Public Document Pack

Healthier Communities Select Committee Agenda

Thursday, 24 November 2016
7.00 pm,
Civic Suite
Catford
SE6 4RU

For more information contact: John Bardens (02083149976)

Part 1

Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Thursday, 24 November 2016.

Barry Quirk, Chief Executive
Tuesday, 15 November 2016

Councillor John Muldoon (Chair) Councillor Stella Jeffrey (Vice-Chair) Councillor Paul Bell Councillor Colin Elliott Councillor Sue Hordijenko Councillor Jamie Milne Councillor Jacq Paschoud Councillor Joan Reid Councillor Alan Till Councillor Susan Wise Councillor Alan Hall (ex-Officio) Councillor Gareth Siddorn (ex-Officio)	

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday 18 October 2016, 7pm

Present: Councillors John Muldoon (Chair), Stella Jeffrey (Vice Chair), Paul Bell, Colin Elliot, Jacq Paschoud, Joan Reid, and Alan Till.

Apologies: Susan Wise

Also Present: Fiona Russell (Senior Adviser, Local Government Association, Care and Health Improvement Programme), Clive Grimshaw (Strategic Lead for Health & Adult Social Care, London Councils), Susan Underhill (Deputy CEO, Age UK Lewisham and Southwark), Camilla Biggs (Lewisham SAIL connections manager) James Archer (Public World), Danny Ruta (Director of Public Health, Lewisham Council), Georgina Nunney (Principle Lawyer, Lewisham Council), Chris Best (Cabinet Member for Health, Wellbeing and Older People), and John Bardens (Scrutiny Manager).

1. Minutes of the meeting held on 13 September 2016

Resolved: the minutes of the last meeting were agreed as a true record.

2. Declarations of interest

The following non-prejudicial interests were declared:

- Councillor John Muldoon is a governor of the South London and Maudsley NHS Foundation Trust.
- Councillor Paul Bell is a member of King's College Hospital NHS Foundation Trust.
- Councillor Jacq Paschoud has a family member in receipt of a package of adult social care.

3. Health and adult social care integration – second evidence session

Fiona Russell (Local Government Association) gave evidence to the committee. The following key points were noted:

- Three key documents were referred to for information on the key enablers, barriers and measures of success in relation to the integration of health and adult social care:

  The journey to integration: Learning from the seven leading localities – which analyses at the experiences of seven different areas across the country.

  Stepping up to the place: The key to successful health and care integration – which looks at the ten essential characteristics for a fully integrated health and care system.

Stepping up to the place: Integration self-assessment tool – which is intended to help local areas assess how ready they are, and understand what some of their local challenges might be.

- The second report focuses on three areas: shared commitments, shared leadership, and shared systems. Its key points include that integration has to be personalised, preventative and person-centred; it has to focus on the skills and capabilities of communities; and the measures of success need to be driven by the outcomes important to local people.
- In terms of leadership and accountability, the report said it's crucial that leaders of the system are able to step outside of their own organisation and make decisions based on a shared vision – and that you have the governance arrangements to allow decisions to be made this way.
- In terms of shared systems, the report also stressed the importance of having in place the right payment systems, workforce strategy, information sharing arrangements as well as a shared risk stratification model.
- The LGA have been very clear, however, that no single model or approach will work for all – integration has to be based on the needs of the local area.
- Successful integration is also very much about a cultural change. Areas shouldn't impose an organisational form on the local system – it's more about working in different ways with local partners and working more around individuals.

Clive Grimshaw (London Councils) also gave evidence to the committee. The following key points were noted:

- The Committee were told about the reflections from some the London-based devolution pilots, particularly those relating to integration (Lewisham, Hackney and north-east London).
- One of the key enablers has been getting the culture right – building strong and open local partnerships that allow people to sit around the table and have open, frank conversations about what they want to do across health and social care.
- Without the right culture and partnerships, it becomes much more difficult to make progress with some of the more practical enablers around things like IT, workforce, and estates.
- One of the key barriers are the assurance and regulatory mechanisms, which don't recognise the integrated systems that local areas are trying to set up and end up working against local visions of integration. Sustainability and Transformation Plans (STPs) were mentioned as an example.
- In terms of what success may look like in the long run, it's about bringing health decisions closer to the community; having health models that are much more

aligned with people's everyday needs and the local community's profile; and greater self-reliance leading to fewer hospital admissions.

Fiona Russell and Clive Grimshaw answered questions from the Committee. The following key points were noted:

- Integration-related changes are being communicated more prominently in the pilot boroughs than those areas that are taking more conventional approaches to integration.
- Boroughs that have been working closely with local health partners, and looking at more advanced and accelerated forms of integration, have been more attuned to the need to talk about that with their local communities.
- With the integration pilots, the LGA has found that the people in the room quite often know a lot about their integration vision, but people outside the room don't. It's something that areas around the country are having problems with.
- The LGA cited the Torbay "Mrs Smith" narrative, which looks at how things would be different for members of the Smith family, as good example of how to get the message across. The behind-the-scenes, organisational side of things are not, however, usually relevant to the person on the street.
- The LGA agrees that there is not enough money in the health and care system and have long advocated for more money, particularly for social care. The LGA is pleased to see that some NHS bodies are also now calling for more money for social care.
- The LGA doesn't think that integration saves money, and is not aware of anybody who does. Integration is more about doing things differently because it's better. It may save money in the long run, but that's not what it's about.
- STPs are not integration – they are sustainability first and foremost – and maybe transformation at a later stage. The LGA has strongly advocated local government being very involved in STPs, which are essentially an NHS process.
- To properly integrate services, the assurance and regulatory processes need to be reformed to recognise the development of new ways of providing care, which cut across current organisational boundaries. The current regulatory framework can hold things back.

The Committee made a number of comments. The following key points were noted:

- The Committee noted that the way health and social care is provided is going to be very different and that we need to look at how this is being communicated to people.
- The Committee noted that communications and branding around integration in Lewisham had been a bit light, given the massive changes that are happening.

- The Committee noted how helpful case studies can be with explaining what the changes will mean for different groups and individuals.
- The Committee noted that there isn't enough money in the system and expressed concern that integration is really part of the government's austerity agenda.
- The Committee expressed concern about more services and responsibilities being transferred to local authorities when their budgets are being cut.
- The Committee expressed concern that the changes would lead to privatisation and outsourcing arrangements, which the Lewisham community do not support.
- The Committee expressed concern at the evidence from around the country of home-care providers pulling out of contracts because they're not sustainable.
- The Committee noted the King's Fund report on social care for older people and comments that charging for telecare services, such as Linkline, would be "silly".

Susan Underhill (Age UK Lewisham and Southwark) and Camilla Briggs (SAIL Lewisham) gave evidence to the committee. The following key points were noted:

- Community Connections is a consortium of four operational partners (Rushey Green Time Bank, Lewisham Disability Coalition, Older Services Lewisham, Age UK Lewisham and Southwark) and two non-operational partners (Voluntary Action Lewisham and Carers Lewisham). Age UK LS is the lead organisation. There's also a steering group including commissioners and council colleagues.
- Community Connections supports vulnerable adults in Lewisham. Community facilitators work with individuals to draw up person-centred plans. 30% of referrals come from GPs, 30% from healthcare professionals, and 40% from social workers or the voluntary sector. Very small number from housing.
- There are two senior community development workers and two community development workers, which work with organisations to build capacity.
- The programme has exceeded or achieved all its targets. Last year it provided 800 people with person-centred plans and worked with 38 organisations.
- A report is produced every quarter identifying the gaps in services in the community. There are currently gaps around: befriending, dementia services, services for men, young adults with learning disabilities (particularly weekends and afternoons), and transport. A bid is being made to the big lottery fund for money to help with these gaps.
- Community Connections is also facing cuts of 25%. This will be a challenge, but they are proactively looking at ways of generating income.
- A Lewisham SAIL (Safe and Independent Living) programme is also being developed. SAIL is aimed at over 60s. It takes a "first contact scheme" approach with a single checklist acting as a referral mechanism into services across the public and voluntary sector.

- SAIL has been running in Lewisham for three months now. In Southwark, where it's more established, it gets 200 referrals a month.

The Committee made a number of comments. The following key points were noted:

- The Committee expressed concern about the trouble finding activities in the borough for young people with learning disabilities.
- The Committee also commented that the communication and sharing between some local organisations has not been working as well as hoped – citing the Purple Alliance as an example.

James Archer (Public World – the UK partner of Buurtzorg) gave evidence to the committee. The following key points were noted:

- Buurtzorg was set up by four nurses in the Netherlands 10 years ago in reaction to industrialisation and fragmentation of social care. It now has more than 10,000 nurses across the Netherlands.
- The model is intended to provide person-centred and holistic care. Its nurses spend more time getting to know people, their needs, and their support networks.
- By focusing on understanding people's wider problems and supporting self-management, it has been extremely successful in reducing the amount of care people need.
- The model is based on small neighbourhood-based teams of no more than 12 nurses – 70% are registered nurses. This doesn't necessarily increase costs overall, as nurses are able to identify medical issues much earlier on. The level of skin ulcers, for example, is very low in the Netherlands.
- There are no managers under the model – nurses manage their own teams. The entire back office of the organisation is 47 people – 19 of these are coaches.
- Coaches give advice and try to help teams find their own solutions. The idea is that responsible workers act more responsibly given more responsibility. One of the only regulations is that teams must have 60% contact time with their clients.
- The Buurtzorg approach to integration doesn't look to organisational solutions – it starts with the person and looks at how integration can be done around them.
- There's been a huge amount of interest in the UK – including in Scotland, Guy's and St Thomas', Tower Hamlets, and Lewisham. But the challenge is also huge, with the biggest difficulty being changing the mind set of organisations that are very used to several layers of management.

James Archer (Public World) answered questions from the Committee. The following key points were noted:

- All the coaches under the model are nurses. Specialist staff share their knowledge among teams using the IT system. Teams also have around 2% of their budget to spend on education and training.
- It is not yet clear how the model will work in the UK with austerity. We will find out more as areas test and learn. A recent King's Fund report on district nursing did say that austerity does make it harder to deliver high-quality services. Another King's Fund report stressed the importance of professional groups maintaining their identities under integrated models.
- Because of the nature of self-managed teams, and the IT systems supporting them, the model can be scaled up without a proportionate scaling up of the back office.

The Committee made a number of comments. The following key points were noted:

- The Committee noted that teams under the Buurtzorg model have a maximum of twelves nurses and queried the scalability of the model in the UK.
- The Committee also noted that the Buurtzorg model appears to be quite expensive and queried how this would work in the UK with austerity.
- The Committee noted the role of coaches and questioned how they would be able to spot problems if nurses didn't come to them.
- The Committee noted the high client-satisfaction rates and queried how this was monitored in self-managed teams and what, if any, problems customers did have.

Resolved: the Committee noted the witnesses' evidence.

4. Lewisham hospital update (systems resilience)

The Committee made a number of comments. The following key points were noted:

- The Committee noted that recruitment of staff seems to be a general problem and that so long as there is uncertainty around Lewisham Hospital, and the impact of the STP, these problems are going to remain.
- The Committee also applauded the success of the Navigators, which provide administrative support to wards, and the positive impact they have quickly made by taking some of the paperwork tasks away from medical professionals.

Resolved: the Committee noted the report

5. Public health annual report

Danny Ruta (Director of Public Health, Lewisham Council) introduced the report. The following key points were noted:

- This year the annual report focuses on obesity. The sugar-smart campaign is being launched soon (Lewisham being the first borough in London). Lewisham is also a national pilot for a whole-system approach to tackling obesity.
- As well as action on sugar, there's going to be action on physical activity and losing weight. But the main message is to stop blaming individuals – recognising that in the UK today it's almost impossible not to put on extra weight and that it's the environment we've got to change.
- The Great Weight Debate is also going on across London. This is also about shifting the debate from blaming people to looking at the environment we live in.

Danny Ruta (Director of Public Health, Lewisham Council) answered questions from the Committee. The following key points were noted:

- Lewisham and Greenwich NHS Trust has signed up to the sugar-smart campaign and pledged to take action this year to improve food for patients and staff.
- A key part of the whole-system approach is increasing school meal uptake. Officers are currently working with two schools in the borough with high school meal uptake. One has a digital fingerprint system, which reduces queueing and allows parents to track what their children are eating.
- Lewisham has 1 chicken shop per 1000 people – the 13th highest rate in the country. Officers will be working with takeaways to get them to sell healthier food. There are lots of examples of takeaways doing this without losing sales – the Charlton Kebab House, for example.
- Officers will monitor sexual health data following the redesign of sexual health services in the borough. Lewisham needs more sexual relationship education in schools, but there isn't the resources. Lewisham has also pioneered primary care based HIV testing.
- To generate publicity for the sugar smart campaign, Lewisham is working in partnership with the News Shopper. Officers will also be proactively approaching organisations – focusing on schools first, then takeaways near schools, and then GP practices. Officers will also look at approaching the supporting living sector.
- Officers would like Lewisham Councillors to do their bit and get schools in their wards to sign up to sugar-smart and the Daily Mile initiative. University analysis of the Daily Mile initiative has found, in some areas, that obesity rates have halved.
- According to the national obesity expert, there is not enough evidence yet on the link between aspartame in diet drinks and cancer. Sugar-free drinks should still be considered as a better alternative to those with sugar. But officers will look at

ways of identifying and promoting alternative, natural sweeteners as part of the sugar-smart campaign.

The Committee made a number of comments. The following key points were noted:

- The Committee noted that we need to move away from using words like obese, as they label people and make them feel guilty.
- The Committee pointed out that some school playgrounds in Lewisham are not big enough for children to take part in the Daily Mile initiative.

Resolved: the Committee noted the report.

6. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the report.

- The Committee decided to look into having an item on the impact on services in Lewisham of the Greenwich CCG's decision to award the musculoskeletal services contract to private healthcare company, Circle Health.

Resolved: the Committee agreed the work programme

7. Referrals

The Committee didn't make any referrals.

The meeting ended at 21.30pm

Chair:

Date:

Healthier Communities Select Committee		
Title	Declaration of interests	
Contributor	Chief Executive	Item 2
Class	Part 1 (open)	24 November 2016

Declaration of interests

Members are asked to declare any personal interest they have in any item on the agenda.

1. Personal interests

There are three types of personal interest referred to in the Council's Member Code of Conduct:

(1) Disclosable pecuniary interests
(2) Other registerable interests
(3) Non-registerable interests

2. Disclosable pecuniary interests are defined by regulation as:-

(a) Employment, trade, profession or vocation of a relevant person* for profit or gain

(b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).

(c) Undischarged contracts between a relevant person* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.

(d) Beneficial interests in land in the borough.

(e) Licence to occupy land in the borough for one month or more.

(f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.

(g) Beneficial interest in securities of a body where:

(a) that body to the member's knowledge has a place of business or land in the borough;

(b) and either

(i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or
(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

3. Other registerable interests

The Lewisham Member Code of Conduct requires members also to register the following interests:-

(a) Membership or position of control or management in a body to which you were appointed or nominated by the Council
(b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party
(c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25

4. Non registerable interests

Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

5. Declaration and Impact of interest on members' participation

(a) Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take not part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**

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

consideration of the matter and vote on it unless paragraph (c) below applies.

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

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

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

6. Sensitive information

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

7. Exempt categories

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

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

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Healthier Communities Select Committee		
Title	Lewisham hospital update (system resilience)	
Contributor	Scrutiny Manager	Item 4
Class	Part 1 (open)	24 November 2016

1. Purpose

University Hospital Lewisham's System Resilience Plans 2016/17 are attached.

They will be presented at the meeting by Lynn Saunders (Director of Strategy, Business and Communications, LGT) and Lee McPhail (Director of Service Delivery, LGT).

3. Recommendations

The Committee is asked to note this information.

If you have any questions, please contact John Bardens (Scrutiny Manager) on 02083149976.

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Lewisham and Greenwich NHS
NHS Trust

Emergency Care
Improvement Programme
SMARTER | FASTER | BETTER

University Hospital Lewisham
System Resilience Plans 16/17
Report to HCSC October 16

Context

Lewisham and Greenwich NHS Trust

- Central funding for system resilience allocated to CCGs and included in 16/17 baseline
- Lewisham CCG figure agreed at £1.4Million to be spent at University Hospital Lewisham
- Initial submission and impact on trajectory agreed with CCGs as part of wider System Resilience and Trajectory Plan in early July
- Schemes initially identified based on those that had shown impact in 15/16
- Complemented work ongoing within Medical Redesign and Enhanced Care and Support Programmes
- Total resilience scheme impact on 4 hour standard predicted to be 2.42%
- Detail of initial schemes, impact of those in place and further plans for schemes to address slippage in other improvements provided in following slides:

Initially Agreed Schemes

Lewisham and Greenwich NHS
NHS Trust

	Performance Improvement	Cost	Start month	End month	Lead in at 50% impact
Additional ED SpR Saturday evenings	0.01%	£11,700.00	October	March	0
Additional medic in ED overnight	0.50%	£120,000.00	October	March	0
Additional GP 7 days per week in UCC	0.80%	£400,000.00	July	March	0
ENP Streaming 12 hours per day	0.30%	£227,000.00	July	March	1
RAT in place	0.50%	£566,800.00	August	March	1
Pathway Navigators	0.30%	£120,000.00	May	March	1
Improved Discharge Information	0.01%	£15,000.00	June	March	0
Total	2.42%	£1,460,500.00			

Current Stock Take

Lewisham and Greenwich NHS Trust

A review of the resilience schemes as well as wider improvement programmes has just been completed and identified some delay in three of the schemes:

- GP streaming (commenced this week)
- ENP streaming (plan to commence in October but difficulty in recruiting
- RAT (commenced this week)

UHL Resilience Schemes	Impact	Start Date	In place?
Additional ED SpR Saturday evenings	0.01%	October	Will be in place
Additional medic in ED overnight	0.50%	October	Will be in place
Additional GP 7 days per week in UCC	0.80%	July	Trialled in July, full model from October
ENP Streaming 12 hours per day	0.30%	July	Trialled in July, full model from October
RAT in place	0.50%	August	Delayed start due to recruitment, in place from October
Pathway Navigators	0.30%	May	Yes
Improved Discharge Information	0.01%	June	Yes
Total	2.42%		

In addition it has been identified that the Enhanced Care and Support programme is likely to be delayed in delivering one of its key elements – Home Ward due to recruitment difficulties. There is therefore an opportunity to consider how any slippage within current resilience spending should be used to bridge impact on performance until the Home Ward is in place.

Schemes

Lewisham and Greenwich NHS
NHS Trust

The two schemes already in place are the Navigators and Improved Discharge Information

Navigators
4 Band 4 WTE Navigators started on a 3 month trial basis in May, with the purpose of supporting the wards in ensuring all the necessary paperwork for a supported discharge was completed in a timely manner. They were assigned to wards and enable the Discharge Coordinators to concentrate on the more complex patients.

They made a significant impact on the number of days for CHC paper work to be completed (reduced from an average of 12 days to less than 4) and have been well received by wards and clinical teams. Their appointments have been extended to end of March 2017

Improved Discharge Information
The Trust is now using a specially commissioned database to track all complex discharges, this links with the Icare system and enables all those involved in a patients discharge to update what is happening with the patient and share this with colleagues. We are currently rolling out access to other agencies on site to enable them to input updates directly and reduce time lost whilst awaiting progress updates from panel etc.

Further Schemes

Lewisham and Greenwich NHS
NHS Trust

Discussion within the Trust has suggested that there is benefit in supporting the following schemes to increase resilience internally. Exact costings are currently being agreed with finance to enable this:

- Additional nurse in ED 24/7 to increase safety levels due to demand on the department
- Additional pharmacist and pharmacy technician to reduce delays in TTOs and support discharges before 1pm.

In addition Operation Bridge, a project to reduce the number of Ready For Discharge patients from Lewisham CCG within acute beds, which has been running since August and is showing signficant impact, is likely to be extended to cover the gap until Home Ward is in place.

Operation Bridge

Lewisham and Greenwich NHS
NHS Trust

Operation Bridge is funded from CCG held resilience monies (separate to the £1.4Million) and consists of the following:

- Increasing Resource for CHC Nurse Assessment
- Family Caseworkers
- Social Worker Complex Case Manager
- Advocacy
- Flexible funding

It has been running since mid August and has improved the number of Lewisham CCG patients on the Ready for Discharge list to below 40, it has made significant impact on waits for CHC outcome, IMCA (Independent Mental Capacity Assessment) Social work assessment and equipment.

There is further work ongoing to provide increase support at evenings and weekends for families identifying care homes as there are a number of patients delayed while families make these choices.

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HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report Title	South East London Sustainability and Transformation Plan: Update		
Contributors	Our Healthier South East London Programme Team, Martin Wilkinson, Chief Officer, Lewisham CCG	Item No.	5
Class	Part 1	Date: 24 November 2016	
Strategic Context	The report provides an update on strategic planning processes for South East London		

1. Purpose

This report provides members of the Healthier Communities Select Committee with an update on the NHS South East London Sustainability and Transformation Plan. The report is for information.

2. Recommendation

Members of the committee are recommended to:

- Note the summary of the South East London Sustainability and Transformation Plan

3. Policy Context

Planning guidance was published on 22 December 2015 which set out the requirement for the NHS to produce five year Sustainability and Transformation Plans (STP). These are place based, whole system plans driving the Five Year Forward View.

4. STP submission

Building on work through 'Our Healthier South East London' (OHSEL), the SEL STP was submitted to NHS England for assurance on 21st October and has now been published. A summary of the STP is attached at Appendix A.

Following publication of the NHS Five Year Forward View, all NHS regions in England were required to work together with their local councils on an STP for local services. These plans describe how health and social care organisations will work together to produce a population based strategy to deliver financially and clinically sustainable services over the next five years.

The STP for south east London builds on work that was already taking place via the Our Healthier South East London programme. This was led by the six clinical commissioning groups in south east London but with the active engagement of other stakeholders. The models of care developed through this programme are the product of several years of partnership working between

clinicians, commissioners, council social care leads, local hospitals, and have been informed by wide engagement with local communities, patients and the public.

Our draft STP is, in effect, a development and expansion of the Our Healthier South East London strategy and will go through a national assurance process before it is finalised. Most of the STP ideas have already been discussed extensively with local people and you can read more about them on the OHSEL website (www.ourhealthiersel.nhs.uk).

5. Financial implications

The strategic plans reflects the financial plan and savings required to deliver a financially balanced position over the five year period.

6. Legal implications

Under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area. This is recognised in the strategic priorities identified in the development process.

7. Crime and Disorder Implications

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

8. Equalities Implications

In order to ensure that the strategy is informed by the diverse population in south east London and to enable full understanding of the potential impact on communities with protected characteristics (as well as complying with the Equalities act 2010), carers and, the socially and economically deprived, equalities analyses will be conducted throughout the programme.

9. Environmental Implications

There are no environmental implications arising from this report.

Background Documents

Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 can be found at www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/

Further information on the Our Healthier South East London programme and the full STP document can be found at www.ourhealthiersel.nhs.uk

Our Healthier South East London
Improving health and care together

NHS

South East London Sustainability and Transformation Plan - Summary

Introduction

In December 2015, health and care systems were asked to come together to create their own ambitious local blueprint for implementing the Five year Forward View, covering up to March 2021, known as Sustainability and Transformation Plans (STPs). In south east London we submitted our latest version of this plan to NHS England in October 2016. This is a summary of our October submission.

The STP is the "umbrella" plan for south east London and draws extensively on the Our Healthier South East London (OHSEL) strategy which has been in development since 2013.The STP process has broadened the OHSEL plan and has taken it much further by bringing organisations together to establish a place-based leadership and decision-making structure. This means that all the NHS organisations in south east London are working together and with local councils to make plans and decisions that will ensure the sustainability of our services into the future.

Our commitments

Over the next five years we will:

- Support people to be in control of their health and have a greater say in their own care
- Help people to live independently and know what to do when things go wrong
- Help communities to support each other
- Make sure primary care services are consistently excellent and have an increased focus on prevention
- Reduce variation in outcomes and address inequalities by raising the standards in our health services
- Develop joined up care so that people receive the support they need when they need it
- Deliver services that meet the same high quality standards whenever and wherever care is provided
- Spend our money wisely, to deliver better outcomes and avoid waste

Our challenge

In south east London, we have some very good health services. People are living longer and many people are healthier. But we also have some services that could be better. We have services that people find hard to access. Some people do not get the help they need to keep themselves and their families healthy.

We are trying to address a number of challenges, many of them common to other areas and some specific to south east London:

- **Ill health** - the way in which NHS services are provided today does not take account of changes in the population since the health service was created. People are living longer than ever before and there have been huge advances in medicine and treatments for various conditions. The NHS is now treating many more people than ever before, and many more people are living with long term conditions such as diabetes, high blood pressure and mental illnesses.

- **Outcomes** - Too often, the quality of care that patients receive and the outcome of their treatment depend on when and where they access health services. For example, we do not always provide the recommended level of cover by senior doctors in services dealing with emergency care, maternity or children.
- **Experience** - While patients are very happy with some services, surveys tell us that their experience of the NHS is inconsistent and that they do not always receive the care they want. Some patients find it difficult to get a GP appointment or feel that they do not have enough information about their condition. Too often, planned operations are cancelled.
- **Local needs** - South east London has a diverse and mobile population, with extremes of deprivation and wealth. A high proportion of our 1.67 million people live in areas that are among the most deprived in England, while a smaller proportion live in the most affluent areas. Four of the six boroughs (Lambeth, Southwark, Lewisham and Greenwich) rank amongst the 15% most deprived local authority areas in the country.
- **Finance** - Although NHS funding currently increases in line with inflation each year, the costs of providing care are rising much faster. This is because the NHS is now treating more people with more complex conditions than ever before, while the costs of medicines are increasing. All major political parties have made it clear that sustained and substantial increases in NHS funding are unlikely for the foreseeable future, which means that we need to do things differently if we are to deliver the best possible care for patients in the years ahead. If demand continues to rise as projected, and we do not change our approach to delivering care, the number of beds needed would be enough to fill a new hospital – something not affordable or possible. Our priorities must focus on managing the increase in demand by changing the way we work.

What will this actually mean?

Some examples of what we are doing and of our plans are:

1. Making it easier to see a GP

We are expanding the foundation stone of the NHS – the services offered by local GPs.

- An extra £7.5 million a year will ensure that people in south east London can book a GP appointment at a time of their choosing, including a huge expansion of time slots at evenings and weekends.
- Southwark and Lambeth have already extended evenings and weekend services, with an extra 87,000 more appointments a year in Southwark and over 82,000 in Lambeth. With extra funding, all boroughs will offer appointments 8am to 8pm, seven days a week, by 2019.
- From 2018, all practices will offer online as well as telephone booking, and will allow every single patient to manage their prescription and medical records online.
- From next April, this will be supported by new care teams of family doctors, nurses, pharmacists and other specialists. These will help vulnerable patients to stay healthy and have more control over their day-to-day health and care.
- A home care service provides intensive medical care in people's homes, where most say they prefer to be treated. This has supported more than 3,000 patients over the last year, including 500 who would otherwise have been taken to hospital. The number of patients with chronic obstructive pulmonary disease being taken to A&E has fallen by more than twice the London average of three per cent.

2. Focusing on prevention

We want to focus on wellbeing and to work with people to support them to manage their own health.

- We are working to 'make every contact count' with patients, working with patients holistically to support them – including on obesity, mental health, smoking, alcohol and managing long-term conditions.
- We will use targeted interventions to support people, like social prescribing, weight management, and health coaching.
- One major initiative is the *Healthier You: NHS National Diabetes Prevention Programme* (NHS DPP), an evidence-based behavioural intervention programme for people identified as being at high risk of developing Type 2 diabetes. In partnership with the Health Innovation Network, we aim to deliver over 4,000 places across South London CCGs and boroughs in 2016/17.
- We want to work with people to understand and manage potentially harmful drinking through structured, brief advice. The Health Innovation Network will support the roll out of *Alcohol Intervention and Brief Advice (*IBA) across health settings, social care and the criminal justice system.
- We will continue to work to encourage residents to stop smoking, including increasing maternity smoking cessation services and continuing the award-winning work of the South East London Illegal Tobacco Network (SELITN).

3. Improving cancer treatment and diagnosis

We want to improve the speed and accuracy of cancer diagnosis, then guarantee each patient a single plan that will explain every part of their care and when they will get it.

- Once a doctor raises the possibility of cancer, no patient will have to wait more than 62 days until they receive definitive treatment and a comprehensive plan, setting out what they can expect from their care and when.
- A dedicated oncology phone line will help direct patients, carers and GPs find the right facility for each stage of their treatment.
- Every patient will be contacted by a member of staff whose job it will be to help them understand their cancer care. Patients will also be able to see a dedicated clinical nurse specialist or other expert for advice and support around the clock.
- A new £160 million purpose-built Cancer Centre at Guy's Hospital was opened in September 2016 to provide state-of-the-art facilities for cancer diagnosis, treatment and research. It brings different services under one roof for the first time; previously these were provided in 13 different locations spread across eight buildings.
- The centre will use its specialist focus to cut paperwork, reducing the times that cancer patients wait between different stages of their treatment. More patients will have the opportunity to benefit from the most advanced treatments and take part in cutting-edge trials.
- A second, smaller cancer centre is being developed as part of the £30 million redevelopment at Queen Mary's Sidcup. This will provide 16,000 radiotherapy and 4,600 chemotherapy treatments a year from early 2017, so patients can be be treated closer to their homes rather than having to make the trip to central London.
- We will also increase cancer screening rates and train more GPs, nurses and other staff to help patients to prevent the onset of cancer by staying healthy.

4. Developing world-class orthopaedic care

We aim to ensure that patients receive the same standard of planned orthopaedic care whenever and wherever they are treated. At the moment, results vary too much across south east London, too many procedures are cancelled and there are unnecessary delays. We are planning to consult local people on proposals to develop two new specialist orthopaedic centres which would bring together routine and complex planned care, currently provided in seven locations across south east London. Having these dedicated centres means:

- We can offer more procedures, and patients would receive a higher standard of care because they would be able to see the most expert doctors in this field.
- Patients would also spend less time in hospital and there would be fewer cancelled operations. Because of this waiting times would fall and every orthopaedic patient every patient would be seen within 18 weeks.
- The centres would work closely with other sites to share their expertise and learning, ensuring that patients got better orthopaedic care across all of south east London.

5. Improving urgent and emergency care

- By 2017, there will be a single out-of-hours service and number (111) and access to a clinical hub, which also will let patients know about the different locations they can be treated.
- This will help to decrease the number of patients having to go straight to A&E by providing accessible alternatives before and on arrival, and meet the four-hour waiting time target so patients experience faster care for more urgent needs.
- By 2019, patients arriving at A&E will be admitted more quickly, and from next year they will all be seen by the best possible expert specialist for their needs

6. Integrating mental health services

We want to improve mental health in south east London, including the interaction between mental and physical health.

