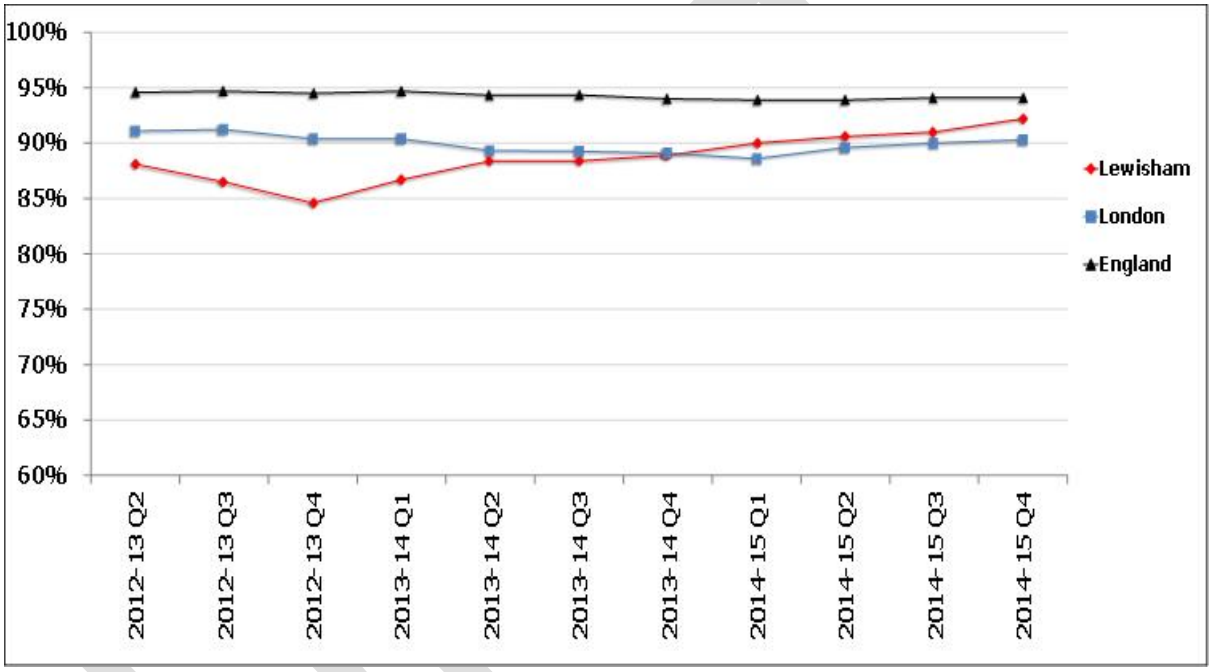
Age 0-4

Shortly after birth, all parents of Lewisham children are offered BCG vaccine, which helps protect children against the most severe forms of Tuberculosis (TB). Uptake of this vaccine in Lewisham is between 75 and 80%. This compares favourably with other London Boroughs, but is not as good as some, where the vaccine is given at birth by midwives. A change to the local arrangements is currently under investigation. Also, at birth, children

who are high risk of contracting Hepatitis B are immunised against this disease. Local levels of uptake of this vaccine in this group of children are amongst the highest in the country.

Uptake of the third dose of Diphtheria vaccine(D3) is an indicator of completion of the primary course of immunisation of children under 12 months that aims to protect children against diphtheria, tetanus, whooping cough, polio, Haemophilus influenzae b and Group C Meningococcus. It is, arguably, the most important of all immunisation indicators in children. There has been a continued improvement in this measure in Lewisham so that Lewisham is now approaching the average level of uptake for England (Fig 1).

Figure 1: Percentage Uptake of Diphtheria Vaccine at 1 Year

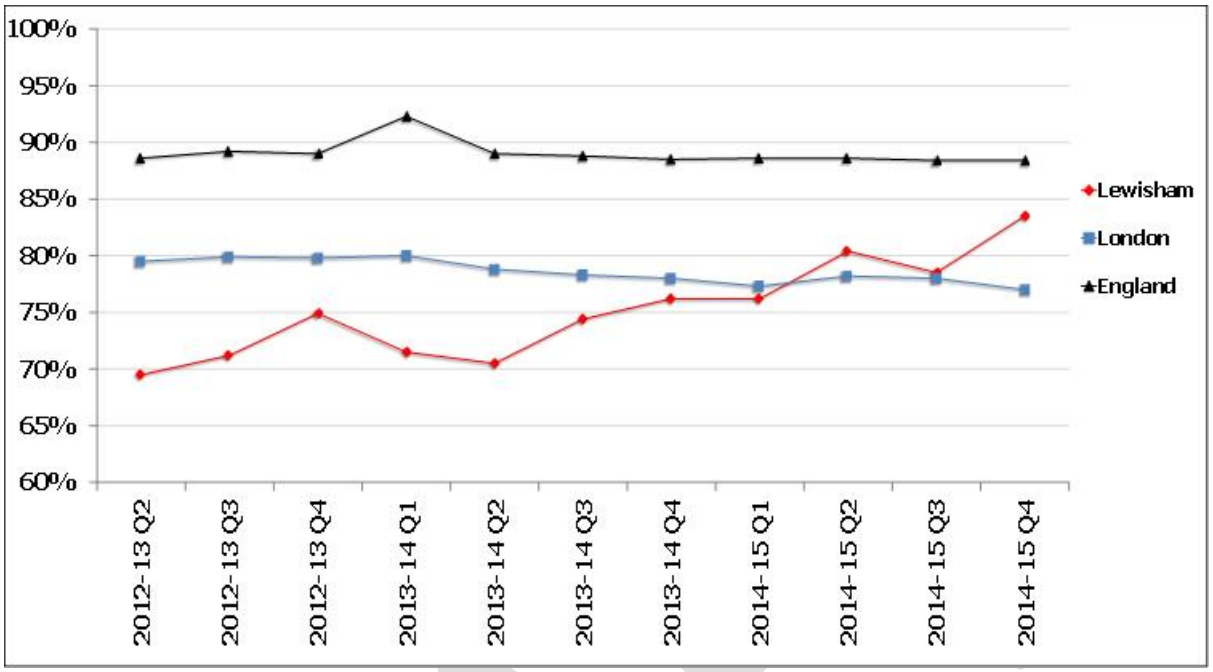


Source: COVER

Rotavirus vaccine was introduced in 2014. This vaccine protects babies against one of the most common causes of gastroenteritis in infants. Lewisham was one of just three London Boroughs which reported on uptake – at a level of 93.4%.

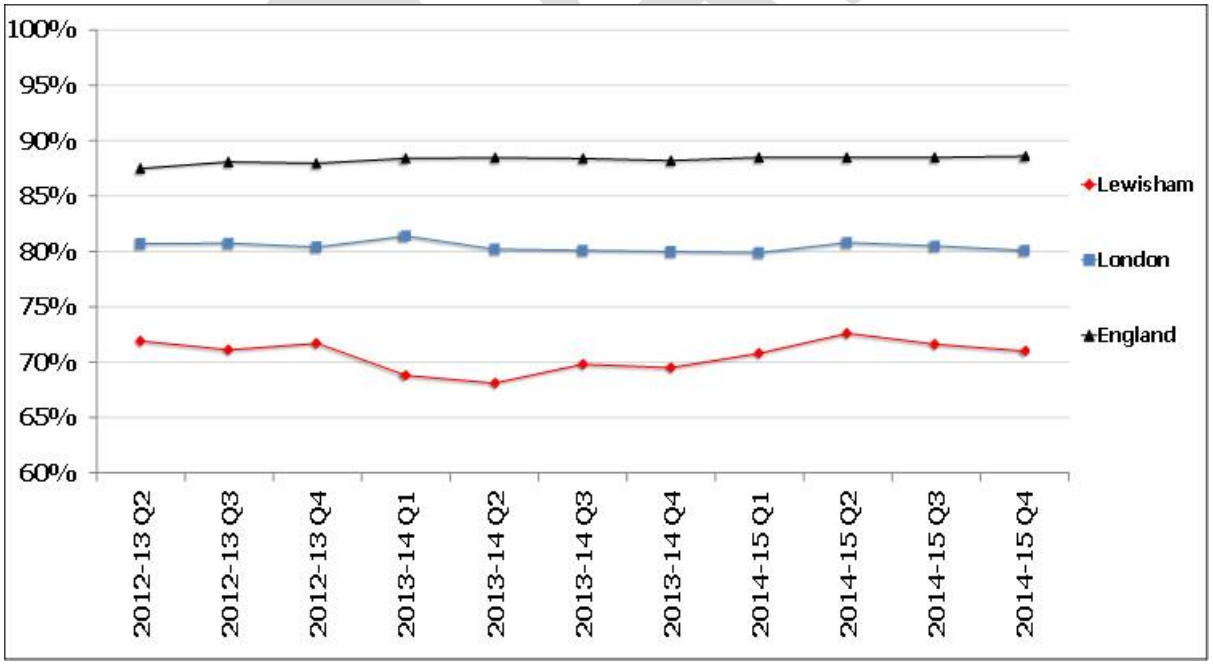
MMR vaccine is designed to protect children against measles, mumps and rubella. Two doses are required: MMR 1 at 12 months and MMR 2 at any time after three months have elapsed since MMR1, but preferably before five years of age. Uptake of MMR1 has varied over recent years, but there has been a sustained upward trend more recently, so that for this vaccine too, Lewisham's uptake is approaching national levels (Fig 2). Uptake of MMR2 at the age of five, is, however, unacceptably low and is not improving (Fig 3). This now needs to be the focus of increased attention.

Figure 2: Percentage Uptake of Diphtheria Vaccine at 5 Years



Source: COVER

Figure 3: Percentage Uptake of MMR2 at 5 Years



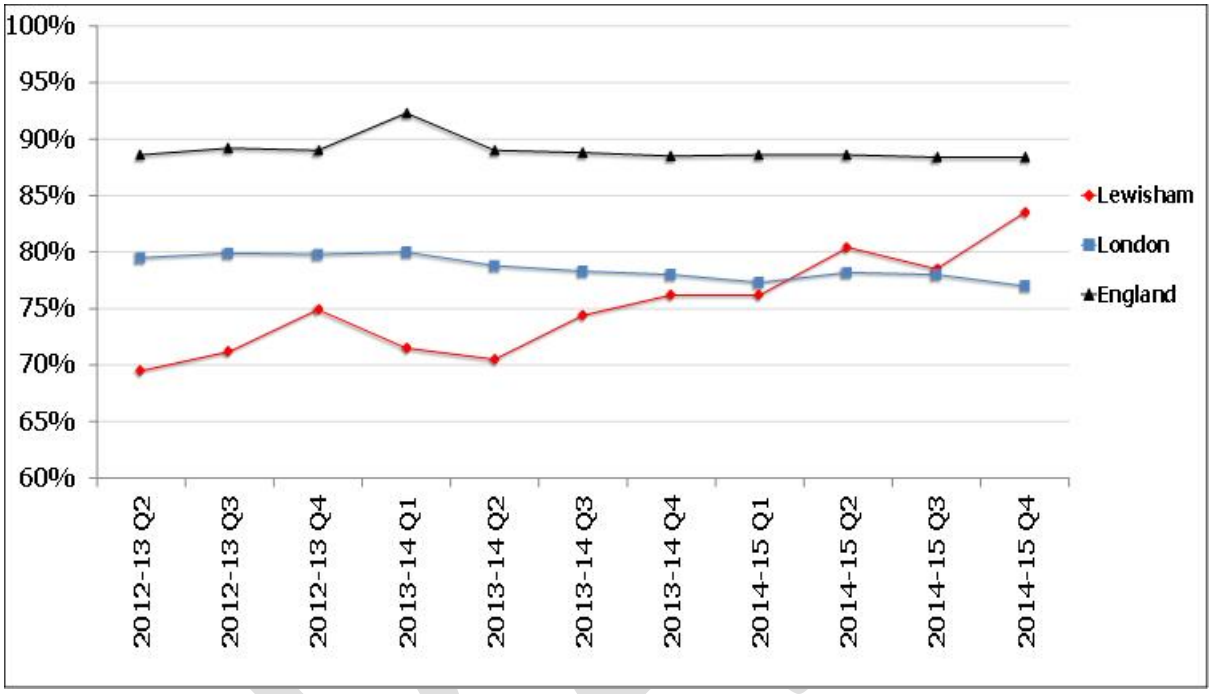
Source: COVER

Age 5-11

D4 is the fourth dose of diphtheria vaccine and is a key component of the preschool booster. This should be given at any time from the age of three years and four months but before the child starts school. The preschool booster completes the protection of children against diphtheria, tetanus, whooping cough and polio. Uptake of this vaccine in Lewisham has

shown the greatest level of improvement in uptake over recent years, and once more, Lewisham is approaching national levels of uptake (Fig 4). Uptake of this vaccine has been the subject of a major programme of improvement by Lewisham Clinical Commissioning Group.

Figure 4: Percentage Uptake of Diphtheria 4 at 5 Years



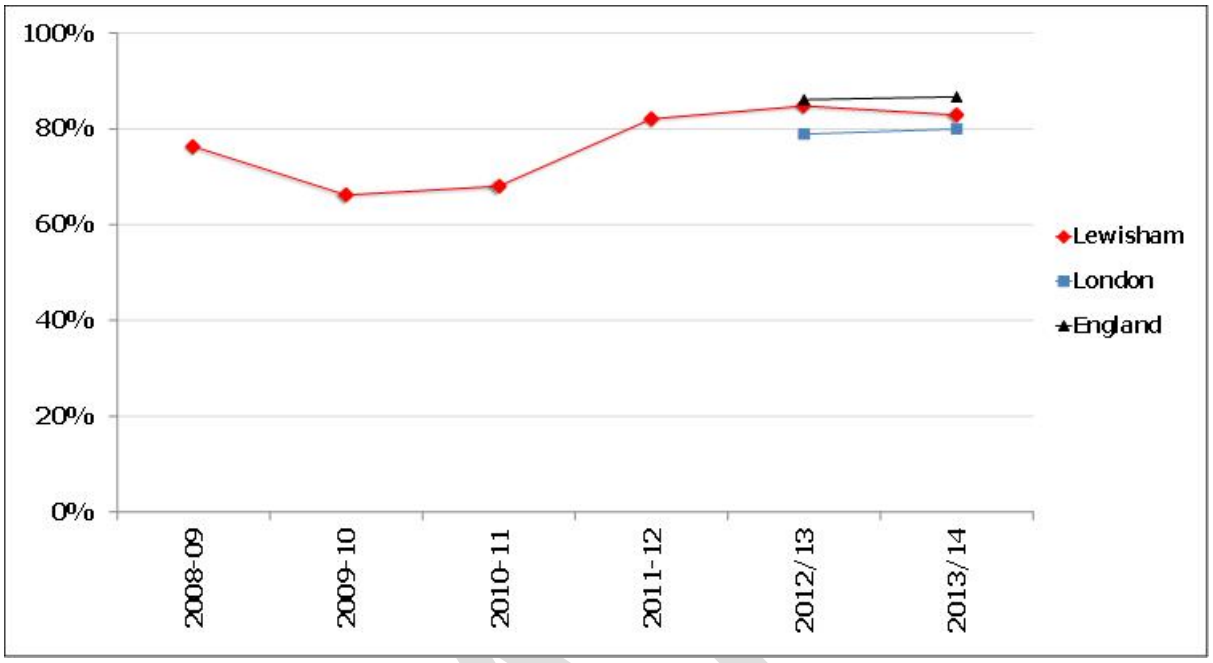
Source: COVER

It is reassuring to see that Lewisham is now at or above the London average for all COVER indicators, except for MMR2 at five years. It is very frustrating that MMR2 at five years remains such a problem, especially given the improvement in uptake of pre-school booster and the fact that over 90% have received MMR2 by the age of 6 years. There remain many other challenges too, of course, and the quest for excellence means that the Lewisham Partnership has to do even better. In absolute terms we will continue to work to increase uptake so as to achieve herd immunity.

Age 12-18

Human Papilloma Virus (HPV) vaccine protects girls against those strains of this organism most important as a cause of cervical cancer. It also protects girls against genital warts caused by these strains. Although there was a drop in the uptake of the third and final dose of HPV vaccine in Year 8 girls in the 2013/2014 school year cohort (Fig 5), in fact this was not as bad as originally feared and Lewisham's final position was good in comparison with the rest of London - 11th overall. Nevertheless, a return to an increasing trend in the uptake of this vaccine is to be the focus a programme of improvement for the school year 2015/2016. The evidence-based reduction in the number of doses to two, agreed as part of the national programme should help with this.

Figure 5: Percentage of females aged 12-13 who have received all three doses of HPV Vaccine



Recommendations – Immunisation

For the foreseeable future the Children and Young People's Plan should continue to prioritise the following:

- Implementation of the NHS England Action Plan for Immunisation in Lewisham.
- Improving uptake of MMR2 at five in Lewisham, with an emphasis on supporting and encouraging GP practices through new co-commisssioning arrangements and commissioning on a population basis through the new care networks
- Increased efforts to sustain and improve uptake of HPV vaccine
- Continued efforts to improve uptake of all vaccines, again with an emphasis on utilising new commissioning opportunities. .
- Introduction of vaccines against group B meningococcal disease and against group W disease.
- Introduction of a programme to immunise all children in Reception year and in Years 1 and 2 against influenza.
- Systems changes in relation to neonatal BCG programme

Achieving a Healthy Weight

Overweight and obesity, lack of physical activity and poor nutrition present a major challenge to the current and future health and wellbeing of children and young people in Lewisham.

Lewisham has a high proportion of children identified as overweight or very overweight (obese) with the prevalence significantly higher than the England average. Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than children of normal weight. Overweight and obese children are also more likely to become obese adults and early appearance of obesity-related health problems associated with middle age.

Prevention of weight problems and early intervention is important as obesity once established is difficult to treat. Prevention of obesity is, therefore, a key component of the Healthy Child Programme. The causes of obesity are complex, however, and the prevention and treatment of obesity have up to recently focused on pharmacological, educational and behavioural interventions with limited overall success. A longer-term approach, recommended by NIHCE, would be to tackle environments that promote high energy intake and sedentary behaviour - obesogenic environments. The evidence demonstrates that such environments mean it is easy to eat more, move less and gain weight.

The strongest predictor for childhood obesity is parental obesity: only 3% of obese children have parents who are not obese[20]. Children with one or two obese parents are more likely to become obese and remain obese into adulthood. However income, social deprivation and ethnicity also have an important impact on the likelihood of an adult or a child becoming obese.

Lifestyle and behaviour choices of adults and children are important factors in influencing weight status. There is evidence that eating habits are perpetuated through families and cultures, and are often maintained from child through to adulthood. There is also a proven link between active mothers and active children.

It is important that children have a healthy balanced diet. National surveys show that overall the population (including children) is still consuming too much saturated fat, added sugars and salt and not enough fruit, vegetables, oily fish and fibre.

The World Health Organisation recommends exclusive breastfeeding for the first six months. Babies who are not breastfed have an increased risk of obesity, diabetes, respiratory infections, gastroenteritis and Sudden Infant Death Syndrome. Women who do not breast feed have and increased risk of breast and ovarian cancer.

It is known that physical activity is important for good health throughout life, and should be encouraged from birth. Inactivity contributes to obesity, long term health conditions and premature death. Local data is not available on activity patterns of children but national surveys show that only a small proportion (20%) of children aged 5 to15 years meet the

[20] *International Journal of Obesity* (2009)

Government recommendation for physical activity. Children are leading increasingly sedentary lifestyles and low levels of physical activity in children are related to household income, with those in the lowest income bracket more likely to report low levels of activity.

Childhood obesity

The National Child Measurement Programme (NCMP) is a statutory public health function of local authorities. In Lewisham the school nursing team of Lewisham and Greenwich NHS Trust (LGT) are commissioned to deliver the programme. The NCMP involves the measurement of the height and weight of all children in Reception and Year 6 in schools each year. In 2013/14 over 6,100 children were measured (3,487 in Reception and 2,672 in Year 6). The high participation rate in Lewisham (94% - the national target is 85%) means that robust data are collected, providing valuable information about the trends in children in Lewisham, and which will be used to help plan and deliver services.

In Lewisham childhood obesity rates remain significantly higher than the average for England. In 2013/14 Lewisham was again in the top quintile (highest fifth) of Local Authority obesity prevalence rates for Year 6. Rates in Reception have improved and Lewisham is now in the second quintile. The latest NCMP results (2013/14) show that 10.8% of children in Reception are at risk of obesity and this rises to 24.3% in Year 6. As in previous years the proportion of obese children in Year 6 was more than double that of Reception year children. This is similar to the national results. Local analysis of the data reveals that for the eight years data have been collected (2006/07 to 2013/14) there is slight variability but no consistent trend over the period in obesity rates in Reception or Year 6 children (Figures 1 and 2). There is, however, considerable variation in these rates across London, with Lewisham rates towards the centre of this variation (Figures 3 and 4). Over the next five years the Lewisham Children's Partnership seeks to achieve a sustained downward trend in the prevalence of unhealthy weight in children by taking a life course approach to prevention, early intervention and weight management.

Figure 1: Percentage of School Children in Reception who are Obese – 2006/7 to 2013/14

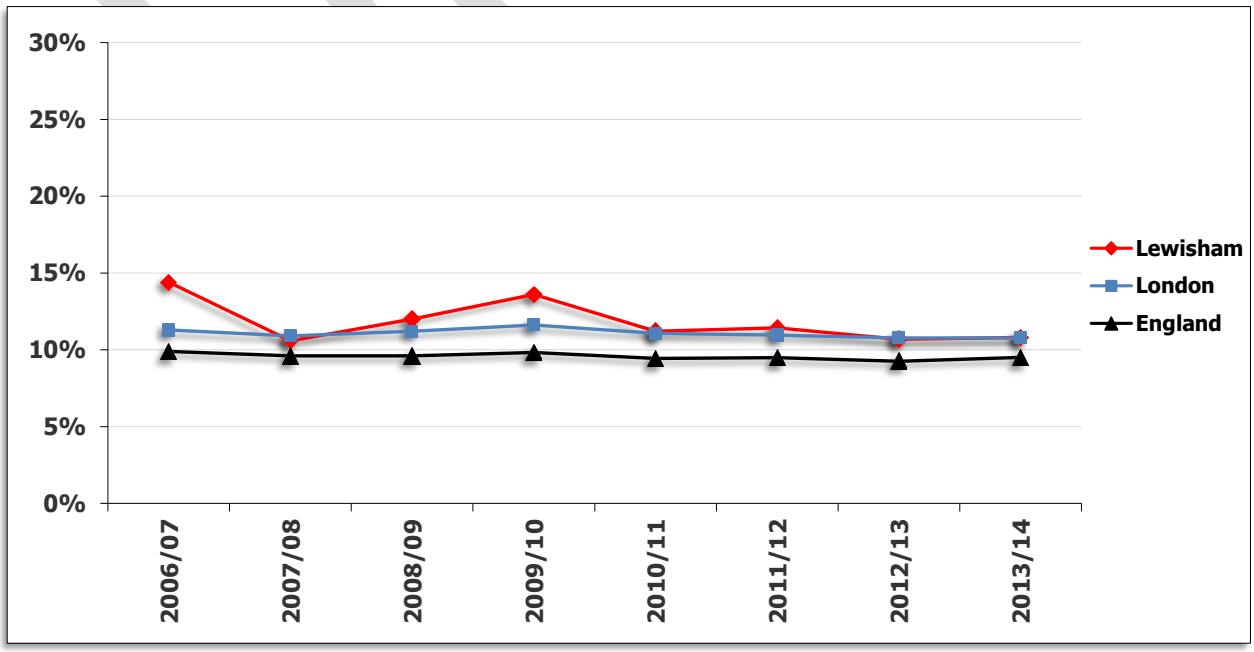


Figure 2: Percentage of School Children in Year 6 who are Obese – 2006/7 to 2013/14

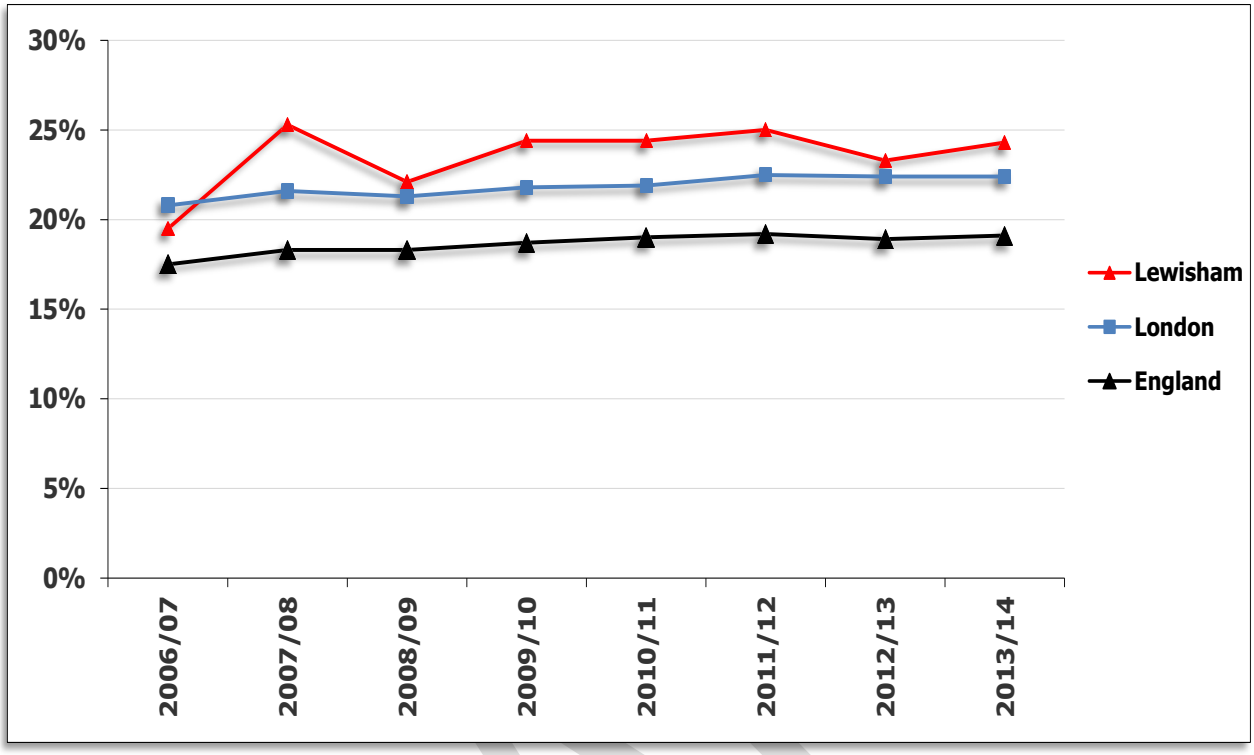


Figure 3: Obesity in Reception Year - 2013/14

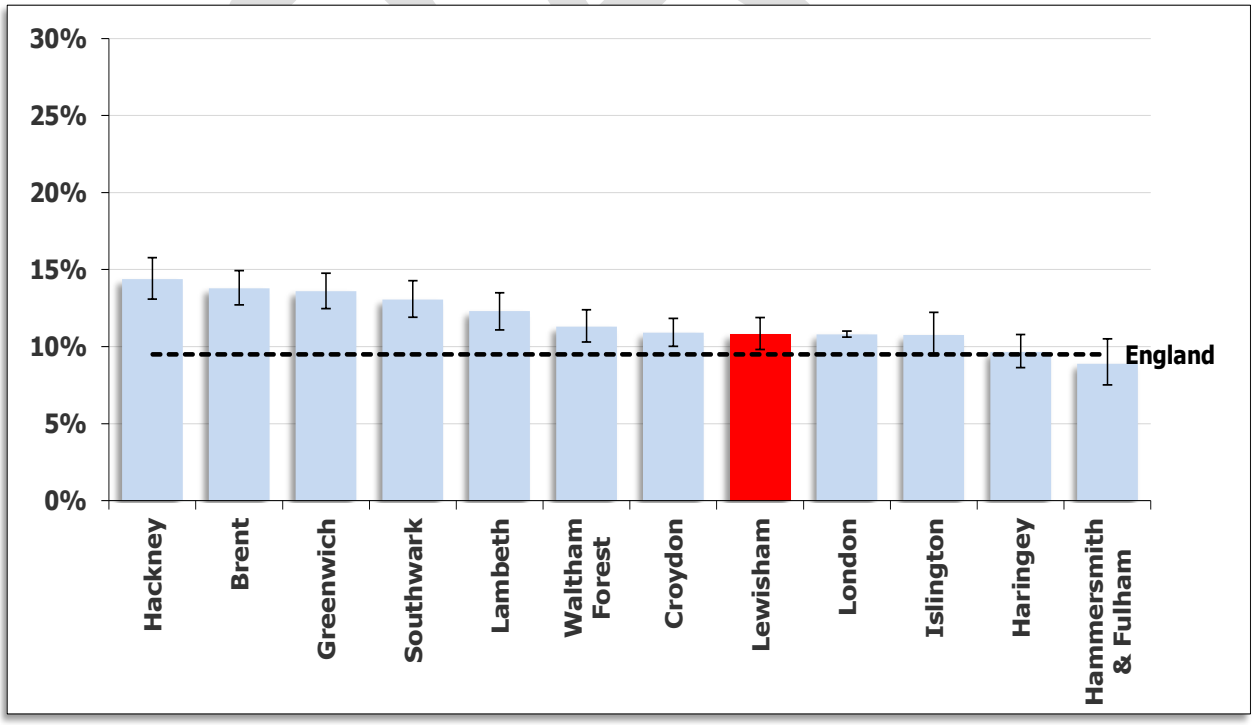
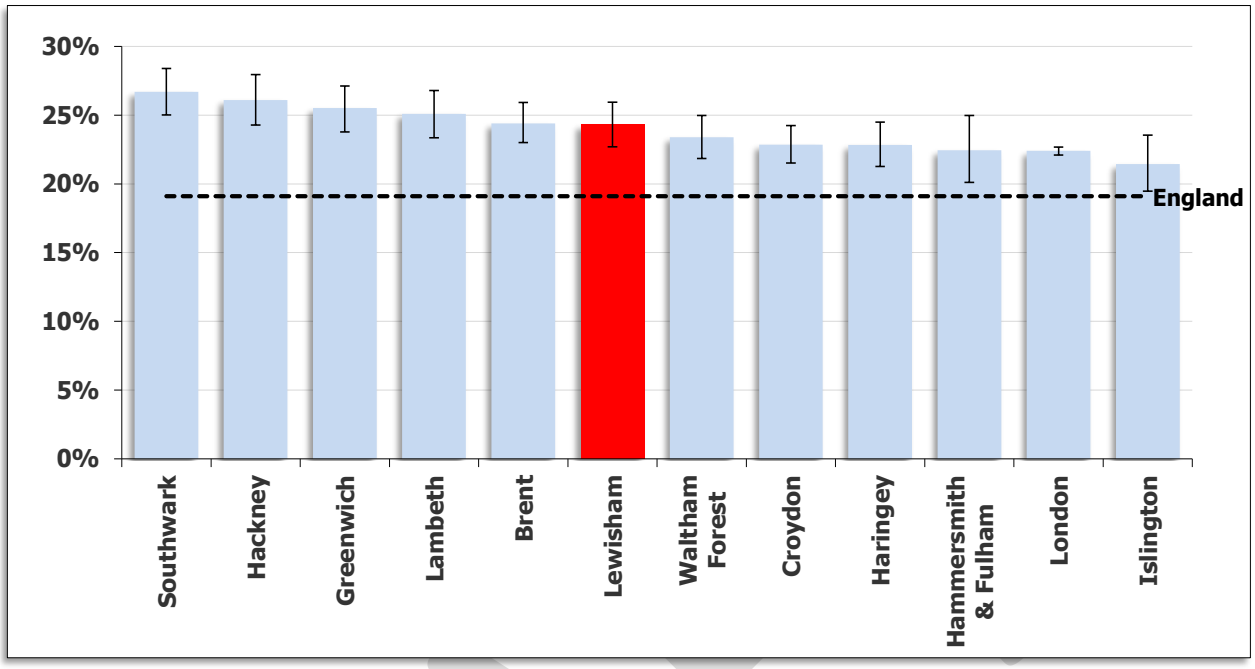


Figure 4: Obesity in Year 6 - 2013/14



Age 0-4

Maternal obesity

Maternal obesity increases the risk of poor outcomes of pregnancy and is a risk factor for childhood obesity. Data obtained from Lewisham and Greenwich NHS Trust (LGT) for 2013 - 2014 indicates that maternal obesity rates are lower than those recorded in 2010 - 2012 (43.5% of women at their booking appointment overweight or obese compared to over 50%). To promote the benefits of a healthy lifestyle for those planning a pregnancy a web-based resource is now available on the council website. Training of midwives on raising awareness of maternal obesity and how to communicate benefits of a healthy weight to pregnant women was part of the mandatory training at LGT and all midwives attended annual updates. Post natal women with a BMI above 25 (overweight) are able to access free weight management support as part of the children's weight management pathway and Weight Watchers by referral scheme.

Breastfeeding

There is good evidence of the health benefits of breastfeeding for both mother and baby. The benefits include a reduced risk of gastroenteritis, respiratory infections, obesity, diabetes, maternal breast and ovarian cancer. Breastfeeding also provides an opportunity to help attachment between mother and baby and can protect the child from maternal neglect.

Measures to support parents with feeding their babies in Lewisham include:

- Nine breastfeeding community cafes in Lewisham. Seven of these are run as 'Baby café local' drop-ins supporting nearly 800 new mothers and over 2,000 attendances during January to December 2014.
- A successful breastfeeding peer support programme resulting in 38 active volunteer peer supporters helping to support mothers in the breastfeeding community cafes and on the postnatal ward in Lewisham Hospital.

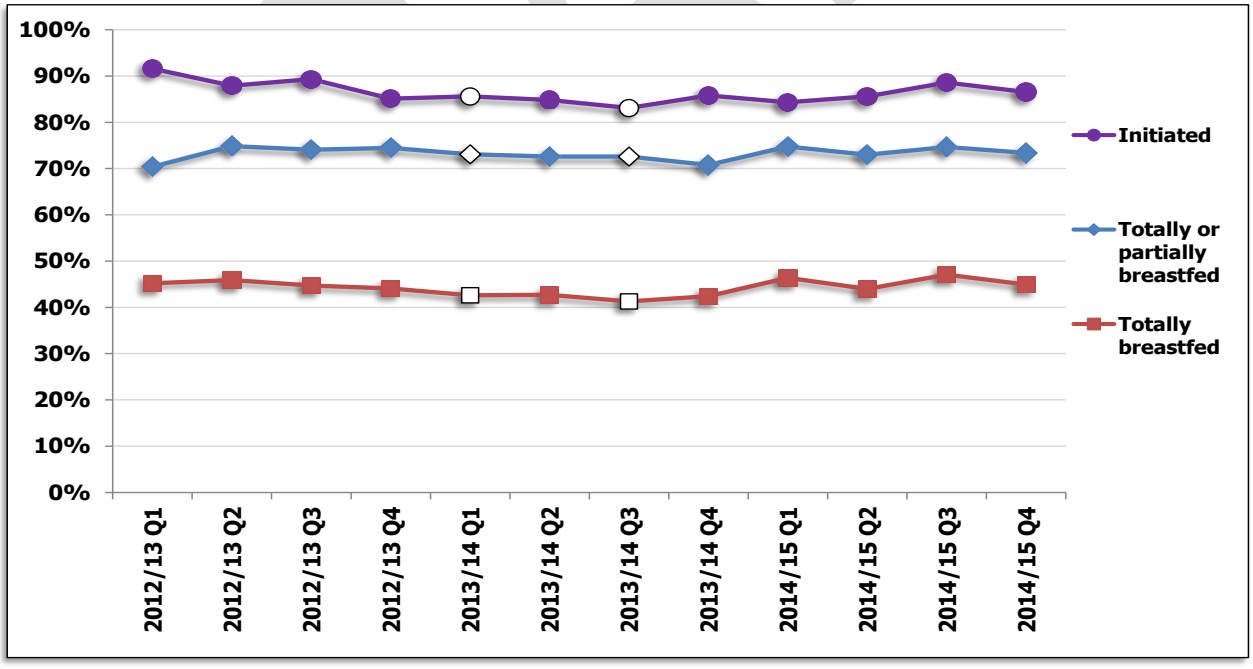
- The *Breastfeeding Welcome* scheme is currently being implemented in Lewisham. All Lewisham Libraries and Leisure Centres have signed up to become Breastfeeding Welcome venues in addition to 20 local businesses including Lewisham Shopping Centre.

Some mothers are unable to breastfeed, or do not want to. It is important that whilst we encourage and support all mothers to breastfeed we also offer support to those not breastfeeding, to enable them to make informed choices about other methods of feeding for their babies.

Increasing breastfeeding rates and the proportion of babies exclusively breastfed at 6-8 weeks is a key priority for Lewisham. Lewisham is working toward achieving Baby Friendly accreditation, a scheme run by UNICEF to increase levels of breastfeeding through the implementation of the Baby Friendly practice standards. The stage two UNICEF Baby Friendly community award was achieved in February 2014 and the stage two maternity award in August 2014. Both services, supported by Lewisham's children's centres, are now working towards stage 3 assessment, planned for October 2015, achieving this will result in full accreditation.

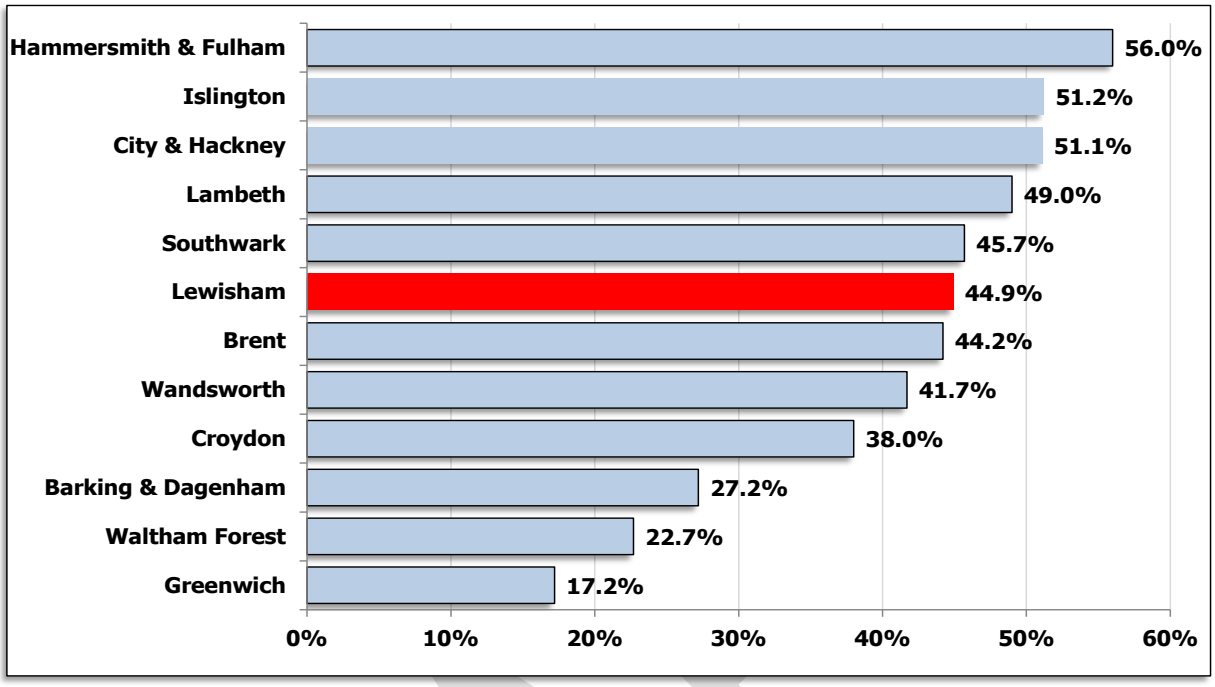
In Lewisham prevalence of breastfeeding initiation and at 6-8 weeks is consistently higher than the England average, but prevalence of breastfeeding, including exclusive breastfeeding is similar to other London boroughs (Figs 5 and 6[21]).

Figure 5: Trends in Breastfeeding Initiation and Breastfeeding Prevalence at 6-8 week



[21] NHS England, *empty markers mean that data for that quarter did not meet validation criteria*

Figure 6: Exclusive Breastfeeding Prevalence, comparison to other London Boroughs



Vitamin D

The universal vitamin D scheme (Free D) aims to reduce the growing number of cases of vitamin D deficiency and rickets in Lewisham. All pregnant women and women who have given birth in the previous 12 months, and all children under four are eligible for Healthy Start vitamins, including Vitamin D. These vitamins are now easily accessible with over 60 distribution points in the borough including 46 community pharmacies, health centres and children's centres. Since the launch in November 2013 the scheme is reaching 20-30% of eligible women and 50% of infants.

Healthy weight

Measures to support healthy weight in children include promoting healthy eating and physical activity as part of the universal provision of the Healthy Child programme and workforce training for staff on promoting healthy weight. Support for families with children identified at risk of obesity includes age specific healthy lifestyle programmes including MEND MUMS and MEND 2-5. Details of support available for families can be accessed on the Council website.

Nutrition

Promoting consistent nutrition messages to support healthy growth and weight in children under 5 has been supported by providing targeted training to health professionals on introducing solids, this training is now mandatory for health visitors. The National Infant Feeding Survey (2010) showed that 75% of mothers had introduced weaning by the age of 5 months. Early year's settings have been encouraged to adopt the voluntary food and drink guidelines for early year's settings and children centres commission cookery and weaning classes for parents.

Physical activity

In England only one in ten children aged between two and four years meet the government recommendation for physical activity of at least three hours of physical activity on all seven days in the last week (boys 9%, girls 10%)[22]. Although individual physical and mental capabilities must be taken into account, the Chief Medical Officer suggests the following levels of physical activity for children under five:

- Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments
- Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day
- All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

Age 5-11

Healthy weight

In Lewisham childhood obesity rates remain significantly higher than the England rate. The latest NCMP results (2013/14) show that 10.8% of Reception children are at risk of obesity and this rises to 24.3% in Year 6. As in previous years the proportion of obese children in Year 6 was more than double that of Reception year children. Measures to support healthy weight in children include promoting healthy eating and physical activity as part of the universal provision of the Healthy Child programme, workforce training for staff on promoting healthy weight. Support for families with children identified at risk of obesity include age specific healthy lifestyle and weight management programmes including MEND 5-7 and MEND 7-13. The weight management service also incorporates tailored support for families who need additional input. Details of the support available for families can be accessed on the Council website.

Schools

Evidence shows that pupils with better health and wellbeing are likely to achieve better results academically and the culture, ethos and environment of a school influences the health and wellbeing. Schools in Lewisham have been encouraged to register with the new Healthy Schools London programme, 31 schools are currently registered for this award with two schools achieving the bronze award.

The proportion of primary school pupils taking school meals has significantly increased in the autumn term 2014/15 following the implementation of the universal free school meals for all children in key stage 1 in September 2014 (65% to 71.6% in January 2015).

Nutrition

Only 17% of 5-7 year olds and 20% of 8-10 year olds eat the recommended five portions of fruit and vegetables per day. The diet of children aged 4-10 years includes a high level of added sugar with sugary drinks as the main source. They consume:

- 30% from soft drinks and fruit juice
- 29% mainly from biscuits, cakes and breakfast cereals

[22] Health Survey for England 2012: Physical activity and fitness, HSCIC (2013)

- 22% from sweets, chocolate, table sugar, jams and other sweet spreads
- 12% from yoghurts, fromage frais, ice-cream, and other dairy desserts

National results show that 31% of 5 year olds and 46% of 8 year olds had tooth decay in 2013[23].

Physical Activity

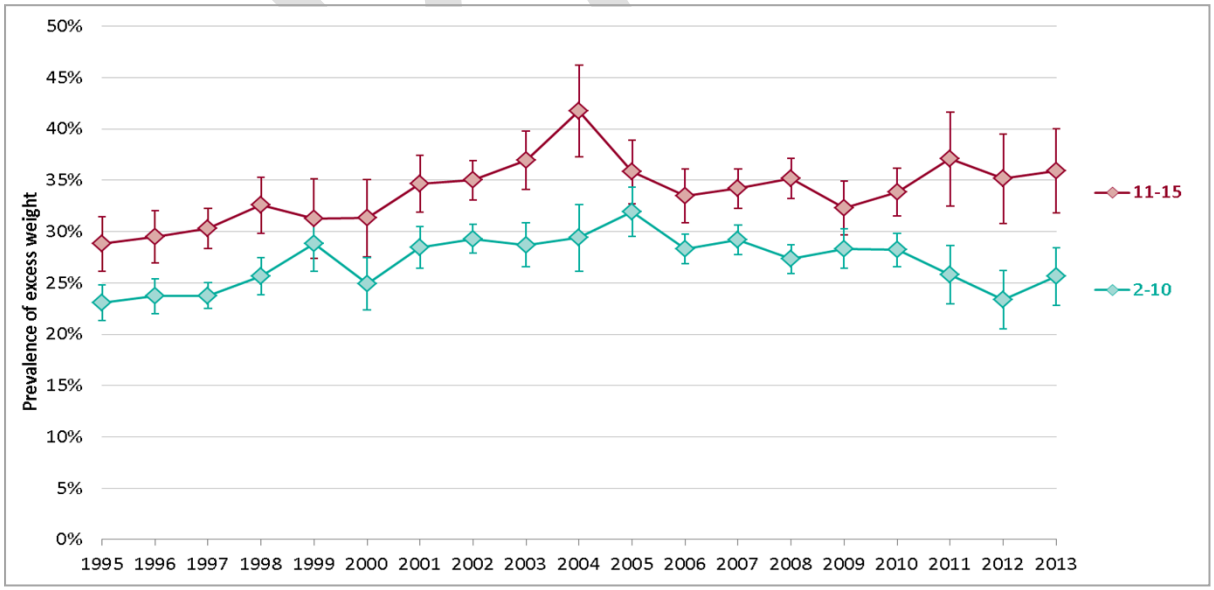
In England only around two in ten children aged 5 to 15 years meet the government recommendations for physical activity of one hour moderate to vigorous activity per day (boys 21%, girls 16%)[24]. Around four in ten children aged 5to15 years are physically inactive (boys 39%, girls 45%). No information is available locally on activity levels of children, but local children are expected to show a similar pattern to the national picture. Actions in the childhood obesity strategy aim to increase awareness of the benefits of physical activity and increase activity levels of families. Lewisham offers opportunities for activity including free swimming for children under 16 years.

Age 12-18

Weight

No local data is available on weight in children of this age group, but national data show that since 2004 there is evidence of a levelling off of child excess weight prevalence for 2-10 and 11-15 year-olds (Fig 7).

Figure 7: Trend in the prevalence of excess weight. Children aged 2-10 and 11-15 years; Health Survey for England 1995-2013



Measures to support healthy weight in children include promoting healthy eating and physical activity as part of the universal provision of the Healthy Child programme, and workforce training for staff on promoting healthy weight. Support for families with children identified at risk of obesity include age specific healthy lifestyle and weight management

[23] Public Health England
[24] Health Survey for England 2012: Physical activity and fitness, HSCIC (2013)

programmes including MEND 7-13 and MEND 13-16. The weight management service also incorporates tailored support for children who need additional input. Details of the support available for families can be accessed on the Council website.

Diet

The diet of children aged 11-18 years show low levels of fruit and vegetable with mean consumption of fruit and vegetables of 3.0 portions per day for boys and 2.7 portions per day for girls. Ten per cent of boys and 7% of girls in this age group met the *Five-a-Day* recommendation. Added sugar intake is high with the main source of added sugar was soft drinks and 'fruit juice' - soft drinks alone provided 30% of intake.

A local survey of adolescents in May 2013 showed that 80% of those surveyed felt that eating healthily is quite or very important. The most common benefits of healthy eating included being healthy, living longer, feeling good, having energy, being fit, looking good and being a healthy weight.

School meal uptake in secondary schools pupil is low with only 37% of pupils eating school meals[25].

Physical Activity

In England the level of physical activity in 13-15 year olds is falling with only 14% of boys and 8% of girls meeting the recommended level, but 48 per cent have used fitness apps on a regular basis.

Recommendations – Achieving a Healthy Weight

Lewisham has a high number of children with excess weight. Prevention and early intervention is crucial. A partnership approach is necessary to minimise the impact of an obesogenic environment. Maintenance and development of the following elements are important in local strategy to address this issue:

- Maternal Obesity Programme
- Achievement and Maintenance of UNICEF Baby Friendly status
- Improving uptake of School Meals
- Continuing to implement a systematic programme of intervention and policies to help children and families tackle problems of overweight and obesity, and to reduce the impact of the obesogenic environment.

[25] Lewisham's Children and Young People's Directorate

Mental and Emotional Health

According to previous British Child and Adolescent Mental Health Surveys, one in ten children under the age of 16 has a diagnosed mental health problem, the equivalent of three children in every school class. Lifelong mental health problems begin early. By 14 years old 50% of those who will have mental health problems in adulthood have already had problems, and by 18 this rises to 75% (excluding dementia).

Supporting children and their families early to protect their mental health and emotional well being, and enabling them to access specialist help early can help reduce the lifetime burden of mental illness as well as enabling young people to fulfil their potential.

Certain high risk groups of young people face even greater challenges with regard to their mental health:

- 72% of looked after children have behavioural or emotional problems.
- 46% have a mental health problem.
- 95% of imprisoned young offenders have a mental health problem, and many of them are struggling with more than one[26].

In the Children's Society *Good Childhood Report* six priority areas for promoting wellbeing in children were identified, as follows[27]:

1. The conditions to learn and develop, such as access to early years play, high quality education, good physical development e.g. diet/obesity, school activities, levels of happiness at school, health and disability.
2. A positive view of themselves and an identity that is respected, such as self-esteem, being listened to and not being bullied.
3. Having enough of what matters, indicated by family circumstances, household income, parental employment, child poverty, access to green space, etc.
4. Positive relationships with family and friends, where stable and caring relationships are important (e.g.in the case of looked after children, they are more likely to experience changes in caring relationships).
5. A safe and suitable home environment and local area, such as feeling safe, privacy, good local facilities, stable home life (e.g. overcrowded housing or moving house often is a negative risk factor for wellbeing – although positive caring relationships can over-ride this).
6. Opportunity to take part in positive activities to thrive, involving a healthy balance of time – with friends, family, time to self, doing homework, helping at home, being active e.g. access to garden or local outdoor space.

There are recognised risk factors for developing mental health problems, many of which are more prevalent in Lewisham's children and young people, who are therefore at greater risk

[26] Office for National Statistics (1997): *Psychiatric morbidity among young offenders in England and Wales*
[27] Children's Society (2012) The Good Childhood Report: A review of our children's wellbeing London: The Children's Society

of mental health problems, and low levels of wellbeing/resilience that put them at risk of developing problems in the future. These factors include:

- Living in poverty - 27.6% of under 16s live in poverty compared to 19.2% nationally and 23.7% in London. Similar levels are found in our neighbouring boroughs, 29.0% and 28.6% in Lambeth and Southwark respectively[28].
- Being a looked after child - 77 children in every 10,000 are looked after; compared to 60 nationally and 55 in London.
- Living in non-secure accommodation - 4.7 in every 1,000 households in Lewisham are homeless households with dependent children or pregnant women compared to 3.6 in London and 1.7 nationally[29].
- Being exposed to trauma - 555 children in Lewisham were identified as being exposed to high risk domestic violence in the home in 2013-2014, with up to a third of all children in the borough exposed to any domestic violence in any one year. Rates in London are known to be higher than other parts of the country.
- Having parents who experience mental health and/or substance misuse issues. These levels are likely to be higher in Lewisham than the rest of the country, for example, 1.24% of people on Lewisham GP registers have a serious mental health disorder compared to 0.84% in England as a whole and 1.03% in London. In every 1,000 people in Lewisham, 12.4 are opiate or crack cocaine users compared to 8.4 nationally and 9.55 in London.
- Being involved in crime - 603 per 100,000 10-17 year olds receive a first reprimand, warning or conviction in Lewisham, compared to 426 in London and 409 in England as a whole[30].

Lewisham children need to be very resilient to thrive in the environments in which many of them live. To achieve this Lewisham Council is working with Big Lottery, through the Head Start Lewisham programme, to improve mental health and emotional well being in young people, particularly at the point of transition from primary to secondary school and in early adolescence.

Despite the greater risk of mental health problems in Lewisham's children, estimated rates of mental health disorders (including conduct, emotional, hyperkinetic (ADHD) and eating disorders) in Lewisham are broadly comparable to comparator boroughs (Table 1).

[28] HMRC (2012)
[29] DCLG, (2015)
[30] Department of Justice (2014)

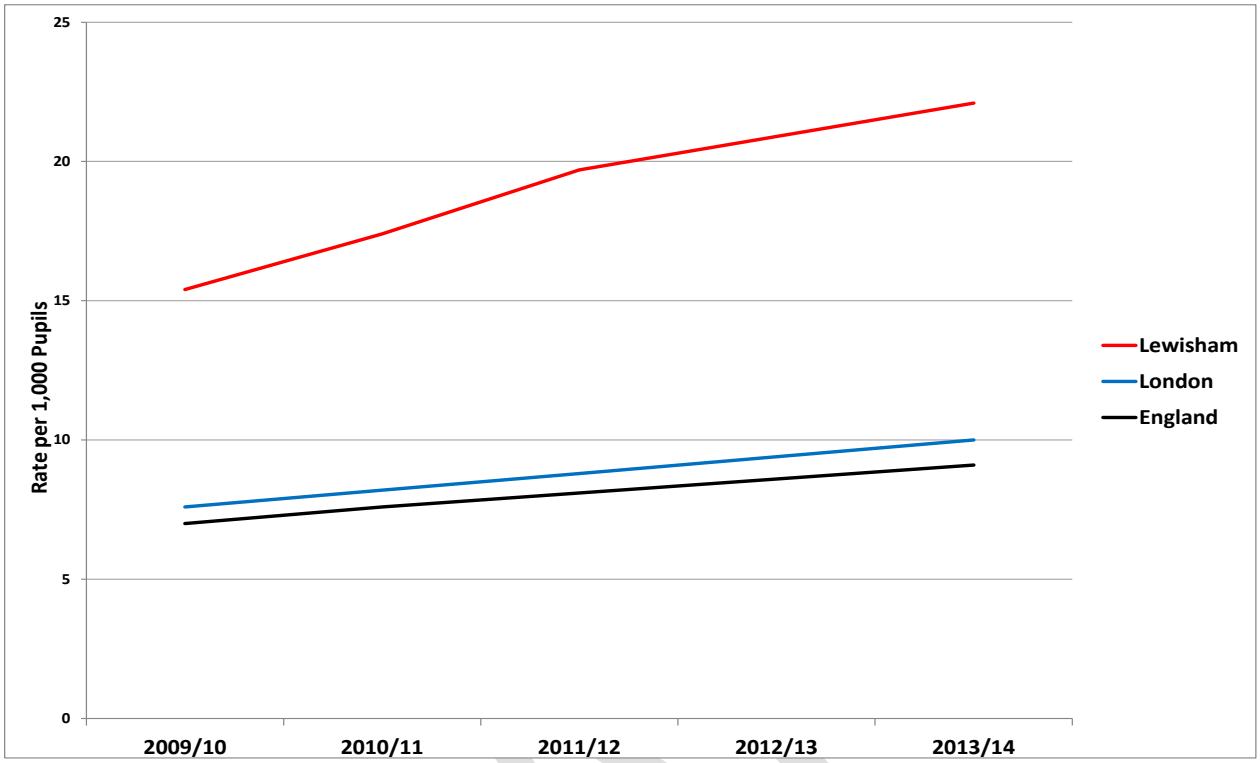
Table 1: Prevalence of Key Child & Adolescent Mental Health Problems

	Any mental health disorder		**Conduct disorders**		**Emotional disorders**		**Hyperkinetic disorders**		**Eating disorders**
	5-16yrs		5-16yrs		5-16yrs		5-16yrs		16-24yrs
	Prevalence (%)	No. of children	Prevalence (%)	No. of children	Prevalence (%)	No. of children	Prevalence (%)	No. of children	No. of young people
Lewisham	9.46	3,765	5.78	2,299	3.66	1,457	1.57	623	4,381
Greenwich	9.65	3,749	5.93	2,304	3.74	1,451	1.60	623	4,192
Lambeth	9.89	3,758	6.08	2,310	3.86	1,466	1.66	629	4,655
Southwark	9.81	3,582	6.02	2,199	3.83	1,396	1.63	594	5,381
London	9.35	109,616	5.70	66,838	3.65	42,748	1.54	18,050	126,462
England	9.60	-	5.80	-	3.70	-	1.50	-	-

The nation-wide trend towards higher rates of autistic spectrum disorder (ASD) is also observed in Lewisham children (Figure 1)[31]. However, rates of autism in Lewisham school children are significantly higher than in London, with 935 pupils aged 5 to16 years affected (a rate of 22/1,000 pupils in this age group). This is at the upper end of the range of documented levels of ASD in children, but may well reflect better identification of ASD locally rather than a true prevalence that is higher than in other, similar boroughs; in fact, neighbouring boroughs also have a prevalence of this order. Children with ASD are at higher risk of mental health problems that may be masked by their ASD. The development of a care pathway for children with ASD should meet an important gap in local services.

