

Public Document Pack

Healthier Communities Select Committee Agenda

Thursday, 12 January 2017

7.00 pm,
Civic Suite
Catford
SE6 4RU

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Part 1

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Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Thursday, 12 January 2017.

Barry Quirk, Chief Executive
Tuesday, 3 January 2017

Councillor John Muldoon (Chair) Councillor Stella Jeffrey (Vice-Chair) Councillor Paul Bell Councillor Colin Elliott Councillor Sue Hordijkenko 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)	
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MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday 24 November 2016, 7pm

Present: Councillors John Muldoon (Chair), Stella Jeffrey (Vice Chair), Paul Bell, Colin Elliot, Sue Hordijkeno, Jacq Paschoud, and Susan Wise.

Apologies: Councillors Joan Reid and Alan Till

Also Present: Harvey McEnroe (Divisional Manager, Acute and Emergency Medicine, LGT), Barry Quirk (Chief Executive), Dr Marc Rowland (Chair, Lewisham CCG), Aileen Buckton (Executive Director of Community Services), Tony O'Sullivan (Save Lewisham Hospital), Cathy Ashley (Pensioners' Forum), Susanna Masters (Corporate Director, Lewisham CCG), Dee Carlin (Head of Joint Commissioning), Joan Hutton (Head of Assessment and Care Management), Georgina Nunney (Principle Lawyer, Lewisham Council), and John Bardens (Scrutiny Manager).

1. Minutes of the meeting held on 18 October 2016

Resolved: the minutes of the last meeting were agreed as a true record with the addition that Cllr Hordijkeno was in attendance under Council Standing Orders.

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.
- Councillor Susan Wise is a governor of the King's College Hospital NHS Foundation Trust.
- Councillor Colin Elliot is a Council appointee to the Lewisham Disability Coalition.

3. Responses from Mayor and Cabinet

There were no responses at this meeting

4. Lewisham hospital update (systems resilience)

Harvey McEnroe (Lewisham and Greenwich NHS Trust) introduced the report. The following key points were noted:

- This year, Lewisham CCG has agreed £1.4m of resilience funding to be spent at University Hospital Lewisham. The funding is going towards a number of schemes and is expected to improve performance on the 4-hour standard by 2.4%.
- The resilience money is being spent on, among other things, additional emergency staff, including on Saturdays and overnight; extending rapid assessment and treatment, to reduce numbers referred to more specialised services in the hospital; and continuing with “pathway navigators”, staff intended to help with quick and effective discharges.
- Pathway navigators have successfully reduced the time it takes to complete discharge paperwork from twelve days to less than four.
- The enhanced care and support programme, intended to avoid unnecessary hospital admissions, has been brought forward in part – the rapid response team, for example. The “Home Ward” has stalled however – the trust and CCGs will be looking again to make sure it is the best way to spend this money.
- Further work will look at providing extra staff in the emergency department over the winter. The trust has agreed with the CCG to increase the number of nurses on shift from 16 to 18. There is also going to be extra pharmacy support to help increase the number of discharges before 1pm.
- The number of patients discharged by 1pm 12 weeks ago was 14% - it is now 33%. The trust is still working towards to national target of 40%.

Harvey McEnroe answered questions from the Committee. The following key points were noted:

- Improving the emergency care pathway is one of the trust’s key priorities – along with patient safety, quality and governance. Senior management are often present in the emergency department.
- To overcome some of the recruitment difficulties it’s been facing, the trust is working closely with other acute providers in south-east London to make sure they are not driving up costs and buying each other out of the market. It has also carried out some successful overseas recruitment campaigns in the past. The impact of Brexit on recruitment is being considered.
- The trust has broader concerns about the recruitment of junior doctors. The recent changes to junior doctors’ contracts appear to have had an impact on junior doctor recruitment.
- The national and regional data on the impact of flu vaccinations does not show strong correlation between increased vaccinations and reduced hospital admissions.

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

- The Committee noted the significant increase in the proportion of patients discharged before 1pm and commended and congratulated the trust on their excellent work.

Resolved: the Committee noted the report.

5. Sustainability and transformation plans

Barry Quirk (Chief Executive), Dr Marc Rowland (Chair, Lewisham CCG) and Aileen Buckton (Executive Director of Community Services) introduced the report. The following key points were noted:

- The south-east London STP has benefited from some involvement of the six local authorities in south-east London. This has been to continue to develop an integrated approach to health and social care. The local authorities are helping to make sure that local improvements to social care fit in with planned changes in health services locally (in alignment with the STP) and that cost shunting across sectors and boroughs is minimised.
- The combined financial challenge for social care across the six local authorities in south-east London is £242m. The six authorities have identified the scale of their challenges but they have got to coordinate their six operational plans at a six-borough level so that health changes are addressed more collectively.
- The south-east London STP was published early because NHS England was pleased with the level of cooperation within the NHS and across partners in south-east London.
- Lewisham partners have also been pleased with the level of cooperation across the system. The STP has encouraged acute providers, and their commissioners, in south-east London to cooperate with each other and consider potential improvements to the whole south-east London system.
- The level of cooperation within the NHS is much improved and very different to a few years ago, where institutions were working very separately and more competitively. NHS partners are working more collaboratively and trying to look at how the whole system can change rather than just their part of it. For example, by working together to try to achieve changes in the acute sector the aim is to invest more in prevention and primary care.
- The cooperation within the development of STP does not, however, detract from the concerns about the aggregate level of funding nationally of the NHS.

Barry Quirk and colleagues answered questions from the Committee. The following key points were noted:

- It is important that local authorities bring critical challenge and point out any service and financial gaps in the STP. It is not for local authorities to agree the plan – set at the sub-regional level, it is principally an NHS plan devised with involvement from Councils who secure social care services locally. In Greater Manchester the

creation of a combined authority (for social care and other functions) city regional devolution includes health and social care. Other places, including "sub-regions" within London are less developed. But, at the same time, all social care authorities do need to make changes as a result of their own service challenges and financial pressures. It is important that they work with health services in doing this.