- We want to ensure that mental as well as physical health needs are identified and addressed – including training for non-clinical workforce to recognize and support mental health needs.
- We are working to ensure access to mental health support and liaison teams in A&E 24/7.
- We want to make sure that mental health patients who need inpatient care get the care they need, including access to a health-based place of safety (HBPoS) and no out-of-area placements for non-specialist care by 2021.

7. Supporting new mothers

We want to provide simpler support to new mothers throughout pregnancy and make it easier for them to choose the right type of birth for them and their family.

- By 2019, consultant obstetricians will be present on every labour ward from 8am until 7:30pm.
- In five years, every new mother will by week 10 of pregnancy be contacted by the midwife who will provide and manage her care and support before and after the birth.
- Women will receive better and earlier advice about what to expect during pregnancy and how to stay healthy, and their personal health risks will be assessed earlier.
- Standards of care will also improve, with a 20 per cent reduction in stillbirths by 2020.

8. Supporting children and young people

We want to get better at supporting families to keep children and young people physically and mentally well, by improving family resilience, developing more joined-up care in the community, and making sure that children and young people can access the right service quickly and effectively.

- We are developing children's integrated community teams to support children in the community and reduce hospital admissions in every borough.
- If children or young people do need to go to hospital, short stay paediatric units, working closely with community services to support children and young people back to home/school, will help reduce hospital stays.
- We are improving mental health support services for children and developing new models for children in crisis.

Our challenges and priorities

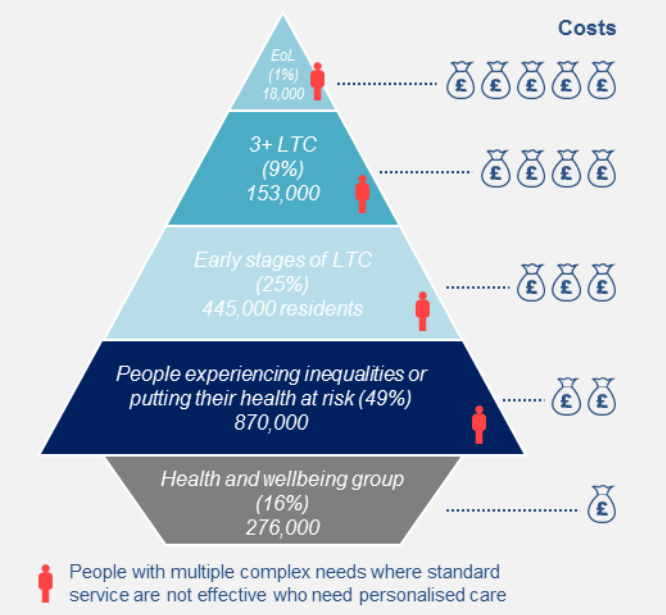
Locally, we face many of the challenges that are experienced nationally. The three gaps that are identified in the Five Year Forward View are found in south east London, and our plan will seek to address these.

We are clear about the challenges people face in living healthily and well

The health of our population has improved significantly over the last five years, but there is more to be done. A detailed case for change has been developed to understand the health and wellbeing needs of our population. In summary:

- We have a vibrant, diverse and mobile population with extremes of deprivation and wealth. 26% of children are classified as living in poverty, concentrated in certain parts of SEL;
- Premature death and differences in life expectancy are significant issues;
- 75% of over 55s have at least one LTC, while 32% of children are overweight or obese;
- We need to improve the health of the population overall. Keeping well, at all ages, is critically important.

We have developed a model (below) that segments our population into groups depending on their condition and level of risk, in terms of both physical and mental health. The 50% of our population who are affected by inequalities or are putting their health at risk is too high; ensuring more of our population are enabled to stay well is imperative to prevent our challenges getting worse.



Note: the financial graphic represents spend per patient

While we have made progress we can do more as a system to improve our care and quality gap

The quality of care that patients receive too often depends on when and where they access services. We don't consistently meet quality and performance standards, and some providers are not rated good or outstanding by regulators. We don't always deliver services that address people's mental and physical health needs in an integrated way. Our services often do not detect problems soon enough, which can result in admittance to hospital in crisis where earlier support could have produced a different outcome.

Our system is skewed towards hospital care

We don't invest enough in services based in the community which prevent illness or encourage people to manage their own physical and mental health.

As a result, people go to hospital when they could be better supported in the community, and can stay in too long once admitted. There is an opportunity here to provide better value care through our investment in the health and care system.

Our system is fragmented resulting in poor patient experience, duplication and confusion

Our system is made up of multiple organisations and professions which too often work within the confines of their own boundaries. This is reinforced through fragmented commissioning structures meaning that it is difficult to share resources. This impacts care and experience. Patients and carers find it frustrating to have to navigate different services and to provide the same information to different people. Patients often stay in hospital longer because joined up arrangements for their care in the community on and after discharge have not been put in place.

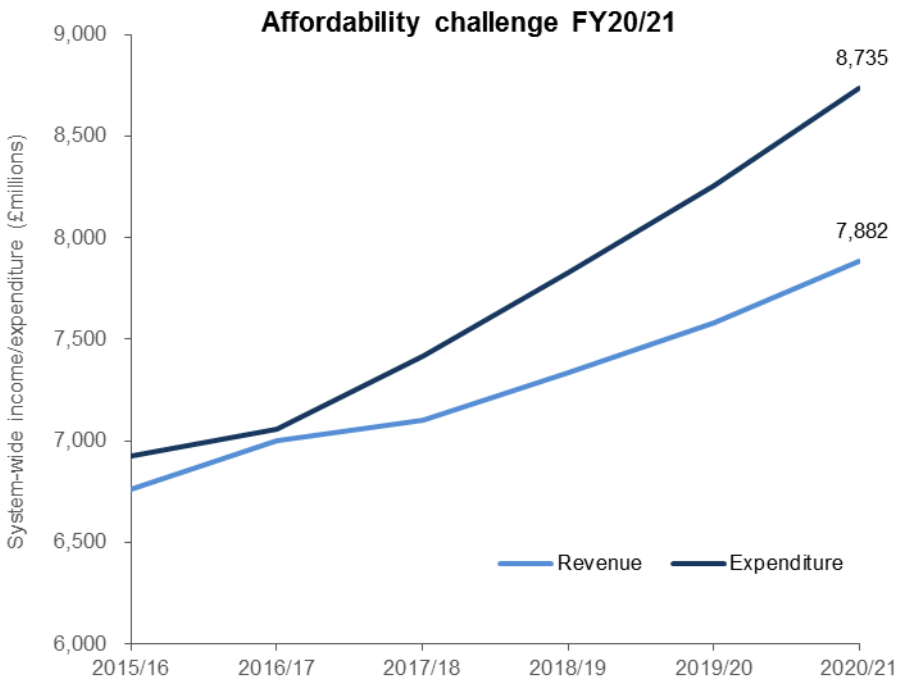
Our services are under increasing pressure

All services in our system are facing increasing pressure to deliver high quality care within a constrained financial climate. We are delivering in partnership with councils who face unprecedented pressures on resources. In some cases they are looking to save over 30% of current expenditure over the next 3-4 years.

Recruitment and retention of our workforce has become increasingly challenging and our estates are not always fit for purpose. Our use of data and information management and technology (IM&T) doesn't currently enable our vision.

Without a place-based approach to commissioning and contracting of care we will not optimise value.

We are facing a financial challenge of £934m over four years



Based on plans and forecasts, we think that if we do not change the way we work, we will need £934m more in 5 years than we are funded for. This is because of increasing demand and costs with a growing population that accesses health care more often, and people who are living longer but often with one or more long term conditions. Meanwhile, the NHS's costs are rising more than inflation across the UK economy (to which allocations are linked).

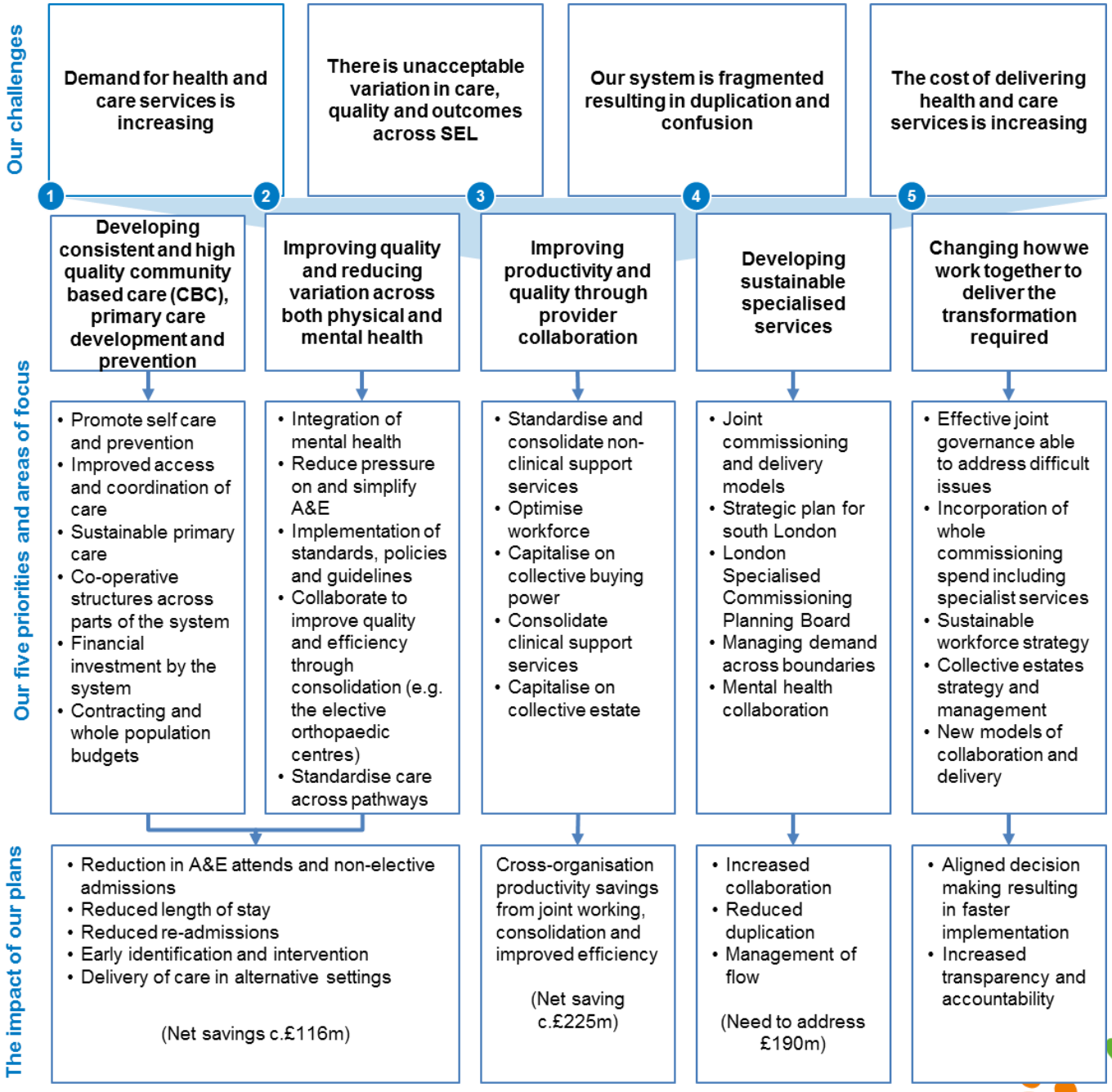
If we do not change our approach to delivering care, the projected demand would increase so that the number of beds needed would be enough to fill a new hospital site, something which is not possible or affordable. It would also require a significant increase in our workforce.

Our priorities must therefore focus on managing this increase in demand by changing the way we work so we can work within our current infrastructure. This will be by providing alternative high quality, good value options that focus on outcomes for our population.

In addition to the NHS challenge outlined in the chart above, the financial challenge that the councils face over the period to 2020 is £242m. This means that the six councils need to reshape social care services to lower costs and raise productivity. Each council is working to transform services at the local level with health sector partners. Lewisham, for instance, is conducting a "devolution pilot" to fast forward a number of initiatives so as to test some of the savings options early in the planning period. Working together will help Councils and the NHS be more efficient and make sure services are sustainable.

Plan summary – 'plan on a page'

We have worked collaboratively to develop our plan for south east London. Where there is a benefit to the system and to our residents we will deliver collaboratively, whilst much will be continued to be delivered locally. Our STP doesn't capture everything that we are doing as a health and care economy. Instead it focuses **on five priority areas** (listed below) and related areas of focus that we believe will have the greatest impact to collectively address the three gaps of health, quality and finance. The delivery of these plans will be supported by a new cross-organisational governance that will allow us to overcome difficulties and collectively manage the transformation required.



Five priority areas

1. Developing consistent and high quality community-based care (CBC) and prevention

Our priority for the next five years is to expand accessible, proactive and preventative care for mental and physical health problems outside of hospital. We have developed a model of integrated community-based care that focuses on population health and wellbeing, supporting people to manage their conditions and increasing prevention and early intervention. We will support this through new contracting models and by ensuring that we have a sustainable workforce and appropriate estates.

Our new model of community based care

Over the next five years we will continue to invest in the development of local care networks which will incorporate all 246 GP practices. We have built these local care networks around geographically coherent communities, supported by scaled-up general practice using natural boundaries within boroughs. These networks share many of the features of multispecialty community providers (MCPs – a new nationally recognised model) and will bring together primary, community, specialist teams working in the community, mental health and social care colleagues to manage the health and care of local populations of between 50,000-100,000.

Our approach has been to establish a common set of standards that each network will adopt while flexing the service they provide for their local population. Each network is working towards:

- Building strong and confident communities and involved, informed patients and carers who are supported to stay independent and self-manage;
- Delivery of consistently high standards of care, including the London Strategic Commissioning Framework Specifications, with clear outcome measures;
- Responsive services providing access from 8am – 8pm seven days a week;
- Secondary and tertiary prevention focussed on the physical health and wellbeing of people with enduring and significant mental health problems;
- Proactive secondary prevention, equitable and timely access, effective coordination;
- A systematic risk stratification and problem solving approach that addresses both physical and mental health.

Drawing on others from across the health, social care and the voluntary sector, the networks will provide a full range of community based services. This includes the delivery of a number of high impact schemes including services such as improved step up / step down and admission avoidance for identified members of the population. Our ambition is that they will be able to integrate the entire community based system, even driving transformation in areas such as housing, as well as health and care. The local networks will also develop an integrated approach with acute providers identifying services which can be delivered locally, as well as making use of acute assets and expertise.

It is recognised that this transformation will require investment. CCGs are committed to directing funding towards improvements in community based care through increases in funding received by the system or as savings are achieved elsewhere.

Investing in community based care (CBC)

We know that, in order to realise savings in other parts of the system, we will need to invest approximately £62m to achieve the initiatives set out in our plans. Alongside this we will need to find ways to fund, non-recurrently and substantially, the organisational development that will be required to help professionals to work in new and different ways. We will aim to use national funding distributed according to the areas of greatest need to support delivery of agreed local and pan-London objectives and support sustainable and vibrant primary care. Some of this investment will generate savings in CBC but we anticipate that the main area of financial benefit will be in relation to unplanned and emergency care. One of our priorities with this area of focus is improved outcomes for patients, as well as the acute savings.

High impact schemes to be delivered by local care networks

We are already beginning to deliver against the high impact schemes, tailored to local populations, which enhance current provision to make an immediate difference to care. The schemes we have focused on help to reduce acute demand and improve quality, by reducing variation.

Access, timely care and assessment

- Extended general practice (8-8), through the local care networks
- Increasing cancer screening and education
- Identification of people 'at risk', including those at risk of admission, and working with them in a multidisciplinary way to provide support and avoid crisis, including mental health

Proactive care and prevention

- Working with patients to prevent ill health by focusing on issues such as obesity, mental health, diabetes, smoking and alcohol. For instance, using the *Healthier You: NHS National Diabetes Prevention Programme* (NHS DPP), an evidence-based behavioural intervention programme for individuals identified as being at high risk of developing Type 2 diabetes. In partnership with the Health Innovation Network, we aim to deliver over 4,000 places across South London CCGs and boroughs in 2016/17.
- A focus on sexual health and prevention
- Investing in innovative ways to empower self-management of long term health conditions, including working with schools and targeted programmes to support patients with long term conditions
- Proactive care planning to identify and target higher risk patients including those in the last year of life. Individuals identified will receive personalised care plans and tailored appointments depending on need
- The Health Innovation Network will support the roll out *Alcohol intervention and brief advice* IBA across health settings, social care and the criminal justice system, along with minimum standards which set out how staff can deliver.
- Continuing the award winning work of The South East London Illegal Tobacco Network (SELITN)

Co-ordinated and effective care planning

- Integrated working with mental health and adult social care
- A high-performing multi disciplinary team will include roles such as care navigators to coordinate care for higher-risk patients.
- Enhanced support to vulnerable people in care homes, extra care housing and those receiving domiciliary care.

2. Improving quality and reducing variation

The standard of care patients receive is not consistent. We don't always treat people early enough to have the best results and people's experience of care is variable and can be better. Many of the improvements in our health and care system will come from changes in community based care. We also need to reduce variation in our main pathways of care. To address this we will work collaboratively between organisations to make changes across our system that will improve value and outcomes for patients.

Reducing pressure on A&E and simplifying urgent and emergency care

Increased access to community support and population health management through our community-based care plans will reduce demand for A&E. However, when people do need to access services in a crisis it can be confusing. Our priorities are: integrating urgent and emergency care; providing accessible alternatives and signposting people to these; and supporting people appropriately when they have to access A&E. We are also exploring options for care navigators; improving mental health crisis care services; and reviewing the acute oncology pathway to reduce demand on A&E.

Collaborate to improve quality and efficiency through consolidation

We believe that greater efficiency and quality of care can be delivered by working collaboratively across organisations. In areas such as elective orthopaedics there is evidence that consolidating services can improve care at a lower cost. We are also establishing two cancer centres, one at Guy's and a smaller centre at Queen Mary's.

Integrating mental health services

30% of people with a long-term condition also suffer from poor mental health. People with severe mental illness do not always receive the best care for their physical health needs. We have undertaken pioneering work in this area, e.g. the 'three dimensions for diabetes' pilot (3D4D). We have initiated a programme of work to explore further options for improved integration, and to ensure physical health care for those with severe mental illness is optimised.

Standardise care across pathways

Where appropriate, we are developing standard approaches to managing similar conditions. This will include shared referral standards and protocols for managing patients.

Implementation of standards, policies and guidelines

We aspire to a high quality services and across our pathways we are committed to meeting national and regional standards, including as set out in the maternity review, the cancer taskforce report and the Mental Health Five Year Forward View. We will implement evidence based clinical standards of care consistently across providers. We are further expanding the Diabetes Prevention Programme.

3. Improving productivity and quality through provider collaboration

We can no longer rely on traditional cost improvement programmes within single organisations. Instead, we are working to realise the productivity and service improvement opportunities which lie beyond organisational boundaries. Savings are estimated at £225m through economies of scale and removing duplication, and we expect these to bring improved outcomes and quality. We have five areas for collaboration.

Standardise and consolidate non-clinical support services wherever possible

At present, non-clinical support services (such as HR, finance) are duplicated across trusts, tasks are repeated and there is significant variation in quality. The consolidation of non-clinical support functions will lead to savings through economies of scale, standardisation and simplification of processes, improved technologies and effective talent management. We aim to have established a new model for HR, IT, procurement and finance in the next three years.

Optimise the workforce be generating south east London-wide allegiance and alignment to staff banks and better management of agency contracts

We can achieve savings through collaborative working with the aim of: reducing demand for temporary staff; reducing agency rates; increasing supply of affordable temporary staff; and *w*orking with the London Ambulance Service so that, where appropriate, patients can be treated on scene and discharged e.g. training and educating paramedics into newly defined roles such as advanced practitioners. By 2021 we want to have built a large staff base by offering competitive rates and other non financial benefits.

Capitalise on our collective buying power with a south east London procurement hub

There is price variation, inefficiency and a large volume of waste in our procurement systems. Furthermore, there is a lack of data and proper analytics to support product decisions, with clinicians aligning patient outcome/cost with products. We think that (aligned with the Carter Review) supply chain management can be centralised while some responsibility is retained locally. We want to adopt a category by category approach to drive down price variation and common processes to reduce unnecessary waste and inefficiency.

Consolidate clinical support services to generate economies of scale and deliver consistent, high quality services

We have a number of common challenges across the clinical support services. There is variation in service and medicines costs; peaks and troughs of demand; and system and process inefficiencies which delay turnaround and reporting times, impacting patient outcomes. We plan to address these and achieve savings by reducing the drugs bill and improving pharmacy infrastructure services; workforce re-profiling and process improvements that make use of available technologies to create a leaner, multi-skilled workforce with improved retention rates; sharing equipment and contracts; and optimising purchase and use of consumables and reagents by using our collective power to negotiate.

Capitalise on the collective estate of south east London

There is currently underutilisation at some sites, and too high levels of activity at others. Lack of accurate data means strategic planning and decision making is difficult. In 2021, we want organisations to have total transparency of information informing a SEL wide estates strategy. We will work to ensure assets are fit for purpose, flexible and will fulfil future service requirements. The idea of collaboration within estates is not new, but collaborative productivity will allow it to happen on a new scale. This would build on important work done by organisations such as Essentia, Community Health Partnerships, NHS Property Services, and the OHSEL estates group.

4. Developing sustainable specialised services

Specialised services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. They tend to be provided by hospitals that can recruit a team of staff with the appropriate level of expertise, often with research interests. There are nine providers of specialised services in south east London, and £850m spend. Most is spent with our two largest providers: Guys and St Thomas' (£410m) and King's College Hospital (£312m), with Lewisham and Greenwich accounting for £43m. South London and Maudsley (£41m) and Oxleas (£19m) provide specialised mental health services. One third of all activity comes from outside south east London, with the most significant flows from Kent and Medway and Surrey and Sussex. The growth in referrals from this wider region currently exceeds local growth. The size of specialised services in south east London has a direct impact on the sustainability of our system, both in terms of financial sustainability and the quality of other services. The potential impact to the south east London system of any change to these flows, decisions for repatriation or associated local developments cannot be underestimated.

Our aims for south east London

We are committed to delivering high quality and sustainable specialised services in south east London, both for our own population and for those that travel here to receive care. To achieve this, we, together with NHS England, are considering alternative ways to deliver and plan specialised services. We will:

- Reduce the number of people requiring specialised services by developing a whole system approach to provision and commissioning of services, maximising primary and secondary prevention;
- Ensure that the integration of physical and mental health is at the heart of our specialised service delivery;
- Build on our knowledge of patient flows and the relationship between services to determine new and innovative ways of commissioning and providing services to improve quality, safety and cost effectiveness;
- Eliminate unwarranted variation to ensure equity of access, outcomes and experience for all.

The majority of specialised service pathways for our population are delivered by the trusts within King's Health Partners (KHP) and St George's. As an Academic Health Sciences Centre, KHP is a key driver of specialised service development. KHP work already underway seeks to address some of our local challenges, including strengthening haematology, cardiovascular, clinical neurosciences and children's services. There are significant opportunities to improve the coordination between specialist and local care through network models, and further optimize the specialist elements of these services with research and training across the specialist sites. Guy's and St Thomas' vanguard project with Dartford and Gravesham also includes a focus on paediatric, cardiac and vascular care pathways which will support and align with wider work on specialised services and improve outcomes for residents of east Kent.

This work could lead to some changes in service delivery so we will work closely with patients, service users and a wide range of other stakeholders to develop our proposals and determine how to deliver the best outcomes, experience and value to meet the needs of the people we serve. It also has further potential to address estates challenges through joint solutions.

Through reviewing our performance and quality issues and areas of highest spend, and our work with Kings Health Partners, we are suggesting three area of focus to explore further: pathway transformation, drugs and devices and improving value.

5. Changing how we work together to deliver the transformation required

The STP cannot take on the role of regulator, or substitute individual organisational governance arrangements that ensure they are meeting their statutory responsibilities. Delivery of our STP is therefore dependent on a shift in culture. A shift away from a focus on individual organisational achievement and towards shared ownership and accountability for improved health and social care outcomes for the population of SE London.

This is a collective endeavour and requires not just a clarity of vision but shared responsibility for delivering our plans. Such a change in relationship requires a true commitment from system leaders to work together differently and this will be formalised in a system-wide Memorandum of Understanding (MoU).

However, our ambitions for system transformation and integration of care will only be achieved if there is ownership of the challenges we face throughout our individual organisations. We need to empower health and social care staff to make change happen, beyond the shared programmes of work that are described in this document. This requires health and social care professionals to lead the process of change, whereby they identify opportunities to improve outcomes, efficiency and optimise the value of the care being provided to local people.

In recognising that the STP is not meant to be a regulatory body, we've begun to define our role in: delivering CIP/ QIPP plans; delivering performance plans; financial strategy. We have also looked at the existing governance structure and made some changes to reflect the new working, such as the formation of a productivity board to take forward this area of work.

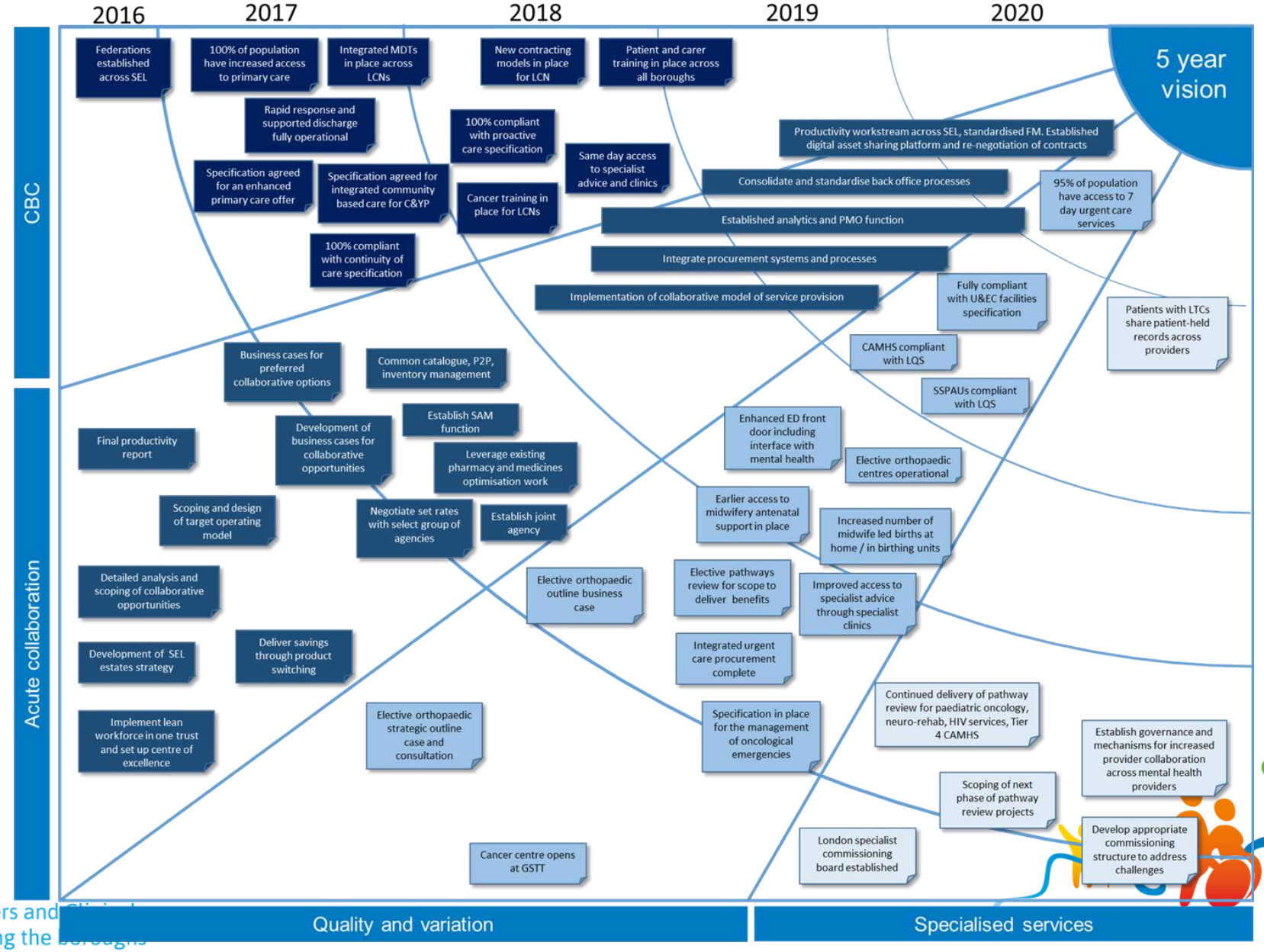
Impact – bridging the financial challenge

The south east London health economy faces a considerable affordability challenge over the next five years. We think we will bridge this gap through:

- 'Business as usual' efficiencies, estimated to be £262m by 2020/21 (at 1.6% per annum across our five provider organisations and including commissioner BAU QIPPs)
- Collaborative productivity measures estimated to contribute savings of £225m over the five year period
- The implementation of Local Care Networks, along with other changes in services and proposed pathway redesign, should lead to considerable savings across a number of care areas - net savings of £116m are estimated due to this reduction in demand and variation. Within this, the largest savings relate to reductions in demand for urgent and emergency care, worth £63m by 2020/21.

Thus, bringing these savings together, reduces the affordability challenge for south east London to £250m. However, recent work to consider 2016/17 in-year performance has deteriorated this position to a deficit of £80m in 2020/21.
This does not include any additional funding from national bodies to support transformation. Indicative Sustainability and Transformation Funding of £134m has been announced by NHS England for south east London[1]. Early access to this amount is required to deliver the scale of transformation. This investment would reduce the challenge to £196m, with £202m related to specialised commissioning and the London Ambulance Service for which savings plans have not yet been developed. **If ongoing work is able to fully address these pressures, then a system-wide planned surplus of £5m (0.1% of total system revenue) would remain by 2020/21.**

Timelines and milestones



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HEALTHIER COMMUNITIES SELECT COMMITTEE					
Report Title	Partnership Commissioning Intentions for Adults 2017-19				
Contributors	Executive Director for Community Services, Lewisham Clinical Commissioning Group		Item No.	6	
Class	Part 1	Date:	24 November 2016		
Strategic Context	Please see body of report				

1 Purpose

The Partnership Commissioning Intentions for Adults provides the Healthier Communities Select Committee with an opportunity to comment on the key priority areas for Lewisham's commissioning work for 2017-19.