[31] Department for Education (2014)

Figure 1: Pupils with Autisms Known to School - Rate per 1,000



Age 0-4

Child mental health is heavily influenced by parental, and particularly maternal health. This impact begins in pregnancy, where exposure to alcohol (even as little as one drink per week in the first three months of pregnancy), smoking and toxic stress can have an adverse impact on childhood mental health.

Toxic stress can be caused by abuse, neglect, substance misuse, mental illness, exposure to violence or poverty. All of these contributing factors are prevalent risks in Lewisham. Toxic stress in a child is when a child experiences strong, frequent and/or prolonged adversity without adequate protective relationships or adult support. Crucially, toxic stress can have a negative impact on the developing baby both in the womb, and in their early years. It can also be linked to pre-term delivery.

The first months of life are critical for babies to form secure attachments to their primary caregivers. Good attachment can protect the child's mental health and emotional well being. Problems with attachment can manifest much later in a child's development as mental health disorders. Due to the importance of secure attachment to the future wellbeing of children, midwives, health visitors and children's centres staff in Lewisham have improved attachment and parenting of children as a main focus of their work. Approaches such as *Five to Thrive,* which promotes a memorable message to parents along the lines of the *Five a Day* message to promote greater consumption of fruit and vegetables, have been adopted by Children's Centres locally and as part of the local programme to increase the prevalence of breastfeeding and attain UNICEF *Baby Friendly* status.

Post-natal depression can have an adverse impact on attachment between mother and child. Being aware of the signs and risk factors for post-natal depression can mean women get early support to help them form strong bonds with their child and manage their child's emotional needs. Women with a history of mental illness are at particular risk during and following pregnancy. Perinatal Mental Health is now the subject of a South East London-wide review conducted as part of the work of Our Healthier South East London (OHSEL). Perinatal and parental mental health are also being reviewed in Lewisham as part of the HeadStart programme and the development of a local Mental Health and Emotional Wellbeing Strategy for Children and Young People.

Development of speech and language can be a critical component of how a child communicates and manages their emotions and feelings. Children with delayed development may present with challenging behaviour in an attempt to make themselves understood. Children with ASD and other learning difficulties may also present at an early age with behavioural problems indicative of their condition prior to a formal diagnosis. This can present problems with socialisation in early years settings making them less likely to be school-ready.

Age 5-11

Many mental health problems may start to manifest in primary school, particularly conditions such as Attention Deficit Hyperactivity Disorder (ADHD), ASD and conduct disorder. Most children with these disorders are likely to be diagnosed in this period (although in siblings this may happen earlier). The problems they experience often have detrimental impact on their educational attainment and experience of school. Early support for these children particularly through the transition to secondary school can be important in mitigating against these poor outcomes. Bullying may become an issue in this age group, an acknowledged risk factor for longer term mental health problems which can last into adulthood.

Age 12-18

By mid-teens 50% of life time mental health problems will have started. This begins to have a major impact on life chances of affected individuals, who are more likely to be not in education, employment or training (NEET). Those experiencing mental health problems at this point are more likely to smoke, drink alcohol and be involved in antisocial behaviour.

Conduct disorders and ADHD are known to increase the risk of offending and teenage pregnancy in girls. Acknowledging the high number of individuals who come into contact with the police and who have historically been held in police custody, despite having an underlying mental health problem, liaison and diversion schemes have been implemented to assess and support young people and adults who may have underlying mental health problems.

Based on the national prevalence of 7%, an estimated 1302 children in Lewisham self harm between the ages of 11-16[32]. Some of these individuals may not come into contact with mental health services.

In Lewisham, mental health services are currently focused on the treatment of mental health disorders rather than prevention. Lewisham has been awarded funding from the Big Lottery Fund's *Fulfilling Lives HeadStart* programme to develop new and innovative provision in our schools and communities to: improve emotional literacy; enable young people to develop awareness of how to protect their own mental health and emotional well-being; and build the resilience of young people through learnt and taught techniques in and out of schools. HeadStart is an opportunity for us to invest in improving the mental well-being and resilience of children and adolescents before they become unwell and require specialist services. It will also equip them with life skills which will support them into adulthood and enable them to value and protect their own mental health. HeadStart gives Lewisham an opportunity to expand and develop the universal and targeted offer, whilst working with existing provision and aligning with the wider partnership strategy to ensure that services intervene at the earliest point.

Recommendations - Mental and Emotional Health

Understanding what protects mental health and builds resilience and building on an individual child's, family's and community's assets can help deliver better mental health for both children and adults.

- Promote a better understanding across the Partnership of the important of toxic stress, as highlighted in the Children and Young People's Plan.
- Greater consideration will be given as to how families and communities can contribute to ensuring the best possible social and emotional well-being of Lewisham's children. Initiatives such as community parenting and *Empowering Parents, Empowering Communities* (EPEC), an evidence-based community development programme to improve parenting, should be considered for wider use locally and taken into account in the new Children and Young People's Plan. Health Visiting, Children's Centres and the School Aged Nursing Service will continue to work together to ensure good attachment and improved parenting for children in Lewisham.
- All local services, especially those delivering services to families with children under five, are encouraged to adopt the *Five to Thrive* method of getting messages about improved attachment and parenting across locally. This should also be taken into account in the development of the Children and Young People's Plan.
- Big Lottery have funded the HeadStart programme in Lewisham, initially until July 2016 to begin to develop and try out different approaches to improving well being in 10-16 year olds. The learning from this work will go into developing a further proposal to transform the delivery of universal and targeted approaches to mental wellbeing with a view to reducing longer term need for both CAMHS and adult mental health services. Our proposals will be incorporated into our developing strategy and will include our transformation plans as part of the recently published 'Futures in Mind'

[32] Green, H., McGinnity, A., Meltzer, H., et al. (2005). Mental health of children and young people in Great Britain 2004. London: Palgrave.

report, aimed at improving emotional wellbeing and mental health for all our young people.

Sexual Health

Lewisham has a young population experiencing high levels of sexual health need in relation to contraception, pregnancy, sexually transmitted infections (STIs) and sexual behaviours (Table 1). Poor sexual health outcomes in Lewisham include high rates of STIs, teenage pregnancy, abortion and HIV infection. In addition to this the borough has high rates of sexual violence and domestic violence.

Young people (usually defined as under 25) experience higher rates of sexually transmitted infections, re-infection, abortion and sexual violence. In 2014, the three boroughs of Lambeth, Southwark and Lewisham undertook a sexual health needs assessment and developed a strategy to improve sexual health and access to sexual health services. The strategy recommends a shift to preventative services, increasing provision of 'basic' sexual health services such as contraception and STI screening in community and primary care settings such as pharmacies and GP practices as well as online. There is also a commitment to strengthen Sex and Relationships Education (SRE) delivered to young people by supporting schools and other settings such as youth services to deliver high quality SRE.

Table 1: Key Indicators of Sexual Health

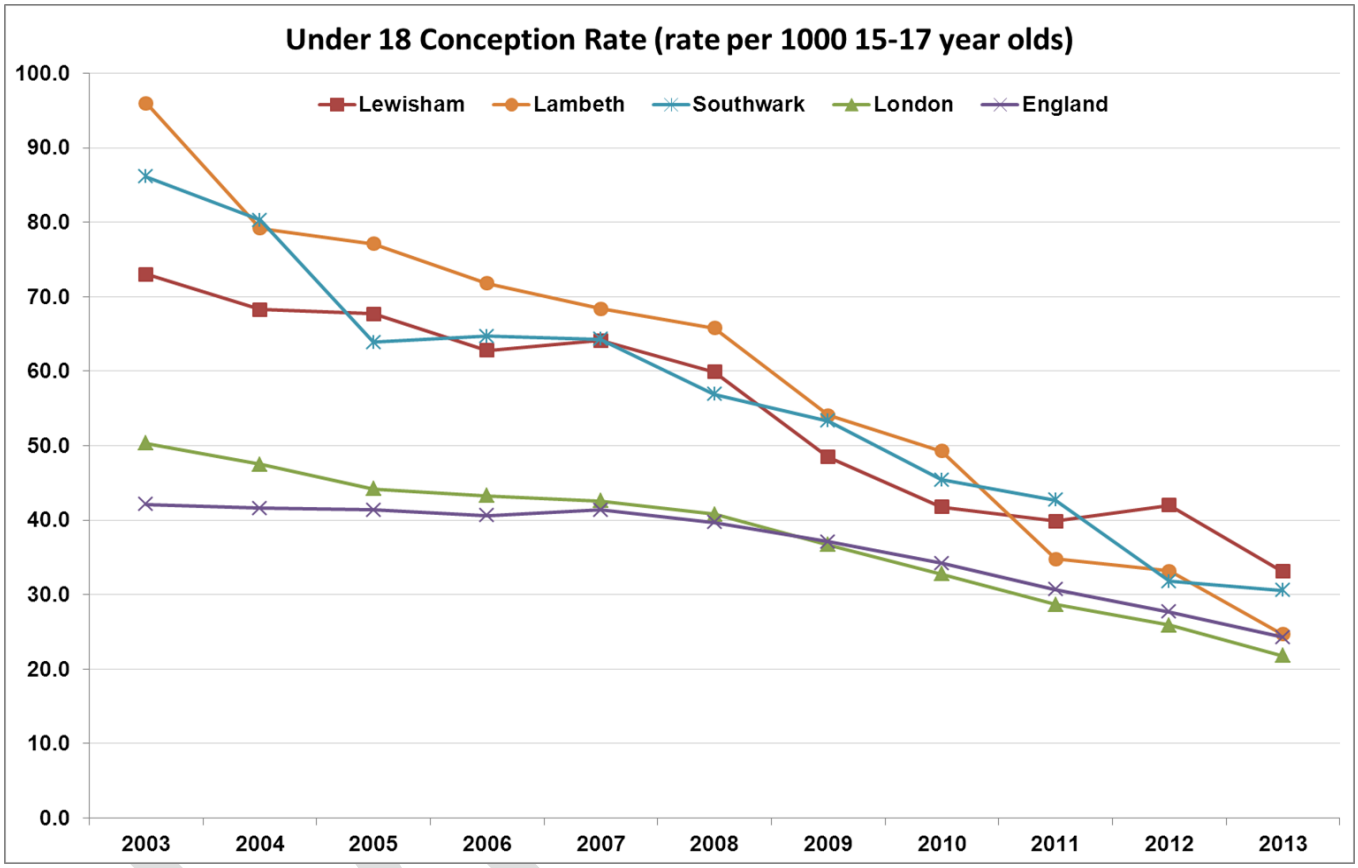
Indicator	Lewisham	Lambeth	Southwark	London	England
Teenage conceptions (15-17) per 1000 females (2013)[33]	33.1	24.7	30.6	21.8	24.3
Teenage conceptions (13-15) per 1000 females (2013)	7.2	6.3	6.7	4.3	4.8
Under 18 birth rate per 1000 females	13.9	6.8	9.1	7.8	11.9
Under 18 Abortion rates per 1000 females (2014)[34]	19.1	17.9	21.5	14.0	12.4
Chlamydia detection rate per 100,000 (2014)[35]					
Chlamydia screening coverage	34.6	43.9	37.8	27.9	23.9
New STIs <25 excluding chlamydia per 100,000 (2014)	1212	3190	2465	1534	829
Sexual Offences per 1,000 (2013)[36]	1.55	1.65	1.53	1.22	1.01

In 2013 Lewisham had the second highest teenage pregnancy rate in London (152 conceptions in 15-17 year olds). Whilst rates have fallen this reflects a national trend, and Lewisham rates have not fallen as fast or as far as other similar boroughs (Fig 1). The under

[33] All conception and birth data - ONS
[34] Department of Health
[35] All Chlamydia and STI Data - Public Health England (2014)
[36] Met Police

16 conception rate is also second highest in London after Barking and Dagenham. In addition to this, fewer Lewisham pregnant teenagers choose to have an abortion compared to other pregnant teenagers in London. In 2013, 58% of Lewisham teenagers who were pregnant had an abortion, compared with 64% in London. In London, Lewisham has the highest under 18 years birth rate through a combination of a high teenage conception rate and lower than average abortion rate in this age group.

Figure 1: Under 18 Conception Rate



Unintended and unwanted pregnancies reflect unmet needs relating to contraception. The risk of unwanted pregnancy is associated with age (being under 18), alcohol consumption and deprivation. Being in the care system is a risk factor for being a teenage parent for both males and females.

Abortion rates, teenage pregnancy rates and STI rates are all higher in BME groups. Overall the highest STI rates are found in men who have sex with men (MSM). The NATSAL[37] survey found that 5% of men and 8% of women aged 16-44 had a same sex experience with genital contact, but there are no reliable local estimates of how many young people have experienced same sex sexual contact.

Age 0-4

Around half of all pregnancies are planned, with 1 in 6 being unplanned. A planned pregnancy offers the best chance of ensuring a healthy mother and baby.

[37] The National Survey of Sexual Attitudes and Lifestyles

Birth spacing is an important method of improving maternal and child health outcomes. Whilst breast feeding (where it is the only form of feeding) can be a form of contraception in early infancy, introducing reliable forms of contraception early after birth are important. Providing access to acceptable methods of contraception enables new parents to focus physically and mentally on a new baby. The most reliable forms of contraception are long acting reversible contraception (LARC). As this lasts for two to five years, depending on the method use, it is ideal for spacing pregnancies.

In Lewisham there are a number of women for whom a subsequent pregnancy may be problematic; this could be for medical, social or psychological reasons. For this small group of women LARC has been offered soon after birth whilst they are still in hospital. Providing all women with contraception options straight after birth may be an important way to decrease unplanned pregnancies.

Age 5-11

The age of puberty has been steadily reducing in western countries. German researchers found that in 2010 it had dropped to 10.5 years from 12.5 in 1980. The reasons for this are not clear, but an increase in obesity and environmental pollutants are often cited as possible explanations. As most formal sex and relationships education does not occur until secondary school, increasingly primary school children (particularly girls) are experiencing secondary sexual characteristics such as pubic hair, breast development and menstruation without a sexual health context. This can make girls particularly vulnerable, as they do not have the skills to negotiate relationships and boundaries of appropriate physical contact.

Age 12-18

Early sexual experience

The National Survey of Sexual Attitudes and Lifestyles (2010) surveyed a large sample of 17-24 year olds about their sexual experiences. They found that 31% of men and 29% of women had sex before 16 years of age. 70% of women and 68.1% of men aged 17 to 24 years felt they did not know enough when they felt ready for their first sexual experience. Around 40% reported getting information about sex from school, and most wanted to receive this information at school, from parents or health professionals. When compared to receiving sex information from parents or other sources, receiving sex education at school was associated with a range of positive sexual health outcomes including; older age at first sex, less likely to have unsafe sex, less likely to have been diagnosed with an STI, and less likely to have experienced an abortion or non-consensual sex.

Sex and relationships education is not compulsory. Parents can withdraw children from it, and it is up to schools to decide what level of SRE is provided. In Lewisham, the local Sexual Health service has delivered SRE sessions and in some schools this may be provided by the school nurse or other outside provider. Issues which are often raised by schools, include inappropriate sexualised behaviour, exposure to pornography, “sexting” – sharing sexual images through mobile devices and internet sources.

HPV vaccination to prevent cervical cancer is delivered through the school nursing services to girls at secondary school. This is currently an under exploited opportunity to discuss sex and relationships.

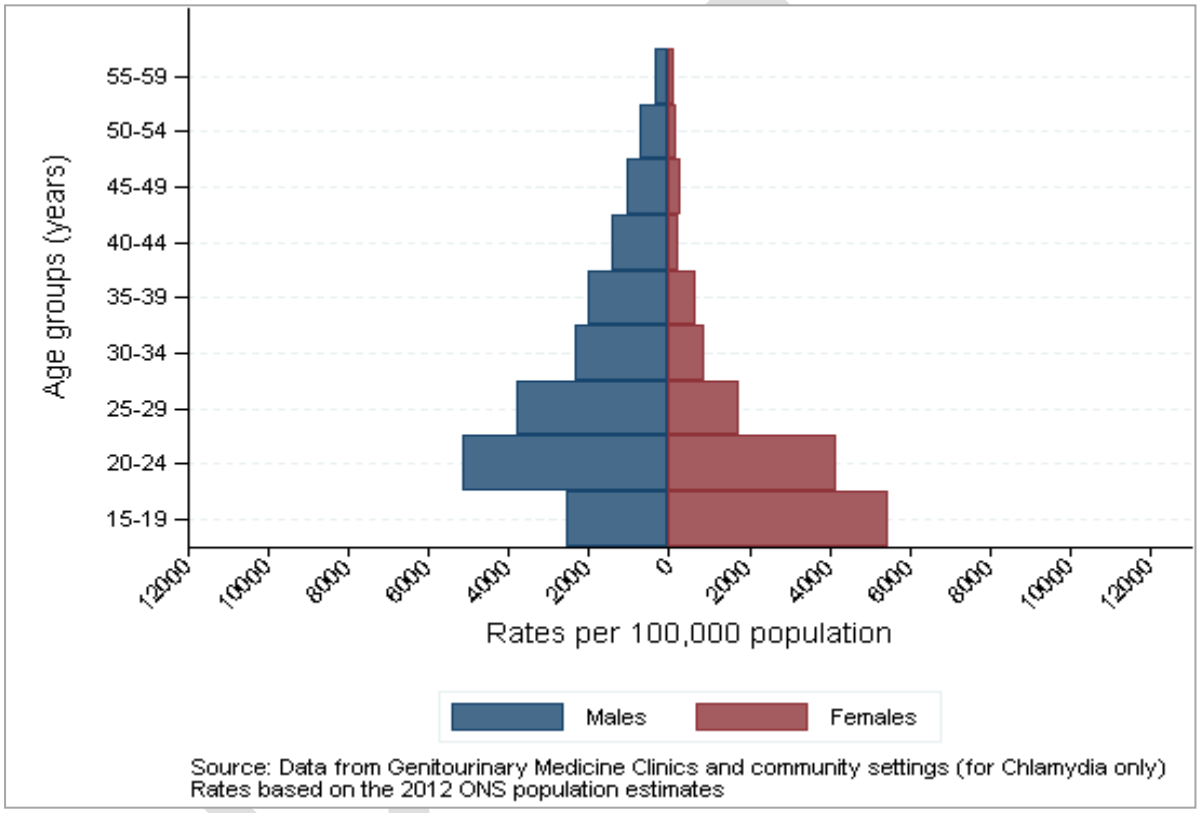
Abortion

Abortion rates in those aged under 19 remain high in Lewisham, although in 2014 the repeat abortion rate for this age group was amongst the lowest in London[38]. This could be due to the higher proportion of teenagers who chose to continue with their pregnancy. In 2014, 132 young women under 19 had an abortion. This fell from 155 in 2013.

STIs

STI rates are highest amongst young people. In Lewisham in 2013, young people aged 15 to 24 accounted for 44% of all new STIs (Fig 2).

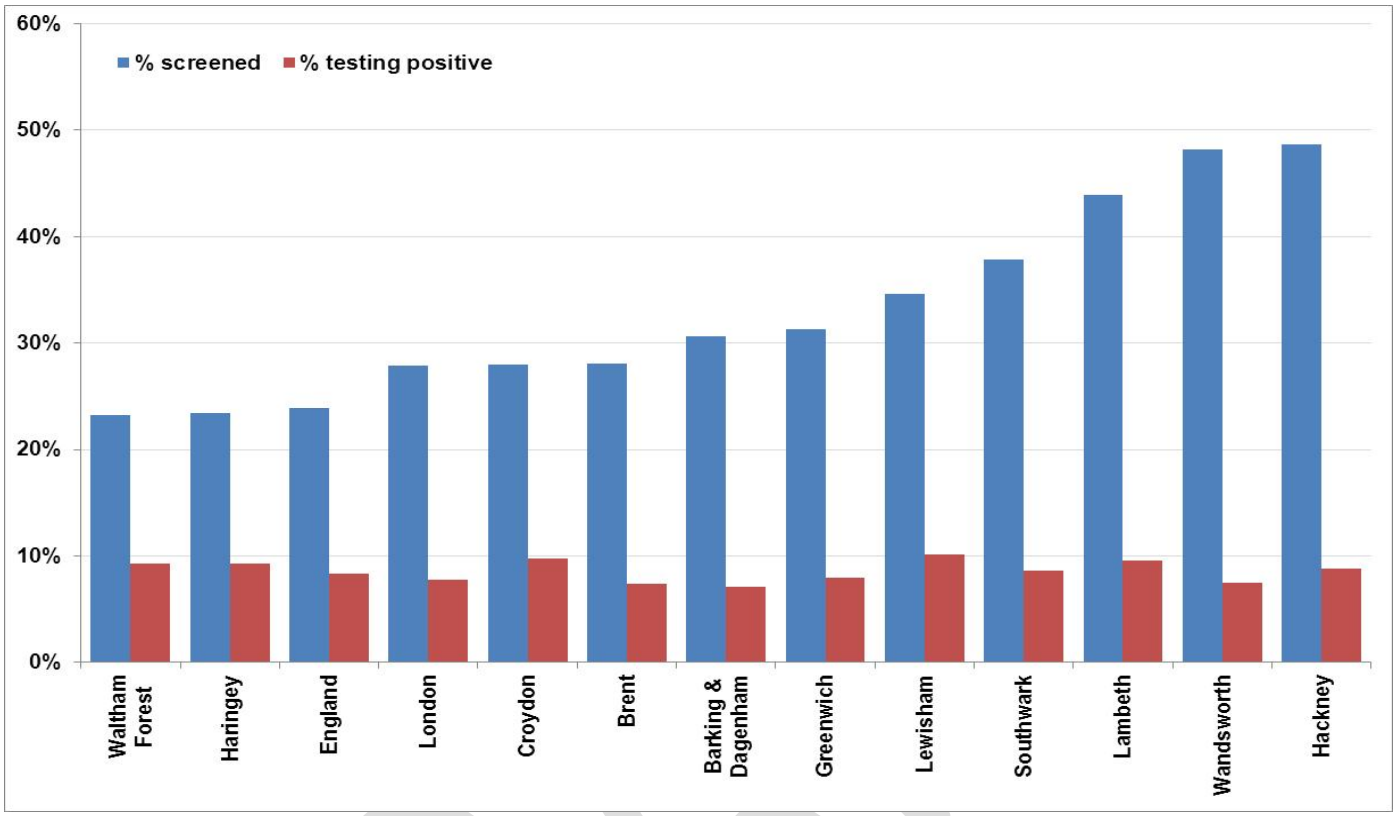
Figure 2: Rates of new STIs by age group and gender in Lewisham: 2013



Chlamydia, the most common STI is particularly prevalent with 10% of all Lewisham 15 to25 year olds screened testing positive (Fig 3). When this is broken down further, in 15 year olds 16.75% of those tested had the infection and 13.1% of 16-19 year olds. Overall there has been a fall in the proportion of the Chlamydia screening age population (15-24 year olds) accessing screening. It is possible that the reduction in active promotion of Chlamydia screening through the teenage pregnancy programmes and previous Chlamydia screening office function has had an impact on the screening rates. Online screening through the checkurself service has recovered slightly after a decline over 2013. This is probably due to a bus campaign run around March 2014.

[38] Department of Health

Figure 3: Chlamydia Screening for the 15-24 Population

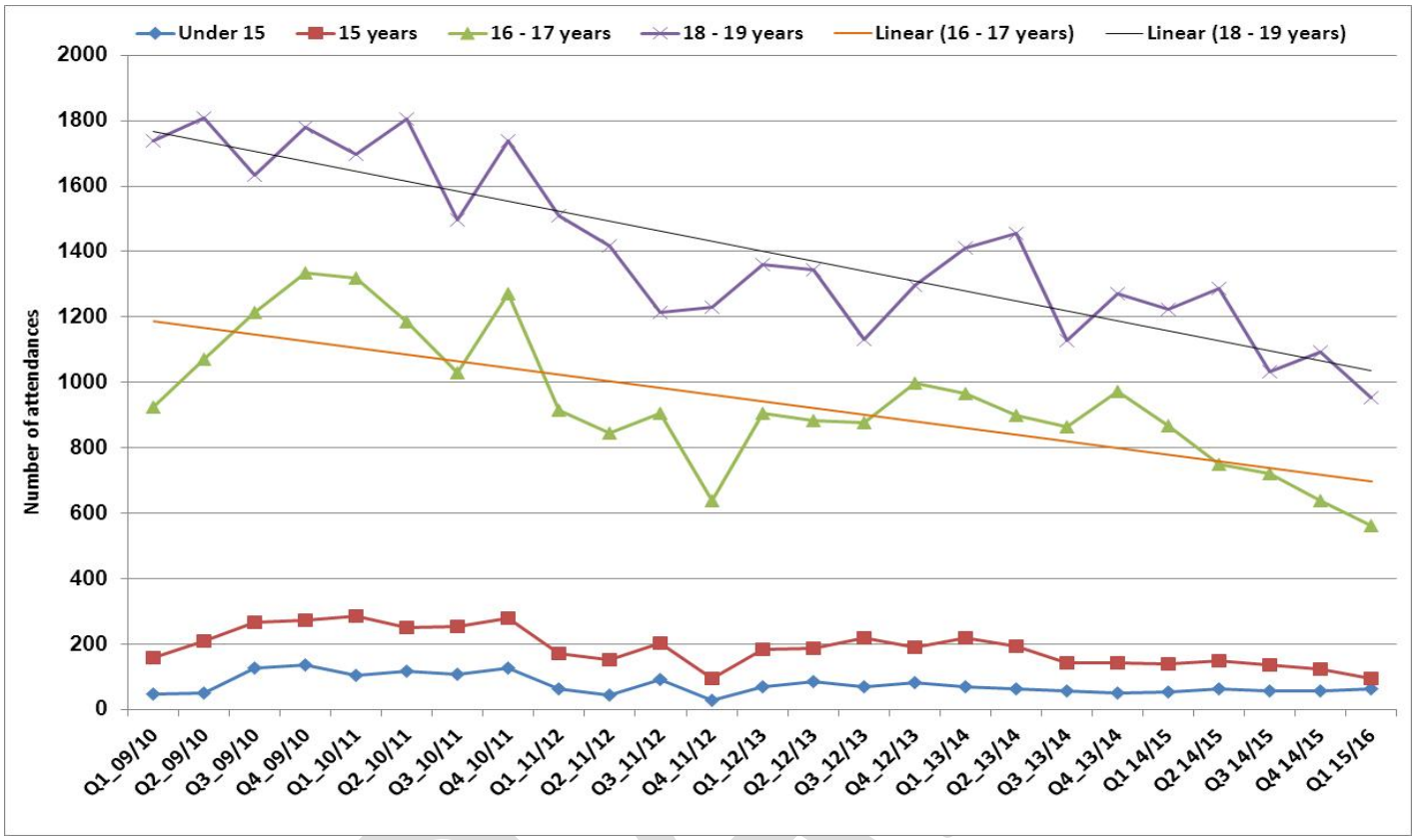


Young people are also more likely to become re-infected with STIs, contributing to infection persistence and health service workload. In Lewisham, an estimated 9.5% of 15-19 year old women and 12.5% of 15-19 year old men presenting with a new STI at a GUM clinic during the five year period from 2009 to 2013 became reinfected with an STI within twelve months. Teenagers may be at risk of reinfection because they lack the skills and confidence to negotiate safer sex. (PHE LASER 2014).

Service use

Over the last five years there appears to have been a decrease in the number of young people using the sexual health service. Whilst overall numbers of attendances and the number of very young individuals (aged 15 years and under) attending have remained fairly consistent, there is a smaller proportion of younger people in the overall patient cohort mainly due to a decrease in 16- 19 year olds accessing the service. There were 3,760 attendances by young people under 18 to Lewisham sexual health services in 2014/15. In addition to this a further 4,648 young people aged 18-19 attended local services. These figures are a reduction of 19% and 12% respectively on the previous year. This could be due to an increase in the uptake of LARC, requiring fewer clinic visits, or could reflect a lack of recent awareness campaigns and SRE promoting local services.

Figure 4: Lewisham Sexual Health Service attendances by quarter 2009-2015



Transition to Adulthood

STIs and abortion rates peak in young adults between 18 and 25 years. The average age at which women become mothers had been steadily increasing and is now 28 years (England). This means that in the intervening years young people have more sexual partners than in previous generations, are using contraception for longer and are at higher risk of getting an STI. Rates of STIs are particularly high in men who have sex with men. Other risk factors in this group, including recreational drug use to enhance sexual experience - known as *Chemsex*, greatly increases the risk of STI transmission.

In the12 months to July 2015 Lewisham had the seventh highest incidence of rape and of serious sexual offences in the Metropolitan Police Service area, and the incidence rate for these offences in lewisham are significantly above the national average. Contributory factors to these high levels are likely to be the borough's comparatively young age structure combined with high levels of deprivation. The Crime Survey England & Wales (CSEW) indicates females aged between 16 and 19 were at the highest risk of being a victim of a sexual offence (8.2 per cent) and that the risk decreases with age. Most rapes are carried out by intimate partners and there is likely to be a significant overlapping with the domestic violence cohort which is disproportionately poor and young.

A cross-referencing of domestic violence and sexual violence rates across police forces in the UK areas invariably show the highest rates for both offences are in the most deprived areas. In this context it is important to note Lewisham's high teenage pregnancy rate; as low maternity age is a key indicator of domestic violence/sexual violence and poverty.

Greater awareness and increased work in schools around healthy relationships may have also contributed to people feeling more confident to report sexual offences.

Recommendations - Sexual Health

- Despite the significant gains made in improving access to services through the teenage pregnancy and Chlamydia screening programmes, these are now showing signs of stalling. Targeted sexual health promotion and SRE programmes will be vital to maintain and build on the success of these initiatives, and should continue to be a part of the Children and Young People's Plan.
- Improved access and information about contraception, particularly for young women and women from BME groups is important to increase the number and proportion of planned pregnancies which can optimise outcomes for mother and child.
- Over the next few years sexual health services will be reconfigured to improve access. It is important that young people, especially the most vulnerable, receive specialist support to equip them to maintain and protect their own sexual health and develop healthy physical relationships.

Smoking, Drinking and Drugs

Smoking cigarettes, drinking alcohol and the misuse of drugs, particularly by young people, have long been seen as key public health concerns. In addition smoking, drinking alcohol and the misuse of drugs by parents and others caring for children can cause high levels of harm to children.

Smoking

Smoking is the main cause of preventable morbidity and premature death in England and causes one in five of all deaths. Smoking is the biggest single contributor to the difference in life expectancy and the increasing health gap between rich and poor.

Smoking prevalence among young people has been declining. In 2014[39], fewer than one in five 11 to 15 year olds (18%) said that they had smoked at least once. This was the lowest level recorded since the survey began in 1982, and continued the decline since 2003, when 42% of pupils had tried smoking. However, it is estimated that approximately 207,000 children aged between 11 and 15 start smoking each year in the UK, with 8% of 15-year olds classified as current smokers. An estimated 7% of 15 year olds were classified as current smokers in Lewisham in 2014/15[40] (but the real prevalence may be anywhere between1.3 and 16%). Smoking prevalence is estimated to rise to over 10% in 16-17 year olds.

It is very important to reduce the number of young people who take up smoking, as it is an addiction largely taken up in childhood and adolescence. Most smokers start smoking before they are 18.

There is evidence that school based interventions are effective in reducing uptake and NICE have published a series of recommendations, which set out clear guidelines for commissioners[41][42]. However, these interventions are considered more effective when delivered as a package of cross cutting tobacco control measures in the community, aimed at adults and away from school grounds.

The use of nicotine vapourisers (electronic cigarettes) has increased greatly in recent years[43]. Evidence suggests that both awareness and experimentation among young people has also increased. Regular use is seen mostly among young people who have already started to smoke, although experimentation by young people who have never smoked has been observed.[44] Legislation has been passed to prohibit the sale of nicotine vapourisers to children and the purchase of nicotine vapourisers on their behalf.

More people in Lewisham smoke than is the case in London or England as a whole. One in five people continue to smoke in Lewisham (around 45,000 smokers), with almost one in three smokers in routine and manual occupations. 70% of people with mental health

[39] Smoking, drinking and drug use among young people in England in 2014, Health and Social Care Information Centre

[40] Local Tobacco Control Profile, Public Health England 2015

[41] School-based interventions to prevent smoking. NICE public health guidance 23

[42] Preventing the uptake of smoking by children and young people. NICE public health guidance 14

[43] ASH Factsheet: Use of electronic cigarettes in Great Britain (July 2014)

[44] ASH Survey (September 2014)

problems smoke. Although the percentage of Lewisham residents over the age of 18 has decreased the percentage of routine and manual workers smoking has increased from 25% to 30%.

The key elements of the Lewisham Smokefree Delivery Plan are to:

- Prevent the uptake of smoking by young people
- Protect people from second-hand smoke:
- Help smokers to stop, especially the most vulnerable

Despite the fact that smoking prevalence among young people has decreased, preventing the uptake of smoking among young people in Lewisham continues to be a major public health concern. Most smokers start before they are 18 and 50% of all smokers die prematurely. Living with an adult smoker is the major influence on the uptake of smoking in young people. The strategy to address this includes reducing the number of adults who smoke, through reducing the supply of cheap tobacco, motivating and assisting heavily addicted smokers to quit and promoting smokefree environments. There is also a focus on peer education among pupils aged 12/13. Young smokers have access to the Stop Smoking service which motivates and assists small numbers of young smokers to quit, however success rates among this age group are low.

Our ambition is to reduce smoking prevalence among 15 year olds from 8% to 5% by 2025.

Table 1: Smoking Prevalence - Adults aged 18+

	Lewisham	**London**	**England**
Smoking Prevalence (2013)	20.6%	17.6%	18.4%
Smoking prevalence among routine & manual (2013)	30.7%	24.9%	28.6%
Smoking Quit Rate per 100,000 (2014/15)	680	531	522
Smoking status at time of delivery (2014/15)	5.0%	-	-

Figure 1: Smoking prevalence among adults aged 15 who are regular smokers. Lewisham compared to its statistical neighbours and England, 2009 - 12

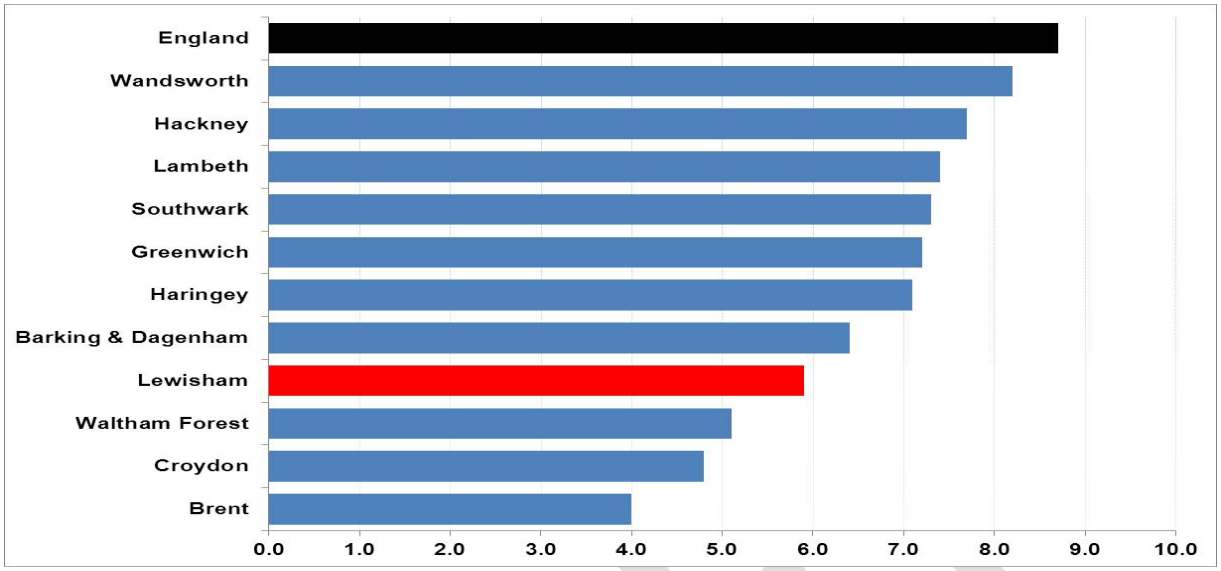


Figure 2: Smoking prevalence among adults aged 15 who are occasional smokers. Lewisham compared to its statistical neighbours and England (2009-12)

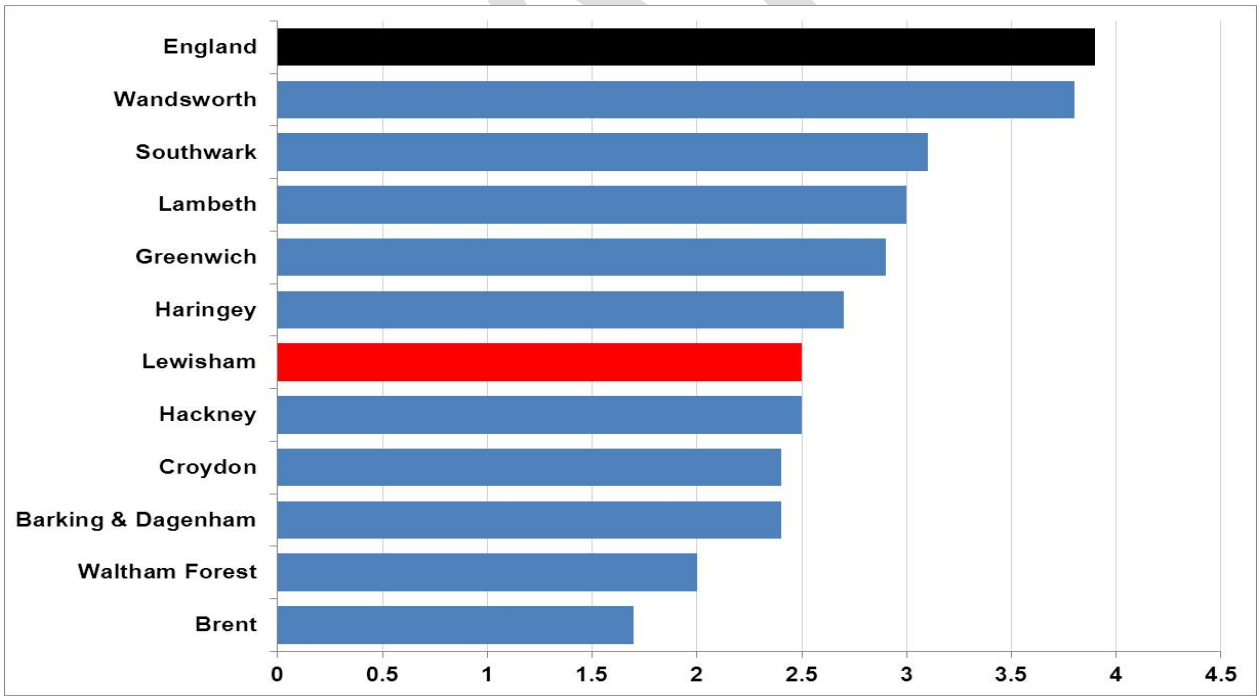
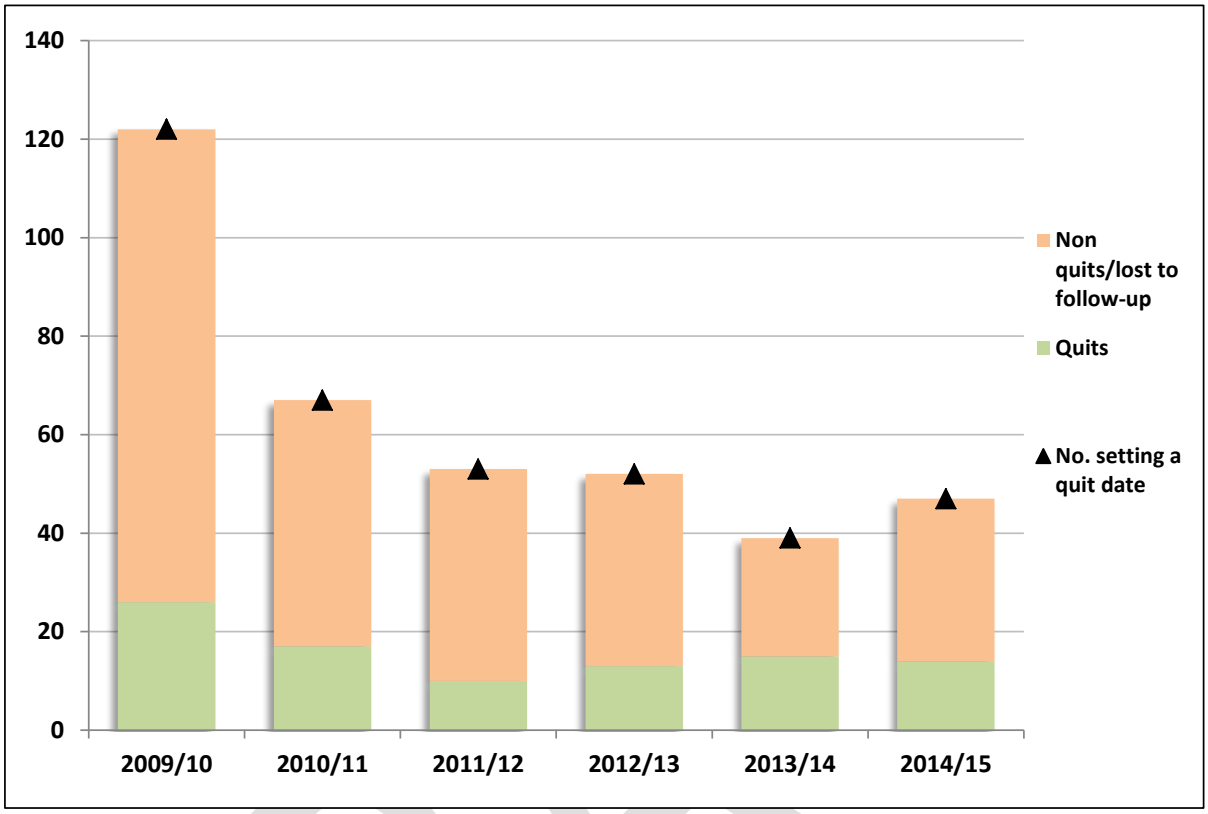


Figure 3: Number of persons under 18 in Lewisham setting a quit date with the Stop Smoking Service and number of quitters at 4 weeks follow-up



Age 0-4 and 5-11

The issue of smoking in pregnancy is dealt with in the Chapter on ensuring the best outcomes of pregnancy.

Promote Smokefree homes:

Children exposed to tobacco smoke are at much greater risk of cot death, meningitis, lung infections and ear disease[45]. Each year it results in over 300,000 GP visits, 9,500 hospital visits in the UK and costs the NHS more than £23.6 million[46].

A survey undertaken of 1,000 young people aged 8-13, on behalf of the Department of Health in October 2011, demonstrated that children want smokefree lives. This found:

- 98% of children wish their parents would stop smoking
- 82% of children wish their parents wouldn't smoke in front of them at home
- 78% of the children wished their parents wouldn't smoke in front of them in the car
- 41% of children said cigarette smoke made them feel ill
- 42% of children said cigarette smoke made them cough

[45] Royal College of Physicians (2010) Passive Smoking in Children - https://www.rcplondon.ac.uk/sites/default/files/documents/passive-smoking-and-children.pdf.

[46] NICE (2008) Smoking Cessation Services. NICE public health guidance 10. London: National Institute for Health and Clinical Excellence, http://www.nice.org.uk/Guidance/PH10

Exposure to second-hand smoke in confined spaces such as a car is particularly hazardous, as there is no safe level of exposure to tobacco smoke.

Whilst many health visitors have been trained to promote smoke free homes, more smoke free homes could will be achieved in the future through an increased focus and collaboration by a range of agencies including children's' centres, health visitors and housing providers. A local campaign is planned in October, linked to the national campaign to promote smoke free environments, including cars.

Age 12-18

Young people's health behaviour is driven by the world they grow up in. A recent survey of young people established that regular smoking was associated with other risky behaviours: drinking alcohol, taking drugs and truancy. The influence of family and friends was also important.The biggest influence on children smoking is adult smoking[47].

Eighty one percent of pupils reported having either a family member or a friend who smoked. This was more likely for smokers (97% of regular smokers, 94% of occasional smokers) than non-smokers (46%).

Pupils who smoked were most likely to obtain cigarettes by being given them by other people. Just under half (46%) said that they bought cigarettes in shops, despite the law which prohibits the sale of cigarettes to young people aged under 18. The proportion of all pupils who have tried to buy cigarettes in a shop has fallen from 10% in 2008 to 4% in 2014. Two-fifths (42%) of pupils who had tried in the last year always succeeded in buying cigarettes. The majority of pupils who smoked had asked someone to buy them cigarettes from a shop in the last year (87% of regular smokers, 49% of occasional smokers).

Among regular smokers, 46% had been smoking for at least a year. 56% had made an attempt to give up smoking but had not succeeded.

Pupils who lived with other people who smoked were more likely to smoke themselves. In the last year, 64% of pupils reported being exposed to second hand smoke either in someone's home (including their own) or in a car.

Pupils are less likely to condone smoking by someone of their age than in 2003. In 2014, 26% thought that it was OK to try smoking to see what it was like, compared with 48% in 2003. There has been a similar decline in the proportions who thought it was OK to smoke once a week.

Pupils were most likely to believe that their peers smoked to look cool in front of their friends (85%). Smokers were more likely to believe that people of their age smoked because of its effects, for example, to cope with stress or because it gave them a good feeling. Non-smokers were more likely to believe people of their age smoked in response to social pressures.

[47] Smoking, drinking and drug use among young people in England in 2014, Health and Social Care Information Centre

Parents were the most often named source of helpful information about smoking cigarettes (75%).

In 2010, 43% of school aged children in Lewisham said an adult smoked in their home[48].

The most effective way to reduce smoking amongst this age group is to prevent young people from starting smoking. Sustained efforts to reduce smoking prevalence among adults, restrict availability and de-normalise tobacco use all contribute to lower smoking rates among young people.

In the last ten years, smoking has been addressed through legislation and regulation aimed at reducing exposure to second hand smoke and restricting the display and sale of tobacco products, particularly to young people.

The Health Act 2006 limits exposure to second hand tobacco smoke. This initially consisted of a ban on smoking in enclosed public spaces, including public transport, restaurants and pubs. The 2006 Act also increased the legal minimum age of sale for tobacco products to 18 with effect from October 2007.

The Health Act 2009 included provision for a phased prohibition of the display of tobacco products in shops, as well as banning the sale of cigarettes in vending machines. The restrictions on the display of tobacco products at the point of sale came into force in large shops in April 2012 and in small shops and all other premises selling tobacco from April 2015.

The Children and Families Act 2014 made it an offence for adults to buy tobacco products on behalf of young people under the age of 18, and also enforced a ban on young people under the age of 18 buying e-cigarettes, both to come into force from 1st October 2015. It extended the smoke-free provisions to cover private vehicles carrying children; this will come into force at the same time. This legislation also provided for the introduction of standardised packaging of tobacco from 20th May 2016.

A dedicated enforcement post and increased collaboration on intelligence with other boroughs and HMRC has enabled an increased focus on illegal and underage sales and large quantities of illegal tobacco have been seized during the past year. This focus will be retained through the four newly established enforcement teams. A *Kick it Out* campaign, aimed at illegal tobacco, has recently been launched with other SE London boroughs.

Small numbers of young smokers have accessed the Lewisham Stop Smoking Service over the past few years (ranging from 39 to 127 per year), however success rates in quitting for young people are low, both nationally and locally. The mean quit rate for the past six years was 26% compared with 50% for adults. For this reason young people are not specifically targeted by the Stop Smoking Service.

The Stop Smoking Service is very successful at reaching heavily addicted smokers such as pregnant women and people with mental health problems, with a strong correlation between

[48] School Health Education Unit survey 2010

IMD scores and smoking quitters and an increasing number of smokers quitting from more deprived wards.

An effective Peer Education Tobacco Control Programme has been developed and delivered to Year 8 pupils in many secondary schools in Lewisham over the past four years. This programme is now offered to schools as part of a Public Health package at a low cost.

Drinking Alcohol and Drugs Misuse

Introduction

While the majority of young people do not use drugs, and most of those that do are not dependent, drug and alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life[49].

Problematic parental substance misuse is known to affect the emotional, physical, psychological and behavioural wellbeing of children, as it can adversely affect parenting capacity. It can also be associated with a host of other environmental problems. Children often suffer in silence being unknown to services and not knowing who to turn to, feeling scared of revealing the situation at home[50]. Children who live with a parent/carer who uses alcohol or drugs to a degree where their parenting capacity is compromised are affected by Hidden Harm - a broad term that describes the detrimental effect that parental substance misuse can have on children.

The 2010 national drug strategy[51] called for an evidence-based, life-course approach to reducing the demand for alcohol and drugs. Along with tobacco control, preventing harmful substance misuse is central to the public health agenda, which places emphasis on tackling the root causes of problems and on reducing the number of people whose alcohol and drug use has a long-term negative effect on their health, wellbeing and quality of life[52].

The Alcohol Strategy for England 2012[53] set out a clear ambition to change the approach to drinking alcohol and aimed for a sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed. It focused on reducing the availability of cheap alcohol, ensuring alcohol was promoted in a responsible way and the role of local communities and agencies on the implementation of the Licensing Act.

Despite recent declines, the proportion of children in the UK drinking alcohol remains well above the European average. We continue to rank among the countries with the highest levels of consumption among those who do drink, and British children are more likely to binge drink or get drunk compared to children in most other European countries[54].

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[49] Young People's Substance Misuse JSNA Support pack: key data for planning young people's substance misuse interventions 2015-16, Public Health England 2014

[50] Lewisham Hidden Harm 5 Years on, London Borough of Lewisham 2014

[51] The 2010 drug strategy, 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life'. Home Office 2010

[52] Young People's Substance Misuse JSNA Support pack: good practice prompts for planning comprehensive interventions in 2015-16, Public Health England 2014

[53] The Government's Alcohol Strategy, HMSO, March 2012

[54] Hibell B, Guttormson U, Ahlstrom S, et al (2012) The 2011 ESPAD report: substance use among students in

A quarter of all deaths among 16-24 year old men are attributable to alcohol. [55]

Key Indicators
The number of young people using specialist services has not varied much over the past four years, ranging from 206 to 220. The number of young people accessing the services from secure estate has steadily increased.

Young people come to specialist services from various routes but are typically referred by youth justice, education, self, family and friends, and children and family services.

Age 0- 4
It has been known for many years that alcohol can damage a developing baby and that high levels of alcohol consumption in pregnancy can cause Fetal Alcohol Syndrome which leads to damage to the baby's brain and subsequent development. There has however been no conclusive evidence about exactly what, if any constitutes safe levels of drinking and therefore NICE guidance states that pregnant women and women planning a pregnancy should abstain from alcohol completely in the first 3 months of pregnancy and thereafter if they cannot abstain, they should be advised to drink no more than 1-2 UK units once or twice a week.

Public Health Lewisham have supported the introduction of an alcohol assessment tool to be used when women book for maternity care which enables a discussion with the pregnant women, advice and onward referral if appropriate. This assessment tool has now been incorporated into the new hand-held maternity notes and specific training on risk assessment has been provided for key staff members.

Liaison Antenatal Drug Service (LANDS): works with pregnant women and partners concerned about drug or alcohol use. It offers advice and information, ante natal care, support, counselling, assessment and detoxification/ stabilisation along with GP liaison and referral to inpatient detoxification/rehabilitation.

CRI-New Direction provide a lead nurse to work with the Liaison Antenatal Drug Service (LANDS) midwife, a consultant addictions psychiatrist in the women's health clinic, Midwifery department at University Hospital Lewisham. Social workers and health visitors also work with patients to address some of their wider support needs, i.e. child protection issues, parenting issues and financial support and advice.

Full ante-natal care is offered for patients who use alcohol or other illicit substances. A full medical, social and obstetric history is taken and relevant onward referrals are made for specialist health services. Urine testing is also provided to ensure that all substance misuse is addressed, even when a patient is not willing to disclose.

All pregnant women are offered a scan before 21 weeks for foetal alcohol syndrome. Referrals to LANDS come from CRI–New Direction or from GPs. Midwives can also refer

36 European countries
[55] Public Health England 2014

into LANDS from the mainstream midwifery services. All newly-booked clients will receive screening on their alcohol consumption. If an alcohol or drug detoxification is required for a pregnant woman then there is referral to specialist provision. Post-natal support is offered to patients through CRI-New Direction and social work teams as appropriate

Age 5-11

In Lewisham it is estimated that we have 385 children under the age of 11 who have ever consumed alcohol, with 32 reporting use in the last week.

The Hidden Harm Service[56] was created in 2010 in response to the rising issue of parental substance misuse. In Lewisham this service effectively links adult services with children and family services ensuring that the family receives a holistic, co-coordinated and comprehensive approach with easy access to appropriate services to address their needs.

Hidden Harm continues to work with some of the most vulnerable families in Lewisham ensuring early entry into treatment for parents and a holistic understanding of what needs to change to make a difference to children. It helps to identify those that can change but need help from those that can't change and won't seek help, ensuring evidence-based decisions are made that keep children safe.

Referrals are accepted to Hidden Harm from universal children's services where there are issues around parental substance misuse (known or suspected). The parent can be visited at home and a holistic support plan formulated considering the identified concerns with the parent and shared with the professionals from children's services, direction is offered to other agencies in how to best support the needs of the family and support change[57].

The Hidden Harm workers (a Hidden Harm Co-ordinator and a Hidden Harm support practitioner), are based within the London Borough of Lewisham Prevention & Inclusion Team. They work closely with CRI, the specialist substance misuse agency, and refer whenever necessary. This service has worked with 230 families since 2010 and supports approximately 70 parents a year to access drug or alcohol treatment within the borough. In 42.3% of all referrals to Hidden Harm, alcohol was the primary substance; it played a part in 57.6% of the total referrals.

In Lewisham in 2013/14, 58 of the 234 alcohol dependent drinkers in treatment reported living with children and 234 of the 1214 who accessed treatment for drug use reported living with children.

In Lewisham of the 1219 people who accessed treatment in 2013/14 for drug use 234 reported living with children, this would indicate that 19.2% of the drug using community live with children. There were 508 children living with a parent who used drugs and accessed treatment[58].

[56] The service works with all children and young people from ages 0-18

[57] Lewisham Hidden Harm: Five Years On, London Borough of Lewisham 2014

[58] ibid

Prevalence data[59] estimates that approximately 802 children in Lewisham live with an adult who uses Heroin or Crack. The figure using all drugs is likely to be much higher. The figure for children who live with a parent who use all drugs is likely to be higher.

Age 12-18

NICE reports that making it less easy to buy alcohol, by reducing the number of outlets selling it in a given area and the day and hours when it can be sold, is an effective way of reducing alcohol-related harm. NICE provides recommendations for licensing practice[60]. Suggested actions include: local crime and related trauma data to be used to map the extent of alcohol-related problems before developing or reviewing a licensing policy; efficient resources to prevent under-age sales, non compliance with alcohol laws and any other alcohol license condition and illegal imports of alcohol; working in partnership with the appropriate authorities to identify and take action against premises who consistently sell alcohol to people who are under-age, intoxicated or making illegal sales for others, who may be under age; test purchases known as 'mystery shopping' to ensure premises are complying with the law; sanctions fully applied to businesses that break the law, this may include fixed penalty and closure notices.

In addition to the focus on alcohol supply in the Alcohol Strategy[61], there is an emphasis within the young people's strand of the drug strategy (2010) on protecting young people by preventing or delaying the onset of substance use. The strategy advocates for the provision of good quality education and advice to young people and their parents, and for targeted support to prevent drug or alcohol misuse and early interventions to avoid any escalation of risk and harm when such problems first arise.

