

Public Document Pack

Healthier Communities Select Committee Agenda

Wednesday, 14 October 2015

7.00 pm,

Council Chamber

Civic Suite

Lewisham Town Hall

London SE6 4RU

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

Part 1

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Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Wednesday, 14 October 2015.

Barry Quirk, Chief Executive
Tuesday, 6 October 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)	
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MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 9 September 2015 at 7.00 pm

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

APOLOGIES: Councillor Susan Wise

ALSO PRESENT: Simone van Elk (Scrutiny Manager), Councillor Chris Best, Aileen Buckton (Executive Director for Community Services), Dee Carlin (Head of Joint Commissioning) (LCCG/LBL), Joan Hutton (Interim Head of Adult Assessment & Care Management), David Austin (Head of Corporate Resources), Janet Senior (Executive Director Resources and Regeneration), Danny Ruta (Director of Public Health), Ian Brandon (Interim Inspection Manager Hospitals Directorate - CQC), Nigel Bowness (Chair - Healthwatch Lewisham Working Group), Diana Braithwaite (Commissioning Director - Lewisham Clinical Commissioning Group), Simon Parton (Chair - Lewisham Local Medical Committee) and Georgina Nunney (Principal Lawyer).

1. Minutes of the meeting held on 25 June 2015

1.1 **RESOLVED:** that the minutes of the meeting held on 25 June 2015 be agreed as an accurate record.

2. Declarations of interest

2.1 The following non-prejudicial interests were declared:

Councillor Muldoon - Lead Governor of South London and Maudsley NHS Foundation Trust.

Councillor Jacq Paschoud - Chair of the Parent Carers Forum; and a family member in receipt of a package of social care.

Councillor Pat Raven – trustee of Lewisham Disability Coalition and a family member in receipt of a package of social care.

3. Care Quality Commission Update

3.1 Ian Brandon (Interim Inspection Manager Hospitals Directorate, CQC) gave a presentation to the Committee. The following key points were noted:

- The CQC's purpose is to make sure that health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve.
- A CQC inspection will produce a rating on the following scale: outstanding, good, requires improvement and inadequate.
- The CQC can intervene in the work of providers in a number of ways ranging from regulatory action through to putting conditions on services and even starting criminal prosecutions.
- After the Keogh review in 2013, the CQC changed its approach to inspections. The new inspections regime means that hospital inspection teams always include specialist inspectors, clinical inspectors and experts by experience.

- After an inspection of a hospital, a quality summit is held with the provider and stakeholders to launch the quality improvement process.
- Lewisham and Greenwich NHS Hospital Trust was last inspected by the CQC 18 months ago. As a result, an action plan was created to improve the care provided. The action plan contains 140 metrics. These metrics are continuously monitored by the CQC as the action plan is being implemented.

3.2 Ian Brandon responded to questions from the Committee and the following key points were noted:

- The CQC performs both announced and unannounced inspections. It can inspect providers 24 hours a day, and will often focus attention on the change-over between shifts.
- The CQC has recently acquired new powers to look at the sustainability and financial position of providers, but there is an ongoing conversation about the division of these responsibilities between the CQC and the NHS Improvement Agency.
- To assess the responsiveness of providers, the CQC looks at patient flow through the hospital from admittance through to discharge. It specifically looks at discharge planning, planning for the needs of the local population (e.g. winter planning and capacity planning), and shift patterns of staff.
- In schools, a rating of inadequate can lead to difficulties in recruitment. The CQC is reviewing the impact of its new rating system for this potential issue, although it hasn't been a problem so far. When a trust is rated as inadequate, often special measures are imposed and external support is put in place.
- When issues of particular urgency are identified during an inspection, the CQC will raise them as soon as possible with responsible staff and this often leads to immediate changes.
- When issues require improvement, the CQC can issue warning notices containing a deadline for change or send letters of action which highlight major concerns and ask for immediate action.
- The CQC is an independent arms-length body that inspects both NHS providers and private providers. It has been inspecting private providers since April 2015. It's too early to tell how private providers compare to NHS providers in inspection results. Both types of providers are required to meet the same regulatory standards. Often private providers will use different performance metrics to NHS providers so there is work ongoing to enable a comparison between the different metrics used by different providers.

3.3 **RESOLVED:** to note the presentation from the CQC and for the Committee to receive the CQC newsletter listing upcoming announced inspections.

4. **Lewisham Future Programme: 2016/17 DRAFT Revenue Budget Savings Proposals for Scrutiny**

4.1 David Austin (Head of Corporate Resources) introduced the main savings report; the following key points were noted:

- This report should be seen in the context of the Medium Term Financial Strategy that was presented at Mayor and Cabinet meeting in July, which presents the Council's financial strategy up 2019/20. The Council is working

towards the savings targets set for the Lewisham Future Programme, as public austerity is expected to continue.

- The Comprehensive Spending Review will be announced on 25 November, with the Local Government Financial Settlement (LGFS) expected to be announced in early December. It isn't until the LGFS that Council will know what budget it can set in February.
- It was agreed by Councillors last year that £45m of savings needed to be identified in setting the budget for 2016/17. The proposals presented amount to savings of between £25m and £26m, which leaves a gap of about £20m to fill. Further savings are still being developed, and will be presented to the Committee when they're available.
- The specific proposals for this committee to examine in detail amount to roughly £8m, of which roughly £3m are proposals for the 2015/16 budget and £5m are proposals for the 2017/18 budget.

4.2 Aileen Buckton (Executive Director for Community Services) introduced the adult social care savings proposals. The following key points were noted:

- The proposals look ahead for two financial years, and for those proposals due to be implemented in 2017/18, detailed plans will only be brought forward at a later date.
- The proposals A11 to A15 fit within the overall framework of Adult Social Care Integration.
- The Public Health savings proposals have been developed to meet the targets from the Lewisham Future Programme, but don't contain any plans to deal with the in-year savings to Public Health Grant proposed by central government.

4.3 Aileen Buckton and Joan Hutton (Head of Assessment and Care Management) responded to questions from the Committee on savings proposals *A11: Managing and improving transitions plans*. The following key points were noted:

- The Council is developing supported living schemes for young people with complex needs in the borough, to avoid the cost of expensive out of borough placements. Work has started to develop these proposals with a target to implement them as part of the 2017/18 budget. A detailed proposal for the creation of these places is expected to be presented to a Mayor and Cabinet meeting in the autumn.
- Choices between different types of provision will be available to young adults, but these choices will be constrained by the budget available to the Council, the resources of young people themselves and their relatives as well as the availability of other services.
- The provision of additional places at House on the Hill would happen in a phased way, with a total capacity of 40 places but initially only 10 places becoming available. Aside from the places at House on the Hill, other places will be created in the borough.

4.4 **RESOLVED:** that the Committee be provided with information on the number of places becoming available as well as an indication of the number of young people affected by this proposal.

- 4.5 Joan Hutton introduced savings proposal *A12: Reducing costs of staff management, assessment and care planning*. The following key points were noted:
- This proposal aims to redesign the management structure, to reduce the costs for assessments and make best use of professional staff. There are no details yet as to which staff would be affected.
 - This work will be done in cooperation with key partners.
- 4.6 Dee Carlin (Head of Joint Commissioning) responded to questions from the Committee on savings proposal *A13: Alternative Delivery Models for the provision of care and support services, including mental health*. The following key points were noted:
- The Council will be working with partners to develop better ways of delivering care while using the Better Care Fund. This saving would result from the use of new models of care and demand management.
 - This proposal will be developed as part of the integrated care programme, in collaboration with health partners. Mental Health provision is now part of the work programme for the integrated care programme.
- 4.7 Joan Hutton and Aileen Buckton responded to questions from the Committee on savings proposals *A14: Achieving best value in care packages*. The following key points were noted:
- The Council will work with residents to develop their support plans. As part of this their care needs will be identified and worked through in detail. Residents will be encouraged to use their own resources in the form of support from family and the community to avoid the need for the Council's social care services.
 - This proposal entails a change in approach to practice in accordance with the Care Act. The Care Act aims to improve care but also to better coordinate care and avoid duplication of work. One of the principles of the Better Care Fund is to invest in adult social care services if it prevents further hospital admissions down the line.
 - For some residents, the Council may recommend local clubs they can attend to combat isolation and loneliness. In other cases, the Council may offer specific equipment so residents can continue to wash themselves instead of needing daily care visits.
 - For those residents that still need care delivered, a risk assessment would take place to identify which care the Council will provide.
 - The Council has invested in the voluntary sector in recent years to create some of the services required, such as the Meet me at the Albany programme. Officer will be mindful of the cuts to funding happening within the voluntary sector when referring residents to these services.
 - The Council has worked with the voluntary sector to develop sustainable services, and will look at ways to increase its income if services developed with support from the Council become profitable – depending on previous negotiations about support offered and its potential benefits.
 - The Council offers support to residents in a crisis as well as support by a key worker to ensure sustainable.

- The Committee noted that the proposal did not contain sufficient detail about the services that would be cut nor the basis for the estimations of the expected savings, for the Committee to adequately comment on the proposal.

4.8 The Committee resolved to advise the Public Accounts Select Committee of the following:

The Committee submits that there was insufficient information on how this proposal would impact on service users; especially on which services may no longer be available. The Committee requested monitoring reports at key stages of the implementation of this strand of work which should include risk analysis of the impacts on service users. The Committee welcomed the suggestion by officers to provide anonymised case studies of service users affected by changes to support plans as part of the information provided for this savings proposal. The Committee requested reassurance that service users would be supported in avoiding future crisis situations, as well as being supported during a crisis. In addition, the Committee commented on the difficulties of managing expectations as to what the Council will be able to provide and therefore highlighted the need to engage with both service users and practitioners to affect this change in culture.

4.9 **RESOLVED:** to refer the Committee's views to the Public Accounts Select Committee.