- The STP is not principally about financial cuts, although it does involve cost reduction, efficiencies and productivity improvements. However the scale of the aggregate financial challenge for the entire NHS system in SE London is very high (£1 billion). Partners across south-east London are working together to bring some of the projected overspend down by doing things differently – working more efficiently and cost-effectively while improving quality. Local authorities are there to feedback on what this means for social care.
- Local authorities are not being asked to sign or endorse the STP separately, but they are being invited to consider them at local and sub-regional level. Given that the STP process is proceeding, Councils do need to continue to work productively with their health partners. Just because a local authority is sceptical about certain aspects of the STP process and direction, it does not mean that it can sensibly withdraw from involvement: those vulnerable people in receipt of social care and patients (often the same people) require Councils to coordinate their services closely with the NHS. Local authorities have a responsibility as stewards of social care. There are significant financial consequences if changes to health and social care are not made. At present, there are no other plans being developed within the NHS and all partners have to make it work as best as they can.
- Lewisham CCG has found the involvement of local authorities very helpful. It has provided a different way of looking at the challenges.
- The fundamental difference between London STPs and others around the country is that the population in London is growing. The STPs in London are therefore principally concerned with improving productivity and changing the pattern of services so as to reshape them for a growing population.
- The integration work going on in Lewisham is based on many of the same principles that underpin the STP – for example, the principle that most people do not want to be in hospital and want to be cared for closer to home. But local authorities will need to talk about the impact on social care if integration work is not done properly.
- A campaigner from the Save Lewisham Hospital campaign, Tony O’Sullivan, said that he is strongly in favour of community-based care and inter-agency working, but argued that the STP is just about money and very dangerous. He said that if the plan does not achieve its aim it is not just the NHS that is going to be impacted – it is going to devastate social care as well. He argued that providers will be put into special measures and £1bn of savings will be imposed – with all options on the table.

- The campaigner also drew attention to the fact that one year into the five-year plan the financial challenge has already increased by £80m. The productivity challenge has also increased to 5.5% per year for four years – which he described as an unprecedented and impossible target.
- Another campaigner made a number of requests to the committee. He recommended that the committee insist that there is consultation on every part of the STP; that the option of an enhanced status quo is seriously considered as part of the upcoming consultation on elective orthopaedics; and to scrutinise closely the financial figures provided so far.
- A representative of the Pensioners' Forum, Cathy Ashley, is worried about how people who do not have easy access to the internet are going to be consulted fully.

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

- The Committee expressed concern about how people without easy access to the internet will be able to participate fully in any consultation process.

Resolved: the Committee noted the report

6. Partnership commissioning intentions

Susanna Masters (Lewisham CCG) and Dee Carlin (Lewisham Council) introduced the report. The following key points were noted:

- The purpose of the partnership commissioning intentions is to provide the public and providers with an opportunity to see and comment on a summary of the CCG's broad plans and priorities. They also set out what the partners expect from providers – this includes population-based approaches; strengthening primary and community-based services; promoting healthy living; and developing new services using co-production with a whole system approach.
- This is the third year of joint commissioning intentions. They cover not just CCG commissioning, but adult social care and public health as well. The only way local partners can address the significant challenges they face is by working together.
- The focus of this year's commissioning intentions is on prevention and early action, planned care, and urgent and emergency care. The strategic aim is to focus much more on prevention and early action to reduce the demand for urgent and emergency care.

Susanna Masters answered questions from the Committee. The following key points were noted:

- The Single Point of Access for referrals for health and social care is well used by the public. Partners are now looking at providing people with more information, and access to other services, rather than just processing a standard referral.
- The number of transgender people in Lewisham is very small, but partners will include this group in the commissioning intentions.

- The Community Falls Service's proactive outreach work will include housing providers.

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

- The Committee expressed concern that many of the priorities in the commissioning intentions are very similar to those services that have been cut under the public health budget.
- The committee also noted that the greater use of technology, including electronic health profiles, has the potential to reduce costs and help people better manage their health and care.

Resolved: the Committee noted the report.

7. Devolution pilot update

Aileen Buckton (Executive Director of Community Services) introduced the report and answered questions from the Committee. The following key points were noted:

- Devolution in London is not just about health and social care – there are various other pilots going on across London on various other powers that could be given to local authorities.
- Lewisham's devolution pilot is now focused on estates and workforce. The pilot is exploring ways to change the way buildings are used so that staff can be co-located, and create new combined health and social care roles so that providers can work in a more flexible way. The latest business case also includes a request for transformation funding from the One Public Estate programme (jointly run by the Cabinet Office and the Local Government Association).
- The first multi-disciplinary team should be collocated in the Waldron early in the new year. The proposed hub for central Lewisham is likely to be in the Ladywell area.

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

- The Committee noted that with any new devolution arrangements, that there must be appropriate governance, transparency and accountability to avoid the risk of democratic deficit.

Resolved: the Committee noted the report

8. Adult safeguarding

Joan Hutton (Head of Assessment and Care Management) introduced the report and answered questions from the Committee. The following key points were noted:

- Professor Michael Preston-Shoot has been appointed as the new Chair of the Adult Safeguarding Board.
- Some of the key achievements in adult safeguarding over 2015/16 include improved multi-agency working; devising a communications strategy; establishing

an information sharing agreement; and creating a dedicated team to process Deprivation of Liberty Safeguards (DOLS) assessment – which has reduced the waiting list to zero.

- There has also been a peer review of safeguarding in Lewisham, which included scrutiny of the board and our work. There are occasionally quality assurance issues from providers that can become safeguarding concerns. The results of the peer review so far been very complimentary on our work to prevent quality assurance issues becoming a safeguarding concern; on our management and standards of practice regarding DOLS; and our safeguarding partnership work.