The main prevalence data for trends in alcohol, drug and tobacco use amongst young people is the annual schools survey 'Smoking, drinking and drug use among young people in England'[62]. In 2014, 38 per cent of 11 to 15 year olds had tried alcohol at least once, the lowest proportion since the survey began. Although the latest report shows declining trends in substance use overall, it highlights the increased risk of drug use among pupils who truant or who have been excluded from school and whose circumstances or behaviour already make them a focus of concern. The same survey also indicates that young people at risk of misusing drugs and alcohol are also likely to be smoking and that one of the factors linked to increased initiation of smoking is experimentation with drugs and alcohol[63].In Lewisham it is estimated that we have 2367 children under the age of 15 who have ever drunk alcohol, with 780 reporting drinking in the last week[64].

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[59] Estimating the national and local prevalence of problem drug use in Scotland 2013/14, An Official Statistics paper for Scotland, NHS National Services Scotland, 2014

[60] www.nice.org.uk/guidance/PH24

[61] The Government's Alcohol Strategy, HMSO, March 2012

[62] Smoking, drinking and drug use among young people in England in 2014, Health and Social Care Information Centre

[63] Public Health England 2014

[64] Lewisham Young People's Substance Misuse Needs Assessment, London Borough of Lewisham, March 2014

There is a concerning picture of alcohol harm among young women, identified in a recent needs assessment[65]. The difference in the admission rate for males and females in the under-18 age band was noted. Lewisham young women had twice the alcohol specific admission rate compared with young men, whereas in over 18s it is three times as high for men compared with women.

Patterns of young people's drug and alcohol use often change, so services need to be flexible and respond effectively to changing needs. Cannabis and alcohol are the most common substances that young people say they have a problem with when they present to specialist substance misuse services. However, organisations working with young people should be prepared to deal with all substances, including tobacco and novel psychoactive substances. A small minority will present with class A drug problems (such as heroin and cocaine)[66].

Whilst not all Young People's substance misuse is problematic, and not all of those who do have problematic use go on to become entrenched addicts, there is clearly a need to provide exceptional interventions providing both prevention and specialist treatment to reduce harm and to ensure young people who have problematic substance misuse overcome this.

There are a number of specific issues facing girls; including increased citation of alcohol as a problematic substance, involvement in self-harm, being affected by domestic violence, and involvement in sexual exploitation. Services available need to be tailored to the specific needs of girls and boys within these services and ensure that young people with multiple vulnerabilities or a high risk of substance misuse-related harm get extra support with clear referral pathways and joint working protocols[67].

Evidence suggests that specialist substance misuse interventions contribute to improved health and wellbeing, better educational attendance and achievement, reductions in the numbers of young people not in education, employment or training and reduced risk taking behaviour, such as offending, smoking and unprotected sex.

Many young people receiving specialist interventions for substance misuse have a range of vulnerabilities. They are more likely to be not in education, employment or training, have contracted a sexually transmitted infection, experiencing domestic violence, experiencing sexual exploitation, be in contact with the youth justice system, be receiving benefits by the time they are 18, and half as likely to be in full-time employment .Universal and targeted services have a role to play in providing substance misuse advice and support at the earliest opportunity. Specialist services should be provided to those whose use has escalated and is causing them harm. There should be effective pathways between specialist services and children's social care for those young people who are vulnerable and age-appropriate care should be available for all young people in specialist services[68].

[65] Lewisham Alcohol Needs Assessment, Public Health, London Borough of Lewisham, 2012
[66] ibid
[67] Public Health England 2014
[68] Public Health England 2014

These figures reflect the number of young people in specialist substance misuse services in Lewisham during 2011-12, 2012-13 and 2013-14; the number of young adults in young people only specialist services; and the number of young people who have received specialist treatment within a secure setting. Reporting into National Drug Treatment Monitoring System (NDTMS) by the providers of specialist substance misuse interventions in the secure estate began in young offender institutions in 2012-13 and was then rolled out to secure training centres and secure children's homes from April 2013. This is therefore the first time that data demonstrating demand for specialist treatment across the entire young people's secure estate has been made available.

Table 1: Number of young people in specialist services

	2013/14	**2012/13**	**2011/12**
Number of young people (aged under 18) in specialist services in the community	211	206	220
Number of young adults (aged 18-24) in 'young people only' specialist services in the community	63	71	68
Number of young people (aged under 18) in specialist services within the secure estate	24	7	0

Table 2: Referral Source to specialist service

	Local (Count)	**Local (%)**	**England (%)**
Youth justice (incl the Secure Estate)	61	27%	31
Education services	102	46	25
Self, family and friends	6	3	11
Children and family services	34	15	11
Other substance misuse services	4	2	10
Health and Mental Health Services (excl A&E)	9	4	7
A & E	2	1	1
Other	4	2	4

(Source: NDTMS)

Specialist interventions for young people's substance misuse are effective and provide value for money. A Department for Education cost-benefit analysis found that every £1 invested saved £1.93 within two years and up to £8.38 in the long term. Specialist services engage young people quickly, the majority of whom leave in a planned way and do not return to treatment services[69].

Lifeline Project: Children and Young People's Hub has been commissioned since April 2015. It provides the specialist service for young people. The service works towards an early intervention model. The Hub runs activities, group work and structured individual support within the community and has strong links with the children's centres. Parents and pregnant woman are soon to have access to services within these settings.

[69] Public Health England 2014

The service aims:

- To maximise the number of young people accessing treatment interventions.
- To increase referrals into substance misuse services from mental health services
- To increase referrals into substance misuse services from Criminal Justice Referral routes
- To increase referrals into substance misuse services from LAC and Leaving Care Teams.
- To ensure that all Looked After Children and Leaving Care Young People are screened and referred into treatment as necessary
- To increase referrals into substance misuse services at a point that issues are emerging and provide early intervention to address these issues
- To increase referrals from A&E
- To ensure effective joint working and safe clinical practice where YP receive a pharmacological intervention/
- To ensure that Young People have access to Education, Training and Employment opportunities and are supported to access and gained the maximum benefit from them
- To ensure that Young People have access appropriate housing and housing related support
- To deliver services which are innovative and engaged Young People.
- To capture Young People's imagination, develop enthusiasm and develop skills and resilience.
- To engage and involve Young People at all levels of service delivery:
- To engage family members in Young People treatment, to work with whole families and to offer support to family members in their own right.

Transition 18-25

The needs of 18-24s are different to those of under-18s, as is the legislative framework. A good public health approach should however consider the needs of developing young adults up to the age of 24, a period which includes heightened stages of exposure to health and wellbeing risks. Clear transitions and joint care plans with adult services will help under 18s who require on-going support beyond their 18th birthday[70].

Lifeline young people's drug and alcohol service supports drug and alcohol users up to the age of 25. There is a specialist transition worker and there is an agreement to use a common triage assessment with adult services for 18-25 year olds.

Recommendations - Smoking, Drinking and Drugs

- Continue to protect children and young people by reducing the supply of cheap tobacco and preventing the illegal sale of cigarettes and alcohol through a sustained focus on the enforcement of statutory regulations

[70] Public Health England 2014

- Continue to use evidence based interventions, such as peer education, in schools and other settings to reduce the uptake of smoking
- Optimise the use of social media, working in partnership with young people, to get key messages across to young people about smoking, drinking alcohol and using drugs
- Motivate and assist adult smokers to quit through brief interventions by front line staff and a specialist service for heavily addicted smokers
- Continue to promote smoke free homes, cars and other environments to reduce the number of adult smokers.
- Continue to motivate and assist young smokers to quit, although their success rate is comparatively low
- Ensure that there is an increase in referrals into the specialist substance misuse services for young people when issues are emerging to ensure early intervention
- Engage family members in young people's treatment and to offer support to family members and friends
- Continue a focus on addressing binge drinking and high alcohol consumption rates in young people, especially young women.
- Ensure a focus on the data/trends in the emergence of New Psychoactive Substance and adapting services to meet need

The Health of Looked After Children

A child or young person is said to be looked after when the state has become their legal guardian. This responsibility of the state is, for the majority of looked after children, devolved to local government. There are many possible reasons for a child to become a looked after

child. The most frequent reason is neglect, abuse or family dysfunction. A smaller, but still sizeable group of children are looked after because they are unaccompanied minors – coming to the United Kingdom without a legal guardian - commonly minors seeking asylum without their family. The third group is children who have been remanded into the care of the state by the criminal justice system. With the criminal age of responsibility set at 10 years, this group is generally older. Looked after children also includes young people who having reached the age of majority, no longer require the state to act as legal guardian. These care leavers may still remain in touch with children's social services, and frequently receive a range of supportive interventions to enable them to move to independent living.

Looked after children are cared for in a range of environments. More than 70% of them are cared for in foster placements. Other environments include institutional settings such as residential homes or boarding schools, but also supported living environments. However other placements including young offenders' institutions also form part of the network. Some looked after children may also be placed with their parents, despite being under the legal guardianship of the state.

It is estimated that 80% of children come into care because of abuse, neglect or family dysfunction. On this background of trauma, the process of transferring into the care system can add further emotional stress. Children and young people within the system then face a range of challenges. Geographical relocation poses challenges to continuity of clinical and social care. Alongside this, the potential to transfer between care settings and foster placements can create a turbulent and unstable environment. The cornerstones of stability for most children extend beyond the family, but for looked after children these pillars can be less robust. Geographical relocation can result in changing schools, losing peer groups and social networks. The status of being a 'looked after' child can also be stigmatising.

Looked after children form a small but highly vulnerable group at risk of physical health problems. There is evidence that they experience a higher burden of physical disease and other problems, but in addition to this, through lifestyle factors, they are also exposed to a greater number of risk factors that predispose to poor physical health. However, the precise nature of these vulnerabilities is difficult to specify or indeed quantify. Rates of sexually transmitted infections and teenage pregnancy are greater in this group of young people, but there is also evidence that looked after children have greater rates of admission due to asthma and are more likely to have dental caries or a variety of skin diseases. There is also likely to be substantial variation in the physical health of looked after children in different parts of the country.

Although small, there is a group of looked after children with severe physical illness, including those with profound disabilities including multi-system syndromes. Perhaps due to the additional and intensive care needs for these children, families are unable to cope, which precipitates the child being taken into care. These profound needs necessitate high frequency review and management

It is the mental health of looked after children that poses the greatest challenge. In 2002, the Department of Health ordered a survey of the mental health of looked after children. They invited 2500 looked after children (approximately 5.6% of the national population) to participate in a survey, with a particular focus on conduct disorder, hyperactivity and

emotional disorders. The response rate was 78%, and covered 90% of the local authorities in England. Among those aged 5-17 years looked after by local authorities, 45% screened positive for a mental disorder. 37% had conduct disorder, 12% anxiety or depression, and 7% had been diagnosed as hyperactive. Depending on the problem examined, looked after children had between twice and seven times the risk of children in the general population of experiencing a mental health, conduct or emotional disorder.

The report found that only 44% of those identified by this survey as having mental health problems were in contact with child and adolescent mental health services, with a third accessing special educational needs services. In the same survey, carers were asked about the general physical health of the children. Approximately half of children without mental health problems were reported to have at least one physical complaint, which increased to three quarters in those with reported mental health problems.

In the survey, a third of looked after children aged between 11 and17 years reported that they were current smokers. Of those, a tobacco smoking prevalence of 69% was reported by those in residential care. A third of those smoking at the time of questionnaire reported having started aged 10 years or earlier. Among the participants, 5% of children with a mental disorder reported drinking alcohol almost every day compared with none of those without mental disorders. This prevalence rose to 6% among those with conduct disorder.
In respect of illicit substance misuse, 20% of 11-17 year olds admitted to having used cannabis, with half of these reporting use in the previous month. Ecstasy, glue, gas and solvents were also reported frequently. Again the highest prevalence was among those looked after children in residential care, those most recently taken into care, and those with mental disorders.

Key Indicators

In recent years, the number of looked after children in Lewisham has remained stable. At any one time, there are about 500 children in this group. In July 2015, there were 504. This is against a background of increasing numbers of children in Lewisham being the subject of child protection plans. Since 2009 there has been a doubling of the numbers of children in this group in Lewisham. In July 2015, there were 401 Lewisham children who had a child protection plan; the majority of these children were the subject of a plan because of neglect or emotional abuse, but a small but significant minority had a plan because of physical or sexual abuse.

The proportion of those under 18 in Lewisham who are looked after is about 77 in every 10,000, a rate higher than the national average and our statistical neighbours – London boroughs that are comparable to us in other ways..

As has already been discussed, although moves can be positive in the life of a looked after child, stability of placements is important to the wellbeing of looked after children and moves can often have a negative impact and looked after children themselves see placement stability (or lack of it) as one of the most important factors in their lives. The percentage of looked after children in Lewisham who have experienced three or more changes in the previous year has decreased significantly in recent years, In July 2015, 9.5% of children in care locally were in this bracket and though this has risen in recent months, it does compare

favourably with statistical neighbours (12.5% in April 2015) and the country as a whole (11.0 % in March 2014).

A detailed assessment of the healthcare needs of Lewisham's looked after children was conducted in 2013. A copy of this review is available separately, but the following is a summary of its findings:

- The health of the parents of looked after children is very poor. High rates of mental illness and substance misuse, and high prevalence of co-morbidities among these conditions, mean that risk emanating from antenatal exposure to toxins and otherwise is high. This ill health in parents is likely to have consequences for the health and life prospects of looked after children.
- The burden of physical ill health in looked after children in Lewisham was not large, but was greater than would be expected in a cohort of children in Lewisham. However, this finding does need to be treated with some caution as numbers were small and comparisons difficult.
- The burden of mental health problems appeared as bad, but not worse than in looked after children in neighbouring boroughs, and in London and the country as a whole.
- The needs assessment revealed a substantial burden of potential and/or actual emotional and behavioural morbidity.
- Lewisham reported numbers of looked after children who had substance misuse problems that were double that of Southwark and Lambeth, but fewer than the London average. Small numbers complicate this picture, but given the issues around detection of substance misuse, high levels are not necessarily indicative of poor processes, instead they may reflect better detection. A clear area for improvement in this area at that time was the need to ensure that more of those misusing substances needed to receive interventions
- Uptake of immunisation and the dental health of Lewisham's looked after children can be favourably compared to regional and national averages. Performance is, however, below target, and there is room for improvement.

Health Services for Looked After Children

Looked after children in Lewisham benefit from a robust set of services informed by joint commissioning, thorough high quality healthcare and responsive social care. It is a testament to the commitment of all stakeholders involved that high targets appear to be catalysing improvement in historically challenging areas of performance. In general, Lewisham now demonstrates performance broadly in-line or better-than regional and national comparators. But there is still room for improvement. Three of the core elements of the service's performance monitored on a monthly basis are the proportion of new LAC receiving an initial health assessment within 28 days of entering care, the proportion of children who in the last 12 months have undergone health review and dental check up. The designated doctor for looked after children, together with colleague paediatricians, registrars and GP trainees undertakes the initial health assessments as well as reviewing health assessments in under five-year-olds. The designated nurse for this group, also with other colleagues including the school nurses and health visitors, are able to undertake health reviews.

Lewisham provides a dedicated Child and Adolescent Mental Health Service (CAMHS) for looked after children called the Symbol Team. This team accepts referrals from both health

and social care teams. The mental health of individual looked after children is often assessed by health and social care workers over a period of observation after which a decision to refer to CAMHS or not is made by the social service team member responsible for the child.

Lewisham offers a comprehensive range of services for those leaving care including preparation prior to leaving, and continuing support via a free-phone telephone number, and a weekly drop-in service. Preparation is covered in a collaborative pathway plan prior to leaving care, which covers a range of important topics including skills, housing, financial management as well as health and wellbeing.

Over recent years in Lewisham, there has been an increasing focus on the performance of health assessments of Looked After Children– both initial health assessments and annual assessments. A specific recommendation of the report of an Ofsted inspection in 2012 was to improve the processes around the initial health assessment. Arising from these discussions, a number of stakeholders have asked what value the health assessments add, and whether the focus is justified. Therefore, the value and effectiveness of health assessments were the subject of an evaluation conducted in 2013. The conclusion of this evaluation was that the current configuration of statutory health assessment in Lewisham is robust and valuable for the looked after child who is assessed. The process of assessment and review conforms to standards laid down by the British Association for Adoption and Fostering (BAAF) and effectively assesses a range of health domains. A number of actions were identified to further improve the robustness of these reviews requiring action from both NHS and social care teams.

The Borough has witnessed substantial improvements in meeting targets for statutory health assessment, but performance is still variable.

Recommendations - Looked After Children

- Lewisham's Children and Young People's Strategic Partnership will continue its focus on meeting the healthcare needs of this vulnerable group of children and young people.
- Statutory Health Assessments are valuable in ensuring the health of individual children and the focus on improving coverage and timeliness of these assessments is justified and will continue.
- Progress on the 2014 Health Care Needs Assessment, which examined related needs of looked after children and young people will now be reviewed.

Mortality and Serious Injury

Lewisham's children experience greater levels of mortality, at all ages, than children in England as a whole. Local rates are, however, comparable to rates in London as a whole, and are lower than some of our statistical neighbours. Nevertheless, mortality in children is seen as a key indicator and a focus for improvement locally.

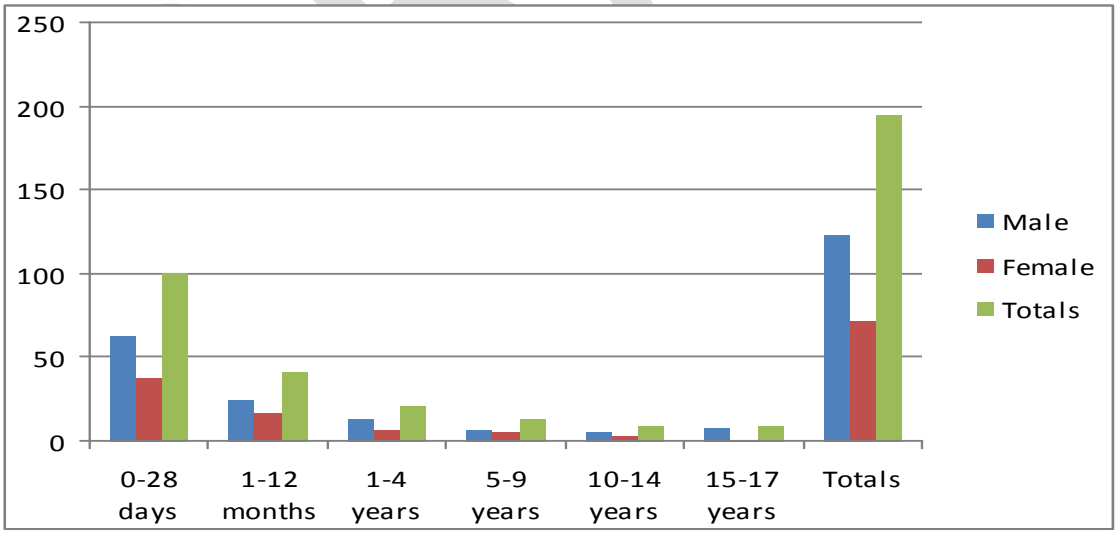
Since April 2008, all Local Safeguarding Children Boards (LSCBs) have been required to review the deaths of all children under 18 who normally reside in their area. This function is discharged by a local Child Death Overview Panel or CDOP. The CDOP must collect and analyse information about each death to identify:

- Any case giving rise to the need for a Serious Case Review (SCR)
- Any matters of concern affecting the safety and welfare of children in the area
- Any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area.

Recently, data on all deaths that occurred between the 1st of April 2008 and the end of March 2015 have been reviewed. During that period, the deaths of 222 children were reviewed. All of these children died during this time period, but not all deaths that occurred during this period were examined by the end of March 2015 because not all data would have been complete. The numbers of deaths in males (134) greatly exceeded the numbers in females (88). Females have lower mortality than males at all ages. Despite the fact that more boys are born than girls, the number of living males decreases rapidly in childhood. Infant and childhood mortality is higher for boys than for girls. This difference is at its greatest at the beginning and end of life. The majority of children who die in Lewisham die around the time of birth, or in the first year of life; this partly explains the locally observed excess of deaths in boys. Nevertheless, the difference is large, and cannot be explained fully in this way. Examination of available information so far has not revealed any other explanation, but this difference is being investigated further.

As already discussed, most deaths are in the first month of life, or the first year of life (Fig 1)

Figure 1: Deaths of Children in Lewisham (Apr 2008 to March 2014) by Age and Sex



During the period 2008 - 2015, a total of 65 children of Black\Black British: African ethnicity died in Lewisham. Children of this minority ethnic group experience a significantly greater mortality rate than Lewisham's children in general do. Mortality in this group too seems to be centred on the time around birth and early life, but an even greater proportion of Black African children who die in Lewisham die because of prematurity and this seems to explain the excess mortality in this group. Of other causes of death, traumatic deaths (either because of a deliberate act or an accident) seemed to figure a little more prominently than in

other groups of children, but the numbers of such deaths were too small to draw any real conclusions.

The leading cause of death in children in Lewisham is events that occur in the period immediately after birth (Table 1). The vast majority of children who die because of such events die because they were born prematurely, often very prematurely. Prematurity also underlies some of the deaths that occur in other categories - some of the deaths due to infection, and some due to acute medical or surgical events, for example, are also due to prematurity - by far the leading cause of death of children in Lewisham. This has prompted a programme of work to prevent prematurity, described in the chapter on outcomes of pregnancy.

Table 1: Causes of Death in Lewisham

	2008-09	2009-10	2010-11	2011-12	2012-13	2014-15	Totals
1 Deliberately inflicted abuse or neglect	*	0	*	*	*	0	6
2 Suicide or deliberate self harm	0	0	0	0	0	0	0
3 Trauma and other external factors	*	*	*	*	*	*	8
4 Malignancy	*	*	*	*	*	*	10
5 Acute medical or surgical condition	*	*	*	0	0	*	12
6 Chronic Medical Condition	*	*	*	0	0	*	6
7 Chromosomal, genetic or congenital anomalies	*	8	*	*	*	*	25
8 Perinatal/neonatal event	12	22	10	16	19	24	103
9 Infection	*	0	*	7	*	*	14
10 Sudden Unexpected, Unexplained death	*	*	*	*	*	*	13
Totals	34	39	27	34	34	36	204

Source: Lewisham CDOP

*Numbers between one and five have been removed from this table to avoid deductive disclosure

Chromosomal, genetic or congenital anomalies are the second largest cause of death. Most of these deaths were not preventable, but the parents of children who die for these reasons require careful counselling about any future pregnancy, and careful planning of any such pregnancy. This work is undertaken by obstetricians, paediatricians and midwives who care for the mother and her baby and often requires specialist genetic counselling too. The CDOP ensures that such counselling occurs.

Infection has proved to be an important focus of the work of CDOP. It is important as a cause of death in children, but is also important when it occurs in pregnancy as it may trigger premature delivery. CDOP has, therefore, worked together with Lewisham Hospital to ensure the best possible management of infection in pregnancy and in childhood.

There is at least one death every year because of Sudden Unexplained Death in Infancy (SUDI). In reviewing these deaths CDOP has identified that guidance on the avoidance of SUDI is consistently given by midwives and health visitors locally, but problems do persist despite this. Issues which seem important locally are

- Over-heating of babies, where the child is overheated because of too much clothing and bedding or sleeping in a room that is too hot.
- Co-sleeping, where one or both parents sleep in the same bed as the infant.

The risk associated with co-sleeping increases significantly if either parent is a smoker or has consumed alcohol or other psychoactive substances before falling asleep with the child. National guidance is very clear on co-sleeping - the safest place for a baby to sleep is in a cot in the same room as its parents. However, many women find it easier to feed their child at night by bringing the child into bed - this practice should not be discouraged as it encourages breastfeeding (which is protective against SUDI) and falling asleep with a child in bed is, in fact, a lesser risk factor for SUDI, than falling asleep with a child in a chair or sofa. Mothers do, however, need to be advised about the need to avoid co-sleeping with their child. This is a difficult and subtle task, and as a result, safe sleeping guidance has recently been reviewed and is being issued to all health visitors, midwives and children's centres staff in Lewisham.

Sadly, a number of children have died because of deliberate abuse or neglect. All of these deaths have been examined in detail, and discussed with the Serious Case Review Panel, who have (where necessary) undertaken a Serious Case Review. Traumatic deaths have, on occasion, been because of the deliberate act of another; these have all been the subject of criminal investigation and prosecution. Accidental deaths have occurred, some of which have been due to a criminal act (all investigated by the Police and resulting in a prosecution), but most have not.

Drowning has been important in a number of deaths, all but one of which were because of a young child being left unattended in water. One death was associated with the use of a child's bath seat, but there have also been reports to the Panel of an incident where a child almost died when in a bath seat, and of a death that occurred before the Panel was established and that was associated with the use of a bath seat. The manufacturers of these seats are quite clear that children should not be left unattended in a bath, but parents have not always been conscious of these warnings. Health visitors, midwives, children's centre workers and children's social care workers in Lewisham have now all been alerted to this issue and have been encouraged to give even greater emphasis to advice to parents on the dangers of leaving children unattended in or near water. National authorities have also been alerted to the problem with the use of bath seats.

Deaths of children with special needs seem to account for a greater proportion of deaths, and a small number of themes have recurred in the review of these deaths:

- It would appear that these are more vulnerable in the transition period from paediatric to adult services.
- Parents and possibly practitioners may have difficulty in being able to recognise serious acute illness in children with very complex needs.

This last point has also been a feature in the deaths of a small number of very young babies where parents may have been worried about certain signs but did not, perhaps, seek medical help as early as they might have done.

There were no deaths because of suicide, or deliberate self harm during this period. Sadly, however, a Lewisham child has recently died because of suicide; this death is currently under review.

A number of other issues have emerged as important through the work of CDOP – the most important of these is the need for greater support of bereaved parents. CDOP has prepared and disseminated advice for GPs and Coroner's officers on how to better support bereaved parents. It is also very encouraging, given the high numbers of deaths that occur because of prematurity, that there is now a dedicated midwife at Lewisham Hospital to help provide support to parents of children who die shortly after birth. The voluntary sector too provides support to considerable numbers of bereaved parents. There is still, however, a gap in relation to what is available to parents immediately after the death of a child.

The Panel has uncovered some important, positive aspects of local services for children as a result of its work. As has already been mentioned, several voluntary organisations provide irreplaceable support to children and their parents. The excellence of local healthcare services and end of life services for children are also notable. CDOP has examined mortality by hospital and has found no significant differences between local providers or between our local rates and the rates for England as a whole. More than this, the Panel is assured, through its detailed examination of each death, of the excellence of children's hospital services and community children's nursing services provided locally. Where areas for improvement have been identified by the Panel, local hospitals have been quick to respond positively. Demelza Hospice Care stands out as an excellent service for children who are dying, providing care and support to their parents too after their child has died. Many GPs and the Mortuary staff at Lewisham Hospital have provided a great deal of support for many families. The mortuary staff, in particular, do everything within their power to make the most dreadful experience that a parent can imagine more bearable. Two firms of undertakers provide their services free to the parents of children who have died.

Serious Injury

In general rates of accidents and injuries in children in Lewisham are lower than is the case for the country as a whole. Hospital admissions caused by injuries in children up to the age of 15 and in young people aged between 15 and 24 are lower than average.

The most recent rates of admission of children because of injury, however, have shown an increase, and the nature of injuries causing admission, or attendance at the Accident and Emergency Department (A&E) are not well understood (Table 2). It is also of note that the rate of attendance of children under 5 at A&E is significantly higher than the national average. It would appear that many of these children, at least during the winter months, attend A&E because of respiratory disease, particularly because of asthma. Nevertheless, accidents in Lewisham children should be investigated further.

Table 2: Rate of Hospital Admissions for Injuries in Children by Age Group

	Hospital admissions cause by unintentional and deliberate injuries in children (aged 0-14 years)				Hospital admissions cause by unintentional and deliberate injuries in children (aged 15-24 years)			
	2010/11	2011/12	2012/13	2013/14	2010/11	2011/12	2012/13	2013/14
Greenwich	71.2	83.7	90.3	97.1	112.6	100.6	85.6	84.6

Lambeth	96.3	107.1	100.3	108.1	132.9	130.9	110.4	118.7
Lewisham	**73.1**	**85.8**	**101.6**	**105.2**	**125.2**	**123.5**	**107.8**	**118.8**
Southwark	98.9	113.9	108.6	100.5	123.3	127.4	104.4	106.1
London	89.0	93.3	84.6	86.8	119.4	111.1	100.7	101.5
England	115.2	118.2	103.8	112.2	154.2	144.7	130.7	136.7

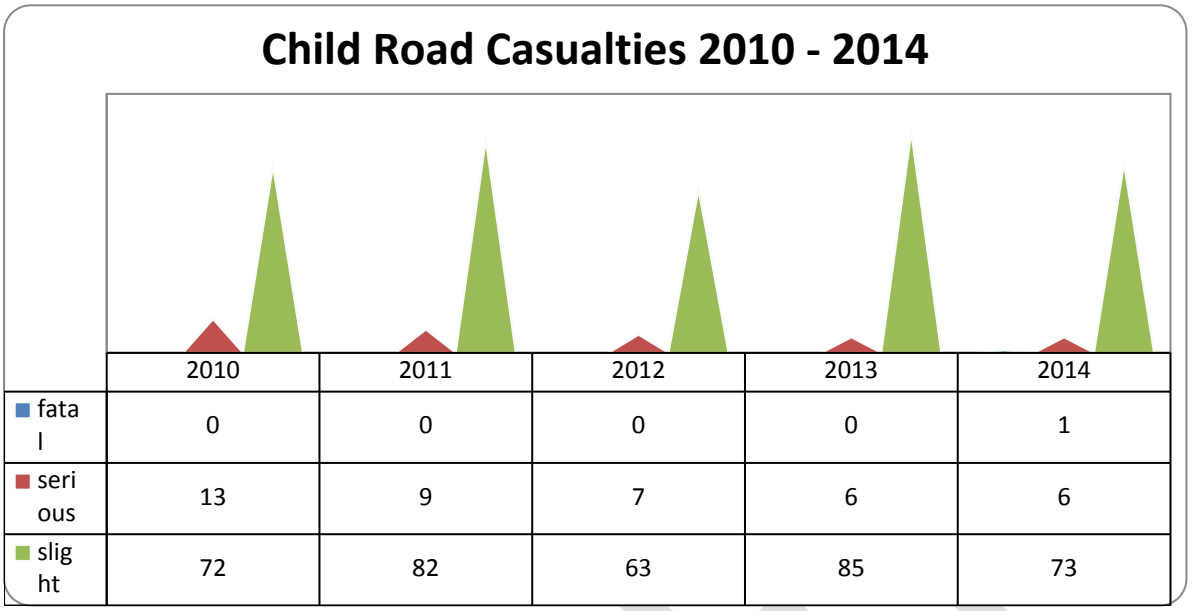
Road traffic accidents have been the focus of particular attention in Lewisham. The numbers of children killed or seriously injured in road traffic accidents is significantly lower than the national average as a result. This has been achieved by the targeted work of the Road Safety and Sustainable Transport team, within Lewisham Council. In recent years, children killed or serious injured in road traffic accidents have been the subject of an annual report to the LSCB.

A total of 1039 casualties in all age groups were recorded on Lewisham's roads in 2014. There were seven fatalities, 56 serious and 976 slight injuries recorded. Certain road users still remain vulnerable locally, and are over-represented in casualty figures. The most vulnerable road users are still cyclists, pedestrians and motorcyclists. Children aged fifteen years and under were found to be highly represented in the pedestrian figures, with those aged between 12-15 years deemed most at risk. This is similar to patterns noted throughout London, and described nationally.

In 2014 there was a death of a child on Lewisham's roads. The child who died was a child from abroad, who was in this country for purposes of study. This highlighted the issue of the preparedness of children from other countries in dealing with the challenges of road traffic in London. As there are several organisations in Lewisham that provide services to children from abroad, who are often here to study, there is a challenge to ensure that all are providing effective road safety awareness to the children receiving their services.

The numbers of injuries in children has been stable, reducing slightly in recent years (Fig. 2). This is against a marked fall in the preceding years. Vulnerable road users are most at risk, mainly pedestrians who account for 53 of the total number of casualties under the age of 16. All seven of the children who were killed or seriously injured on Lewisham's roads in 2014 were pedestrian casualties, five of whom were injured during the morning run to school. Of the children who were most seriously injured, one was aged five years, three were aged seven years, and the remaining three were aged13, 14 and 15 years old. All of the police reports cite the pedestrian as 'failing to stop' or as being 'careless', 'reckless' or 'in a hurry' or that they 'failed to look properly'. This has highlighted a message that needs to be sent to parents regarding protecting their children near the road and ensuring that their children are aware of road safety issues. It also highlights society's responsibility to ensure that this happens in other ways too.

Figure 2. Children (under 16 yrs.) Killed or Seriously Injured on Lewisham's Roads



	2010	2011	2012	2013	2014
fatal	0	0	0	0	1
serious	13	9	7	6	6
slight	72	82	63	85	73

In its most recent report on this issue, *Safe Streets for London, The Road safety Action Plan for London 2012,* Transport for London (TfL) promotes an increase in walking and cycling. In London, the new target is to achieve a 40% reduction in the numbers killed or seriously injured by 2020 from a baseline of the 2005-2009 average. A further report - *Safer Streets for London - Our six road safety commitments* was published in February 2014 by TFL and builds on the road safety action plan to ensure we continue to reduce the numbers injured on London's roads. TfL is working with London Boroughs and a number of other stakeholders, and providing funding to help achieve this goal.

In November 2010, NICE published *Preventing unintentional injuries among children and young people aged under 15: road design and modification*. Due to a lack of evidence on other measures meeting the NICE inclusion criteria, the guidance only covered 20 mph limits, 20 mph zones and engineering measures to reduce speed or makes routes safer. A key recommendation from the guidance was that local highway authorities and strategic partnerships should take action to introduce measures to reduce speed in streets that are primarily residential, or where pedestrian and cyclist movements are high. These measures could include speed reduction features (for example, traffic calming measures on single streets, or extended 20 mph zones). This is consistent with previous evidence that higher speeds reduce the time available for people to react and increase the severity of collisions. Studies have shown that pedestrians have a 90% chance of surviving a car crash at speeds below 30 kph but a less than 50% chance at speeds of 45 kph.

An evidence review, *Reducing unintentional injuries in childhood,* conducted by the National Children's Bureau in 2010 investigated the evidence for effective strategies to prevent unintentional injuries in childhood, and found that seatbelts and child safety restraints and relevant legislation mandating their use were effective in reducing child injuries. Bicycle helmets were also cited as an important measure in reducing injury, with studies from outside the UK reporting that legislation mandating the use of helmets led to increases in their use (ranging from 43 to 84%) and reduced injuries in children.

A review of evidence for the prevention of Road Traffic Collisions was published by the Centre of Public Health (CPH) at the Liverpool John Moores University in September 2010. They found that environmental changes such as implementing area-wide traffic calming (e.g. speed humps, 20mph zones and speed cameras), marked pathways for cyclists, and school crossing patrols were effective in reducing road traffic accidents and associated injuries.

The introduction of 20mph zones in residential areas or areas frequently used by pedestrians and cyclists was recommended in the Department of Transport's *A Safer Way* consultation document in April 2009.

One of the objectives of Lewisham's Local Implementation Plan (LIP) 2011-2031 is to 'reduce the number of road traffic collisions and improve safety on the public transport network'. Four of the seven collisions that led to death or serious injury of a child in Lewisham took place on the A20, the A2, the A209 (South Circular), or in Lewisham and Catford town centres which are on the Transport for London Road Network.

The use of traffic engineering measures as targeted local safety schemes remain an important method of reducing collisions. Between 2010 and 2014 the following measures have all been used with good effect in Lewisham:

- Installing mini-roundabouts
- Providing traffic refuges
- Providing anti-skid surfaces
- Traffic calming features
- Junction realignment.

Finally, adequate street lighting and regular maintenance of Lewisham's roads are essential for road safety.

Introduction of a borough-wide 20mph limit on all borough roads, as has been proposed by the Mayor, should address the road safety inequalities that currently exist, where some areas have such a zone and others do not. It will also give drivers a consistent and uniform message about the importance of reducing speed in order to reduce serious injury and death on the borough's roads. Introduction of the 20mph borough wide speed limit will be complete in 2016, with a period of monitoring post implementation to ensure speeds are being adhered to.

Many specific projects have been undertaken in Lewisham to educate children in road safety or to improve the safety of children on the roads. These include:

- Schools Programme
  This covers all road safety topics including pedestrian, cycle and in-car safety.
- Bikeablity
  Cycle Training is offered by an in-house team to children currently in Year 5 or 6. To improve the numbers of parents taking part in cycling as a leisure activity with their children the Lewisham (£10 for 1 month) Cycle Loan scheme has been funded for a further year.

- Scooter Training
  40 schools benefited from practical scooter training for their year 2 pupils.
- RATED
  RATED (the Road Safety young driver education programme) is aimed at increasing an awareness of road safety and considerate driving in young drivers. A similar scheme is available for older drivers.
- Pilot Bikesafe and Scootersafe Programmes
  Lewisham was chosen to offer Bikesafe and Scootersafe riding skills sessions through additional TFL funding. The riding skills session is run by Metropolitan Police Officers specialising in offering advice and support for all riders but in particular young moped riders.
- School Travel Plans (STPs)
  The aim of STPs is to reduce the number of car journeys to and from schools and to increase the number of people choosing healthier, safer and more sustainable active travel options such as walking and cycling. This year schools with accredited travel plans have increased from 56% in 2011 to 78.5%, a slight decrease on last year's figures.
- School Crossing Patrols
  School Crossing Patrols provide a vital service by escorting children across the road at points on their journey where they are often most vulnerable. In Lewisham there are currently 29 school crossing patrol sites, of which 28 are staffed.
- Junior Travel Ambassador (previously known as Junior Road Safety Officer)
  The Junior Travel Ambassador (JTA) scheme aims to encourage peer-to-peer engagement and gives schools resources and guidance to promote safer, active and independent travel within the school community. The majority of primary schools in Lewisham are involved in the Junior Travel Ambassador scheme.
- Car Seat Checking and Antenatal Advice
  For all parents of very young babies and children there is also a road safety car seat fitting service aimed at ensuring children are travelling safely in vehicles, seats are checked free of charge on the first Tuesday of every month. The road safety team also attend the early pregnancy presentations at Lewisham Hospital once a month to promote car seat safety from the very first journey made in a car.

Recommendations - Mortality and Serious Injury

Recommendations on mortality relate to the assessment of the impact of a major new programme and the conduct of a review and several investigations. It is recommended that any action required as a result of any of these actions should be taken into account in future reviews of the Children and Young People's Plan.

- Premature delivery is the single most important cause of mortality of children in Lewisham. The impact of the recently initiated programme to tackle this issue will be closely monitored .
- Excess mortality in boys and in children of Black African origin will be investigated further

- Action necessary for the support of parents and families immediately after the death of a child so as to ensure the continued wellbeing of children whose siblings die will be reviewed.
- The reasons for high levels of attendance of children under 5 at A&E will be investigated further.
- The reasons for the recent increase in admissions of children to hospital because of injury will be investigated further.

It is evident that much work has been done in Lewisham in the last decade to improve road safety and to reduce the number and severity of road traffic injuries. However, it is important to maintain and continue to improve the programme of casualty reduction. Continuing action on the following are, therefore priorities:

- In order to maintain the observed decrease in numbers of child road casualties, a regular review or audit of the use road safety measures in Lewisham in order to ensure the needs of children and young people are being met on the roads of Lewisham.
- The implementation of the borough wide 20mph speed limit to further enhance the vulnerable road user's casualty reduction programme.
- Targeted education programmes for children and young people including guidance on how to cope with complex situations on the road .
- Education programmes for road users, in particular the drivers who may be at greater risk of causing injury to vulnerable road users.

Children with Special Educational Needs & Disabilities

A child or young person has special educational needs (SEN) if they have a learning difficulty or a disability which calls for special educational provision to be made for them.

Special educational needs can be broadly categorised as:

- learning difficulties (specific, general, severe or profound)
- communication or language difficulties (speech and language, autism)
- behavioural difficulties (emotional, behavioural or social)
- physical and sensory difficulties (hearing, vision, physical, multi-sensory).

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

A child under compulsory school age has SEN if he or she is likely to fall within the definition above when they reach compulsory school age, or would do so if special educational provision was not made for them[71].

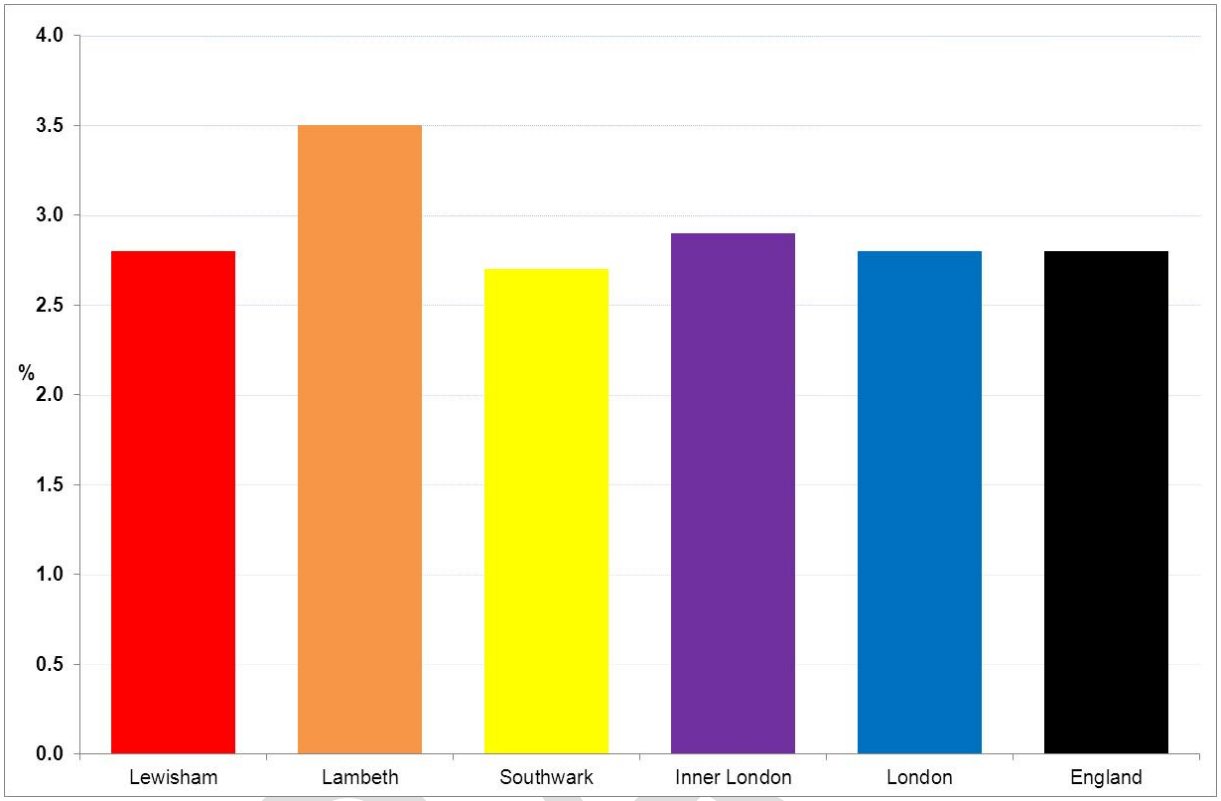
Many children and young people who have SEN may have a disability under the Equality Act 2010 – that is '…a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities'. This definition provides a relatively low threshold and includes more children than many realise: 'long-term' is defined as 'a year or more' and 'substantial' is defined as 'more than minor or trivial'. This definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer. Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.

Key Indicators

Children and young people with an identified SEN who have been issued with an Education, Health and Care plan, or Statement of Special Educational Needs, currently account for 2.7% of the school age population in Lewisham (Fig 1). This is comparable to Lewisham's neighbours, and to London and England as a whole. Of these children, 75% are male and around 50% have a diagnosis of Autism Spectrum Disorder (ASD), which is significantly higher than the national average. Of children with special education needs in Lewisham, 83% have their needs met within Local Authority maintained provision (39% Maintained Special school; 35% Maintained Mainstream school; 9% Maintained Resource Base/SEN unit).

[71] SEN Code of Practice (2015)

Figure 1: % of pupils with Statements/Education Health Care Plans



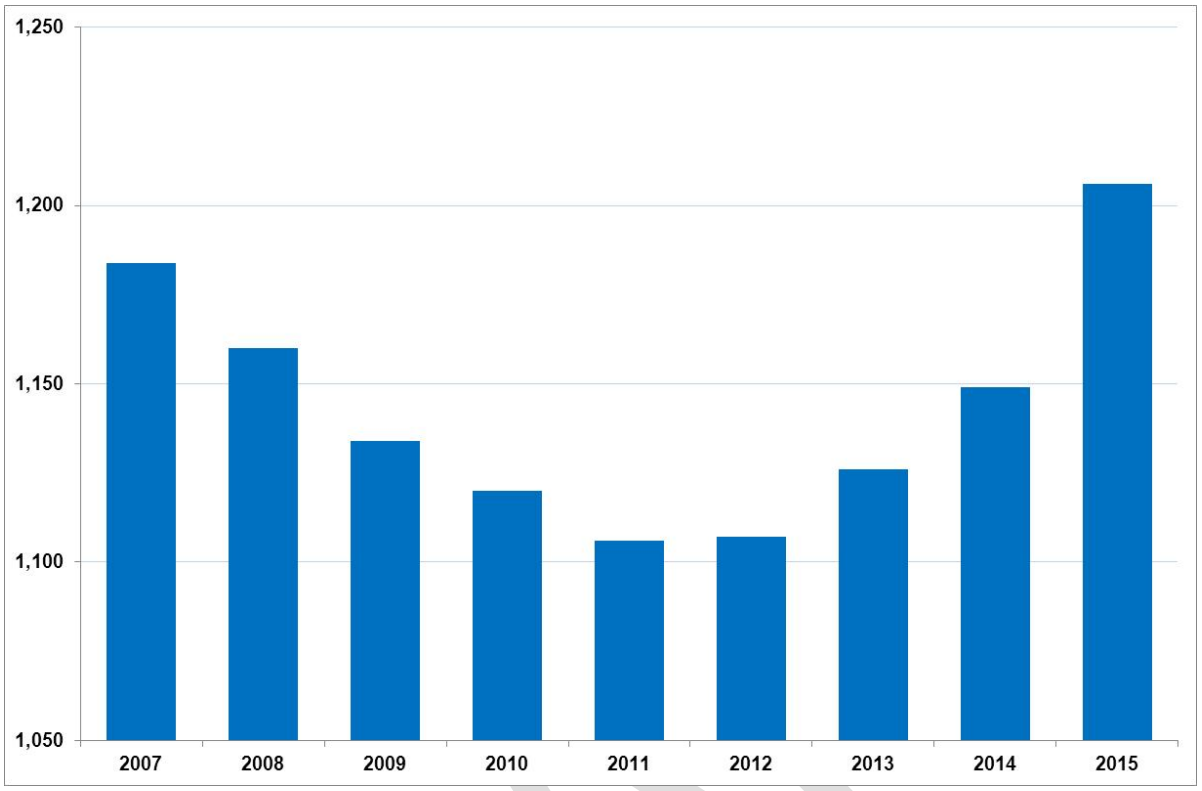
Source: Department of Education 2014

The Children and Families Act 2014 states that, from 1st September 2014, the age range for Education, Health and Care plans will be between birth (0) and 25 years of age. This is an extension on Statements of Special Educational Needs which were only for children and young people of compulsory school age. As a result, there has been a significant increase in the SEN cohort of children aged between 0 and 5 years (Fig1). Almost 50% of the new Education, Health and Care needs assessments undertaken by the SEN team currently relate to children in this age group.

Overall SEN projection calculations suggest Lewisham will see a minimum increase of 7.7% in Education, Health and Care plans over the next ten years. The SEN projections also suggest that between 60 and 70 children and young people will attend an out of borough special school each year based on current trends. On the assumption that special schools within Lewisham are, and will continue to be, at full capacity, by 2024 there will be a shortfall of approximately 120 places in suitable special schools within London Borough of Lewisham.

Children and young people with an identified SEN who **have not** been issued with an Education, Health and Care plans, or Statement of Special Educational Needs, currently account for 16.2% of the school age population. These children and young people have their needs met through school SEN support, which is available in all schools to meet SEN need under the threshold of Statements and Education, Health and Care plans. Of the 16.2%, 57% of this cohort are in Primary School and 27% are in Secondary School.

Figure 2: Number of Lewisham Pupils with Statements/Education, Health & Care Plans[72]



Multi-Agency Planning Pathway (MAPP):
MAPP is a care co-ordination service for children with complex health, learning, therapy or transition needs. It is a special feature of the services for children with complex needs in Lewisham. MAPP creates a Team Around the Family, through bringing together the family, including the child or young person, and relevant professionals at co-ordinated meetings to agree a multi-agency action plan of support to meet the needs of the child and family. MAPP also provides a care co-ordination service for the Joint Initial Assessment Clinic (JIAC). The JIAC provides professionals such as doctors, therapists and nurses, the family and the child or young person the opportunity to attend a single appointment to clarify the nature of the child or young person's problems and (if appropriate) agree a diagnosis and a plan of support. MAPP also undertakes Education, Health and Care plans for children under five years of age.

Table 1: MAPP Service Caseload - January 2015

Total	180
Male/Female %	59:41
% aged 0-5	79
% of caseload with a Statement/EHCP	28
% of caseload known to at least 2 other services	78

[72] Lewisham's Children with Complex Needs Service

Short Breaks

The Short Breaks service:

- enables eligible parents/carers with disabled children and young people to have a short break from their caring responsibilities;
- ensures that while the parents/ carers are receiving a break from their caring responsibilities that their disabled child or young person additional needs are being met and that they benefiting as much as their parents/ carers from this short break.

The Short Breaks service provides two types of short break services; a Targeted Short Breaks service and a Specialist Short Breaks service. These services are aimed at families with different levels of need.

- **Targeted Short Breaks** service - are for families with disabled children who have additional needs that prevent them from accessing activities that would enable their parents/ carers to take short breaks from their caring responsibilities.
- **Specialist Short Breaks** service - are for families with disabled children who need more breaks from caring because their child's additional needs mean that they have to spend much more time caring for them than they would if their child was not disabled. This service is for families with the highest levels of need and can only be assessed through the Disabilities Social Work Service. If assessed through the Disabilities Social Work Service, the support packages will then be administered through the Short Breaks Service.

Table 2: Short Breaks Usage

	Targeted Short Breaks	Specialist Short Breaks
All Ages	245	328
0-4	74	12
5-8	82	81
9-12	59	93
13-17	30	142

Portage

Portage is an educational home visiting service for pre-school children with developmental needs. The aim of Portage is to support the development of young children's play, communication, relationships and full participation in day to day life at home and within the wider community. Support offered through Portage is based on the principle that parents are the key figures in the development of their child and Portage aims to help parents to be confident in this role, regardless of their child's needs. Portage can also support transition for a child who is going in to a nursery and support the process for children who need an Education, Health and Care Plan (EHCP) to access education. There are approximately 120 new referrals to the Portage service each year, of which, over 50% are referred because of Social Communication issues identified between the age of 2-3 years.

Disability Register

The Children Act 1989 requires all Social Services Departments keep a register of children and young people with disabilities to assist with planning and monitoring of local services. The disability register is a voluntary database held on children and young people aged 0- 18 years who live in the borough of Lewisham. The register helps us build up a picture of the number of children and young people with a disability living in Lewisham and their needs which in turn helps us to shape and plan together appropriate services and support. Signing up to the register enables us to target and direct information which is more specific and relevant to children and family's needs and interests.

The register provides an opportunity to directly consult with children, young people and their parents and carers about how to improve and develop services, highlight gaps in services and work together to develop and improve services and profile relevant national and local organisations. Lewisham Council's Disability Register is currently undergoing redevelopment, and will be available by September 2015. This register will support the service to target appropriate information and advice to families with disabled children.

Recommendations - Children with Special Educational Needs and Disabilities

The key aim of the service is to improve life outcomes for children with special educational needs and disabilities through the implementation of a new Partnership SEND strategy. The strategy will build on the work that has been achieved already following the introduction of the most significant changes to the Special Educational Needs system in 30 years, which came into effect from the 1st September 2014 through the Children and Families Act 2014. The strategy will provide direction for the partnership and will set out the aims and priorities for all agencies working with children and young people with SEND across Lewisham. The strategy also establishes how partner agencies will continue to work together to improve those outcomes that will make significant improvements to the lives and life-chances of our children and young people with SEND.

The key objectives of the strategy are:

- Developing inclusive communities and schools that are accepting and welcoming of all and will enable children and young people with SEND to play, learn and work.
- Delivering a significant cultural change through working with children, young people, parents and carers by ensuring the views, wishes and feelings of the family, child and young person are central to the statutory process
- The replacement of Statements of Special Educational Needs (SSEN) and Learning Difficulty Assessments with Education, Health and Care plans (EHC plans) for children and young people 0-25 year
- Greater multi agency working bringing together education, health and social care through a single assessment process for children and young people 0-25 years and securing the right support at the right time for children and young people with SEND and their families.
- Giving the option of a personal budget for Children and young people assessed as needing an EHC plan or with an EHC plan
- Empowering families to become independent through the development of the local offer that will provides comprehensive, accessible and up to date information in one

single place from education, health and social care for children and young people who have SEN or a disability.

- Ensuring that education, health and social care services support children and young people with SEND to prepare for adult life and help them go on to achieve the best outcomes in employment, independent living, health and community participation

Universal and Targeted Public Health Services for Children and Young People in Lewisham

There is a large range of health and social care services for children in Lewisham. All the evidence suggests that these services provide a robust and effective support to children in times of ill health or other crisis. There is always room for improvement, but the partnership is confident that each of its members aims to provide the best possible service and is striving to make those services even more effective.

It would be impossible to describe and discuss all healthcare services that are relevant, but this chapter focuses in particular on public health services for children. These are services that aim to reach all children, or at least be available to all children, in a particular age group, and are services where public health objectives – the improvement or protection of health, or the prevention of illness or other problems dominate.

Children's Centres
There is a network of Children's Centres across Lewisham, all of which are commissioned from external providers from the voluntary sector or Lewisham schools. There are three overarching outcomes for children and young people that Children's Centres are expected to secure improvements against:

- Improved parenting and attachment
- Improved school readiness
- Prevention of escalation

Children's Centres aim to deliver support to those families who, with their help, can reduce their needs and reliance on targeted and specialist services. Children's Centres work closely with a range of partner agencies, especially from health. The quality of provision is supported and monitored by the council and every Centre inspected by Ofsted under the new framework has been awarded a 'Good' or 'Outstanding' judgement.

All Children's Centres offer a mixture of one-to-one and group support for families. Many of the families accessing Children's Centres face a range of difficulties including poverty, worklessness, isolation, domestic violence, mental health and other health issues. Improving health outcomes is a key area for Children's Centres and includes:

- Support for families to access appointments for children's immunisations
- Healthy eating and lifestyles
- Access to breastfeeding support
- Distribution of vitamin D
- Parenting skills and promoting attachment
- Support with accessing mental health services
- Advice on smoke free homes
- Help with visiting a dentist
- Support for those in domestic violence situations
- Improving children's readiness for school
- Advice on benefits and employment and training

Children's Centres are aligned with Health Visiting teams and GPs and work closely with health visitors and midwives, some of whom are co-located in Children's Centres. Health Visitors register families with Children's Centres at their new birth visits and are a key referring agency to Children's Centres. Joint-working with health partners is continually being strengthened, particularly through increasing the number of activities in the Centres run by health colleagues including health visitors' child health clinics and developmental reviews. Children's Centres have also been part of a pilot with the School-Aged Nursing Service to support take-up of MMR2 and Pre-School Booster immunisations which is to be further developed in future. Relationships with GPs are also to be increased, particularly as Children's Centres can offer support to families with accessing appointments including those for immunisations at their local GP surgery.

Health Visiting

The Health Visiting Service leads on the delivery of the early years elements of the national Healthy Child Programme, working across a range of services and organisational boundaries, including children's centres, maternity services and GPs, to improve public health outcomes for children aged 0-5. Through home visits and health assessments for families from pregnancy under the child is five years old, the service delivers targeted interventions to ensure the continued development of the child physically and emotionally. Additional support is offered to more vulnerable families, though provision is based on overall need to ensure that all children are given the opportunity to be at the utmost level of school readiness by age five.