4.10 Dee Carlin responded to questions from the Committee on savings proposal *A15: New Delivery Models for extra care – Provision of Contracts*. The following key points were noted:

- A number of new extra care schemes are currently being built in the borough. This provides an opportunity for the Council to completely review its extra care contracts, which are due to expire at the end of 2017.
- As new schemes are being developed, this provides an opportunity for the Council to closely work with providers to design the scheme to specifically suit residents' needs.
- The need for residential care is reducing, and models for extra care housing are developing. For both adults with dementia and people who are extra frail, the Council can now provide nursing care for people with very complex needs in extra care housing.

4.11 Danny Ruta (Director of Public Health) responded to questions from the Committee on savings proposal *A16 Public Health (not including sexual health, drugs and alcohol)*. The following key points were noted:

- There are three categories of savings proposed under A16. The prescribed medication saving is straightforward efficiency savings, as payments for public health related medication can now be disaggregated from CCG payments to GP's.
- The proposals for dental health savings will have the least impact on public health. Lewisham Council is the only borough in London that still employs a specific dental infection control nurse, and there is a lack of evidence that this disadvantages the rest of London.
- Government's proposals for in-year savings to the Public Health Grant add further uncertainty to which services Public Health can provide.

- 4.12 Councillor Chris Best (Cabinet Member for Health, Wellbeing and Older People) commented on savings proposal A16 Public Health:
- These savings proposals include a plan to cease the provision of free swimming. Greater uptake was expected when the programme was introduced, and greater uptake would have created greater value for money.
 - Beneficial public health outcomes can be derived from exercise when it is frequent. Of the under 16's who use the programme, many use it very infrequently so are not increasing their health in the long term.
 - The Council offers a number of other programmes to encourage exercise in the over 60's, such as walking football and providing outside gyms in parks.
 - As part of the leisure centre contracts, the Council would aim to create affordable membership deals to mitigate a loss of service for residents that are currently using the free swimming programme.
- 4.13 Danny Ruta responded to questions from the Committee on savings proposal A17 *Sexual Health Transformation*. The following key points were noted:
- This proposal ties into work being done to reconfigure the provision of sexual health services across London. There is a move to provide more online services, and a number of clinics may close as a result of the reconfiguration.
 - Currently sexual health is an open access service which is free at the point of delivery. Residents from Lewisham can access services across London, and the costs are charged to Lewisham Council. These services can cost more to provide in other London Boroughs than Lewisham so this work is being done to encourage residents to use local sexual health services.
- 4.14 Geeta Subramaniam (Head of Crime Reduction and Supporting People) responded to questions from the Committee on savings proposal K4 *Drug and Alcohol Service*. The following key points were noted:
- The first aspect of the savings proposal entails a change in the way methadone is prescribed. The second element of the savings proposal would entail reducing the cost price of the service when reprocuring in 2017.
 - Currently methadone is prescribed for 12 weeks in all cases. Following this proposal, more regular reviews of the prescriptions would be introduced which would result in the prescription of methadone according to need, which could be less than 12 weeks, which would result in a reduction of prescription costs. Discussions with the current provider are ongoing about the proposed regularity of these reviews.
 - The current provider employs a doctor (MD) to review patients' need for methadone and who is responsible for issuing the prescriptions.
- 4.15 Geeta Subramaniam responded to questions from the Committee on savings proposal B2 *Supporting People*. The following key points were noted:
- The savings agreed for the 2015/16 budget are currently being implemented. As this is a saving proposed for the budget of 2107/18, the proposal is still being developed.

- The further savings proposed will have an impact on service users. Not everyone who receives a service now, will be able to receive services in the future.
- Officers are working to identify ways to minimise the impact of these proposals on vulnerable residents. Officers are investigating whether housing benefit payments could be used to pay for the accommodation provided as part of the current service. Officers are also working to identify any alternative support networks in the community that could replace services currently provided by the Council.
- The Committee expressed concern that this proposal contains a risk that additional costs could fall on other public services, such as, for instance, the Council's Housing Options Centre, the hospital and adult social care services.
- The Committee also commented that this proposal could also increase anti-social behaviour.
- The Committee was sceptical that alternative provision could be found outside the Council to replace these services.

4.16 The Committee resolved to advise the Public Accounts Select Committee of the following:

The Committee notes with great concern the potential impact of removing services for some of the most vulnerable residents in the borough, as these services often function as a last resort. The Committee is also concerned about the risk of this proposal leading to cost shunts to other services. The Committee is supportive of work undertaken to identify alternative sources of funding for these services and to identify other support networks. The Committee rejects the proposal to reduce the provision of the accommodation and floating support services for these vulnerable residents.

4.17 **RESOLVED:** *to refer the Committee's views to the Public Accounts Select Committee.*

4.18 Standing orders were suspended at 21.20 to enable the completion of Committee business.

4.19 David Austin responded to questions from the Committee on savings proposal O4 Financial Assessments review. The following key points were noted:

- The Benefit Service became responsible for adult social care financial assessments in October 2014. The proposal would entail refining the procedures used to perform financial assessments as well increasing the use of technology.
- Officers would carefully assess how to increase the use of technology while keeping the service accessible for residents.

The Committee thanked officers for their hard work in developing these proposals.

4.20 **RESOLVED:** to refer the Committee's views on the savings proposals to the Public Accounts Select Committee.

5. Lewisham Annual Public Health Report

5.1 Danny Ruta introduced the report. The following key points were noted:

- This report is produced by Public Health to provide an independent assessment of the health of the population of Lewisham.
- The main focus of this year's report is on children's health from pre-natal through to the age of 18.
- This report has been produced in close collaboration with the Children and Young People's directorate. The draft Children and Young People Plan (2015-18) has already taken account of many of the recommendations contained in the Public Health Annual Report.

5.2 Danny Ruta responded to questions from the committee. The following key points were noted:

- Lewisham's high birth rate compared to the average for London and England, has implications for the demand for maternity and children's services, as well as possibly creating cases of toxic stress due to the poverty of the population.
- Premature mortality from cancer in Lewisham is higher compared to London and England. The Committee expressed concern about the prevalence of breast cancer, cervical cancer and cancer in the under 75s. Officers are developing a cancer prevention action plan.
- Funding is being sought for a pilot of a Maternity Early Sustained Childhood Home-visiting Programme (MESCH), as this approach has had good outcomes in Australia.

5.3 **RESOLVED:** to note the report.

6. Public Health Grant Reallocation 2015/16

6.1 Janet Senior (Executive Director for Resources and Regeneration) introduced the report. The following key points were noted:

- As part of the 2015/16 budget, potential disinvestments from Public Health funded services were identified of £3.1m.
- The Council must use its Public Health Grant for activities that have a positive impact on public health outcomes. The Executive Director for Resources and Regeneration and the Director of Public Health have identified a list of Council activities with a positive impact on public health outcomes that could be supported by the re-investment of the £3.1m, and prioritised them according to the greatest public health outcome.
- The savings in the budget directly managed by the Director of Public Health have been absorbed by a reshaping of the Public Health services, not by cutting services completely.
- By comparison, the in-year cut to the Public Health being proposed by central government would result in a real reduction of services to the Council.

6.2 **RESOLVED:** to note the report.

7. Scoping Paper – GP Missed Appointments

7.1 The Chair introduced the item:

- In March 2015, the Chair received a letter from the Chair of the Patient Participation Group at the Grove Medical Centre in Deptford. The letter explained that missed appointments wasted the time of GP's and receptionists as well as inconveniencing other patients and therefore suggested that Committee might want to look at the issue.
- The Chair recommended that the Committee - when deciding whether to undertake the review - consider whether it would add value, how easy it would be to gather the relevant data and whether any recommendations would be acted on.

7.2 Diana Braithwaite (Director of Commissioning & Primary Care, Lewisham CCG) addressed the Committee. The following key points were noted:

- Data on Do Not Attends (DNAs) is not routinely collected nationally. Individual GP practices may very well not collect this data.
- The CCG commissioned the Primary Care Foundation to support GP practices with the more generic issues of access, which encompassed DNAs. However, it is important to note the DNAs are a small element of improving access to GP services. Of the 40 practices in Lewisham, 36 took part in this work. All appointments were recorded including appointments with nurses and phone calls across these 36 practices for one week. This resulted in a large volume of data.
- Only 6 practices had DNA rates of over 7.5%. Of this only 3 had rates above 10% and the highest rate was 11.6%.
- On review of the findings the Primary Care Foundation indicated that there were so few numbers of appointments involved, that it would not be worth diverting practice resources to reduce the occurrence of DNAs.
- The CCG is reviewing NHS England's Transforming Primary Care in London: a Strategic Commissioning Framework in terms of access to GP services; and offered to return to the Committee later in the year with more information about GP access, and suggestions for how the Committee could contribute.

7.3 Simon Parton (Chair of Lewisham Local Medical Committee) addressed the Committee. The following key points were noted:

- The main concern for the LMC is patient access. Missed appointments mean that another patient has not been able to access their GP practice.
- It is important to look at this issue in the wider context of access to GP services. Demand for GP services is increasing and GP's tend to serve as a gatekeeper for access to other NHS services. However, there is no gatekeeper for access to GP services themselves.

7.4 **RESOLVED:** That a review into GP missed appointments not be carried out, but that the committee receives information from the CCG about the wider issue of access to GP services as part of the 2016/17 work programme and considers a review into the wider issue of access to GP services.

8. Select Committee work programme

8.1 Simone van Elk (Scrutiny Manager) introduced the report. The Committee discussed its programme of work and agreed to add an additional meeting to the

work programme in early December to replace a meeting that had been cancelled earlier in the year.

8.2 **RESOLVED:** that the work programme be noted, and an additional meeting be held in early December.

9. Referrals to Mayor and Cabinet

9.1 **RESOLVED:** to refer the Committee's views on savings proposal A14 and savings proposal B2 to the Public Accounts Select Committee.

The meeting ended at 10.15 pm

Chair:

Date:

Healthier Communities Select Committee			
Title	Declaration of interests		
Contributor	Chief Executive	Item	2
Class	Part 1 (open)	14 2015	October

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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Agenda Item 3

Healthier Communities Select Committee		
Title	Briefing on Health and Adult Social Care Integration	
Contributor	Scrutiny Manager	Item 3
Class	Part 1 (open)	14 October 2015

1. Purpose

- 1.1 At its meeting on 9 September 2015, when discussing its work programme, the Committee agreed to include an information item on Health and Adult Social Care Integration on the agenda of its upcoming meeting and invite all Councillors to attend.