2. Recommendations

Members of the Healthier Communities Select Committee are asked to:

1. Note the progress made in developing the Partnership Commissioning Intentions for Adults, which has been overseen by the Adult Joint Commissioning Group (Appendix A)

2. Provide comment on the proposed key priorities for Lewisham's commissioning work programme for 2017-19, which has been informed by:
   - the feedback received from the public during 2015/16;
   - the strategic aims and work of the Lewisham Health and Care Partners, the Adult Integrated Care Programme and the Children and Young People's Strategic Partnership;
   - the South East London's work on the Sustainability and Transformation Plan (STP).

3. Policy Context

3.1 The Health and Social Care Act 2012 places a specific duty on the CCG to include the relevant Health and Wellbeing Board in the preparation of their commissioning plans and when making significant revisions to those plans.

3.2 The Health and Wellbeing Board must be provided with commissioning plan and the CCG must consult the Board as to whether it considers the plan takes proper account of the Health and Wellbeing Strategy. These Commissioning Intentions were presented to Lewisham's Health and Wellbeing Board on 15th November. The Health and Wellbeing Board's opinion on the final plan must be published within the CCG's Operating Plan. Health and Wellbeing Boards can refer plans to NHS England if they do not think the joint Health and Wellbeing Strategy has been taken into proper account.

3.3 The Health and Social Care Act 2012 also requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

4. Strategic Context

4.1 Since 2010, Lewisham Council and the Clinical Commissioning Group (CCG) have been working with our provider partners to develop integrated services for the population of Lewisham to improve health and care outcomes and reduce inequalities.

4.2 Lewisham Health and Care Partners are working together to transform health and care in Lewisham and to achieve a sustainable and accessible health and care system. The ambition is that this system will better support people to maintain and improve their physical and mental wellbeing, to live independently and access high quality care when they need it.

4.3 Lewisham Health and Care Partners recognise that Lewisham's current health and care system needs to change, as we are not achieving the health and care outcomes we should and it is not sustainable. There are significant health inequalities in Lewisham; too many people live with ill health, high quality care is not consistently available and demand for care is increasing, both in numbers and complexity.

4.4 Lewisham is developing a whole system model which fully integrates physical and mental health and social care delivered to the whole population. Health and Care partners are leading the redesign and reshaping of services to transform the way in which:

- residents are encouraged and enabled to maintain and improve their own health and wellbeing
- local health and care services are delivered within the borough
- people access and are connected to the assets that are available within their own communities and neighbourhoods

4.5 Transforming Community Based Care (CBC) is a critical part of achieving this overall vision. Community based care is the advice, support and care which is provided outside a traditional hospital setting. In Lewisham this includes services provided by GPs, social workers, pharmacists, other NHS and local authority services, as well as that provided by the voluntary and community sector and those provided by private organisations such as care homes. It is being delivered across four neighbourhood areas - North Lewisham, Central Lewisham, South East Lewisham and South West Lewisham.

4.6 In Lewisham, health and care partners plan to transform the way in which community based care is delivered so that people can access proactive and co-ordinated advice, support and care which is:

- **Proactive and Preventative** – by creating an environment which promotes health and wellbeing, making it easy for people to find the information and advice they need and the activities, opportunities and support available, to maintain their health and wellbeing and to manage their own health and care more effectively. And for people to be part of

resilient communities, working with and alongside voluntary and community organisations;

- **Accessible to all** – so that adults have improved access to local health and care services through for example neighbourhood care hubs, and so that children have increased access to community health services and early intervention support through, for example, the re-procurement of children's centres and health visiting. And for everyone to have clear access to urgent care when needed

- **Coordinated** – so that people receive personalised care and support, closer to home, which integrates physical and mental health and care, to help them to live independently for as long as possible.

4.7 The work on Community Based Care and Neighbourhood Care Networks has been informed by and is aligned to the strategic plans and priorities of wider south east London's draft Sustainability and Transformation Plan (June 2016), developed in collaboration with south east London's commissioners and providers. The Sustainability and Transformation Plan is a NHS requirement to produce five year Sustainability and Transformation Plans (STP), which are place based, whole system plans achieving the Five Year Forward View.

4.8 Our work on Community Based Care and Neighbourhood Care Networks has been informed also by the development of the local Lewisham Primary Care Development strategy and the local GP Federations.

4.9 Lewisham CCG has updated its Primary Care Strategy, originally approved in 2014, to take account of national policy changes as set out in the 'General Practice: Forward View' (April 2016) and the London primary care plans – 'Transforming Primary Care in London : Strategic Commissioning Framework' (March 2015). The draft Lewisham Primary Care Development strategy ~~is~~ was approved by the CCG's Governing Body in November 2016, with the proposal to move to delegated commissioning (Level 3) for Primary Care, as defined in the 'Next steps towards primary care co-commissioning' November 2014. Further details about primary care co-commissioning can be found at https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf

5. Local Context

5.1 Clinical Commissioning Groups (CCGs) are required to produce their Commissioning Intentions annually as a public document. It provides a formal statement about the CCG's intentions to improve the commissioning of local health services.

5.2 In Lewisham we have developed the Partnership Commissioning Intentions to cover all local health and care services. It is a single plan for the two year period 2017/18 and 2018/19, with one set of priorities for all commissioned services.

5.3 The Partnership Commissioning Intentions were developed within the framework of the refreshed Health and Wellbeing Strategy as approved by the Health and Wellbeing Board in September 2015, which highlighted three interdependent broader priorities for 2015-18:

- to accelerate the integration of care
- to shift the focus of action and resources to preventing ill health and promoting wellbeing and independence
- to support our communities and families to become healthy and resilient

5.4 The Adult Joint Commissioning Group is responsible for overseeing the development of the Commissioning Intentions for Adults, working closely with the Health and Care Partners Executive Board, the Adult Integrated Care Programme Board (AICPB), Adult Social Care (ASC), Public Health and Lewisham CCG.

5.5 The Partnership Commissioning Intentions is in two parts - for Adults and for Children and Young People. The Children and Young People Plan 2015-18 – 'It's Everybody's Business' - was considered by the Health and Wellbeing Board in September 2015 and approved by the Council in November 2015.

5.6 The title 'Partnership Commissioning Intentions' is to emphasise our ongoing commitment to strengthen local partnership work with the public and our partners. The commissioning focus continues to be on how we will work differently and more effectively with the public and our providers to implement a step change in the way health and care is provided in Lewisham.

5.7 These Partnership Commissioning Intentions are still work in progress, to be finalised in November 2016. Further work is being undertaken to agree the level of ambition, in both the short and medium term, which will be used to monitor our success. The Partnership Commissioning Intentions will inform the CCG's Operating Plan 2017-19 and the contractual approaches for 2017/18.

5.8 Also further work is required to shorten the Prevention and Early Action section and to produce an overall summary which can be used for wider public communication and engagement. The summary report of our Partnership Commissioning Intentions will be tested with a readers panel to ensure that it is easy to understand by the Public.

6. Partnership working with the Public

6.1 The successful development and implementation of these Commissioning plans and priorities relies strongly on our partnership relationships. It is essential for us to work more closely with the public, local communities, voluntary organisations and Healthwatch to hear their views on how best to reshape our future services. We believe that only by working together, as partners, can improve the quality of care and outcomes and find sustainable solutions to address the complex challenges Lewisham faces.

6.2 During 2015 and 2016, there were a series of engagement exercises to listen to people's views and to gain feedback from service users of health and care in Lewisham. The most common problems cited were:

- It can be hard to find the information or advice which best meets your needs to keep fit and healthy.
- The experience of care is variable - for example the quality of care can vary between different hospital sites.

- Access to services can be confusing and difficult – for example accessing a GP or other health or care professional when you need to, especially if you want to see someone urgently; more information about accessing mental health services has been highlighted particularly.
- The care received often is fragmented and not coordinated, resulting in duplication and confusion, particularly if you have more than one Long Term Condition.

6.3 During 2016 progress has been made to improve the delivery of services in many of the areas highlighted by service users, and it is summarised in Appendix A, section 8 - for example:

- **Prevention and Early Action (section 8.1)** describes the Single Point of Access that has been established for district nursing and social work services and the new mobile app and online service which is available to help people in Lewisham to understand where they should go for treatment. Also the work which is being undertaken to improve GPs earlier identification and management of long term conditions and to widen the range of self-management advice commissioned to support people with long term conditions.

- **Planned care (section 8.2)** describes how we are planning to improve the quality of orthopaedic care, improving access to care and developing services closer to home, for example diabetes care.

- **Urgent and Emergency Care, which includes Enhanced Care and Support (section 8.3)** describes the Integrated Primary and Urgent Care Service which is being developed, the GP Extended Access Pilot which will operate from 8.00 to 8.00, seven days a week, to be piloted from April 2017 and the work we are doing to improve the emergency care with a particular focus on mental health emergencies.

6.4 The commissioners would welcome more public feedback on their views and ideas on this year's Partnership Commissioning Intentions and greater public involvement in the shaping of future services in Lewisham. There are many ways the public can get involved in our commissioning work.

Find out more at:
www.lewisham.gov.uk/myservices/socialcare/our-approach
or at www.lewishamccg.nhs.uk/get-involved

7. Partnership working with Providers

7.1 This year's Partnership Commissioning Intentions are a continuation of the above work of the Health and Care Partners to develop a whole system model which fully integrates physical and mental health and care delivery to the whole population in Lewisham.

7.2 Lewisham commissioners wish to change the historical way we have commissioned and decommissioned services to move towards outcomes and population based contracts. It is our intention to redefine the traditional commissioning/provider relationship and find new ways of effective collaboration across the health and care system. Our aims are for health and care to be delivered around the needs of the population and the individual,

irrespective of the existing institutional arrangements and provided in a joined up, safe, effective and sustainable way.

7.3 The Partnership Commissioning Intentions sets out a common set of expectations to all its providers from whom it commissions. It is expected that all providers will work towards ensuring that all advice support and care is:

- **Population based** – looking at patients/service users not just as individuals but as a part of a wider population. The neighbourhood care networks are mainly based on the general practice registered list, including primary, community, mental health and care
- **Expanding and strengthening primary and community care** - shifting the majority of outpatient consultations and ambulatory care out of hospital. This will result in most of care being provided at home or near to people's homes
- **Promoting healthy living** - helping people to get the right advice, support and care in the right place, first time with a shift towards proactive and preventative services and supporting community development
- **Providing an integrated response to the needs of the individual** – a holistic response -physical, mental and social needs - giving people control of their own care and empowering them to be independent, make informed choices and take control to meet their individual needs
- **Evidence based and outcome focused** - meeting the needs of whole population, addressing inequality and equalities issues
- **Co produced with patients, service users, carers and wider communities** - in partnership with the people and communities. As Commissioners we believe it is only by the engagement of the current and potential service users to help reshape services that we can achieve better outcomes
- **A whole system approach** - a health and care system that is safe, sustainable and provides high quality care consistently

8. Local Commissioning Priorities for Adult Health and Care

8.1 These Partnership Commissioning Intentions for 2017-19 set out the commissioning priority areas, where progress is being made and summarises our future plans which are being developed to reshape and organise support and care particularly at a neighbourhood level to transform the delivery of Community Based care, to address the above challenges. The key local commissioning priorities are Prevention and Early Action, Urgent and Emergency Care and Planned Care.

8.2 Our local focus for our commissioning work in 'Prevention and Early Action' (Section 8.1) is**:**

- commissioning a range of services to make it easier to access the right information and services and to make it easier to choose to live a healthier lifestyle
- supporting people to live in their own homes safely and independently working with a range of voluntary and community sector organisations
- commissioning a range of information, advice and care to support people with long term conditions to make it easier to self-manage their health, including self-management for diabetes and better Psychological therapies, based in the community

8.3 Our local focus for our commissioning work in 'Planned care' (section 8.2):

- consolidating planned inpatient orthopaedic surgery at fewer sites in south east London
- improving the quality of hospital referrals and also patient experience of the appointment booking process through the Referral Support Service
- developing services closer to home, supported by specialists, to enable the management of people with more complex health and care needs out of hospital

8.4 Our local focus for our commissioning work in 'Urgent and Emergency Care' (section 8.3) is:

- developing, piloting, evaluating and contracting for a range of community based services which may help to avoid or reduce the need for emergency admissions including the Integrated Primary and Urgent Care service, the Rapid response teams and a GP Extended Access Pilot
- working with partners to improve the Emergency Care provided in Lewisham, including improving the emergency care pathway and the interface with mental health services
- developing further Supported Discharge Services so that discharge planning is consistent and begins as early as possible to facilitate early discharge from hospital and reduce avoidable admissions into hospital

9. Financial implications

9.1 There are no direct financial implications arising from this report. Any proposed activity or commitments arising from the Partnership Commissioning Intentions for 2017/18 and 2018/19 will be agreed by the delivery organisation concerned and will be subject to confirmation of resources. The funding available will take account of any required savings or any other reduction in overall budgets.

10. Legal implications

10.1 Where there is an integration of services and/or joint funding, then this is dealt with under an agreement under Section 75 NHS Act 2006 which sets out the governance arrangements for the delivery of service and, where relevant, any delegation of functions from one party to another and the respective budget contributions of the local authority and the CCG in relation to the services.

11. Crime and Disorder Implications

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

12. Equalities Implications

12.1 An Equality Impact Assessment (EQiA) was undertaken of Joint Commissioning Intentions for 2015/16 and 2016/17.

12.2 The Adult Joint Commissioning Group has considered the summary recommendations of the Equality Impact Assessment and is ensuring that these recommendations inform the more detailed Equality Impact

Assessments to be undertaken where necessary to inform transformation plans and service redesign.

13. Environmental Implications

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

14. Conclusion

14.1 This report provides an update on the development of the Partnership Commissioning Intentions for Adults and invites members to comment on the commissioning priorities for 2017/18 and 2018/19.

Background Documents

Refreshed Health and Wellbeing Board Strategy:
http://www.lewishamjsna.org.uk/H&WB_Strategy/Lewisham%20HWB%20Strategy%20Refresh%202015.pdf

Joint Commissioning Intentions 2015/16 and 2016/17 -
www.lewishamccg.nhs.uk/get-involved/Commissioning%20intentions%20documents/Summary%20commissioning%20Intentions%20summary.pdf

Children and Young People Plan 2015-2018
http://www.lewisham.gov.uk/myservices/socialcare/children/cypp/Pages/default.aspx

South East London: Sustainability and Transformation Plan:
http://www.ourhealthiersel.nhs.uk/about-us/

If there are any queries on this report please contact:
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Lewisham's Partnership Commissioning Intentions for Adults 2017/2018 and 2018/19

Contents

1. Foreword

NHS Lewisham Clinical Commissioning Group (CCG) and Lewisham Council are responsible for commissioning (planning, buying and monitoring) the majority of health and care services in Lewisham. This document sets out our shared plans and priorities to commission health and care for adults for the next two years. There are separate Partnership Commissioning Intentions for children and young people's services.

These Commissioning Intentions are a continuation of the journey to deliver our strategic vision for 'One Lewisham Health and Social Care System' by 2020 . Since 2010, Lewisham Council and the Clinical Commissioning Group have been working with our provider partners to develop integrated services for the population of Lewisham to improve health and care outcomes and reduce inequalities. This work now is being taken forward by the Health and Care Partners, who are leading the development of a whole system model which fully integrates physical and mental health and care delivery to the whole population in Lewisham.

Our Partnership Commissioning Intentions for 2017-19 is intended to give our health and care partners and the public an initial understanding of the specific commissioning areas we are focusing on - Prevention and Early Action (section 8.1), Planned Care (section 8.2) and Urgent and Emergency Care (section 8.3) – in order that they may feedback their comments to inform our future planning.

The successful development and implementation of these plans and priorities rely on our strong partnership relationships. It requires us to work together with the public, local communities, voluntary organisations and Healthwatch to hear their views on how best to reshape our future services. We believe that by working together, as partners, health and care can improve and sustainable solutions can be found to the complex challenges Lewisham faces.

Also it requires strong, mature relationships with our providers. We wish to change the historical way we have commissioned and decommissioned services to move towards outcomes and population based contracts. It is our intention to redefine the traditional commissioning/provider relationship and find new ways of effective collaboration across the health and care system. Our aim is for health and care to be delivered around the needs of the population and the individual, irrespective of the existing institutional arrangements and provided in a joined up, safe, effective and sustainable way.

We would welcome your views on this year's Partnership Commissioning Intentions - please see further information on how to be more involved in our commissioning work at www.lewisham.gov.uk/myservices/socialcare/our-approach
or at www.lewishamccg.nhs.uk/get-involved

Aileen Buckton - Executive Director for Community Services, Lewisham Council
Dr Marc Rowland - Chair, NHS Lewisham CCG
Dr Danny Ruta - Director of Public Health, Lewisham Council

2. Current Position

Lewisham has a growing population, projected to increase from 297,300 to 318,000 by 2021, and is the 15th most ethnically diverse local authority in England - 46% of the population are from black and minority ethnic groups. Around 27,600 residents are above 65 years of age and over 3,700 are aged over 85 years. This latter group is often the most complex and therefore bears a very high proportion of care costs.

The Index of Multiple Deprivation 2015 ranks Lewisham 48th of 326 districts in England and 10th out of 33 London boroughs. People living in the most deprived areas have poorer health outcomes and lower life expectancy compared to the England average.

Social housing comprises just over a third of all households in the borough. The private rented sector, the fastest growing housing sector in the borough, comprises some 24% of all households. There are nearly 40,000 one person households in Lewisham.

Lewisham has over 800 active voluntary and community sector organisations and more than 200 individual faith groups. All these groups and many others help to strengthen our communities by galvanising our citizens, addressing local concerns and advocating on behalf of some of the most vulnerable in society.

There have been some improvements in people's health and care in Lewisham. People in Lewisham are living longer because of the success in managing particular conditions such as stroke, heart disease and respiratory disease.

Overall more people who use Adult Social Care (ASC) services in Lewisham say they are extremely or very satisfied with their services compared to other London Boroughs. In 2014/15:

- more than 6,100 people received social care services within their communities
- 67% of those people who were in contact with mental health services were living independently
- 10% of people with learning disabilities were in paid employment

More information is available about Lewisham's population at www.lewishamjsna.org.uk and about Lewisham's Adult Social Care at http://councilmeetings.lewisham.gov.uk/documents/s39784/Item%206%20Local%20Account%202015-16%20Appendix.pdf

3. Local Challenges

Health and care commissioners and providers recognise that Lewisham's health and care system needs to change. The current system is not sustainable and we are not achieving the health and care outcomes we should.

Too many people die early in Lewisham from deaths that could have been prevented by healthier lifestyles:

- Life expectancy has been improving, however for men, it remains lower than the England average in 2012-14. The life expectancy at birth was 78.8 years for women and 72.3 years for men in 1992-94. In 2012-14 it had increased to 83.4 years and 79.0 years respectively.
- Cancer is now the main cause of death (28.3%), followed by circulatory disease (28.1%), respiratory disease (13.8%) and dementia (9%) in Lewisham.
- Many of these deaths could have been prevented by healthier lifestyles - 80% of heart disease, stroke and type 2 diabetes and 40% of cancers could be avoided if common lifestyle risk factors were eliminated*:
  - unhealthy diet
  - physical inactivity
  - tobacco use
  - excess alcohol and drug use

*Reference: World Health Organisation 2005- Preventing Chronic Disease: a Vital Investment

Too many people live with poor physical and mental health:

- 28.7% of Lewisham's population have one or more Long Term Condition (LTC) - about 86,570 people – such as diabetes, high blood pressure or mental illness.
- the likelihood of having a long term condition, including dementia, increases with age. Over 50% of those aged over 75 are likely to have two or more LTCs.
- 44% of people do not feel supported to manage their long term condition in Lewisham.

There are significant health inequalities in Lewisham:

- People living in the most deprived wards in Lewisham have poorer health outcomes and lower life expectancy compared to England's average. Life expectancy for men is five years longer in Crofton Park, than in New Cross. For women the gap is even bigger between both Perry Vale and Crofton Park wards (joint highest life expectancy) and New Cross (the lowest), the difference is 8.5 years.
- Health inequalities are considered by ethnic group too. Lewisham is one of the most ethnically diverse areas of the country. Mental ill health is more prevalent in some black and minority ethnic groups. Black residents are disproportionately over-represented in mental health admissions.
- Lesbian, gay or bisexual people and those who are divorced/widowed/separated also have poorer health outcomes than the general population.

Demand for care is increasing, both in numbers and complexity:

- 14% of people in Lewisham identify themselves as having limitations in carrying out day-to-day activities. That is equivalent to around 38,000 people.
- Lewisham's over 60 population is projected to increase by around 15,000 by 2040 which will increase demand for the health and care services.

High quality care is not consistently available all the time

- Too often the quality of care that patients receive and the outcome of their treatment depends on when and where they access health and care services.

More information is available about Lewisham's population and health and care services at www.lewishamjsna.org.uk

4. The Financial Challenge

A major challenge is that the amount of money we have to commission services is not keeping pace with demand and the increasing costs of providing care. The costs of care are rising because we are now caring for more people with more complex conditions and people are living longer.

Resources across the health and care system are finite and very stretched. Collectively the CCG, Adult Social Care (ASC) and Public Health have nearly £510 million to commission advice, support and care on behalf of Lewisham people.

The budget for delivering adult social care services has been reduced already by £22 million over the last 4 years. This has been saved through achieving better value for money when buying services, from meeting need in more cost effective ways and from increasing income. NHS savings of 2% to 3% each year have been required to balance budgets.

We are facing a joint financial challenge of £17.9 million in 2017/18 and a further £16.1 million in 2018/19 between the projected spending requirements and expected resources available – see summary table opposite.

In addition local providers will be required to make efficiency savings. This financial challenge, however, cannot be addressed by efficiency and productivity improvements only.

The Health and Care Financial Challenge	2017/18	2018/19
Estimated revenue budget		
• **CCG**	418.7	429.1
• **ASC and Public Health**	91.2	88.8
Total estimated health and care revenue budget	509.9	517.9
Net savings requirements		
• **CCG**	12.9	13.1
• **ASC and Public Health**	5.0	3.0
Total health and care savings requirements	17.9	16.1

With the limited resources available to us, and demand increasing, the current way we deliver health and social care is not sustainable and will have to change.

5. Partnership approach with the Public

To address the above major challenges, the involvement of the Lewisham people is vital; effective public communication and engagement is essential.

We, the commissioners, are committed to involving Lewisham people, local community groups and the voluntary sector in continuous two way dialogue to develop the understanding and trust to work effectively together and to connect in a more meaningful way. We believe that by working together, as partners, sustainable solutions can be found to the complex challenges we face.

During 2015 and 2016, there were a series of engagement exercises to listen to feedback from service users of health and care in Lewisham. The most common problems cited were:

- The information or advice which best meets your needs to keep fit and healthy can be hard to find.
- The experience of care is variable - for example the quality of care can vary between different hospital sites.
- Access to services can be confusing and difficult – for example accessing a GP or other health or care professional when you need to, especially if you want to see someone urgently; more information about accessing mental health services has been highlighted particularly.
- The care received often is fragmented and not coordinated, resulting in duplication and confusion, particularly if you have more than one Long Term Condition.

Only by working in partnership with individuals, local communities, voluntary organisations and Healthwatch - hearing your views, involving you in reshaping of your services - will commissioners be better able to commission the advice, support and care which meets the diverse needs of individuals and communities in Lewisham.

During 2016 progress has been made to improve the delivery of services in many of the areas highlighted by service users, for example:

- **Prevention and Early Action (section 8.1**) describes the improvements to the Single Point of Access service and the new online service to help people to understand where they should go for treatment. Also the work which is being undertaken to improve GPs earlier identification and management of long-term conditions and to widen the range of self management advice and courses commissioned to support people with long term conditions.
- **Planned care (section 8.2)** describes how we plan to improve the quality of orthopaedic care, improving access to care and developing services closer to home, for example diabetes care.
- **Urgent and Emergency Care, which includes Enhanced Care and Support (section 8.3)** describes the Integrated Primary and Urgent Care Service which is being developed, the GP Extended Access Pilot which will operate from 8.00 to 8.00, seven days a week, to be piloted from April 2017 and the work we are doing to improve the emergency care with a particular focus on mental health emergencies

Information is available on Lewisham People's feedback at:

London Borough of Lewisham - Local Account 2015 - 2016 - add reference

Lewisham CCG's Annual Engagement Report 2015/16 – add reference

6. Partnership approach with Providers

6.1 Lewisham Health and Care Partners

Lewisham Health and Care Partners are working together to take forward the integration of health and care. The partners are Lewisham Clinical Commissioning Group, Lewisham Council, GP Federation and local GPs, Lewisham and Greenwich NHS Trust and South London and Maudsley NHS Foundation Trust.

Lewisham Health and Care Partners recognise that Lewisham's health and care system needs to change. We are not achieving the health and care outcomes we should. There are significant health inequalities in Lewisham - too many people live with ill health, high quality care is not consistently available and demand for care is increasing, both in numbers and complexity.

Lewisham is developing an integrated whole system model which fully integrates physical and mental health and care delivered to the whole population by 2020. Health and Care Partners are focused on the redesign and reshaping of services to transform the way in which residents are encouraged and enabled to maintain and improve their own health and wellbeing, the way in which local health and care services are delivered within the Borough and the way in which people access and are connected to the assets that are available within their own communities and neighbourhoods.

Transforming Community Based Care is a critical part of this overall vision to achieve a sustainable system which better supports people to maintain and improve their physical and mental wellbeing, to live independently and to access high quality care when they need it.

6.2 Lewisham Commissioners' Expectations of Providers for 2017-19

Lewisham Commissioners' expectations of all its providers is to deliver advice, support and care that is :

- **Population based** – which is a way of looking at patients/service users not just as individuals but as a part of a wider population. The neighbourhood care networks are mainly based on the general practice registered list, including primary, community, mental health and care
- **Expanding and strengthening primary and community care** - shifting the majority of outpatient consultations and ambulatory care out of hospital. This will result in most of care being provided at home or near to people' homes
- **Promoting healthy living** - helping people to get the right advice, support and care in the right place, first time with a shift towards proactive and preventative services and supporting community development
- **Providing an integrated response to the needs of the individual**– a holistic response -physical, mental and social needs - giving people control of their own care and empowering them to be independent, make informed choices and take control to meet their individual needs
- **Evidence based and outcome focused** - meeting the needs of whole population, addressing inequality and equalities issues
- **Co produced with patients, service users, carers and wider communities** - in partnership with the people and communities. As Commissioners we believe it is only by the engagement of the current and potential service users to help reshape services that we can achieve better outcomes
- **A whole system approach** - a health and care system that is safe, sustainable and provides high quality care consistently

7. Community Based Care and Neighbourhood Care Networks

7.1 What we mean by Community Based Care

Community based care is the advice, support and care which is provided outside a traditional hospital setting. In Lewisham this includes services provided by GPs, social workers, pharmacists, other NHS and local authority services, as well as that provided by the voluntary and community sector and those provided by private organisations like care homes.

We want to commission joined up care that is preventative, high quality and efficient where:

- The majority of health and care services are accessed outside the hospital at a neighbourhood level.
- Health and care services are coordinated around the person.
- Individuals, their families and carers have a stronger network of support within their local communities to help them proactively maintain their health, wellbeing and independence.

We are delivering community based care in four neighbourhood areas in Lewisham. The Borough's neighbourhood care teams, community mental health teams and existing voluntary and community assets are organised on the same four neighbourhood footprints as the four federated groups of GP practices - North Lewisham, Central Lewisham, South East Lewisham and South West Lewisham – see map on next page. Also some Children's health and early intervention services are co-located already on a neighbourhood basis through our children's centre services. There is opportunity to develop this further, including services for children with complex needs.

7.2 What we mean by Neighbourhood Care Networks

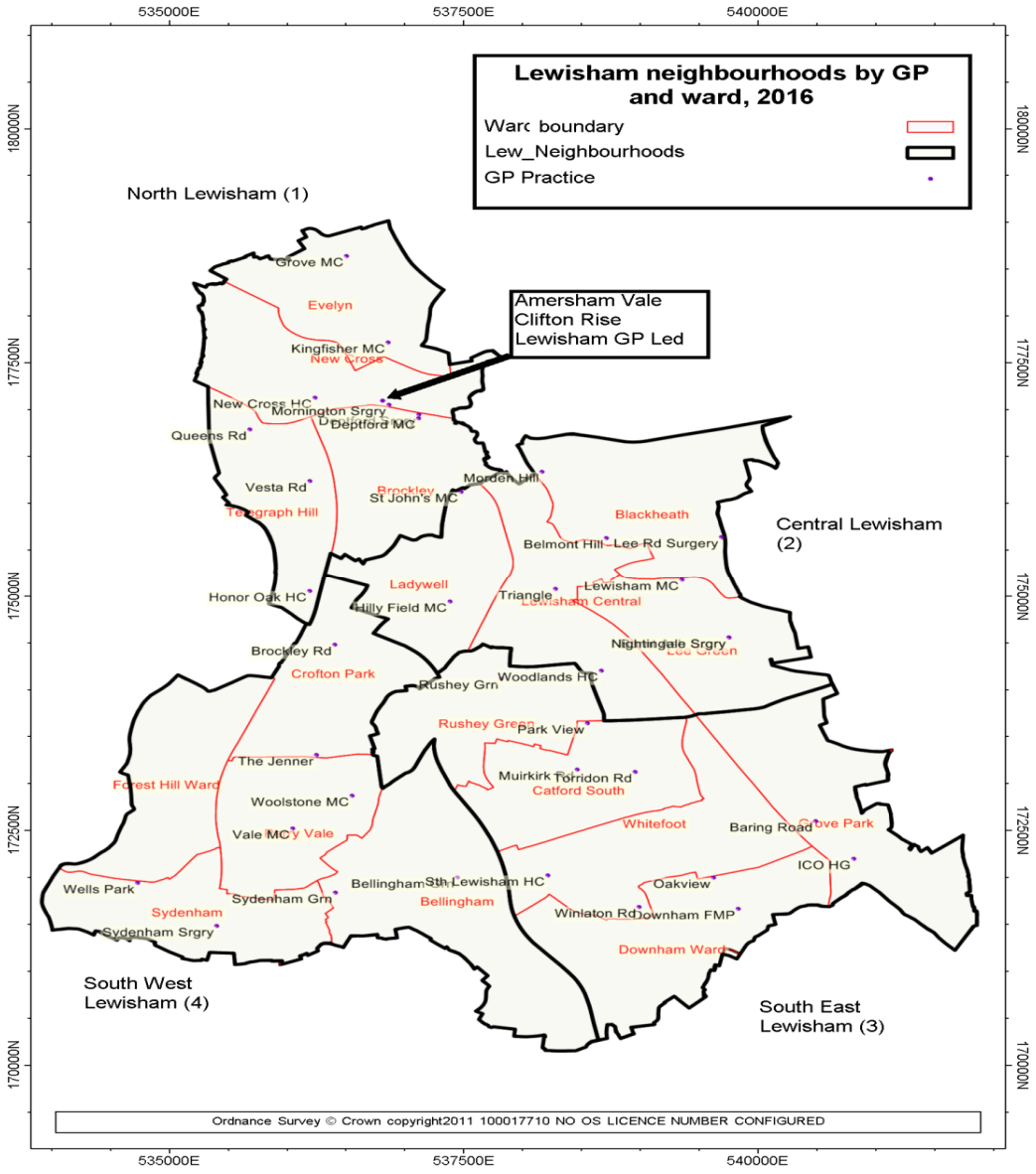
In these neighbourhood areas we are developing Neighbourhood Care Networks as a way of strengthening connections and links between those providing community based care, including those connections between statutory and voluntary providers.