The Health Visiting programme defines the universal offer as including the following areas:

- Health & Development reviews (including mental health assessments, immunisation, screening and physical examinations)
- Promotion of health and wellbeing (including stop smoking, improved diet, increased physical activity, breastfeeding, keeping safe, prevention of sudden infant death, maintaining infant health, improved dental health)
- Promotion of sensitive parenting and child development
- Involvement of fathers
- Preparation and support with transition to parenthood and family relationships
- Signposting to information and services

As part of the Government's vision for 'improving the health outcomes of our children and young people so that they become amongst the best in the world', responsibility for commissioning 0-5 children's public health services is transferring from NHS England to local government on 1 October 2015. For Lewisham, this will mean commissioning the Health Visiting Service and FNP. This final transfer joins up the commissioning for children under 5 with the commissioning for 5-19 year olds and other public health functions which also now sit within the local authority. This move also supports our existing strategy of aligning Health Visiting, FNP, Children's Centres and Maternity Services. This will help to ensure that families accessing these services receive seamless support along an integrated care pathway.

Because of local arrangements, and an agreement with NHS England, Lewisham Council has already been commissioning these services on behalf of, or with the NHS. This means

that in practice the current transfer of Lead Commissioner responsibility to the local authority will not change the day-to-day commissioning or provision of these services in Lewisham, although it will mean that the Council has direct control of the funding for the services.

The Partnership is, therefore, in a strong position for the transfer of the commissioning public health services for children under five. This transfer and the development of the Health Visiting Service is an invaluable opportunity for Lewisham and should help us in our objectives to give children the very best start in life. Current efforts to achieve full recruitment to this service, the full implementation of the agree common outcomes framework for children under five, and the achievement of better outcomes for children should continue to be major priorities for the Lewisham Children and Young People's Partnership.

Health Visiting Model in Lewisham

The Lewisham Health Visiting Service works with local children's centres and midwifery services to achieve the best possible outcomes for families in Lewisham, with a focus on those identified as having targeted needs. Links between these services are being developed further to ensure a fuller Early Years offer. The Health Visiting Service is area-based geographically, structured in line with local children's centres and GP practices, working together to deliver integrated, evidence-based services for children and families, with a focus on prevention, promotion and early intervention. Health Visitors signpost families towards children's centres at the New Birth Review and the services share data with one another on children and families to improve their reach and to target their support more effectively at those most in need. As leaders of the Healthy Child Programme, Health Visitors are vital in identifying needs and working with others to ensure prompt preventative care is provided.

Alongside the transfer of the Health Visiting Service from NHS England to the local authority, the Government also put in place the 'Health Visitor Implementation Plan 2011 – 2015: A Call to Action'. This requires Health Visiting Services across England to expand, and in Lewisham, the target was to reach 72 WTE Health Visitors at 'Agenda for Change' pay Band 6 or Band 7 by April 2015. However, recruitment and retention of Health Visitors has proved a challenge across London. As of July 2015, there were 51 WTE Health Visitors within the Lewisham service. There is a robust recruitment plan in place to ensure that the service reaches the required number of Health Visitors as quickly as possible. 11 new Health Visitors are starting in September and October 2015 which will take the total number to 62 WTE. Further interviews will take place in September 2015 for staff qualifying in January 2016. It is therefore expected that the service will have reached the target of 72 WTE Health Visitors by February 2016.

In addition Lewisham has a well-established, high performing Family Nurse Partnership Service (FNP). FNP works with vulnerable first-time teenage mothers from pregnancy until their child turns two years old. Located at the intensive care end of the Healthy Child Programme, FNP is part of a preventive pathway for the most disadvantaged and vulnerable infants and therefore targets key areas of health inequalities such as immunisations, breast feeding and teenage pregnancies. The primary purpose is to reduce the impact of multiple deprivation and improve short and long term health and well-being outcomes for vulnerable young mothers and their babies. Upon graduation, FNP clients are automatically transferred

to the Health Visiting Service's targeted caseload. Lewisham has a well-established FNP programme which has run successfully for five years. The service currently has a caseload of 67 clients, and has a staffing contingent of 6.4 WTE Family Nurses, 1 WTE Supervisor and 1 WTE Administrator. Each WTE Family Nurse has a maximum of 25 families per caseload. Upon graduation from the service, clients are automatically transferred to the Targeted Health Visiting caseload.

Maternal Early Sustained Childhood Home-visiting Programme (MESCH)
MESCH is a structured programme of sustained nurse home visiting for families at risk of poorer maternal and child health and development outcomes. It was developed as an effective intervention for vulnerable and at-risk mothers living in areas of socio-economic disadvantage. Lewisham is the first area in London to be under taking the MESCH programme.

School Nursing
In March 2012, the Department of Health launched a major new national strategy for the development of school aged nursing services in England and Wales[1].
The national school nursing development programme is a contribution to the government's intention to focus on public health and to improve the life chances of children and young people through effective preventative services and the provision of early help. The Department of Health has developed the programme in partnership with the Department for Education, professional organisations, school nurses and most importantly young people themselves. The vision of this national programme is that delivering public health services to children and young people should be led by specialist community public health nurses, working in schools and other environments, and supported by a team with an appropriate skill mix to reflect local need. The new service will improve children and young people's health and wellbeing by:

• Leading, delivering and evaluating universal Public Health programmes for school-aged children and young people, both within school and community settings.

• Taking an evidence based approach to delivering cost effective programmes or interventions which contribute to children and young people's health and wellbeing e.g. reductions in childhood obesity and under 18 year old conception rates.

• Referring and delegating within the team to maximise resources and utilise expertise of other skilled professionals.

• Supporting seamless transition into school, from primary to secondary school and transition into adulthood.

• Leading support for children and young people with complex and/or additional health needs including education, training and support for families, carers and school staff.

• Identifying children and young people in need of early help and where appropriate providing support to improve their life chances and prevent abuse and neglect. This includes

working with children and young people at risk of becoming involved in gangs or youth violence.

• Contributing as part of a multi-agency team, to support children, young people and families, particularly those with multiple needs.

• Supporting vulnerable children including children in care and support for their carers (including young people in contact with Youth Justice system).

Though the vision is ambitious, unlike the national Health Visitor Expansion Programme, no additional funding has been provided nationally for this programme. The onus is, therefore, on local commissioners to ensure funding is available for appropriate development of this service at local level.

School Aged Nursing Services in Lewisham

The existing School Aged Nursing Service (SANS) in Lewisham is well-established, fully recruited and has a high level of advanced skills; many of the nurses are qualified Public Health Practitioners and hold additional qualifications in sexual and reproductive health. Since April 2013, funding for SANS, in common with the rest of the country, has been from the local Public Health Budget. In response to the launch of the national programme, Lewisham's Public Health, Children and Young People's Commissioning and School Aged Nursing Service (SANS) worked together to review SANS locally, looking in particular at gaps in provision and how these should be prioritised in terms of which were the most important to address first. The following were the agreed priorities:

1. Developing school based Healthy Child teams
   - A virtual team of all who are supporting the health and well-being of children and young people in a school, informed by school health profiles with the school nurse co-ordinating their actions in a single plan
2. Developing early intervention support for emotional health and well-being
   - Ensuring that all Band 6/7 School Nurses are trained and equipped to identify and respond to children and young people's emotional needs.
3. Support for children and young people with increased vulnerability
   - Following up on CYP with short and long term vulnerabilities offering support around healthy lifestyle and ensuring access to health checks immunisations etc. This will include children who, for whatever reason, are not in a mainstream school. This group has been identified as being extremely vulnerable, and there is little or no provision for some of these groups of children. The need for a service for home schooled children has been identified as a major gap by a recent serious case review.
4. Increasing access to support (in school)
   - Increasing the availability of open access drop in within the school day
5. Increasing access to support (out of school)
   - Providing "one stop" open access drop–ins based in youth centres and other appropriate venues, offer to include Sexual Health service access, Smoking Drugs and Alcohol support and Tier 1 mental health support.

The development of public health nursing for school aged children is also a major priority for the Lewisham Children and Young People's Partnership. Our local strategy is in line with an important national strategy. Additional investment in the service has allowed us to address the greatest and most pressing needs already identified. .

Recommendations - Public Health Services for Children and Young People

- Current efforts to achieve full recruitment to the Health Visiting service, the full implementation of the agree common outcomes framework for children under five, and the achievement of better outcomes for children should continue to be major priorities for the Lewisham Children and Young People's Partnership.
- New ways of addressing all the priorities identified in the review of School Aged Nursing in Lewisham now have to be considered as part of the CYPP.
- The even closer integration of Health Visiting, School Nursing and Children's Centre services, and their integration with services such as midwifery, primary health care and social care is now necessary to ensure the maximum impact of all these services on the health of children and young people.

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Public Health Outcomes: Reduce Alcohol Harm

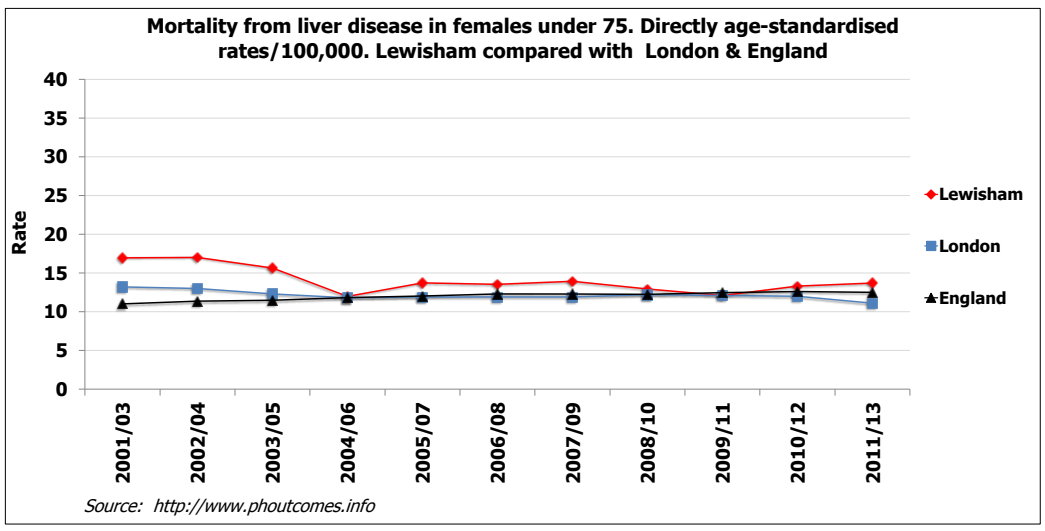
Key Messages

- Under 75 mortality for liver disease is increasing in England. It appears to be decreasing in Lewisham but the changes from year to year are not statistically significant.
- Alcohol related admissions in Lewisham have decreased since 2008/9 however it is unclear whether they are continuing to decrease as the rates over the past three years have not been statistically different. The latest data is similar to the England rate.
- Screening for alcohol is now embedded into antenatal care
- Proportion of those having NHS Health checks screened for alcohol has increased from 74% in 2013/14 to 97% in Q2 2014/15 and AUDIT C now embedded in programme.
- About 13% of those screened have excess alcohol intake (about 90 per quarter)
- There has been an increase in the numbers of front line workers trained in IBA (181 in Q1 & 2), which should lead to an increase in those screened. and referred where excess alcohol intake has been identified.
- There are an estimated 3,650 alchol dependent people living in Lewisham, Chowever only 5% of those are reached by the specialist service.

Health and Wellbeing Board Performance Metrics

Indicator	Latest period of availability	Lewisham	London	England	England benchmark	Direction from previous period
Alcohol related admissions (ASR per 100,000 population)	2013-14	606	541	645	similar	↓
Number of practitioners skilled in identifying those at risk from alcohol harm and delivering brief interventions (Local source)	Nov-13 to Aug-14	384	-	-	-	-

Trends/Benchmarks



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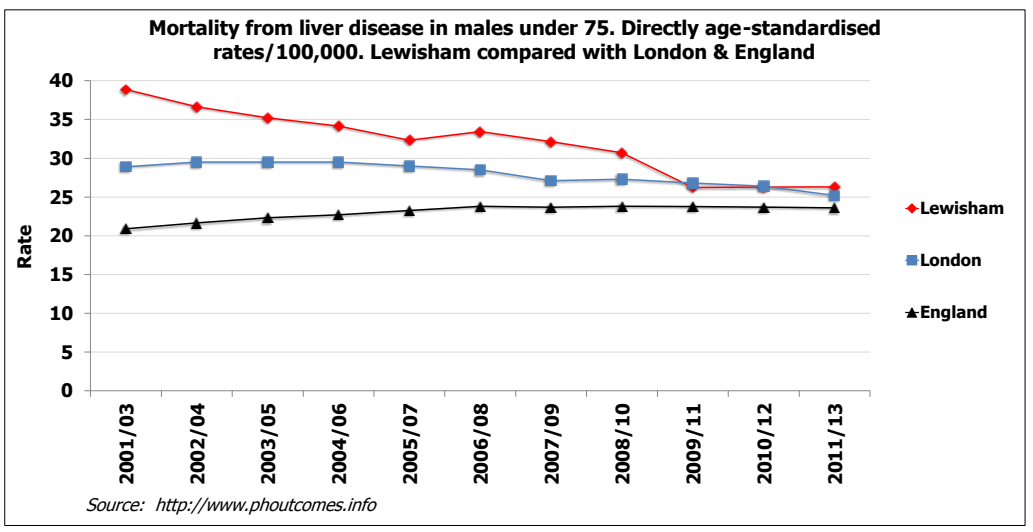

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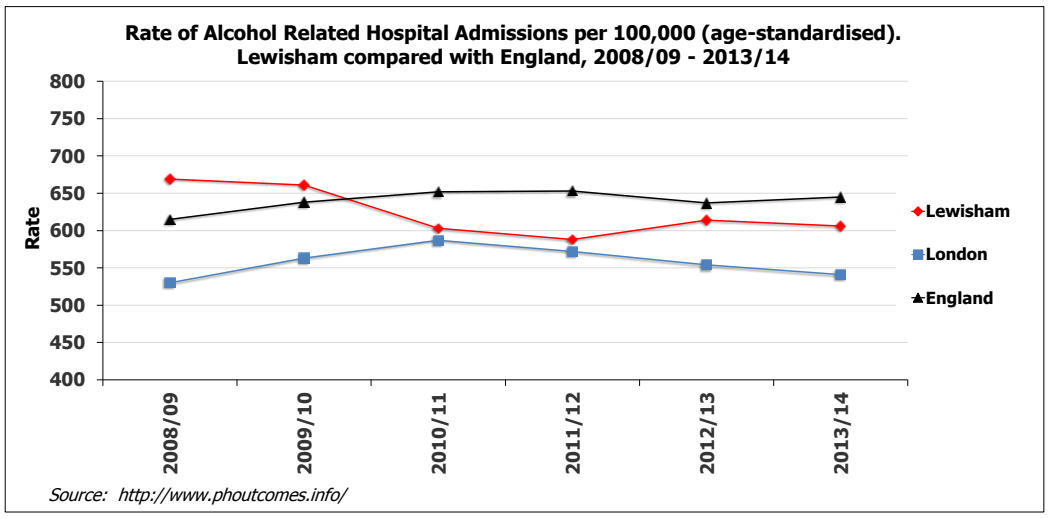

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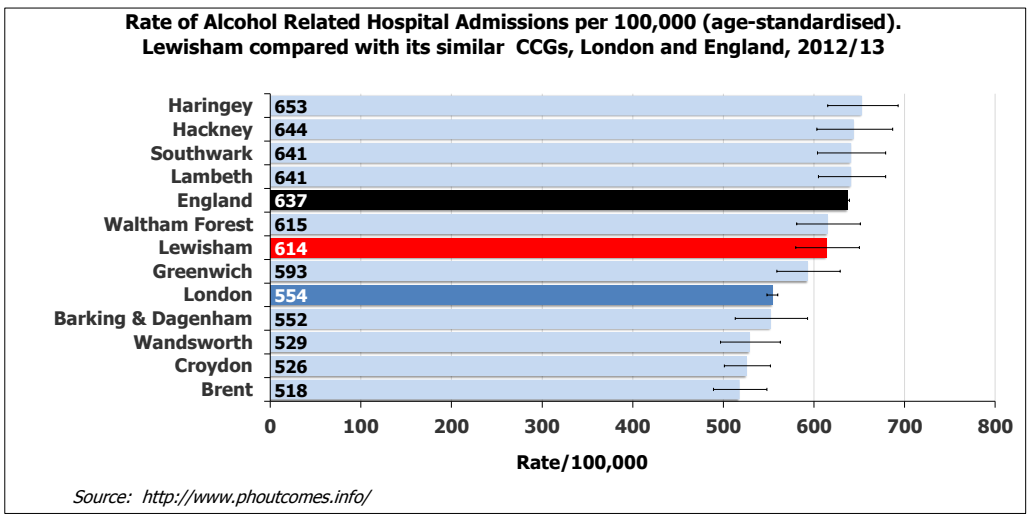

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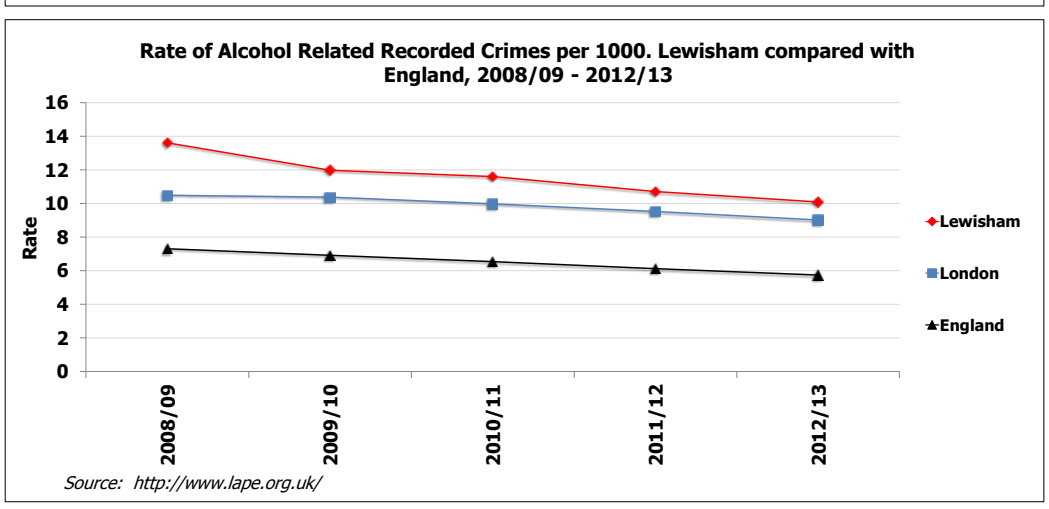

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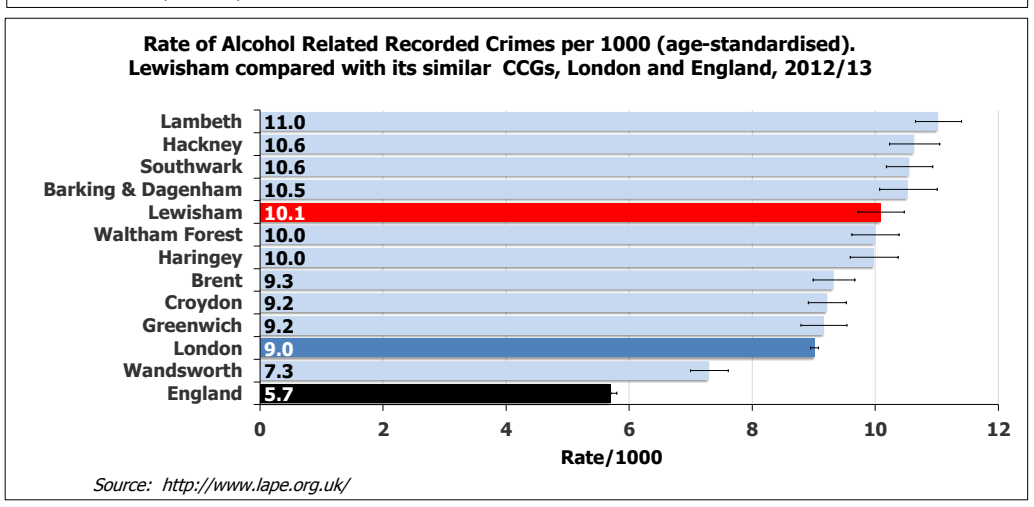


Source: http://www.lape.org.uk/

Activity Performance

Alcohol related admissions to hospital. Age-standardised rates per 100,000 population	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Lewisham	669	661	603	588	614	606
number				1351	1430	1434
London	615	638	652	653	637	554
England	530	563	587	572	554	637

Identification and Brief Advice (IBA)	2013/14	2014/15 Q1	2014/15 Q2	2014/15 Q3	2014/15 Q4
Number of front line workers trained in IBA	195	36	144	115	130

NHS Health Checks	2013/14	2014/15 Q1	2014/15 Q2	2014/15 Q3	2014/15 Q4
Number of patients who have received NHS Health Checks who have been screened for alcohol (AUDIT C)	5,216	1,489	1,447	1,193	1,094
Number of patients identified with excess alcohol intake	655	188	189	140	154

Specialist Treatment Service

Diagnostic Outcomes Monitoring Executive Summary (DOMES)

1. Successful completions as a proportion of all in treatment

Baseline period: April 2013 - Mar 2014		Previous Period: Jan 2014 to Dec 2014		Latest Period: Apr 2014 to Mar 2015		National average
(%)	(n)	(%)	(n)	(%)	(n)	
37.0%	60/162	**38.5%**	112/291	**43.6%**	125/287	**39.2%**

2. Proportion who successfully completed treatment in the first 6 months of the latest 12 month period and re-presented within 6 months

Baseline period: Completions: April 2013 - sep 2013 Re-presentations: up to March 2014		Previous Period: Jan 2014 to Jun 2014 Re-presentations: up to Dec 2014		Latest Period: Oct 2013 to Mar 2014 Re-presentations: up to Sep 2014		National average
(%)	(n)	(%)	(n)	(%)	(n)	
3.7%	1/27	**10.2%**	5/49	**7.9%**	3/38	**10.9%**

3. Abstinence and reliably improved rates at 6 months review in the last 12 months

Abstinence rates				Expected range for Lewisham clients	Reliably improved
Previous period: Apr 2014 to Jun 2014		Latest period: Jan 2015 to Mar 2015			
(%)	(n)	(%)	(n)	(%)	(%)
28.9%	35/121	**19.7%**	29/147	**16.7% - 30.5%**	**25.9%**

4. Percentage of clients waiting over three weeks to start first intervention

Previous period: Apr 2014 to Jun 2014		Latest period: Jul 2014 to Sep 2014		National average	Number over 6 weeks
(%)	(n)	(%)	(n)	%	(n)
1.9%	2/105	**0.0%**	0/57	**4.4%**	0

5. Proportion of new representations who had an unplanned exit or transferred and not continuing a journey before being retained for 12 weeks

Pervious period: Apr 2013 to Mar 2014		Latest period: Jul 2013 to Jun 2014		National average
(%)	(n)	(%)	(n)	%
22.1%	30/136	**18.4%**	40/217	**17.7%**

6. Proportion in treatment who live with children under the age of 18

Previous period: Jul 2013 to Jun 2014		Latest period: Apr 2014 to Mar 2015		National average
(%)	(n)	(%)	(n)	%
24.8%	58/234	**14.2%**	36/254	**17.2%**

7. Proportion of new presentations to treatment who live with children under the age of 18

Previous period: Jul 2013 to Jun 2014		Latest period: Apr 2014 to Mar 2015		National average
(%)	(n)	(%)	(n)	%
24.6%	52/211	**21.3%**	61/287	**25.8%**

8. No of Community Detoxifications

Period	Medical	Non-Medical
Q1 Apr - Jun 2014	12	0
Q2 Jul - Sep 2014	11	12
Q3 Oct - Dec 2014	0	13
Q4 Jan - Mar 2015	0	0
Total	**23**	**25**

Young people: YP Specialist Substance Misuse Interventions

Number in specialist services	2011/12	2012/13	2013/14	2014/15
No. of young people under 18 in specialist services in the community	220	206	211	199
No. of young adults, 18-24, in 'young people only'specialist services in the community	68	71	63	72
No. of young people under 18 in specialist services within the secure estate	0	7	24	13

Referral sources	Local	Local%	England
Youth justice (incl the Secure Estate)	72	50%	30%
Education Services	32	22%	26%
Self, family and friends	6	4%	11%
Children and family services	14	10%	17%
Other substance misuse services	2	1%	4%
Health and mental health services (excl A&E)	10	7%	7%
A&E	1	1%	1%
Other	6	4%	4%

Achievements

- There has been a continued focus on enforcement regarding the availability and supply of alcohol and the Licensing Policy has been reviewed
- Increase in numbers screened for alcohol. - All pregnant women are now screened for alcohol. Proportion of those having NHS Health checks screened for alcohol has increased from and is now embedded in programme.
- Increase in number of front line workers trained to identify alcohol and deliver brief interventions
- Specialist alcohol care team at Lewisham hospital has become increasingly effective at reaching dependent drinkers in A & E and as inpatients, although their capacity is stretched and below the national average
- From April 2015 Specialist services for young people and shared care with GPs were re-commissioned from new providers

Public Health Outcomes: Cancer

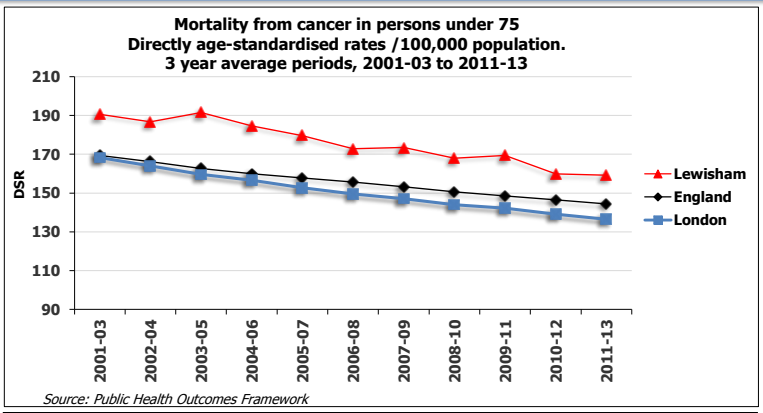
Key Messages

- Over the past ten years premature mortality from cancer is decreasing in England, London and Lewisham. However premature mortality from cancer in Lewisham remains significantly higher compared to London and England
- In 2013/14, cancer was the main cause of death in Lewisham
- One year lung cancer survival in Lewisham is similar to London but higher than England. Five year lung cancer survival in Lewisham is similar to England but lower than London
- One year breast cancer survival is higher in Lewisham than London and England. Five year breast cancer survival is similar for Lewisham, London and England
- Both one year and five year colorectal cancer survival in Lewisham are lower than London and England
- One year prostate cancer survival in Lewisham is similar to London and England. Five year prostate cancer survival is higher in Lewisham than London and England (
- The proportion of cancer diagnosed at an early stage in Lewisham is not significantly different from neighbouring boroughs or England
- Breast screening coverage in Lewisham does not meet the national target of 70% and has remained at approximately 65% for the past 7 years
- Over the past ten years, at a national level there has been a downward trend in cervical screening coverage. In contrast in Lewisham since 2010-11 there has been a slight increase in coverage which has levelled off in the past three years
- Uptake of bowel cancer screening in Lewisham does not meet the national target of 60%. Lewisham's uptake (46.4%) in 2014/15 Q1 is below the South East London average of 49.4%

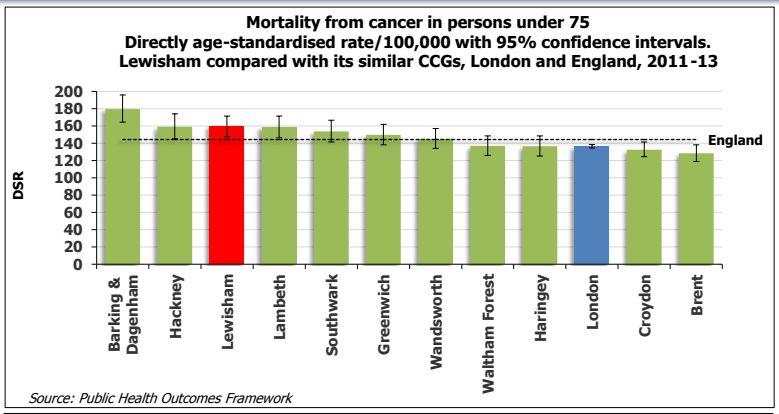
Health and Wellbeing Board Performance Metrics

Indicator	Frequency	Latest period of availability	Previous period (Lewisham)	Latest period (Lewisham)	London	England	England benchmark	Direction of Travel
Breast cancer screening coverage (%)	Annual	2014	66.0%	65.0%	68.9%	75.9%	Significantly worse	↓
Cervical cancer screening coverage (%)	Annual	2014	72.4%	73.7%	70.3%	74.2%	Significantly worse	↑
Bowel cancer screening coverage (%)	Local ad-hoc	Oct 2011 - Sep 2012	-	40.9%	-	-	-	-
Early diagnosis of cancer (%)	Annual	2012	-	39.9%	-	41.6%	-	N/A
Two week wait referrals (number per 100,000 population)	Annual	2013-14	2273	2614	-	2399	-	↑
Under 75 mortality from all cancers (DSR/100,000 population)	Annual	2011-13	159.9	159.2	136.5	144.4	Significantly worse	↓

Mortality: Trends/Benchmarks



Source: Public Health Outcomes Framework



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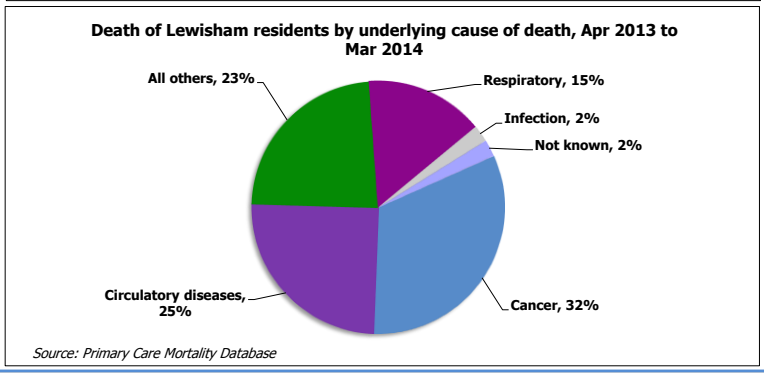
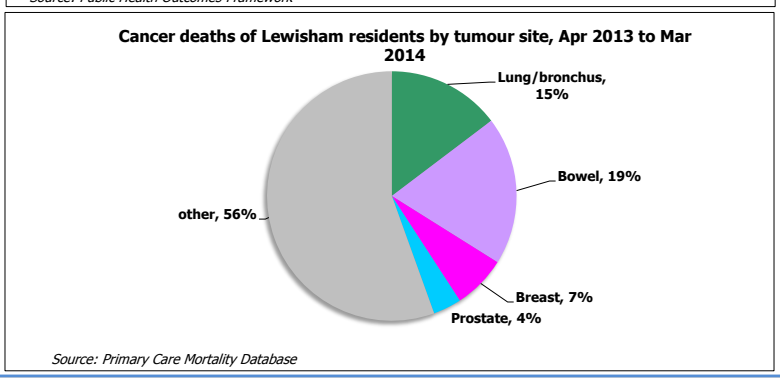
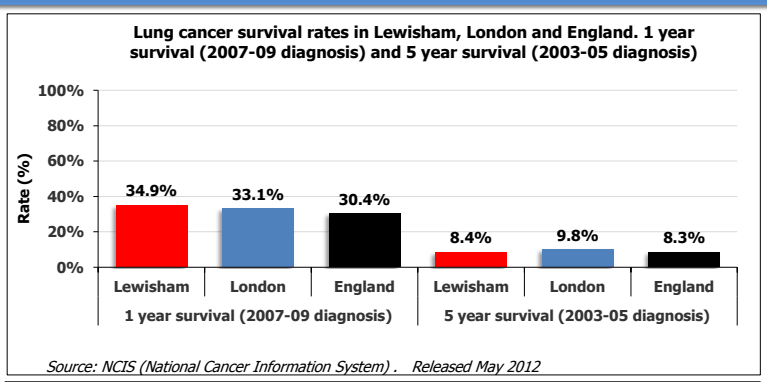


Source: Primary Care Mortality Database

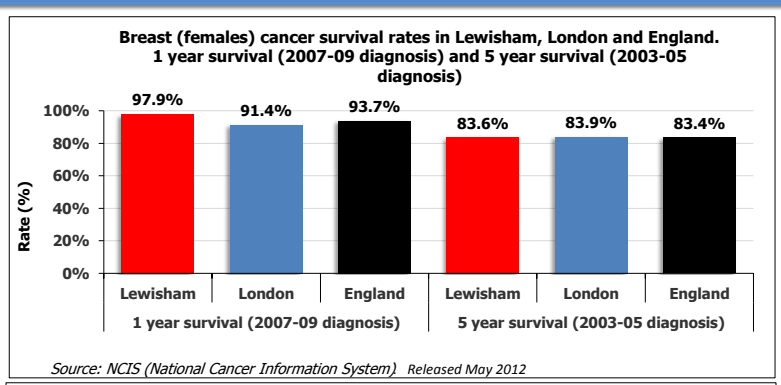


Source: Primary Care Mortality Database

Survival: Trends/Benchmarks



Source: NCIS (National Cancer Information System) . Released May 2012



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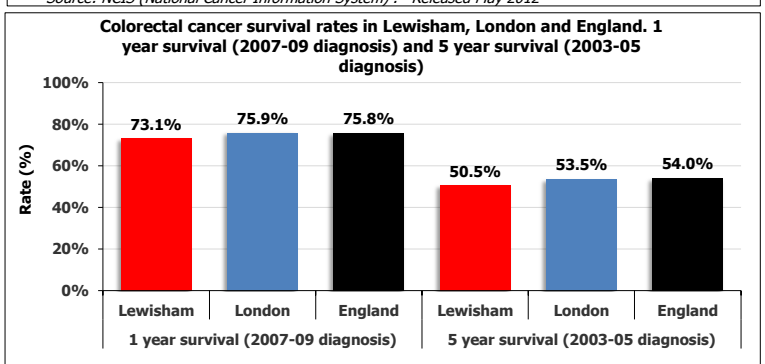

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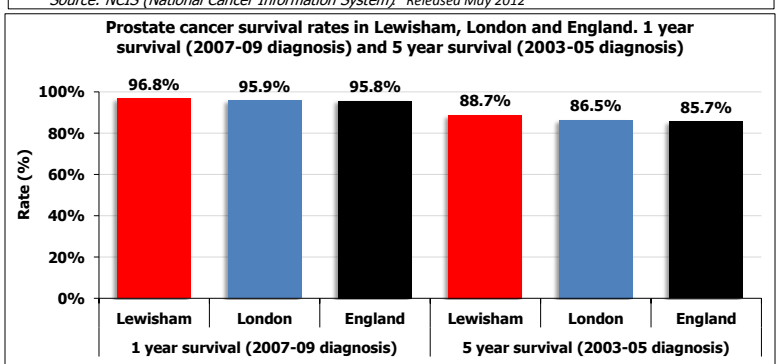
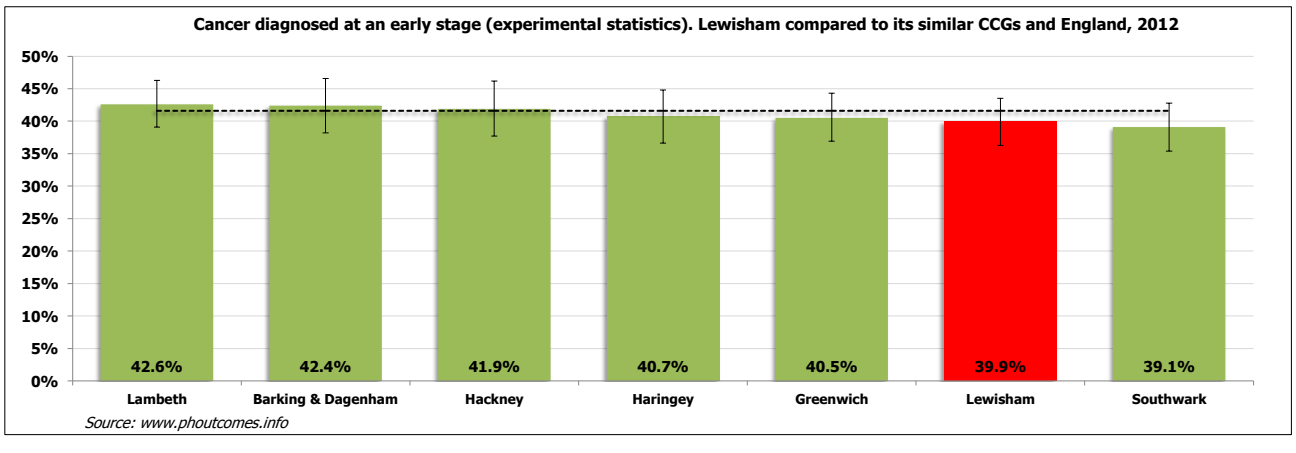


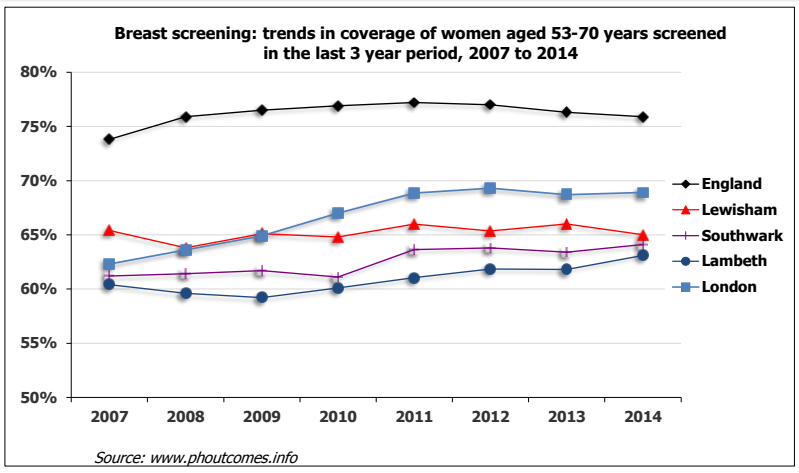
Source: NCIS (National Cancer Information System). Released May 2012

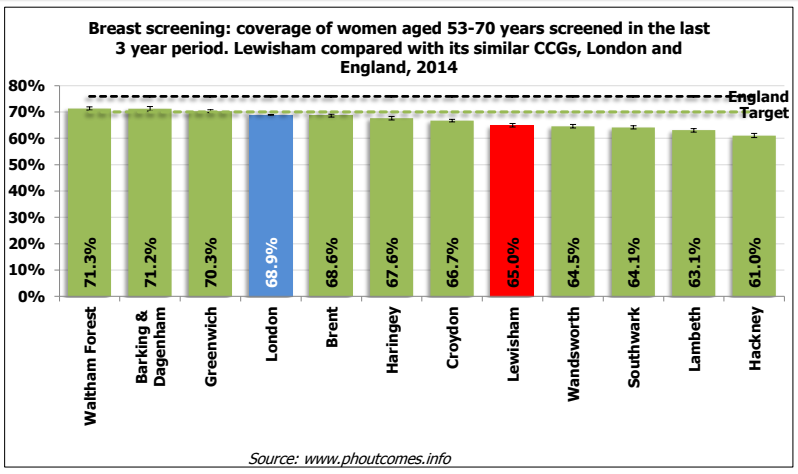
Early Diagnosis: Trends/Benchmarks

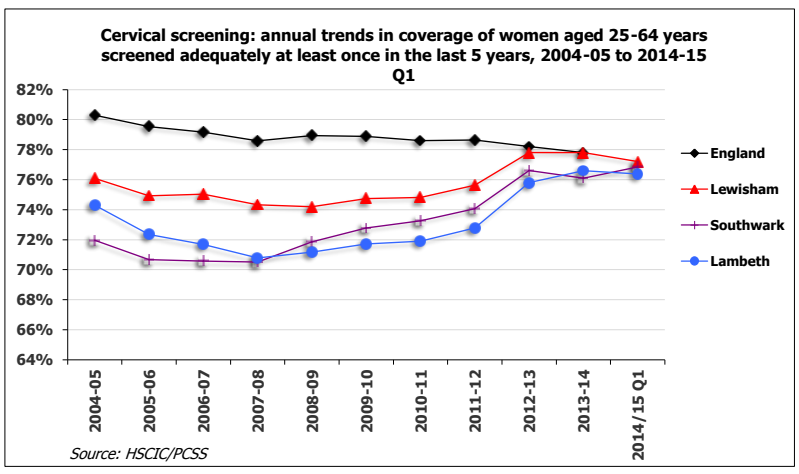


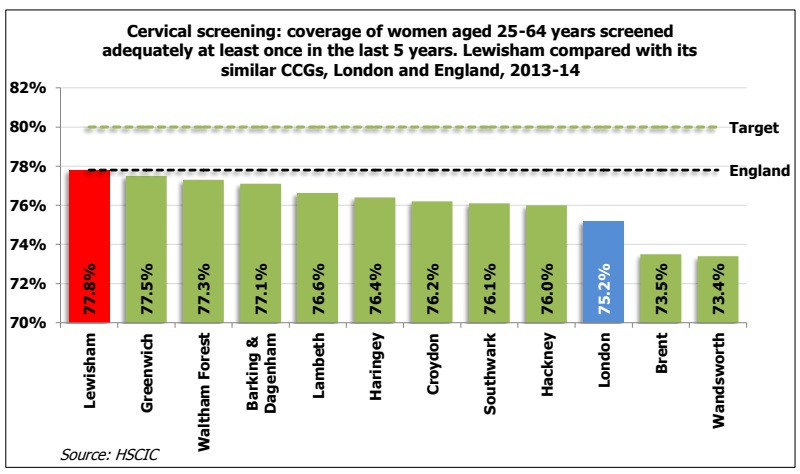
Source: www.phoutcomes.info

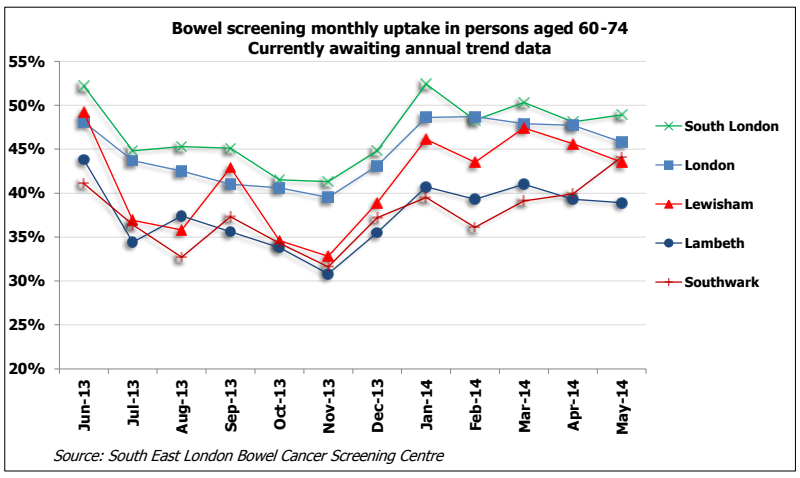
Screening: Trends/Benchmarks

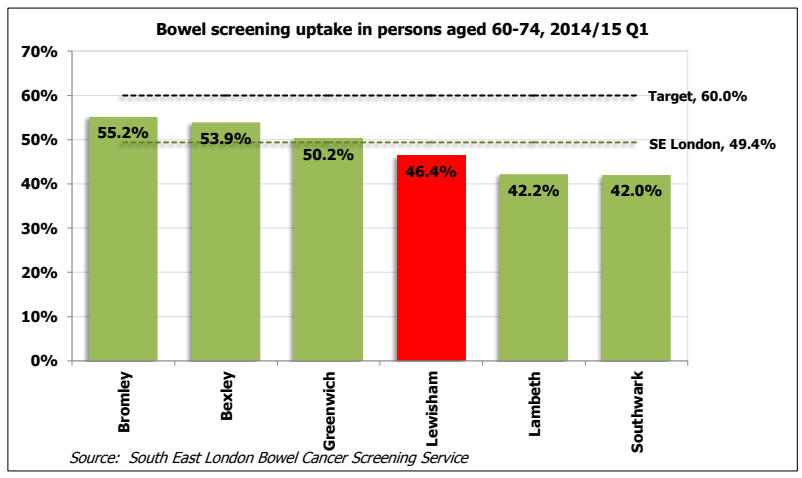




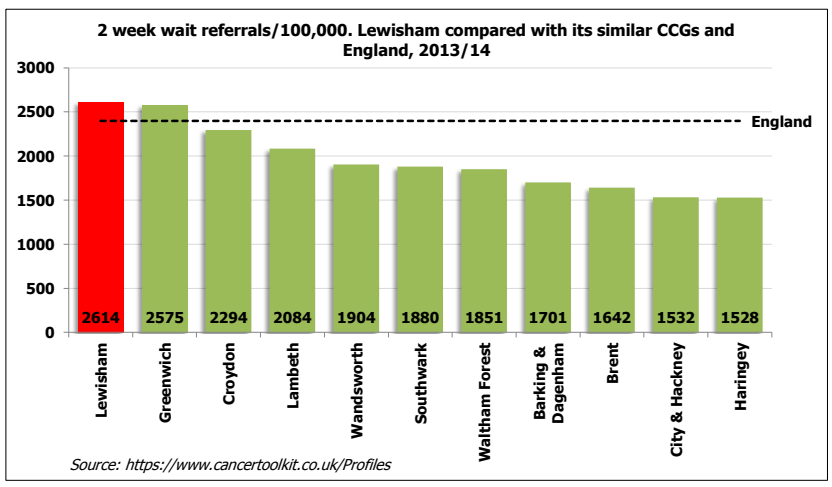








2 Week Waits: Trends/Benchmarks



Achievements

A Health and Wellbeing Strategy Priority has been that of increasing the number of people who survive colorectal, breast and lung cancer for. As part of implementing this, a number of actions have been undertaken including the following:

- Review of Cancer: CCG and Public Health have completed a review of cancer in February 2014. Reducing variation in early detection has been incorporated into the work of the CCG Primary Care Development Strategy Board.
- Cancer awareness raising: Public Health incorporated cancer awareness raising as part the services delivered by the Community Health Improvement Service in Lewisham & Greenwich Trust)
- Be Clear on Cancer Campaigns: Public Health England's National Be Clear on Cancer Campaigns that have focussed on Bowel Cancer, Bladder and Kidney Cancer, Lung Cancer, Ovarian Cancer and Breast cancer in older have been promoted to Primary care and communities
- activity proposed for 2015-2018 includes promoting cervical, bowel, breast and cervical cancer screening programmes in the community and work with GP Practices so that they

Public Health Outcomes: Promote Healthy Weight

Key Messages

Childhood obesity: Rates remain significantly higher than the England rate and for 2013/14 Lewisham remains in the top quintile (highest) of Local Authority obesity prevalence rates for Year 6. Reception year performance has improved and Lewisham is now in the second quintile. As in previous years the proportion of obese children in Year 6 was more than double that of Reception year children, similar to the national results. Local analysis of the data reveals that for the eight years data has been collected (2006/7 to 2013/14) there is slight variability but no consistent trend over the period in obesity rates in either cohort of children.
Actions to address this problem include building the local capabilities of the workforce though training on a variety of topics to promote healthy weight, provision of targeted and specialist weight management services accessible in community venues and the development of a 'Health in Lewisham' webpage on the council website to provide information and advice to support families achieve a healthy lifestyle.

Breastfeeding: Rates declined for 6-8 week prevalence during 2013/14, some of this was due to changes in the reporting parameters for submitting data that occurred during 2013-14, this also affected the completeness of the data which was below 95% for Q1 and 3 for initiation and Q1,3 and 4 for 6-8 weeks meaning that our data did not meet national validation criteria. The submission for 2014-15 indicate that this issue has been resolved and it anticipated that breastfeeding prevalence will improve in 2014-15.
Actions to increase breastfeeding rates include working towards UNICEF Baby Friendly accreditation in the borough. The community and hospital achieved stage two accreditation in 2014 and are jointly working towards achieving stage 3 in October 2015. Children's centres have also registered their intention to work towards Baby Friendly accreditation so that they can work more closely with health visitors and maternity services in supporting mothers to breastfeed.

Maternal obesity: Maternal obesity increases the risk of poor pregnancy outcomes and is a risk factor for childhood obesity. Data from Lewisham Hospital for 2013 - 2014 indicates that maternal obesity rates are lower than those recorded in 2010-12. Whether this reflects a change in the ethnicity of women booking for maternity care at the hospital is currently being investigated.
Actions to address this problem include ensuring that all obstetricians and midwives at the Trust have been trained in how to raise the issue of healthy weight with pregnant women and in ensuring that all women with a possible problem are referred appropriately. Preconceptual advice on healthy weight is also available for women themselves on the public health pages on Lewisham Council website (www.lewisham.gov.uk/health), links to which exist on the Trust website.

Adults: The prevalence of obesity in adults and children in England has more than doubled in the last twenty-five years. A modelled estimate of adult obesity prevalence in Lewisham is 23.7% which is not significantly different to the England average, and indicates that around 53,000 residents are obese. Recently published data for Lewisham on the prevalence of excess weight (overweight and obese) in adults is 61.2%, similar to the national average but higher than the London average (57.3%). A similar level of excess weight (57.9%) is seen in adults aged 40-74 years – monitored as part of the NHS health check.
Actions to address this problem include building the local capabilities of the workforce though training on a variety of topics to promote healthy weight, and provision of a range of weight management services

Environment: Prevention and early intervention are the key to tackling obesity. To achieve this involves working in partnership to minimise the impact of the obesogenic environment and supporting a healthier built environment that encourages healthier eating and being active.
Actions to address this include a new restrictive planning policy on new hot food take away, food growing, improved cycling routes and healthy walks.