Resolved: the Committee noted the report

9. Information item: Access to health and wellbeing services for people with sensory impairments and learning disabilities

Resolved: the Committee noted the report from Healthwatch

10. Information item: Pharmacy services in Lewisham

Resolved: the Committee noted the report from Healthwatch

11. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the report.

- The Scrutiny Manager informed one member of the committee, who had queried what changes are happening to tuberculosis services, that he would share the briefing that he had received from an officer to help clarify what is happening in Lewisham.

Resolved: the Committee agreed the work programme

12. Referrals

The Committee did not make any referrals.

The meeting ended at 21.30pm

Chair:

Date:

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Healthier Communities Select Committee		
Title	Declaration of interests	
Contributor	Chief Executive	Item 2
Class	Part 1 (open)	12 January 2017

Declaration of interests

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

1. Personal interests

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

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

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

- (a) Employment, trade, profession or vocation of a relevant person* for profit or gain
- (b) Sponsorship – payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).
- (c) Undischarged contracts between a relevant person* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.
- (d) Beneficial interests in land in the borough.
- (e) Licence to occupy land in the borough for one month or more.
- (f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.
- (g) Beneficial interest in securities of a body where:
 - (a) that body to the member's knowledge has a place of business or land in the borough;

(b) and either

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

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

3. Other registerable interests

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

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

4. Non registerable interests

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

5. Declaration and Impact of interest on members' participation

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

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

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

6. Sensitive information

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

7. Exempt categories

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

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

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Healthier Communities Select Committee		
Title	Health and adult social care integration – third evidence session	
Contributor	Scrutiny Manager	Item 4
Class	Part 1 (open)	12 January 2017

1. Overview

As part of the third evidence session of the in-depth review of health and adult social care integration, the Committee will be hearing from the following:

- Lewisham Disability Coalition, Roz Hardie (Director)
- Carers Lewisham, Kevin Drugan (Chief Executive)
- Healthwatch Bromley and Lewisham, Nigel Bowness (Chair for Work Plan Committee)
- Positive Ageing Council
- Lewisham Pensioners' Forum

The Committee has also received written evidence from the following organisations:

- Lewisham Disability Coalition (attached as an appendix)
- Lewisham Local Medical Committee
- Carers Lewisham

2. Written evidence

2.1 Lewisham Local Medical Committee

Lewisham LMC is grateful to you for your request for an LMC view on the integrated paper. The LMC is sorry for the delay in responding and thanks you for your patience.

In principle, the LMC supports the vision of integrated care across health and social care to provide a more seamless approach to improving lives. The LMC can see that through this, with appropriate resourcing and planning, health outcomes could be improved and unplanned care attendances could be reduced.

The key is in the planning and ensuring a sustainable process and the LMC wishes to highlight some key areas relevant to the primary care role.

1. Development and integration into practices of the neighbourhood care networks and timetabled meetings between the teams - NCNs and GPs

This could be real or virtual using the I Boards. The keys for success here are that the right people are at the table (enablers) and there is protected time for GPs to attend. The process will not work if the meetings are slipped between clinics - the practices will need to be released from patient care services with practice cover provided to ensure continuity of care for the patients

2. Clear simple pathways for communication between partners within the team

One suggestion is that for an integrated form for services users such as Occupational therapy, physio, social care, children's services, third sector etc. to be developed. These would need to be simple and easy to complete similar to the integrated referral form used for diabetes. If 3 different forms are required for one patient to meet their needs then it won't happen. Also when patients are referred directly this should be a simple one step process.

Currently if GPs refer to occupational health we often receive a request for more information about the patient such as ability to self care etc - this non clinical information could be captured in the form or reviewed by the receiving service.

A similar process happens with child social care - so a phone call to duty then requires Child Assessment Form (CAF) and this can often be followed by further requests using section 17 enquiries - often the same information is sent 3 times - whilst it is essential that the right information is shared duplication and more of reports is a disabler and could discourage referrals

The LMC appreciates that this works both ways so in essence a more streamlined and efficient method of sharing information would benefit all.

3 Working with our partners

Primary care is an essential spoke in the integration wheel but we face unprecedented demand and limited resources and staffing - as does the Local Authority

So that we can better work together and develop better understandings the LMC would suggest that those leaders charged with developing the integration share work experiences - maybe a 'walk in my shoes' scheme between social care and health care.

If we better understand the limitations and barriers of those involved we can better overcome them

4 For integration to be a success there needs to be closer working between the acute services and primary care

This will involve the acute providers seeing primary care as an equal partner where appropriate work is shared and there are clear expectations of each providers rules and responsibilities. If primary care is overwhelmed with inappropriate work demand it will not be able to deliver on the work required for integration. Again once

we better understand how each provider works, what they can do and what they can't then outcomes will be improved.

Essentially all providers need to understand the role they have in wrapping care around the patient and take equal responsibility for delivering their part in the care package

5 Sustainability and Transformation Plan (STP)

The LMC noted that STP plans were referenced in relation to integration. However this was presented as a resourced and well-funded programme that might help develop integration. The LMC is not sure that this truly reflects the STP - which in essence is about developing a sustainable health care model through efficiency savings. As indicated there is little new money available and integration is more about reallocating budgets. There does need that be a clear risk assessment about the impact of this 'movement' of resources and the potential impact on currently resources services. In other words where is the money coming from and what is left behind

Finally but probably most importantly if we are to truly integrate and make a success of it there needs to be clear public engagement and ownership. Changes in design need to be patient focused and ensure we are truly meeting our populations needs and thus not exposing patients to risk. The plans need to ensure that it tackles and tries to reduce health inequalities.

The LMC hopes you find the above comments helpful.

2.2 Carers Lewisham

Initial thoughts on integration of health & social care

It is obviously difficult to offer any meaningful comment or critique without seeing concrete proposals so the following represents our initial thoughts based upon discussion we had at board level.