Each Neighbourhood has different populations with different requirements; there is no single blueprint for the Neighbourhood Care Networks in Lewisham. Each Neighbourhood Care Network may be different. We are involving and engaging with service users, carers and other voluntary and community organisations in the co-design and co delivery for their Neighbourhood Care Network.

Our work on Community Based Care and Neighbourhood Care Networks has been informed by and is aligned to the plans and priorities of wider south east London's draft Sustainability and Transformation Plan, developed in collaboration with south east London's commissioners and providers. The Sustainability and Transformation Plan is a NHS requirement to produce five year Sustainability and Transformation Plans (STP), which are place based, whole system plans to achieve the Five Year Forward View.

Lewisham's Neighbourhood Care Networks

The four groups of GP practices shown on the four Lewisham neighbourhood footprints



7. Community Based Care

7.3 Why we are transforming Community Based Care

Consistent public feedback has stated that support and care in the community is not delivered always in the most effective or integrated way.

The most common problems are:

- The experience of care is variable - for example the quality of services can vary between different hospital sites and for different GP practices.
- Access to services can be confusing and difficult – for example accessing a GP or other health or care professional when you need to, particularly if you want to see someone urgently; more information to access mental health services particularly has been highlighted.
- The care received is fragmented and not coordinated, resulting in duplication and confusion, particularly if you have more than one long term condition.
- The information or advice which best meets your needs to keep fit and healthy can be hard to find.

There is increasing demand for health and care which the statutory organisations are increasing unable to afford to provide:

- Demand for care is increasing, both in numbers and complexity, particularly for urgent and emergency care.
- The cost of delivering health and care services is increasing.
- Many people are going to Accident and Emergency departments unnecessarily when other more suitably care is available.
- People are frequently admitted to hospital when this is not clinically justified because of a lack of alternative community based options.
- Some health and care problems are not detected early enough and there is not proactive early intervention which would improve the person's health and care outcomes and reduce cost of care.

7. Community Based Care

7.4 Our Aim

Our strategic aim is to work in partnership with local providers and the public to transform the environment in which people live and the way in which health and care is delivered so local people:

- live healthier lives and maintain their independence
- have better health and care outcomes
- have access to more effective, better quality, more affordable services

We believe that we can achieve this at a system level by creating an environment that promotes and facilitates health and wellbeing, and prevents illness and dependence. This is achieved through whole system transformation across all sectors, not just health and care, and by commissioning advice, support and care that is accessible, proactive and co-ordinated:

- **Proactive and Preventative** – by creating an environment which promotes health and wellbeing, making it easy for people to find the information and advice they need and the activities, opportunities and support available, to maintain their health and wellbeing and to manage their own health and care more effectively. And for people to be part of resilient communities, working with and alongside voluntary and community organisations.

- **Accessible to all** – so that adults have improved access to local health and care services through for example neighbourhood care hubs, and so that children have increased access to community health services and early intervention support through, for example, the re-procurement of children's centres and health visiting. And for everyone to have clear access to urgent care and specialist advice when needed.

- **Coordinated** – so that people receive personalised care and support, closer to home, which integrates physical and mental health and care, to help them to live independently for as long as possible.

7. Community Based Care

7. 5 What are we doing

These Partnership Commissioning Intentions for 2017-19 set out the key commissioning priority areas, where progress is being made and where our future plans are being developed. The Partnership Commissioning Intentions summarise how services are being reshaped and organised at a neighbourhood level to transform the delivery of our health and care system, particularly Community Based Care.

The three commissioning priorities are:

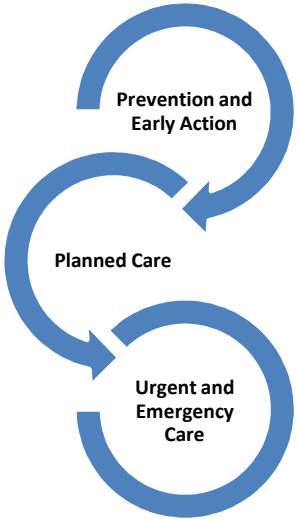
- ❑ Prevention and Early Action (section 8.1)
- ❑ Planned care (Section 8.2)
- ❑ Urgent and Emergency Care (section 8.3)

The key building blocks for the delivery of community based care at a neighbourhood level are already in place. Multi-disciplinary Neighbourhood Community Teams have been established in each of the neighbourhood areas bringing together district nurses, community matrons, social work staff and therapists. These teams are aligned to the four GP Federations which have been formed within Lewisham and the community mental health services. This has enabled:

- The provision of holistic care
- Greater sharing of information and collaboration across the system
- Developing of joint approaches to risk stratification, care planning and case management
- Exploring more effective ways of multi-disciplinary working, including new ways of working and new joint roles

Prevention and Early Action, Planned Care and Urgent and Emergency Care are interdependent.

Our strategic aim is to have a greater focus on prevention and proactive and coordinated planned care, to reduce our need and demand for emergency care.



7. Community Based Care

7.6 What are the Expected Benefits on Community Based Care

We will know that we are being successful in transforming and delivering effective Community Based Care by monitoring our performance closely and by seeing improvements in key outcome measures such as:

Better health and care outcomes, including reducing inequalities through:

- A reduction in the gap in key health outcomes between Lewisham and England by 10% over the next 5 years
- A reduction in potential years of life lost from causes amenable to health care
- A reduction in under 75 years mortality from cancer
- An increase in health related quality of life for those with long term conditions (physical and mental health)

Better service user and patient experience of health and care through service user and patient surveys:

- Consistent, high quality care, localised where possible and in the most appropriate setting – 'Right care, right time, right quality'
- Holistic care where their mental health needs are treated with equal importance to their physical needs and which integrates physical and mental health and care services
- Personalised care which is co-produced and empowers them to have choice and control over their care

Sustainability across health and care in Lewisham:

- An increase in the proportion of people feeling supported to manage their long term conditions
- A reduction in avoidable emergency admissions
- An increase in the proportion of older people (65 & over) who are still at home 91 days after discharge
- A reduction in delayed transfers from hospital
- A reduction in the number of people admitted to residential care or nursing homes
- A reduction in the number of people requiring on-going care and support

8. Local Commissioning Priorities 2017-19

8.1 Prevention and Early Action

Why this is a priority

In Lewisham we have higher rates of the key risk factors for the major diseases. Reducing these key risk factors - levels of smoking, obesity, alcohol intake and inactivity- would contribute significantly to people in Lewisham not dying so early :

- Smoking - nearly 21% of adults in Lewisham smoke (about 59,800 people) which is above both the London (17.3%) and national (18.4%) averages. Smoking levels are even higher among people with mental health problems, routine/manual workers and lesbian, gay, bisexual, and transgender communities.
- Alcohol - the alcohol profile for Lewisham suggests that around 7% of the population who drink alcohol in Lewisham engage in high risk drinking. This equates to around 12,300 people.
- Obesity - 61.2% of the adult population are overweight or obese -approximately 137,000 people in Lewisham.
- Inactivity - Just over half (57%) of Lewisham adults are classified as Physically Active (that means achieving at least 150 minutes of exercise a week)
- Mental health - One in five people living in the community and 40% of older people living in care homes are affected by depression (Five Year Forward View for Mental Health 2016); *check for a local statistic*
- Blood Pressure - the number of people with high blood pressure (hypertension) in Lewisham is 11.3% (33,700 people) which is lower than the national average of 13.7% (2013/14). However, the growth has been 9% in Lewisham since 2009/10 compared with just 2% nationally and there are high levels of undiagnosed people with hypertension
- Cancer - screening rates for both breast and cervical cancer in Lewisham are significantly lower than England

A key message from the 'Your Voice Counts' engagement event in July 2015 was 'prevention is better than cure'. Local people want a greater focus on prevention.

At the system level, a population based approach to prevention and reducing health inequalities will achieve the greatest impact on health and wellbeing. For example through local policy actions to reduce sugar, control tobacco and encourage physical activity. Health and care commissioners and providers have a key role to play in system transformation.

Preventative interventions also are critical in managing the increasing demand in health and social care services, reducing the overall burden of disease in the population and have the potential to underpin the financial sustainability of the NHS. It is well evidenced that by investing more in prevention costs can be reduced further down the care pathway and improve outcomes for individuals. However, this approach requires joined-up care and treatment, across a range of service providers and centred around a patient's needs.

8. Local Commissioning Priorities 2017-19

8.1 Prevention and Early Action – Our Aims

Our strategic aim is to promote and facilitate health and wellbeing and prevent illness and dependence. This will require changes in the way prevention is commissioned and delivered, given the level of public sector resources available. It will require also whole system transformation across all sectors, not just health and care.

We aim to embed prevention in all our commissioned services to promote health and wellbeing (primary prevention) and to prevent the need for treatment and care (secondary prevention), that is evidence based or based on best practice, cost effective and sustainable.

What we are doing

1. We are making it easier to access the right information and services to live a healthier lifestyle by commissioning:

- The 'Single Point of Access' for Health and Social Care, which has been established to provide the initial point of access for all district nursing and social work services, is being redesigned further to improve the coordination and provision of health and social care information to provide a better response to customers and one number to act as a gateway for new contacts. This will be supported by the online offer.
- The Digital Front Door Project which is refreshing the information and guidance available on the health and social care pages of the Lewisham website. As part of this work, an online wellbeing assessment has been designed to improve the triage of cases and to provide an opportunity to personalise advice, signposting, activities and promote healthy lifestyles. Underpinning this work will be a digital inclusion strategy that will enable the transition to self-managed care in the future.
- Work with Carers Lewisham to enable carers to continue caring, but also to support their health and wellbeing and to lead independent lives. Also an education course has been developed to support carers to effectively manage their own health
- The new mobile app and online service which is available to help people in Lewisham to understand where they should go for treatment, especially when they need healthcare in a hurry, late at night or at the weekend. It helps people check their symptoms and find the best place for treatment – showing which nearby services are open. Importantly, it will help people to know when to go to A&E and when not to. www.healthhelpnow-nhs.net

8. Local Commissioning Priorities 2017-19

8.1 Prevention and Early Action

What we are doing (continued)

2. We are commissioning and supporting a range of actions to make it easier to choose to live a healthier lifestyle.

- **Our approach to prevention is to be holistic and whole system by contributing directly to the creation of a healthier environment, for example through the Sugar Smart campaign and Tobacco Control Alliance:**
  - Tackling Obesity in Lewisham is a multifaceted strategy for obesity prevention. The Borough is one of four areas across the country piloting a whole system approach to tackling the issue. For example the Local Authority and CCG are working across a range of sectors to encourage a reduction in the sale of high sugar products through the Jamie Oliver Foundation's Sugar Smart campaign. GP practices offer brief advice and referrals to weight management and physical activity programmes and the Local Authority is working with primary schools to promote the mile a day initiative.
  - The Tobacco Control Alliance in Lewisham is increasing the number of smoke free homes and premises and the SEL Illegal Tobacco Network is working with partners to reduce the supply of illegal tobacco.
  - Reducing Alcohol Harm is being undertaken by a multi agency group by regulating the safe supply of alcohol, raising the awareness of the risks by consistent communication and by commissioning treatment for those misusing alcohol. The core contract for the specialist substance misuse service is currently being re-procured for 2017/18.
- **At the same time we are commissioning for health improvement, for example through greater use of technology to stop smoking, reduce alcohol misuse, promote mental and emotional wellbeing, increase healthier eating and physical activity and improve sexual health and health issues including:**
  - 'Making Every Contact Count' by training staff to encourage people to make healthier lifestyle choices.
  - The Lewisham Stop Smoking service which assists dependent smokers to quit will be provided by the specialist team including a hub based model in each neighbourhood. GPs and pharmacies will no longer be commissioned to provide this service. This service is primarily targeted at heavily dependent smokers, including pregnant smokers, smokers with mental health problems and smokers with long term conditions.
  - NHS Health Checks in Lewisham are available from GPs and pharmacies to those people aged 40-74 years to detect a wide range of potential problems before they can do real damage, including developing heart disease, stroke, type 2 diabetes, kidney disease and some forms of dementia. The Council will be re-commissioning this service as an integrated pathway to better target high risk groups and follow-up referrals for those identified as at risk.
  - Public Mental Health and Wellbeing Strategy is being developed to support the improvement of mental health and wellbeing for all Lewisham residents through promoting evidence-based approaches to public mental health at an individual, community and organisational level across the life course.
  - Sexual Health services in Lewisham are offering online screening for chlamydia and gonorrhoea, shifting services to primary care and working to establish an integrated sexual health tariff across London.
  - Healthy Living Pharmacies – most pharmacies in Lewisham are accredited to deliver health and wellbeing advice and brief interventions, for example, for alcohol and smoking. Also pharmacists will be commissioned to support people with dementia through the medicines utilisation review and the development of dementia friendly community pharmacy services.

8. Local Commissioning Priorities 2017-19

8.1 Prevention and Early Action

What we are doing (continued)

3. **We are supporting people to live in their own homes safely and independently** by commissioning :

- Sail Connections a community referral pilot which provides a quick and easy way for vulnerable older people and those supporting them to access a wide range of services to support safe and independent living in the form of a simple first contact checklist. Sail supports a holistic approach, addressing unmet needs amongst the older population to facilitate access to appropriate services at the earliest point. The core function of the service will focus on prevention, early intervention and targeting the most vulnerable to reduce further escalation of their health problems.

- Community Falls service which is being redesigned to prevent the numbers of falls and falls related injuries for people over 65 by establishing a community based Falls team. The Community Falls team will support the development of a screening tool to identify better those people that are at risk, will provide proactive outreach into the community, primary care and care homes and establish physical activity programmes for people who have fallen or who are at risk of falls in 2017/18.

- Community Connections which supports Lewisham residents to access local services that meet their needs around the priorities which are centred on the "Five Ways to Wellbeing"- Connect; Stay Active; Keep Learning; Take Notice; Give. It is delivered by Age UK Lewisham and Southwark in conjunction with a consortium of voluntary sector partners in Lewisham.

- We are supporting the Borough wide Community Development work that already exists in Lewisham, such as Well Bellingham and the North Lewisham Health improvement programme, where communities help each other to look after their health and wellbeing.

- We are working together with a range of voluntary and community sector organisations, including Voluntary Action Lewisham (VAL) and Healthwatch, to test out new ways of working at a neighbourhood level which have a greater focus on prevention and early action, within the constraints of limited resources.

8. Local Commissioning Priorities 2017-19

8.1 Prevention and Early Action

What we are doing (continued)

4. We are commissioning a range of information, advice and care to support people with long term conditions to make it easier to self-manage their health and wellbeing, when appropriate including:

- **Earlier identification, diagnosis and management of long term conditions:**
  - GPs are being commissioned differently to ensure standards and population outcomes are consistently good across general practice by reducing variations in the early identification, diagnosis and collaborative care planning for those people with long term conditions.
  - The Co-ordinated Care Service is planned to be commissioned from General Practice, for a two year period, focused on the diagnosis and management of patients with long term conditions and the provision of an enhanced level of care in other clinical areas such as cancer, vaccinations and childhood immunisations. It has 4 key objectives, which are to:
    - Improve the health outcomes for people in Lewisham
    - Reduce variation in outcomes amongst Lewisham practices
    - Support and sustain collaborative practice working within neighbourhoods in Lewisham as part of the wider Neighbourhood Care Networks
    - Support a reduction in avoidable unplanned admissions
  - Primary Care Mental Health Service is to be established from April 2017 to transform the current Low Intensity Treatment Service into a primary care based service working with SLaM, primary care representatives and the voluntary sector.
  - Earlier detection and diagnosis for cancer in south east London by:
    - A single Acute Oncology Service telephone line with linked e-prescribing system will be established. This will triage patients, carers and GPs to the appropriate facilities and enable sharing of information between providers.
    - Improving the coordination of care during diagnosis and treatment so that care is streamlined to ensure all patients have a holistic needs assessment and care plan from diagnosis to treatment to support the delivery of the 62 day cancer wait in 2017/18.

8. Local Commissioning Priorities 2017-19

8.1 Prevention and Early Action

What we are doing (continued)

4. We are commissioning a range of information, advice and care to support people with long term conditions to make it easier to self-manage their health and wellbeing, when appropriate including:

- **Reframing self-management education programmes to embody a holistic approach by expanding, re-specifying and testing out new ways of engaging with structured education, including:**
  - Piloting 'Self-Management UK', which uses local facilitators to empower those people with LTC to be able to self- care and self-manage by using a menu of self-management education activities matched to the person's needs, including online education, support for carers and structured community based education, as well as linking with local initiatives that address the whole person and not a disease in isolation. It is hope that this more holistic approach it will result in greater engagement of the BME group, who have been found to be less engaged with disease specific self-management support in Lewisham.
  - Re-procuring DESMOND (Type 2 Diabetes self-management programme) against a new specification during 2017/18 and commissioning a new online structured education programme for adults with Type 2 Diabetes HeLP Diabetes (Healthy Living for people with Type 2 Diabetes) that will take a holistic view of self-management and address a wide range of patient needs.
  - Reviewing the current COPD pathway including enhancing engagement with LEEP (Lung Exercise Education Programme) that supports patients to better manage their condition through gentle exercise and education. Also we are developing LEEP Champions, who are patients who have successfully completed programme, to encourage and support new patients to complete the LEEP programme.
  - Improving uptake for self-management programmes by co-designing self-management with service users and improving appropriate referrals from local GPs.

- **Moving away from single disease specific interventions for people with long term conditions towards a holistic, person centred care approach that is built around the service user:**
  - Community Health Services are supported to move towards more outcomes focused delivery with a great focus on a holistic approach to prevention and proactive care.
  - Lewisham's Integrated Medicines Optimisation Service (LIMOS) which helps people manage their medication and remain independent, empowered and in control of their treatment
  - Integrating Psychological therapies - work is being undertaken to develop integrated care pathways for all psychological therapies for individuals with common mental illness working with SlaM and voluntary sector partners, with the intention to establish a formal Provider Alliance contract for Psychological Therapies, including Improving Access to Psychological Therapies (IAPT) during 2017/18.

8. Local Commissioning Priorities 2017-19

8.2 Planned Care

What we mean by Planned Care

Planned care is treatment that is planned in advance, such as an operation that is booked on a certain date or a routine planned appointments at a GP surgery, health centre or other community facilities.

Why this is a priority

There are a number of reasons for planned care being a priority :

- There are differences in patient outcomes and experiences, depending on where and when they access care.
- The time from first appointment to diagnostic test, to getting results could be quicker and more efficient leading to early diagnosis and better outcomes for patients.
- There is unnecessary duplication of paperwork and diagnostic tests, causing delays in patient care because different services use different IT systems that are not compatible.

One of our biggest priorities in planned care is to improve the way we provide **orthopaedic care** – treating injuries and conditions that affect the musculoskeletal system (bones, joints, ligaments, tendons, muscles and nerves). We are trying to improve these services in south east London for those patients who have their care planned in advance. This mainly includes routine procedures like hip and knee joint replacements and also some specialist procedures.

Our proposal, which has been developed by senior doctors and nurses with input from patients and local residents, considers consolidating planned inpatient orthopaedic surgery into two elective orthopaedic centres. We believe that by doing this there may be a number of important benefits which could improve the quality of care for every patient and make the service sustainable in the long term, including:

- More procedures could be carried out to cope with increasing demand.
- There would be fewer cancelled operations as theatres and beds in an elective orthopaedic centre would be ring-fenced.
- There would be shorter waiting times for patients needing this type of surgery.
- Better infection control.
- Patients would spend less time in hospital.
- The quality of care would be more consistent so all patients get a similar experience and outcome from their operation.
- Lower costs and more investment because of things like prescribing fewer antibiotics, standardising the type of replacement joints used by surgeons and reducing the length of time patients stay in hospital.

8. Local Commissioning Priorities 2017-19

8.2 Planned Care – Our Aim

Our aim is to commission services so that all people who need planned care have appropriate, timely access to high quality of care and excellent patient outcomes.

What are we doing

Elective orthopaedic centres – south east London commissioners and providers have been working together to:

- Consolidate planned inpatient orthopaedic surgery at fewer sites in south east London – called elective orthopaedic centres – by creating two elective orthopaedic centres. These would be shared facilities with a dedicated team on site, including nursing, anaesthetic staff and therapists. Surgeons would carry out both routine and complex surgery (excluding spinal procedures) at these centres, in a highly specialised environment supported by this core team. The remaining sites in south east London would stop providing this planned adult inpatient orthopaedic surgery
- Develop a clinical network to ensure standards are consistently excellent and that clinicians share learning and expertise.
- Before any changes could be made there would be a full public consultation, which could take place later in 2016/17.
- More details can be found at http://www.ourhealthiersel.nhs.uk/orthopaedics.htm.

Improving access to care:

- 18 week referral to treatment waiting times standard – currently the delivery of this waiting time target is variable with historical challenges at Kings College Hospital. Commissioners are working with providers to ensure during 2017/18 that recovery plans are in place to meet this national target with a focus on:
  - Robust demand and capacity planning at a Trust and speciality level
  - Developing virtual outpatient clinics, effective triage and assessment services and a shift to day case and outpatient rather than inpatient care
- Referral Support Service - improving the quality of hospital referrals and also patient experience of the appointment booking process through centralising the function that receives referrals electronically to the most appropriate place and time for the patient. The Referral Support Service has been a two year pilot which is being fully evaluated to inform the procurement approach in 2017/18.
- Diagnostic Cancer Centre of excellence is to be established at South East London Cancer Centre at Guys and St Thomas Trust.

Development of services closer to home, supported by specialists, to enable the management of people with more complex health and care needs out of hospital:

- Musculoskeletal and Physiotherapy services - improving the patient's experience and delivering value for money by re-specifying the community based Musculoskeletal Assessment and Treatment Triage service (MCATTS) service requirements for 2017/18 which is currently provided by Lewisham and Greenwich Hospital Trust (LGHT).
- Diabetes – developing an integrated specialist, community and primary diabetic model of care to include diabetes prevention as well as delivering all general and complex diabetes care in the community, transforming how diabetes is delivered.
- Improving access to specialist advice and support for GPs.
- Dermatology and Respiratory services - reviewing the benefits and feasibility of developing community based services.

8. Local Commissioning Priorities 2017-19

8.3 Urgent and Emergency Care

What we mean by Urgent and Emergency Care

Urgent and Emergency Care includes the advice, support and care provided by health, social care and the third sector to those people with urgent or emergency physical or mental health needs, defined as:

- **those people with urgent care needs**, who require a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience to individuals, their families and their carers.
- **those people with more serious or life threatening emergency care needs**, who require treatment in centres with the very best expertise and facilities in order to maximise the chances of survival and a good recovery.

Why this is a priority

There is a **rising demand for urgent and emergency care** which increasingly statutory organisations will not be able to afford:

- The number of emergency attendances at Lewisham Hospital increased by 12% between 2014/15 and the same period in 2015/16 , even though there were more suitable services available to be used instead. In Lewisham we have a GP led walk in centre at the Waldron, out of hours care provided by SELDOC and NHS 111 service
- A review of Accident and Emergency (A&E) attendances at Lewisham A&E Department found that 35% of patients presenting were classified as having needs that could have been met at the Urgent Care Centre (UCC). Of the same 35% attendances nearly half did not have any investigation or treatment suggesting that they could have been managed in a more appropriate care setting that provides better value for money
- Some people are admitted to hospital when this is not clinically required because of a lack of alternative community based options - referred to as Ambulatory Care Sensitive Conditions (ACSCs) emergency. National benchmarking has identified that Lewisham has a higher number of emergency admissions for the top 10 ACSCs, such as Influenza and pneumonia, diabetes complications, COPD and heart failure, when compared to other similar CCGs. This indicates that the number of emergency admissions could be reduced.

Lewisham people consistently have fedback that they find the urgent and emergency care system **confusing and fragmented**. The public are not clear about what to do, who to call or where to go for urgent and emergency care.

People can have **long waits** in Accident and Emergency departments, particularly those people with mental health issues.

8. Local Commissioning Priorities 2017-19

8.3 Urgent and Emergency Care - Our Aim

Our aim is to commission urgent and emergency services across the whole system which are co ordinated, consistent, clear and affordable, helping people to get the right advice and care in the right place first time, particularly for those with urgent or emergency physical and/or mental health needs.

What we are doing

We are developing, piloting, evaluating and contracting for a range of community based services which will enhance the care and support available to help to avoid or reduce the need for emergency admissions . The specific services which are under review and being redesigned :

- An Integrated Primary and Urgent Care service located on the Lewisham Hospital site. Currently we are engaging with clinicians and the public how this service will operate. The intention is that the Primary and Urgent Care Service will:
  - Replace existing access to A&E for all walk in attendances
  - Provide extended hours access to primary care (walk in and appointments)
  - Deliver rapid clinical assessment and appropriate redirection of patients (if necessary) to, for example A&E, Ambulatory Care, Neighbourhood Community Teams, patient's own GP
- GP Access - extending primary care access by piloting a GP Extended Access Pilot from April 2017, which will operate from 8.00am to 8.00pm, seven days a week.
- Rapid response teams - piloting the operation of combined medical and social care teams who will provide rapid assessments for those patients in the community identified to be at risk of an emergency admission on a 7 day week and pro-active co-ordinated planning to reduce the need for emergency care. The pilot is planned to start in November 2016 . This pilot will be aligned to the mental health Crisis Resolution and Home Treatment teams (CRHTT), who also deliver care in communities and homes, with the intention to develop an integrated multidisciplinary team.
- Home Ward – piloting the provision of enhanced support for those patients in the community who require more medical and social care ('step up' care) and for those patients who are ready for discharge but who require ongoing medical intervention ('step down' care) in 2017.
- Continuing Health Care – piloting a dedicated Continuing Health Care team to improve the quality of assessments and care for people with complex health needs living at home or in care homes in the Borough
- Care homes – improving the quality assurance and enhancing primary care (GP and LIMOS) support to nursing and residential care homes
- Pharmacy – reviewing the potential opportunity for greater use by those people with urgent care needs, building on the Pharmacy First scheme which provides advice, treatment and medicines for common ailments from your local pharmacy.
- End of Life Care – commissioning a new single Community Palliative Care Team. This will ensure that all our residents with specialist palliative care needs have access to 24 hour, 7 days a week advice and support across the Borough.

8. Local Commissioning Priorities 2017-19

8.3 Urgent and Emergency Care

What we are doing (continued)

We are working with partners to improve the Emergency Care provided in Lewisham by:

- Working with Lewisham and Greenwich Trust by:
  - Commissioning an improved emergency care pathway within hospitals to enable effective streaming and management in A&E and better hospital flows from A&E, assessment and admissions
  - Delivering the NHS Constitutional Standard of a maximum 4 hour A&E waiting time
  - Improving the quality of care provided, as set out in the London Quality Standards.
- Improving the mental health interface with the A&E Department by:
  - Establishing a Liaison Psychiatry Service which operates twenty-four hours, seven days a week to improve access and standards of care (CORE 24).
  - Supporting earlier recognition of mental health issues and onward referral at the front door of the Emergency Department. Achieving parity of esteem by working towards mental health emergencies being treated with the same urgency and seriousness as physical health emergencies in terms of a maximum 4 hour A&E waiting time. The ability of services to meet this standard will be monitored in 2017 and refined for implementation from 2018-19.
  - Commissioning a 24 hour Crisis line to provide professional mental health advice to professionals, individuals and carers that may be experiencing or are affected by someone in a mental health crisis and a Peer-Support Crisis Line called Solidarity in a Crisis that operates at evenings and weekends. In addition to offering telephone support the service also provides A&E peer support and community follow up appointments.
  - Developing a pan-London Health Based Place of Safety (HBPoS) specification and wider section 136 care pathway. Commissioners are working with South London and Maudsley (SLaM) to provide an integrated section136 suite in response to the Crisis Care Concordat.
- Re-procuring NHS 111 Service, planned to go live in June 2017.
- Working with the London Ambulance Service to deliver the standards for ambulance response and to reduce the number of ambulance 999 calls that result in a person being taken to an A&E department.

We are developing further Supported Discharge Services so that discharge planning is consistent and begins as early as possible to facilitate early discharge from hospital and reduce avoidable admissions into hospital:

- Community Discharge Team - remodelling the existing Community Discharge team to provide an extended service targeted at people who are being discharged, but require further rehabilitation in the community. It will operate 7 days a week (8.00am to 6.00pm) starting in 2017.
- Emergency Discharge Team-- redesigning the existing Emergency Discharge Team to identify people aged 60 and over coming into the A&E departments with heath conditions which could be more appropriately managed in the community and linking them to these alternative community based care services. The new service will be in place in 2017.

Getting More Involved

You can play an active role in the decisions we make and shape future services in Lewisham

You can help improve health and care in Lewisham by sharing your ideas and experiences.

There are many ways you can get involved in our commissioning work. Find out more at:

www.lewisham.gov.uk/myservices/socialcare/our-approach

or at www.lewishamccg.nhs.uk/get-involved

We would welcome your views on this year's Partnership Commissioning Intentions

Glossary of Terms

A&E - Accident and Emergency
ASC – Adult Social Care
ACSC - Ambulatory Care Sensitive Conditions
BME - Black and Minority Ethnic
CCG - Clinical Commissioning Group
COPD - Chronic Obstructive Pulmonary Disease
CHC – Continuing Healthcare
CRHTT - Crisis Resolution and Home Treatment Team
DESMOND - Diabetes Education and Self Management for Ongoing and Newly Diagnosed
GP - General Practitioner
GSTT - Guy's & St. Thomas's NHS Foundation Trust
IAPT - Improving Access to Psychological Therapies
JSNA - Joint Strategic Needs Assessment
KCH - Kings College Hospital NHS Foundation Trust
LA – Local Authority
LAS - London Ambulance Service
LCCG - Lewisham Clinical Commissioning Group
LGT - Lewisham and Greenwich NHS Trust
LIMOS - Lewisham's Integrated Medicines Optimisation Service
LTC – Long Term Conditions
MCATS - Musculoskeletal Community Assessment and Treatment Service
MSK – Musculoskeletal
NCN – Neighbourhood Care Network
NCT – Neighbourhood Community Team
OHSEL – Our Healthier South East London
PH – Public Health
QIPP - Quality Innovation Productivity and Prevention
RTT - Referral to Treatment
SLaM - South London and Maudsley Mental Health Foundation Trust
SEL – south East London
SELDOC - South East London Doctors Co - Operative
UCC - Urgent Care Centre
UHL – University Hospital Lewisham

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Healthier Communities Select Committee				
Title:	Lewisham Safeguarding Adults Board Annual Report for 2015-16			
Contributors:	Executive Director for Community Services		Item:	8
Class:	Part 1 (open)	Date:	24 November 2016	

1. Purpose

1.1 This report and accompanying copy of the Lewisham Safeguarding Adults Board (LSAB) Annual Report for 2015-16 demonstrates the work that has and continues to be undertaken across a range of agencies and partnerships to safeguard adults in Lewisham.