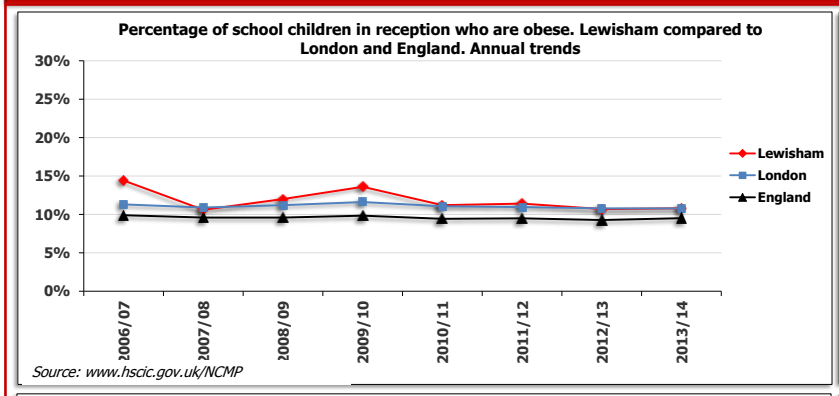
Health and Wellbeing Board Performance Metrics

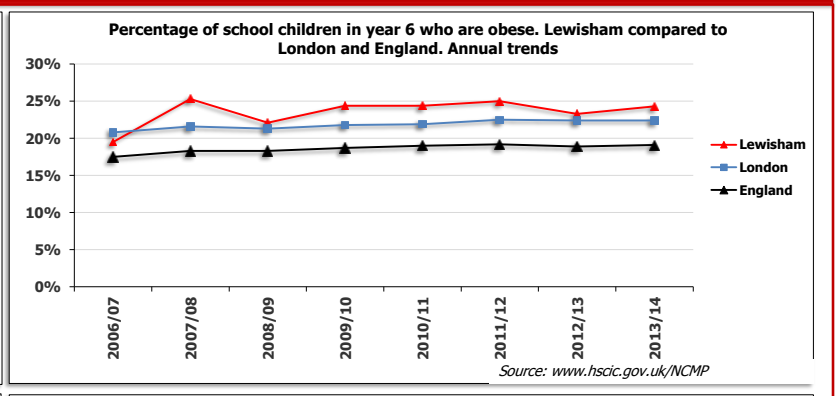
Indicator	Latest period of availiability	Lewisham	London	England	England Benchmark	Direction from Previous Period
Excess weight in Adults (%)	2012-13	61.2	57.3	63.8	similar	↑
Excess weight in Children - Reception Year (%)	2013-14	24.6	23.1	22.5	sig worse	↓
Excess Weight in Children- Year 6 (%)	2013-14	39.3	37.6	33.5	sig worse	↑
Breastfeeding Prevalence 6-8 weeks(%)	2014/15 (Q4)	73.4	51.6	42.9	sig better	↓

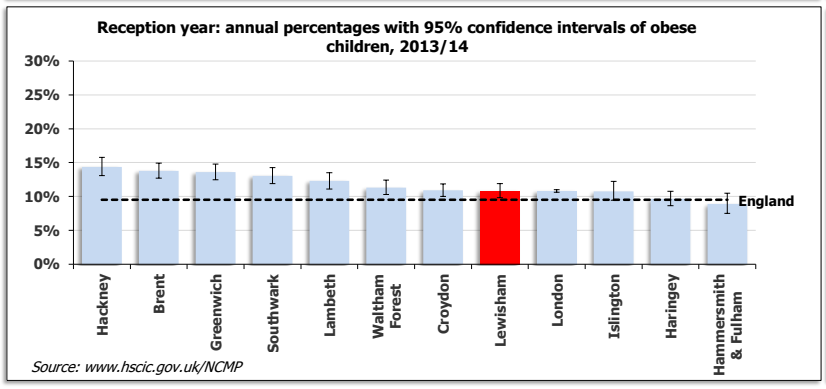
Performance Targets - Children

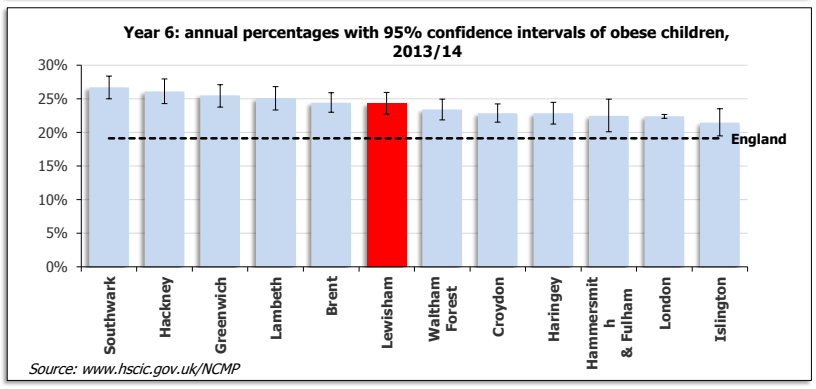
	Reception Year					Year 6				
	2007/08	2010/11	2011/12	2012/13	2013/14	2007/08	2010/11	2011/12	2012/13	2013/14
Percentage of children with height and weight recorded who are obese (target)	10.6%	10.9%	12.0%	12.3%	12.0%	25.3%	24.6%	24.3%	24.0%	24.0%
Percentage of children with height and weight recorded who are obese (actual)	10.6%	11.2%	11.4%	10.7%	10.8%	25.3%	24.4%	25.0%	23.3%	24.3%
Number of children with height and weight recorded	2,625	2,750	3,223	3,565	3,487	2,522	2,483	2,420	2,442	2,672
Percentage of children with height and weight recorded (target)	87.0%	87.4%	87.0%	87.0%	87.0%	89.0%	89.0%	89.0%	89.0%	89.0%
Percentage of children with height and weight recorded (actual)	87.0%	91.0%	92.5%	93.3%	95.5%	89.0%	91.6%	93.4%	91.9%	93.1%

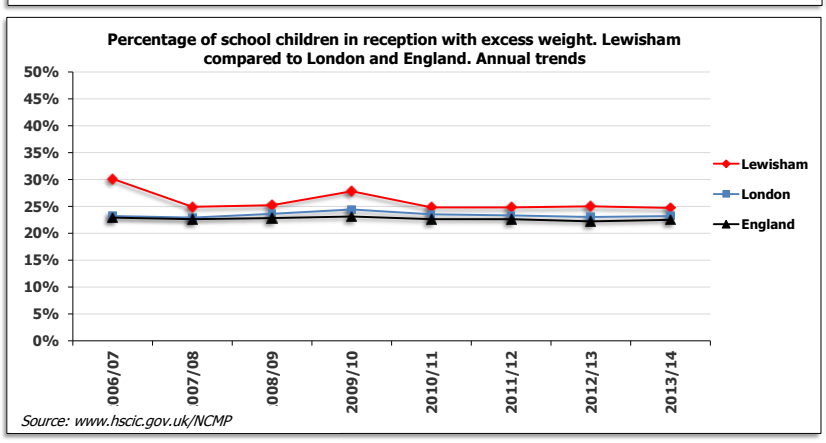
Trends/Benchmarks - Children

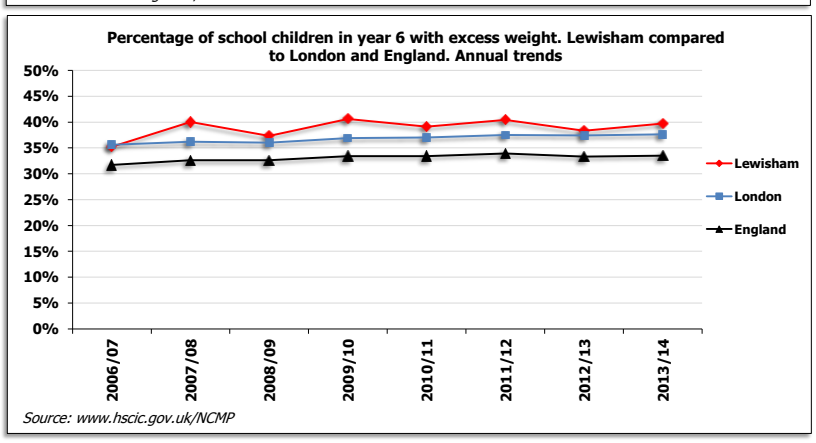


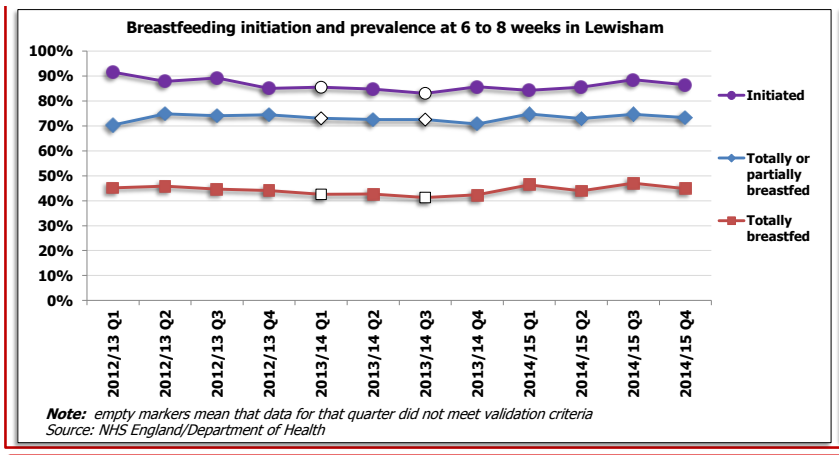




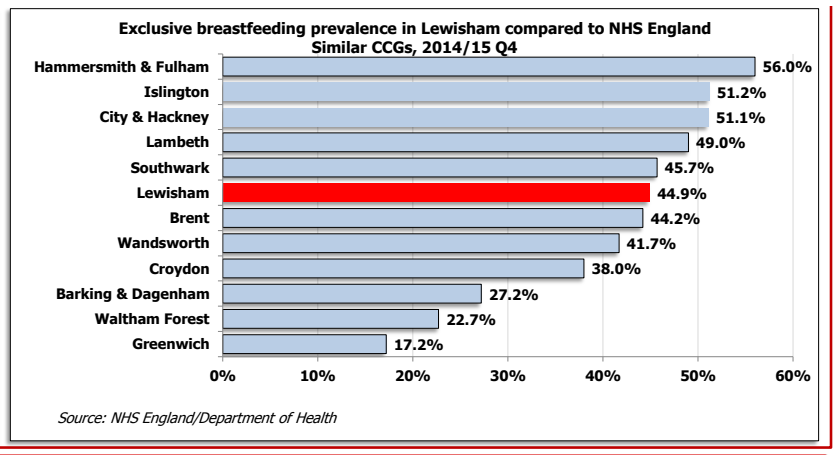






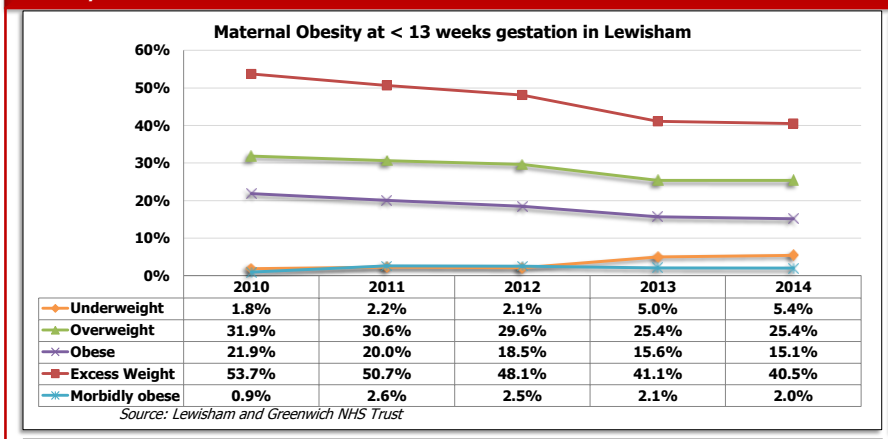


Note: *empty markers mean that data for that quarter did not meet validation criteria*
Source: NHS England/Department of Health



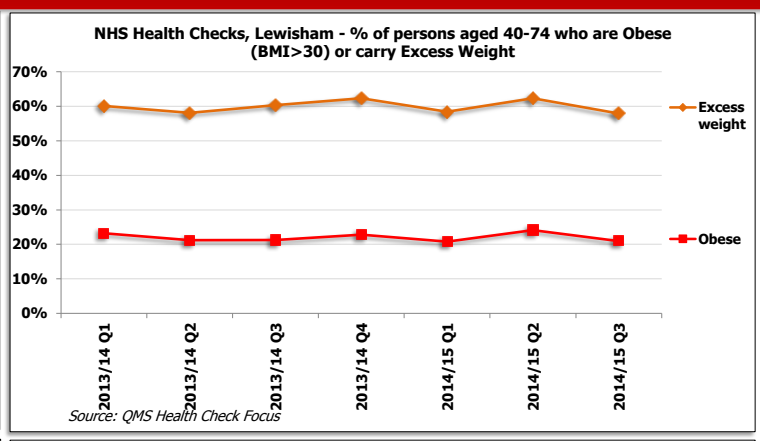
Source: NHS England/Department of Health

Trends/Benchmarks - Adults

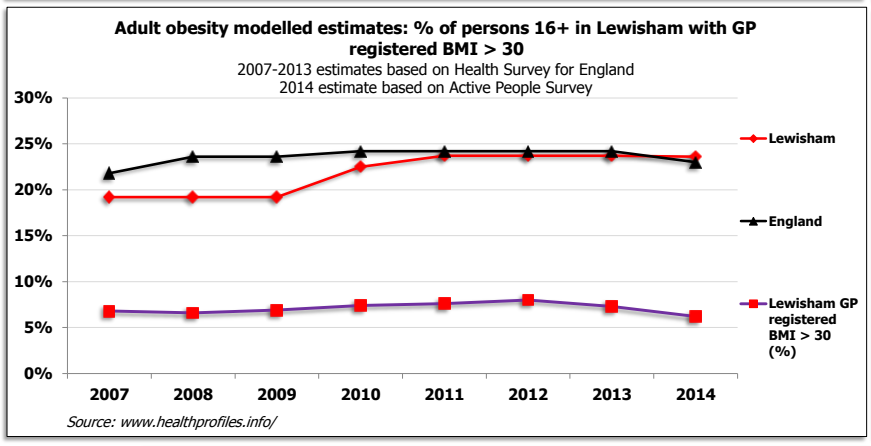


	2010	2011	2012	2013	2014
Underweight	1.8%	2.2%	2.1%	5.0%	5.4%
Overweight	31.9%	30.6%	29.6%	25.4%	25.4%
Obese	21.9%	20.0%	18.5%	15.6%	15.1%
Excess Weight	53.7%	50.7%	48.1%	41.1%	40.5%
Morbidly obese	0.9%	2.6%	2.5%	2.1%	2.0%

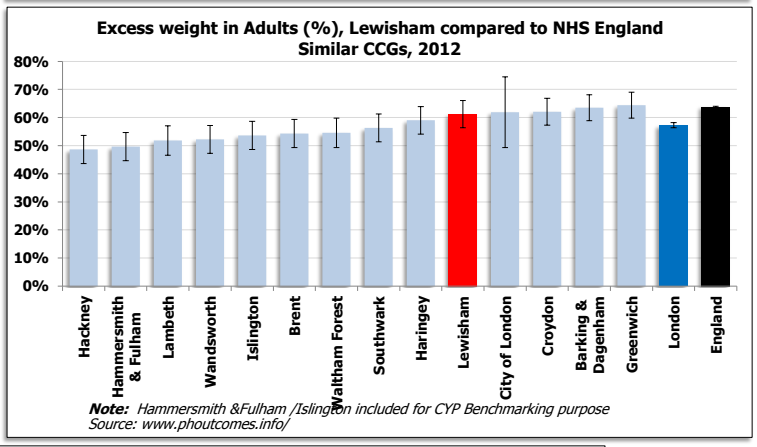
Source: Lewisham and Greenwich NHS Trust



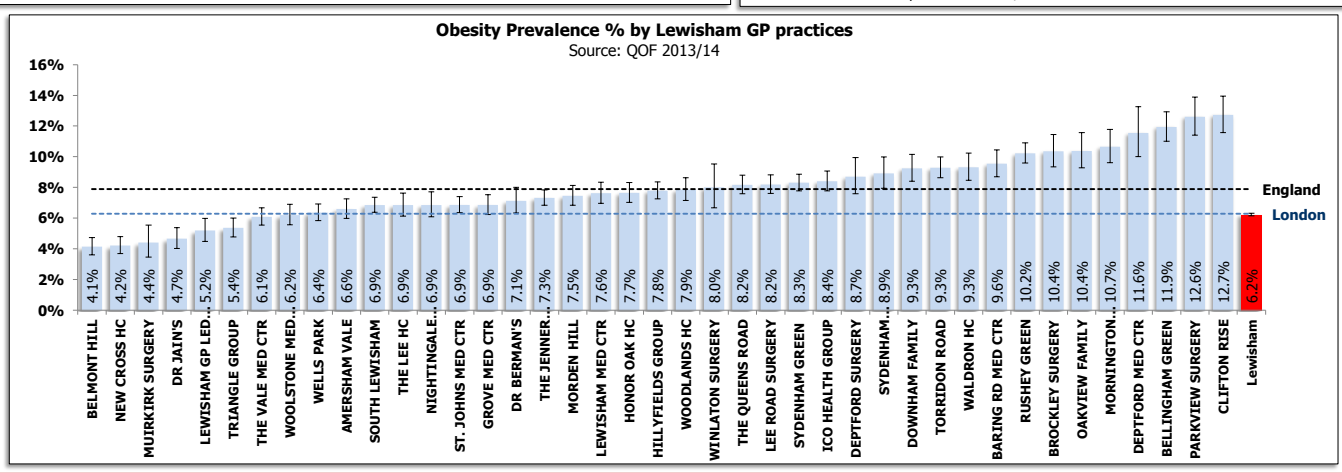
Source: QMS Health Check Focus



Source: www.healthprofiles.info/



Note: *Hammersmith &Fulham /Islington included for CYP Benchmarking purpose*
Source: www.phoutcomes.info/



Key Performance Indicators

Area		Indicator (and frequency of reporting)	Previous data Period	Previous data Value	Current data Period	Current data Value
Environment		Change 4 Life registrations (C4L)	2013/14	4	2014/15 Q2	0
		Change 4 Life supporter (C4L)	2013/14	1230	2014/15 Q2	110
		Use of outdoor space for exercise health reasons	2012/13	5.90%	2013/14	8.70%
		Planning applications for fast food outlets refused	2013/14	-	2014/15	5
		Number of participants attending community cookery courses	2013/14	99	2014/15	100
		Number of staff provided with information/advice on healthy eating as part of workplace health	2014/15 Q2		2014/15 Q3	
Training		Midwives attending maternal obesity training	2014/15 Q2	37	2014/15 Q3	47
		Health professional attending breastfeeding management training	2014/15 Q2	20	2014/15 Q3	28
		Participants attending nutrition/weight management training	2014/15 Q2	45	2014/15 Q3	86
Vitamin D		Number of children registered	2014/15 Q3	1509	2014/15 Q4	1456
		Number of children's drops issued	2014/15 Q3	3606	2014/15 Q4	4019
		Number of parents registered	2014/15 Q3	1328	2014/15 Q4	1278
		Number of tablets issued - pregnant women	2014/15 Q3	495	2014/15 Q4	474
		Number of tablets issued - post-natal women	2014/15 Q3	1489	2014/15 Q4	1669
School meals		% take-up KS1 Universal Infant FSM (yrs R,1,2) Month	Nov-14		Dec-14	
		% take-up KS2 paid school meals (yrs 3-6)	Nov-14	61.70%	Dec-14	62.70%
		% take-up KS2 free school meals (yrs 3-6)	Nov-14	84.30%	Dec-14	84.90%
		% take-up Secondary paid school meals (yrs 3-6)	Nov-14	22.80%	Dec-14	21.40%
		% take-up Secondary free school meals (yrs 3-6)	Nov-14	72.70%	Dec-14	72.70%
Weight management Children	Tier 2	Tier 2 (0-5 years) - recruited	2014/15 Q2	31	2014/15 Q3	35
		Tier 2 (0-5 years) - completed	2014/15 Q2	16	2014/15 Q3	17
	Tier 3	Tier 3 (0-16 years) - recruited	2014/15 Q2	104	2014/15 Q3	69
		Tier 3 (0-16 years) - completed	2014/15 Q2	35	2014/15 Q3	39
		Average BMI change	2014/15 Q2	-0.2	2014/15 Q3	-1.1
Weight management Adults	Weight Watchers	Weight watchers number referred	2014/15 Q2	379	2014/15 Q3	339
		% completed programme	2014/15 Q2	54%	2014/15 Q3	55%
		% completed with >5% weight loss	2014/15 Q2	48%	2014/15 Q3	48%
	Dietetic Weight Management Servce	number referred	2014/15 Q2	172	2014/15 Q3	85
		% completed programme	2014/15 Q2	60%	2014/15 Q3	48%
		>5% weight loss	2014/15 Q2	50%	2014/15 Q3	23%
		No increase in BMI at 12 months	2014/15 Q2	80%	2014/15 Q3	68%

Achievements

Breastfeeding**:** Community and maternity services achieved UNICEF Baby Friendly Initiative stage 2 award in 2014.

Nutrition initiatives: Implementation of a universal vitamin D scheme reached 30% of eligible women and 50% of infants under 1 year.

Physical activity: Implementation of the Let's Get Moving physical activity care pathway, and training of primary care staff and the wider community to deliver brief advice on physical activity.

Healthier built environment: The Development Management Local Plan (2014) now includes a DM policy (18) on hot food take-ways. This includes a restrictive policy based on an exclusion zone (400m) around schools and maximum percentages outside exclusion zones.

Obesity surveillance: High participation was achieved in the National Child Measurement Programme. Also weight management support, providing a range of programmes available for children and adults as part of a tiered referral pathway accessed by nearly 2,500 residents a year.

Public Health Outcomes: Increase Uptake of Immunisation

Key Messages

Improving levels of uptake of immunisation continues to be a challenge in Lewisham. As the responsibility for commissioning national immunisation programmes is now held by NHS England, the role of the Director of Public Health has also changed from being, in effect, the commissioner, to one of scrutiny and challenge of NHS England. However, increasing the uptake of immunisation is one of the priorities of the Be Healthy element of the Children and Young People's Plan and has been identified as one of its priorities by the Lewisham Health and Wellbeing Board.

Supporting local GP practices in maximising the uptake of immunisation is also one of the aims of Lewisham Clinical Commissioning Group in the context of preventing severe illness requiring admission to hospital, particularly illness due to Influenza or Pneumococcal disease, and in supporting local practices to provide high quality services. It is also the case that much effort is required at local level if the national immunisation programme is to be successful.

Despite continuing support at local level and some improvement in uptake of vaccines as a result, significant challenges remain. For example, uptake of the pre-school booster and of the second dose of MMR (MMR2) by the age of five. The local MMR pathway and a preschool booster pathway (which also aims to improve uptake of MMR2) have recently been re-launched.

Lewisham's uptake of flu vaccine in 2014/2015 was considerably better than in previous years. At the end January our uptake showed improvements for all the main groups targeted.

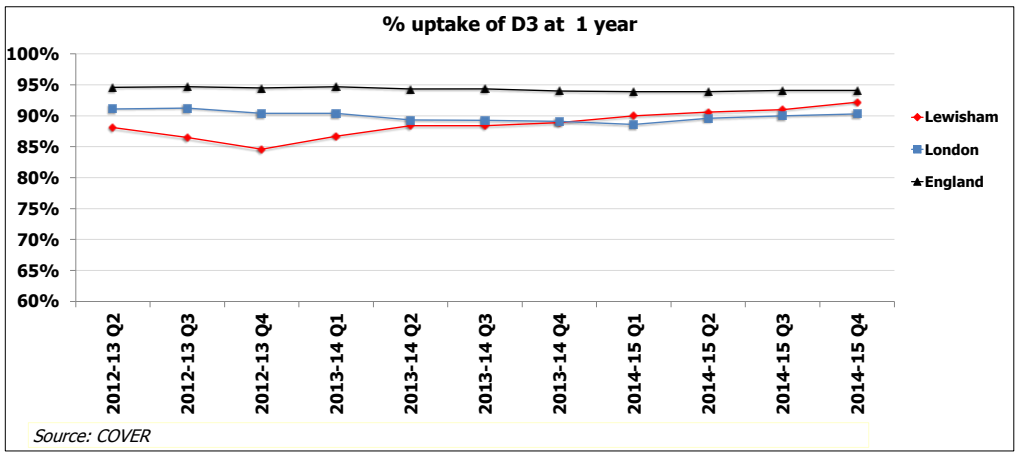
Lewisham's recent performance on preschool booster, though still short of target, has seen significant improvement.

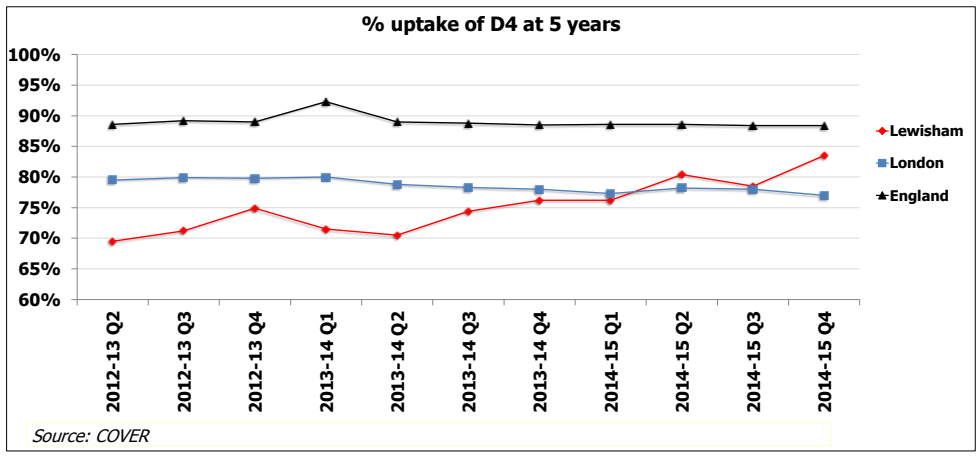
Lewisham is now at or above the London average for all COVER indicators, except for MMR2 at five years. MMR2 at five years remains a problem, but does reach over 90%

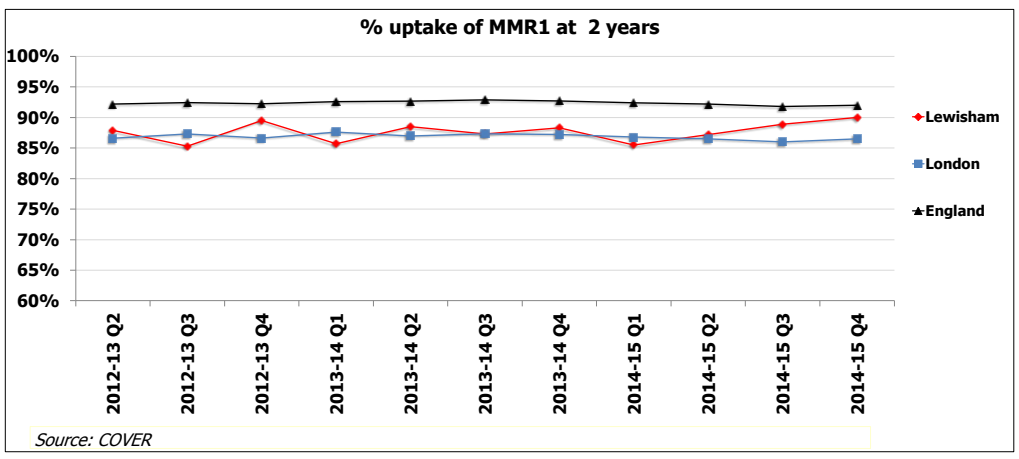
Health and Wellbeing Board Performance Metrics

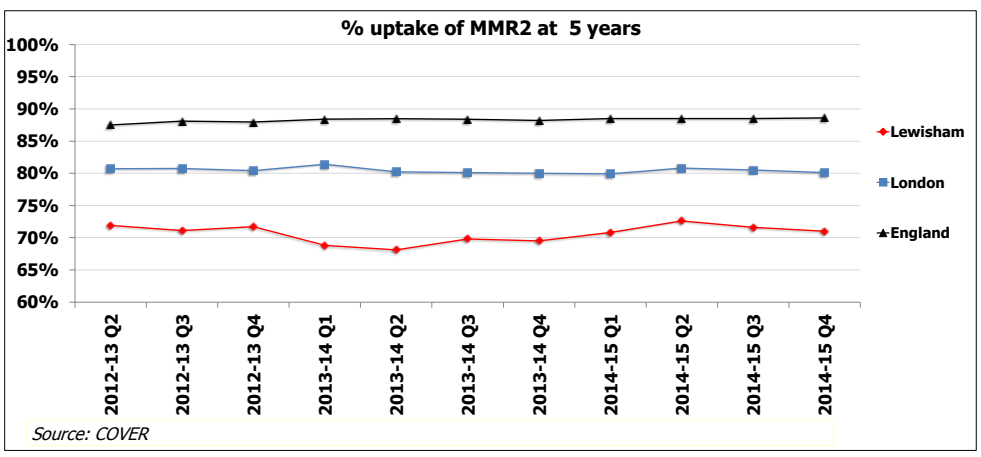
Indicator	Frequency	Latest period of availiability	Lewisham	London	England	England Benchmark	Direction of Travel
Uptake of the first dose of Measles Mumps and Rubella vaccine (MMR1) at two years of age	Quarterly	2014-15 Q4	90.0	86.5	92.0	low	↑
Uptake of the second dose of Measles Mumps and Rubella Vaccine (MMR2) at five years of age	Quarterly	2014-15 Q4	71.0	80.1	88.6	low	↓
Uptake of the third dose of Diptheria vaccine (D3) at one year of age	Quarterly	2014-15 Q4	92.2	90.3	94.1	low	↑
Uptake of the fourth dose of Diphtheria vaccine (D4) at five years of age	Quarterly	2014-15 Q4	83.5	77.0	88.4	low	↑
Uptake of Human Papilloma Virus (HPV) vaccine in girls in Year 8 in Lewisham Schools	Annual	2013-14	82.9	80.0	86.7	sig low	↓
Uptake of Influenza vaccine in those over 65 years of age	Annual	2014-15	71.4	69.2	72.8	similar	↑

Trends/Benchmarks









Source: COVER Data

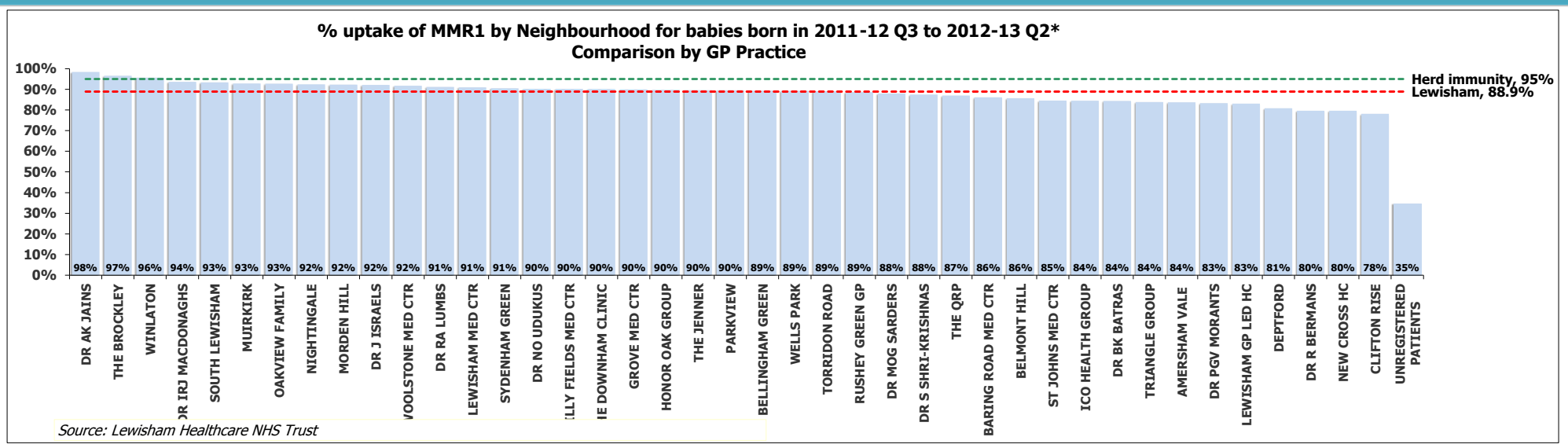
Percentage Uptake of Key Vaccines in Childhood

Vaccine	Target	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4	London (2014/15 Q4)	England (2014/15 Q4)
D3 at 1 year	91.9%	90.0%	90.6%	91.0%	92.2%	90.3%	94.1%
D3 at 2 years	N/A	92.3%	94.1%	94.2%	94.4%	92.6%	95.6%
MMR1 at 2 years	90.8%	85.5%	87.2%	88.9%	90.0%	86.5%	92.0%
Hib/MenC booster at 2 years	90.3%	83.1%	85.9%	86.9%	86.3%	86.3%	92.1%
PCV booster at 2 years	90.8%	83.8%	85.4%	87.3%	86.0%	85.7%	92.1%
D3 at 5 years	N/A	92.8%	94.7%	92.6%	93.9%	92.3%	95.7%
MMR1 at 5 years	N/A	89.3%	92.1%	89.8%	94.4%	90.5%	94.5%
D4 at 5 years	91.1%	76.2%	80.4%	78.5%	83.5%	77.0%	88.4%
MMR2 at 5 years	91.1%	70.8%	72.6%	71.6%	71.0%	80.1%	88.6%

Notes

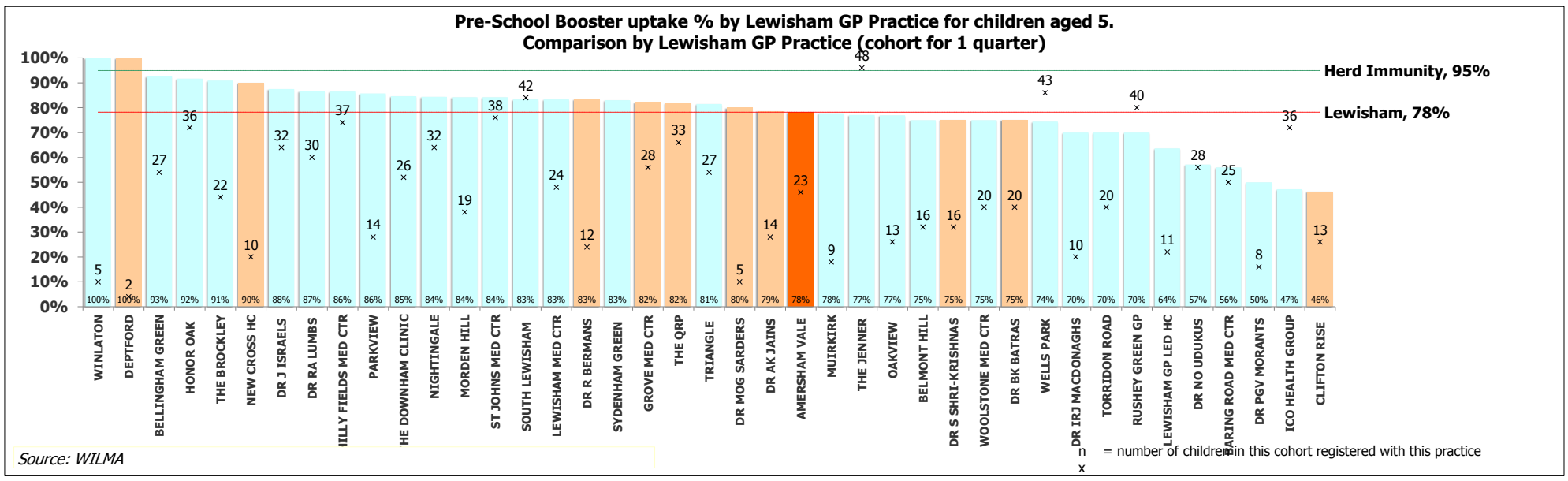
- London and England data are for the quarter for which this information is available.
- Uptake of the third dose of Diphtheria vaccine(D3) is an indicator of completion of the primary course of immunisation of children under 12 months that aims to protect children against diphtheria, tetanus, whooping cough, polio, Haemophilus influenzae b and Group C Meningococcus.
- MMR aims to protect children against measles, mumps and rubella. Two doses are required: MMR 1 at 12 months and MMR 2 at any time after three months have elapsed since MMR1, but before five years of age.
- Hib/ MenC and PCV boosters (bstr) are given at 12 months and aim to protect children against Haemophilus influenzae B, Group C Meningococcus and Pneumococcus. These are relatively new to the programme – hence the apparent rapid increase in uptake of these vaccines.
- D4 is the fourth dose of diphtheria vaccine. This is a key component of the preschool booster, which should be given at any time from the age of three years and four months but before the child starts school. The preschool booster completes the protection of children against diphtheria, tetanus, whooping cough and polio.

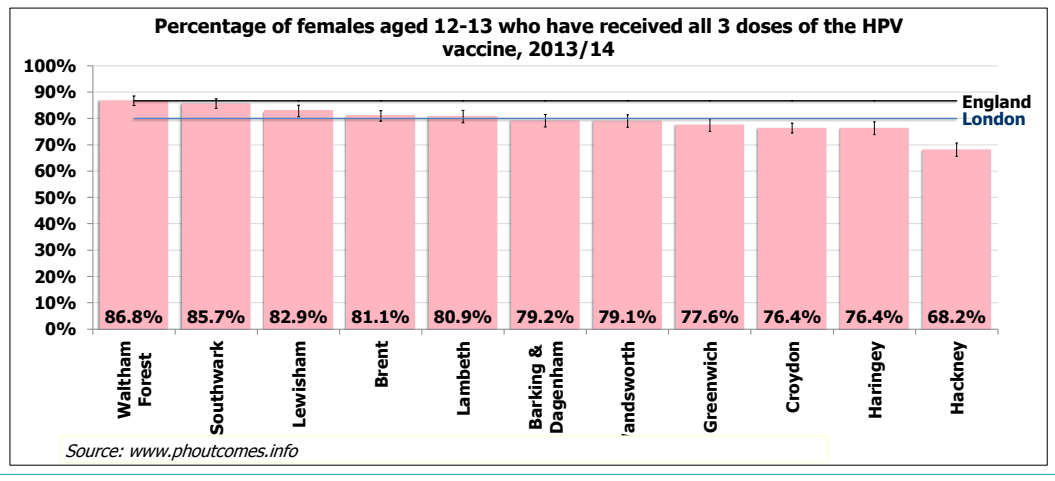
Supporting Information

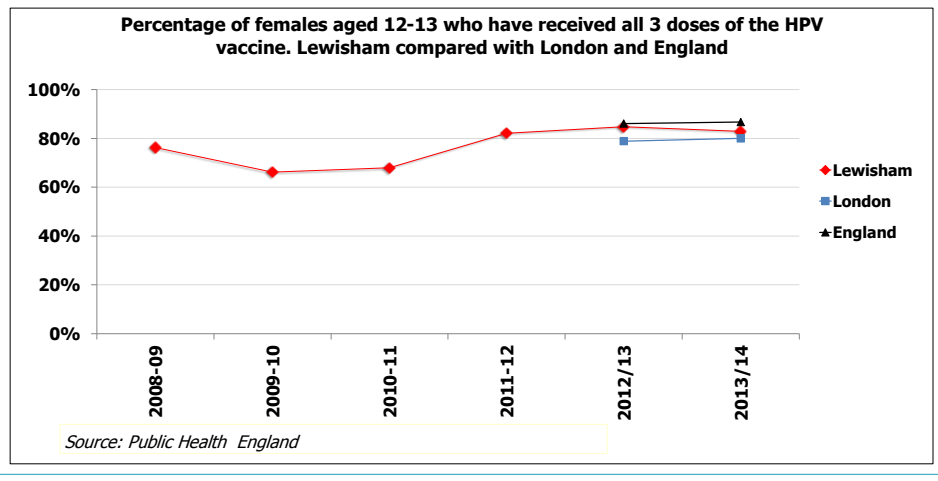


% uptake of MMR1 by Neighbourhood for babies born in 2011-12 Q3 to 2012-13 Q2 Comparison by GP Practice				
Neighbourhood 1	Neighbourhood 2	Neighbourhood 3	Neighbourhood 4	Lewisham
85.6%	89.3%	89.8%	89.9%	88.9%

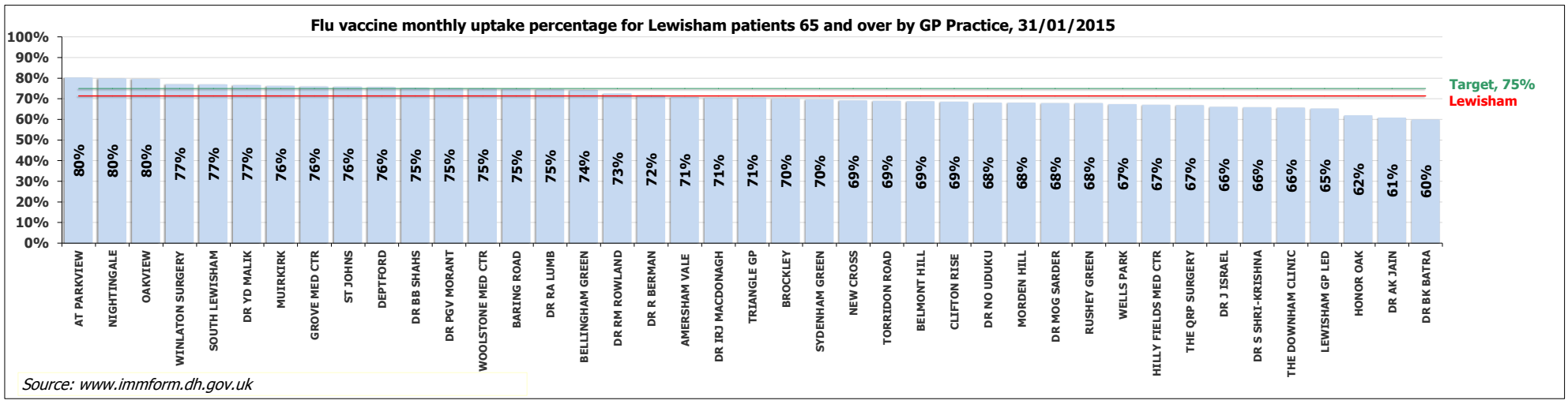
* This illustrates the relative performance of practices in ensuring children receive their first dose of MMR. It is based on the most recent and complete data for a 12 month (4 quarters) period.







Influenza Vaccination



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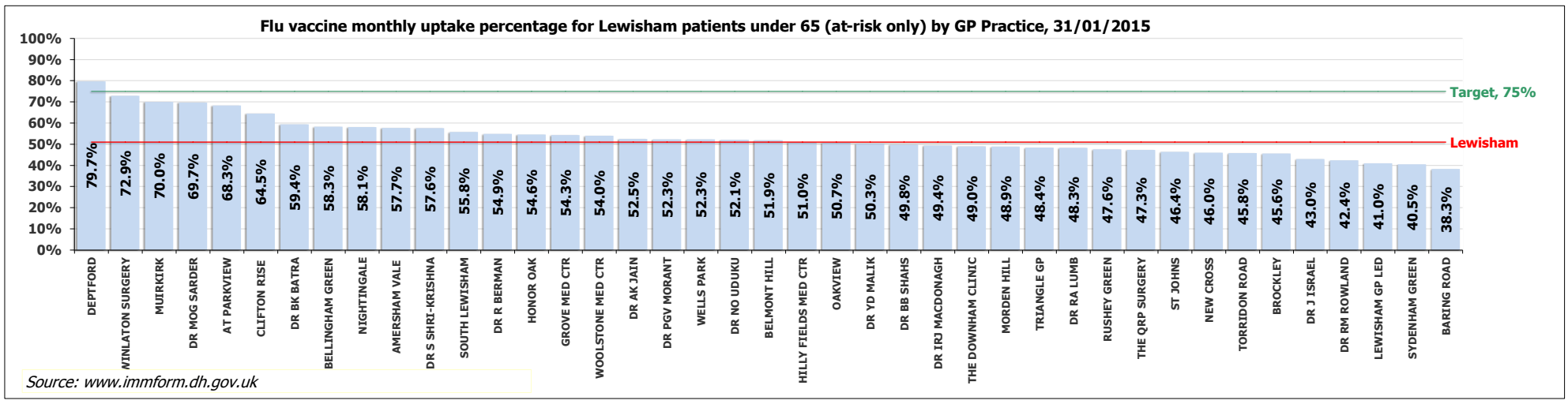

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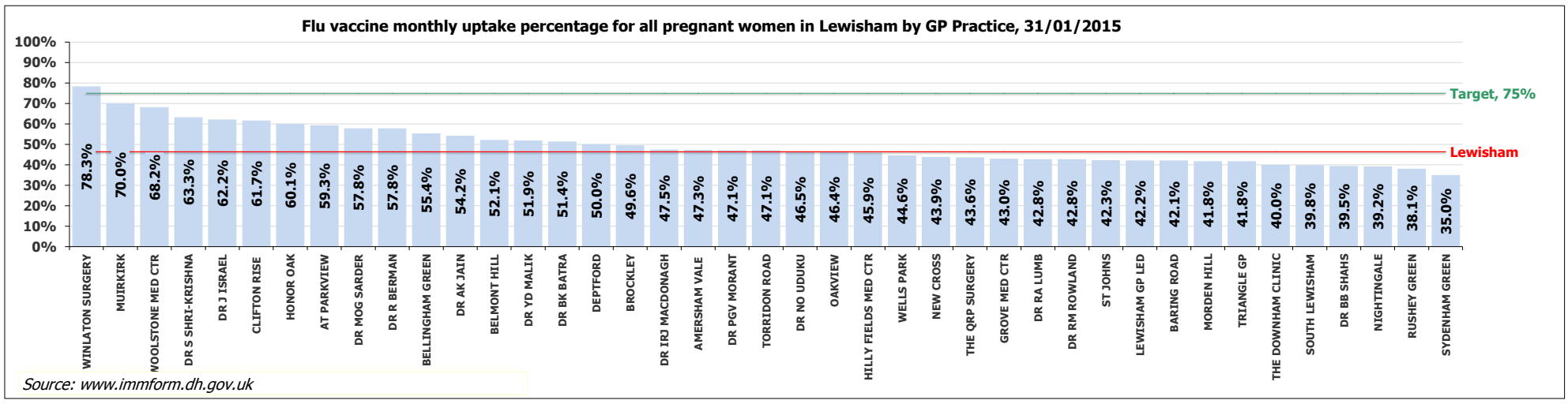

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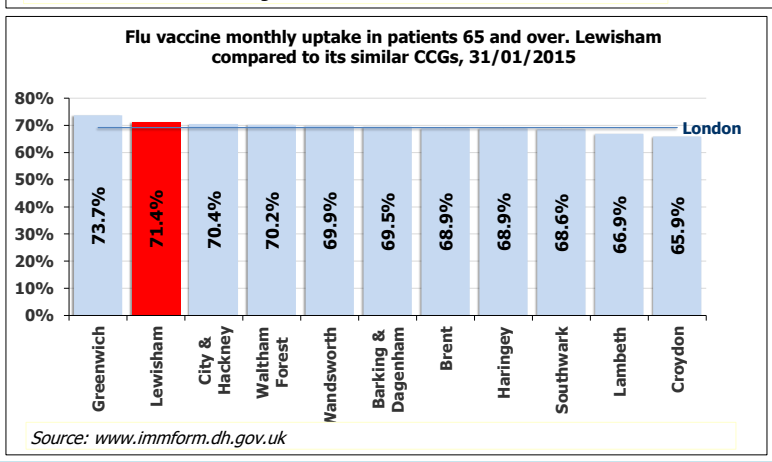

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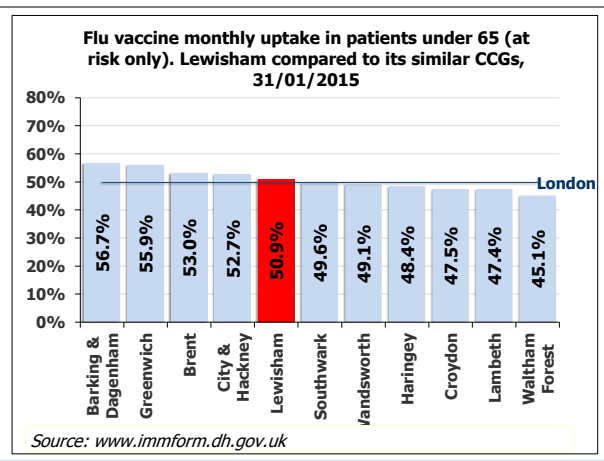

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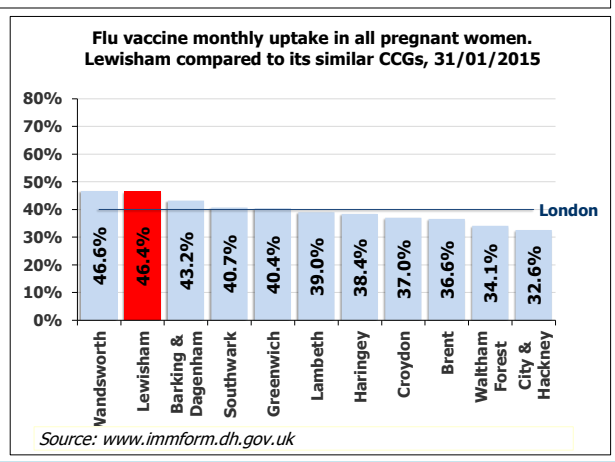


Source: www.immform.dh.gov.uk

Achievements

·Uptake of the third dose of HPV Vaccine is peforming well relative to London
·Lewisham's uptake of flu vaccine is improving, counter to the general trend. Lewisham compares favouably against other South East London areas. An area of particular success is the improved uptake for pregnant women.
·All Diphtheria vaccinations are outperforming London, particular success has been made with the pre-school booster
·Immunisations remains a high profile issue across the partnership

Public Health Outcomes: Maternal & Child Health

Key Messages

Pregnancy
Early access to maternity care is a national key performance indicator with a national target of 90% (women booked for maternity care by 13 weeks of pregnancy). Lewisham borough rate is 92% but UHL is 84.7%. A recent audit done by Pauline Cross and a UHL midwifery manager found significant system and process issues as well as particular groups of women for whom specific interventions can be designed.
Maternal obesity increases the risk of poor pregnancy outcomes and is a risk factor for childhood obesity

Birth
The rate of low birthweight in Lewisham has declined significantly over the past eight years and is now comparable to London as a whole. Despite this the Lewisham rate of low birthweight is still significantly greater than the country as a whole. Maternal smoking is the single biggest contributor to low birthweight. Also, a significant proportion of low birthweight babies are pre-term. Extreme prematurity is the single most important cause of mortality in childhood in Lewisham.

Antenatal and Newborn Screening
Assurance systems for the antenatal and newborn screening programme have recently been reviewed following discussions with NHSE and PHE. UHL is meeting most screening KPIs with the exception of newborn bloodspot avoidable repeats, referral of Hepatitis B positive women to specialist services and timely testing of partners when women are found to be of sickle cell disease carrier status. One case of congenital rubella has recently been reported in a Greenwich resident baby who delivered at UHL. Preliminary findings indicate this mother did not have a previous pregnancy in the UK and therefore local screening processes are unlikely to have been implicated.

Mortality
In the past, perinatal mortality and in particular stillbirth rates, have been significantly higher in Lewisham than in England and London as a whole. Most recent data suggests that local infant and child mortality rates are now similar to the England average. Continued scrutiny of these important indicators of maternal and child health are necessary.

Promoting a Healthy Weight
Maternal healthy eating and physical activity is key to promoting healthy weight in children. A 2015/16 Maternity CQUIN has been devised in order to improve the pregnancy care pathway for women identified as being overweight or obese when booking for maternity care.'
Breastfeeding rates improved in 2014/15 for both initiation and prevalance at 6-8 weeks. Actions to increase breastfeeding rates include working towards UNICEF Baby Friendly accreditation in the borough. The community and hospital achieved stage two accreditation in 2014 and are jointly working towards achieving stage 3 in October 2015. Children's centres have also registered their intention to work towards Baby Friendly accreditation so that they can work more closely with health visitors and maternity services in supporting mothers to breastfeed.
Childhood obesity: Rates remain significantly higher than the England rate and for 2013/14 Lewisham remains in the top quintile (highest) of Local Authority obesity prevalence rates for Year 6. Reception year performance has improved and Lewisham is now in the second quintile. As in previous years the proportion of obese children in Year 6 was more than double that of Reception year children, similar to the national results. Local analysis of the data reveals that for the eight years data has been collected (2006/7 to 2013/14) there is slight variability but no consistent trend over the period in obesity rates in either cohort of children.

Injury
Locally, the rate of admission of children to hospital due to injury of any kind has increased over recent years. This rise is counter to the nation decline in such admissions. The numbers of deaths and serious injuries of Lewisham children on the roads, on the other hand, has declined in recent years and is now directly comparable to rates in London and in England as a whole. The rise in admissions, therefore requires further investigation.

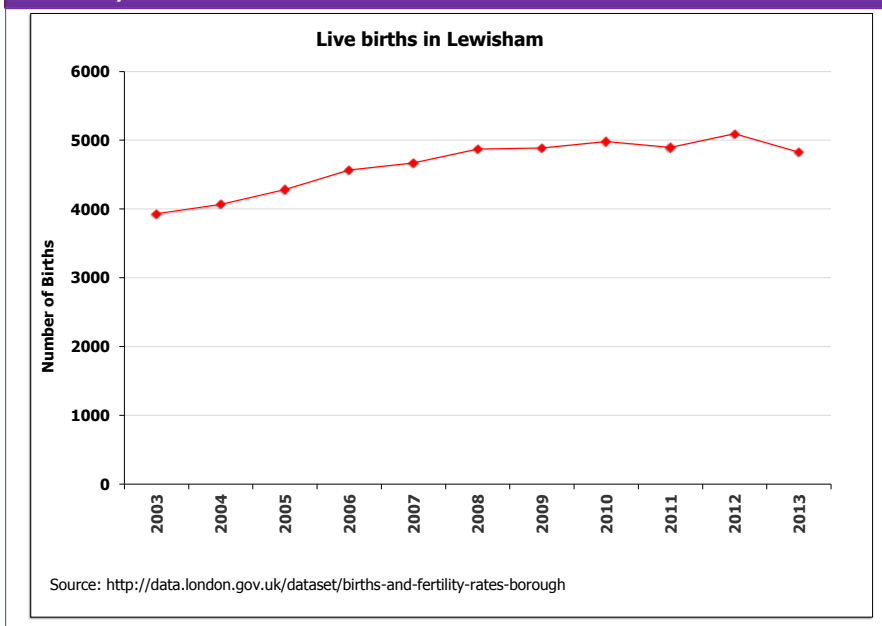
Sexual Health
Sexual transmitted infections (STIs) are high, with a particularly dramatic increase in gonorrhoea. Although teenage pregnancy rates have been steadily decreasing Lewisham's teenage pregnancy rate remains amongst the highest in London. Abortion rates are high and appear to be increasing and there is a high rate of repeat abortion.

Mental Health
Lewisham children are at high risk of mental health problems, because of high levels of maternal mental health problems, and high levels of poverty in childhood and of domestic violence witnessed by children. There is also insufficent provision of Tier I and II Child and Adolescent Mental Health Services (CAMHS). It is hoped that increased national investment in related services and a successful local bid for Headstart funding from the Big Lottery Fund will help fill the gaps in services and improve the mental health and well-being of children in the critical period between 10 and 14 years of age. Maternal mental health services are being reviewed by the NHS in SE London. and locally there is a work improvement programme aimed at improving information about available support for women with mental health problems in pregnancy or after birth, supported by Lewisham Maternity Services Liaison Committee(MSLC).