2. Recommendations

- 2.1 The Committee is asked to:

- Receive the information about the Lewisham Adult Integrated Care Programme and direct questions to the officers in attendance at the meeting on 14 October 2015 (Martin Wilkinson – CCG, Tim Higginson – Lewisham and Greenwich NHS Trust, Aileen Buckton and Sarah Wainer – Lewisham Council).

For further information please contact Simone van Elk, Scrutiny Manager on 020 8314 6441.

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HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report Title	Development of the local market for Adult Social Care Services		
Ward	All	Item No	4
Contributors	Executive Director for Community Services		
Class	Part 1	Date: 14 October 2015	

1. Purpose

1.1 The purpose of this report is to:

- Update on Lewisham’s current position in terms of developing the market for Adult Social Care in the Borough.
- Recognise new developments and achievements in Adult Social Care
- Be aware of some of the challenges to providing high quality, affordable social care.
- Discuss next steps and future work to support further developments and commissioning initiatives.

2. Recommendations

2.1 Members of the Healthier Communities Select Committee are recommended to note the achievements and challenges in delivering Adult Social Care in Lewisham and to endorse the suggested next steps and future work.

3. Policy Context

3.1 The care market is dynamic and multi-faceted. From April 2015 the new legal requirements under the Care Act require an approach that ensures all residents have the information, advice, guidance and advocacy to help them get the support they need; this includes those residents who care for themselves.

3.2 The Council also has a responsibility to “shape” the care and support market so that residents can access responsive, good quality care that can meet needs as they change. This is focused not only on the traditional care such as residential, nursing and domiciliary care, but also on support to maintain independence and well being in order to delay the need for higher levels of care. This includes optimising the benefits of technology and increasing support to people through their local communities, providing practical support in the home, increasing the range of supported, extra care housing and developing the community offer and the Personal Assistant (PA) market.

4. Introduction

4.1 Adult social care provides assessments, care, support and safeguards for those people aged 18 or over who have the highest level of need, and for their carers. Social care is changing with a greater emphasis placed on helping people to avoid dependency on traditional care services. It is

recognised that sometimes the support many people require can be found within their own families, communities and within themselves. Any support that is offered must be at the right level to meet a person's assessed needs. Lewisham believes this is best achieved by working in partnership with health and other agencies to ensure that people continue to live as independently as possible within the community.

- 4.2 Adult social care works with each person and their network to find Creative ways of meeting personal goals that they wish to achieve. Where people have lost their support networks work takes place to rebuild those. Doing this means people get back on their feet more quickly, regain independence and no longer need the same level of support. A personal budget or direct payment can be used to ensure that people have choice and control on how their needs are met.
- 4.3 Support is provided to those people who do not meet the eligibility criteria by giving them access to a range of information, advice and support options, designed to increase independence and delay their need for more intensive support. Many people with social care needs will have these met mainly through the carers with whom they live or are supported by. Carers are informed of their right to have a carers assessment which they can have either together with the person they care for or separately.
- 4.4 As mentioned previously the care market is dynamic and multi-faceted. This is reflected in a number of key policies and service changes that have been introduced both nationally and locally that affect the market. These include Personalisation and Self Directed Support and Long Term Care (Homecare and 24 hour services for adults with complex needs).

5. Personalisation and Self Directed Support

- 5.1 New initiatives have been developed to strengthen the care and support planning process, ensure that service users are able to access community resources and that those that have eligible needs understand how their Personal Budget is arrived at and how they can use this to access Direct Payments to enable more choice and control over the way that care is delivered.

Information and Advice Website

- 5.2 The new health and social care website is now live following a six month development plan. The website has been developed to be care act compliant and offers the public a range of useful information and advice. The new website includes sections on how adult social care works, home, money, work, education and leisure, carers and health and wellbeing. The next stages of the development are to fine tune the content and functionality by testing this site with 50 service users and a range of practitioners. Key features of the website are the health and social care directory which has been developed with our community connections service and an exciting events page that lets people know what is going on locally for them. Our aim is to promote non-traditional services to help people get out more and engage in activities with health and social care benefits.

Assessment and Review – Direct Payments

5.3 The Care Act states:

'Above all, the local authority should refrain from any action that could be seen to restrict choice and impede flexibility. It is important that people are allowed to be very flexible to choose innovative forms of care and support, from a diverse range of sources, the range of possibilities should be very wide and will be beyond what the local authority is able to list at any point in time. While many authorities may choose to operate lists of quality accredited providers to help people choose the use of such lists should not be mandated as the only choice offer to people.' (Statutory Guidance 10.47-10.68).

5.4 Adult Social Care has been promoting the use of Direct Payments with client; and their representatives for several years. Take up in Lewisham has been sporadic and a host of drivers, including the requirement of the Care Act, upcoming changes in commissioning practices and in employment law now means that our service offer has to evolve.

5.5 Following a needs assessment, this assessment feeds into the system, and generates an Indicative Budget. A new Resource Allocation System has been developed and moves us away from time and task based assessments, support planning and provisioning of services.

5.5 The client and support planners use the Indicative Budget as the starting point to discuss care options, both commissioned and via Direct Payments. This is in line with Care Act guidance:

'Local authorities should ensure that the method used for calculating the personal budget produces equitable outcomes to ensure fairness in care and support packages.' (Statutory Guidance 11.22).

5.6 Whilst there are significant challenges ahead in the provision of a robust Direct Payment offer, there are some exciting opportunities which will help in this pursuit, stimulation of the Personal Assistant market, pooling of Direct Payment resources & funds, and integration of Health and Adult Social Care funding to name just a few.

Assessment and Review – Support Planning

5.7 Lewisham has an ambitious programme of personalisation and integration which takes account of the requirements of the Care Act 2014, in particular the requirement to provide each user who receives a service a care and support plan (or support plan in the case of a carer).

5.8 A key component to achieving this programme is embedding the new care and support planning process into its core business. The vision is for each resident to realise their full potential, by enabling them to live independently in their own home, while giving them increased choice and control over how they live their life so that they are able to participate in society on an equal level, with access to family life, friends and community network.

- 5.9 Following the assessment and resource allocation process, the Support Planner is given a summary of the user's needs and their indicative budget to work within to meet the assessed needs and outcomes.
- 5.10 Support Planners will work with users, their families, carers and multi disciplinary colleagues to identify services, people and creative and innovation ways to provide the support opportunities needed.
- 5.11 Traditionally, the majority of care and support services have been commissioned and procured by the Council on block and spot contracts. However, this way of procuring services is unsustainable and does not give value for money; particularly as the demand for care and support continues to rise and government funding reduce. More than ever we must make every penny count.
- 5.12 While providing users greater choice and control over their care and support will be empowering, to transform social care in Lewisham the supply of care must also change. We must shape and develop local markets with the capacity and variety that offer a range of options users require and demands; a mixed economy of care delivered by private and commercial organisations, the voluntary sector and individuals; options that are accessible to all users irrespective of whether they are entitled to public funding or are self-funders.
- 5.13 Support Planners have a role to play in understanding user demand as well as developing and stimulating the market. As they work with users to secure support opportunities to meet their needs Support Planners will gain:
- a better understanding of what outcomes users want to achieve
 - what services they use to meet these outcomes
 - what they think about existing services
 - what are their unmet needs
 - where there are gaps in services and what is needed
 - how much services cost, and
 - who maybe future users, and their needs
- 5.14 By understanding user's aspirations Support Planners and commissioners will be able to develop and stimulate a care and support market that will better meet user's needs; a market that provides services that offer provider choice, variety and diversity, quality and value for money.
- 5.15 Primarily, the role of Support Planners is to provide assistance to the users to help work out what their choices are in setting up their support required to meet their assessed needs and outcomes. Subsequently they will explore support opportunities available in the user's immediate community network (friends and family) that will avoid the need for commissioned services. Where needs cannot be satisfied by a user's community network Support Planners will discuss with users how they can increase flexibility and control in their care and support with a Direct Payments, as apposed to commissioned services. As more users opt for a Direct Payments option the Personal Assistant (PA) market will develop thereby increasing availability and choice in the market for users who may not have considered this as an option.
- 5.16 In addition, Support Planners develop their own links with social enterprise, community interest groups, and individual traders such as local

restaurants/cafe, specialist groups, community hubs to explore and detail what services they provide and how they can diversify their current service options to meet new and emerging user needs. As they increase their knowledge of the services within the community this will help to stimulate the market and increase awareness of services to groups such as Community Connections.

- 5.17 Support Planners also consider more creative ways of service delivery, which can include users pooling budgets to enable joined activities among multiply users.
- 5.18 The new Adult Social Care website will also provide a resource for Support Planners to share details of new, seasonal and existing services within the community that can be accessed by colleagues, the public and users. By providing good advice and information about what services are available users and the public are enabled to make better informed choices to meet their needs. The Website also acts a tool to signpost users, self funders and the public who do not want to engage with the Council, but require guidance on what services are available to meet their needs.
- 5.19 Electronic and digital options such as Marketplace will also provide users, self-funders and the public a platform where they can source care and support from providers in their local area. Users will also be able to review Providers CQC registration and current inspection reports. This mechanism will develop our online options for users, which will give them access to Provides and services 24hrs a day.
- 5.20 Community Connections information and advice service is a central tool for support connections with key voluntary partners in the community. (For further details on the Community Connections service please see Appendix 2).

6. Long Term Care – Homecare

Commissioning Process

- 6.1. In many cases, homecare is a key component of an individuals support plan.
- 6.2 In November 2010 the Council commissioned home care services with eighteen (18) providers under a Framework for a period of four years. The Framework agreement was extended for a further year in November 2014. That one year extension is due to expire on 6 November 2015.
- 6.3 The Framework was designed to enable adult social care and health to optimise the home care service offered to individuals in their own home through a mixed delivery approach that mainly focused on time and task, with aspects of outcome focused working.
- 6.4 Throughout its tenure the Framework has worked satisfactorily and has enabled the Council to discharge its responsibilities to provide care to individuals in their own home in an efficient, structured and timely way.
- 6.5 However, central government's direction of travel with its agendas of personalisation, enablement and the integration with health, commit all local authorities to implement outcome focused care and support services by 2017.