2. Recommendations

2.1 It is recommended that the Healthier Communities Select Committee:

2.1.1 Note the achievements outlined in the annual safeguarding report 2015-16.

2.1.2 Note the continuing demand relating to Deprivation of Liberty Safeguards (DOLs).

2.1.3 Note the goals set for 2016-17.

3. Background

3.1 The Care Act 2014 established Adult Safeguarding Boards as a statutory requirement of equivalent status to Children's Safeguarding Boards. One of the duties of the board is to produce an annual report.

3.2 The LSAB brings together a wide range of agencies across the borough to ensure that there is a joined-up approach to Adult Safeguarding.

4. Policy Context

4.1 Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support people to make decisions about the risks they face in their own lives, and protecting those who lack the mental capacity to make these decisions.

4.2 Local authorities are required to: lead a multi-agency local adult safeguarding system; making or causing enquiries to be made where there is a safeguarding concern; hosting safeguarding adults boards; carrying out safeguarding adults reviews; and arranging for the provision of independent advocates.

4.3 Adult Social Care and the Board are committed to 'Making Safeguarding Personal' (MSP); to improve outcomes for people at risk of harm. This is achieved, during a safeguarding enquiry, by establishing a real understanding of what people wish to achieve and the 'outcomes' they want at the beginning then checking throughout, and at the end of, the process the extent to which these outcomes were realised.

4.4 The Six Safeguarding Adults Principles

Safeguarding Principles	What does this mean for service users?
1. Empowerment	"My voice is heard to make decisions about what makes me feel safe and the outcomes I want"
2. Prevention	"I receive clear information about what abuse is and where to seek help"
3. Proportionality	"I know that professionals will keep me involved as much as I am able to"
4. Protection	"I receive clear information about reporting abuse and I receive continued help and support throughout the process"
5. Partnership	"I know all the professionals involved are working hard and sharing information safely to provide the best outcome for me"
6. Accountability	"I am aware that everyone involved in my care and support needs are responsible for the actions they take that affect me"

5. Changes with the LSAB since 2014-15

5.1 The Board meets four times a year and is independently chaired. Following the resignation of the former chair, the Executive Director for Community Services has been appointed interim chair while a new independent chair is recruited. A new chair should be in post by the end of December.

5.2 From April 2015 Board partners agreed a budget to fund the work of the board with the following partners contributing to the budget:

- Adult Social Care
- NHS Lewisham Clinical Commissioning Group
- Lewisham & Greenwich NHS Trust
- South London & Maudsley NHS Foundation Trust
- The Metropolitan Police Service
- The National Probation Service
- The London Fire Brigade

5.3 This funding allowed the formation of a business team to support the work of the chair and the board, consisting of: Business Manager, Development Officer and Administrator. Staff were recruited to these posts and commenced work by December 2015.

5.4 One of the roles of the LSAB is to initiate and consider learning from Safeguarding Adults Reviews (SARs). SARs take place when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them.

5.5 No SARs were required in Lewisham in 2015-16, but four cases were brought to the attention of the Board at the end of March 2016, which were considered in 2016-17 resulting in the commissioning of two SARs which are still in progress.

6. LSAB Priorities

6.1 The LSAB has identified the following four priorities as the focus for its work in 2016-17:

1. To continue to promote partnership working.
2. Prevention of abuse through training, awareness raising and information sharing.
3. Promote positive practice: Making Safeguarding Personal plus
4. Safeguarding Board development.

6.2 The 30 objectives under these priorities are set out in detail in the accompanying report.

7. Financial Implications

7.1 There are no additional financial implications arising from this report.

8. Legal Implications

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

9. Crime and Disorder Implications

9.1 There are no specific crime and disorder implications arising from this report. The LSAB works in close collaboration with Safer Lewisham Partnership to ensure joint approaches to overlapping issues such as domestic violence, hate crimes and ‘Prevent’ (the government's counter-terrorism strategy).

10. Equalities Implications

10.1 As highlighted earlier in this report, The LSAB has the lead role in promoting the fact that every adult in Lewisham has the right to live safely and free from abuse; and that Safeguarding is ‘everybody’s business’. The LSAB Team is working with a variety of statutory and local third sector organisations to publicise and promote that the Board is there to: make sure that local safeguarding arrangements are in place; help to prevent abuse and neglect taking place; and, ensure agencies respond appropriately when concerns are

raised. In particular the team is working with local organisations to reach out to smaller communities which may be harder to engage in order to spread the board's messages across all sections of the community.

10.2 Over time data on trends in the types of people being abused, type and location of risk and the alleged perpetrators will enable the Board to specifically target activity and interventions aimed at those most at risk.

11. Environmental Implications

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

If there are any queries on this report please contact Phil Byron, LSAB Business Manager, on 020 8314 7672 or email philip.byron@lewisham.gov.uk.

Background documents

The Care Act 2014
Care Act Factsheets and Care and support statutory guidance: changes in March 2016

Care and Support Statutory Guidance 2014
Care and support statutory guidance - GOV.UK

Protecting adults at risk
London Multi-agency Policy and Procedure to safeguard adults from abuse

The Mental Capacity Act 2005
Mental Capacity Act 2005 Code of Practice

Making Safeguarding Personal
ADASS Making Safeguarding Personal Publications

Lewisham
Safeguarding Adults Board

A working partnership to prevent abuse

Lewisham Safeguarding Adults Board Annual report

April 2015 – March 2016

Contents

Executive Summary

Lewisham Safeguarding Adults Board (LSAB) are pleased to present the second Annual Report 2015–16, following on from the 2014–15 Annual Report.

There were some significant changes over the last few months of 2015–16; one of which is the departure of the former LSAB Chair, Chris Doorly. Chris was very influential in her efforts to shape and prepare the board for the challenging regulatory changes set out in the Care Act 2014. LSAB would like to take this opportunity to thank Chris for her hard work and commitment to the board. Aileen Buckton, Executive Director and Director of Adult Social Care is covering the vacancy, as interim chair, whilst the recruitment of the new chair takes place.

LSAB would like to extend its appreciation to the board members, external organisations and external stakeholders who have contributed to this report. LSAB is grant funded by the following board member organisations; Lewisham Adult Social Care, NHS Lewisham Clinical Commissioning Group, Lewisham & Greenwich NHS Trust, South London & Maudsley NHS Foundation Trust, Metropolitan Police Service, and the National Probation Service (now split into the National Probation Service and The London Community Rehabilitation Company Ltd). The board received a voluntary contribution from the London Fire Brigade.

An additional change outlined in the 2014–15 annual report was the recruitment of the LSAB Business Team that consists of; Business Manager, Development Officer and Board Administrator. The business team came into post by December 2015. The LSAB Business Team has been working hard to assist the board to meet their 2015–16 objectives set out in last year's report.

The board aims to build on its adult safeguarding successes from 2014–15 with the implementation of the Care Act 2014 and the London Multi-agency Adult Safeguarding Policy & Procedures. Multi-agency working is key to the LSAB achieving its aims and objectives and this has been demonstrated through a collaborative approach to revising safeguarding policies, safeguarding adults training, and circulating safeguarding adults data.

LSAB abides by the principle that "Safeguarding is Everybody's Business"; this is echoed by board members raising awareness of abuse and neglect and how abuse is reported. Creating positive outcomes for people is of prime importance to the board and this is being achieved by partner organisations incorporating 'making safeguarding personal' at a strategic and operational level. The board is engaging with community and voluntary groups, and faith organisations to promote the safeguarding of adults at risk in Lewisham.

Introduction

This report looks at the Lewisham Safeguarding Adults Board in its first statutory year of operation 2015–16, working together to keep adults safe in Lewisham.

What does Safeguarding Adults mean?

In summary the board aims to:

- Promote awareness of what abuse is, how to stay safe and how to seek help;
- Establish what being safe means to the person being abused and how that can be best achieved;
- Learn lessons and make changes that will prevent abuse or neglect from happening.

What are the main types of abuse?	
Abuse Type	**Definition**
Domestic Abuse	Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: Psychological; Physical; Sexual; Financial; Emotional. Domestic Abuse includes Controlling and Coercive.
Disability Hate Crime	Any criminal offence, which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a person's disability or perceived disability. The Police monitor five strands of hate crime, Disability; Race; Religion; Sexual orientation and Transgender.
Discriminatory Abuse	Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.
Female Genital Mutilation (FGM)	Procedures that intentionally alter or injure female genital organs for non-medical reasons.
Forced Marriage	A marriage in which one or both of the parties are married without their consent or against their will.

Abuse Type	Definition
Financial or Material Abuse	Theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Hate Crime	Any criminal offence committed against a person or property that is motivated by hostility towards someone based on their disability, race, religion, gender identity or sexual orientation.
Honour Based Violence	Includes domestic violence, concerns about forced marriage, enforced house arrest and missing person's reports.
Human Trafficking	The supply of people and services to a customer, all for the purpose of making a profit.
Mate Crime	When vulnerable people are befriended by members of the community who go on to exploit and take advantage of them.
Modern Slavery	Slavery, servitude and forced or compulsory labour.
Neglect and Acts of Omission	Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Abuse Type	Definition
Organisational Abuse	The mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.
Physical Abuse	Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
Psychological Abuse	Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
Restraint	Unlawful or inappropriate use of restraint or physical interventions. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where an adult's freedom of movement is restricted, whether they are resisting or not.
Sexual Abuse	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
Sexual Exploitation	Exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.

The board's approach is underpinned by the six Safeguarding Adults Principles

Safeguarding principle	What does this mean for you?
1. Empowerment	"My voice is heard to make decisions about what makes me feel safe and the outcomes I want."
2. Prevention	"I receive clear information about what abuse is and where to seek help."
3. Proportionality	"I know that professionals will keep me involved as much as I am able to."
4. Protection	"I receive clear information about reporting abuse and I receive continued help and support throughout the process."
5. Partnership	"I know all the professionals involved are working hard and sharing information safely to provide the best outcome for me."
6. Accountability	"I am aware that everyone involved in my care and support needs are responsible for the actions they take that affect me."

Lewisham Safeguarding Adults Board adopted the London Multi-agency Adult Safeguarding Policy & Procedures from April 2016.

Key Achievements of the Board 2015–16

- **Multi-agency working**
  Organisations are clear about their internal governing roles and responsibilities and are working collaboratively to respond to reports of abuse and neglect.

- **LSAB away day**
  This workshop took place in June 2015, to discuss the changes outlined in the Care Act 2014, Making Safeguarding Personal (MSP), the review of governance structures and the relationship between LSAB and commissioning.

- **Safeguarding Adults Policy and Procedures**
  Ensuring the new statutory duties under the Care Act 2014 for safeguarding adults were implemented and understood among board members and partner organisations.

- **LSAB Compact**
  The board has revised and updated the LSAB Compact in line with current legislation. The compact was signed and agreed by board members.

- **LSAB Strategy 2015–18**
  The board produced a strategic 2015–18 plan setting out its vision and aims. Further details on this plan will be explored in the 'Looking ahead to 2016–2017' section of this report.

- **Re-forming Sub-groups**
  The terms of reference for all the Sub-groups and the outputs required were reviewed to determine if there were SMARTer ways of achieving the desired outcomes, to ensure we are making effective use of member's time.

- **Communication Strategy**
  A two year communication strategy has been produced to support safeguarding, awareness raising and partnership working. This involves service users and carers.

- **Information Sharing Agreement**
  The board has updated its Information Sharing Agreement between the Metropolitan Police Service, London Borough of Lewisham and Lewisham Safeguarding Adults Board. This agreement sets out how confidential and sensitive information is shared between the agencies to comply with the Data Protection Act 1998, whilst making reference to the Human Rights Act 1998.

- **Care Act Compliance Presentations**
  Board members have updated their internal governance procedures to comply with the changes outlined in the Care Act 2014. At present, South London and Maudsley NHS Foundation Trust, London Borough of Lewisham and Lewisham & Greenwich NHS Trust have presented their compliance plans to the board.

Achievements of the Sub-groups

Safeguarding Adults Review Panel (SARP)
The Safeguarding Adults Review Framework has been updated in line with the Care Act 2014 and the London Multi-agency Adult Safeguarding Policy & Procedures. There were no Safeguarding Adult Reviews (SAR's) undertaken in 2015–16, but four cases were referred to the board in March 2016 of which two cases are likely to meet the SAR criteria. These cases will be discussed in depth with the Safeguarding Adults Review Panel (SARP) and if it is decided that a SAR will be conducted, the multi-agency outcomes, findings and learning will be published in the 2016–17 LSAB Annual Report.

Quality and Performance Sub-group
The LSAB Quality Assessment Framework has been updated in line with the London Multi-agency Adult Safeguarding Policy & Procedures. Further development work is due to continue on this framework to ensure that the board has better oversight of any potential safeguarding activity.

Workforce Development
The board members have been incorporating Making Safeguarding Personal into their staff training content ensuring it is compliant with the Care Act 2014 and London Multi-agency Adult Safeguarding Policy & Procedures.

Policies & Procedures
Board members have been provided with updates to the Care Act Statutory Guidance and the London Multi-agency Adult Safeguarding Policy & Procedures.

Lewisham Adult Social Care, Lewisham and Greenwich NHS Trust and Lewisham CCG have worked in partnership to ensure that the Serious Incident (SI) investigation and Root Cause Analysis (RCA) process in relation to the investigation of pressure ulcers and Safeguarding processes are aligned.

Communication & Engagement
The board has formed strong safeguarding working links with the following community based agencies, these include; Community Connections, Lewisham Disability Coalition, Voluntary Action Lewisham, Healthwatch Bromley and Lewisham, Carers Lewisham and Positive Ageing Council.

Members of the board's Business Team have attended and facilitated at the following events:

Lewisham Pensioners Forum Meeting, January 2016 – This forum was well attended and focused on issues that affect older people in the borough. The Chair of the forum reported that there could be an increase in safeguarding adult awareness among the older generation. The board's business team plans to deliver a presentation at a future forum meeting to raise awareness of safeguarding issues that affect the older population in Lewisham.

Advice Lewisham open day, February 2016 – This open day was held in Lewisham Council Civic Suite and provided an insight into current safeguarding advice and information being provided to people living in Lewisham. The board intends to promote safeguarding adults information at future Advice Lewisham open days and forum meetings.

Positive Ageing Council Meeting, March 2016 – This meeting was attended by over 100 members and provided an opportunity for the board to raise awareness of abuse and advise people on how to raise a safeguarding alert. Booklets on what abuse is and how to seek help, promoting the Social Care Advice & Information Team (SCAIT) were distributed, supplied by Independent Age.

Adult Safeguarding Board Member reports 2015–16

From board member organisations and key partners

The following reports are provided by the partners responsible for protecting adults in Health and Social Care settings.

London Borough of Lewisham Adult Social Care

Safeguarding Overview 2014–15

- Adult Social Care (ASC) have revised their Adult Safeguarding policy and procedures in line with the Care Act 2014 and the revised London Multi-agency Adult Safeguarding Policy and Procedures.
- Adults who have difficulty engaging in the safeguarding investigation process have received the provision of advocacy.
- Processes are now in place to assist with the regular auditing of safeguarding casework to identify good practice and areas for improvement.
- Responding effectively to the increase in demands of Deprivation of Liberty Safeguards (DoLS) applications.
- Revised safeguarding pathway following the restructure of ASC and the development of Neighbourhood teams. Practice guidance developed to include new abuse types and to ensure a more robust and consistent approach to managing safeguarding concerns.
- Training with duty staff around risk assessment and protection planning.

What was achieved in 2015–16?

- Plans made to update the Client Database to incorporate Making Safeguarding Personal (MSP) so that clients are fully engaged with the safeguarding process.
- Development of a DoLS team to ensure requests under the Deprivation of Liberty Safeguards were managed effectively.
- Additional Best Interest Assessors trained.
- Review of safeguarding pathways implemented in 2014-15 following integration of the Social Care Advice & Information Team (SCAIT) and the Neighbourhood teams.
- Safeguarding Adults Training was developed in line with current legislation to improve practice.
- Enhanced partnership working around pressure ulcer care referral pathways, in partnership with Lewisham Clinical Commissioning Group (LCCG) and Lewisham and Greenwich NHS Trust ensuring that the Serious Incident (SI) and safeguarding processes are aligned.
- Close partnership working between LB Lewisham, LCCG, NHS England and Care Quality Commission (CQC) in relation to a major enquiry involving Organisational abuse.
- Positive feedback from Association of Directors of Adult Social Services (ADASS) and CQC in relation to the management of the closure of two nursing homes following liquidation.

What are their Safeguarding plans for 2016–17?

- Ongoing implementation of the London Multi-agency Adult Safeguarding Policy & Procedures, launching and embedding Lewisham Practitioners Protocol.
- Redesign of safeguarding pathway and workflow processes in line with the Care Act 2014 and the London Multi-agency Adult Safeguarding Policy & Procedures.
- All staff to receive training with focus on identifying and recording individual's identified outcomes or wishes.
- Embedding the principles of Making Safeguarding Personal across all adult services.
- Development of a Community Pressure Ulcer panel in partnership with LCCG and Lewisham and Greenwich NHS Trust to oversee and review all pressure ulcer investigations, and identify those cases involving potential neglect which would require a Section 24 safeguarding enquiry.
- In partnership with the Royal Borough of Greenwich, REED and Training Provider, review safeguarding training requirements and commission additional training for Enquiry Officers and Safeguarding Adult Managers (SAMs).
- Reviewing working functions between SCAIT and Multi-Agency Safeguarding Hub (MASH).

Making Safeguarding Personal (MSP)

MSP aims to facilitate a shift in emphasis from processes to a commitment to improve outcomes for people at risk of harm. The key focus is on developing a real understanding of what people wish to achieve, recording their desired outcomes and then seeing how effectively these outcomes have been met in a Section 42 Safeguarding Enquiry.

In 2015–16 work began on developing a new safeguarding module in the LAS system, Lewisham's client database, to ensure that Adult Social Care (ASC) can record and capture people's desired outcomes in safeguarding interventions. A set of forms were developed to enable us to record the outcomes people want at the start of safeguarding activity. At the end of safeguarding activity, follow-up discussions take place to see to what extent their desired outcomes have been met, and to ask specific questions to help us evaluate the effectiveness of the safeguarding intervention and to better understand people's experience of the whole process. Recording the results in this way will be used to inform practice and provide aggregated outcomes information for the board. After an initial testing phase the new system will go live in the summer of 2016–17.

Mental Capacity

The Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS) came into effect on 1st April 2009. They protect the human rights of adults at risk by providing for the lawful deprivation of liberty of those people who lack the capacity to consent to arrangements made for their care or treatment in either hospitals or care homes, but who need to be deprived of liberty in their own best interests, to protect them from harm.

The safeguarding board has a responsibility to oversee how these duties are carried out and receive regular reports on the use of restrictions or restraints granted by the authorisation of a DoLS order by the supervisory body (the Local Authority).

Unlike many other Local Authorities, Lewisham Adult Social Care did not have to implement a waiting list for DoLS assessments. In line with national trend, Lewisham experienced a ten-fold increase in the number of applications received in 2014–15, receiving 351. This upward trend continued in 2015–16, rising by 41%, and 592 applications were made under the safeguards. The percentage of referrals leading to an authorisation also increased from 65% to 80% in 2015–16.

Since 2009 Lewisham Adult Social Care established close working relationships with a number of independent Section 12 trained mental health assessors in the South East region, and we have established links with Doctors in other parts of the UK where Lewisham residents are placed.

Although 2015–16 presented a number of new challenges for the DoLS service which resulted in delays in completing all six qualifying assessments. A total of 72% of all assessments were completed within the statutory timescales of seven or twenty one days. Where delays did occur, the vast majority, (75% for urgent requests and 70% for standard requests) were only delayed by one to ten days.

Safeguarding Overview 2014–15

Pressure Care Initiatives – A review of the 2014–15 cohort of people is to be undertaken to look at what has happened since the learning, and what actions or practice issues should change or be put in place to prevent a reoccurrence in the form of a local action plan.

Serious Incidents (SI's)

LCCG takes a serious view of all incidents resulting in patient harm regardless of the degree of harm caused, and, including where there has been no harm or a "near miss". Healthcare providers that we commission are able to learn from the incident and able to take action to try and prevent it from happening again. NHS England has a nationally agreed process for learning from the most serious incidents known as the NHS Serious Incident Framework. The framework applies to those "events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.

LCCG's role in relation to Serious Incidents (SI's) reported by NHS providers is to seek assurance that the provider has robust processes to identify, investigate and learn from the rare occasions when things go seriously wrong. Providers quickly inform the CCG when a SI has occurred and the CCG and provider work together to agree the type of investigation that is required. Almost all SI's are investigated by the provider themselves using a Root Cause Analysis method but sometimes an independent investigation is carried out. The investigation report is reviewed by clinical experts commissioned by the CCG to ensure that factors that contributed to the incident and root causes have been identified along with credible action plans to reduce the possibility of the incident occurring again. The CCG follows up with the provider to ensure that the recommended actions have been fully implemented.

The CCG also seeks to assure itself that patients affected by the incident and their families have been involved in the investigation and that their concerns and questions have been addressed. During the financial year 2015–16 the CCG was informed of 16 Serious Incidents by our main mental health provider and 51 by our local acute hospital.

LCCG Assurance Deep Dive Review into Safeguarding – January 2016

LCCG participated in the NHS England deep dive review of Safeguarding Adults and Children as part of the assurance process for CCG's in 2015–16. Areas of good practice is listed below. NHS England and London Region have included this information in their London overview report.

Areas of good practice identified

Governance, Systems and Processes – LCCG have employed a Primary Care Adult Safeguarding Nurse instead of a named General Practitioner (GP) to support adult safeguarding in general practice and primary care. This role will also support training on domestic violence sourced via Identification and Referral to Improve Safety (IRIS) project. The Safeguarding Children & Adults commissioning policy has been updated to incorporate Female Genital Mutilation (FGM) and Prevent. This was assured as outstanding post sign off.

Workforce Development – The current position for Safeguarding Adults training compliance across providers is about 80%. Prevent training is also being introduced.

Capacity levels in CCG – LCCG has drafted their supervision policy for staff and safeguarding leads that was signed off January 2016, this policy was assured as outstanding post sign off.

Assurance – LCCG are leading the Risk Summit process, that provides a mechanism for key stakeholders to come together collectively to share and review information when a serious concern about the quality of care has been raised. Work is underway for the LCCG to gain oversight on all services providing healthcare provisions within LCCG boundaries.

The outcome of this deep dive will feed into the overall LCCG assurance process to report at a regional and national level.

Lewisham and Greenwich NHS Trust

Safeguarding Overview 2014–15

Lewisham & Greenwich NHS Trust updated their policy last year in line with the Care Act 2014 and the updated London Multi-agency Adult Safeguarding Policy and Procedures that has been available on their intranet site since January 2016. Safeguarding training that is mandatory to all new staff was also changed to match legislation.

Serious Incidents (SI's)

The trust has robust governance frameworks in place in relation to SI's and safeguarding adults and children, throughout the organisation. Each division holds a Divisional Governance meeting with speciality governance meetings feeding in to these. Individual SI's are shared through this forum and the action plan monitored. The Divisional Governance meetings report to the trust's Quality and Safety meeting chaired by the Medical Director. Issues from this meeting are escalated through integrated governance to the trust board. The trust undertakes reviews of the learnings from SI's at the Outcomes with Learning Group which has Divisional representation and also reports to Quality and Safety.

The trust has assurance groups for Adult Safeguarding and Children and Young People Safeguarding that report into the trust's safeguarding adults, children and young people committee. Issues from this committee are escalated through Integrated Governance to the trust board.

What was achieved in 2015–16?

- Growth of the adult safeguarding team to include expertise in domestic violence and adults with learning disabilities.
- Review of safeguarding adult's policy in response to the Care Act 2014.
- Flagging system in place for adults with learning disabilities, triggering automatic referral to Learning Disabilities Lead (QE site).

What are the key challenges?

- Introduction of the Care Act 2014 – Significant impact on adult safeguarding services and how the statutory duty will be met.

- Challenges for an acute trust in safeguarding adults at risk when working with multi agency partners across different boroughs and different adult safeguarding boards.

- Maintaining an awareness of developing risk to adults at risk such as the increase in modern slavery in the UK.

- Ensure that the trust's policies cater for up and coming need.

What are their Safeguarding plans for 2016–17?

- To focus more on the six safeguarding principles.

- Mental Capacity Assessments / Best Interest Process / Deprivation of Liberty processes explored in line with current legislation.

- To focus more on modern slavery.

South London and Maudsley NHS Foundation Trust (SLAM)

Safeguarding Overview 2014–15

Safeguarding leadership and governance processes for both children and adults within the trust have been strengthened to ensure that the trust meets its statutory duties and responsibilities to protect children and adults who are at risk from abuse and neglect. As a result, the trust Safeguarding Adults at Risk policy has been reviewed and revised to ensure compliance with the Care Act 2014.

Serious Incidents

The trust has robust governance frameworks in place in relation to serious incidents (SI's) and safeguarding adults and children, at different levels throughout the organisation. At a trust-wide level, SI's and safeguarding adults and children reports are presented to the Quality Sub Committee (QSC) on a regular basis. There is an escalation process in place to highlight issues of concern or learning to the trust board, to give assurance on regulatory compliance, patient safety and quality. There is also a trust-wide Safeguarding Adults Committee, which is attended by the SI team which also escalates any concerns to the QSC and trust board. Each Clinical Academic Group (CAG) has a CAG Executive which provides governance and assurance on SI's and safeguarding at a service and team level and oversees action plans and 'lessons learned' forums to disseminate and embed learning across the teams.

What was achieved in 2015–16?

- SLAM's mandatory training requirements includes Prevent awareness training (both basic and face to face workshops), Safeguarding, Mental Capacity Act and Deprivations of Liberty Safeguards training. Compliance targets for Safeguarding Adults level 1 & 2 training is 85%. The target for Prevent and Wrap training is 85% by April 2018.

- Work was undertaken to improve the interface between SLAM's Serious Incident (SI) process and safeguarding adult's activity. Staff at SLAM can now update their database as to whether an incident or issue relates to a safeguarding adult concern and whether an alert has been raised to Lewisham Adult Social Care.

- SLAM continued to strengthen its internal safeguarding adult's governance arrangements, this has enabled better escalation of safeguarding concerns. The September CQC (Care Quality Commission) inspection demonstrated that there continues to be work required to improve the internal safeguarding infrastructure and to ensure better safeguarding adults awareness and practice across the organisation.

What are their Safeguarding plans for 2016–17?

- **Active Monitoring** – Improve data from internal databases to create better trust-wide pathways and borough reports on safeguarding activities and outcomes.

- **Incidents & Allegations** – Streamlining of interface between NHS SI Investigations and Care Act 2014 – Section 42 Safeguarding Enquiry processes.

- **Review of Trust Safeguarding Infrastructure** – Director of Social Care to lead review of structure. Need to ensure an identified lead with robust safeguarding training expertise to support safeguarding work at a borough level.

- **Review of Training** – Some trust staff will be required to undertake additional safeguarding adults training in light of the pending 'NHS England safeguarding adults: Roles & competencies for health care staff' guidance.

Other board member agencies responsible for protecting adults in the community

Safer Lewisham Partnership

The Safer Lewisham Plan 2016–17 notes that while Domestic Abuse offences rose in 2015 by almost 25%; the increase in incidents (i.e. police call-outs) has been much smaller at just over 4%. This indicates that improved detection and higher arrest/ charging rates may be a contributory factor.

Athena – Lewisham's Violence against Women & Girls (VaWG) Service

In April 2015, an innovative new VaWG service – Athena – was commissioned, providing a single point of access (via a telephone helpline) to support anyone (men, women and children) experiencing any form of gender-based violence in Lewisham. This includes human trafficking, sexual violence, prostitution, domestic violence, stalking, forced marriage, so-called 'honour'-based violence and female genital mutilation (FGM).

The service comprises:

- Team of Independent Gender-Based Violence Advocates,
- Team of community outreach workers,
- Community-based health advocate,
- IRIS (identification & referral to improve safety) project advocate educator (an established scheme in UK) for GPs,
- Early intervention worker,
- Team of specialist Vietnamese outreach workers,
- Familial abuse worker,
- Team of learning and development child support staff,
- Provision of refuge (shelter) accommodation,
- Delivery of training to other professionals.

Female Genital Mutilation (FGM) Awareness Raising

To ensure that FGM awareness was raised across the borough, an FGM Action Plan was developed. Professionals working in safeguarding, community midwifery, public health, the voluntary sector and crime reduction were all part of the group developed to raise awareness among local communities, health professionals and schools.

What are their safeguarding plans for 2016–17?

Strategic needs assessment priorities for 2016–17 includes: All strands of violence against women and girls with particular focus on domestic abuse, sexual abuse, and female genital mutilation (FGM). This includes male victims within the defined strands of human trafficking, sexual violence, prostitution, domestic violence, stalking, forced marriage and ‘honour’-based violence.

To read more on the Safer Lewisham Partnership Plan 2016–17.

Metropolitan Police Lewisham

The role of the police in adult safeguarding

Although the police are a mandatory member of the Lewisham Safeguarding Adults Board (LSAB) by virtue of Section 43 of the Care Act 2014, they are not an agency responsible for the provision of care. The police role in adult safeguarding is related to their policing function.

The core duties of the police are:

- Prevent and detect crime,
- Keep the peace,
- Protect life and property.

What was achieved in 2015–16?

A vulnerability & adults at risk policy has been implemented in compliance with the London Multi-agency Adult Safeguarding Policy & Procedures, and to complement the 'One Met' MPS Strategy 2013-2017. Some core points are:

- Earn and strengthen the trust and confidence of every community,
- Prevent crime and bring more offenders to justice,
- Improve our policing capability whilst driving down costs,
- Embed a culture of professionalism in everything we do.

All staff have ready access through the intranet to the vulnerability and protection of adult's toolkit. This includes guides to the vulnerability assessment framework, primary and secondary investigation, mental capacity act and multi-agency response.

What are the safeguarding plans for 2016–17?

Corporate training is in development for delivery which includes a training package for Multi-Agency Safeguarding Hub (MASH) staff about identification and managing adults at risk such as risk management, patterns of abuse, and training awareness packages for Borough Professional Development Days, the Hate Crime Awareness events and the Mental Health and Policing Presentations.

London Fire Brigade (LFB)

What was achieved in 2015–16?