From a practical, carer-perspective:

1. Carers would broadly welcome the integration of health and social care if it resulted in a simplified, streamlined service for them. It would be counterproductive however - for their ability to remain an unpaid carer - if this integration led to the services, which they need to support the medical needs of the cared for person to, becoming subject to means-testing.
2. One key change that would benefit carers would be that they would not have to repeat their story and situation at each consultation and that their situation would be considered as a whole and not in part. For example the situation of the family is not always considered when multiple appointments are made for the cared for person which can be disruptive and stressful for the carer. It puts pressure on both their time and resources and perhaps could be streamlined in some cases.
3. But this would require an integrated approach to their personal details and their input in the data that is collected and shared, not only between agencies but

between the medical professionals and the carer, not just the cared for person. This has a practical implication for an agency such as Carers Lewisham, which uses a distinct CRM database and does not have access to Connect Care or other statutory databases. Any integration would therefore need to allow for the costs of integrating ICT systems, processes and databases particularly amongst voluntary sector partners.

4. There would need to be considerable investment in time and training for staff to consider the whole situation when deciding on interventions (eg, hospital admission or discharge) including the identification of the carer and, once identified, consultation with the carer. A lead organisation responsible for identifying the carer in each situation, particularly young carers, and for sharing that information with all the agencies involved will therefore need to be identified. This is especially important when carrying out risk assessments. Carers need to be at the heart of the solution not an after-thought.

5. Within that consultation and involvement there would need to be an agreed weight given to the input that the carer gives. For example if a risk assessment is taking place around a hospital discharge and the carer says they cannot cope with the person being discharged immediately then there needs to be weight given to that statement, whilst recognising it may also be a nuanced response. The carer might mean "I cannot cope at the moment because I am feeling unwell, but I will be OK in a week or two". Or it might be their way of saying "I don't feel I can cope given their level of disability following their hospital admission, but I am not sure / or don't want them to feel rejected by me". We would suggest that carers' needs should be assessed at this point as a matter of course.

6. There would need to be an integration of complaints processes so that the carer, or cared for person, could make one complaint which although it may involve a number of providers would result in one investigation within a set timescale and with a single set of possible outcomes.

7. If integration is going to lead to an increased role and/or reliance upon carers, there must be an increase in funding and opportunities for both general and emergency respite. It is a fundamental fact that carers need respite if their own health and wellbeing is not to suffer. To fail to realise and acknowledge this, is simply storing up problems for the future.

From a professional-perspective:

1. We agree with the premise that greater co-ordination of health and social care would be a good thing. Health outcomes are at least as dependent on LA work as on the NHS. So, aligning objectives and reducing duplication must be good.

2. However we note that all the mechanisms and policy encouragement to integrate was provided in the Government paper, 'Partnership in Action: new opportunities for joint working between health and social services; a Department of Health discussion document,' in 1998. This provided for lead commissioning; better coordinated provision of services; pooled budgets; integrated teams; transfer of funds between sectors; joint finance of services; joint education, training and

development; and the development of shared information systems. In other words we have been here before, especially, but not solely, with mental health services. There is therefore perhaps a danger of policy fatigue amongst practitioners and professionals coupled with the danger of policy confusion amongst client groups and the public in general. Indeed, for many of our clients, these policy initiatives do simply conjure up fear and confusion.

3. One of the difficulties with the Scrutiny paper, which admittedly is proposing a review, is that none of the strategies discussed is given any relative weight, so it is unclear what direction the Council is proposing to go in. Terms such as collaboration lack any clear definition and have been used synonymously with concepts such as co-operation, co-ordination, participation and integration.

4. A further difficulty is that integration is not defined. Does this mean: Working more closely? Sharing teams? Different teams working in the same place? Sharing budgets? Merging budgets and commissioning? We note that there is already close working in Lewisham with the Better Care Fund enabling Joint Commissioning by the LBL and CCG. Relationships are - to the outsider - generally good and productive.

5. There is a natural worry that, because these changes are happening under "austerity", quality standards may slip and not be mandated. Furthermore, local authority budgetary pressures may very well make integrated health services more liable to cuts. As we are seeing now, local authorities are so cash-strapped that they are cutting services, including those that used to be in the NHS, such as health visitors and school nurses.

6. We worry that this new push for integration is driven not by client needs but by the Treasury where the focus is on reducing NHS spend and efficiency savings. In SE London, for instance, the STP has to bridge a £1.015bn gap in NHS funding over 5 years to 2020/21. And a £242m gap in social care funding to 2020. Whither the client here?

7. If services are moved into local authorities will this open them up to back-door privatisation through tendering, etc? The service redesigns will be procured by the rules for tendering which remain in place. Indeed, there appears to be a new push to privatisation: "NHS Improvement is to explore new partnerships between the health service and the private sector, including the potential for further outsourcing of clinical services and the use of "independent sector management models"."
<http://www.hsj.co.uk/topics/service-design/nhs-improvement-to-explore-new-private-sector-partnerships/7009575.article>

8. It is not clear if it is intended to have virtual joint teams with common IT systems but separate locations; to co-locate staff but leave them within their own employing organisations, or to have them employed within one integrated Health and Social Care organisation? Within any joint system it is crucial that the social care element is not lost as has happened to some LA mental health teams which have been located within health systems and lost their social care focus, or lacked support from their social care line managers, or even in some many cases been managed

by health staff with little reference to local authority staffing systems. In systems where teams have been integrated, but not been placed under a common employer, all sorts of difficulties have arisen over performance and disciplinary issues where those involved are from different organisations. Similarly the professional needs of staff have sometimes been neglected by managers and training departments unfamiliar with the requirements of other professions. In systems where staff are co-located and integrated, but remained employed by different organisations, it is crucial that staff have effective support from their employing organisation. The overarching legal contracts that have been set up in such situations have always been open to question, which would not occur if all staff were employed within one organisation. Such a situation which pertains in Ireland, would mean that staff within social care who invariably are present in smaller numbers, need an effective voice within a health organisation to represent their professional needs and requirements.