The services are to be accessible, flexible and focused around the needs of the individuals in a way that will enable them to have more choice and control in determining how and when they want their care and support delivered. This in turn will allow service users to remain in the community and their own home for as long as possible.

- 6.6 The Council advertised its intention to procure for the provision of Outcome Based Home Care Services on a Lead Provider model on the 5 August 2015.
- 6.7 In line with the Government's directives mentioned above it was decided that contracting to deliver improved outcomes for service users (Outcome Based Commissioning) would benefit service users, care workers and providers and would offer best value for the Council.
- 6.8 By adopting an Outcome Based Approach, the success of Homecare provision will be measured by results that matter to the service user not by the amount of time spent by Care workers per visit. Service users will have more influence over how their service is delivered by helping to shape the outcomes that are included in the care plans and by making informed decisions about how their care is delivered. Care workers will also become more aware of service users' conditions and the desired outcomes and, together with the provider, will creatively tailor services to deliver outcomes for service users. This way, care workers will feel more involved and able to deliver a better service because outcomes, not time, becomes the most important consideration. Payment will be on the agreed hours of delivery in each care plan. Care plans will also be frequently reviewed
- 6.9 In line with the work on integration between health and social care, service delivery has been embedded within the recently formed Neighbourhood Care Team Model. This model comprises of four neighbourhoods across the borough. It was agreed to offer contracts for up to four Lead Providers (one per neighbourhood) who would work very closely with the Neighbourhood Teams (including Social Workers, the Lewisham Reablement Service, Support Planners, Hospital Discharge Teams, Primary Care and the wider Community/Voluntary Sector) to create an integrated health and social care service that is focused around the individual to provide a more responsive person centred service.
- 6.10 A Domiciliary Care Market Place event took place in June 2014. This was well attended by current homecare providers, potential new providers and representatives from the voluntary sector.
- 6.11 Attendees were asked to 'test' some of the assumptions being made about how future services will be delivered. These included:
 - Working within the developing neighbourhood model
 - Clarifying outcomes
 - Integrating and delivering reablement
 - More joint care planning and mixed funding for care plans – more complex and/or high level personal care (likely to mean more personalised budgets)
 - Closer working and testing integration across district nursing, healthcare assistants and domiciliary care provider roles
 - Working with local voluntary sector and community

- Aligning some of the current deficiencies in the system – i.e. double case notes at customer’s homes
 - Participation in joint training where skills deficits are identified
- 6.12 Providers were asked to share their experiences and learning at this event. The feedback was good and providers appreciated the benefits of being part of the testing and the opportunity to be part of the service development. In turn, commissioners gained invaluable insight into the provider’s knowledge and insight which informed future drafts of the Service Specification.

Service Specification

- 6.13 A draft Service Specification was shared with current providers (and others who attended the previous Market Place Event) in April 2015. Providers were offered appointments to give feedback and ask questions on the Specification. Seven providers attended and another four gave detailed feedback.
- 6.14 Overall, the feedback was positive. Key questions were around the process of transition for existing clients being cared for by current providers, payment of the London Living Wage and the sub-contracting process. As a result revisions were made to the draft Specification.
- 6.15 The Service Specification sets out the details of the services to be provided in respect of home care for adults who have been identified and assessed as being in need of services in order for them to maintain their independence and remain in their own home.
- 6.16 It avoids being too prescriptive over details of how and what services are to be provided. This will be determined by reference to the needs of individual Service Users and allows flexibility and responsiveness in providing care.
- 6.17 The Specification seeks to outline who the “customers” or service users of the service are, and the range of needs that service may have and a list of “activities” to meet these needs. It elaborates on what is meant by an outcomes approach and reinforces the importance of co-operation, collaboration, self management, maintaining independence and offering service users choice and control with regards to their care planning.
- 6.18 Outcomes are described as “an impact on the quality of life conditions for the Service User” and examples of the types of outcomes that might be agreed are detailed.
- 6.19 The Service Specification sets out what the Council can offer and what its expectations from Providers are. These include:
- The best outcomes for service users, their representatives and their families
 - Evidence of a robust and integrated (health and social care) local service system that works for everyone
 - Working in partnership with health and social care
 - Greater community capacity

- 6.20 Further sections of the Specification detail how the neighbourhood Lead Provider model and Approved Provider List will work in practice.
- 6.21 As part of the 2 year contract award, the Council will refer all new care packages to the appropriate Lead Neighbourhood Provider. As current contracts for home care services are due to expire in November 2015, those organisations that are not awarded Lead Provider status will not be contracted to continue to deliver care to the current Service Users. Existing Service Users will be given an option to take a Direct Payment to enable them to remain with their existing provider or transfer to a Lead Provider if they still wish the Council to commission services for them.
- 6.22 A full copy of the Service Specification for the Provision of Homecare (Lead Provider) is available on request from the Joint Commissioning Team.

Terms and Conditions

- 6.23 Unison's Ethical Care Charter: The Outcome Based Domiciliary Project Group has been very aware of the requirements of the Charter and its implications for Homecare. We have sought to address each Stage of the Charter in our re-commissioning of homecare (as set out in below):

Stage 1

- **Outcome Based commissioning:** The new Homecare service will be outcome based and not time and task. Invoicing will be four-weekly in arrears based on the agreed hours of delivery in each care plan.
- **Support Planners:** See Section 5.
- **Travel time:** It is agreed that there will be payment of travel time which has been taken into account in the pricing model. By using a neighbourhood model, it is anticipated that care workers would work in areas of close proximity which will reduce travel time. We also expect Providers to effectively roster so that this is further minimized.
- **Sick pay:** Providers will be expected to pay their staff at least statutory sick pay. This cost will be considered in the pricing model. There are indications that Lewisham care workers are currently paid statutory sick pay.

Stage 2

- **Zero Hours contracts for care workers:** According to the Kingsmill Review 2014, *"an estimated 307,000 Care Workers, or a fifth of the Adult Social Care Workforce in UK, are on 'Zero Hours Contracts', meaning they do not have stable hours each week or a stable income. Many are on a compulsory basis and in some cases they are prevented from working for other employers."*
- Having engaged the current providers and workforce, although many remain on zero hours contracts, it has been established that Lewisham care workers are paid annual leave (on a pro rata basis), receive sick pay, while some providers pay their staff for training as well.

- The new Service Specification states that *“As volume increases for Service Providers, the Council will expect Service Providers to reduce their reliance on zero hour contracts for all staff who deliver services to LB Lewisham residents. The Council will work with these Providers to facilitate an agreed timetable of reduction with the ultimate aim of eliminating the use of zero hour contracts”*.
- **Training:** In future, it will be a requirement for providers to regularly train staff during work time and at no cost to staff. Providers will be required to pay staff for the duration of training. Training costs will be taken into account in the pricing model. Local intelligence suggests that some providers currently pay staff while on training while others do not.

Stage 3

- **London Living Wage:** The London Borough of Lewisham is committed to care workers receiving the London Living Wage (as a minimum) and occupational sick pay and this has been factored in to the pricing model.

Procurement Process

- 6.24 A Contract Award Report for the Provision of Homecare Services (Neighbourhood Leads) will be submitted to Mayor and Cabinet (Contracts) on 21 October 2015.
- 6.25 A summary of the Procurement Process can be found in Appendix 1.

7. 24 Hour Services for Adults with Complex Needs

- 7.1 The Council is committed to ensuring that as many as possible of its disabled and elderly residents are supported to maintain their independence and remain in their own homes. However, there will always be a small proportion that requires care and support in a 24 hour “residential” setting.
- 7.2 This sets out current capacity for 24 hour services in the Borough, Terms and Conditions for Care Home Workers, Trends and Market Shifts and plans to develop the market in this area.

Current capacity

- 7.3 There are 19 care homes in total in the borough of Lewisham. There are 11 residential only homes, 4 nursing only homes and 4 where there is a mix of residential and nursing. In total there are 336 residential beds and 315 nursing beds in the borough.
- 7.4 Of that total the Council has 2 block contracts for a total of 34 nursing beds. Lewisham has witnessed a significant market failure this year with the liquidation of the Ranyard Trust. This resulted in the loss of 100 beds in the borough (2 residential and 98 nursing). Thirty five (35) of those nursing beds had previously been block purchased by the council. As at the 30th September 2015, all contracted beds were full.

- 7.5 Lewisham has 232 people placed in spot purchased beds in the borough, 133 in residential and 99 in nursing. Additionally there are 211 people placed in spot purchased beds out of borough, 87 in residential and 124 in nursing. The Council therefore spot purchases a total of 477 beds in total.
- 7.6 There are also three Extra Care Services in the borough. Two are managed by Housing 21 at Cinnamon Court (40 flats) and Cedar Court (40 flats). The third is managed by Notting Hill Pathways (78 flats, 54 Extra Care).

Terms and conditions

- 7.7 All providers pay their basic grade staff. So all pay at least the current national minimum wage, and some pay the UK living wage. Only one pays the London Living Wage to basic grade staff, a condition of the Lewisham contract.
- 7.8 This hourly rate is reflected in other boroughs in London. There has been little social care procurement or adjustment of existing contract prices to reflect the London Living wage across London. This is true of social care commissioning but also health's AQP (any qualified provider) procurement exercise.
- 7.9 The complexity of applying LLW is most probably linked to the fact that very few care homes are contracted as a whole by their host borough and most placements are spot contracted. A number of boroughs may have a commitment to paying the LLW, but in reality don not pay it. The recent Lewisham procurement exercise for nursing homes was itself complicated by this factor. The bed price quoted to deliver LLW reflected the cost of applying LLW to all of its staff for the proportion of beds being offered, making the price untenable for the Council and would leave the Council underwriting the cost of LLW for other authorities.