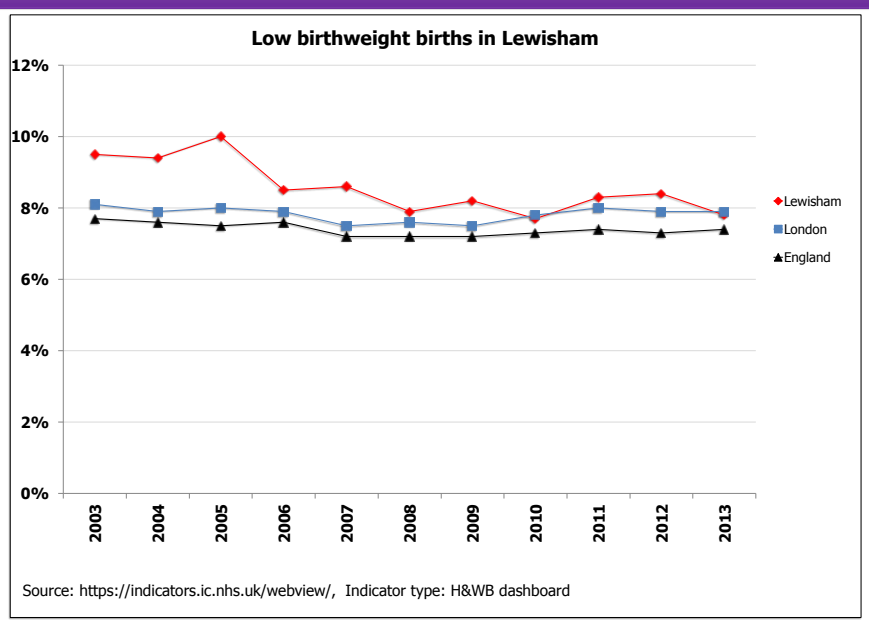
Health and Wellbeing Board Performance Metrics

Indicator	Latest period of availability	Lewisham	London	England	England benchmark	Direction from previous period
Children in Poverty (%)	2012	27.7	23.7	19.2	sig worse	
Infant Mortality (%)	2011-13	4.6	3.8	4	similar	
Low Birth Weight of Babies (%)	2013	7.8	7.9	7.4	similar	
Excess weight in Children - Reception Year (%)	2013-14	24.6	23.1	22.5	sig worse	
Excess Weight in Children- Year 6 (%)	2013-14	39.3	37.6	33.5	sig worse	
Breastfeeding Prevalence 6-8 weeks(%)	2014/15 (Q4)	73.4	51.6	42.9	sig better	
Smoking at time of delivery (%)	2014/15 (Q4)	5.0	5.2	11.1	sig better	
Teenage conceptions (rate per 1000 15-17 year olds)	Mar-14	23.2	22.5	23.9	similar	

Trends/Benchmarks



Source: http://data.london.gov.uk/dataset/births-and-fertility-rates-borough



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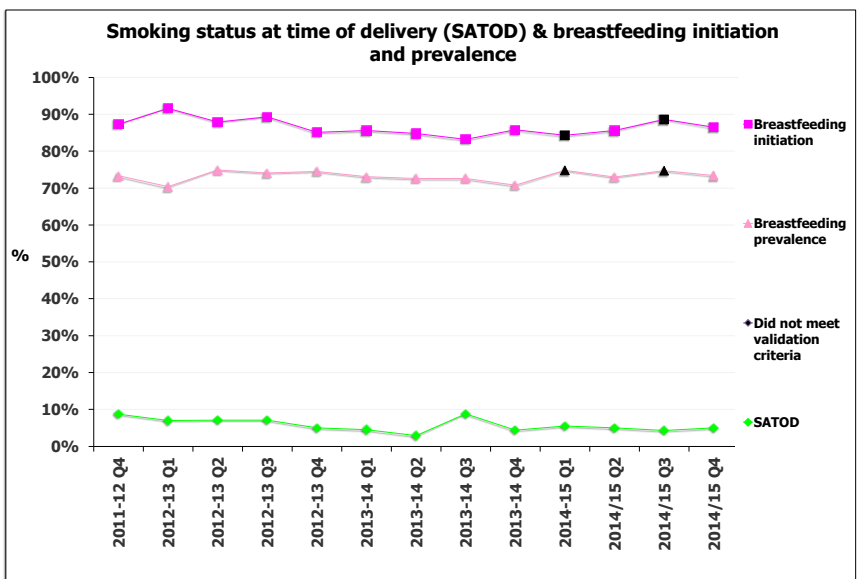

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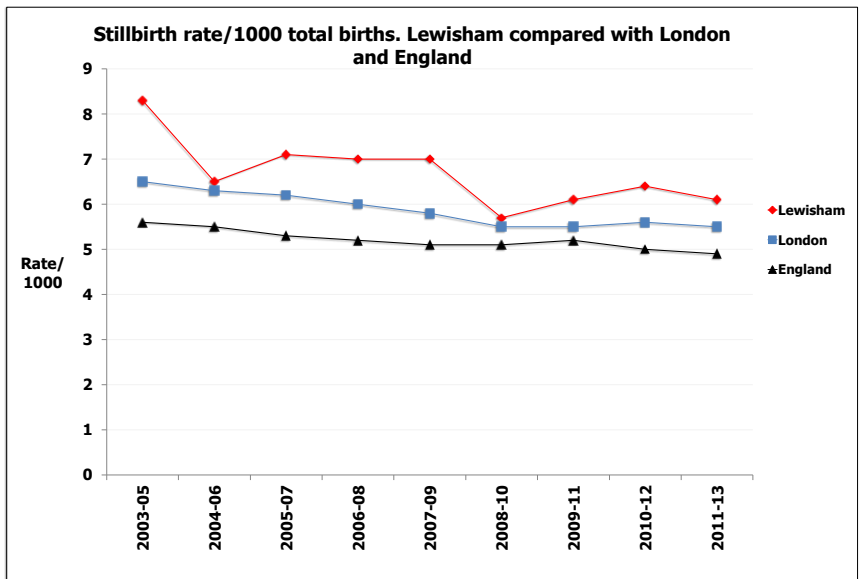

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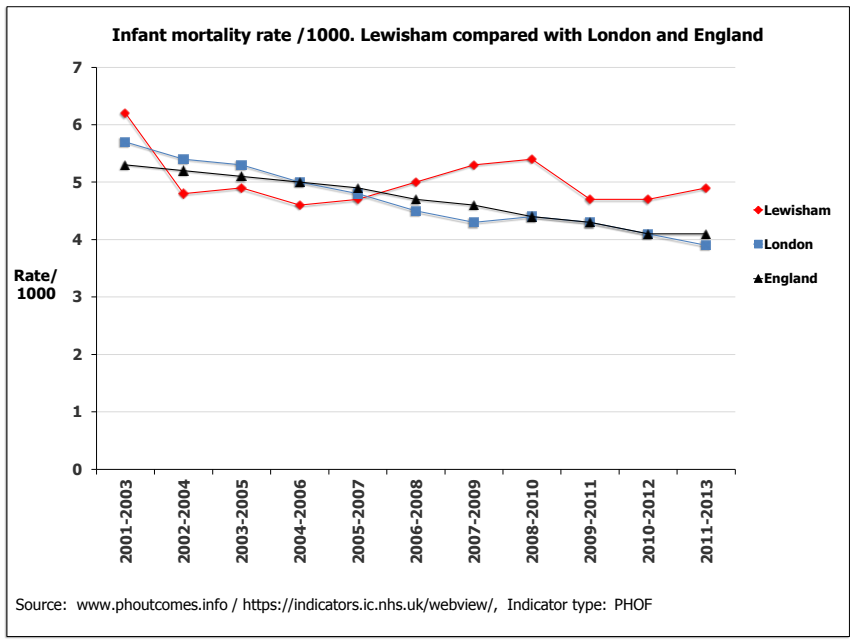

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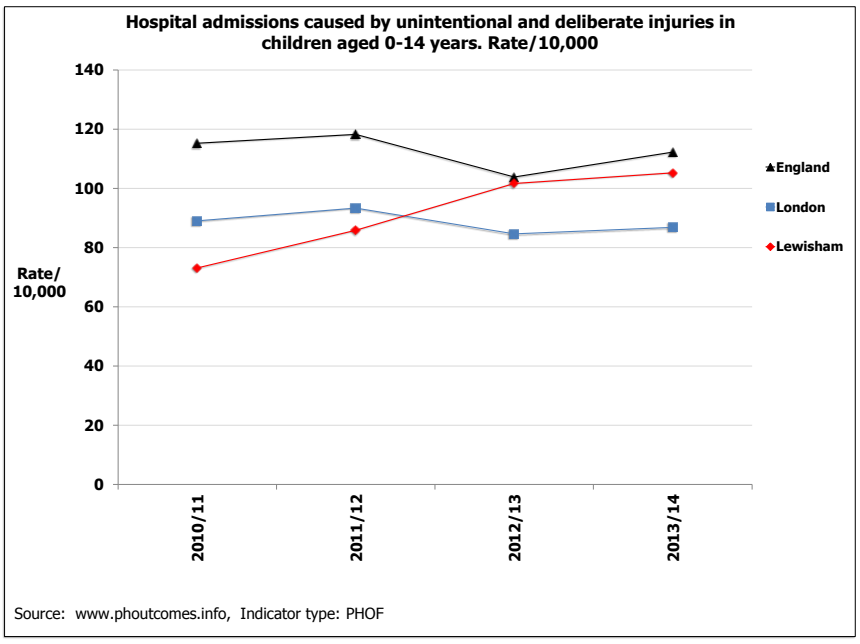

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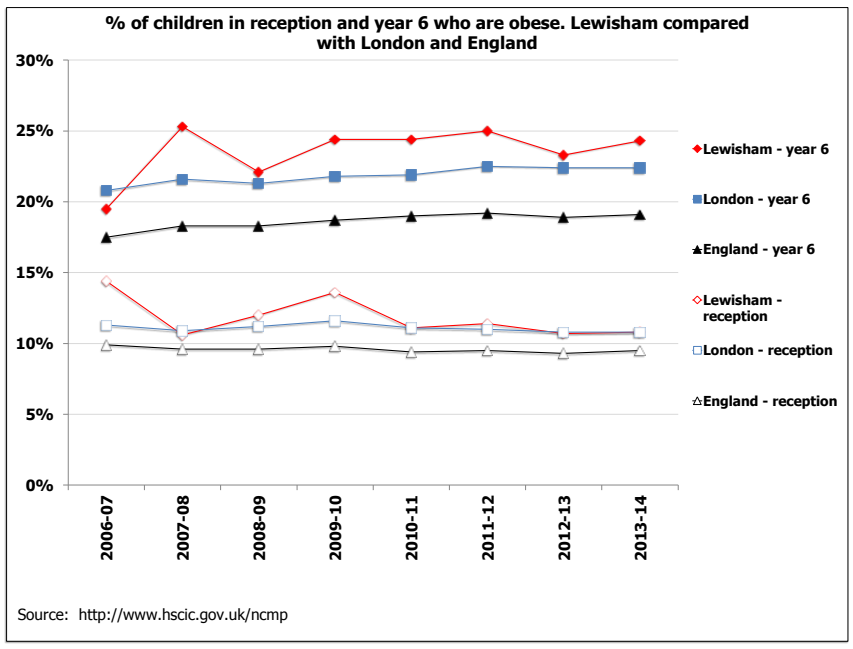

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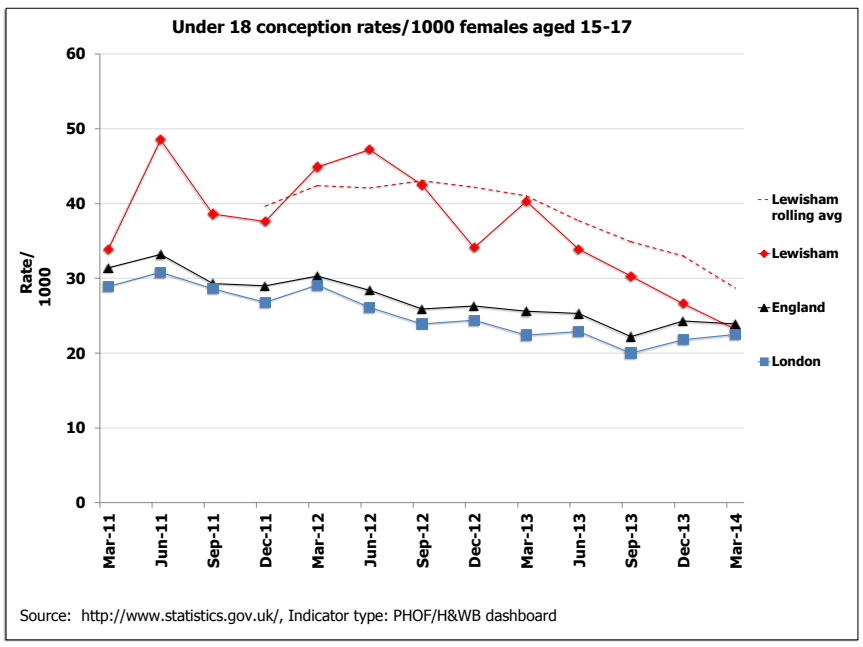

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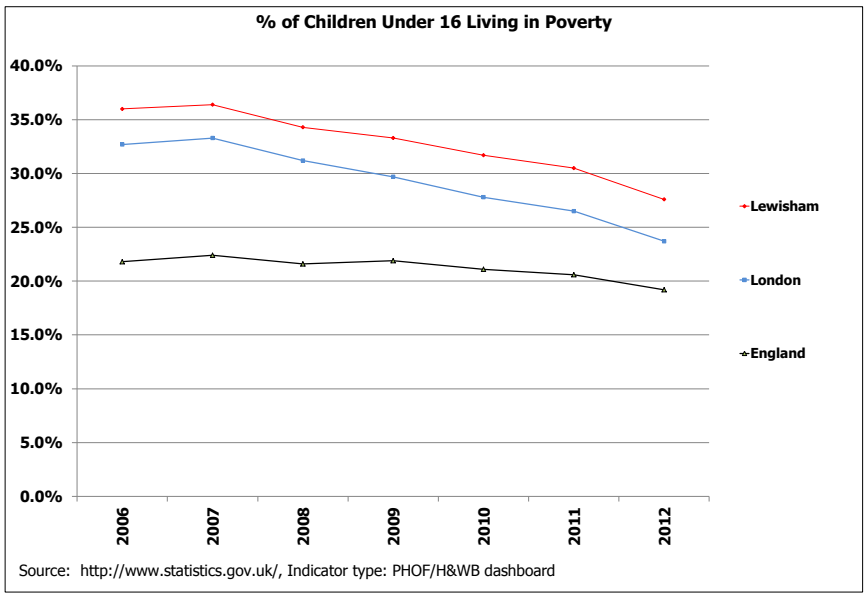
Contextual Information



Source: http://www.statistics.gov.uk/, Indicator type: PHOF/H&WB dashboard

Population Data

Measure	Goal	Lewisham	London	England	Period	Comment
Number of Births (all births)		4850	129,017	701,796	2013	
Bookings>12+6	90%	92.8%	87.7%	96.1%	2014/15 Q3	
Stillbirth Rate/1000	5.5	6.1	6	4.9	2011-13	
Neonatal Mortality Rate/1000	3	3.1	3	2.9	2011-13	
Infant Mortality Rate/1000	4.5	4.9	4	4.1	2011-13	
Low birth-weight births	7.2%	7.8%	7.9%	7.4%	2013	
Maternal Smoking Status At Time Of Delivery	5.4%	5.0%	5.2%	11.1%	2014/15 Q4	
Breastfeeding Initiation	89.3%	86.5%	85.6%	74.3%	2014/15 Q4	
Breastfeeding Prevalence at 6-8 weeks	77%	73.4%	51.6% *	42.9%	2014/15 Q4	* indicates data did not meet validation criteria
NB Hearing Screen within 5/52 (NH1)	95%	98.5%	96.8%	98.0%	2014/15 Q2	
NB Hearing Screen within 3/12						
NBBS Coverage by 17/7 (NB1)	95%	94.4%	97.6%	96.4%	2014/15 Q2	
NBBS-%parents informed by 6/52 (NB3)	95%	99.3%	98.7%	99.4%	2014/15 Q2	
Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years. Rate/10,000		101.6	84.6	103.8	2012/13	
Uptake of healthy start vitamin D - Children registered	25%	1456			2014/15 Q4	
Uptake of healthy start vitamin D - Mothers registered	25%	1278			2014/15 Q4	
Childhood obesity - Reception	12.2%	10.8%	10.8%	9.5%	2013/14	N=376
Childhood obesity - Year 6	24.0%	24.3%	22.4%	19.1%	2013/14	N=649
Children aged 5 with 1 or more DMFT		21.9%		27.9%	2011/12	
Hospital admissions for asthma (under 19 years). Rate/100,000		388.6		221.4	2012/13	
Child mortality 1-17 years DSR/100,000		11.8		12.5	2010/12	

*** Data did not meet validation criteria**

Lewisham Healthcare (Trust) Data

Measure		Goal	Most recent data	Period	Red flag? (Y/N)	Previous Data	Period	Comment
Activity								
Number of births per month (maternities)		350	308	Feb/2015	Y	261	Feb-2014	
% Bookings > 12+6		90%	82.1%	Feb/2015	Y		Feb-2014	No data on scorecard for corresponding month of previous year
Preterm births	< 37 weeks		12%	2013/14				
	< 32 weeks		3%	2013/14				
Total C/S rate (planned and unscheduled)		<24%	26.0%	Feb/2015	Y		Feb-2014	No data on scorecard for corresponding month of previous year
Stillbirths >= 24 weeks (number)		0	2	Feb/2015	N			
Public Health Indicators								
Smoking status at time of delivery		5%	4.2%	Feb/2015	N	9.6%	Feb/2014	
Breastfeeding initiation		95%	86.7%	Feb/2015	N	86.0%	Feb-2014	
Obese mothers			15.1%	Jan-Jun 2014		16.6%	Jan-Jun 2013	
Morbidly obese mothers			2.1%	Jan-Jun 2014		2.0%	Jan-Jun 2013	
Screening								
Antenatal HIV testing coverage (ID1)		90%	100.0%	2014/15 Q2	N			
Antenatal Hep B Referral in 6/52		70%	87.5%	2013/14 Q4	N			Only national and regional level data available for 2014/15 Q1 & Q2
Down's Syndrome Form Complete (FA1)		97%	96.9%	2014/15 Q2	N			
Antenatal (AN) Sickle cell and Thalassaemia (SCT) coverage (ST1)		95%	100.0%	2014/15 Q2	N			
Avoidable Repeat NB Blood Spot (NB2)		2%	3.2%	2014/15 Q2	Y			

Achievements

There was a slight reduction in the proportion of Reception aged children with excess weight in 2013/14.
Breastfeeding rates remain significantly higher than England
Funding was secured for Lewisham Health Visitors to be trained in the Maternal Early Childhood Sustained Home-visiting (MESCH) programme, a structured programme of sustained nurse home visiting for families at risk of poorer maternal and child health and development outcomes. It was developed as an effective intervention for vulnerable and at-risk mothers living in areas of socio-economic disadvantage. The programme launched in June 2015 and Lewisham is the only area of London to be running the programme.
Lewisham was also successful in securing Headstart funding, the programme has a focus on building resilience and young people, and has an emphasis on workforce and practitioner skills development.

Public Health Outcomes: Mental Health

Adult Mental Health

Key Messages

- There are higher rates of mental illness in Lewisham compared to London and England as a whole, although they are similar to those of our neighbouring boroughs. As a result there are high levels of service usage and spending on mental health in the borough.
- Prevalence of Serious Mental Illness is also higher than London and England.
- The new community mental health service structure aims to support recovery, prevent relapse and crisis and enable service users where appropriate to step down from specialist mental health care to primary care.
- The impact of the new structure on quality of care and outcomes will be carefully monitored.
- Suicide has increased marginally, however the rate remains lower than England and number are small.

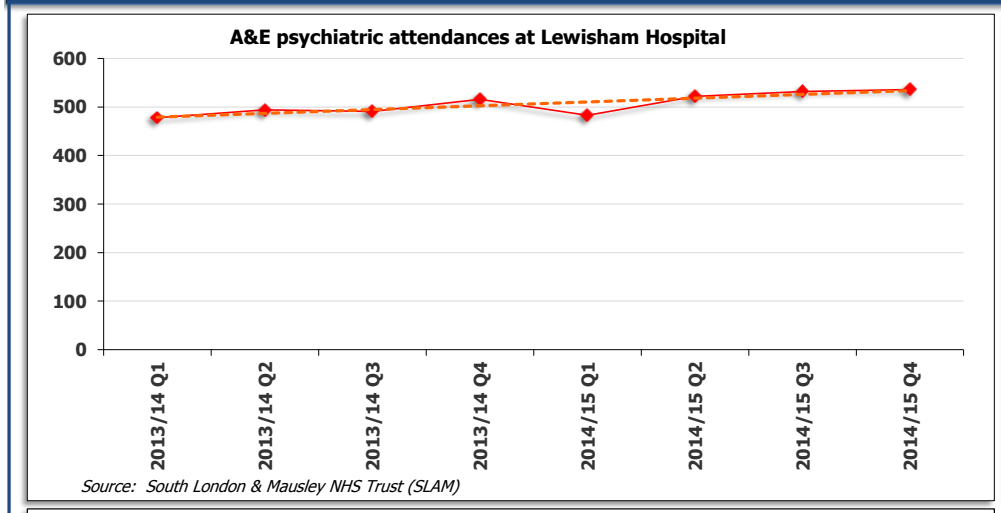
Health and Wellbeing Board Metrics

Indicator	Latest period of availiability	Lewisham	London	England	England Benchmark	Direction from Previous Period
Under 75 mortality rates for those with serious mental illness (DSR per 100,000 pop)	2012-13	692	-	1,319	sig lower	↓
Prevalence of Serious Mental Illness (%)	2013-14	1.2	1.0	0.8	-	→
Prevalence of Dementia (%)	2013-14	0.4	0.4	0.6	-	↑
Prevalence of Depression (%)	2013-14	4.8	4.4	6.5	-	↓
Suicide rates (DSR per 100,000 pop)	2011-13	8.1	7.2	8.8	similar	↑
Self-reported well-being - people with a low happiness score	2013-14	8.1	9.6	9.7	similar	↓

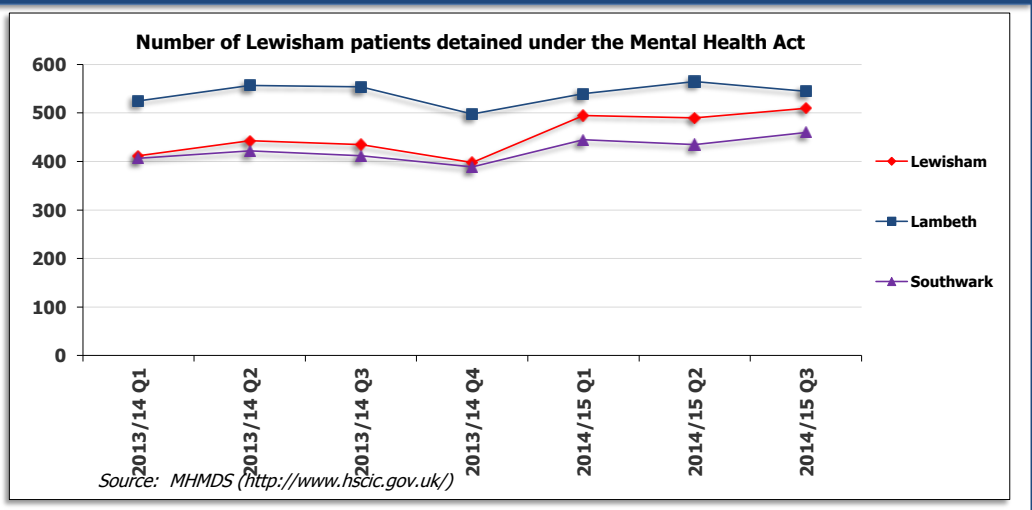
Activity Performance

Taking a 3 year average for 2011-13 the directly age-standardised rate for suicide per 100,000 population was 8.1, compared to 7.2 in London and 8.8 in England
In quarter one of 2013/14 the rate of people on a Care Programme Approach (CPA), which is is higher in Lewisham at 7.96 per 1,000 population compared to 5.31 per 1,000 in England and 5.57 in London. Only 3.3% of the people on a CPA in Lewisham were in employment. This is compared to 4.8% in Southwark and 6.5% in Lambeth. The figure is 7% for England

Trends/Benchmarks



Source: South London & Mausley NHS Trust (SLAM)



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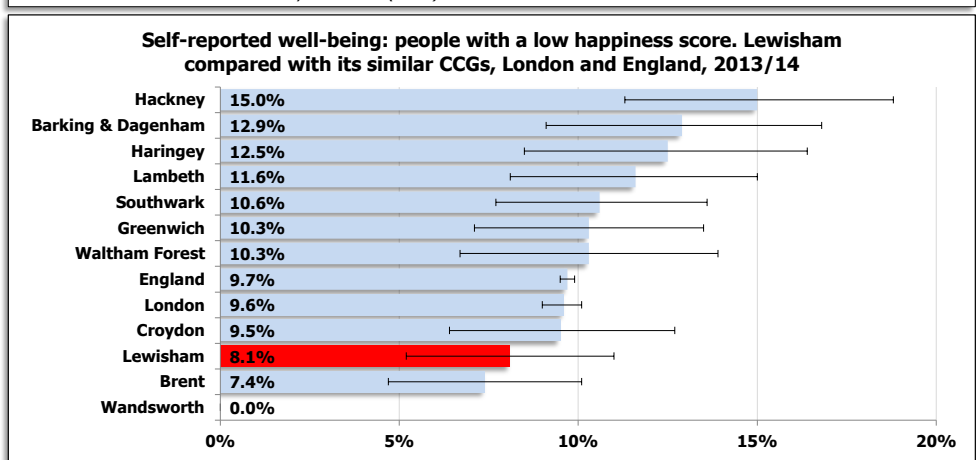

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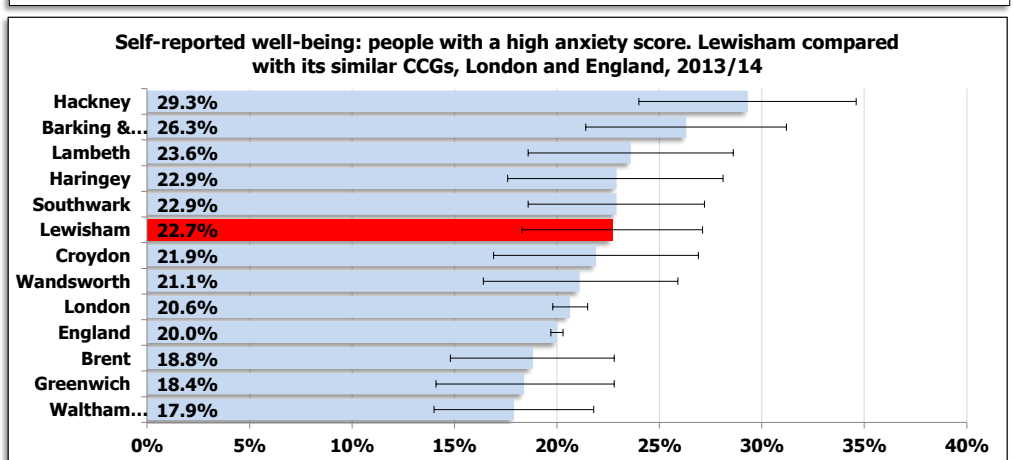

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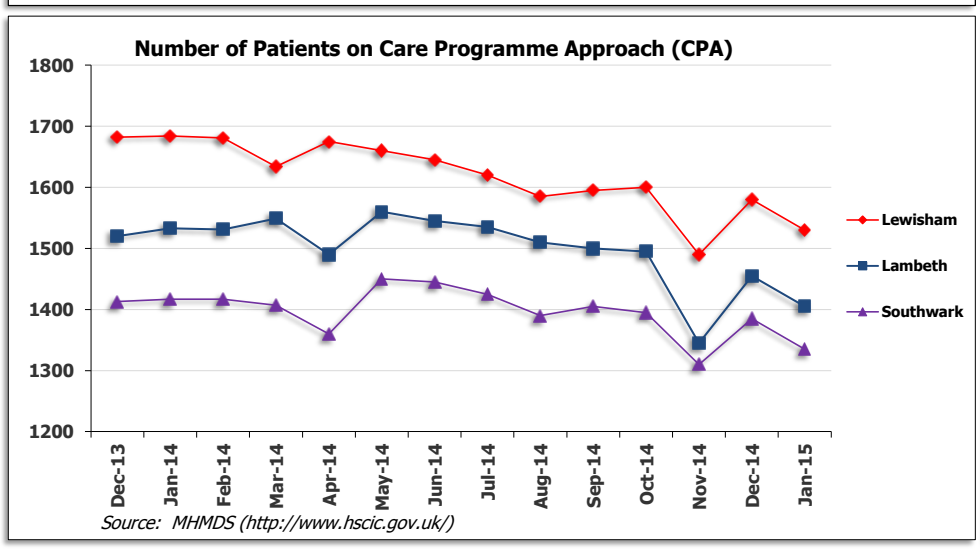

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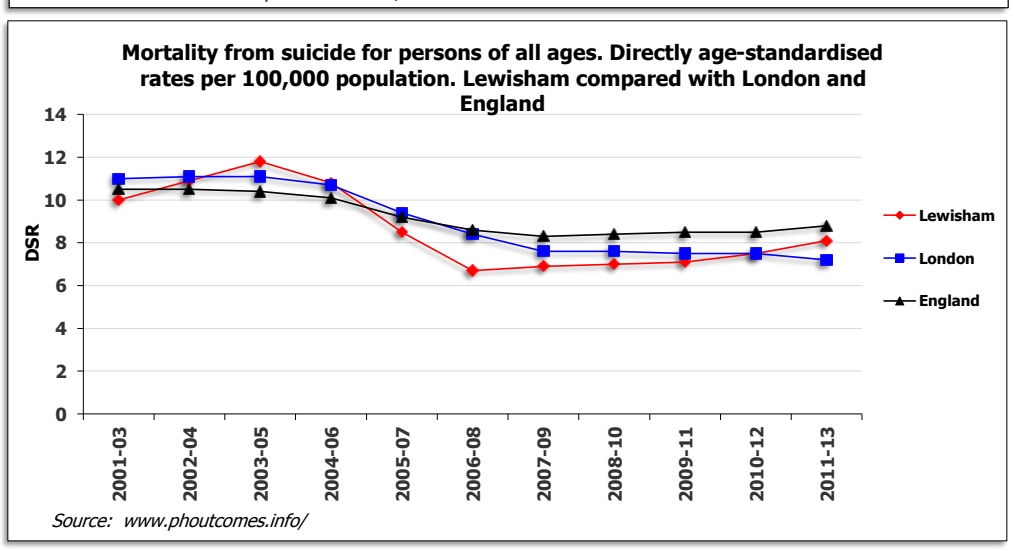


Source: www.phoutcomes.info/

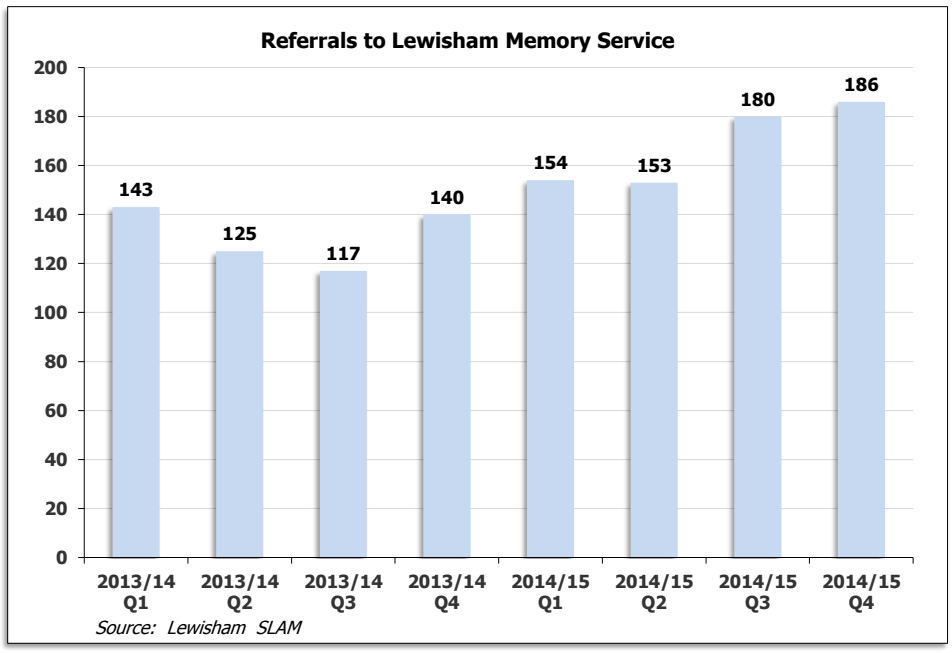
Commentary

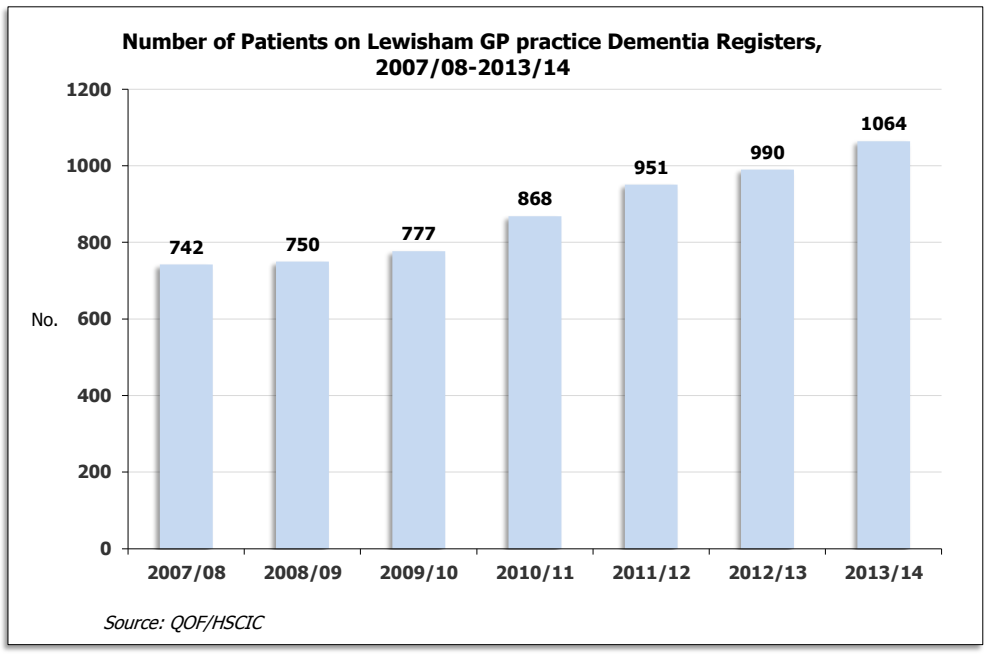
Suicide rates had been falling in Lewisham but there has been a increase over the last 5 years, although that actual numbers of deaths remain small. The rates are not statistically significantly different to London or England as a whole. There are high rates of service usage in Lewisham. There was a trend of decreasing rates of admissions and occupied bed days, but this has now stablised. Significantly A&E attendances is rising, therefore we need to further undertsand A&E presentation including frequent attenders and people know to SLaM. The number of patients detained under the mental health act and those on a CPA have remained relatively consistent during 2013/14.

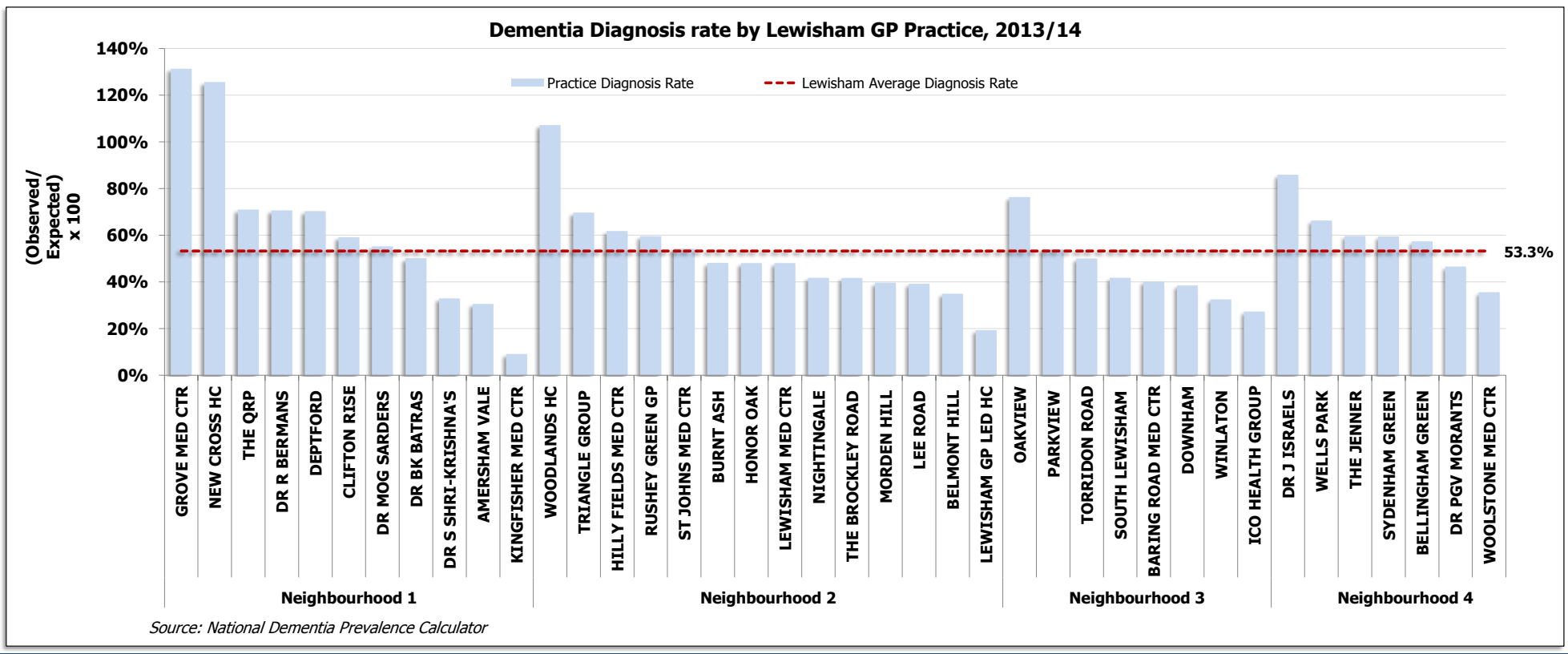
Older Adults Mental Health

- The focus for adult mental health services in Lewisham is improving the care for people with dementia. In particular, increasing diagnosis at the earliest stage as possible.

Trends/Benchmarks







Commentary

The Lewisham memory service was established in April 2011 as a single point of access service. The referrals to the service have fluctuated but have begun to climb again in recent months. Encouragingly the size of GP dementia registers have increased year on year. However, the graph shows that the gap between the diagnosed and expected rates of diagnosis vary greatly between GP practices suggesting that GPs performance in diagnosing and consequently caring for their dementia patients is also variable. Dementia increases are related to increased awareness in Primary Care (CCG Dementia Diagnois rate)

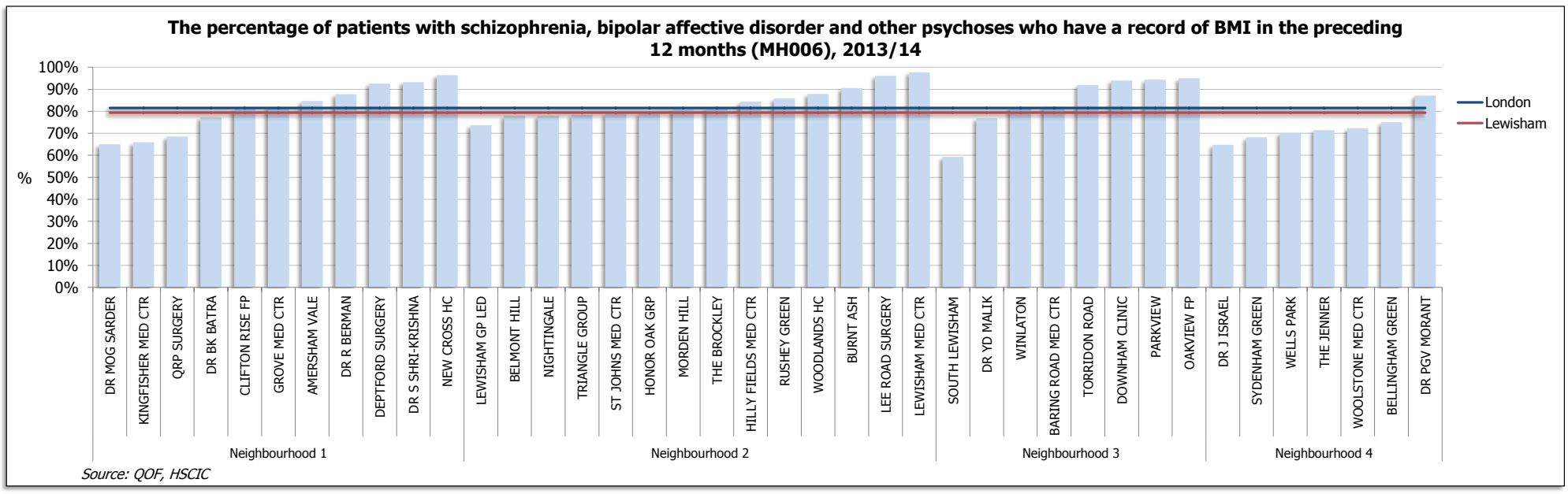
Child and Adolescent Mental Health

The proportion of CAMHS referrals which are accepted has seen a decline over the last two years.
Lewisham is currently part of the Headstart Pilot programme which aims to improve emotional resilince of 10-14 year olds, it strives for the 3 key outcomes of:

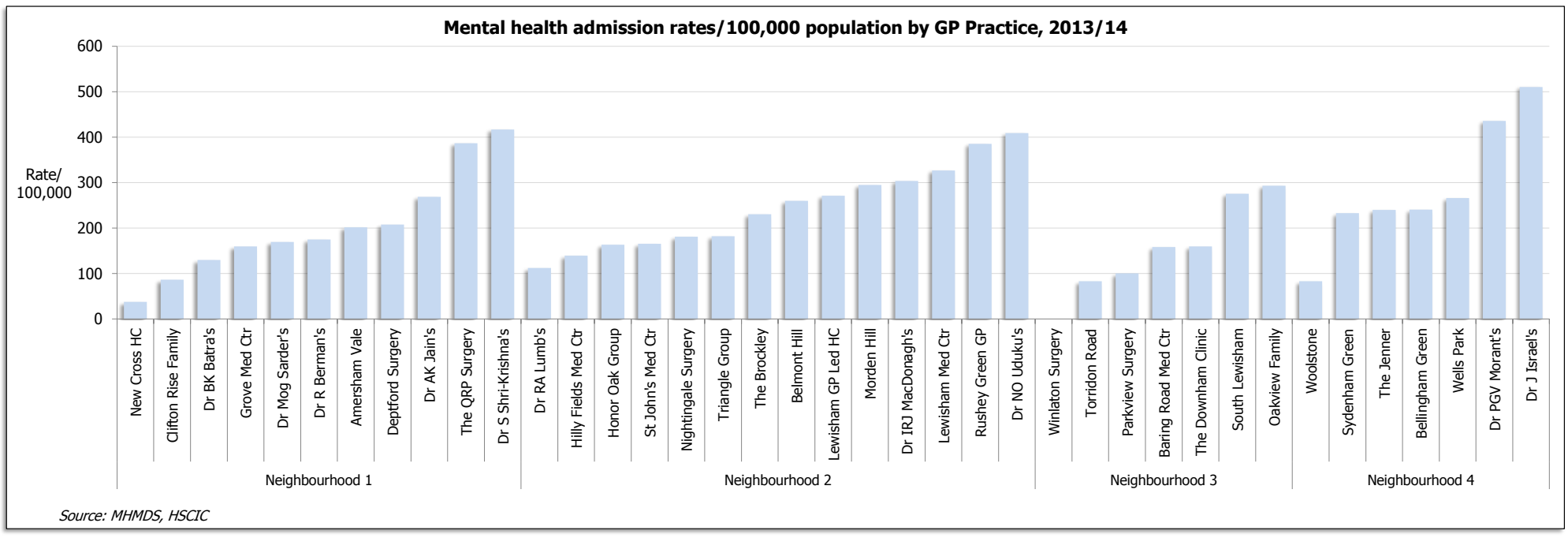
- Increased emotional literacy
- Prevention of needs escalating
- Increased involvement in school and community
- In Lewisham, mental health services are currently focused on the treatment of mental health disorders rather than prevention. HeadStart is an opportunity for us to invest in improving the mental well-being and resilience of children and adolescents before they become unwell and require specialist services. It will also equip them with life skills 2 which will support them into adulthood and enable them to value and protect their own mental health.

Primary Care/Secondary Care Interface

The primary/secondary care interface is of increasing importance as specialist mental health services work to step down service users who no longer require specialist care. Following the implentation of the new adult mental health model, community teams have moved from a three team structure to a four team structure to mirror the primary care neighbourhoods in the borough. There is also additional support for GPs to manage their mental health caseload.



Source: QOF, HSCIC



Source: MHMDS, HSCIC

Commentary

- There is variation in the number of SSRI items prescribed by GP practice.
- There is also variation in the percentage of people who are on the mental health register who have had a measure of the BMI. This is a potentially important indicator of how well practices are managing the physical health of their mental health patients.
- The is a great variation in the rate of admissions by GP practice for mental health reasons. Some of this will be related to the number of patients on their registers with a mental health diagnosis and the serverity of the condiditon. The concentration of admissions in some precatices and neighbourhoods sugfgest there could be value in practice based initiatives to prevent admissions.

Achievements

Lewisham was successful in securing funding under the Headstart Project, the programme has a focus on building resilience and young people, and has an emphasis on workforce and practitioner skills development.

Public Health Outcomes: Promoting Physical Activity

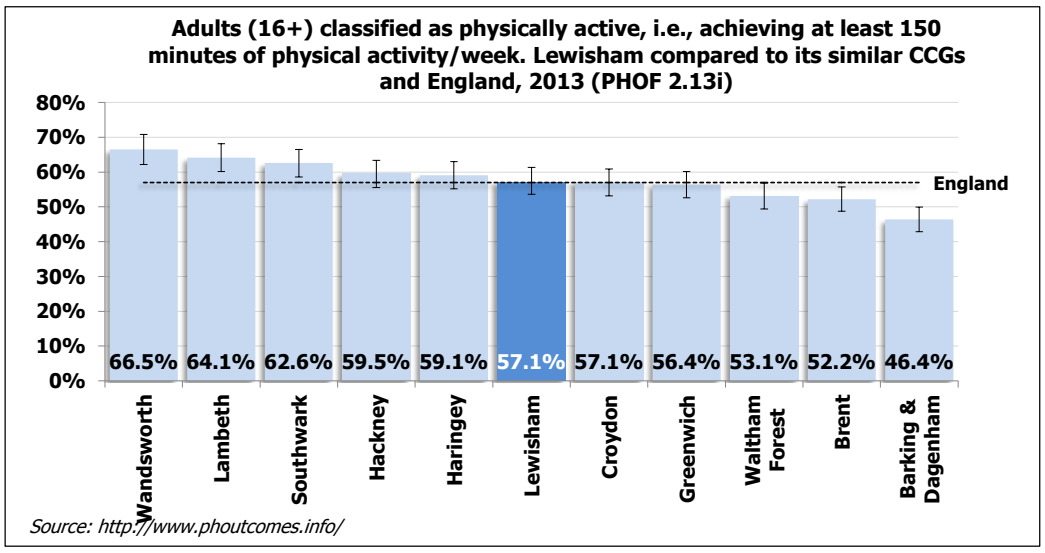
Key Messages

- Nationally, over one in four women and one in five are classified as 'inactive' (Health Survery for England, 2012)
- 21% of boys and 16% of girls aged 5-15 achieve recommended levels of physical activity (HSE 2012)
- Physical inactivity is the fourth largest cause of disease and disability in the UK. Reducing inactivity could prevent up to 40% of long term conditions (PHE 2014)
- In Lewisham the proportion of Adults (16+) classified as physically inactive is 25.0% which is significantly better than the ONS London Metropolitan Cluster and England, 2013.
- In Lewisham the proportion of Adults (16+) classified as physically active is 57.8% which is not significantly different from that of England.
- NICE guidance primary care is an ideal setting for initiating and supporting change in patient physical activity behaviour (NICE Brief Advice for adults in primary care, 2013 and Exercise Referral schemes to promote physical activity, 2014). NICE suggests all 'inactive' should be offered a PA BA intervention.
- In Lewisham during 2012-14 brief advice on physical activity delivered in primary care with 377 staff being trained.
- Since 2005/06 there has been a slight increase in the total adult participation in sports and active recreation (at least 30 minutes for 3 days a week) with a slight dip in 2008/09 and a rise in 2012/13, which plateaued in 2013/14; this demonstrates a variation in trend.
- An increase in both male (1.4%) and female (1.7%) participation between 2005/06 and 2013/14 Q2. However, Lewisham is lower than London and England.
- Everybody active, every day (PHE 2014) evidence based approach to physical activity

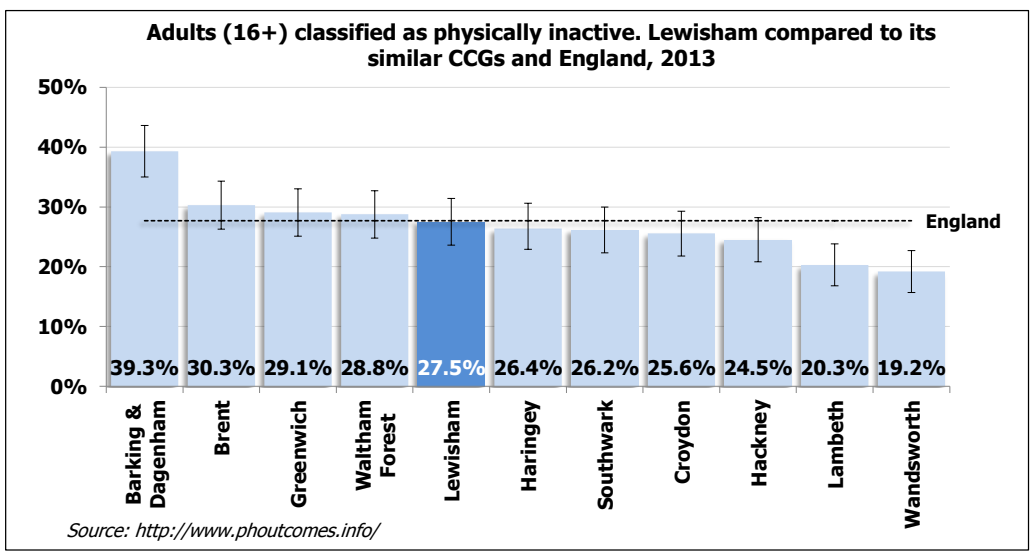
Health and Wellbeing Board Performance Metrics

Indicator	Latest period of availability	Lewisham	London	England	England Benchmark	Direction from previous period
% of physically active adults	2014	57.1	57.8	57.0	similar	↓
% of physically inactive adults	2014	27.5	27.0	27.7	similar	↑

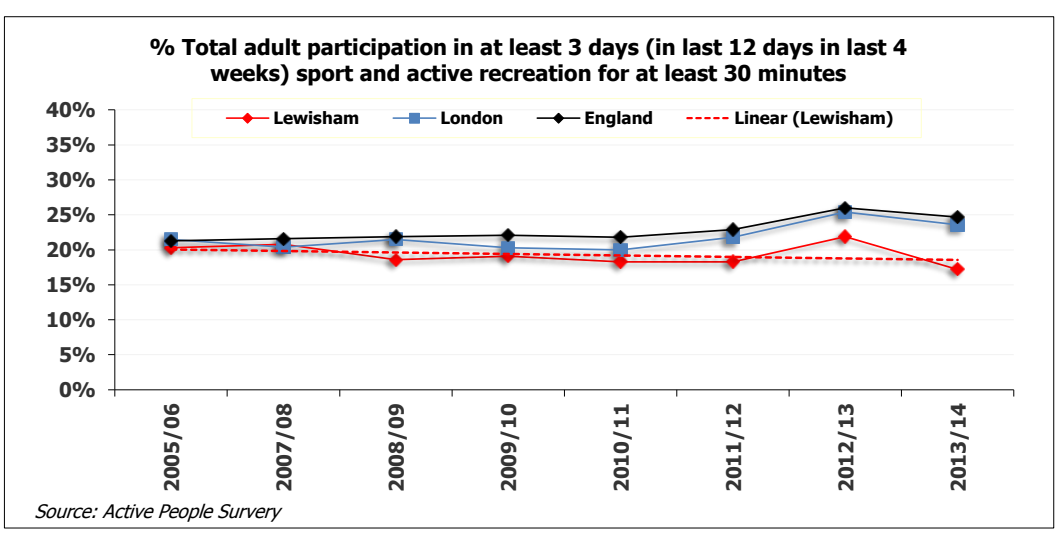
Trends/Benchmarks



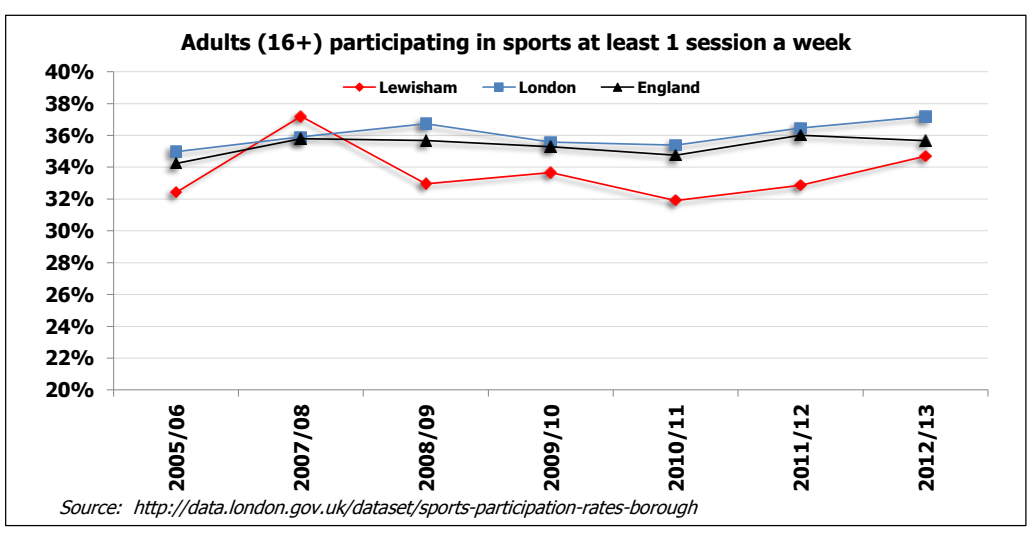
Source: http://www.phoutcomes.info/



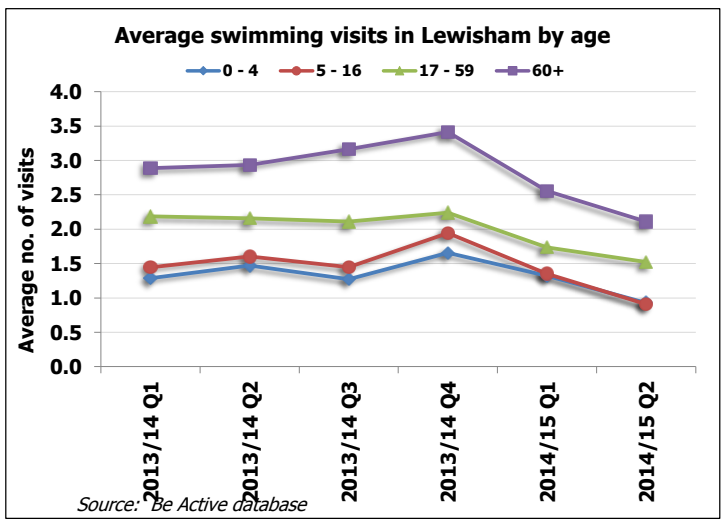
Source: http://www.phoutcomes.info/



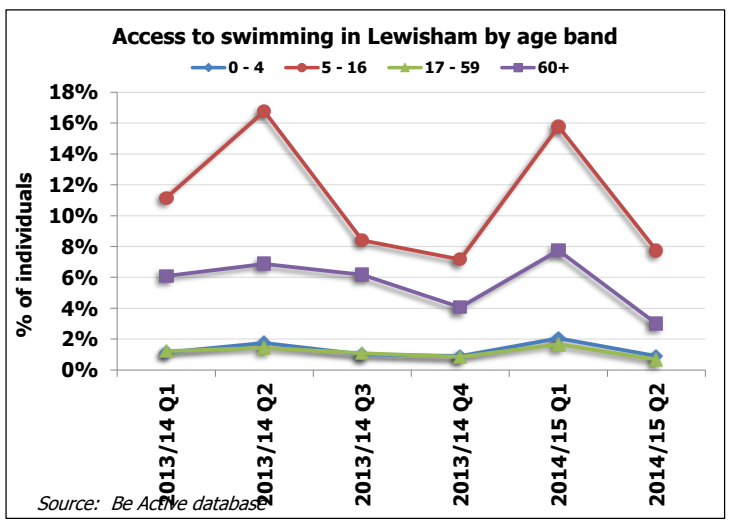
Source: Active People Survery



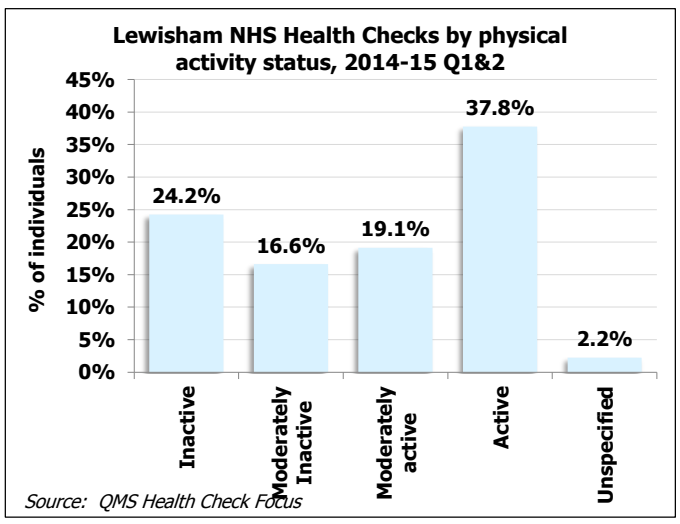
Source: http://data.london.gov.uk/dataset/sports-participation-rates-borough



Source: Be Active database



Source: Be Active database



Source: QMS Health Check Focus

Activity Performance - Adults

	Indicator	2013/14	2014/15 Q1&2
Change For Life (C4L)	1. Number of groups (described as supporters) registered with C4L biannual	4	0
	2. C4L Consumer (described as residents) Signups	1230	110
Walking	3. Total number of adults participating in the regular walks (on average at least once a week)	2434	1432
	4. Total number of new walkers	237	132
	5. Percentage of new walkers reporting doing more physical activity	87%	80%
	6. Number of adult volunteers completing the healthy walks volunteer leaders training (16+yrs, quarterly)	49	23
Exercise on referral (EOR)	7. Number of EOR (16+) referrals received (Fusion Leisure Data).	1265	1346
	8. Number of EOR referrals (16+) attended initial group assessment (Fusion Leisure data)	687	338
	9. Number of EOR completers (Fusion Leisure Data)	38	15
	10. Number of EOR referrals received (1Life)	324	275
	11. Number of EOR initial assessments completed (1Life)	N/A	146
	12. Number of EOR completers (1Life)	N/A	13
Health Checks	13. Health check - number of adults GPAQ (General Practice Assessment Questionnaire) score inactive (40 -74 yrs)	N/A	Inactive: 749 (24%), Active: 1167 (38%) Total Health Checks: 3090
	14. Health check - total number registered at Get Moving physical activity programmes (40-74yrs)	261	254
	15. Health check - % attendance at Get Moving physical activity programmes (40-74yrs)	93%	53%
	16. Health check - proportion of Get Moving programme continuing Physical Activity at follow-up (%)	43%	
Other	17. Number of Primary Care Staff and Wider Community receiving physical activity training to improve knowledge and skills.	152	225
	18. Number of adult cycle lessons delivered to beginners and improvers 16+ years	N/A	129
	19. Number of adults who have taken up bike loan offer	450	300
	20. Number of adults, 60+yrs accessing free swimming	2293 (6.3%)	1776 (9.6%)

Activity Performance - Children

Indicator	2013/14
1. Number of under 16s accessing free swimming	9486
2. Number of Year 6 participating in Bikeability cycle training (Level 1 and/or level 2 training)	1000
3. Number of under 9's learn to ride sessions with parents	N/A
4. Number of children participating in cycle/road safety training (40 schools, 60 sessions)	N/A

Achievements

- The exercise on Referral Pathway has been designed and is being implemented
- Work is continuing on the Falls Prevention Pathway, considering how Phyiscal Actvity can be best intergrated
- Free swimming for under 16 and over 60s continues

Public Health Outcomes: Improve Sexual Health

Key Messages

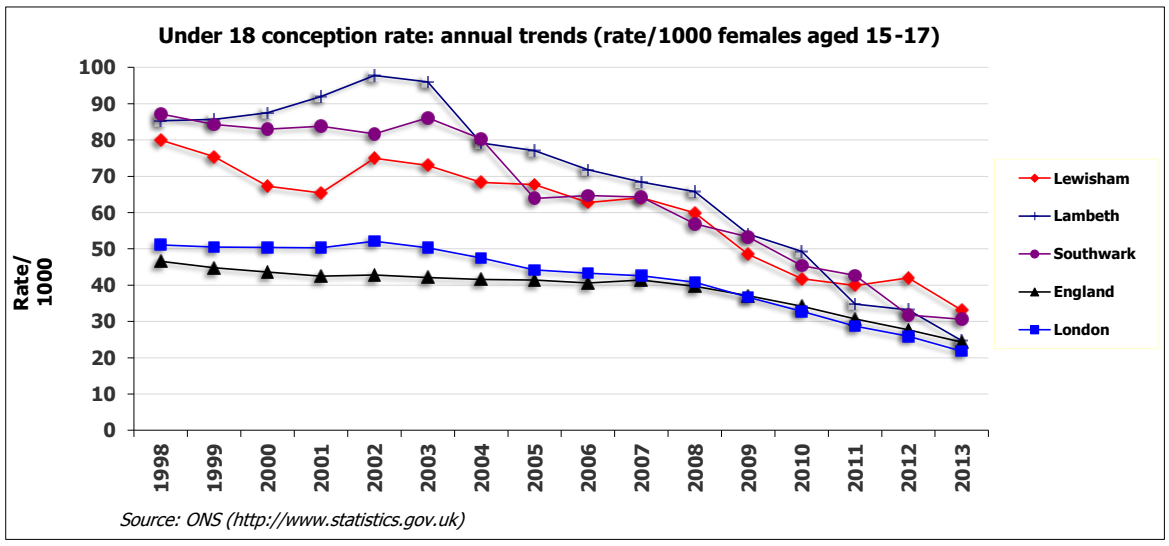
- Whilst they have fallen over the last decade teenage pregnancy rates remain high in Lewisham, relative to both London and England
- Abortion rates in under 18s high
- Chlamydia screening rate has dropped, was previosuly around 50%
- Data for Sexually Transmitted Infections is being skewed Men who have sex with men, as it is understood that they have the highest
- Demand for services is likley to increase due to the continued population increase and a high birth rate. The General fertlity Rate was 65.8 in 2014
- There are high levels of new STIs in residents of Black Ethnic Groups
- The Pelvic Inflamtory Disease rate is also high and as yet remains unexplained.