- The LFB started the process of reviewing and publishing their Safeguarding Adults policy and duties in line with the London Multi-agency Adult Safeguarding Policy and Procedures and the Care Act 2014.

- LFB commissioned and developed a new training package to be rolled out to all brigade staff in 2016 which will comply with both the Care Act 2014, Mental Capacity Act (MCA), Prevent and the London Multi-agency Adult Safeguarding Policy and Procedures.

- As a result of a recommendation from a Safeguarding Adult Review LFB worked with the London Ambulance Service (LAS) in arranging a pilot to provide Home Fire Safety Visits to high risk hoarders.

- Despite LFB non-statutory status on local safeguarding adults boards, it has demonstrated its commitment to safeguarding by offer of a £1,000 voluntary contribution to each of the 32 safeguarding adults boards (SAB's).

What are their safeguarding plans for 2016–17?

- LFB have arranged for staff with specific Safeguarding duties within their role to attend Prevent (part of the Government counter – terrorism strategy) workshops.

- All staff will receive safeguarding training commencing September 2016 with the completion of a new training package.

- The information sharing agreement between LFB and LAS will be signed in May 2016 and then go live. The first eight weeks of the agreement will be analysed to assess information from LAS on how many individuals are demonstrating hoarding behaviour.

- LFB is aiming to renew their offer of a £1,000 voluntary contribution to each of the 32 SABs (to be shared with children's safeguarding boards) and will be writing to Chairs of Safeguarding Boards in September 2016.

London Ambulance Service NHS Trust (LAS)

The role of LAS in adult safeguarding

The London Ambulance Service NHS Trust has a duty to ensure the safeguarding of vulnerable persons remains a focal point within the organisation, and the trust is committed to ensuring all persons within London are protected at all times.

Local safeguarding activity during 2015–16

A report has been produced by the head of safeguarding that provides evidence of the LAS commitment to effective safeguarding measures during 2015–16. There were 149 adult safeguarding concerns and 348 adult welfare concerns raised in Lewisham during 2015-16. The most common type of abuse reported nationally is Neglect & Acts of Omission.

Read the full LAS Safeguarding Report 2016.

Community based agencies assisting with protecting adults in the wider community

Healthwatch Bromley & Lewisham (HWBL)

The role of HWBL

HWBL is committed to ensuring that adults at risk are not abused and that working practices minimise the risk of such abuse. The trustees, staff and volunteers have a duty to identify abuse and report it accordingly.

Trustee's responsibilities are to:

- Ensure volunteers are aware of the adults at risk need for protection.
- Notify the appropriate agencies if abuse is identified or suspected.
- Support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability.

Staff and volunteers responsibilities are to:

- Be familiar with the adults at risk protection policy.
- Support adults who report abuse.

HWBL believe that adults at risk have the right to:

- Have alleged incidents recognised and taken seriously,
- Receive fair and respectful treatment throughout,
- Be involved in the process as much as possible.

Voluntary Action Lewisham (VAL)

The role of VAL

VAL believes that it is always unacceptable for any vulnerable adult or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all adults at risk and young people by a commitment to practice, which protects them from harm.

How will VAL protect adults in the community?

- Raise awareness of the need to protect adults at risk and working in partnership with those adults, carers and other agencies to promote and safeguard their welfare.
- Ensure that staff in contact with adults at risk will have the requisite knowledge, skills and qualifications to carry out their jobs safely and effectively, also ensuring safe practice when working in partnership with other organisations.
- Ensure that when abuse is suspected or disclosed, it is clear what action must be taken.

Ethical practices of VAL

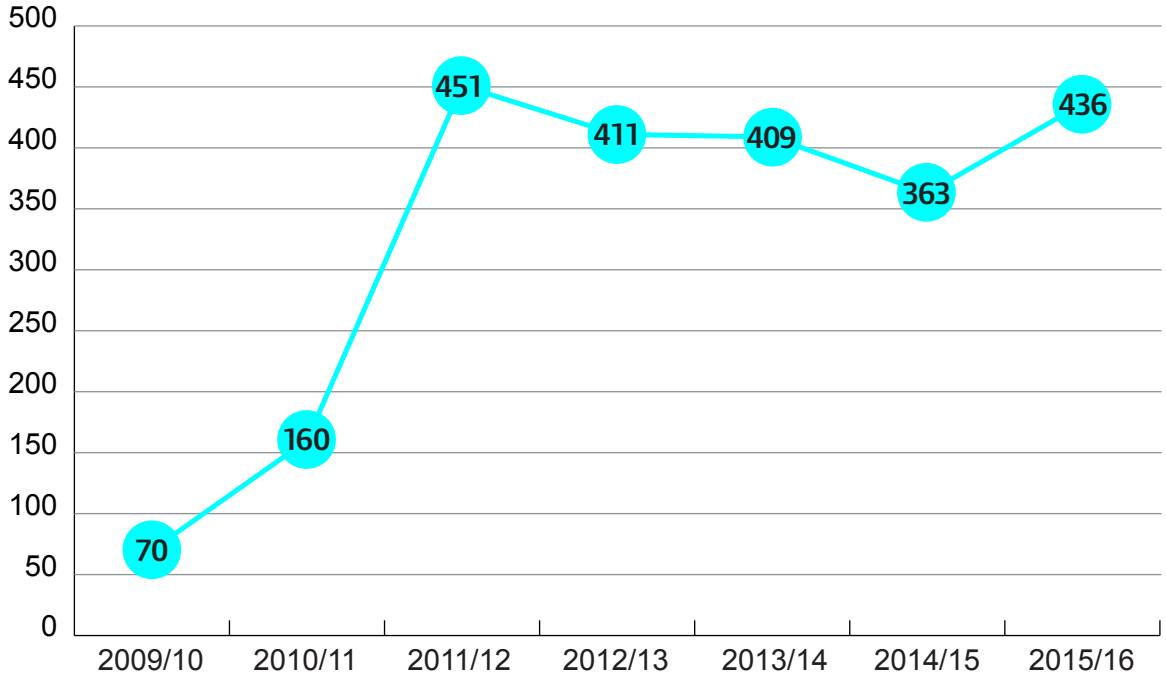
- All adults at risk should be listened to and their views taken seriously.
- All interventions must be people-centred and outcome focused.
- Joint working between agencies and disciplines is essential for the protection of adults and young people at risk.

London Borough of Lewisham Safeguarding Data 2015–16

The Safeguarding Adults Collection (SAC) is a set of data measures that the board use to analyse the outcomes for adults at risk.

Number of Enquiries

- In 2015–16 there were 436 enquiries raised in Lewisham. This is the first year in which the number of enquiries has increased after three consecutive years of decreases.
- The increase in enquiries may reflect an increased understanding of safeguarding due to the implementation of the Care Act 2014.
- This increase may also be due to enquires that related to a particular provider located within the borough, but not commissioned by Lewisham Council or Lewisham Clinical Commissioning Group.
- In comparison with 2014–15 Lewisham's rate per 100,000 population has seen a rise from 122 to 144. Based on last year's data, Lewisham remains under the comparator group average for the number of enquiries raised.



Enquiries by age

- In 2015–16, 46% of safeguarding enquiries related to older adults aged 65+.

- Based on national benchmarking in 2014–2015, the 18–64 age group was the highest group, accounting for 36% of the total. 2015–2016 is the first year in Lewisham that there have been more enquiries for the 18–64 age group than the 65+ age group.

- The closure of a particular provider located within the borough may have had an impact on the increase as all of the patients were under 65 years old.

Enquiries by gender

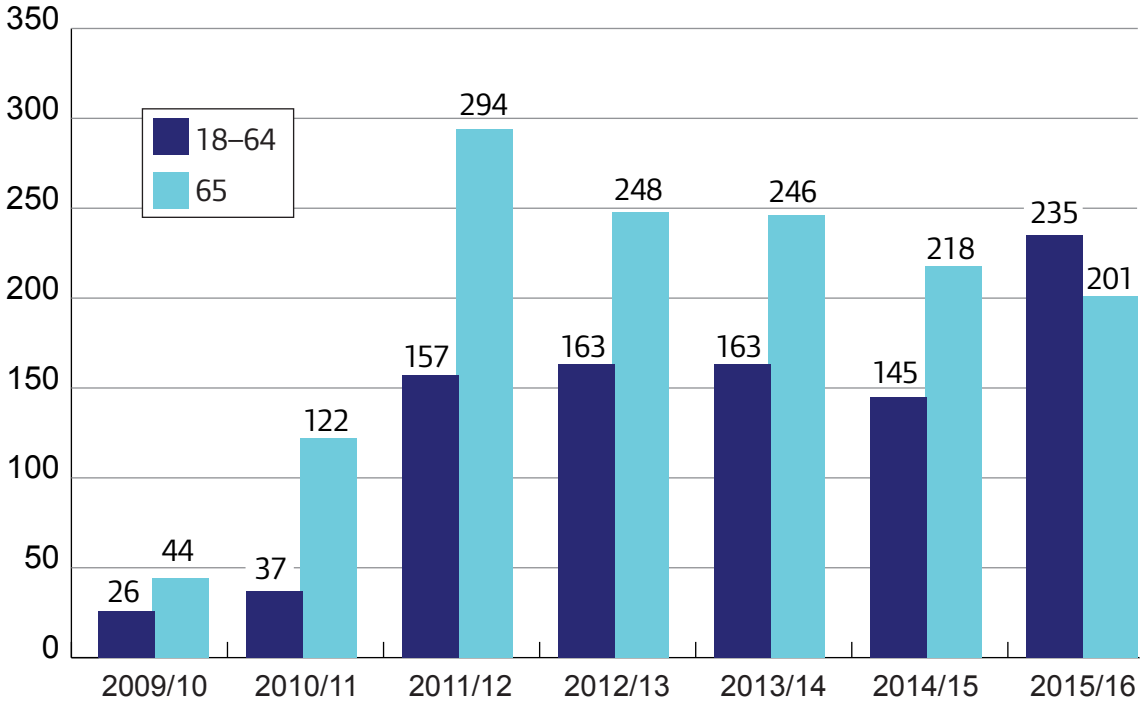
- In 2015–16, there was an equal percentage of enquiries for males and females. This remains consistent with 2014–15.

Enquiries by ethnicity

- In 2015–16, the percentage of enquiries from the black and minority ethnic (BME) community (42%) was slightly lower than the overall borough profile for this community (46%).

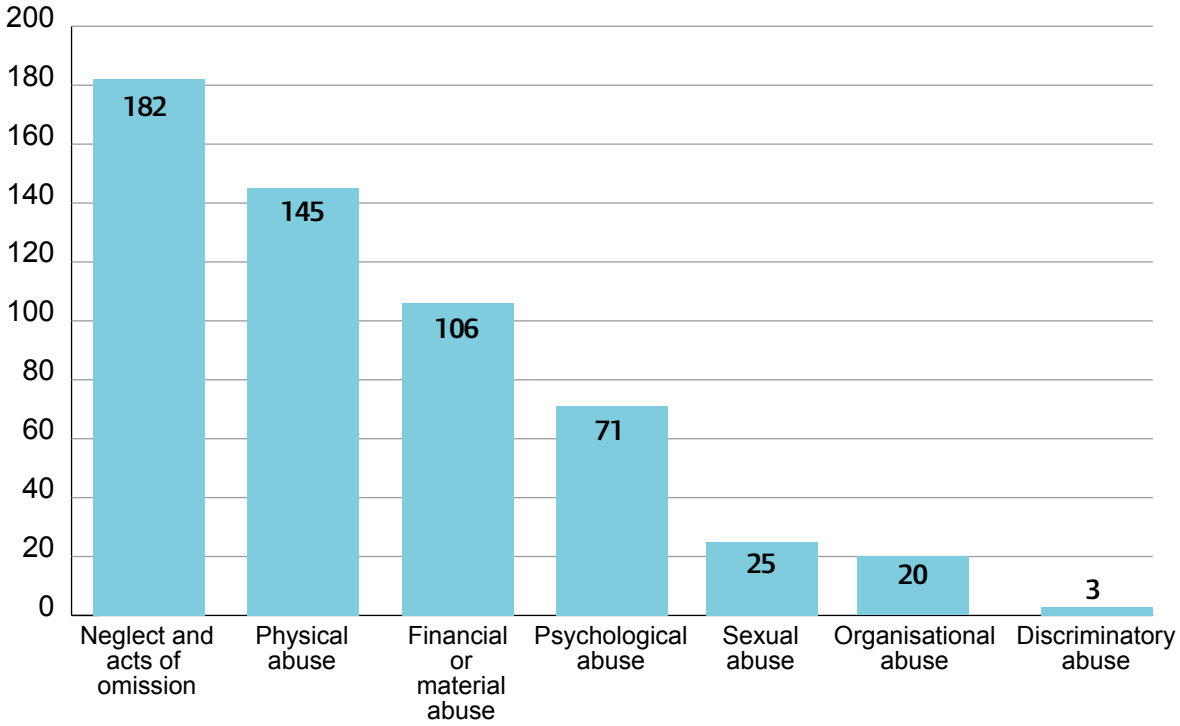
- This has been a consistent pattern since 2009–10.

Enquiries by age



Type of abuse

The most common type of risk reported for completed enquiries in both 2014–15 and 2015–16 is neglect and acts of omission, the majority of which relate to social care providers or support services. Improving the board's oversight of quality of care provision is a key focus for the board in 2016–17 with plans to establish a quality assurance framework that will enable the board to identify areas of concern and prevent quality assurance issues developing into a safeguarding concern.



In 2014-2015 sexual abuse accounted for 5% of allegations across our comparator group. In 2015–2016 Lewisham reported 4.5% for Abuse Type "Sexual Abuse". 20 were in the 18–64 age group, five were in the age groups 65+.

Of the 25 "Sexual Abuse" allegations, five were male, four were allegations against care staff; all of the allegations were unsubstantiated.

Five allegations that were in the 65+ age group were found to have taken place by other vulnerable adults in the same care environment.

Of the 16 female allegations in the 18–64 age group, 11 females were identified as coming from the "Learning Disabilities" service user group, of these 11, six were alleged to have taken place by family members, three by other Social Care Professionals, two by other vulnerable adults.

The outcomes of these 11 case are as follows:

Outcomes	No. of cases
Unsubstantiated	3
Ceased at individuals request	3
Inconclusive	2
Substantiated/Part Substantiated	3

The other five allegations in this group were to females identified as having a “mental health” diagnosis.

Location of risk

Own Home

- In 2015–16 the most common location where the alleged safeguarding incident took place was the individual’s own home – 32% of the total 436 enquiries received.
- In 2014–15, 37% of alleged incidents took place in the individuals own home.

Care Homes

- In 2015–16, 23% of enquiries where the alleged safeguarding incident took place is in Care Homes.
- In 2014–15, 31% of alleged incidents took place in Care Homes.
- These figures indicate that despite the increase in the total amount of referrals this year, there is a decrease in the amount of incidents that occurred in Care Homes.

Hospital Setting

- In 2015–16, 18% of enquiries where an alleged safeguarding incident took place is in a Hospital Setting.
- This is an increase from the 9% of enquiries received 2014–15.

Community Setting

- In 2015–16, 1% of enquiries received came from the community setting.
- This 1% is the same figure reported in 2014–15.

Data provided is from the submitted Lewisham Safeguarding Adults Collection 2015–16. This data is, as yet, ‘unvalidated’ by NHS Digital.

Should any significant difference emerge following validation an addendum to the annual report will be published.

Looking ahead to 2016–17

The Safeguarding data set out above is used to influence the priorities for the safeguarding board over the next year.

In 2016–17 the Board will focus on four priorities:

1. **To continue to promote partnership working**
2. **Prevention of abuse through training, awareness raising and information sharing**
3. **Promote positive practice: Making Safeguarding Personal**
4. **Safeguarding board development**

Priority 1: Promote partnership working

Under this priority we have seven objectives:

1.1 Safeguarding, Domestic Abuse and Domestic Homicide interface: encourage multi-agency learning through Domestic Abuse learning and Domestic Homicide Reviews (DHR).

1.2 Work with Adult Social Care on the development of a Multi-Agency Safeguarding Hub (MASH).

1.3 Promote closer working between the board and Lewisham Safeguarding Children's Board (LSCB), with members that are representative on both boards and where areas of responsibility overlap.

1.4 Liaise with and learn from other Safeguarding Adults Boards (SAB's), including comparison of safeguarding adult collection data.

1.5 Set up a Safeguarding Housing Provider Forum (quarter 1) with the nine major social housing providers in the borough; dealing with all safeguarding issues.

1.6 Work with Strategic Housing to explore reviving the Multi-agency Hoarding Protocol and re-establishing the Hoarding Panel.

1.7 Workforce Development;

- Develop a Workforce Development and Audit Check Plan to ensure that providers (housing, residential care and nursing home providers) are clear about their safeguarding responsibilities relating to recruitment, staff training and competency assessment and how they will be audited.

- Publicise Safeguarding Adults Training available to member organisations and community organisations.

- Promote 'MeLearning' (online) training courses to encourage staff across all agencies to access and complete level 1 and level 2 safeguarding awareness courses.

Priority 2: Prevention of abuse through training, awareness raising and information sharing

Under this priority we have eight objectives:

2.1 Promote and publicise the board's key messages about prevention of abuse to the public through community groups.

2.2 Explore the opportunities of developing an independent website for the board, possibly in partnership with the Children's Board.

2.3 Promote the voice of the user, carers and advocates to improve service feedback and improvement of safeguarding practice.

2.4 Work with Healthwatch Lewisham and Joint Commissioning to agree and plan for Healthwatch to survey adults who are in receipt of domiciliary care (homecare).

2.5 Promote and support the Identification and Referral to Improve Safety trail (IRIS - a general practice-based domestic violence and abuse training support and referral programme) alongside Community Safety, Lewisham Clinical Commissioning Group (LCCG) and Refuge.

2.6 Develop partnership working between the board and community based groups to reflect the voice of the wider community and raise adult safeguarding awareness among adults living in isolation, carers at risk, older adults, adults with learning disabilities, adults at risk of hate crime.

2.7 Engage with some of the many faith groups in Lewisham, in partnership with Voluntary Action Lewisham, by delivering an adult safeguarding awareness training programme to community or faith groups representing the harder to reach communities in the borough.

2.8 Complete the sign-off of the draft Information Sharing Protocol with the Metropolitan Police and Adult Social Care; and, review the need for other information sharing protocols.

Priority 3: Promote positive practice: Making Safeguarding Personal

Under this priority we have eight objectives:

3.1 Building on the foundations built in year one, ensure the principles of Making Safeguarding Personal are embedded across all board partner organisations.

3.2 Develop and promote a comprehensive Safeguarding Adult Review Framework.

3.3 Safeguarding Adults Conference: explore options for a safeguarding conference, to promote the role of the Safeguarding Adults Board; provide best practice workshops for professionals (facilitated by expert speakers); provide stalls for local organisations and groups to promote their business / functions; and provide local networking opportunities.

3.4 Increase awareness of Prevent duty in the Counter-Terrorism and Security Act 2015.

3.5 Explore regular reporting from local NHS acute and mental health trusts and Lewisham Clinical Commissioning Group in relation to the analysis, themes and the number of completed Serious Incident Reviews taking place, which involve safeguarding concerns.

3.6 Explore the options for a local safeguarding protocol covering health provision.

3.7 Promote the Safe and Independent Living Service (SAIL) when it is launched: SAIL provides a quick and simple way to access a wide range of local services to support older people in maintaining their independence, safety and wellbeing.

3.8 Recognising the number of Serious Incidents investigated by health services (not all of which are safeguarding concerns) and identifying which lessons can be learned and applied across a range of settings.

Priority 4: Safeguarding Board development

Under this priority we have seven objectives:

4.1 Review the Strategic Plan 2015 – 18 to bring in line with priorities post Care Act 2014 implementation and best practice guidance.

4.2 Promote the role and work of the board at suitable local events, local groups and voluntary sector providers.

4.3 Review the role and operation of board sub-groups.

4.4 Review the policy and procedure needs for the board, ensuring that board requirements are appropriately separated from other operational needs.

4.5 Agree Safeguarding Adults performance indicators with Adult Social Care in line with London Association of Directors of Adult Social Services (ADASS) guidelines and Making Safeguarding Personal (MSP).

4.6 Review the annual Safeguarding audits, suitably tailoring them to the function of the provider, with the aim of reducing the burden on auditees.

4.7 Board Development Away Day: explore options for a team building development day for the board members once the new LSAB Independent Chair is appointed.

LSAB Business Team contact details

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Tel No: 020 8314 3117
LSAB Website

Safeguarding further reading

Care Act 2014, Chapter 14: Safeguarding Adults
Care and Support Statutory Guidance

Easy Read version
Making Sure the Care Act Works - Easy read version

London Multi-agency Adult Safeguarding Policy and Procedures
Including glossary of Safeguarding Terms
Adult Safeguarding Policies from SCIE
Adult safeguarding: Types and indicators of abuse from SCIE

Community Groups

Community Connections

Lewisham Disability Coalition

Voluntary Action Lewisham
(LSAB board member)

Healthwatch Bromley & Lewisham
(LSAB board member)

Carers Lewisham

Positive Ageing Council

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Healthier Communities Select Committee		
Title	Healthwatch report: Access to health and wellbeing services for people with sensory impairments and learning disabilities	
Contributor	Scrutiny Manager	Item 9
Class	Part 1 (open)	24 November 2016

1. Purpose

The Healthwatch report *See Hear Now: Access to health and wellbeing services for people with sensory impairments and learning disabilities* is attached.

3. Recommendations

The Committee is asked to note the report.

For further information, please contact John Bardens, Scrutiny Manager, on 02083149976.

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See Hear Now

Access to health and wellbeing services for people with sensory impairments and learning disabilities

Access to health and wellbeing services for people with sensory impairments and learning disabilities

healthwatch Lewisham

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Contents

What is Healthwatch Lewisham?

Healthwatch Lewisham is one of 152 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public. The remit of Healthwatch is as an independent health and social care organisation, representing the voice of local people and ensure that health and social care services are designed to meet the needs of patients, social care users and carers.

Healthwatch also supports children, young people and adults in Lewisham to have a stronger voice in order to influence how health and social care services are purchased, provided and reviewed within the borough.

Healthwatch Lewisham's core functions are:

1. Gathering the views and experiences of service users, carers, and the wider community,
2. Making people's views known,
3. Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny,
4. Referring providers of concern to Healthwatch England, or the CQC, to investigate,
5. Providing information about which services are available to access and signposting,
6. Collecting views and experiences and communicating them to Healthwatch England,
7. Work with the Health and Wellbeing board in Lewisham on the Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy (which will influence the commissioning process).

Strategic Drivers

This report is the result of a review carried out by Healthwatch Lewisham to provide an insight into the experience of deaf, blind, partially sighted and learning disabled residents when accessing health and wellbeing services.

Following intelligence from NHS England and Lewisham CCG it was evident that there is a lack of engagement with many 'seldom heard' groups, including people with sensory loss and those with learning difficulties.

The data from national research suggest that this is a wider issue, with the Department of Health in England stating that "disabled people, in general, often face unacceptable difficulties when they try to use NHS services" [1]. It is important to stress that disabled people are not a homogenous group and face different issues in relation to access.

Deaf people

According to research one in seven people in the UK are suffer from a learning impairment, most of whom are hard of hearing with approximately 70,000 of the total number being profoundly deaf. [2] The latter group use the British Sign Language (BSL) as their preferred language. [3]

Greater London Authority reported that deaf people in London experience poorer health than the rest of the population mainly due poor communication, lack of information and difficulties in access to services [4,5].

Learning Disabilities

The 2013 research suggests that there are approximately 1.2 million people who have learning disabilities in England. It also states that people with learning difficulties have a generally shorter life expectancy and poorer health in comparison to the general public. To an extent, this is a result of barriers that people with learning disabilities face when accessing 'timely, appropriate and effective health care' [6].

Visual Impairment

We were able to identify very little research on health inequalities and sight loss, however, the Royal National Institute of Blind People (RNIB) argues that there is a strong link between visual impairment and social and economic inequalities including health [7].

1 *"Doubly Disabled" Report, 1999 (NHS Executive)*

2 *Middleton A, Niruban A, Girling G, Myint PK. Communicating in a healthcare setting with people who have a hearing loss. BMJ 2010; 341: 726-29*

3 *Ladd P. Understanding Deaf culture—in search of Deafh ood. Cleveden: Multilingual Matters, 2003.*

4 *https://www.london.gov.uk/sites/default/files/london_assembly_health_committee_-_access_to_health_services_for_deaf_people_-_june_2015_-_updated.pdf*

5 *http://www.cydraddoldebhawliaudynol.wales.nhs.uk/sitesplus/documents/1120/Sick%20Of%20It%20Report1.pdf*

6 *http://www.options-empowers.org/wp-content/uploads/2013/02/Improving-Health-and-Lives-health-inequalities-and-people-with-learning-disabilities-in-the-UK-annual-report.pdf*

7 *http://www.rnib.org.uk/sites/default/files/Health_Inequalities.pdf*

Summary of Findings

This report provides a qualitative account of the stories and experiences of disabled people in Lewisham including deaf, people with visual impairments and those with learning difficulties. It explores issues of access to health and wellbeing services.

It was found that many disabled people experience inequalities, such as difficulties in booking a GP appointment, not knowing their eligibility to interpreters and difficulty in accessing health and social care information. It is worth noting however, that there are many shared positive comments and examples of good practice across the borough.

The majority of the participants felt that NHS staff would benefit from disability awareness training and said big improvements could be made by making small adjustments and having a sensitive approach. The communities suggested multiple improvements including making eye contact whilst talking to the deaf people, prompting a blind patient when it's their turn to go to surgery and guiding them to the appointment place.

Other comments related to system improvements: It was suggested to introduce a prompt to alert the staff that access files of any additional communication needs a person might require. Another suggestion was to use modern technology to improve access to interpretation services. Within each theme there were examples of good practice and excellent care which could potentially be used for learning and to drive improvement in services.

For participants from the deaf community, issues related to interpretation were the most critical, with eligibility, difficulties in booking interpreters and cancellation of appointments due to a lack of interpreters, being the other main concerns.

One significant issue raised by all participants was insufficient levels of advocacy services. Participants praised the current services provided, however the remit of current provision is limited and more is required to meet the need within the borough.

It is important to note that this research has been conducted before the formal deadline of 31 July 2016, by which all organisations that provide NHS or publicly funded adult social care, must have fully implemented and conform to the Accessible information Standard.

Methodology

The review focused on gathering qualitative data from a sample of population within three disability groups including deaf, blind, partially sighted and learning disabled people.

It was carried out throughout 2016 (and one engagement in the late 2015) in Lewisham. The evidence was gathered by conducting informal discussion in a group setting asking participants to share their experience of access to services. The groups were supported by appropriate translators and group facilitators.

Research participants

In total we spoke to 57 people from the different communities. The communities we engaged with were:

- Lewisham Deaf Community,
- Lewisham Support Group meeting at South East London Vision - SELVis
- Lewisham Speaking Up, a peer support and advocacy for people with learning disabilities

This report will be shared with the Lewisham Health and Wellbeing Board, participating groups, the Voluntary and Community Sector, the Lewisham Clinical Commissioning Group (CCG), the Care Quality Commission (CQC), NHS England, Healthwatch England, Lewisham Healthier Communities Select Committee, Public Health, Lewisham and Greenwich NHS Trust, Lewisham Council, local advocacy providers, and other relevant Healthwatch Lewisham stakeholders.

Themes: Common issues faced by the participants

Disability Awareness training for NHS staff

It has been found that many participants felt NHS staff need disability awareness training and that little adjustments in the way the staff act would mean patient access to, and journey through NHS services, would be much easier. Participants recognised the training would need to be offered on an ongoing basis due to staff turnaround.

Examples of issues raised from discussions:

- Some blind participants told Healthwatch they often don't know when it's their turn to go to a GP appointment as a result of receptionist forgetting to alert them.
- Another blind person told Healthwatch staff members call them when it's their turn for the appointment, however shortly after they walk away expecting the patients to follow.
- A blind male participant wanted to register at a GP practice and asked for help, however the receptionist refused to help him fill out the form.
- A deaf participant told Healthwatch about doctors who look at a computer during an appointment which means he cannot lip read.
- Another deaf participant said he told his doctor he was deaf, but he continued talking to him.
- A community nurse left a deaf patient a leaflet with information how to contact the service but it only had a phone number on it.
- Moorfields eye hospital operate a ticket system to access their pharmacy which creates a barrier for many blind people.
- A participant with a learning disability complained that doctors and nurses don't talk to him directly.

Some participants had very positive experiences of staff due to their awareness of disabilities, their sensitive approach and responsiveness toward the issues of disabled people. A few deaf participants praised The Jenner Practice and Lee Road Surgery for being very compassionate, deaf aware and a 'model of excellence'. Wells Park Practice was also praised for being supportive to patients and Queens Road Surgery was praised for a caring doctor at the practice who 'gives enough time to patients' and 'listens' to their concerns.

Lewisham Hospital's Dermatology and podiatry department is highly regarded for being helpful without being patronising and supportive towards visually impaired people.

The majority of participants with learning disabilities were happy with NHS staff. The details of the findings are outlined in a separate theme below.

Many participants felt that communicating information in a clear way and ensuring understanding are important aspects of disability awareness, especially in relation to deaf patients. Deaf focus group participants told Healthwatch medical test results were not always clear to deaf participants even with the help of an interpreter. Our findings echo a national study that suggests that 'one-third of deaf people left GP consultations uncertain about their condition and a third were unclear about how to take medication or had actually taken the wrong dosage.' [8] It seems that the role of those who communicate the message

to a deaf person is not only to translate the medical vocabulary directly but also to explain what it means in a plain language and ensure that the patient clearly understands the message.

Staff communication and a caring approach

Staff communication, attitude and a caring approach are very important for participants with learning disabilities. The research however points out that people have various experiences with some participants praising staff for being nice and friendly and for explaining the procedures and examinations. Alternatively other people felt they weren't treated with dignity and respect.

Positive experiences from people with a learning disability and their carers.

- 'They provide more information to the patient'.
- 'Doctor talks to me and asks how I am.'
- 'Happy, because Doctor is friendly,'
- 'Good service in A&E. The staff introduce themselves to you and tell you what they will be doing.'
- 'It was alright; the information the GP gave me helped me relax.'
- 'My GP is a good listener.'
- 'Nurses are good at telling you about appointments.'

Negative experiences from people with a learning disability and their carers.

- 'They don't stick to what they say.'
- 'Sometimes the nurses are not cooperative or flexible.'
- 'Sometimes the nurses and doctors don't talk to you (the patient).'
- 'Sometimes the nurses are not sensitive.'
- 'They give you a time (for an appointment), then you have to wait longer, and they don't apologise.'