Trends and market shifts

- 7.10 There is an average of 4 people on a weekly basis requiring residential or nursing placements. In the first five months of the 15/16 year, 49 people were assessed as needing residential care, with a significant majority being very frail indeed. One hundred and twenty three (123) were assessed as requiring nursing care, with half of those people being fully health funded. So, as a borough, we are witnessing the success of helping people stay at home for longer, both in health and social care. However, the corollary of that is that when people are assessed as needing 24 hour care and support, they are very ill and frail indeed. Therefore, the requirement for residential beds is decreasing while the need for nursing beds is increasing.
- 7.11 The Ranyard market failure has had an impact on both Lewisham and neighbouring boroughs. Another significant impact this year has been the new CQC inspection regime which has resulted in many local homes being found to be inadequate which has resulted in councils applying embargoes on placements. There is an emerging risk of further home closures.
- 7.12 The increase in the older adult population, the demand for beds for people with more complex needs, and the reduction in available beds across the South East due to embargoes and the Ranyard closure are resulting in delays in finding places for people and this in turn is delaying hospital discharges.

Developing the 24 hour market

- 7.13 Officers are looking to develop the market for 24 hour care in the following ways:
- 7.14 We will work with existing local providers to expand current provision, including encouraging residential providers to consider re-registering some of their residential provision as nursing provision to better reflect demand.
- 7.15 Adult Social Care has worked in partnership with Strategic Housing on the new extra care housing schemes emerging within the borough. This is supporting more people to have their own tenancy and remain part of the community. In addition to the differing personalised levels of support provided to tenants within extra care housing, there has been a trial of targeted short term care and support for people who may need additional health and social care support following a period of time in hospital or to prevent an admission to hospital. This compliments the range of short term care and support available to individuals and can prevent the need for on-going long-term 24 hour support.

Background Documents

- 1. Care and Support Statutory Guidance – Issued under the Care Act 2014 Department of Health.
- 2. London Borough of Lewisham Community Services Directorate, Adult Social Care. Specification of Service – Provision of Home Care Services.

For further information please contact Corinne Moccarme, Joint Commissioning Lead, Community Support and Care on 020 8314 3342.

Appendix 1

Procurement Process for the Provision of Homecare Services (Neighbourhood Leads)

Under the provisions of the Council's Contract Procedure Rules, the Council was required to openly advertise its intention to procure for the provision of Home Care Services- Lead Provider. Consequently an advert was placed in the Official Journal of the European Union (OJEU) on 5 August 2015. The Council also placed an advert on the London Tenders Portal and on its own website. The advert advised that the Contract would be awarded as a one stage process: this involved an in-depth exploration of competence to deliver outcome based Home Care services within a single tender process.

A total of 39 organisations submitted bids. Tenders were asked to submit responses to a Suitability Questionnaire, Method Statements and Pricing Schedule designed to assess their technical capability, and approach to financial modelling. Tenderers were also required to submit a completed signed form of tender.

It was agreed that a flat hourly rate would be paid for all days excluding bank holidays. A ceiling rate was determined by the Council which we believed ensured that providers were able to meet their responsibilities to pay London Living Wage, travel time, pension, training time, sick pay etc. A pricing model was developed that involved comparison with other boroughs (where available), analysis of current rates, information from UKHCA and on cost breakdown from existing providers.

Within the Pricing Schedule, tenderers were required to state the flat hourly rate they would charge for Monday to Sunday all hours and a separate rate for Bank Holidays. Tenderers were required to provide two rates, one inclusive of London Living wage (LLW), and one exclusive. For each of these two rates, tenderers were also asked to include and exclude travel costs. The council stipulated that the ceiling rate was not to be exceeded, but that prices submitted would be favourably evaluated if they were realistic, credible and sustainable and demonstrated that the Organisation was committed to paying the LLW etc to their staff throughout the duration of the contract. If prices submitted were too low below the ceiling and did not demonstrate the above the tenderer was unlikely to be awarded the Contract.

Tenders were asked to submit two rates to ensure that the Council's decision to include a requirement to pay LLW in this contract is legally compliant; and to allow the Mayor to determine which prices to select, whilst taking into account the Council's Best Value duty.

Method Statements were designed to test out each organisation's ability to deliver safe, personalised and responsive services now and into the future. Specifically these 'core' method statements addressed each organisation's understanding of, and response to, the development of personalised approaches in meeting support needs & delivering outcomes. Also, how they would support service users to develop independence; involve service users and their families in developing partnership approaches, approach integrated working and how they would ensure staff had the key competencies to deliver the services required.

The following criteria were assessed during the tender evaluation process:

Financial detail including price (40%)
Ability to Deliver the Service (29%)
Quality & Operational Competence (26%)
Partnership Working (5%)

These criteria were weighted 40% for financial and 60% for quality/non-financial matters.

As part of the evaluation process 18 providers were shortlisted and called for formal interview. The same questions were asked of all providers who attended and focused on their ability to mobilise to deliver their contract and deliver capacity and continuity of care for the duration of the contract. Their understanding and attitude towards reablement and outcome based commissioning was also explored further.

A Contract Award Report will be presented to Mayor and Cabinet (Contracts) on the 21 October 2015 recommending the four Organisations to be awarded contracts to become Lead Providers for the Borough of Lewisham.

The number of Expressions of Interest, and the number of completed tenders received, evidences a strong and competitive provider market.

The four organisations recommended represent a mix of existing Framework Providers and new members. They also represent a mix of regional and national providers; and private third sector organisations.

The award of the Lead Provider contracts represents a diverse and comprehensive range of provision, which will in turn serve and support the future procurement of individualised and high quality services at a competitive price.

Appendix 2

Community Connections

Community Connection information and advice service is a central tool for support connections with key voluntary partners in the community

Community Connections was set up as a pilot in 2013. 700 clients were supported during the pilot stage and the Project has now been extended to March 2018.

Community Connections is a preventative community development programme that takes place across Lewisham.

Vulnerable adults who are resident in the Borough of Lewisham are supported to access local resources that meet their health and wellbeing needs. Clients referred may benefit from local services to improve their social integration, reduce isolation and improve their wellbeing. Referrals can be made by any individual or organisation on behalf of the client.

Consortium partners include:

Age UK Lewisham and Southwark

Carers Lewisham

Lewisham Disability Coalition

Rushey Green Timebank

Voluntary Action Lewisham

Voluntary Services Lewisham

With support from the London Borough of Lewisham

Community Facilitators identify and encourage individuals to access community-based services and activities that meet their needs using a person centred approach. The Facilitators identify local services that meet the needs and interests of the individuals supported and help them to access these services. Facilitators work with volunteers who can help support clients. For example a Men's Group has been set up in response to an unmet need.

Community Development Workers support, improve and create networks that work with local voluntary and charity sector organisations to develop services and cross support activities. CDWs also develop intelligence and help identify and meet support gaps on local services that can be shared across the borough. This supports the Facilitators and community organisations to provide specialised ongoing support structures for vulnerable adults.

There are 10 'Community Connectors' who are volunteers who support clients to access local groups and services on a short term basis. Work continues to recruit more volunteers. Anyone can refer into the project - Community organisations, NHS departments, ASC, self referrals and GPs.

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report Title	Our Healthier South East London Strategy Update		
Contributors	Chief Officer, NHS Lewisham Clinical Commissioning Group OHSEL Programme	Item No.	5
Class	Part 1	Date: 14 th October 2015	

1. Purpose

- 1.1 This paper sets out the progress to date of the *Our Healthier South East London* programme, which is led by the six south east London CCGs – Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark – and NHS England. The programme aims to develop a commissioning strategy to ensure improved, safe and sustainable services across the six boroughs.

2. Recommendation/s

- 2.1 Members of the committee are invited to note the update on the development of the Our Healthier South East London strategy.

3. The case for change and our vision

- 3.1 We published the Case for Change in February 2014. It sets out how the six CCGs and NHS England are working together to address challenges around quality of care, finance and workforce. Commissioners recognise that while some issues can and should be addressed at local borough level by the CCG and its partners, others cross borough boundaries and require a joint response.
- 3.2 We have a shared understanding of the challenges facing south east London. These are outlined in our Case for Change.
- 3.3 Our health outcomes in south east London are not as good as they should be:
- Too many people live with preventable ill health or die too early
 - The outcomes from care in our health services vary significantly and high quality care is not available all the time
 - We don't treat people early enough to have the best results
 - People's experience of care is very variable and can be much better
 - Patients tell us that their care is not joined up between different services
 - The money to pay for the NHS is limited and need is continually increasing
 - Every one of us pays for the NHS and we have a responsibility to spend this money well

Our collective vision

- 3.4 In south east London we spend £4 billion in the NHS. Over the next five years, commissioners aim to achieve much better outcomes than are achieved now by:
- Supporting people to be more in control of their health and have a greater say in their own care
 - Helping people to live independently and know what to do when things go wrong
 - Helping communities to support one another
 - Making sure primary care services are consistently excellent and with an increased focus on prevention
 - Reducing variation in healthcare outcomes and addressing inequalities by raising the standards in our health services to match the best
 - Developing joined up care so that people receive the support they need when they need it
 - Delivering services that meet the same high quality standards whenever and wherever care is provided
 - Spending our money wisely, to deliver better outcomes and avoid waste

4. Progress of the strategy

- 4.1 Our programme has been built around engagement with stakeholders and the public, with strong involvement of local provider Trusts, local authorities, public and patient voices and the general public (see section 3 below). We have been talking to local people and stakeholders at every stage of the programme and we have taken their feedback into account as our strategy has developed.
- 4.2 A draft strategy was published in June 2014 and in June 2015, we published an updated version, which we are calling the Consolidated Strategy. The strategy sets out models of care across all of our clinical workstreams:
- Community-based care
 - Urgent and emergency care
 - Maternity
 - Children's services
 - Planned care
 - Cancer
- 4.3 These new models of care have been developed by local clinicians, working with senior NHS project managers and public and patient voices. They suggest a number of interventions to improve health outcomes for people in south east London.
- 4.4 Our strategy envisages a transformation in the way care is delivered, with much more care taking place in community settings while hospitals provide specialist care for those who really need it. Community-based care delivered by Local Care Networks in each borough is the foundation of the integrated whole system model that has been developed for south east London (see attached diagram).