9. The integrated care pioneers mentioned in the document clearly consist of co-located staff, who are only integrated in the sense of their function. It is unclear if they have integrated management or whether the social care staff have their own managers, and vice versa.

10. We would like to make clear at this point that we have significantly reorganised our services along a neighbourhood delivery model to facilitate co-location and integration and wish to discuss this further at a practical level with the Council/CCG

11. We think the concerns about the medicalisation of social care are very real, and it would be essential to have social care representation throughout the management structure of any integrated service, whatever form that service took.

Generally, Carers Lewisham would like to reiterate that we very much want to work in partnership with the Council and CCG to ensure the best possible outcome for our client group and are broadly in favour of integration (but the devil, as always, is in the detail). We are therefore more than happy to participate further and to appear before the committee itself if that would help.

3. Recommendations

The Committee is asked to:

- note the information included in this report
- ask questions of the witnesses giving evidence
- and to consider their responses as part of the review.

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



Healthier Communities Select Committee

Report title	Health and adult social care integration – LDC Comments		
Author	Roz Hardie, Director, Lewisham Disability Coalition	Item No.	4
Class	Open	Date	12 January 2017

1. Introduction

- 1.1 Lewisham Disability Coalition is a disabled people’s user led organisation which covers the whole of the borough and supported over a thousand clients last year. Based on the principle of “nothing about us without us” we promote the social model of disability. This says that disability is caused by the way society is organised, rather than by a person's impairment or difference. It looks at ways of removing barriers that restrict life choices for disabled people.
- 1.2 In addition we are funded by the London Borough of Lewisham to provide a representative function for disability in the borough.
- 1.3 We are also a part of the Community Connections consortium that uses social prescribing to address isolation as a mechanism to tackle the health implications associated with ‘loneliness’.

2. Health and adults social care integration

- 2.1 We discussed adult social care and health integration with our all members meeting in October and in December at our AGM. Our members tell us that they would like more

information about what is happening and what is planned and have agreed that they would like disabled people to be more actively involved in the shaping of services and prioritisation of scarce resources. They are not clear about how they can get involved.

- 2.2 One of our areas of work is to support clients to apply for welfare and hardship grants and to administer these on behalf of local charities. Last financial year we distributed over £8 thousand to local people facing hardship. We are increasingly using charitable grants to support people with basic needs for equipment. For example, one client with major leg ulcers was 'housebound' but it emerged that they were staying at home due to being unable to shower independently as the NHS budget did not extend to purchasing a waterproof bandage protector.

3. Health implications of welfare cuts

- 3.1 The pressure on sick and disabled people of welfare reforms and austerity cannot be underestimated. We witness many clients' physical and mental health deteriorate significantly due to the stress and anxiety associated with being sanctioned by the DWP or forthcoming medical assessments.
- 3.2 The lack of a joined up approach to getting evidence to support appeals means that local GP surgeries have a different approach to providing evidence and to communicating this with clients.

4. Key lines of inquiry – the current and planned extent of partnership working including the voluntary and community sector

- 4.1 From LDC's perspective we have some working relationships with providers of health and social care services:
- We receive referrals for clients' support from adult social services
 - We have a close working relationship with the Adult Safeguarding Board

- We work with local health providers, including on clients affected by benefits changes
- We facilitate members and clients feeding into CCG and Healthwatch led consultations
- We liaise with Occupational Therapists over housing adaptations.

4.2 However, the above are largely reactive in response to individual cases. What is missing is any opportunities for involvement in the proactive element for strategic development or planning e.g. we do not seem to be “in the loop” for key developments including for commissioning opportunities and this seems to reflect a broader trend of local commissioning contracts going to Third Sector organisations with a national presence. Our experience is that the individual staff concerned in delivering this programme are friendly and approachable but that engaging with the programme itself is extremely difficult due to time constraints and there is not a clearly coordinated borough wide point of entry for the third sector in engaging with this and other change programmes.

5. Recommendations

- 5.1 The Local Account for Adult Social Care 2015-16 identifies the need for advice services linked to the requirements of the Care Act. We believe that the need for disability specific health advice should be considered.
- 5.2 Clients we currently support often involve complex referrals and signposting between agencies. Future models where teams around the client actively develop relationships to involve third sector agencies supporting disabled people to reduce piecemeal approaches could reduce duplication and increase the turnaround for support required.
- 5.3 Neighbourhood Care Networks should include third sector partners working in the area e.g. future “Under One Roof” and Working Together Better” workshops could be extended to local voluntary and community organisations.

Roz Hardie, LDC Director 020 8697 9923
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HEALTHIER COMMUNITIES SELECT COMMITTEE		
Report Title	Adult Learning Lewisham – annual report	
Ward	All	Item No 6
Contributors	Executive Director for Community Services	
Class	Part 1	Date: 12 January 2017

1. Purpose of the Report

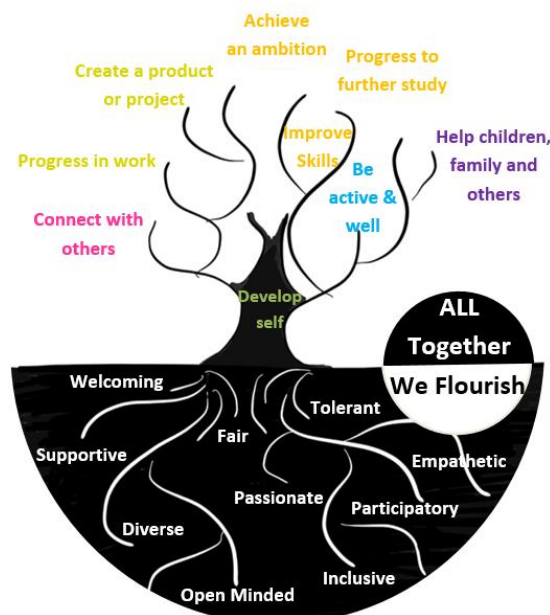
- 1.1 To update the Healthier Communities Select Committee on the adult learning services offered by Adult Learning Lewisham (ALL) during 2016.