Health and Wellbeing Board Performance Metrics

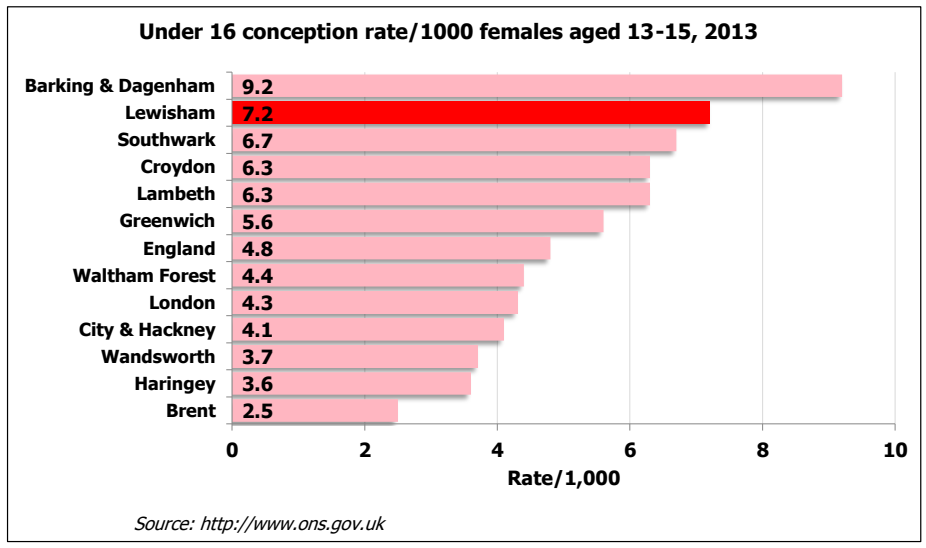
Indicator	Latest period of availiability	Lewisham	London	England	England Benchmark	Direction from Previous Period
Rate of chlamydia diagnoses per 100,000 young people aged 15-24	2014	3504	2178	1978	sig better	↓
People presenting with HIV at a late stage of infection (%)	2011-13	46.1	40.5	45	similar	↓
Prevalence of diagnosed HIV infection per 1,000 among persons aged 15 to 59 years (crude rate)	2013	8.2	5.7	2.1	-	↑
Legal Abortion rate for all ages (crude rate per 1000 women)	2014	25.0	21.8	16.5	sig worse	↓
Teenage conceptions (Rate per 1,000 15-17 Yr olds)	2013	33.1	21.8	24.3	sig worse	↓

Young Person's Sexual Health (under 25s)

Trends/Benchmarks



Source: ONS (http://www.statistics.gov.uk)



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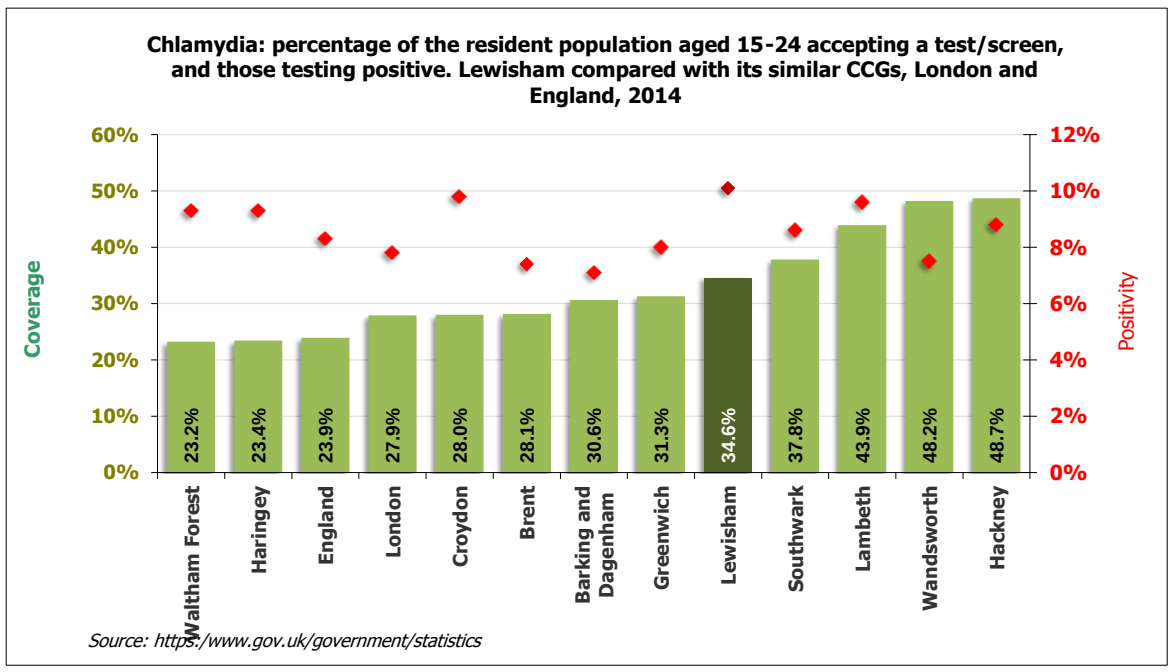


Source: https://www.gov.uk/government/statistics

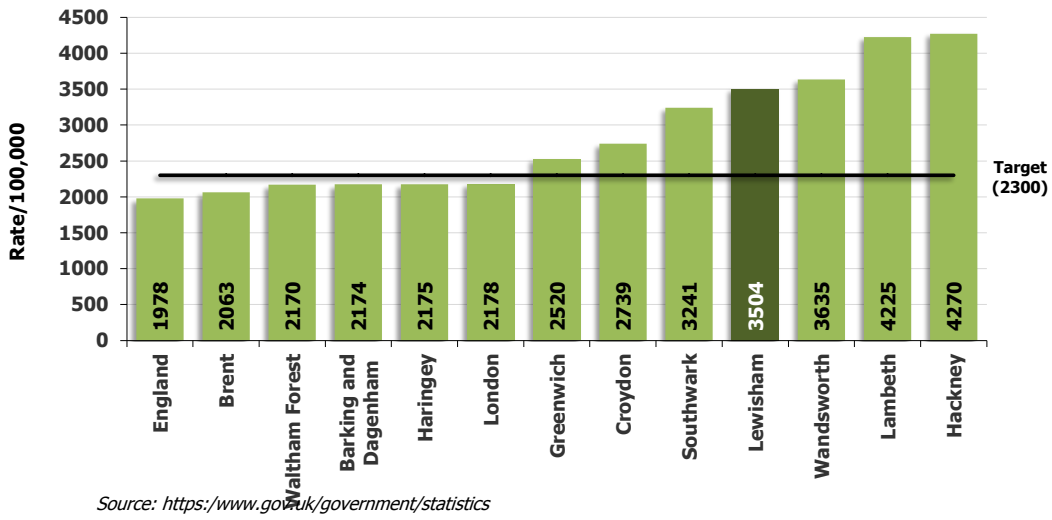
Sexually Transmitted Infections

Key Messages

- Chlamydia screening coverage remains high but falling
- Positivity remains high, the proportion of indivduals testing positive for chlamydia is one fo the highest in London
- In 2013, Lewisham is ranked 22 (out of 326 local authorities in England; first in the rank has highest rates) for rates of new sexually transmitted infections (STIs).

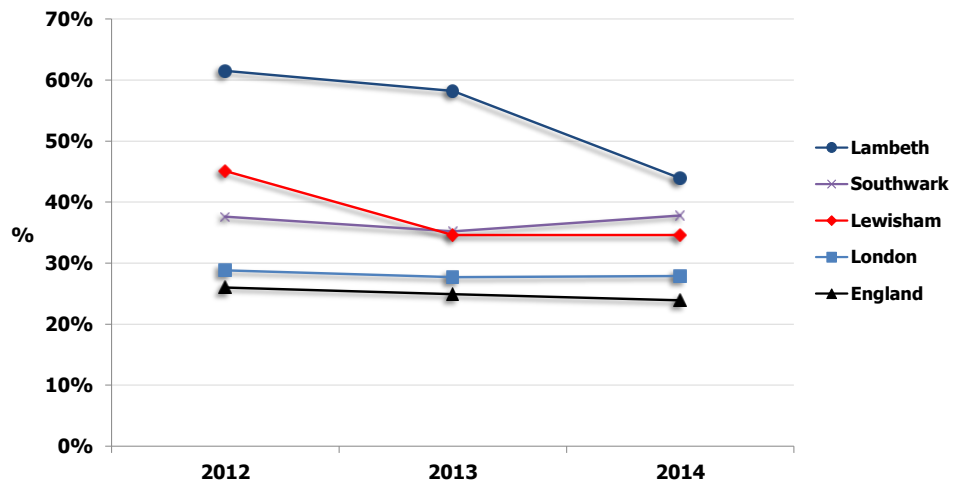
Trends/Benchmarks

Chlamydia: diagnosis rate/100,000 resident population aged 15-24. Lewisham compared with its similar CCGs, London and England, 2014



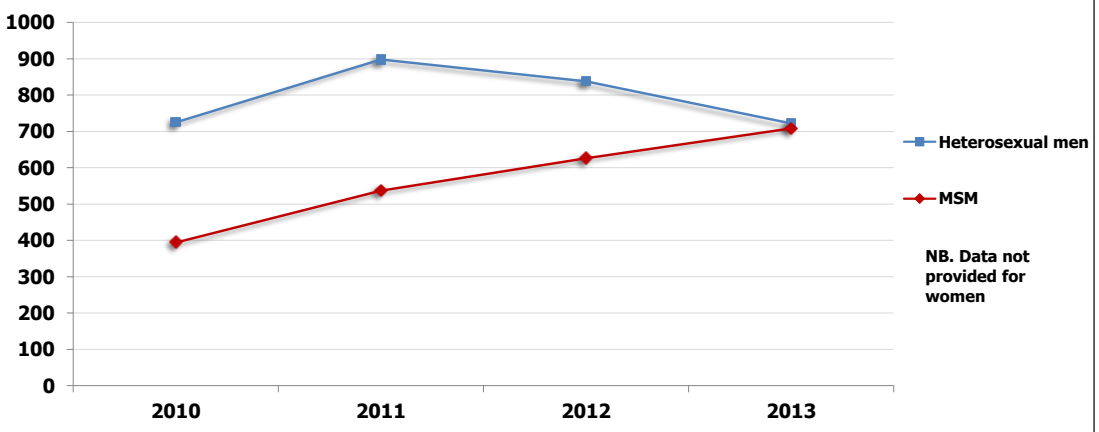
Source: https:/www.gov.uk/government/statistics

Chlamydia: percentage of the resident population aged 15-24 accepting a test/screen. Annual trends



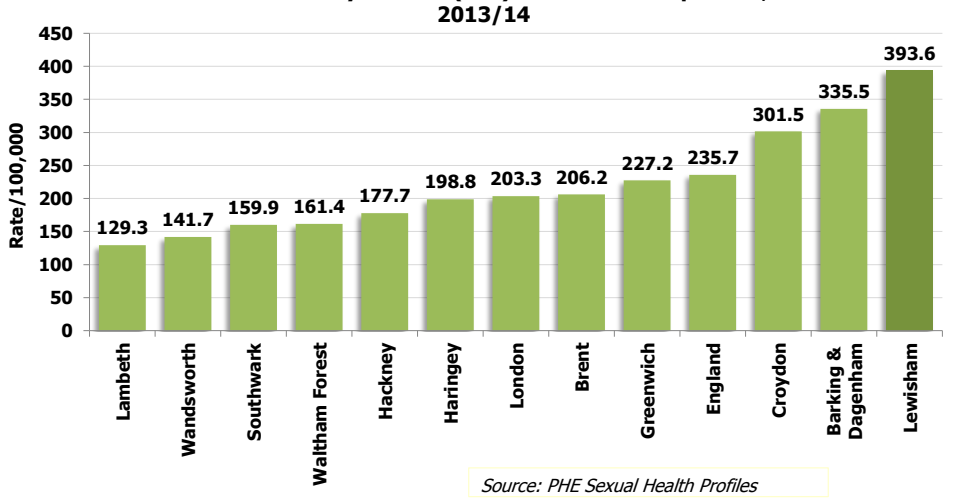
Source: https://www.gov.uk/government/statistics

Number of new STIs, chlamydia, gonorrhoea, syphilis, genital warts and genital herpes in Lewisham (GUM diagnoses only)



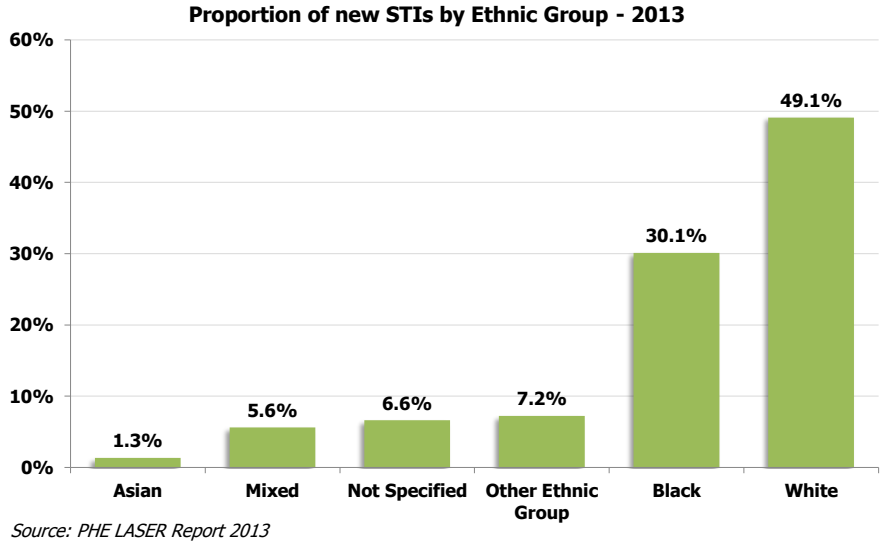
Source: PHE LASER report 2013

Pelvic Inflammatory Disease (PID) admission rate per 100,000 - 2013/14



Source: PHE Sexual Health Profiles

Proportion of new STIs by Ethnic Group - 2013



Source: PHE LASER Report 2013

Commentary

3635 new STIs were diagnosed in residents of Lewisham in 2013 (2175 in males and 1455 in females), a rate of 1291.0 per 100,000 residents (males 1577.0 and females 1013.0) (gender was not specified or unknown for 5 episodes). In Lewisham, an estimated 5.5% of women and 11.9% of men presenting with a new STI at a GUM clinic during the five year period from 2009 to 2013 became reinfected with a new STI within twelve months. Nationally, during the same period of time, an estimated 6.9% of women and 8.8% of men presenting with a new STI at a GUM clinic became reinfected with a new STI within twelve months. In Lewisham, an estimated 5.2% of women and 10.6% of men diagnosed with gonorrhoea at a GUM clinic between 2009 and 2013 became reinfected with gonorrhoea within twelve months. Nationally, an estimated 3.7% of women and 8.0% of men became reinfected with gonorrhoea within twelve months.

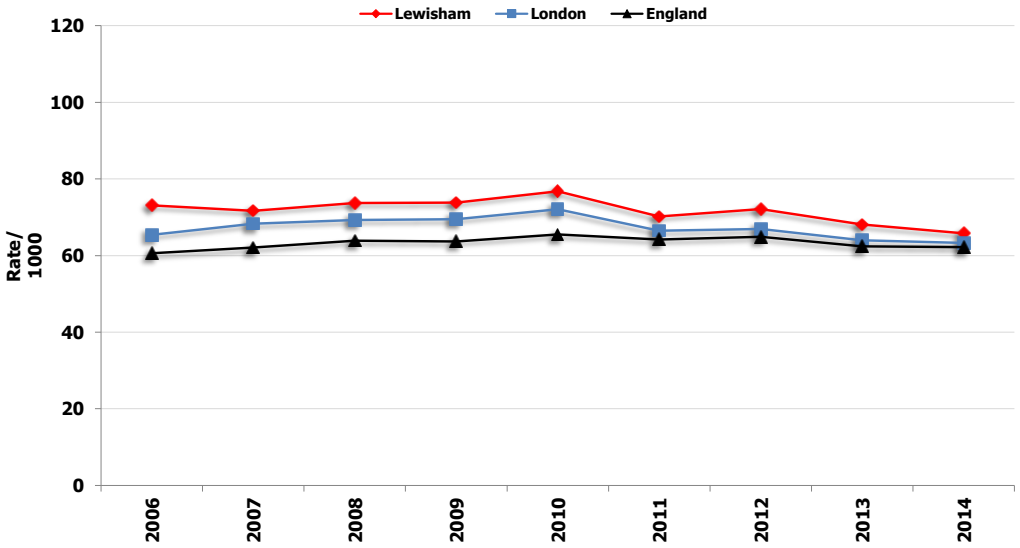
Contraception

Key Messages

Both the General Fertlity Rate and Overall Conception Rate has decreased, however remain above both the London and England figure.
Whilst Lewisham sees a lower rate of GP Prescribed LARC compared with similar CCGs, the trend for LARC at Contraception and Sexual Health Clinics is positive. The latest LASER report for Lewisham revelaed that in 2013 Lewisham is ranked 318 out of 326 local authorities in England for the rate of GP prescribed LARCs, with a rate of 18.0 per 1,000 women aged 15 to 44 years, compared to 52.7 in England.

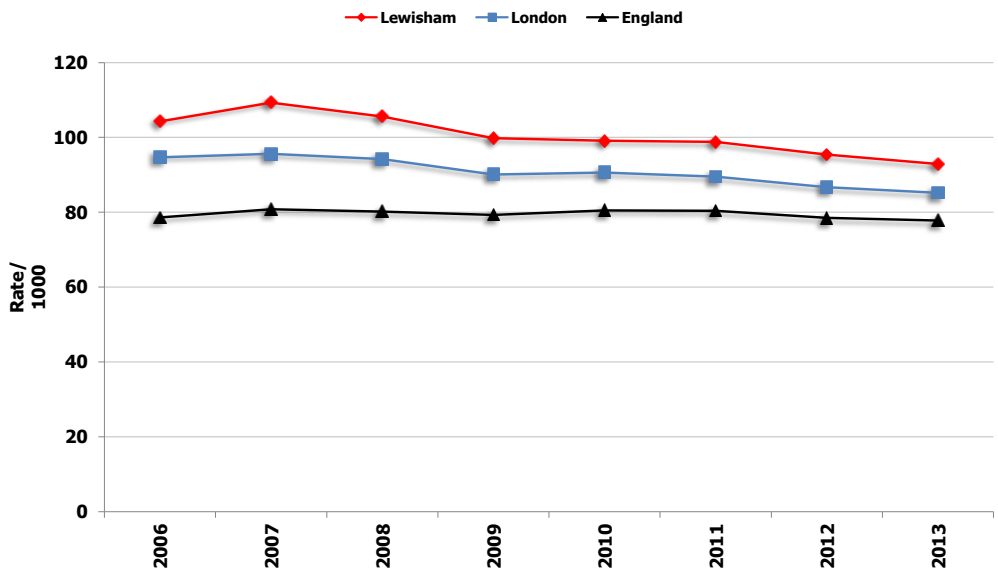
Trends/Benchmarks

General fertility rate (live births)/1000 women aged 15-44. Lewisham compared with London and England



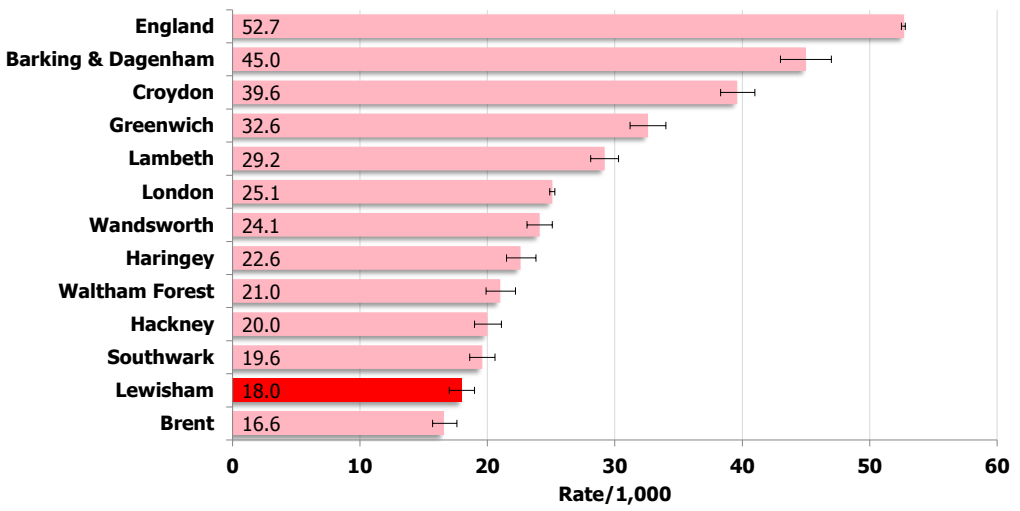
Source: http://data.london.gov.uk/dataset/births-and-fertility-rates-borough

Overall conception rate: annual trends (rate/1000 females aged 15-44)



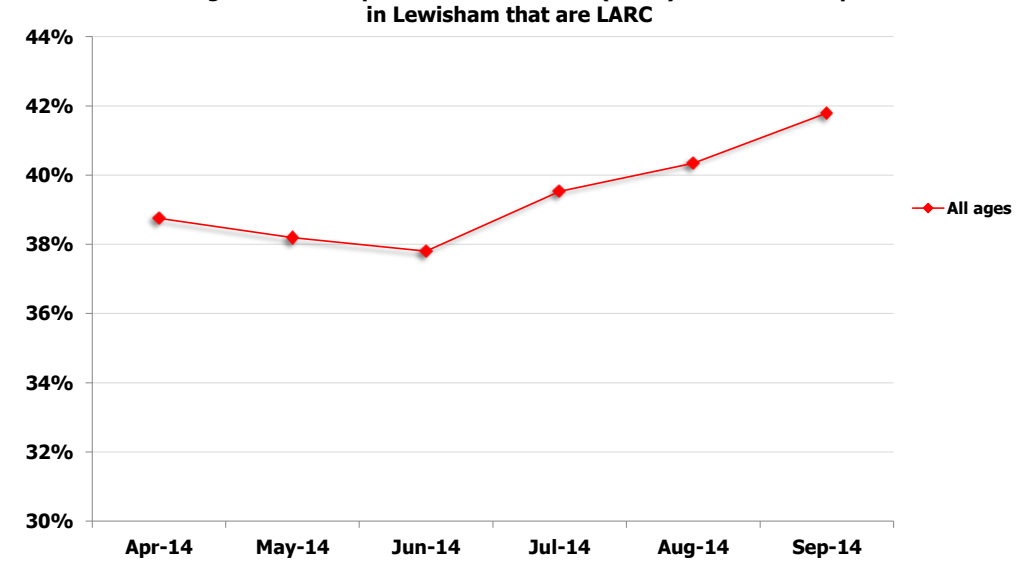
Source: ONS (http://www.statistics.gov.uk)

GP prescribed Long-Acting Reversible Contraceptive (LARC) rate/1000 females aged 15-44. Lewisham compared with its similar CCGs, London and England, 2013



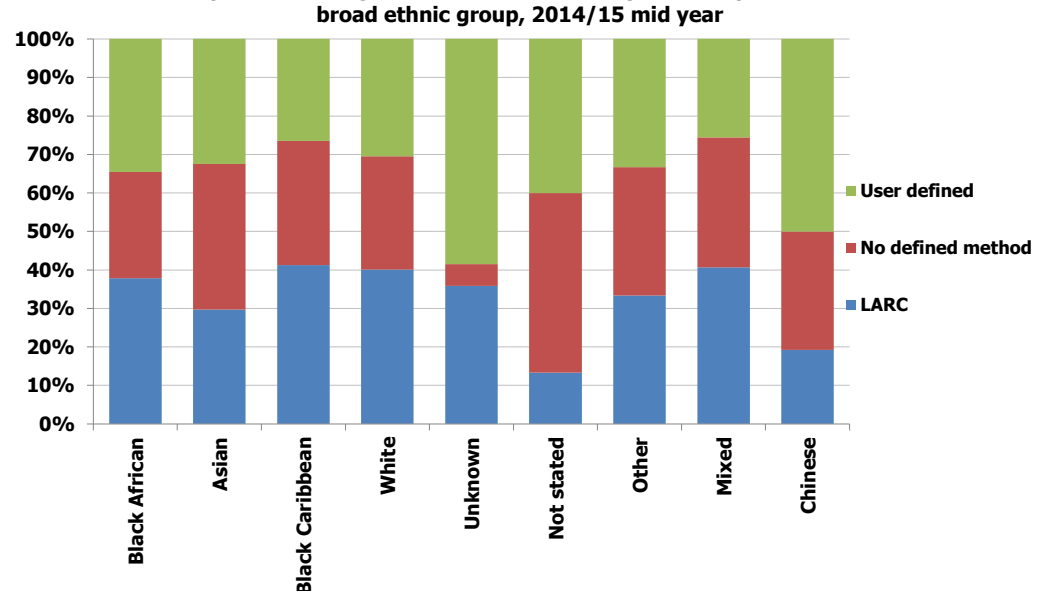
Source: http://fingertips.phe.org.uk/profile/sexualhealth/data

Percentage of Contraception & Sexual Health (CASH) Clinic contraceptions in Lewisham that are LARC



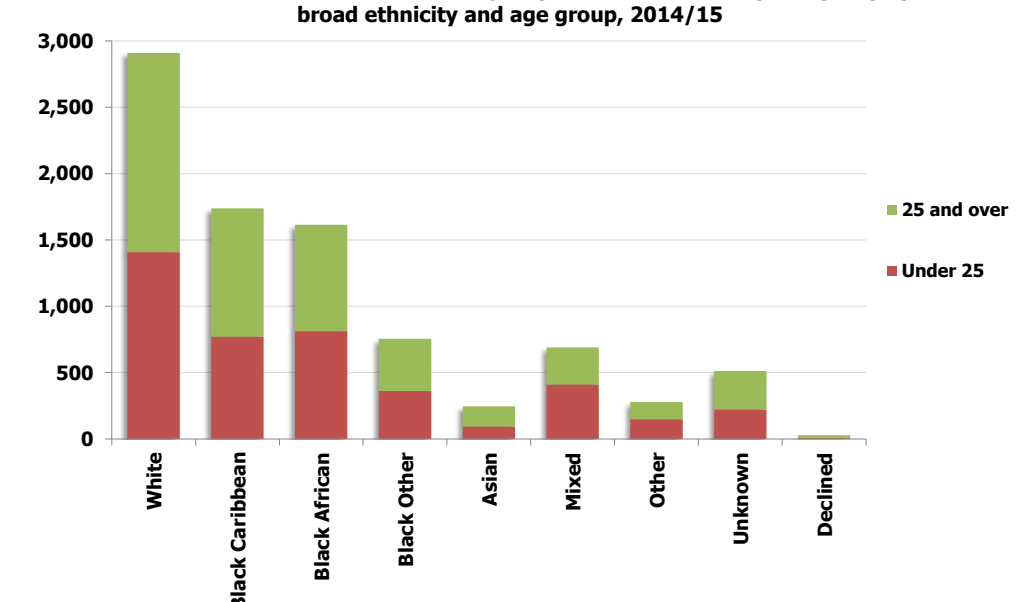
Source: Lewisham & Greenwich NHS Trust

Contraception following abortion in Lewisham by contraception method and broad ethnic group, 2014/15 mid year



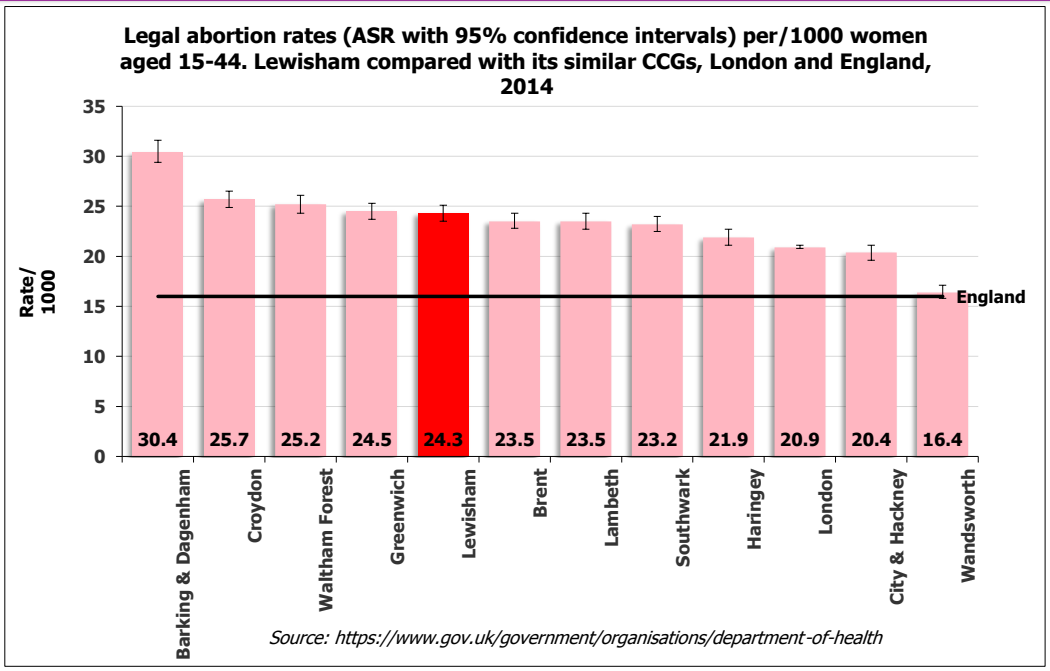
Source: BPAS-MSI-Kings and Lewisham EMA

Women in Lewisham who had Emergency hormonal contraception (EHC) by broad ethnicity and age group, 2014/15

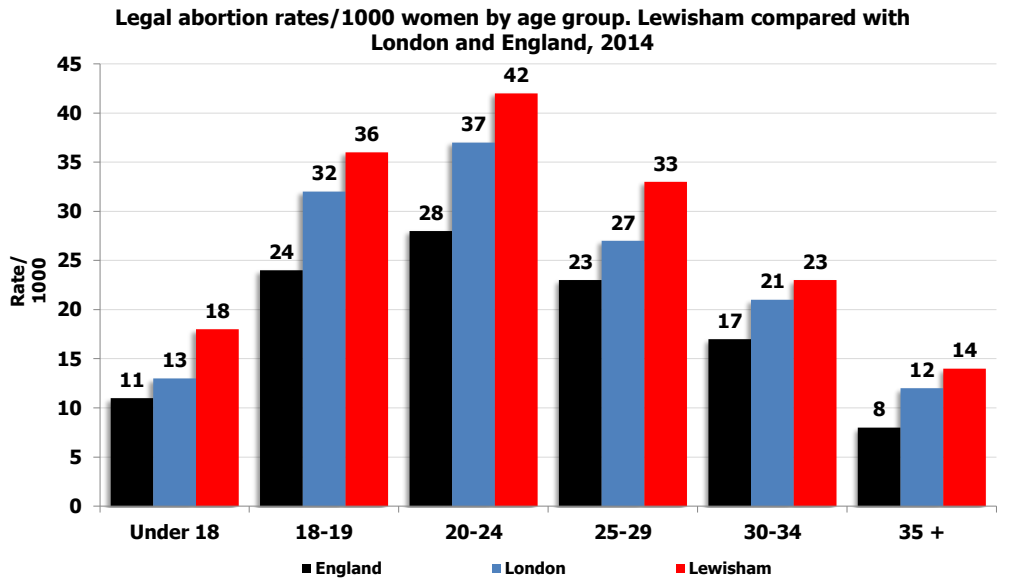


Source: Lewisham Council

Abortions



Source: https://www.gov.uk/government/organisations/department-of-health



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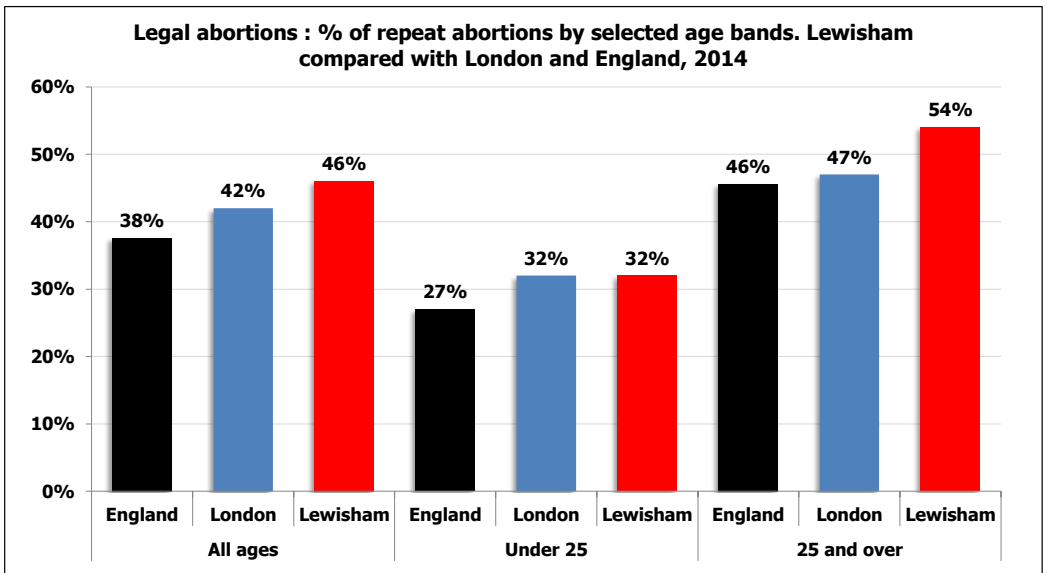

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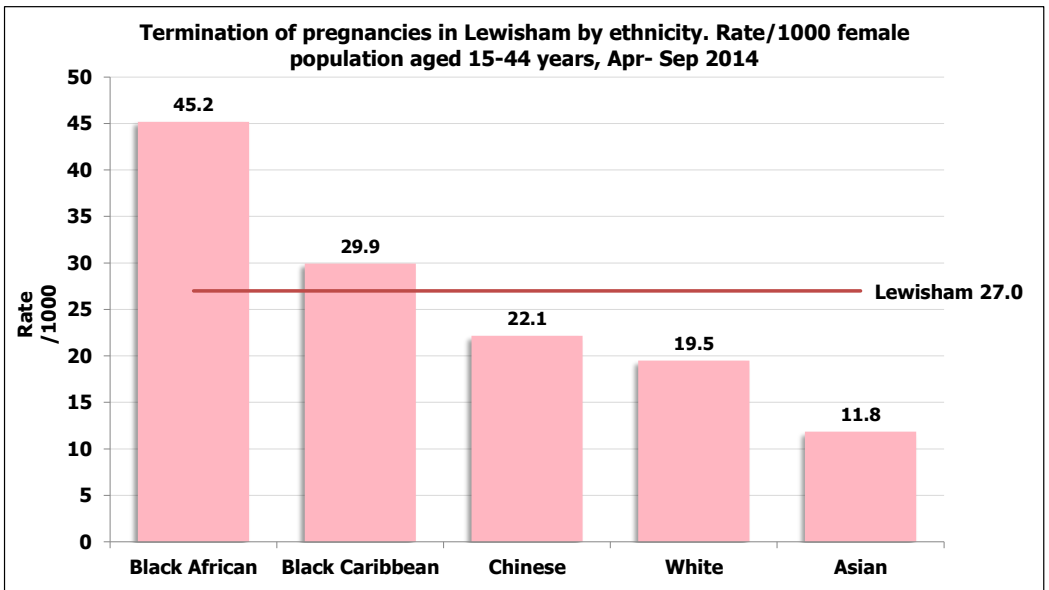


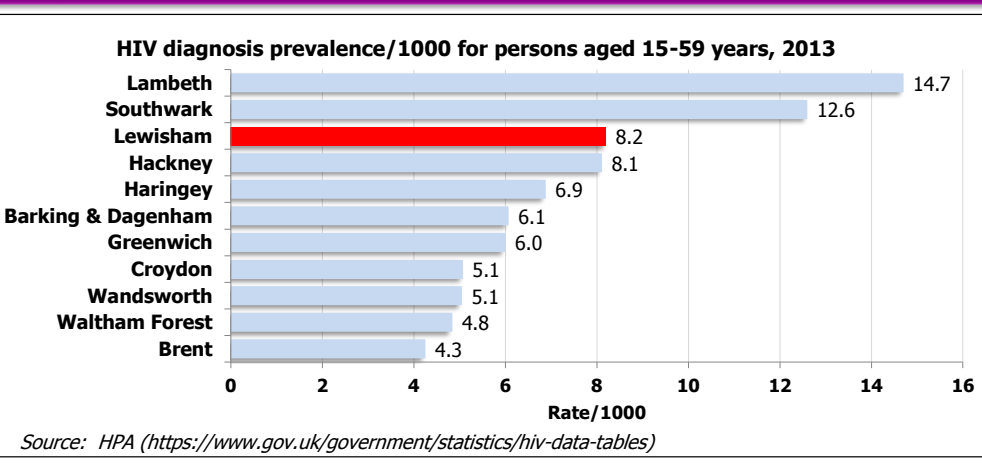
Source: BPAS/MSI/Kings/Lewisham EMA

Commentary

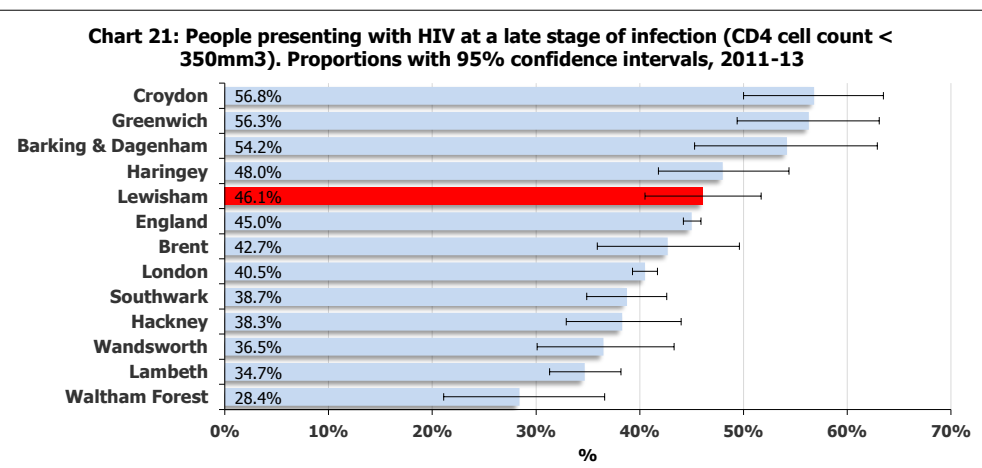
Among NHS funded abortions, the proportion of those under 10 weeks gestation was 83.5%, while in England the proportion was 79.4%. The earlier abortions are performed the lower the risk of complications. Prompt access to abortion, enabling provision earlier in pregnancy, is also cost-effective and an indicator of service quality and increases choices around procedure.

HIV

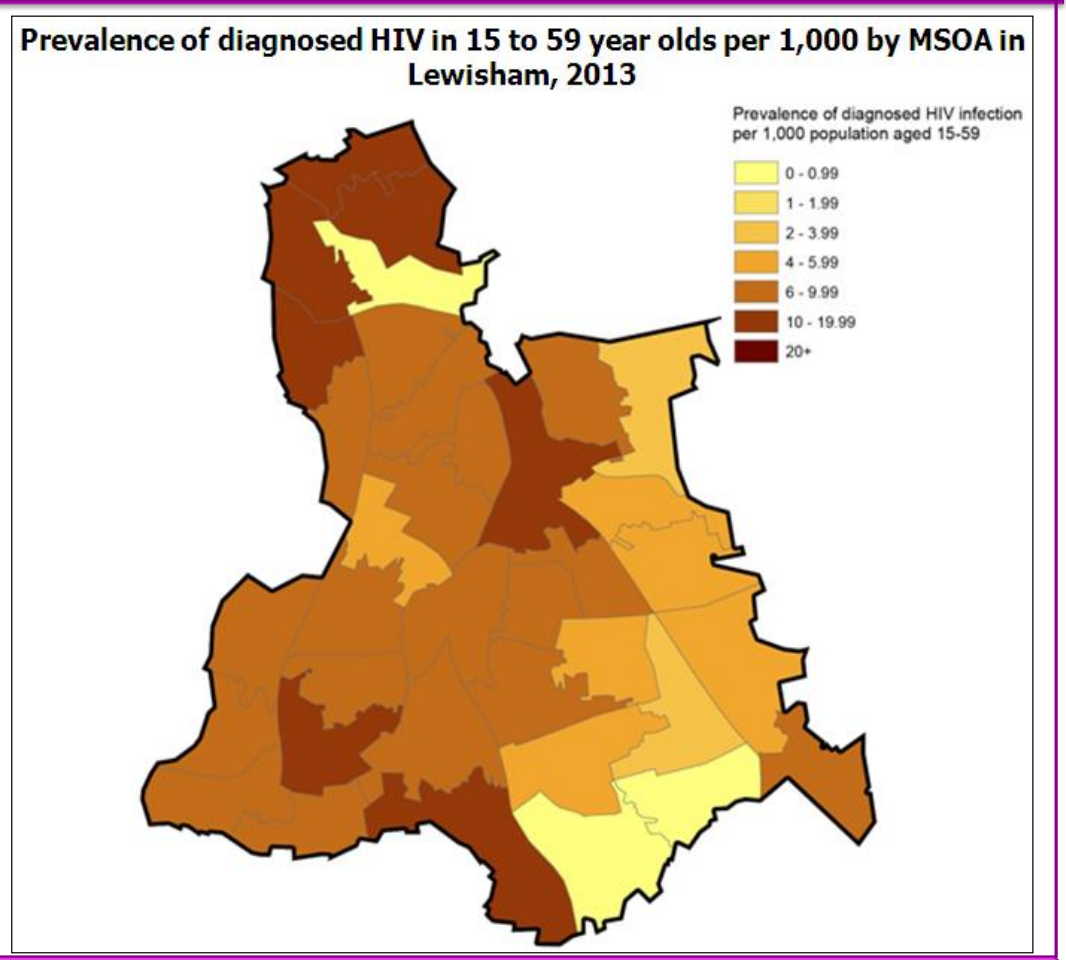
Trends/Benchmarks



Source: HPA (https://www.gov.uk/government/statistics/hiv-data-tables)



Source: http://www.phoutcomes.info



Achievements

- Late diagnosis of HIV is falling partly due to the increase in routine testing in primary care and sexual health services
- Abortion rates are falling, although numbers remain high partly due to the demography of borough which has large numbers of young people
- Chlamydia remains the most common STI. The proportion of individuals testing positive remains high despite falling coverage of testing
- Teenage pregnancy rates are continuing to fall, in line with the national and London trend.

Public Health Outcomes: Tobacco Control

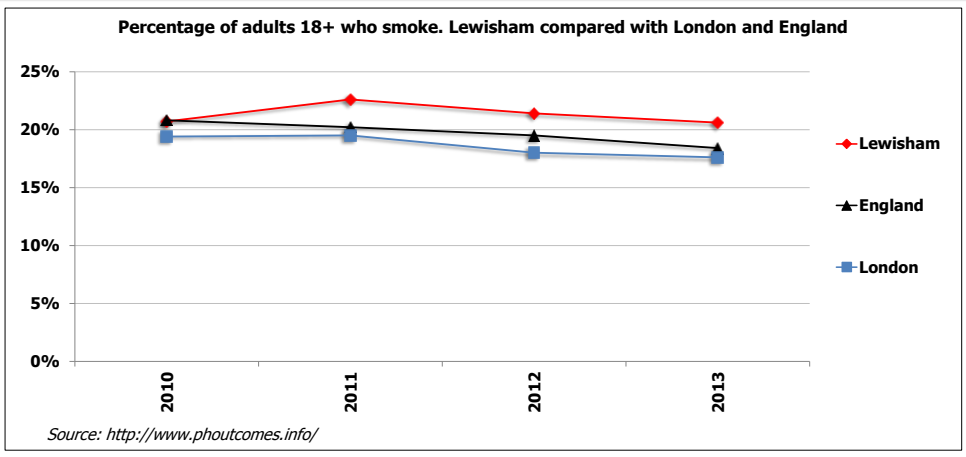
Key Messages

- More people smoke in Lewisham compared with London and England. 1 in 5 people continue to smoke in Lewisham. with 1 in 3 smokers in routine and manual occupations.
- The number of smoking quitters is lower than previous years and not meeting target, but the rate per 100,000 is higher than London and England.
- The Stop Smoking Service is very successful at reaching heavily addicted smokers such as pregnant women and people with mental health problems, with a strong correlation between higher IMD scores and smoking quitters and an increasing number of smokers quitting from more deprived wards.
- Dedicated enforcement post has enabled increased focus on illegal and underage sales and large quantities of illegal tobacco seized.

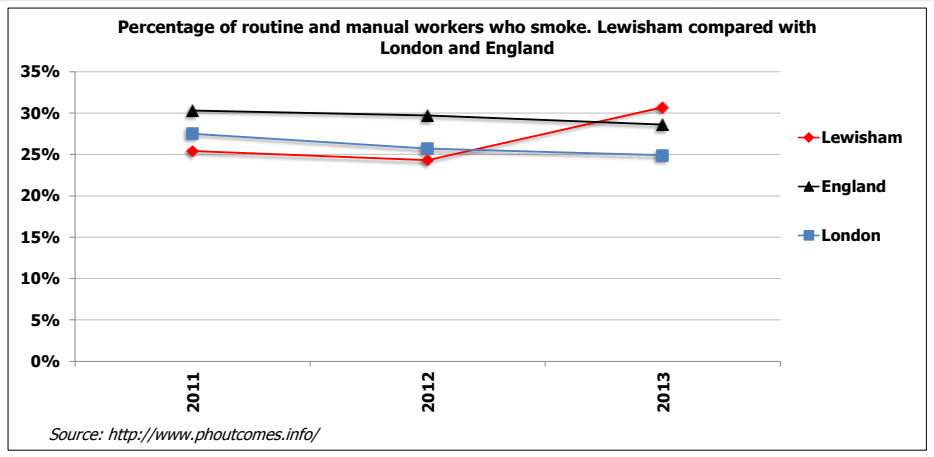
Health and Wellbeing Board Performance Metrics

Indicator	Latest period of avaliability	Lewisham	London	England	England Benchmark	Direction from previous Period
Under 75 Mortality from Respiratory (DSR per 100,000 pop)	2011-13	38.6	31.9	33.2	similar	
Under 75 Mortality from Lung Cancer (DSR per 100,000 pop)	2013	46.9	31.0	33.7	sig worse	
Smoking Prevalence(%)	2013	20.6	17.3	18.4	similar	
4 week smoking quitter (crude rate per 100,000)	2013-14	751	656	688	-	
Smoking at time of delivery (%)	2014-15 Q4	5.0	5.2	11.1	-	

Trends/Benchmarks



Source: http://www.phoutcomes.info/



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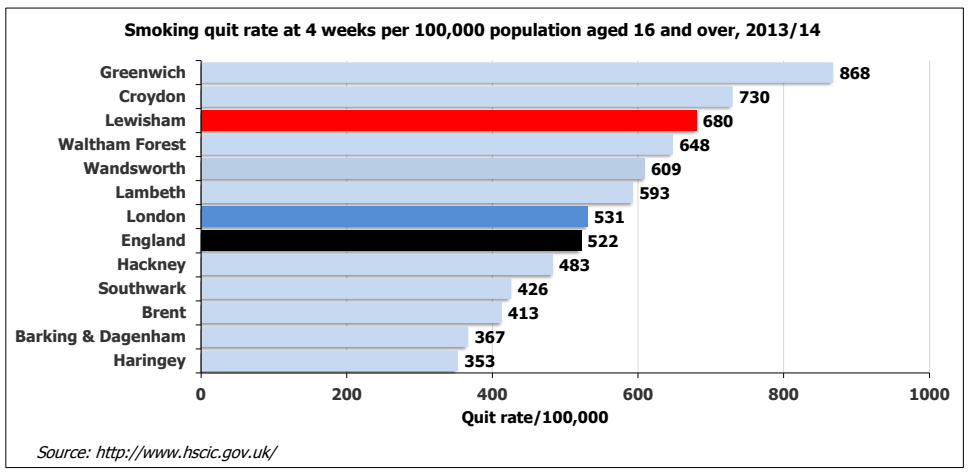
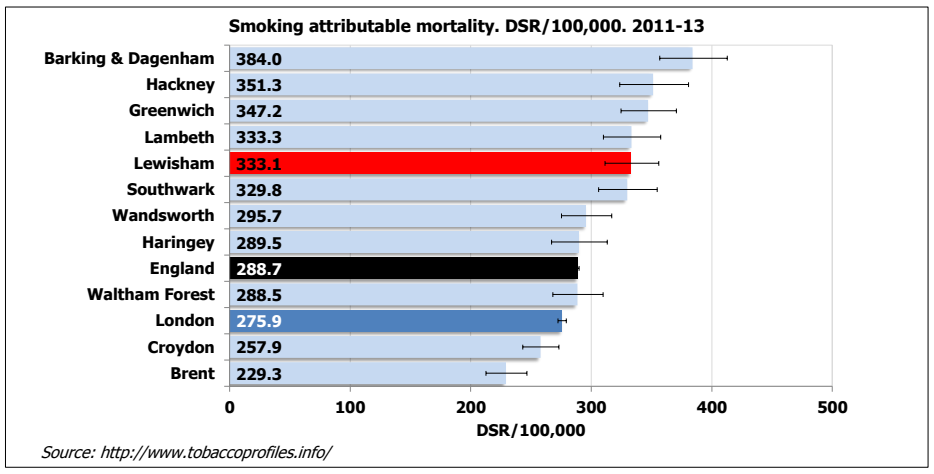
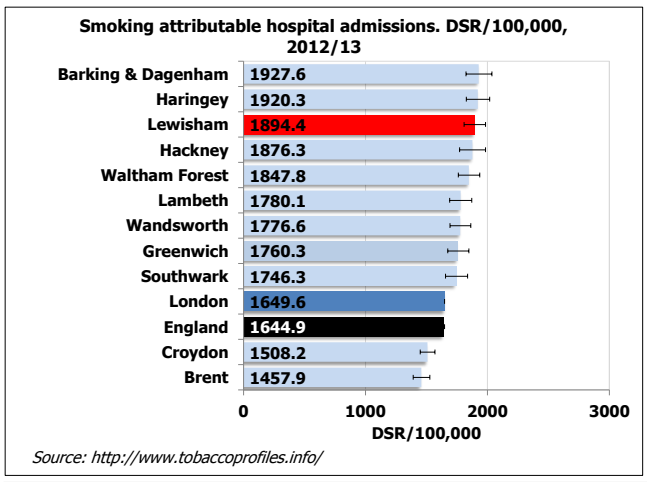


Source: http://www.hscic.gov.uk/



Source: http://www.tobaccoprofiles.info/



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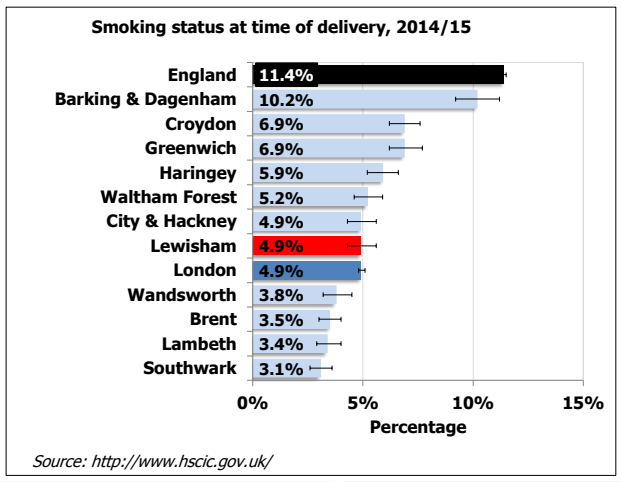

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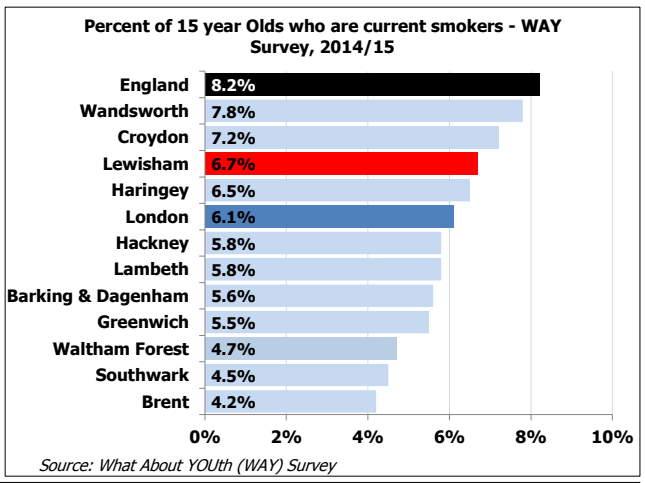
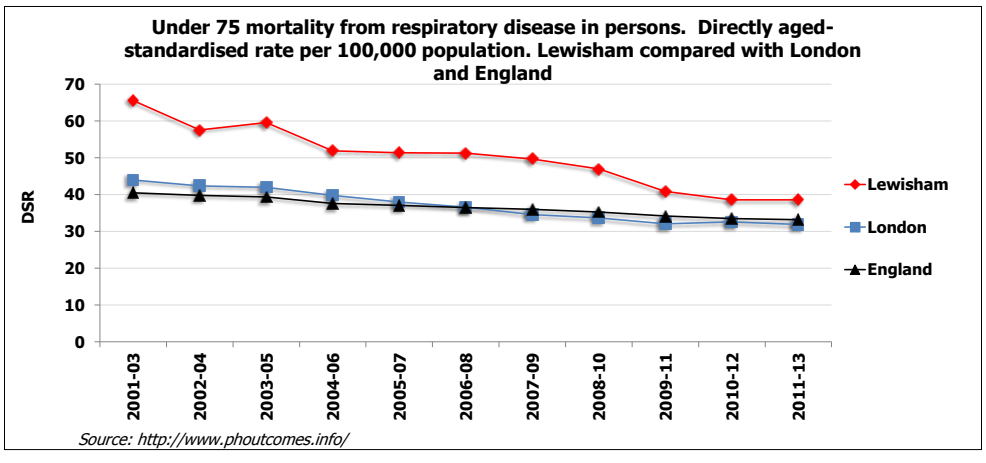
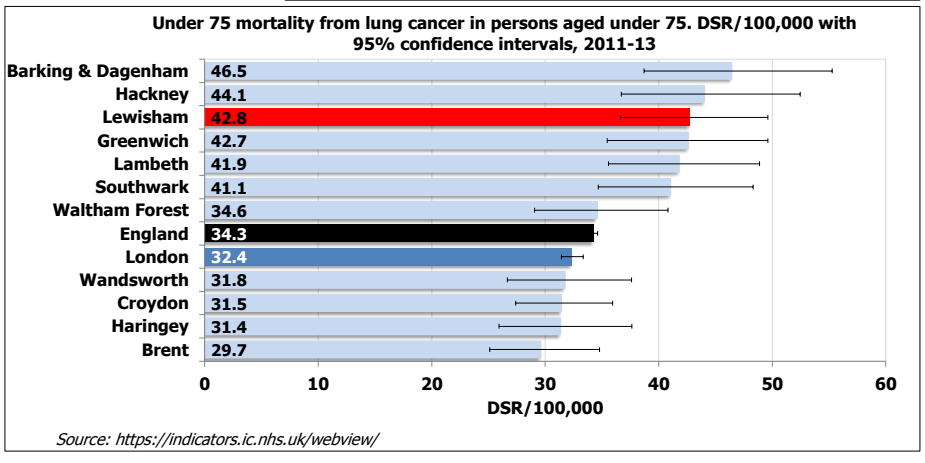


Source: What About YOUth (WAY) Survey



Source: http://www.phoutcomes.info/



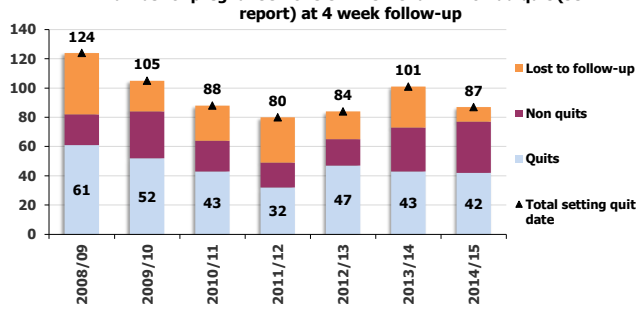
Source: https://indicators.ic.nhs.uk/webview/

Stop Smoking Services

Annual 4 weeks quits	Target	Actual	Quit rate	Pregnancy
2014/15	1900	1573	44%	42 (48%)
2013/14	1800	1703	45%	43 (43%)
2012/13	1800	1803	46%	47 (56%)
2011/12	1728	1610	42%	32 (40%)

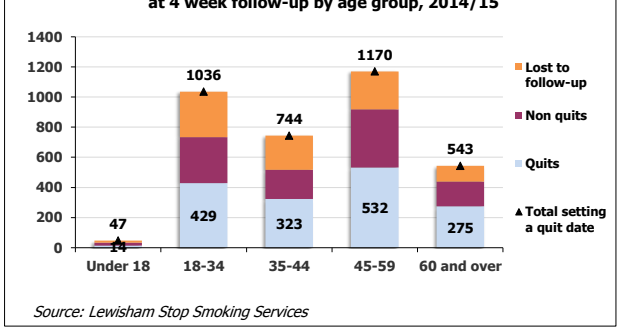
Quarterly 4 week quits	Q1		Q2		Q3		Q4	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual
2014/15	462	377	366	369	481	411	591	416
2013/14	438	396	347	371	456	391	559	545
2012/13	438	392	347	372	456	350	559	689
2011/12	428	438	343	362	387	335	570	475

Number of pregnant smokers in Lewisham who had quit (self-report) at 4 week follow-up



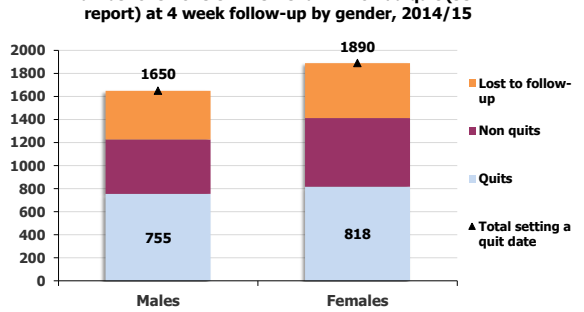
Source: Lewisham Stop Smoking Services

Number of smokers in Lewisham who had quit (self-report) at 4 week follow-up by age group, 2014/15



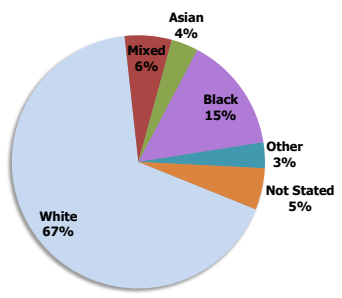
Source: Lewisham Stop Smoking Services

Number of smokers in Lewisham who had quit (self-report) at 4 week follow-up by gender, 2014/15



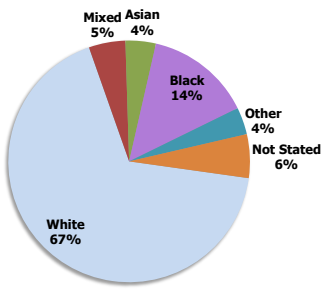
Source: Lewisham Stop Smoking Services

Ethnic breakdown of number of smokers in Lewisham setting a quit date , 2014/15



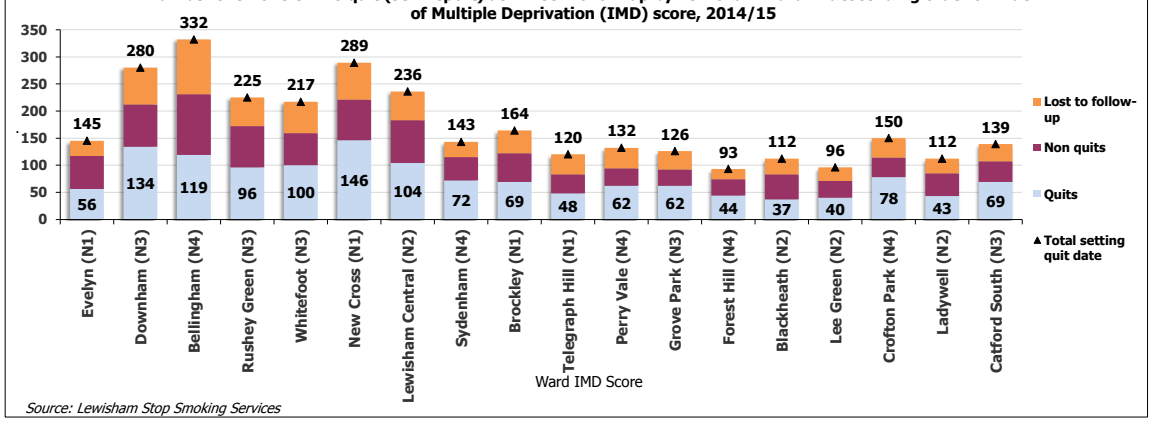
Source: Lewisham Stop Smoking Services

Ethnic breakdown of number of smokers in Lewisham who quit, 2014/15



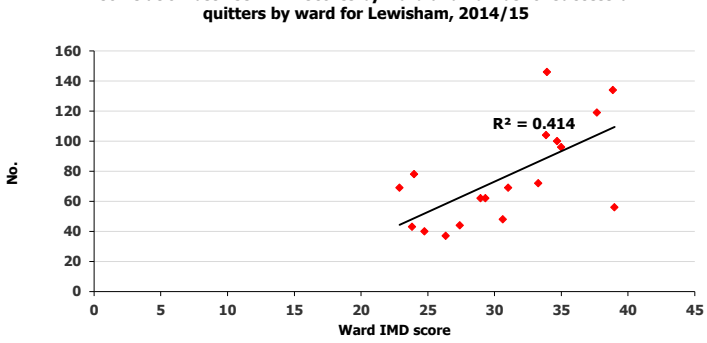
Source: Lewisham Stop Smoking Services

Number of smokers who quit (self-report) at 4 week follow-up by Lewisham ward in descending order of Index of Multiple Deprivation (IMD) score, 2014/15



Source: Lewisham Stop Smoking Services

Correlation between IMD scores by ward and number of successful quitters by ward for Lewisham, 2014/15



P-value = 0.002: The correlation is statistically significant at the accepted 5% level

Source: Lewisham Stop Smoking Services

Achievements

· Smoking prevalence has decreased slightly, reflecting a downward trend over the past few years.