- 4.5 While the models of care are far-reaching, we have not at this stage developed any proposals for specific hospital sites. The extent to which services might change at particular sites is being examined over the autumn, after which the potential options will be clearer. Should proposals emerge for major service change, we would formally consult local people on these.
- 4.6 For most interventions, implementation planning can commence immediately. However, there are areas where the impact of the strategy needs further consideration because there is more than one option for delivery, and it could result in significant service change. These interventions will have to undergo a robust options appraisal process.
- 4.7 This option appraisal process aims to identify the best way, or way(s), of delivering the overarching strategy and realising its full benefits. It filters the many potential options for how the interventions can be implemented, and is designed to identify options that are recommended for further work, and, if appropriate, for formal consultation.

Will there be a consultation?

- 4.8 We are currently looking at the likely impact of the strategy in some detail, with a view to considering what changes we need to make in each area to implement it successfully.
- 4.9 Most of the recommendations set out in the strategy can move straight away to detailed design and implementation and some changes are already underway and do not require public consultation. These are mostly community-based care initiatives, designed to deliver more care in the community, which our engagement suggests have widespread clinical, stakeholder and public support.
- 4.10 For services based in acute hospitals, our strategy is for all our hospitals to meet the London Quality Standards, a series of quality and safety standards designed by clinicians working with patients and the public. All 32 London CCGs have signed up to these standards and are working towards them.
- 4.11 We are currently carrying out an analysis of where each of our acute hospitals in south east London is in relation to these standards, so that we can determine what the next steps should be. This analysis will form part of the assessment to determine if we need to go through an options appraisal process.
- 4.12 If an options appraisal process led to proposals for the reconfiguration of hospital services, and major service change, public consultation would be required.

5. Impact of the strategy

- 5.1 We have analysed the likely impact of the strategy, though further analysis will be needed once we have a clearer idea of what may be proposed for specific sites.
- 5.2 The NHS in south east London currently spends £4 billion in total across commissioners and providers and has 4,166 acute hospital beds. Over the five years of the strategy, the available money will grow by £800 million to £4.8 billion. However, if we do nothing, the spend will grow in total by £1.1 billion to £5.9 billion.
- 5.3 The requirement for acute hospital beds will grow because the demand for health services is increasing; people are living longer but many with long term conditions such as diabetes, high blood pressure and mental illnesses. The technical advances in diagnostics and treatments mean that the costs of providing care are rising faster than inflation each year.
- 5.4 *Our Healthier South East London* is about responding better to people's needs by providing an alternative high quality model of care that is focused on improved outcomes for the population we serve. This is because:
- The care models are focused on prevention and early intervention and keeping people healthy and therefore keeping people out of hospital
 - Community Based Care is the foundation of the whole system and is intended to keep people closer to home, treating them in the community and enabling people to only visit hospital when they really need to
 - Care pathways and professionals will be more integrated
 - Productivity is expected to increase and providers will continue to deliver efficiency savings (eg through improved procurement, combined support services, improved rostering of staff) which will help to close the gap
 - Our aim will be for bed occupancy to meet the national guidance (which is not the case now) which will improve safety, quality and efficiency
 - Our current modelling therefore shows that at the end of the five years, we shall need about the same number of hospital beds as now - but some of them will be used differently (more day case, fewer inpatient beds; shorter lengths of stay)
 - This is therefore not about closing a hospital, but about avoiding the need to build a new one, which we could not afford, by improving health and outcomes and delivering services which better meet people's needs
 - It is also about creating a legacy for the future as the improvements in prevention and care should result in benefits which will materialise beyond the current time horizon of the next five years.

6. Engagement

- 6.1 We are committed to involving stakeholders and the public in helping us to develop the strategy. This is reflected in our approach to date and in the programme's governance.
- 6.2 We have held a number of independently facilitated events:

- Two deliberative events in July 2014
- An event in each borough in November/December 2014
- An event for members of patient reference groups to discuss how the programme may make decisions (our draft options appraisal methodology)
- An event in each borough during June and July 2015, for voluntary and community sector stakeholders (30%) and members of the public selected by random sampling to broadly represent their local communities (70%).

6.3 These events discussed the emerging case for change and the emerging ideas set out in the draft strategy. Feedback was collated and responded to in 'You Said We Did' reports produced by the programme, available on the programme website www.ourhealthiersel.nhs.uk

6.4 Five common themes emerged across the six clinical areas, which were:

- Access to GPs
- Communications, information and record sharing
- Service integration and coordination
- More staff and better training
- More community based provision

6.5 In Lewisham over the six areas the three clearest priorities identified by the participants were:

- Maternity - consistency of care, dedicated and consistent team during pregnancy and birth
- Community based care - GP access
- Children and young people - education and information on healthy lifestyles

Issues Paper

6.6 In May 2015, we published an Issues Paper, summarising the case for change and the ideas set out in the strategy, together with some questions for local people and stakeholders to respond to. This has been widely distributed across south east London. The publication of Issues Papers is regarded as emerging best practice for programmes considering major service change. We strongly recommend that all our stakeholders read and respond to the Issues Paper.

Direct involvement of public and patient voices

6.7 Public and patient voices have been represented on all of our Clinical leadership Groups, which make recommendations about our six clinical workstreams - community-based care, urgent and emergency care, maternity, children's services, planned care and cancer. We also have a Public and Patient Advisory Group (PPAG) which meets every six weeks to advise the programme on public engagement.

Equalities

6.8 An early, independent Equalities Impact Assessment was carried out in the summer of 2014 and a further Equalities Analysis was carried out in the summer of 2015. This will be published shortly on the programme website.

7. Governance and decision-making

7.1 Provider Trusts, local authorities and the public are all embedded in the programme's structures:

- They are represented on our Clinical Leadership Groups, which have recommended the new models of care. We also have a Partnership Group, drawn from CCGs, patients, local authorities, provider trusts and other stakeholder organisations, which meets on a monthly basis to discuss and feed back on key developments in the programme.
- Our Clinical Executive Group includes Medical Directors from local provider Trusts and NHS England and local authority and PPAG representatives.
- Both of these groups report to our Clinical Commissioning Board, drawn from the leadership of the local CCGs, which makes recommendations for CCGs governing bodies to consider.

7.2 In addition, CCGs have regularly updated Health and Wellbeing Boards, discussing the strategy with them at each key milestone.

7.3 Ultimately decision-making as to how services are commissioned rests with the Governing Bodies of the six CCGs and NHS England. Earlier this year, the six CCGs agreed that local decision-making would be taken through a Committee in common of the six CCGs, with each CCG nominating three representatives to this joint committee.

7.4 A full governance chart is attached.

Scrutiny

7.5 Up until now, CCGs have reported to their local Overview and Scrutiny Committees as part of business as usual arrangements. However, with the publication of the Consolidated Strategy and Issues Paper, there may be a case for the establishment of a Joint Overview and Scrutiny Committee for south east London and we have raised this with local authorities. Our suggestion would be to have a first meeting of a Joint Overview and Scrutiny Committee before the completion of our options appraisal process.

8. Next steps

- We will continue to plan and implement most of the strategy: taking forward the new models of care and interventions that do not need public consultation. We will work with our partners in secondary, primary and community care, mental health trusts and with local authorities to do so.

- If consultation is needed, we expect it to take place from July-September 2016, with preferred options agreed by December 2016.
- We have published a summary of the draft models of care and further thinking as a follow-up to the Issues Paper. This will summarise our very latest thinking, as set out the consolidated strategy.

How stakeholders and local people can help

- Respond to our Issues Paper at <http://www.ourhealthiersel.nhs.uk/about-us/issues-paper.htm> or by writing to Our Healthier South East London, 160 Tooley Street, London SE1 2TZ.
- Invite your local CCG and the programme team to a meeting to brief colleagues or to run a roadshow on your premises for your staff.
- Share this briefing and our Issues Paper with colleagues and stakeholders.

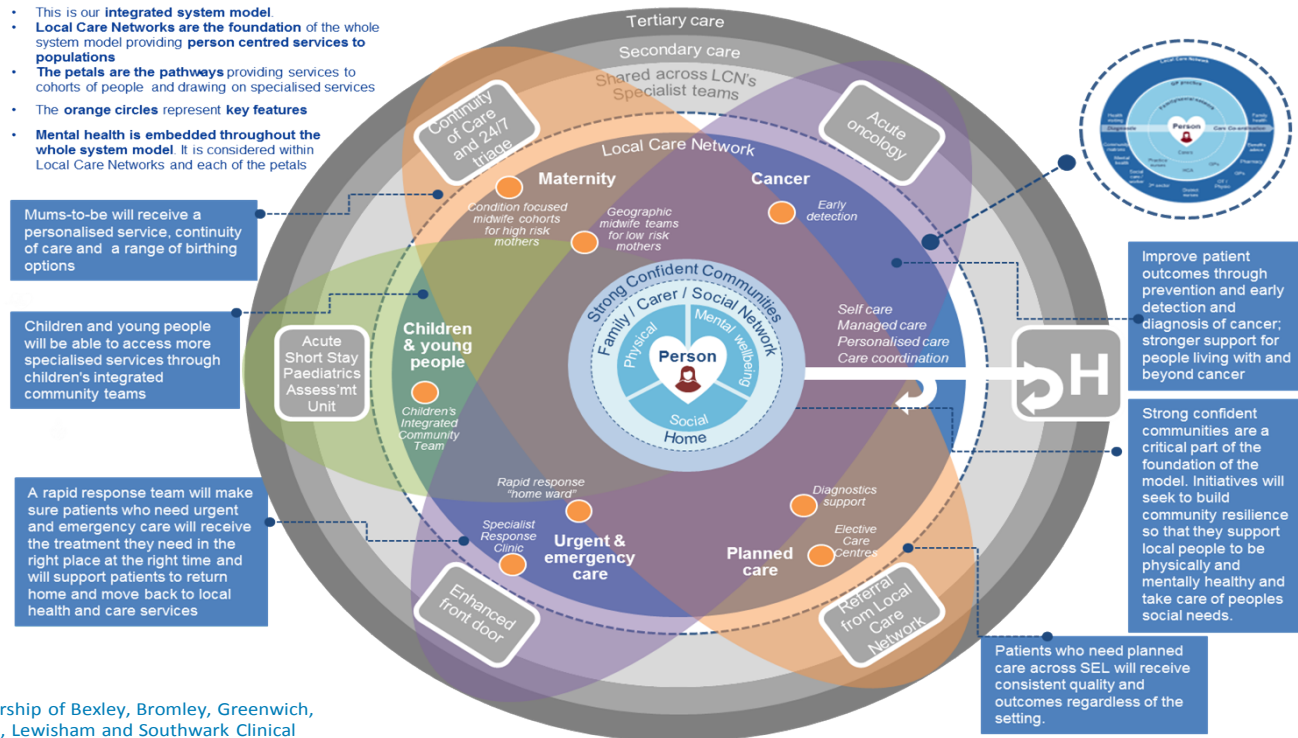
Staying in touch

You can email the programme team at SOUCCG.SELstrategy@nhs.net or follow [@ourhealthiersel](https://twitter.com/ourhealthiersel) on Twitter.