Booking system recognising patients' disability

Research participants felt frustrated when booking an appointment and when talking to receptionists. They wished the system acknowledged their disability and alerted the receptionists to their communication needs, including interpretation service's requirements. This would help to avoid many unnecessary frustrations and support patients to have easier access to services. Our findings align with the Accessible Information Standard recommendations that suggest that 'reasonable adjustments' can be made in areas of technology, systems and people's behaviour, in order to remove access barriers for those who have different communication needs. [9]

8 *Deafness might damage your health, The Lancet, 2012*

9 *https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-spec-fin.pdf*

Examples put forward by some of the participants:

- Some of the blind participants complained about not being recognised as blind despite using a white cane and being requested to do things that they cannot do such as self-register at a computer.
- Receptionists do not always remember to alert people who are blind and people need to enquire when their turn is.
- Deaf participants often need to book an interpreter when they book a GP appointment, however they are not always sure this has been arranged.

Accessibility Issues

Both deaf and blind participants expressed difficulties in accessing health and social care information in a suitable format. This reflects the national research that states deaf people have bad experiences of health and social care as a result of communication barriers.[10]

Deaf participants felt it is increasingly hard to find an email address to contact appropriate services, and partially sighted participants said services don't provide information in large print.

The issue of information accessibility extends to other areas including: test results such as HIV, medicine leaflets and even national news such as last year's global news about Zika virus. The lack of access to general information and difficulties in communication increase health inequalities for deaf people.

The research highlighted the fact that people with sensory disabilities and learning disabilities have different communication issues and often are from different countries. It was pointed out that not everyone understands BSL and speak or understands English which makes communication difficult.

Examples of what deaf people told us:

- An elderly deaf man with multiple health issues told Healthwatch a nurse who visits him at home left him a leaflet with contact details to the service in case he needed anything. The leaflet had only a phone number on it and there was no alternative contact details. He commented 'the nurses sometimes come and sometimes don't. How can I contact them if I need anything'?
- A deaf man expressed his concern that 'Deaf people say: 'I understand', but they don't always. They do understand, half understand, don't understand. You think you know, you half know, you don't know. It's vague. There is a danger of misdiagnosis.'
- Another participant said 'HIV results are not always clear. People don't understand.'

10 http://www.ruh.nhs.uk/documents/The_Lancet-Deafness_Might_Damage_Your_Health.pdf

Interpreters booking and eligibility

The research uncovered that deaf people in Lewisham face difficulties with interpreting services. There was a lack of clarity around whether accessing an interpreter was a patient's responsibility or if it should be arranged by a provider. We also found that when deaf people visit various services they simply don't know how to book interpreters. Our findings reflected a UK study stating that BSL/English interpreters were present at only 17% of GP appointments. [11]

Examples of what deaf people said:

- A male deaf person told Healthwatch 'I go to the optician every two years without an interpreter. They say it's [providing an interpreter] nothing to do with me. I once went with an interpreter and realised that there was so much information that I have missed on the previous visits. As a result my eyes got worse. '
- A male participant told Healthwatch he doesn't know how to book interpreters at various NHS services: 'It doesn't say anywhere. We don't know.'

Waiting times for an interpreter

It was found that deaf participants are frustrated with waiting times when they book an interpreter as well as the amount of time it takes for interpreters to turn up at booked appointments. It has been reported that some participants experience long waiting times (approximately an hour) for an interpreter to turn up despite the appointment having been booked for a particular time in advance.

Examples of what deaf people said:

- 'When we're unwell we want to go and see a doctor just like anyone else. We need to wait so much longer.'
- '...What are we waiting for? This has been arranged in advance. It's very frustrating. It happens time and time again.'
- 'We go to the opticians and dentist. We wait for one month but there are no interpreters.'
- 'We are in the 21st century and the technology has advanced. Why it is still so difficult for deaf people to access services?'

11 *Reeves D, Kokoruwe B, Dobbins J, Newton V. Access to primary care and accident and emergency services for deaf people in the North West. 2004.*

Risk of using family members as interpreters

Deaf people were concerned about using family members as interpreters and cited the potential risks associated with it such as confidentiality and translation accuracy. Some participants gave examples of instances where family members didn't correctly translate issues which resulted in treatment delay and risks to patients.

Discharge

The research found that blind and/or partially sighted people need some adjustment made in relation to discharge from hospital and access to aftercare. Participants who gave positive feedback praised their consultants for being supportive and making extra arrangements during their hospital stay which meant their treatment went smoothly. This also raised an issue for the need of advocacy if their care was not adequately arranged.

Case study:

A partially blind participant was admitted to hospital for a surgery on her eye. She was asked to go back home and come back the next day to the hospital as an outpatient. Being fully blind after the operation meant she was unable to travel home and come back to hospital the next day. As a former NHS staff she was assertive enough to insist she stayed in hospital longer to access the aftercare she needed. As a result, she was able to undergo the procedure and experience good results and care.

Advocacy

Participants of all three focus groups reiterated the importance of advocacy services and support groups and pointed out that the current services such as 'Contact Point' for deaf people, run by the Lewisham Council and Mental Health advocacy at SLAM, are useful however they provide a limited service. Current services are limited and participants feel there is a need for advocates who could help them navigate the system and support them when things don't go to plan.

The research identified that both family and paid carers play an important role providing advocacy support for people with learning disabilities and that they 'deal with the worries or concerns of people' in relation to their health and wellbeing. They also act as emotional support and coordinate the care to solve any issues that may arise.

Text alerts

Participants in all three groups valued text alerts about NHS appointments, however not all participants had access to this service. Those who did could translate the text into an accessible format. Participants commented that it was an excellent use of technology that helped to remind them about the upcoming appointments.

Fear of an emergency

Many deaf participants, especially those living independently, feared finding themselves in an emergency situation or needing to see a medical professional urgently. The research uncovered that almost half of the participants were not aware of what to do in case of an urgent need or an emergency. Some were not sure if they could access an interpreter in case they needed to book an urgent appointment. Equally, only half of the focus group participants were aware of the 111 and/or 999 service for deaf people. Participants shared their mixed experience of the 'on screen' translation service available at A&E departments at Lewisham, Kings and other local hospitals. Some deaf participants worried about a scenario where they need to be admitted into the A&E department but were unable to communicate with staff. A national study confirmed our findings, recording that only 7% of A&E consultations were conducted using English/BSL interpreters. [12]

Service location

Services being local was an important issue for participants with learning difficulties. This enabled a greater independence and increased accessibility. Home visits were also a valued service.

Participant with learning disabilities said:
'It's near, so I get to go on my own.'

Discrimination due to disability

Many carers of participants with learning difficulties worried that services discriminate against patients with learning disabilities. This was reflected in a comment by a participant who said: 'Sometimes the nurses in the hospital neglect the patient.'

However it is important to note that the majority of the comments from participants with learning disabilities were positive, praising NHS services and staff. A good example of caring staff and good quality care was when a participant was 'scared and anxious' during an MRI scan. The staff arranged it to be done at another date, helping the patient with the anxiety issue. Another participant shared a story of her phlebotomy test and confessed she is scared of needles. She confirmed that the staff were understanding and talked her through the procedure to help her overcome her fear.

12 *Reeves D, Kokoruwe B, Dobbins J, Newton V. Access to primary care and accident and emergency services for deaf people in the North West. Manchester: National Health Service Executive North West Research and Development Directorate, 2004.*

Conclusion and Recommendations

As a result of our findings from our engagement with disabled people in Lewisham, Healthwatch sets out the following recommendations to help improve access to services for disabled people.

Providers and Commissioners

- Ensure disability awareness training for 'front-line' staff and implement simple measures to ensure that communication needs are met.
- Widen the availability of available technology such as video interpreting and text alerts.
- Clarify BSL interpretation eligibility and ensure patients have access to relevant information on how to book BSL interpreters.
- Increase availability of interpreters for deaf people.
- Install visual displays and voice alerts in reception areas to enable the deaf and people with visual impairments, to know when it is their turn for an appointment. Alternatively, train relevant staff to alert disabled patients of their appointment in an appropriate way.
- Enable 'reasonable adjustments' to ensure equality of access for disabled people.
- Ensure that all written communication directed to patients is written in accessible formats. Provide all possible contact details to ensure both deaf and blind people can contact your service. Ensure contact information (including emails) is easily found.
- Ensure the sustainability of the current advocacy services and increase the service provision to meet the demand and need.
- GPs and Consultants to make appropriate adjustments to treatment processes and procedures, including discharge, to ensure disabled people have an equitable experience of services.
- Ensure there is a system in place that alerts health and social care staff of the patients' disability and their additional needs.
- Engage with disabled people in the development of the service to allow for the coproduction of an efficient and effective health service.

Accessible Information standard

Healthwatch Lewisham hopes that the information and recommendations in this report will help providers and commissioners in their implementation of the Accessible Information Standards locally.

Definition:
'Accessible Information Standard' – directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

The Standard applies to service providers across the NHS and adult social care system, and effective implementation will require such organisations to make changes to policy, procedure, human behaviour and, where applicable, electronic systems.'

NHS England,
Accessible Information: Specification, 2015

First published September 2016

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See Hear Now

Access to health and wellbeing services for people with sensory impairments and learning disabilities

healthwatch Lewisham

Healthier Communities Select Committee		
Title	Healthwatch report: Pharmacy Services in Lewisham	
Contributor	Scrutiny Manager	Item 10
Class	Part 1 (open)	24 November 2016

1. Purpose

The Healthwatch report, *Pharmacy Services in Lewisham*, is attached.

3. Recommendations

The Committee is asked to note the report.

For further information, please contact John Bardens, Scrutiny Manager, on 02083149976.

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Pharmacy Services in Lewisham

Pharmacy Services in Lewisham - September 2016

healthwatch Lewisham

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Contents

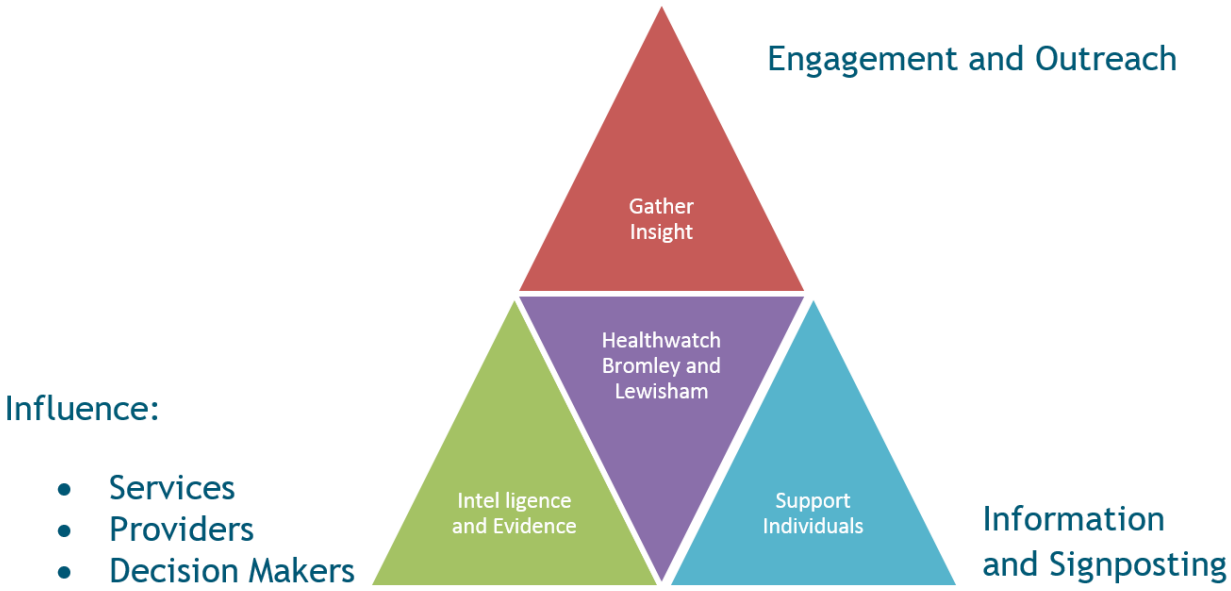
What is Healthwatch Lewisham?

Healthwatch Lewisham is one of 152 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public. The remit of Healthwatch is as an independent health and social care organisation, representing the voice of local people and ensure that health and social care services are designed to meet the needs of patients, social care users and carers.

Healthwatch also supports children, young people and adults in Lewisham to have a stronger voice in order to influence how health and social care services are purchased, provided and reviewed within the borough.

Healthwatch Lewisham's core functions are:

1. Gathering the views and experiences of service users, carers, and the wider community,
2. Making people's views known,
3. Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny,
4. Referring providers of concern to Healthwatch England, or the CQC, to investigate,
5. Providing information about which services are available to access and signposting,
6. Collecting views and experiences and communicating them to Healthwatch England,
7. Work with the Health and Wellbeing board in Lewisham on the Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy (which will influence the commissioning process).



Strategic Drivers

Healthwatch Lewisham's role is ensure the voices and views of the local community are expressed and to ensure their opinions are taken into account when services are commissioned. This piece of research was undertaken to gain an understanding of how patients and service users experience pharmacy services within the borough. Pharmacies play an important role in self care and for most people visiting their pharmacy is a frequently used element of the health care system and it is therefore essential that local pharmacies offer an efficient and accessible service for all.

This report was composed to give insight into the patient experience and use of local pharmacies in the London Borough of Lewisham. The research focused on the following areas:

- Dispensing – how advice is provided to patients regarding their prescriptions
- Promotion of public health and healthy lifestyles – exploring advice around healthy lifestyle choices, such as smoking cessation
- Signposting to other services – monitoring signposting advice to other care providers and support systems within the borough
- Patient feedback – monitoring the provision of practice leaflets, patient satisfaction surveys and feedback opportunities for service users

Following Healthwatch Lewisham's Self Care Matters event and Access to services project, it was evident that GP surgeries were facing high demand for services. Further routine engagement suggested that pharmacy services are often not considered by service users as a useful alternative to GP services. It was felt that in light of this, pharmacies are often underutilised by patients.

Through the research carried out by Healthwatch to explore the issues of access it was found that that there is a lack of knowledge amongst some communities about pharmacy services which in some instances created a lack of trust.

Through this research Healthwatch Lewisham hopes to gain understanding and appreciation of people's attitudes toward pharmacies and hopes that it will support pharmacies to raise awareness around the services they deliver.

This report will be shared with the Lewisham Health and Wellbeing Board, all participating Pharmacies, Local Pharmaceutical Committee (LPC) in Lewisham, the Voluntary and Community Sector, the Lewisham Clinical Commissioning Group (CCG), Lewisham Healthier Communities Select Committee, Lewisham Council, the Care Quality Commission (CQC), NHS England, Healthwatch England and other relevant Healthwatch Lewisham stakeholders. This report will also be available on www.healthwatchlewisham.co.uk

Methodology

This report documents the findings of the research, which took place from February and June 2016. The data was collected by visiting 10 sample pharmacies distributed across four different localities in Lewisham to ensure an even geographical coverage. The pharmacies were visited during core business hours (10am - 6pm) with each visit lasting approximately 2 hours. In addition an online survey was available to encourage wider participation.

In total there were 128 responses gathered.

The aim of the research was to identify which areas of the service provision are successful and highlight services that are not fully used.

The survey was comprised of 23 questions and included 5 questions designed to capture the demographics of the participants. The online survey had two additional questions to ensure that the respondents live or work in Lewisham and a question about the name of the services they were referring to.

Summary of Findings

The demographic data of the population sample closely reflects Lewisham demographic diversity which suggests the data collected is a good representation of the residents' views and opinions. Overall the findings suggest that people who use pharmacies in the borough receive high quality service with the overall satisfaction ranging from good to excellent rated by 94% of the respondents surveyed.

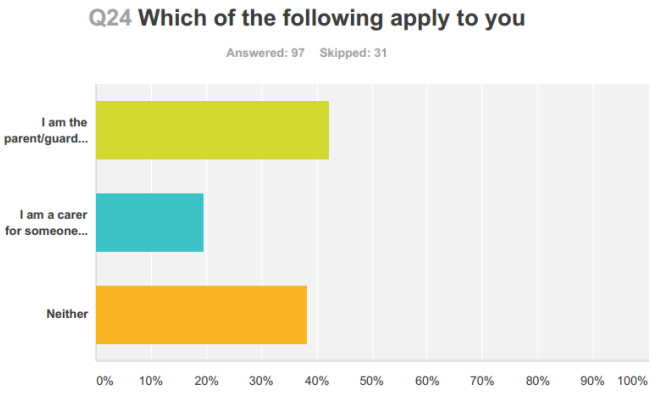
Prescription advice, relatively short waiting times for dispensing and efficient service were amongst the highest scored.

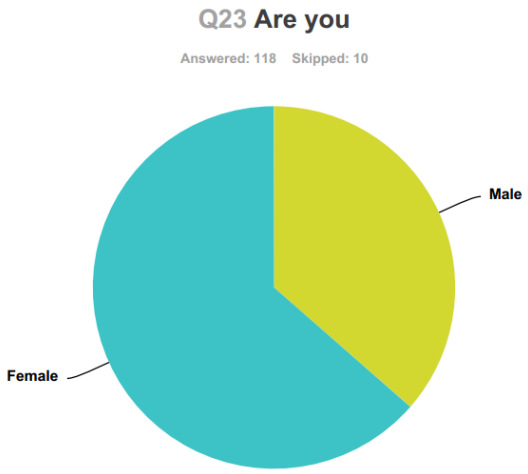
A relatively small number of patients used their pharmacy as their preferred choice for seeking medical advice and most indicated GPs as their preferred option. However many people (67%) have sought advice on a current or a long term condition issue at the pharmacy.

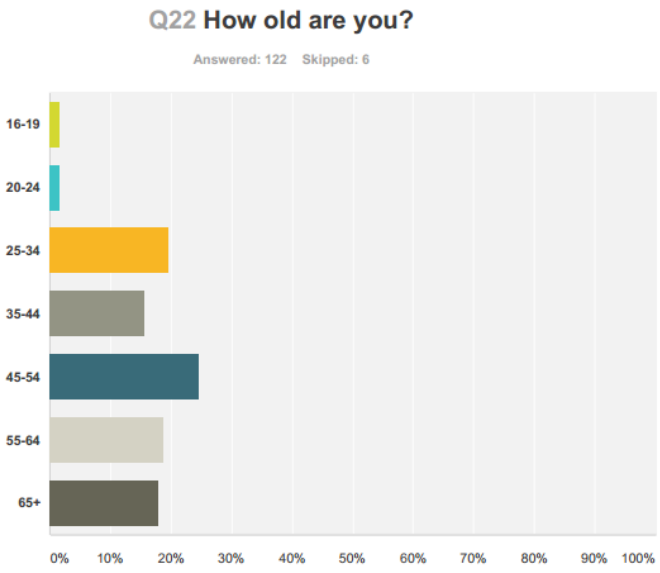
A relatively small amount (25%) of people use additional services provided by the pharmacy with the highest number accessing smoking secession advice and a lower proportion using their pharmacy to obtain nutritional and physical exercise advice.

Demographics

Of the total number of people surveyed 63% were female and 36% were male. In total 62% of the respondents had caring responsibilities with 42% caring for children under 16 years of age and 20% caring for someone with longstanding illness or disability.

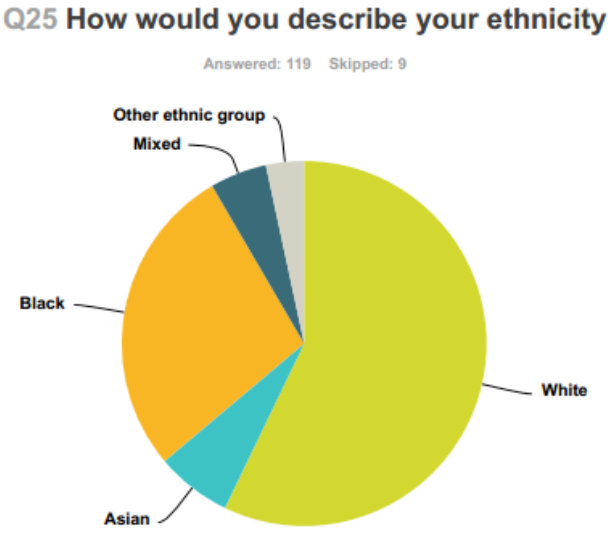






There was a fairly consistent spread across the 25 – 65+ age groups with 16- 24 year olds being the most under-represented equating to only 4%. The most represented group were 45 -54 year olds totaling 25%.

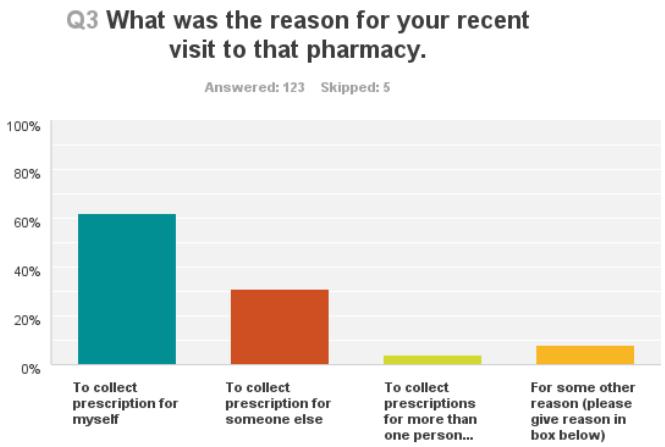
The ethnicity of the surveyed residents closely matched the Lewisham's population as reported in Lewisham JSNA 2016 in which 57% of the population identyfied as white, 26% as black and 7% asian[1]. This suggests the survey was carried across a sample of Lewisham residents which reflects the borough's diversity.



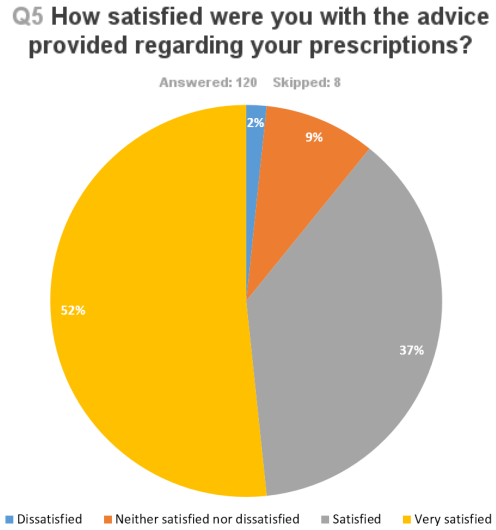
Ethnicity	Lewisham JSNA %	Pharmacy survey %
white	57	57
Black	26	27.7
Asian	7	6.7
Other	3	3.3

1 *http://www.lewishamjsna.org.uk/a-profile-of-lewisham/social-and-environmental-context/ethnicity*

Overview

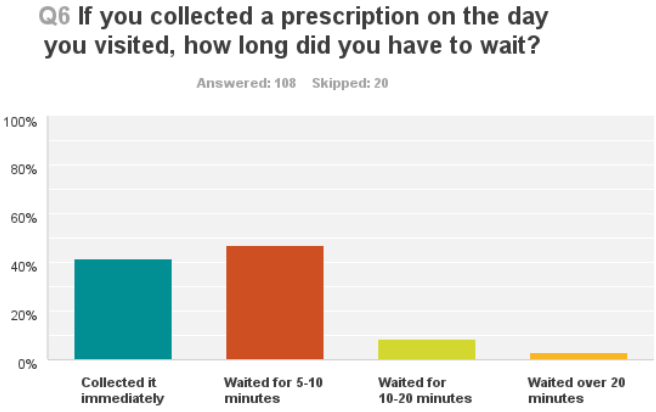


Of those surveyed 61% were collecting the prescription for themselves, 30.89% were collecting for someone else and 10% for another reason. This suggests that the majority of respondents use pharmacy for a dispensing function with only eight percent visiting for other reasons. It is worth noting the relatively large proportion of people collecting prescription for other people which suggest that a third of people using pharmacy services are carers and/or parents.



In total 89% of respondents were satisfied (51.66) or very satisfied (37.50%) with the advice provided during their visit. This suggests a overall high satisfaction levels of the health care advice provided by the pharmacy professionals.

Waiting times



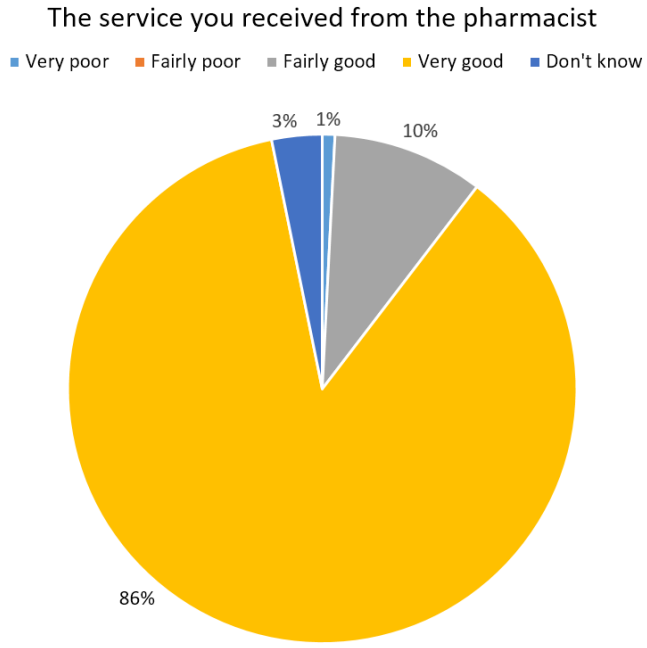
The majority of respondents (88.89%) were able to collect their prescription within 10 minutes out of which 41% were able to collect immediately (up to five minutes). 8% reported waiting 10 -20 minutes and nearly 3% over that time.

In line with short waiting times 89.57% of the respondents were satisfied with the time it took to receive their prescription of which 42.61% were very satisfied.

Pharmacy Team

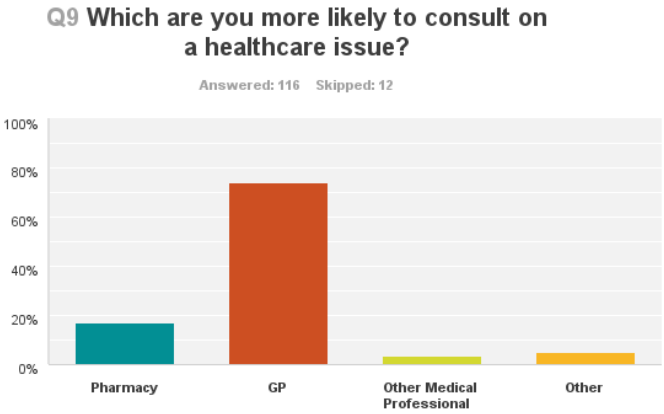
The questionnaire explored patients' satisfaction rates with the pharmacy team. Lewisham residents were asked to rate the team on following issues:

- Their politeness and listening skills
- Answering any queries or concerns
- The service from the pharmacist
- The service received from the pharmacy team
- The staff overall



Encouragingly over 80% of the respondents rated the pharmacy staff as being 'very good' across all the above indicators. 86% scored the service received from the pharmacists as very good and nearly 87% praised the pharmacy for providing an efficient service.

Consultancy services



The result shows that in Lewisham people are most likely to consult with their GP on a healthcare issue with 74% of the respondents indicating this choice. 17% of residents chose pharmacy as their preferred option and 9% chose other medical professionals or other.

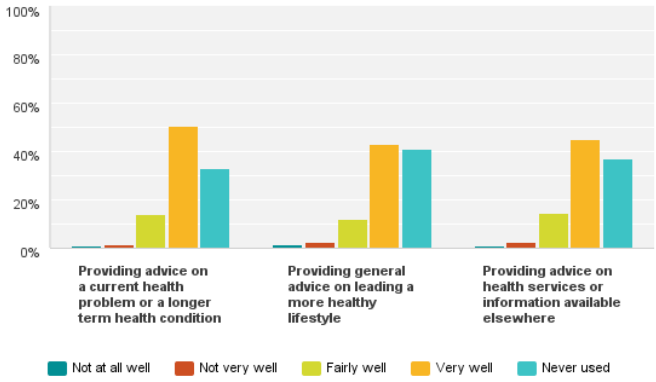
Advice and Signposting

The questions in this section of the questionnaire focused on pharmacies role around:

- Providing advice on a current health problem or a longer-term health condition
- Healthy living advice
- Providing advice on other health services or signposting people elsewhere.

Q10 Thinking about all the times you have used this pharmacy, how well do you think it provides each of the following services?

Answered: 122 Skipped: 6



At a glance ***providing advice on a current health problem or a longer term health condition*** seems to be the most utilised and valued signposting services provided by local pharmacies with nearly 67% respondents using the service in the past. Out of those 64.4% scored the advice as well (fairly well and very well) provided with the majority giving it the highest rating.

Providing ***general advice on leading a healthier lifestyle and information on other health services*** were scored similarly with overall satisfaction rate of 54.62% (how to lead a healthier lifestyle) and 59.49% (other health services).

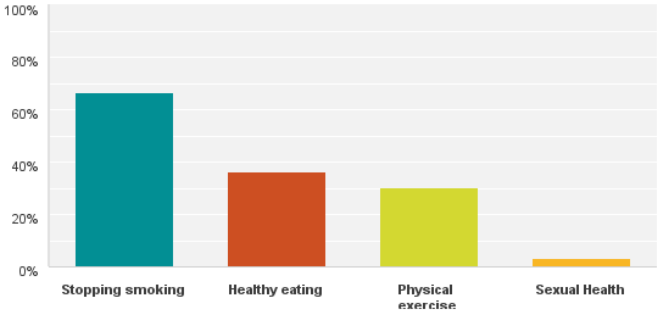
It is encouraging that over 58% of respondents utilised signposting services within the pharmacy setting, however continuous work is needed to encourage even a greater proportion of the public to utilise those services.

Categories of advice

This question was used to explore what specific healthier lifestyle services are provided by pharmacies and which are most used by the public. Respondents were allowed to provide multiple answers.

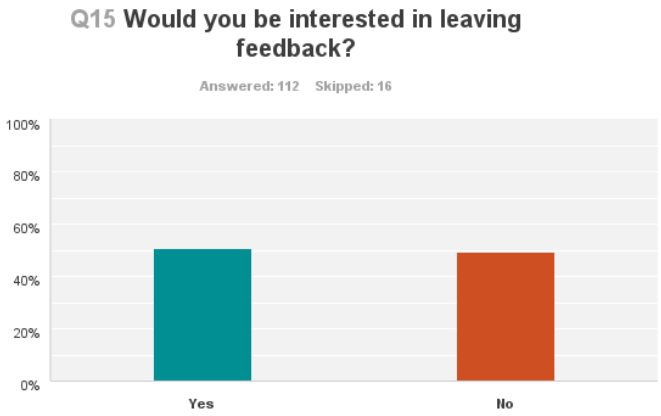
Q11 Have you ever been given advice about any of the following by the pharmacist or pharmacy staff?