· Smoking status at time of delivery remains less than half that of London and England (SATOD).

· Under 75 mortality from lung cancer has increased. Although the rate is a notable rise on 2012, a three year average for 2011-2013 of 42.9 reveals that the indicator is subject to large yearly changes. The three year average is also comparable to similar authorities: Lambeth (41.9); Greenwich (42.7) and Southwark (41.1). The high smoking prevalence in the 1960s-80s is the main contributor to lung cancer deaths. Smoking prevalence has continued to decrease in the borough over the last ten years, which will eventually reduce lung cancer deaths.

· There are a number of key actions identified at a local level in addition to national measures to reduce smoking prevalence. These include continued focus on enforcement (there has been significant success in seizures of illegal tobacco) and a stop smoking service for heavily addicted smokers.

· There has also been particular success in reaching smokers and encouraging them to quit in more deprived areas of the borough and raising awareness among 12-13 years olds through an evidence based peer to peer education programme in schools.

Public Health Outcomes: Cardiovascular Disease NHS Health Checks

Key Messages

- The NHS Health Check programme aims to prevent heart disease, stroke, diabetes and kidney disease, and raise awareness of dementia both across the population and within high risk and vulnerable groups. In April 2013 the NHS Health Check became a mandated public health service in England. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years.
- Lewisham has high premature mortality rates from circulatory disease compared with London and England and CVD is a major contributor to the life expectancy gap between Lewisham and England. However, Lewisham has lower levels of detected disease. In 2013 there were 32,709 people diagnosed with hypertension in Lewisham. This was lower than expected and 10.3% of adults (an estimated 20,000) could have hypertension who have not been diagnosed. K
- The Lewisham NHS Health Check programme was nationally recognised in November 2014 and was awarded the Heart UK "Team of the Year" award for the Community Pharmacy Health Check Service. Twenty five percent of all health checks have been undertaken by community pharmacies .
- The health check programme is increasingly reaching more men (44% in 2014/15). The majority of people attending are in the younger age group (40-55 years)
- At least 20 per cent of the eligible population have been offered a health check annually. The annual % uptake rate is increasing and in 2014/15 uptake was 47% in line with

Health and Wellbeing Board Performance Metrics

Indicator	Latest period of availability	Lewisham	London	England	England benchmark	Direction from previous period
Under 75 Mortality from CVD (rate per 100,000)	2011-13	87.4	80.1	78.2	sig high	↓

Activity Performance

		Lewisham	
		2013/14	2014/15
Number Offered	Actual	18,543	15,673
	Target	13,124	13,450
Number eligible	Actual	65,622	67,248
% eligible pop. offered:	Target	20%	20%
Number completed	Actual	7,075	6,064
	Target	7,800	
% Uptake	Actual	38.2%	38.7%
	London	47.3%	44.7%
	England	49.0%	45.3%

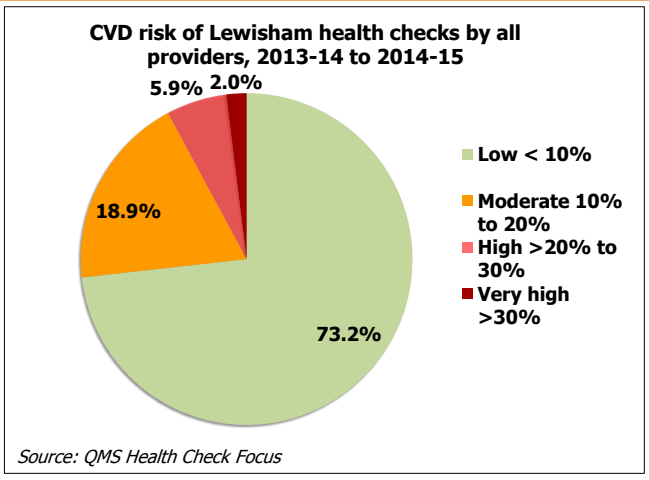
Source: QMS Health Check Focus

	% Uptake	
Similar CCG	2013/14	2014/15
Barking & Dagenham	45.4%	55.4%
Brent	51.4%	56.0%
City & Hackney	49.5%	64.4%
Croydon	234.9%*	45.3%
Greenwich	54.6%	60.1%
Haringey	45.0%	55.5%
Lambeth	32.4%	28.1%
Southwark	33.0%	41.6%
Waltham Forest	59.1%	50.9%
Wandsworth	74.8%	56.5%

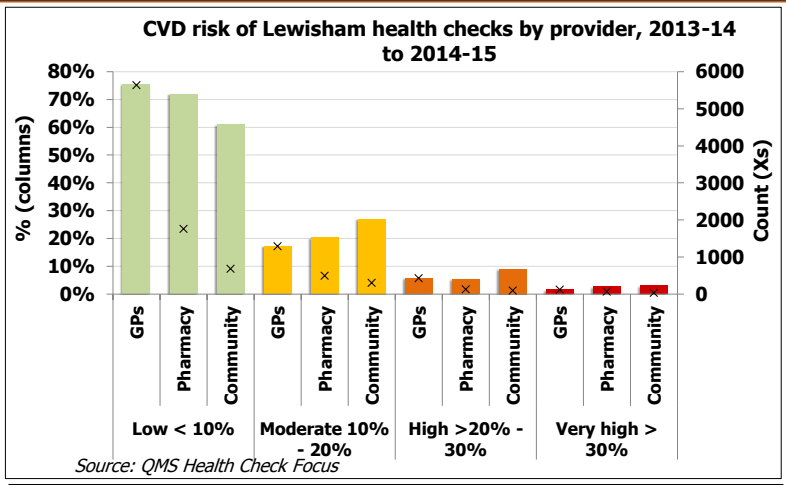
* indicates data quality issue

Source: http://www.healthcheck.nhs.uk/

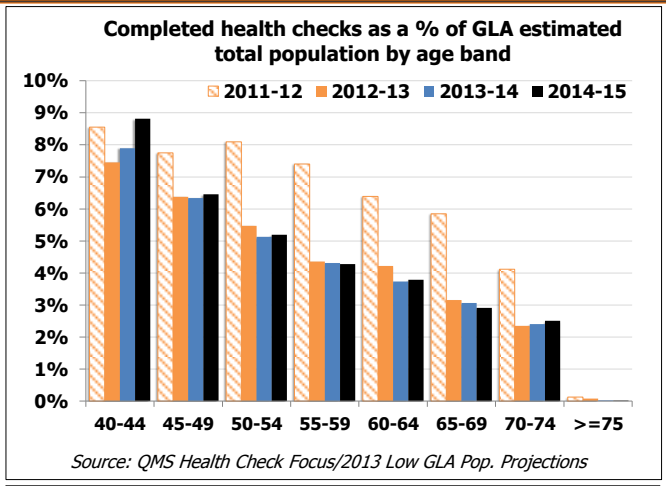
Trends/Benchmarks



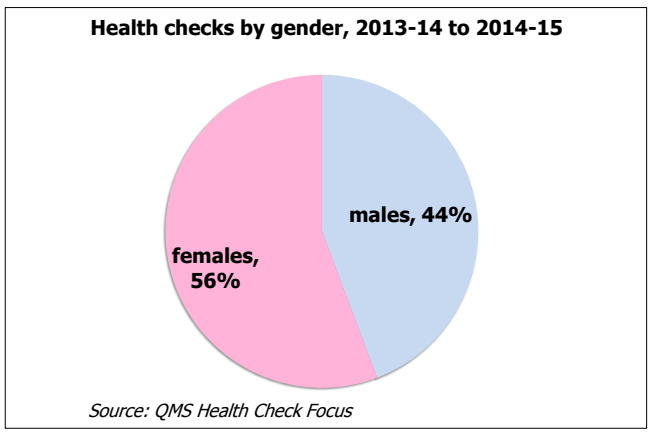
Source: QMS Health Check Focus



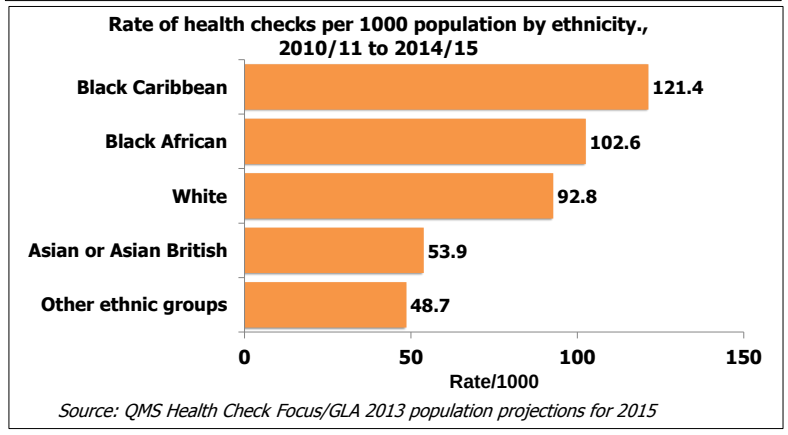
Source: QMS Health Check Focus



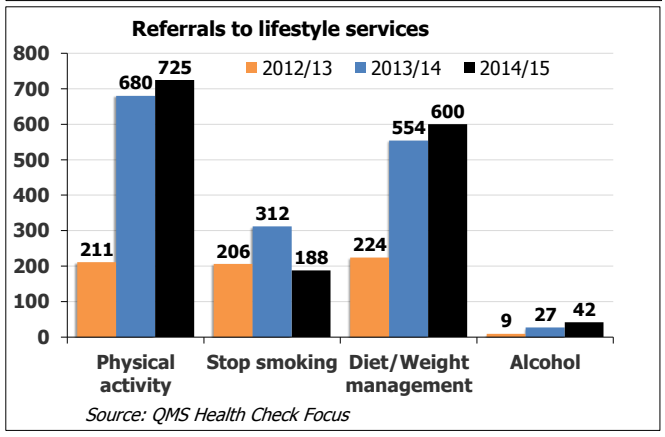
Source: QMS Health Check Focus/2013 Low GLA Pop. Projections



Source: QMS Health Check Focus



Source: QMS Health Check Focus/GLA 2013 population projections for 2015



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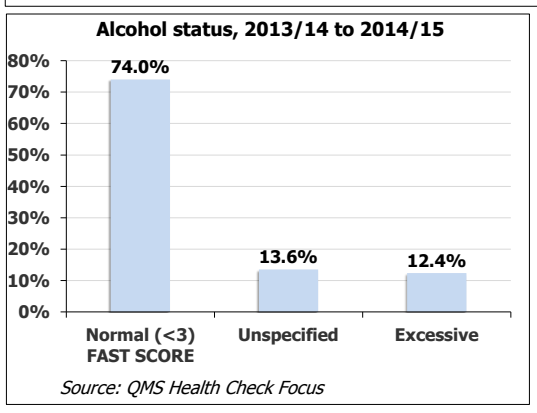

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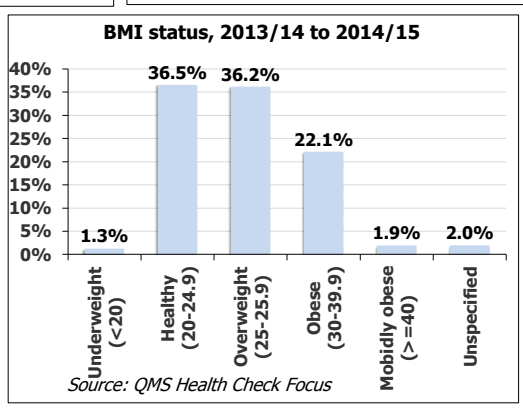

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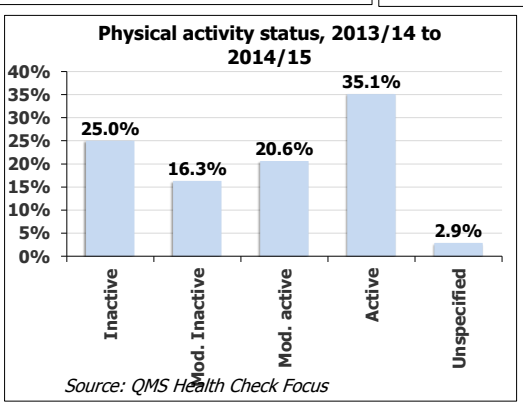

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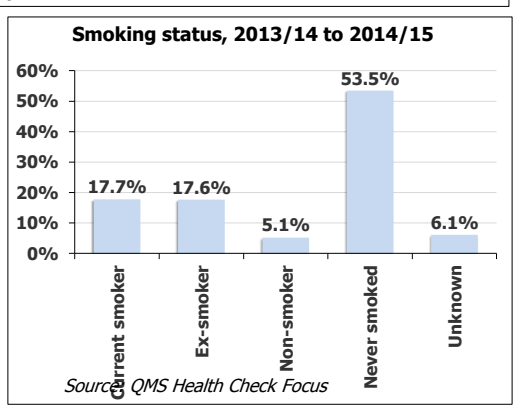

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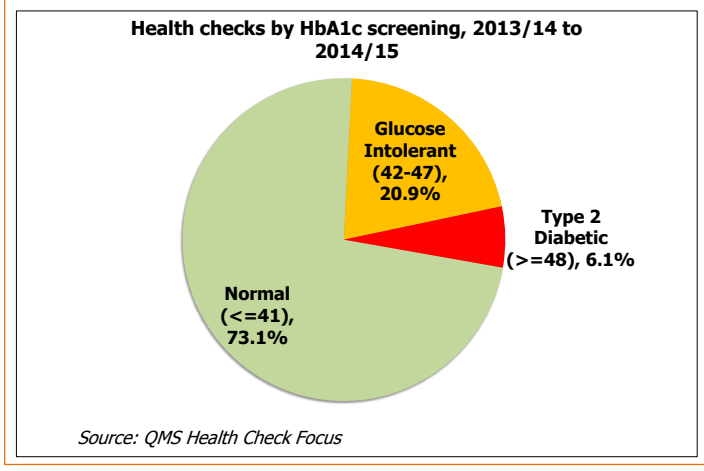

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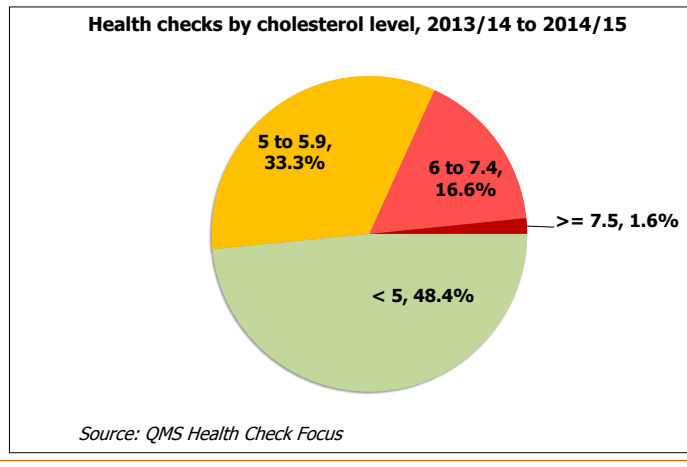

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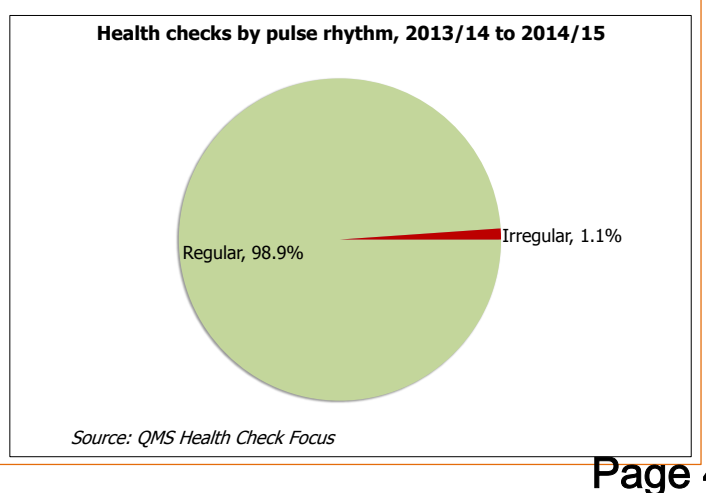

Source: QMS Health Check Focus

Public Health Outcomes: CVD NHS Health Checks

Achievements

In total over 29,000 Healthcheck have been undertaken in Lewisham.
The programme has been successful at identifying people at high risk of developing cardiovascular disease.(3,000 people).
The Lewisham NHS Health Check programme was nationally recognised in November 2014 and was awarded the Heart UK "Team of the Year" award for the Community Pharmacy Health Check Service. Twenty five percent of all health checks have been undertaken by community pharmacies.
The health check programme is increasingly reaching more men (44% in 2014/15). The majority of people attending are in the younger age group (40-55 years).
The programme has identified high numbers of Lewisham residents at high risk of developing diabetes and over six per cent with the established disease

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HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report Title	**Public Health Grant Reallocation 2015/16**		
Key Decision	Yes	Item No.	6
Ward	All		
Contributors	Executive Director for Community Services, Director of Public Health		
Class	Part 1	Date:	9 September 2015

1. Purpose

1.1 This report updates the Healthier Communities Select Committee on the allocation of Public Health Grant in 2015/16.

2. Recommendation/s

2.1 The Committee is recommended to note the re-allocation of that part of the ring-fenced Public Health Grant released by disinvestments from the original programme.

3. Policy Context

3.1 Under the Health and Social Care Act, the majority of public health responsibilities and functions transferred to the Council on 1 April 2013. This included all public health staff and all contracts for commissioned public health functions.

3.2 The Council has specific responsibilities, supported by its ring fenced public health grant (see next section), for commissioning public health services and initiatives. Some of these functions are mandatory and the Council is obliged to deliver the defined function, others are discretionary and the Council can determine the level of provision, guided by the Public Health Outcomes Framework, the local joint strategic needs assessment and the joint health and wellbeing strategy.

3.3 These responsibilities are

Mandatory commissioning responsibilities

- National Child Measurement Programme

- NHS Health Check assessments
- Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)

Locally determined commissioning responsibilities:

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (in longer term all public health services for children and young people)
- Interventions to tackle obesity such as community lifestyle and weight management services
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- Public mental health services
- Dental public health services
- Accident injury prevention
- Local initiatives on workplace health
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- Local authority role in dealing with health protection incidents, outbreaks and emergencies
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks

4. Background

4.1 At the start of 2015, Lewisham Council was faced with a savings requirement of £85m over the next 3 years. All areas of the Council's budget were considered, including those services managed directly by the Director of Public Health within Community Services. As part of this process use of the ring fenced Public Health Grant was reviewed to consider the extent it which it could be used to support Council services outside the core Public Health budget. Following a review of all transferred public health staff and all contracts for commissioned functions, potential disinvestments totalling £3.1 were identified..

4.2 The disinvestment proposals went through 3 public meetings: The Children & Young People's Select Committee, The Healthier Communities Select Committee, and the Public Accounts Committee and were also discussed at partnership meetings with the CCG and Lewisham and Greenwich Trust. They were approved by Mayor & Cabinet in February.

4.3 A further indicative target of £2m of reductions has been set for 2016-18. The Department of Health is also consulting on a reduction to an in-year reduction in public health funding to local authorities. An announcement on the level of reduction is not expected before November, leaving little time for in-year savings to be made. Based on the sum sought nationally, £200m, the pro rata saving for Lewisham would be £1.48m.

4.3 The public health budget is ring fenced in 2015/16. Where reductions have been identified in the current public health budget these will be used to support public health outcomes in other areas of the council. The guiding principle for the re-investment will be to support areas where reductions in council spend would have an adverse public health outcome.

4.4 In line with the Health and Social Care Act, the Council must use the public health grant:

(i) To deliver its statutory duties to take such steps as it considers appropriate for improving the health of people in its area, and to plan for and respond to emergencies involving a risk to public health;
(ii) To deliver the key public health outcomes in the National Public Health Outcomes Framework.

5. Prioritisation Process

5.1 In order to help the council to allocate available public health grant monies in 2015/16 and from 2016/17 onwards to continue to support delivery of public health outcomes that are currently delivered across all areas of the council, each Directorate was asked to identify those services within the directorate that have the largest impact on public health outcomes.

5.2 The list was then prioritised by the Director of Public Health and the Exec Director for Resources and Regeneration.. An analysis gave priority to service areas with the greatest public health impact

5.3 The resulting list is as follows, with individual values (in £000) and a running total showing the cumulative value of proposals

		Total £000	Cumulative Total £000
Top 3	Leisure	400	400
	Children's Centre	550	950
	Homelessness	245 (originally 45)	1195
Next 3	VAWG	400 (originally 600)	1595
	Food & Safety	187	1782
	Environmental protection	77	1859
Next 3	CAMHS	313	2172
	Benefits Advice	200	2372
	Adult Care: Prevent Isolation	750	3122
Next 10			
	Allotments	70	3192
	Active Outdoor volunteering	95	3287
	Outdoor gyms	4	3291
	Playgrounds	48	3339
	Sport pitches	46	3385
	Ball courts	28	3413
	Skate parks	3	3416
	Grants (communities that care element)	500	3916
	Local support schemes	300 (move to top of 'next 10')	4216

5.4 Savings in 2015/16 required substitution totalling £3.1m (£2.6m from the budgets managed directly by the Director of Public Health, £0.5m from budgets managed by the Head of Crime Reduction and SP). The first 9 schemes in the above list have therefore been substituted for the reductions. The remaining items ("next 10") will be substituted should further reductions be made to the overall PH programme.

Financial implications

6.1 The report describes accounting arrangements for the Public Health Grant in 2015-16.

6.2 For 2015/16 reductions have been agreed against the core public health budgets and the Council needs to formally reallocate the grant to other areas of eligible spend. This paper describes the basis on which this allocation has been made.

6.3 In addition to those budgets formally described as “Public Health” the Council provides an extensive range of other services which contribute to public health outcomes and can be funded from the ring-fenced grant. In 2013/14 and 2014/15 there were small underspends against the core public health budget but total eligible spend across the Council was considerably in excess of the grant allocation.

6.4 If further reductions are necessary in public health budgets those areas where Public Health Grant has been applied will be part of the base from which the disinvestments are sought. A further reallocation will then be required.

6.5 The Public Health Grant is currently ring-fenced. At year end the Council is required to submit a letter of assurance confirming that the full grant allocation has been spent in accordance with grant conditions and to discharge public health functions. This has to be signed by the Chief Executive or the Section 151 Officer and by the Director of Public Health

6.6 There are no other specific financial implications to this report

7. Legal implications

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

8. Crime and Disorder Implications

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

9. Equalities Implications

9.1 There are no specific equalities implications arising from this report however addressing health inequalities is a key element of the Lewisham Health and Wellbeing Strategy.

10. Environmental Implications

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

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11. Conclusion

11.1 Resources to deliver public health outcomes are challenged. This is likely to have implications for the delivery of outcomes. This report describes the pragmatic approach that is being taken to minimising this impact.

If there are any queries on this report please contact **Dr Danny Ruta**, **Director of Public Health**, 020 8314 ext 49094**.**

Healthier Communities Select Committee			
Title	GP Do Not Attends: Scoping Paper	**Item No**	7
Contributors	Interim Overview and Scrutiny Manager		
Class	Part 1	**Date**	9 September 2015

1. Purpose of paper

1.1 It has been suggested that the Committee might wish to undertake an in-depth review into GP missed appointments known as 'Do Not Attends' (DNAs).

1.2 This paper provides some background information on the issue and sets out proposed terms of reference for a review, should the Committee wish to carry one out.

1.3 The in-depth review process is outlined at Appendix A.

2. Recommendations

The Select Committee is asked to:

- Note the content of the report.
- Consider the proposed key lines of enquiry for the review, outlined in section 6 and the timetable, outlined in section 7.
- Decide whether or not to carry out a review.

3. Policy context

National policy

3.1 The NHS was created out of the ideal that good healthcare should be free at the point of delivery, available to everyone and provided based on clinical need. In March 2011, the Department of Health published the NHS Constitution which clearly sets out the guiding principles of the NHS, including providing a comprehensive service available to all; ensuring that access to NHS services is based on clinical need, not an individual's ability to pay; and providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources. The NHS Constitution emphasises patients' responsibilities in terms of having access to GP services, asking patients to "please keep appointments, or cancel within reasonable time".[1]

[1] See: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/448466/NHS_Constitution_WEB.pdf , P11

3.2 The issue of GP missed appointments is of particular concern to the current Secretary of State for Health, Jeremy Hunt, who in July 2015 announced that "patients who miss appointments will be told how much they have cost the NHS".[2] He suggested that missed GP appointments were costing the taxpayer £162m a year and stated that he sympathised with the idea of charging patients for missing GP appointments, although was clear that there were no plans for this to happen.

3.3 However, it is worth noting that the cost of missed GP appointments has been disputed. The 'Full Facts' website subsequently reported that they were unable to find a good source for the figure he quoted beyond a survey of GPs that took place a decade ago; and they doubted that the figure was representative of the situation now as it was reported at the time that the proportion of missed appointments was falling.[3]

3.4 Understanding the true extent of missed appointments and the cost of this to the NHS is difficult, as the government does not collect data on missed GP appointments. Some individual GP practices do collect data but not all, and they are under no obligation to do so. It is therefore very difficult to understand the scale of the problem[4].

Local policy

3.5 Lewisham's Sustainable Communities Strategy (2008-2020) sets out a partnership vision of a resilient, healthy and prosperous borough. One of the governing principles of the strategy is '*delivering together efficiently, effectively and equitably – ensuring that all citizens have appropriate access to and choice of high quality local services'*, including health services. Furthermore, one of the six strategic priorities within the strategy is "*healthy, active and enjoyable – where people can actively participate in maintaining and improving their health and well-being*".

3.6 The Lewisham Adult Integrated Care Programme, established by Lewisham's Health and Wellbeing Board, has the aim of increasing the pace and scale of integration across health (primary, community and secondary care) and social care. Its overall purpose is to deliver the vision of 'Better Health, Better Care, Stronger Communities'. As the population ages, it develops more complex health needs and an increasing number of people are living with long term health conditions. This means that there is increasing pressure on health services. Health partners across the borough therefore believe that, through the Integrated Care Programme, it is essential to manage resources in a more effective way, including GP resources.

4. GP DNAs in Lewisham

[2] See: http://www.bbc.co.uk/news/uk-33375976
[3] See: https://fullfact.org/live/2014/jun/160m_cost_missed_GP_appointments-33194
[4] See:
http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131126/text/131126w0004.htm#131126w0004.htm_wqn67

Background

4.1 In March 2015, the Chair of the Committee received a letter from the Chair of the Patient Participation Group at the Grove Medical Centre in Deptford. The letter explained that the issue of DNAs was a key one for the group, who felt that DNAs wasted the time of GPs and receptionists, as well as inconveniencing other patients. He therefore suggested that the Committee might want to look into this issue.

4.2 Subsequently the Lewisham Local Medical Committee, a statutory body which represents the interests of Lewisham GPs and their teams, was asked for its view on the issue. The Chair of the LMC made the following points:

- Data on missed GP appointments is not collected nationally. However, some GP practices in Lewisham keep their own records and the LMC could look to collate figures for DNAs locally.
- DNAs are often generated by vulnerable patients so in addition to wasting time through the appointment not being used, they also regularly require GPs to follow them up and rebook - as it is often the case that the patient's health needs require being seen by a GP.
- Whilst he would not personally advocate charging patients for DNAs as this could impact on the most in need, work did need to take place to address the causes of DNAs. GPs needed to reach out to the local population in a more effective way and engage them in understanding that healthcare is a finite resource and missed appointments have a health impact both for themselves and for others.
- DNAs represent a public health and commissioning concern and all parties should engage in this agenda.

Key issues

4.3 The Lewisham Clinical Commissioning Group (CCG) has made the following points in relation to this issue:

- As of 1 April 2015 the Lewisham Clinical Commissioning Group is jointly co-commissioning primary care services (GP practices) with NHS England. This new working arrangement is delivered via the Lewisham CCG and NHS England Primary Care Joint Committee.
- During February and March of this year, as a part of delivering the CCG Primary Care Strategy (shared with the HCSC on 14 January 2015), the CCG ran a series of workshops at a 'neighbourhood level' with Patient Participation Groups (PPGs). Over 70 representatives from PPGs across the borough attended the four neighbourhood workshops. The purpose of the workshops was to ensure patient involvement in the delivery of primary care services. PPGs were asked to consider 3 specific areas; (i) the role of Local PPGs; (ii) accessing GP services; and (ii) collaborative working. PPGs representing practices raised a number of issues with regard to accessing GP services, which included addressing DNAs. PPGs

themselves recommended a number of solutions and techniques that practices could utilise/adopt to the address this issue. These outcomes were shared with practices and incorporated in the CCG's support programme to GP practices to improve access for patients.

- Lewisham CCG recommends that in its deliberations the committee considers that: (a) data on the number of patient DNAs is not collected nationally or routinely for GP services; and (b) If individual GP practices do collect this data of this nature on a regular basis, it will be pertinent and relative to how that particular practice chooses to determine their capacity and appointment structure. Therefore, it will prove difficult to consider benchmarking practices in the borough or indeed develop a baseline to assess any improvements from any likely initiatives.
- The CCG is keen to work with the Committee and would welcome a discussion on how best to approach this subject given that data is not routinely or systematically collected, without placing additional demands on GP practices.
- The CCG would welcome the Committee's support and resources in its wider programme to improve access to primary care services.
- In addition, the CCG would recommend that the Committee considers approaching this from a patient perspective as the CCG has recently done, perhaps utilising the expertise of patient groups like Healthwatch.

4.4 Should the Committee agree to investigate this issue further, it will be necessary to understand some of the causes of DNAs and if there are specific factors behind the generation of DNAs in Lewisham.

4.5 The two most commonly cited reasons for DNAs are patients forgetting appointments and clerical errors or communication failures which mean the patient was unaware of the appointment. Other reasons might include:

- Socio-demographic factors including: age and gender; distance from GP; deprivation.
- Patient factors including: no longer need to attend; too unwell to attend; employment; previous experience; seriousness of illness; nature of illness, childcare; cost of travel prohibitive; travel difficult to organise; public transport difficult to access.
- GP practice factors including: difficulty in cancelling appointments; incorrect recording; poor appointment card design; lack of notification; short notification; organisation of clinics; booking issues; time or day of appointment may be inconvenient; transport / parking; GP/patient communication[5].

4.6 In order to consider which strategies might reduce DNAs it is first important for individual GP practices to understand the specific reasons behind their DNAs. This might involve considering any patterns in their DNAs (e.g. whether

[5] http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/dnas_-_reducing_did_not_attends.html

patients DNA at certain times of the day) and investigating the reasons behind the patterns. The aim should be to understand the patient profile so attending appointments can be made as easy as possible. GP practices might also consider conducting a telephone or postal patient questionnaire, which may uncover issues such as difficultly in understanding appointment cards or transport and parking problems.

4.7 Once the major causes are understood, one or more of the following strategies for dealing with DNAs might be appropriate:

- Making sure the appointment is necessary (e.g. reducing the number of inappropriate follow-ups to free up time and reduce the number of patients who don't attend because they feel the appointment is unnecessary).
- Improving communication (e.g. making sure appointment cards are easy to read and understand taking into account the font, style of language and layout; making sure appointment times and dates are communicated clearly over the phone (and repeated back to the receptionist); and considering if translation is required.
- Ensuring, where possible, that appointments are made at a convenient time for patients, taking into account their transport, childcare, employment requirements etc.
- Making it easy to cancel appointments by having a freephone telephone number and a 24-hour answering machine.
- Training staff so they are able to accurately record cancellations and reschedule appointments electronically.
- Reminding patients about their appointments (e.g. letters/emails in relation to appointments booked well in advance and text messages for imminent appointments).
- Allowing patients to check, book and cancel appointments at their own convenience (and order repeat medication) online.
- Introducing telephone consultations (possibly via Skype) for patients who do not need a physical examination.
- Partially abandoning appointments and moving, for example, to a ‘walk-in’ system in the morning and appointments in the afternoon.

4.8 There is some evidence that simple interventions can have a significant impact on reducing DNAs. In 2013, NHS Bedfordshire trained reception staff at two primary care sites in Bedfordshire to implement three interventions in relation to DNAs. It was subsequently reported that the package of three interventions successfully reduced the number of appointments wasted by patients who missed appointments by 31.7% (124 appointments per month in total across the two sites)[6]. The interventions included:

- On the telephone: reception staff asking patients to repeat back verbally the day and time of the appointment they are given before completing the call.

[6] See: https://arms.evidence.nhs.uk/resources/qipp/915463/attachment

- In the GP Practice: providing patients with a card to write the details of their appointment themselves rather than a receptionist, nurse or doctor doing so.
- Replacing the poster highlighting the number of missed appointments with a poster that showed the much larger number of patients who do turn up on time.

12 months after implementation it was reported that a reduction in the DNA rate of about 30% had been maintained.

5. Meeting the criteria for a review

5.1 A review into GP DNAs meets the criteria for carrying out a scrutiny review, because:

- Maximising the use of NHS resources is an issue of concern both nationally and locally.
- Scrutiny could add value in this area by highlighting ways in which this issue could be tackled more comprehensively/holistically.

5.2 However, before agreeing to commence an in-depth review, the Committee should consider some of the drawbacks and limitations associated with carrying out a review into GP DNAs, as well as the expected benefits.

Limitations / Drawbacks

- There is no centrally held data about the numbers of patients that do not attend their appointments - dealing with missed appointment is predominantly an issue for individual practices. This will have an impact on the data that can be collated as evidence for the review.
- The Lewisham CCG, acting on advice from NHS England, does not believe that GP DNAs are a significant issue in Lewisham.
- The factors behind DNAs can be unique and specific to the GP practice in question. What causes DNAs in one GP practice may not cause DNAs in another. If sharing 'good practice' is a desired outcome of the review, it's value may be limited.
- It can been argued that GP DNAs are only a problem if they occur in very large numbers and that a low level of DNAs actually provide GPs with much needed 'catch up time'. GP appointments often overrun and the odd DNA can allow slippages to be rectified, reducing the amount of time subsequent patients have to wait for their appointment. They can also provide time for GPs to catch up on key tasks such as submitting referrals and writing letters on behalf of patients.

Benefits

- Some GP practices in Lewisham feel that DNAs are a significant issue for them and a review might help these practices think of new and more effective ways of tackling the issue.
- DNAs can result in reduced NHS efficiency. Anything further that can be done to reduce high levels of DNAs will save GP time, patient time and tax payers' money.

6. Key lines of enquiry (KLOE)

6.1 It is suggested that, should a review be carried out, it covers the following key lines of enquiry:

6.2 **The scale and impact of DNAs in Lewisham**

- What data is available to reveal the extent of the DNA problem in Lewisham?
- What is the average cost to the NHS of a GP appointment in Lewisham?
- How much money is being lost in Lewisham as a result of DNAs?
- What impact are DNAs having on GPs and other patients?

6.3 **The causes of DNAs**

- What are the causes of DNAs?
- What are the most common causes of DNAs in Lewisham and does this vary from practice to practice?

6.4 **Strategies to tackle DNAs**

- What strategies are there to tackle DNAs?
- What strategies are already being used by Lewisham GP practices to reduce DNAs?
- Are there any examples of successful strategies being implemented elsewhere in the country that might be successful in Lewisham?

6.5 As suggested by Lewisham CCG, the expertise of patient groups like Healthwatch could be utilised in this review, to ensure that the patient perspective is taken into consideration.

7. Timetable

7.1 The Committee is asked to consider the following outline timetable for a review, should one be agreed. It is suggested that two evidence sessions are held: one receiving relevant data on the issue; and considering the work already being carried out in Lewisham (focussing on two Lewisham GP surgeries with different approaches to the issue); and one focussing on good practice elsewhere and the applicability of these approaches to the issue as it appears in Lewisham.

First evidence-taking session (November 2015)

- Receiving available data on GP DNAs in Lewisham (sought from individual practices / the Lewisham LMC).
- Receiving information on the probable causes of DNAs (generally and in Lewisham in particular).
- Receiving written/verbal evidence from two GP practices in Lewisham on their experience of DNAs (numbers and causes) and their approach to tackling DNAs.
- Hearing the views of Lewisham Healthwatch.

Second evidence-taking session (January 2016)

- Receiving written/verbal evidence from GP practices outside of the borough who have innovative/successful approaches to managing DNAs.
- Considering if any of the approaches being taken by GP Practices (in Lewisham and elsewhere) should be promoted to all GP practices in Lewisham, taking into consideration the main causes of DNAs in the borough.

Recommendations and final report (March 2016)

- Considering a final report presenting all the evidence taken and agreeing recommendations for submission to Mayor & Cabinet / the Lewisham LMC / Lewisham CCG.

8. Further implications

At this stage there are no specific financial, legal, environmental or equalities implications to consider. However, each will be addressed as part of the review.

For further information please contact Charlotte Dale, Interim Overview and Scrutiny Manager on 020-8314-9534

Appendix A

How to carry out an in-depth review

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Healthier Communities Select Committee			
Title	Select Committee work programme		
Contributor	Scrutiny Manager	Item	8
Class	Part 1 (open)	9 September 2015	

1. Purpose

To advise Members of the proposed work programme for the municipal year 2015/16, and to decide on the agenda items for the next meeting.

2. Summary

2.1 At the beginning of the municipal year, each select committee drew up a draft work programme for submission to the Business Panel for consideration.

2.2 The Business Panel considered the proposed work programmes of each of the select committees on 28 April 2015 and agreed a co-ordinated overview and scrutiny work programme. However, the work programme can be reviewed at each Select Committee meeting so that Members are able to include urgent, high priority items and remove items that are no longer a priority.

3. Recommendations

3.1 The Committee is asked to:

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

4. The work programme

4.1 The work programme for 2015/16 was agreed at the Committee's meeting on 21 April 2015.

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

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

5. The next meeting

5.1 The following reports are scheduled for the meeting on 14 October 2015:

Agenda item	Review type	Link to Corporate Priority	Priority
Development of the local market for adult social care services	Standard item	Active, healthy citizens	Medium
LCCG Commissioning Intentions	Standard item	Active, healthy citizens	Medium
South East London Strategy	Standard item	Active, healthy citizens	High

5.2 The Committee is asked to specify the information and analysis it would like to see in the reports for these item, based on the outcomes the committee would like to achieve, so that officers are clear on what they need to provide for the next meeting.

6. Financial Implications

There are no financial implications arising from this report.

7. Legal Implications

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

8. Equalities Implications

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

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

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

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

9. Date of next meeting

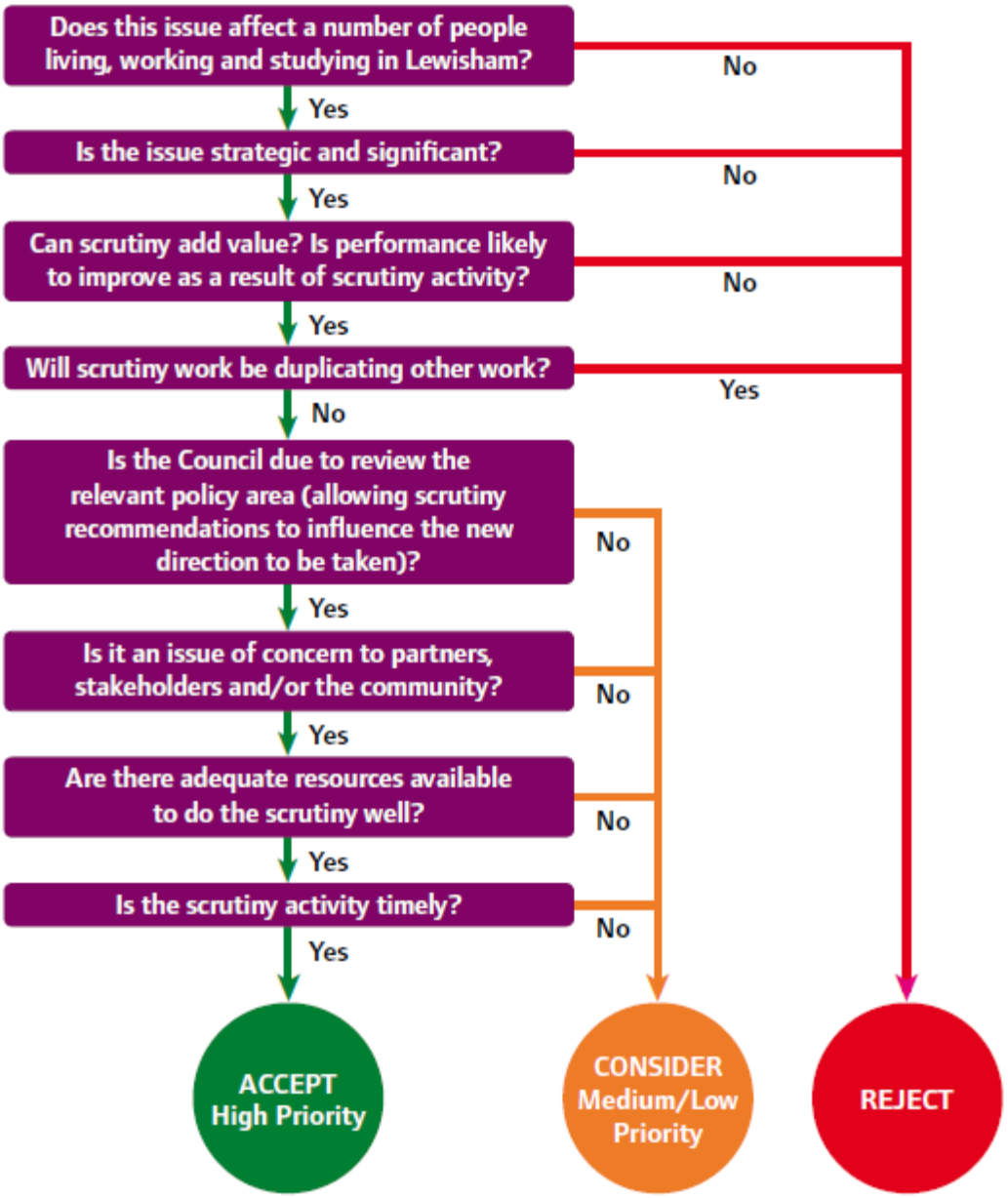
The date of the next meeting is Wednesday 14 October 2015

Background Documents

Lewisham Council's Constitution

Centre for Public Scrutiny: the Good Scrutiny Guide

Scrutiny work programme – prioritisation process



Healthier Communities Select Committee work programme 2015/16

Programme of work

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			Savings				
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	Oct							
CQC update	Standard review	Medium	CP9	Jun							
Day centres consultation	Standard review	High	CP9	Jun							
Reinvesting Public Health savings	Standard item	Medium	CP9	Sep							
Public health annual report	Performance monitoring	Medium	CP9	Sep							
LCCG commissioning intentions	Standard review	Medium	CP9	Oct							
Transition from children's to adult social care	Standard review	Medium	CP9	Jun							
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	Jan							
Implementation of the Care Act	Standard review	Medium	CP9	Jan							
Community education Lewisham annual report	Performance monitoring	Medium	CP9	Mar							
Adult safeguarding annual report	Standard item	Medium	CP9	Mar							
Campaign in Lewisham for Autism Spectrum Housing	Information item	Medium	CP9	Mar							
Lewisham and Greenwich NHS Trust Quality Account	Standard item	Medium	CP9	Jun							
South East London Strategy	Standard review	High	CP9	Oct							
DNAs review	In-depth review	High	CP9	Mar			Scope				

	Item completed
	Item on-going
	Item outstanding
	Proposed timeframe
	Item added

Meetings					
1)	Tue	21 April	5)	Thu	12 November
2)	Thur	25 June	6)	Wed	13 January
3)	Wed	9 September	7)	Wed	2 March
4)	Wed	14 October			

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FORWARD PLAN OF KEY DECISIONS

Forward Plan September 2015 - December 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**
August 2015	**Approval of Operator to Develop and Manage Lewisham's Enterprise Hubs**	09/09/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2015	**Anti Social Behaviour, Crime & Policing Act 2014 - Request for Delegated Authority**	09/09/15 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Janet Daby, Cabinet Member Community Safety		
June 2015	**Enforcement Policy for Various Regulatory Functions**	09/09/15 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Janet Daby, Cabinet Member Community Safety		
August 2015	**New Homes Bonus/London Local Enterprise Panel**	09/09/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2015	**Consultation on proposal to close St Winfred's Nursery and Infant School, and St Winifred's Catholic Junior School, and establish a new Catholic Voluntary Aided Primary School**	09/09/15 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
June 2015	**Award of Resurfacing Contract**	09/09/15 Mayor and Cabinet	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**
		(Contracts)	Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2015	**Health Visiting and Family Nurse Partnership Contract**	09/09/15 Mayor and Cabinet (Contracts)	Sara Williams, Interim Head of Service, Children and Young People and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
August 2015	**Surrey Canal Linear Park Route 5 North Lewisham Links Strategy**	09/09/15 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2015	**Extension of block contractual arrangements for nursing homes October 2015 to March 2016**	09/09/15 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
June 2015	**Award of Contract for works to expand Turnham Primary school**	22/09/15 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		
August 2015	**Audited Statement of accounts 2014/15**	23/09/15 Council	Janet Senior, Executive Director for Resources &		

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			Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
June 2015	**Blackheath Bye-laws**	23/09/15 Council	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
June 2015	**Parks Bye-laws**	23/09/15 Council	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
August 2015	**New Lewisham Local Plan: Consultation on Main Issues**	23/09/15 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2015	**Copperas Street Depot - Disposal**	30/09/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2015	**Lewisham Homes Business Plan**	30/09/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		

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August 2015	**Local Implementation Plan Annual Spending Submission**	30/09/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2015	**House on the Hill - establishment of the post 19 college**	30/09/15 Mayor and Cabinet	Sara Williams, Interim Head of Service, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
August 2015	**New Homes Better Places Programme Update**	30/09/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
May 2015	**Proposals by Archdiocese of Southwark St Winifred Infant School, St Winifred Junior School and Our Lady & St Philip Neri and inclusion in Capital Programme**	30/09/15 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
June 2015	**Revenue Budget Savings**	30/09/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		

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June 2014	**Surrey Canal Triangle (New Bermondsey) - Compulsory Purchase Order Resolution**	30/09/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2015	**Agreement for the allocation of the small and faith grants fund via a crowd-funding platform**	30/09/15 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		
August 2015	**Church Grove Self Build Housing**	30/09/15 Mayor and Cabinet (Contracts)	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
June 2015	**Dacre South Construction Contract Award**	30/09/15 Mayor and Cabinet (Contracts)	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
June 2015	**Longfield Crescent Construction Contract Award**	30/09/15 Mayor and Cabinet (Contracts)	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
June 2015	**Woodvale Contract award**	30/09/15 Mayor and Cabinet (Contracts)	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		

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June 2015	**Award of Homecare Contracts**	30/09/15 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
June 2015	**House on the Hill Design & Build Contract Award and Contract Extension for action for children.**	30/09/15 Mayor and Cabinet (Contracts)	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
August 2015	**Community Budget: Establishment of a joint committee between Lambeth, Lewisham and Southwark**	21/10/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2015	**Heathside & Lethbridge Housing Regeneration Scheme update**	21/10/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
February 2015	**Review of Licensing Policy**	21/10/15 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		

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August 2015	**Lewisham River Corridor Improvement Plan Supplementary Planning Document**	21/10/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2015	**Re-procurement of Sexual Health Services (GUM**	21/10/15 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
November 2014	**Award of Highways Public Realm Contract Coulgate Street**	21/10/15 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2015	**Annual Complaints Report 2014/15**	11/11/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Joe Dromey, Cabinet Member Policy & Performance		
August 2015	**Annual Parking Report**	11/11/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Rachel Onikosi, Cabinet Member Public Realm		
June 2015	**Capital and Revenue Budget Monitorig**	11/11/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources &		

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			Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2015	**Children and Young People Plan**	11/11/15 Mayor and Cabinet	Sara Williams, Interim Head of Service, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
August 2015	**Discharge into the Private Rented Sector**	11/11/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
August 2015	**Homelessness out of Borough allocations process**	11/11/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
August 2015	**Housing-Led Regeneration Opportunities**	11/11/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
August 2015	**ICT Shared Service Update**	11/11/15 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member		

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			Resources		
August 2015	**Determination of the applications to establish a neighbourhood forum and to designate a neighbourhood area for Lee Green**	11/11/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2015	**Determination of the applications to establish a neighbourhood forum and to designate a neighbourhood area for Deptford**	11/11/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
May 2015	**Formal Designation of Crystal Palace & Upper Norwood Neighbourhood Forum and Area**	11/11/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2015	**Children and Young People Plan**	25/11/15 Council	Sara Williams, Interim Head of Service, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
August 2015	**Lewisham River Corridor Improvement Plan Supplementary Planning Document**	25/11/15 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
February 2015	**Review of Licensing Policy**	25/11/15 Council	Aileen Buckton, Executive Director for		

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			Community Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
June 2015	**Council Tax Reduction Scheme 2016-17**	09/12/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2015	**Parks Events Policy 2016- 2020**	09/12/15 Mayor and Cabinet	Councillor Alan Smith, Deputy Mayor and Councillor Rachel Onikosi, Cabinet Member Public Realm		
June 2015	**Revenue Budget Savings**	09/12/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2015	**Section 75 arrangements for Children and Young People**	09/12/15 Mayor and Cabinet	Kath Nicholson, Head of Law and Councillor Paul Maslin, Cabinet Member for Children and Young People		
June 2015	**Council Tax Reduction Scheme 2016-17**	20/01/16 Council	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member		

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			Resources		
June 2015	**Capital and Revenue Budget Monitoring**	10/02/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2015	**Housing Allocations Policy**	17/02/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		