Attached for your reference is a diagram of the programme's Whole System Model and a summary programme timeline.

Our integrated whole system model

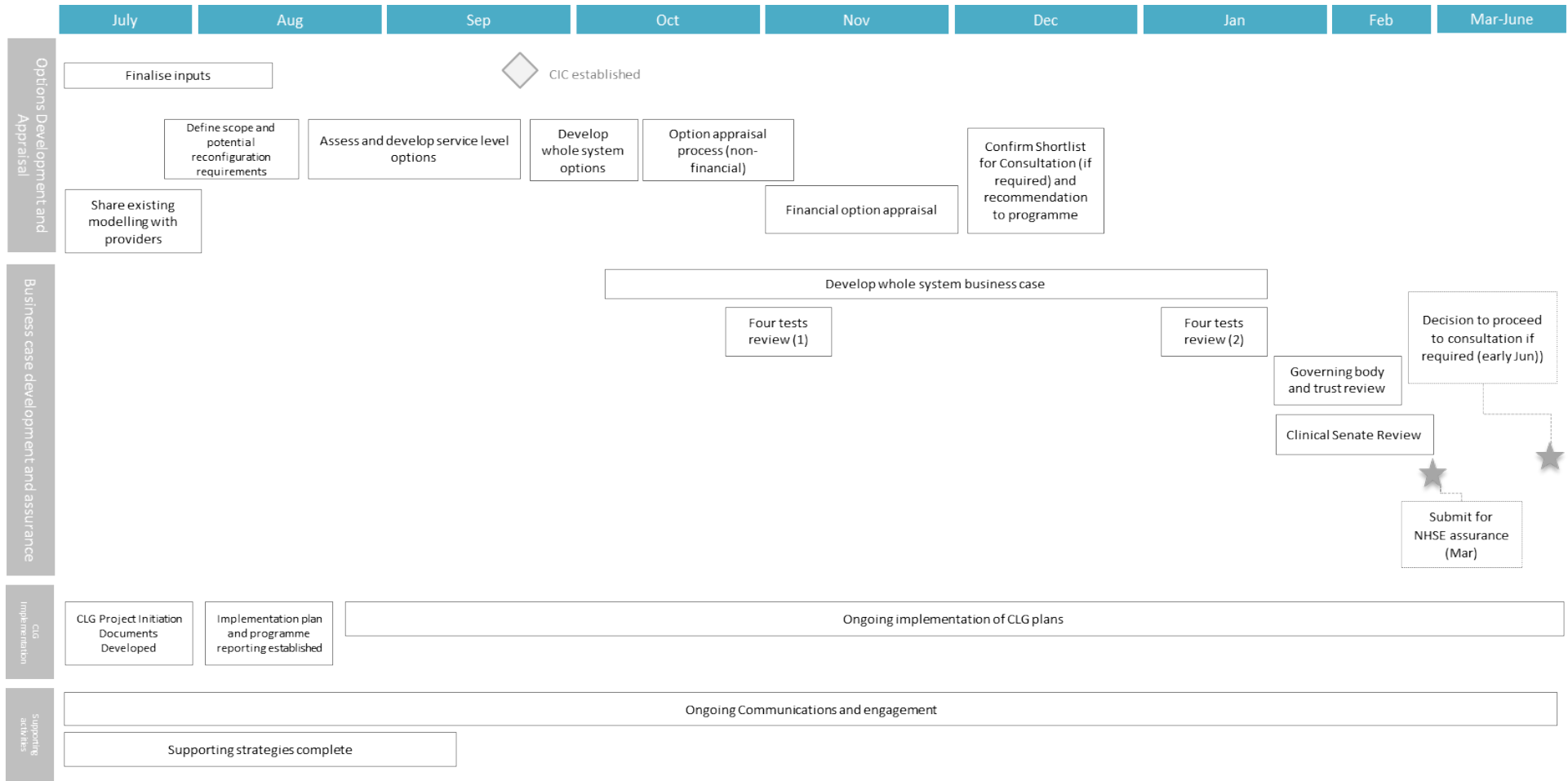
Community Based Care delivered by Local Care Networks is the foundation of the integrated whole system model that has been developed for south east London. This diagram provides an overview of the whole system model, incorporating initiatives from all 6 Clinical Leadership Groups.



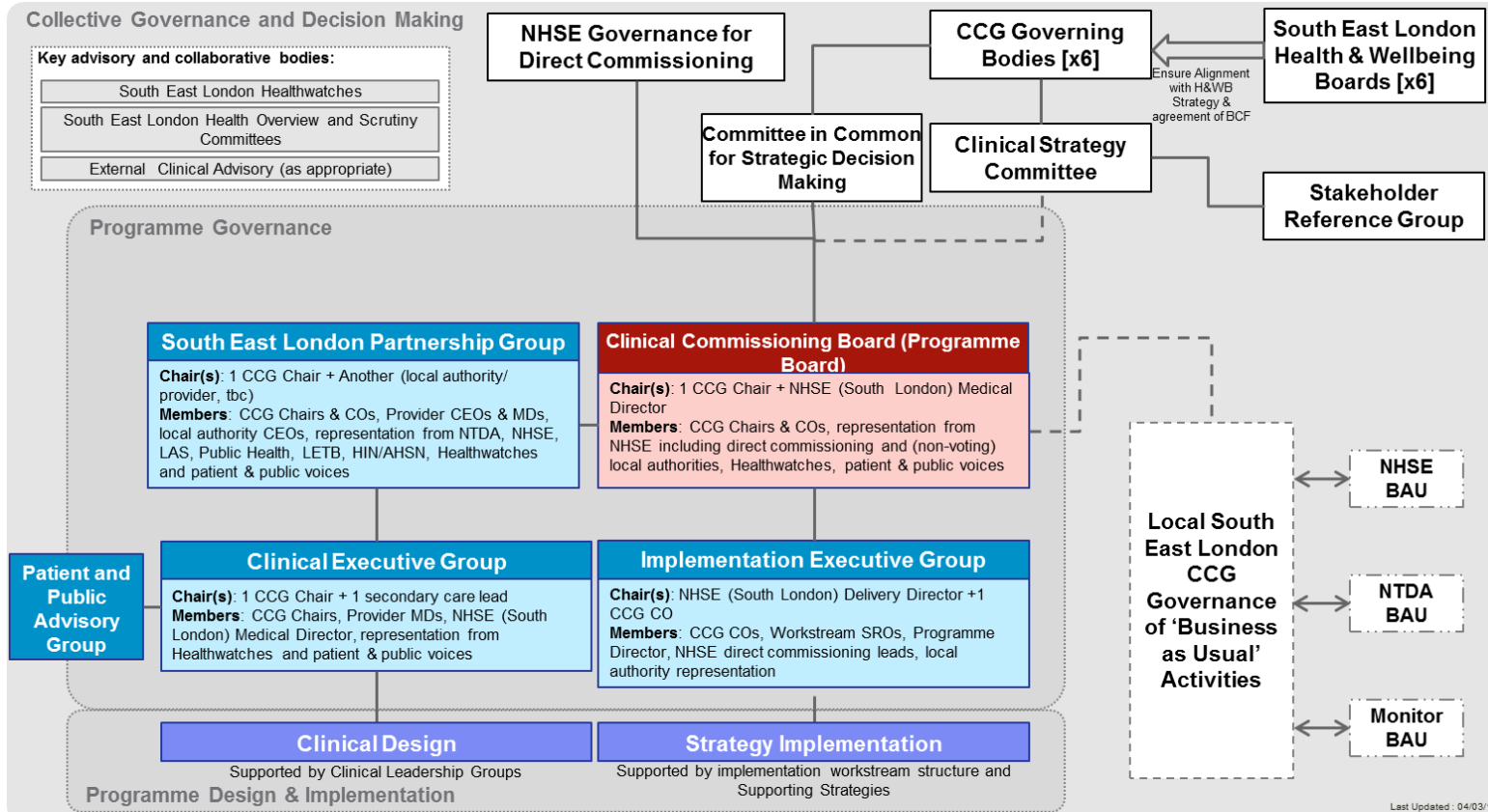
A partnership of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark Clinical Commissioning Groups and NHS England

Draft in progress | 4

Timeline



Governance



Notes & Abbreviations

BCF = Better Care Fund
 NHSE = NHS England
 NTDA = NHS Trust Development Authority
 LAS = London Ambulance Service

LETB = Local Education and Training Boards
 HIN = Health Innovation Network
 AHSN = Academic Health Science Networks
 MD = Medical Director

BAU = 'Business as Usual'
 CBC = Community Based Care
 SRG = Stakeholder Reference Group
 CSC = Clinical Strategy Committee

Key

Programme Decision Making	Existing Governance
Programme Governance	Advisory and Collaborative