2. Recommendation

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

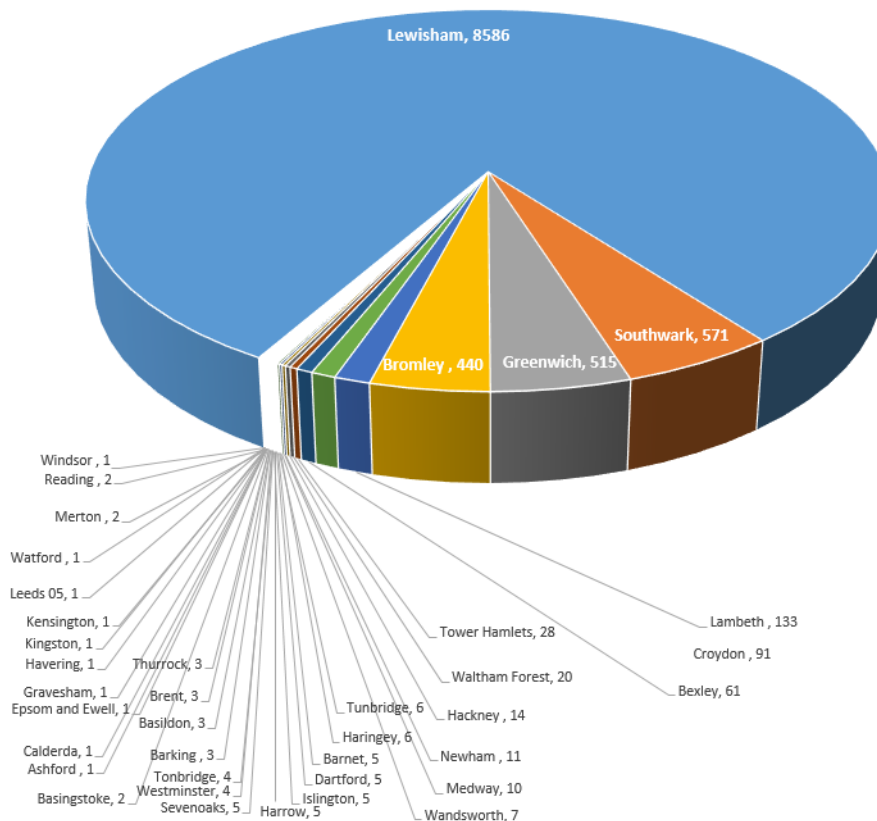
3. Background & Context

- 3.1 ALL aims to be an outstanding provider of adult skills and community learning to inspire and motivate our learners to enable them to fulfil their potential and flourish. In short the mission of the service is that *ALL Together We Flourish*. It is flourishing in a deep, Aristotelian, sense that fuels the vision of ALL: namely that learners should be able to live well, fare well and do well as a direct result of engaging with the service. Moreover, flourishing is not something that comes to an end, so learners who we help to learn a new skill, and then help to get a job, will still wish to continue their journey towards flourishing by attending courses after work, and with their children. Flourishing is a lifelong goal, and Adult Learning Lewisham delivers lifelong learning so that learners and communities can pursue this goal.



3.2 ALL’s mission and values are represented in the Tree of Values, above, which emerged from a combination of discussions with staff and learners, as well as philosophical discussion at think tanks (see section 4.6 below). The branches of the tree represent the outcomes (in utilitarian terms, the ‘goods’) that learners can aspire to achieve, and which are listed in detail in 4.1 below. These outcomes are now linked to the New Economic Foundation’s Five Ways to Wellbeing, with the addition of productivity (employment, enterprise and creativity) as a Sixth way. The roots of the tree represent the organisational ethos of ALL, and following our December 2016 think tank, they are now linked to the governments’ fundamental values that Ofsted expect to be instantiated in all educational institutions (ALL’s equivalent are in italics): of democracy (*participatory*), rule of law (*fair*), freedom of expression (*open minded*), tolerance and respect (*diverse, inclusive and tolerant*). Added to these are ALL’s own values of being *passionate, supportive, welcoming and empathetic*.

3.3 Adult Learning Lewisham (ALL) receives a Skills Funding Agency grant of £3.3 million and currently employs approximately 200 staff, 140 of whom are part-time tutors. The service also generates income of approximately £500,000, including in 2016 the successful delivery of a Flexible Support Fund project to the value of £50,000. ALL offers over 1,000 courses across ten different curriculum departments and located in three bespoke education centres, as well as in community venues, across the borough. There are 5000 learners enrolled on courses, and over 10,000 enrolments (each learner enrolling on 2 courses on average). As a council service Adult Learning Lewisham has a very high face-to-face interaction with residents and learners – around 700,000 hours per year in total. Learners who enrol on courses at Adult Learning Lewisham are spread throughout the borough, and around 20% of students come from neighbouring boroughs (see figure below).



3.4 As noted in 3.1 the mission of the service is that *ALL Together We Flourish*, meaning that the service aims to provide a financially secure service (Adult Learning Lewisham - *ALL*) that works in partnership with its learners, its communities, other council services and external organisations (*Together*) in order to enable learners to live a better life and reach their potential (*We Flourish*). In order to achieve this mission the service has seven strategic objectives, each of which focuses on a critical theme (see the diagram below, and the list of objectives in 3.5). Section 4 of this report focusses on the progress made over the past year against each of these seven objectives.