Answered: 33 Skipped: 95



Out of 128 respondents, 33 used the healthier lifestyle advice services provided by the pharmacies which equates to 25.78%. The most used service was the stop smoking with 66.67% uptake followed by healthy eating advice used by 36.36%, matched closely by physical exercise advice with 30.30% of respondents who answered this question using the service. Only 3% of respondents used sexual health services through pharmacies.

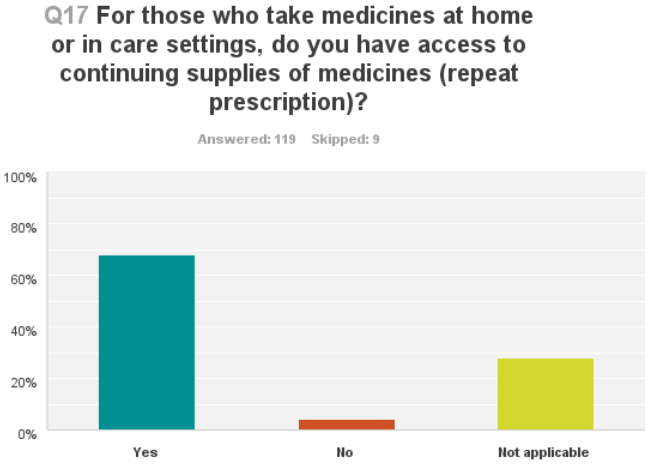
Feedback



When asked about leaving feedback 45% of respondents indicated that they do not know how to leave feedback regarding the service they receive. Of those who were aware of ways in which they could leave feedback, a comment box was the most recognised format followed closely by questionnaires, personal inquiries and email. 44% of the respondents confirmed their pharmacy conducts patients' satisfaction surveys and 31% clearly stated 'no'. Interestingly over 50% of respondents confirmed they would be interested in leaving feedback which presents a good opportunity for pharmacies to gather feedback to drive an improvement in the future.

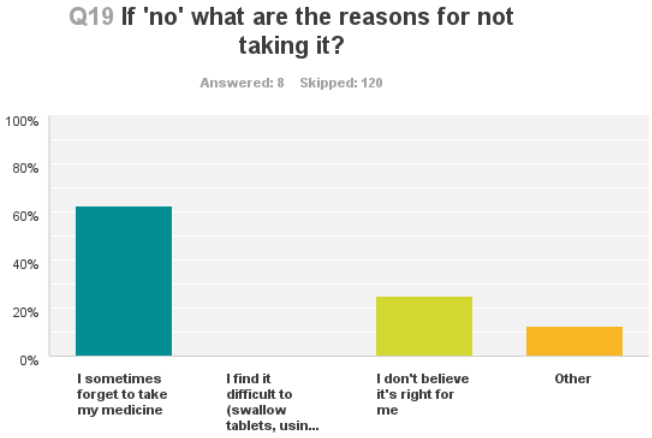
Medicine Management

This set of questions was asked to gain understanding about medicine use and disposal.

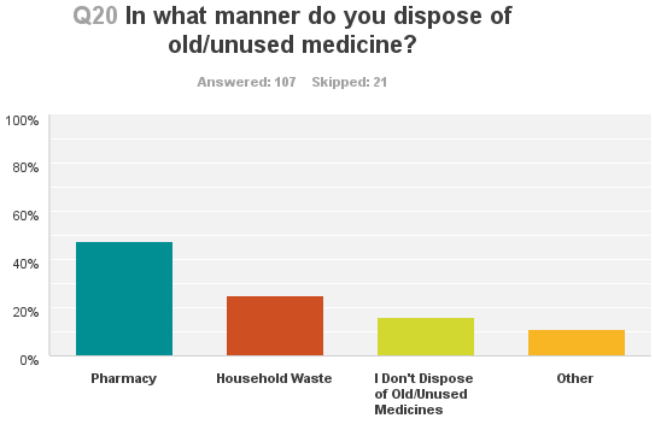


The majority of the respondents (68%) accessed repeat prescriptions of medicine with only 4% not utilising the services.

An overwhelming majority of respondents confirmed they always take their prescribed medicine. With only 8% saying they didn't.



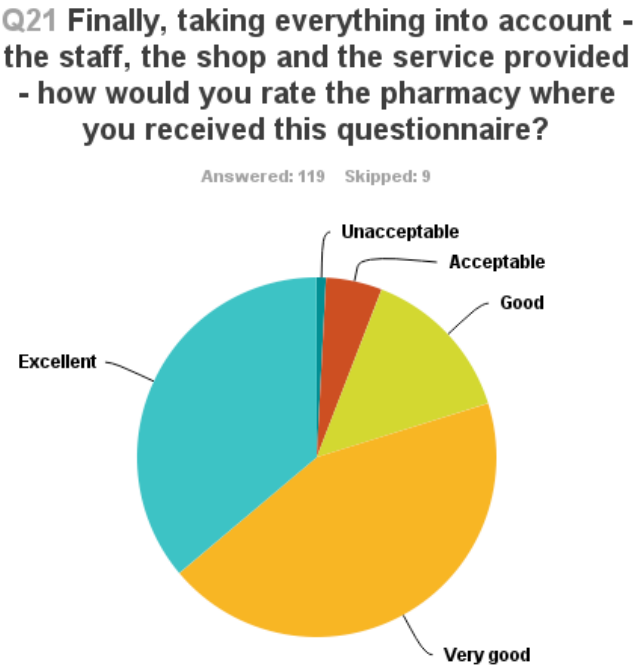
Of those who said they don't always take their prescribed medicine 62.50% stated forgetting to take their medicine as the main cause followed by 25% who said they didn't believe the prescribed medicine was right for them.
47.66% of the respondents dispose their unused



medicine safely in their pharmacy. Just over 25% use household waste, 11% did not specify the methods which suggests a lot of people do not dispose of their medicine safely. This shows an area where more work could be done to address this issue.

Worryingly just under 16% of respondents said they don't dispose of old or unused medicine. This could potentially increase a risk of accumulating out of date medicine.

Overall rating



Respondents were asked to rate their pharmacy overall, taking into account the staff, the shop and service provided. Overall responses suggest high satisfaction levels with pharmacy services provision within the borough of Lewisham. 94.14% were happy with the overall service provided with 36% rating it as Excellent and 43% as Very Good.

Conclusions and Recommendations

The responses were captured across a sample of residents closely reflecting Lewisham's demographic. Almost a third of the respondents were collecting prescription for someone else which suggest a large number of carers including parents and people caring for someone frail, with a long standing illness or disability.

The above findings suggest pharmacies provide a high level of service to Lewisham residents. The most highly scored indicators were overall service, staff and short dispensing times.

The research suggest that GPs are a preferred choice for patients to consult on a healthcare issue with only 17% choosing pharmacies as their preferred option. The response to this question could be determined by the complexity of the health problems. Reassuringly 67% of respondents stated they obtained advice on a current health problem or a long term condition from a pharmacy which suggests that patients use pharmacy services alongside the pastoral care of their GPs.
The healthier lifestyle advice and promotion of public health services were used by 25.78% of respondents with 'stop smoking' being the most popular service.

An overwhelming majority of nearly 92% respondents confirmed they always take their prescribed medicine with only 8% who responded that didn't. Worryingly just under 16% of respondents said they don't dispose of old or unused medicine. This could potentially increase a risk of accumulating out of date medicine. The data collected also highlighted the issue of safe medicine disposal with 25% of people using household waste.

Recommendations

As a result of the findings in this report, Healthwatch Lewisham sets out the following recommendations to improve access to services:

- A higher profile given to the role of pharmacies in treating health problems and managing long term conditions.
- Further promotion of the additional wellbeing services offered by pharmacies
- Increase display spaces for signposting services.
- Increase awareness and understanding of safe medicine disposal.

Acknowledgements

Healthwatch Lewisham would like to thank the pharmacies of the London Borough of Lewisham for their cooperation and assistance during these visits and to the Local Pharmaceutical Committee for promoting the research.

Healthwatch Lewisham would also like to express gratitude to Blessing Chikaodi Amaechi, Healthwatch Lewisham volunteer, for the work she put in helping us engage with the pharmacies and residents in the borough.

Appendix 1
Pharmacy Patient Questionnaire

1. Why did you visit this pharmacy today?

To collect a prescription for myself: ☐
To collect a prescription for someone else: ☐
To collect prescriptions for more than one person (including myself): ☐
For some other reason (please give reason in box below): ☐

2. Do you pay for your prescription?

Yes ☐
No ☐
Unsure ☐

3. How satisfied were you with the advice provided regarding your prescriptions?

Very dissatisfied ☐
Dissatisfied ☐
Neither satisfied nor dissatisfied ☐
Satisfied ☐
Very Satisfied ☐

4. If you collected a prescription today, how long did you have to wait?

Collected it immediately ☐
Waited for 5-10 minutes ☐
Waited for 10-20 minutes ☐
Waited over 20 minutes ☐

5. How satisfied were you with the time it took to provide your prescription and/or any other services you required?

Very Dissatisfied ☐
Dissatisfied ☐
Neither Satisfied nor Dissatisfied ☐
Satisfied ☐
Very Satisfied ☐

6. Including any previous visits to this pharmacy, how would you rate the pharmacist and the other staff who work there? Please tick one box for each aspect of the service listed below, to show how good or poor you think it is:

	Very poor	Fairly poor	Fairly good	Very good	Don't know
Being polite and taking the time to listen to what you want					
Answering any queries you may have					
The service you received from the pharmacist					
The service you received from the other pharmacy staff					
Providing an efficient service					
The staff overall					
Do you feel confident in the medical advice given by the pharmacist?					

7. Which are you more likely to consult on a healthcare issue?

Pharmacy ☐
GP ☐
Other Medical Professional ☐
Other ☐

8. Thinking about all the times you have used this pharmacy, how well do you think it provides each of the following services?

	Not at all well	Not very well	Fairly well	Very well	Never used
Providing advice on a current health problem or a longer term health condition					
Providing general advice on leading a more healthy lifestyle					
Providing advice on health services or information available elsewhere					

9. Have you ever been given advice about any of the following by the pharmacist or pharmacy staff?

Stopping smoking: ☐
Healthy eating: ☐
Physical exercise: ☐
Sexual Health: ☐
What services/advice would you like to access at your local pharmacy?

10. Which of the following best describes how you use this pharmacy?

This is my preferred pharmacy, the one I choose to visit if possible: ☐
This is one of several pharmacies that I use: ☐
This pharmacy is convenient but not my preferred pharmacy: ☐

11. In what ways is it possible to leave feedback of your experience at this pharmacy?

Comment box: ☐
Questionnaire: ☐
Personal inquiry: ☐
Email: ☐
Postal letter: ☐
Phone enquiry: ☐
Not sure ☐

12. Does your Local pharmacy conduct patient satisfaction surveys?

Yes: ☐
No: ☐

13. Would you be interested in leaving feedback?

Yes: ☐
No: ☐

14. Does your local pharmacy provide a practice leaflet?

Yes: ☐
No: ☐

15. For those who take medicines at home or in care settings, do you have access to continuing supplies of medicines (repeat prescription)?

Yes: ☐
No: ☐
Not applicable: ☐

If yes how many items are on your repeat prescription?
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10+ ☐

16. Do you always take all your prescribed medicine?

Yes ☐
No ☐

17. If "No" what are the reasons for not taking it?

I sometimes forget to take my medicine ☐
I find it difficult to (swallow tablets, using inhalers) ☐
I don't believe it's right for me ☐
Other ☐
If other please describe

18. In what manner do you dispose of old/unused medicine?

Pharmacy: ☐
Household Waste: ☐
I Don't Dispose Of Old/Unused Medicines: ☐
Other: ☐

19. Finally, taking everything into account - the staff, the shop and the service provided - how would you rate the pharmacy where you received this questionnaire?

Unacceptable ☐
Acceptable ☐
Good ☐
Very Good ☐
Excellent ☐

20. How old are you?

16-19 ☐
20-24 ☐
25-34 ☐
35-44 ☐
45-54 ☐
55-64 ☐
65+ ☐

21. Are you...

Male: ☐
Female: ☐

22. Which of the following apply to you:

I am the parent/guardian of a child/children under 16 years of age: ☐
I am a carer for someone with a longstanding illness or disability: ☐
Neither: ☐

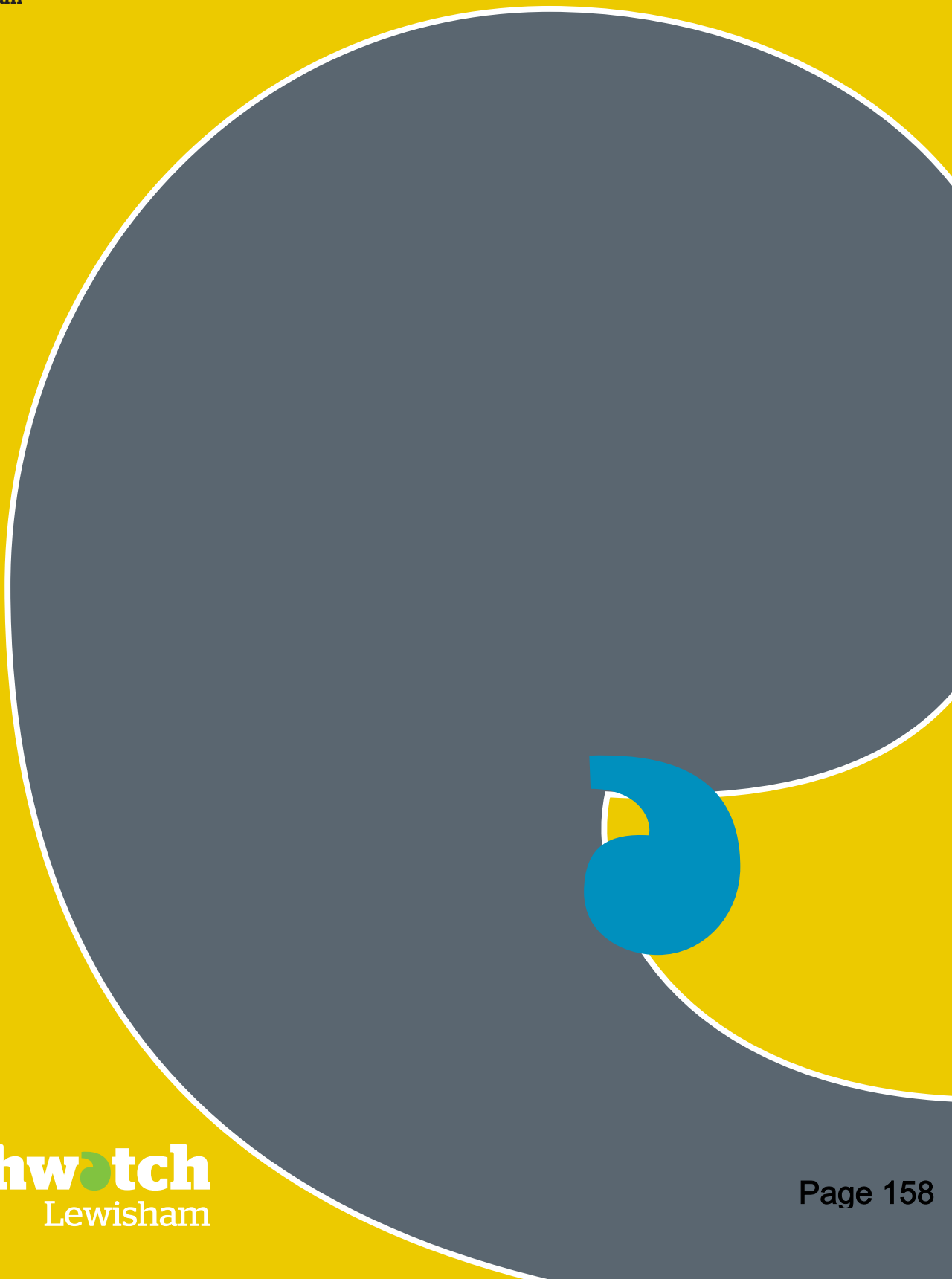
23. How would you describe your ethnicity?

White ☐
Chinese ☐
Asian ☐
Mixed ☐
Black ☐
Other ethnic group ☐

Pharmacy Services in Lewisham

Healthwatch Lewisham
Community House, South Street,
Bromley, Kent BR1 1RH

www.healthwatchlewisham.co.uk
Tel: 020 8315 1916
info@healthwatchlewisham.co.uk
www.facebook.com/healthwatch.lewisham
HWlewisham



healthwatch Lewisham

Healthier Communities Select Committee			
Title	Select Committee work programme		
Contributor	Scrutiny Manager	Item	11
Class	Part 1 (open)	24 November 2016	

1. Purpose

To advise Members of the proposed work programme for the municipal year 2016-17, 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 24 May 2016 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 about 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 2016/17 was agreed at the Committee's meeting on 19 April 2016.

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 January 2017:

Agenda item	Review type	Link to Corporate Priority	Priority
Health and adult social care integration	In-depth review	Active, healthy citizens	High
Elective orthopaedics	Standard item	Active, healthy citizens	High
Transition from children's to adult social care	Standard item	Active, healthy citizens	Medium
Adult learning Lewisham annual report	Performance monitoring	Active, healthy citizens	Medium
Primary care transformation and access to GP services	Standard item	Active, healthy citizens	Medium
Implementation of the Care Act	Performance monitoring	Active, healthy citizens	High

5.2 The Committee is asked to specify the information and analysis it would like to see in the reports for these items, based on the outcomes the Committee would like to achieve, so that officers are clear about 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

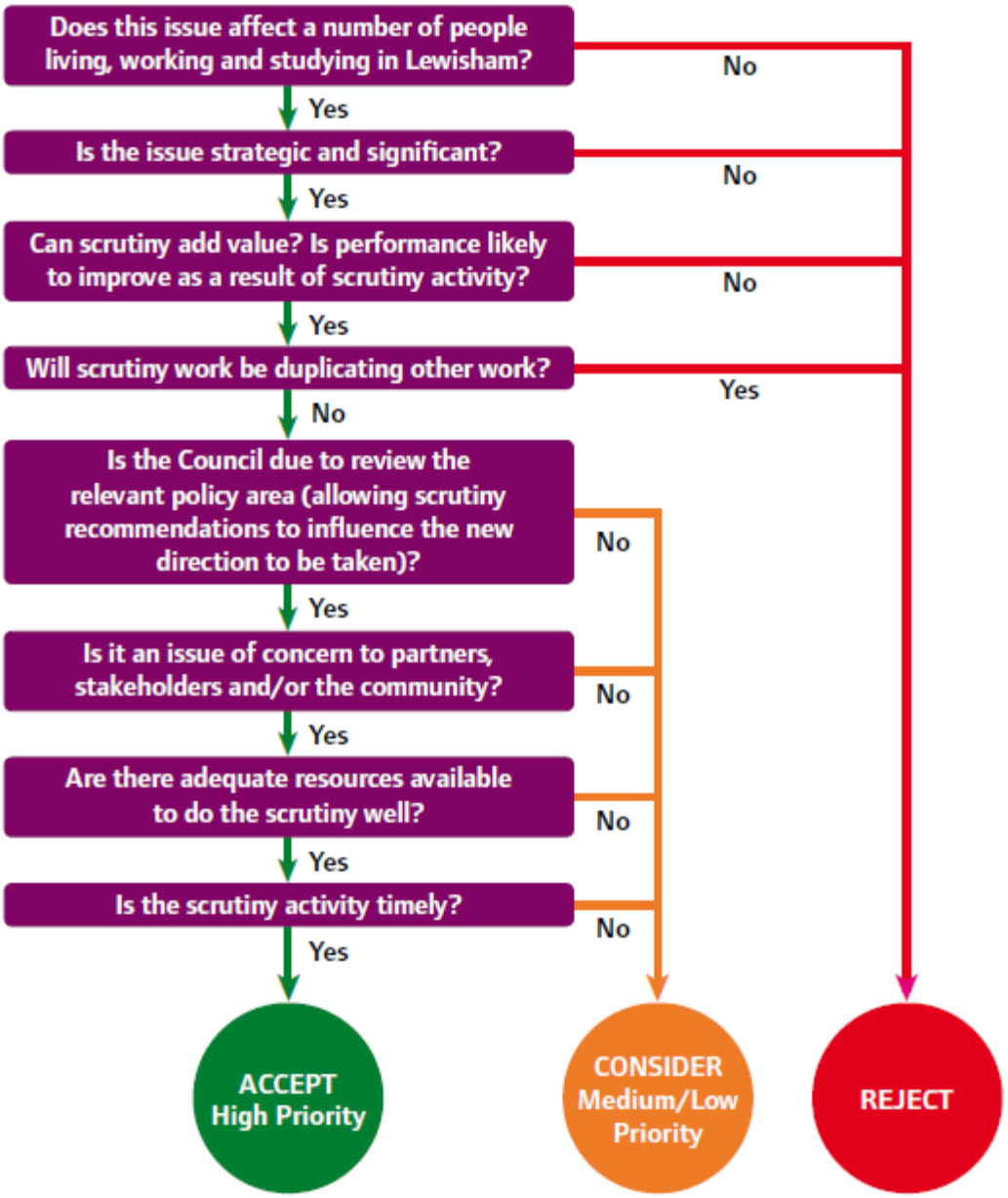
The date of the next meeting is Thursday 12 January 2017.

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 2016/17

Programme of work

Work item	Type of item	Priority	Strategic priority	Delivery deadline	19-Apr	18-May	28-Jun	13-Sep	18-Oct	24-Nov	12-Jan	01-Mar
Lewisham future programme	Standard item	High	CP9	Ongoing								
Confirmation of Chair and Vice Chair	Constitutional req	High	CP9	Apr								
Select Committee work programme 2016/17	Constitutional req	High	CP9	Ongoing								
Sustainability and Transformation Plans	Standard item	Medium	CP9	Apr								
SLaM place of safety changes	Information item	High	CP9	Apr								
Health and social care integration	Standard item	Medium	CP9	May								
Health and adult social care integration	In-depth review	High	CP9	March '17		Scope		Evidence session	Evidence session		Evidence session	Report
SLaM quality account	Performance monitoring	Medium	CP9	May								
Free swimming	Standard item	High	CP9	May								
Healthwatch reports on the Polish and Tamil communities' access to health and wellbeing services in Lewisham	Standard item	Medium	CP9	May								
Lewisham and Greenwich NHS Trust Quality Account	Standard item	Medium	CP9	Jun								
Public health commissioning intentions and consultation	Standard item	High	CP9	Jun								
HIV services	Standard item	High	CP9	Jun								
Obesity/sugar-smart pilot	Information item	Low	CP9	Jun								
Sustainability and Transformation Plan	Information item	High	CP9	Jun								
Public health savings	Standard item	High	CP9	Jun								
Devolution pilot business case	Standard item	High	CP10	Sep								
Healthwatch annual report	Information item	Medium	CP9	Sep								
Public health annual report	Performance monitoring	Low	CP9	Oct								
Lewisham hospital update (systems resilience)	Standard item	High	CP9	Oct								
Sustainability and Transformation Plans	Standard item	Medium	CP9	Apr								
Partnership commissioning intentions	Standard review	Medium	CP9	Nov								
Devolution pilot update	Standard item	High	CP10	Sep								
Adult safeguarding	Standard item	High	CP9	Oct								
Transition from children's to adult social care	Standard item	Medium	CP9	Jan								
Elective orthopaedics	Standard item	High	CP9	Jan								
Adult learning Lewisham annual report	Performance monitoring	Medium	CP9	Jan								
Primary care transformation and access to GP services	Standard item	Medium	CP9	Jan								
Implementation of the Care Act	Performance monitoring	High	CP9	Jan								
Place-based care and neighbourhood care networks	Standard item	Medium	CP9	Mar								
Delivery of the Lewisham Health & Wellbeing priorities	Performance monitoring	High	CP9	Mar								
Leisure centre contract	Performance monitoring	Medium	CP9	Mar								

	Item completed
	Item on-going
	Item outstanding
	Proposed timeframe
	Item added

Meetings					
1)	Tue	19 April	5)	Tue	18 Oct
2)	Wed	18 May	6)	Thu	24 Nov
3)	Tue	28 Jun	7)	Thu	12 Jan
4)	Tue	13 Sep	8)	Wed	01 Mar

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FORWARD PLAN OF KEY DECISIONS

Forward Plan November 2016 - February 2017

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**
May 2016	**Annual Complaints Report**	09/11/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Joe Dromey, Cabinet Member Policy & Performance		
September 2016	**Catford Regeneration Programme Update**	09/11/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2016	**Deptford Reach Development**	09/11/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
February 2016	**Disposal of Copperas Street Depot Creekside**	09/11/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
October 2016	**Lewisham Homes Business Plan and Articles**	09/11/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
October 2016	**Private Rented Sector: Additional Licensing Scheme for Houses in Multiple**	09/11/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	**Description of matter under consideration**	**Date of Decision Decision maker**	**Responsible Officers / Portfolios**	**Consultation Details**	**Background papers / materials**
	Occupation above/below commercial premises		Councillor Damien Egan, Cabinet Member Housing		
August 2016	**Review of National Non Domestic Rates - Discretionary Discount Scheme for Businesses Accredited to Living Wage Foundation**	09/11/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
May 2016	**Schools with License deficits**	09/11/16 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
August 2016	**Carriageway Resurfacing Contract Award**	09/11/16 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2016	**Deptford High Street (North) Contract Award**	22/11/16 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2016	**Consultant Appointment 2016 Schools Minor Works Contract**	22/11/16 Overview and Scrutiny Education Business Panel	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young		

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**
			People		
November 2016	**Parliamentary Boundary Commission Submission**	23/11/16 Council	Kath Nicholson, Head of Law and Councillor John Paschoud		
August 2016	**Recommendations of the Broadway Theatre Working Group**	23/11/16 Council	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
August 2016	**Deptford Parish Council Petition and Community Governance Terms of Reference**	23/11/16 Council	Kath Nicholson, Head of Law and Councillor Kevin Bonavia, Cabinet Member Resources		
May 2016	**Main Grants Programme 2017-18 Appeals Against Proposals**	30/11/16 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		
August 2016	**Regionalising Adoption**	07/12/16 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
October 2016	**Air Quality Action Plan**	07/12/16 Mayor and Cabinet	Aileen Buckton, Executive Director for		

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**
			Community Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
November 2016	**Allocations Policy Review**	07/12/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
April 2016	**Autistic Spectrum Housing**	07/12/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
May 2016	**2017-18 Council Tax Reduction Scheme**	07/12/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2016	**Discretionary Rate Relief Review**	07/12/16 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Kevin Bonavia, Cabinet Member Resources		
January 2016	**New Bermondsey Housing Zone Bid Update**	07/12/16 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**
	Planning Service Annual Monitoring Report	07/12/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
	Realignment of Meliot Road Family Assessment Provision	07/12/16 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
August 2016	**Treasury Management Mid-Year Update**	07/12/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2016	**The Wharves Deptford - Compulsory Purchase Order Resolution**	07/12/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
October 2016	**Waste & Recycling Services Update**	07/12/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
November 2016	**Energy Contracts Pricing**	07/12/16	Janet Senior, Executive		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	**Description of matter under consideration**	**Date of Decision Decision maker**	**Responsible Officers / Portfolios**	**Consultation Details**	**Background papers / materials**
	Update	Mayor and Cabinet (Contracts)	Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2016	**Intensive Housing Advice and Mediation Service Contract Award Report**	07/12/16 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
October 2016	**Options for a new Enterprise Resource Planning solution for Lewisham**	07/12/16 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
October 2016	**Managed Service Contract for the procurement of agency workers**	07/12/16 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2016	**Fusion Leisure Contract Variation**	07/12/16 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**
May 2016	**Main Grants Programme 2017-18 Allocation of Funding**	07/12/16 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		
May 2016	**Award of Contract - re-procurement of existing core contract for adult substance misuse services**	07/12/16 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Janet Daby, Cabinet Member Community Safety		
August 2016	**Contract Award Report for services which support people with mental health , substance misuse issues and travellers**	07/12/16 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
August 2016	**School Minor Works Programme 2017**	07/12/16 Mayor and Cabinet (Contracts)	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
October 2016	**356 Stanstead Road - Property Acquisition**	13/12/16 Overview and Scrutiny Business Panel	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**
November 2016	**Award of contract for the Lewisham Stop Smoking Service**	13/12/16 Overview and Scrutiny Business Panel	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
November 2016	**Support Service for Syrian refugees**	13/12/16 Overview and Scrutiny Business Panel	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
October 2016	**2016 School Minor Works Contact Consultancy Appointment**	13/12/16 Overview and Scrutiny Education Business Panel	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
November 2016	**Budget Update**	11/01/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
September 2016	**Ashmead Primary School Expansion: Results of Consultation**	11/01/17 Mayor and Cabinet	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**
September 2016	**Lewisham Music Business Plan and Transfer Terms**	11/01/17 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
August 2016	**Community Premises Management Contract Permission to Tender**	11/01/17 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		
November 2016	**Community Equipment Contract Award under London Consortium Framework Agreement**	11/01/17 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		
November 2016	**School Health Service - Award Report**	11/01/17 Mayor and Cabinet (Contracts)	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
November 2016	**Young Person's Health and Wellbeing Service Award Report**	11/01/17 Mayor and Cabinet (Contracts)	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for		

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**
			Children and Young People		
May 2016	**Council Tax Reduction Scheme 2017-18**	18/01/17 Council	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
November 2016	**Opting in to the Public Sector Audit Appointments Limited (PSAA) framework**	18/01/17 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Jonathan Slater		
November 2016	**Transforming Construction Skills - Lewisham Construction Hub, Training, Apprenticeship and Employment Service**	31/01/17 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
November 2016	**Transforming Construction Skills - Lewisham Construction Hub, Local Supply Chain Development Services**	31/01/17 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
October 2016	**Animal Welfare Charter**	08/02/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
November 2016	**Pay Statement**	08/02/17	Phil Badley and		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	**Description of matter under consideration**	**Date of Decision Decision maker**	**Responsible Officers / Portfolios**	**Consultation Details**	**Background papers / materials**
		Mayor and Cabinet	Councillor Kevin Bonavia, Cabinet Member Resources		
November 2016	**Award of contract for Specialist Short Breaks**	08/02/17 Mayor and Cabinet (Contracts)	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
November 2016	**Health Visiting and Children's Centres - Award Report**	08/02/17 Mayor and Cabinet (Contracts)	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
October 2016	**Budget Update**	15/02/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
May 2016	**Council Budget 2017-18**	22/02/17 Council	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
November 2016	**Pay Statement**	22/02/17 Council	Phil Badley 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		
August 2016	**Community Premises Management Contract Award**	19/04/17 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	**Description of matter under consideration**	**Date of Decision Decision maker**	**Responsible Officers / Portfolios**	**Consultation Details**	**Background papers / materials**