Agenda Item 6

Healthier Communities Select Committee			
Title	Select Committee work programme		
Contributor	Scrutiny Manager	Item	6
Class	Part 1 (open)	14 October 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 12 November 2015:

Agenda item	Review type	Link to Corporate Priority	Priority
Lewisham CCG commissioning intentions	Standard item	Active, healthy citizens	Medium
Delivery of the Lewisham Health and Wellbeing Board priorities	Performance monitoring	Active, healthy citizens	Medium

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

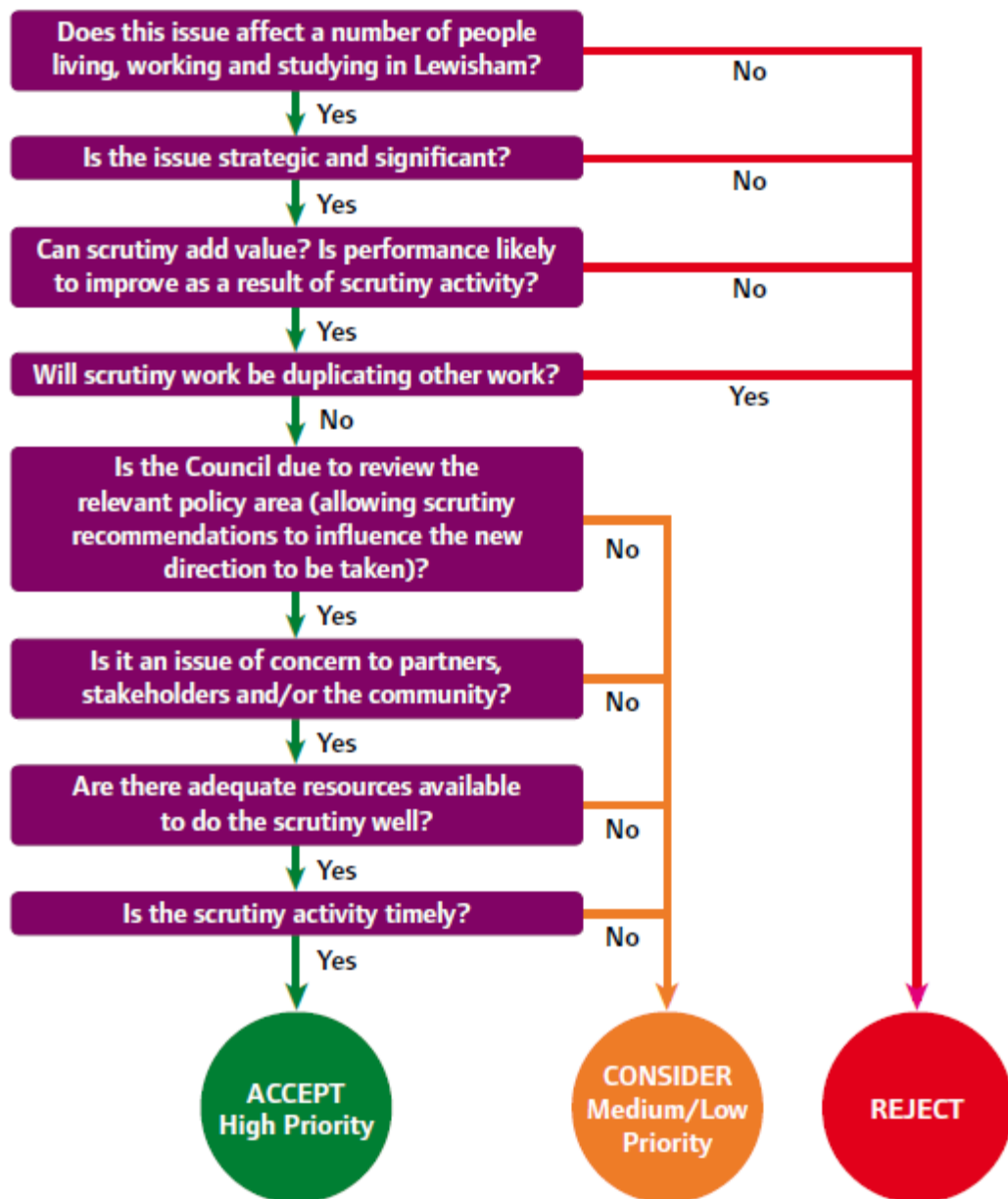
The date of the next meeting is Thursday 12 November 2015

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	08-Dec	13-Jan	02-Mar
Lewisham future programme	Standard item	High	CP9	On-going	Item completed		Savings	Item on-going	Item on-going	Item on-going	Item on-going	Item on-going
Confirmation of Chair and Vice Chair	Constitutional req	High	CP9	Apr	Item completed							
Select Committee work programme	Constitutional req	High	CP9	Apr	Item completed							
SLaM specialist care changes	Consultation	High	CP9	Apr	Item completed							
Health and social care integration	Standard item	Medium	CP9	Apr	Item completed							
Healthwatch annual report	Standard item	Medium	CP9	Jun		Item completed						
Development of the local market for adult social care services	Standard item	Medium	CP9	Oct				Proposed timeframe				
CQC update	Standard review	Medium	CP9	Jun			Item completed					
Day centres consultation	Standard review	High	CP9	Jun		Item completed						
Reinvesting Public Health savings	Standard item	Medium	CP9	Sep			Item completed					
Public health annual report	Performance monitoring	Medium	CP9	Sep			Item completed					
LCCG commissioning intentions	Standard review	Medium	CP9	Oct					Proposed timeframe			
Transition from children's to adult social care	Standard review	Medium	CP9	Jun		Item completed						
Delivery of the Lewisham Health & Wellbeing priorities	Performance monitoring	Medium	CP9	Nov					Proposed timeframe			
Lewisham hospital update	Standard item	Medium	CP9	n/a					removed			
Leisure centre contract	Performance monitoring	Medium	CP9	Jan							Proposed timeframe	
Implementation of the Care Act	Standard review	Medium	CP9	Jan							Proposed timeframe	
Community education Lewisham annual report	Performance monitoring	Medium	CP9	Mar								Proposed timeframe
Adult safeguarding annual report	Standard item	Medium	CP9	Mar								Proposed timeframe
Campaign in Lewisham for Autism Spectrum Housing	Information item	Medium	CP9	Mar								Proposed timeframe
Lewisham and Greenwich NHS Trust Quality Account	Standard item	Medium	CP9	Jun		Item completed						
South East London Strategy	Standard review	High	CP9	Ongoing				Item added				
Adult Social Care Integration - All Member briefing	Information item	Medium	CP9	Oct				Item added				
SLaM CQC Inspection report	Performance monitoring	Medium	CP9	Mar								Item added
State of the local health economy	Information item	High	CP8	Dec						Item added		
DNAs review	In-depth review	High	CP9	Mar			Item completed					

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 Septem	7)	Wed	2 March	
4)	Wed	14 October				

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FORWARD PLAN OF KEY DECISIONS

Forward Plan October 2015 - January 2016

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	Audited Statement of accounts 2014/15	23/09/15 Council	Janet Senior, Executive Director for Resources & 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	Lewisham Homes Business Plan	30/09/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
August 2015	Local Implementation Plan Annual Spending Submission	30/09/15 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
			Regeneration and Councillor Alan Smith, Deputy Mayor		
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		
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		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
June 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		
June 2015	House on the Hill 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	House on the Hill - establishment of the post 19 college	21/10/15 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
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	21/10/15 Mayor and Cabinet	Frankie Sulke, Executive Director for Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
June 2014	Surrey Canal Triangle (New Bermondsey) - Compulsory Purchase Order Resolution	21/10/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
August 2015	Copperas Street Depot - Disposal	21/10/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
September 2015	Disposal of Land at corner of Deptford Church Street and Creekside	21/10/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
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		
September 2015	Making of instrument of Government The Governing Body of te Leathersellers Federation of Schools	21/10/15 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
August 2015	New Homes Better Places Programme Update	21/10/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan,		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Cabinet Member 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		
September 2015	Sheltered Housing Investment and Improvement Update	21/10/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
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		
September 2015	Pilot to run a digital high street scheme in collaboration with Better Cities	21/10/15 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Rachel Onikosi, Cabinet Member Public Realm		
June 2015	Award of Homecare Contracts	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		

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
September 2015	Beckenham Place Park Golf Course Contract Extension	21/10/15 Mayor and Cabinet (Contracts)	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
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		
September 2015	House on the Hill Design & Build Contract Award for action for children.	21/10/15 Mayor and Cabinet (Contracts)	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
September 2015	Interim arrangements for Project Management Support to the School Places programme	21/10/15 Mayor and Cabinet (Contracts)	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		

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	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 & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2015	Children and Young People Plan	11/11/15 Mayor and Cabinet	Sara Williams, Executive Director, 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	11/11/15	Kevin Sheehan,		

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
	allocations process	Mayor and Cabinet	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		
September 2015	National Non Domestic Rates - Discretionary Discount Scheme for Businesses Accredited to Living Wage	11/11/15 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
September 2015	Voluntary Sector Accomodation Implementation Plan Consultation	11/11/15 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		
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 Resources		
September 2015	FM Contract Structure and Procurement approach	11/11/15 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia,		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Cabinet Member Resources		
September 2015	Compliance Contracts Structure and Procurement approach	11/11/15 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
September 2015	Extension of Security (CIS Security Limited) & PPM (Interserve Facilities Management) Contracts	11/11/15 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2015	Children and Young People Plan	25/11/15 Council	Sara Williams, Executive Director, 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 Community Services and Councillor Rachel Onikosi, Cabinet Member		

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
			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		
August 2015	Determination of the applications to establish a neighbourhood forum and to designate a neighbourhood area for Lee Green	13/01/16 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	13/01/16 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
	neighbourhood forum and to designate a neighbourhood area for Deptford		Regeneration and Councillor Alan Smith, Deputy Mayor		
May 2015	Formal Designation of Crystal Palace & Upper Norwood Neighbourhood Forum and Area	13/01/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
September 2015	Determined School Admissions Arrangements for 2017/18	13/01/16 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People 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 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,		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Cabinet Member Housing		

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