3.5 The seven strategic objectives of the service are as follows:

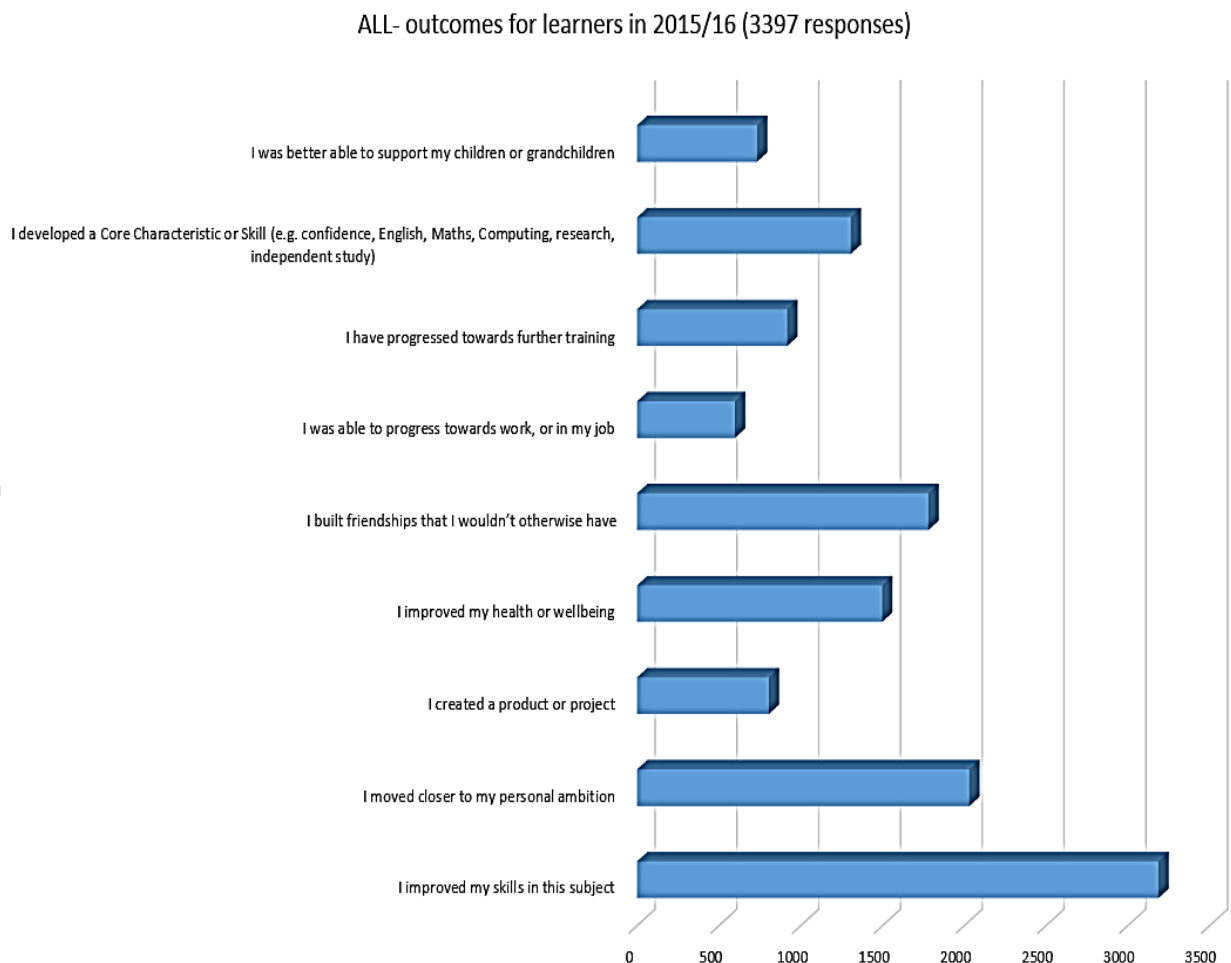
- **Outcomes:** Ensure positive impact and outcomes for learners leading to excellent headline success and progression rates.
- **Quality:** Provide teaching, learning and assessment that is outstanding or good in 90% of the provision, with excellent learner satisfaction ratings.
- **Safeguarding** Ensure ALL meets its safeguarding and Prevent responsibilities.
- **Community** Respond to the needs and views of learners and the wider community, working in partnership to shape future developments and curriculum.
- **Environment** Ensure ALL buildings, services and resources enable learning to take place in a safe, fit-for-purpose and inspiring environment.
- **Staff** Support and Invest in skills development for ALL staff
- **Finance** Secure ALL on a sound financial footing and adding value to received funding.

4. Progress against Strategic Objectives

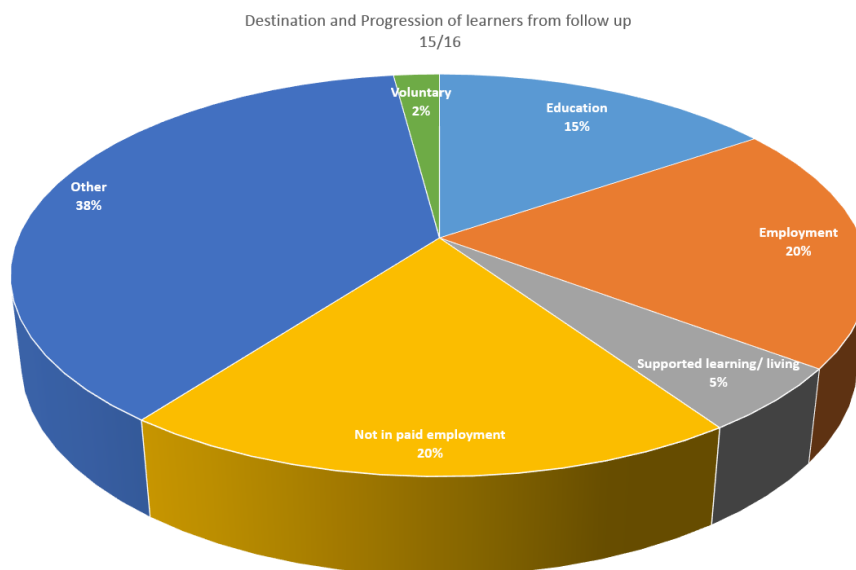
4.1 *Outcomes Objective: Ensure positive impact and outcomes for learners, leading to excellent headline success and progression rates.* Overall success rates for learners have been sustained at an exceptionally high level. Service wide success rates stand at 92.1%, which is nearly a 4% increase from 2013-14 (when success rates were 88.4%). This represents an outstanding (Grade 1) performance by the curriculum and ALL support staff. This can be accounted for in part by the very good pass rates on both Adult Skills Budget and Community Learning funded courses respectively (89% and 94%), as well by the excellent retention of learners who stay until the end of their course (95%). 2015-16 was the first year in which ALL systematically collated and measured outcomes on non-accredited courses, against the nine types of outcome that learners aspire towards, listed below:

1. Support for children and family (600 enrollers reported this)
2. Development of a core learning skill / trait (1200 enrollers)
3. Progress to further training or qualifications (900)
4. Progress in, or into, work (500)
5. Built friendships wouldn't otherwise have had (1600)
6. Increase in health or well being (1400)
7. Creation of a product or project (700)
8. Progress towards a personal ambition (2000)
9. Development of subject specialist skills (3000)

These figures are represented, in the same order, in the graph below.



This year was also the first time that ALL tracked destination six months after the end of the course (see chart below). 42% of learners, funded through the Adult Skills Budget, had progressed in employment, further training, independent living or voluntary work.



4.2 *Quality Objective: Provide teaching, learning and assessment that is outstanding or good in 90% of the provision.* The service moved away in 2016 from grading individual lessons to a more supportive, less judgemental, ethos of observing classes where tutors use self- reflection along with input from the curriculum leader to identify the areas that could be improved and explore different teaching strategies to address these. There were over 120 Support for Learning visits carried out in 2016, with all curriculum departments graded as good, except for Textiles which was graded as outstanding. Learner satisfaction ratings for the service remain very high, with over 97% of learners rating the quality of teaching and learning as either good or excellent, and 98% rating the fairness and respect with which they had been treated as either good or excellent.

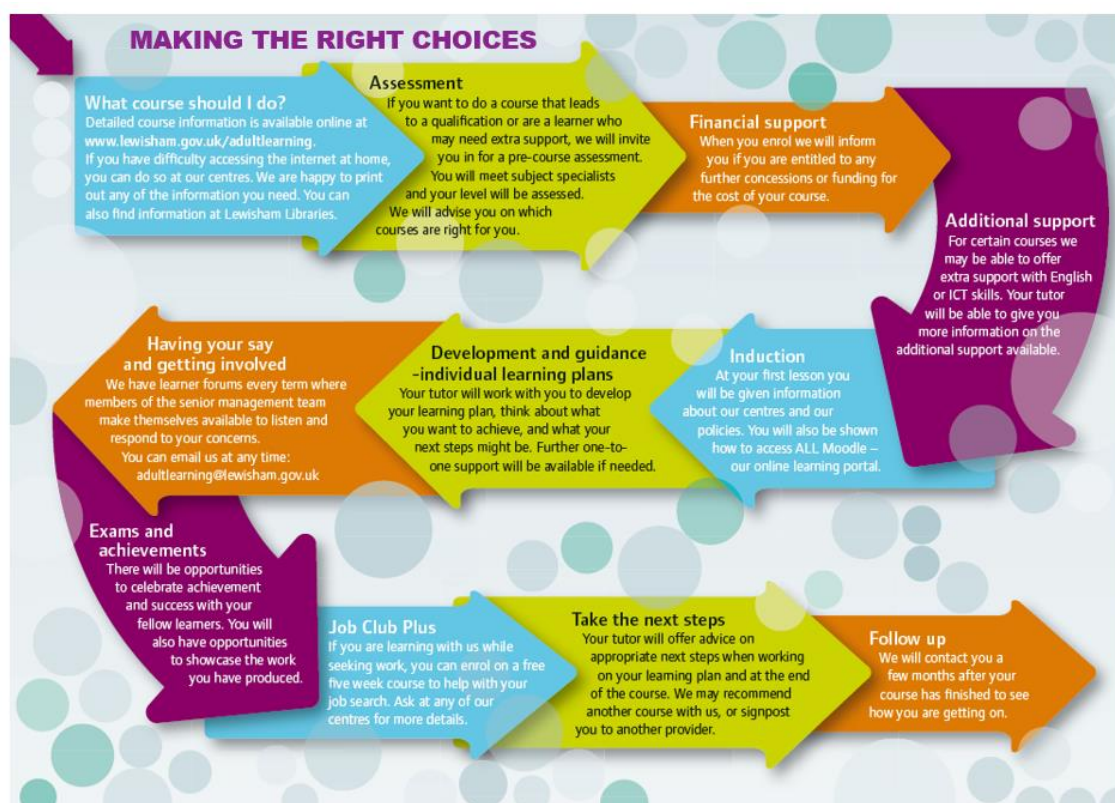
4.2.1 There are numerous strengths in the quality of the teaching and learning processes which are the building blocks for the positive outcomes in 4.1. Teachers create activities for a varied and ambitious range of skills - with learners consistently challenged and, where appropriate, producing work to a very high and professional standard. The identification of learners' needs is excellent (through the pre-course assessment process) and individual support is given to ensure all learners progress at a stretching pace. All classes are highly interactive and the use of paired and group work during delivery is excellent. There is consistent and appropriate questioning used to reinforce previous learning and assess learners before and after to ensure the skills learnt have become embedded.

4.2.2 However, improvements are needed if we are to be outstanding across all provision. For example, there could be more effective use of Moodle and ICT to support learning especially outside the classroom, developing different approaches to address punctuality and non- attendance. There is also still work to be done in helping learners to use the Individual Learning Plan in its most effective way.

- 4.3 *Safeguarding Objective: Ensure ALL meets its Safeguarding and Prevent responsibilities.* Adult Learning Lewisham established in 2016 an ALL Safe Panel, which brought together all areas with responsibilities for Safeguarding, Prevent, E-Safety and Health & Safety (previously the responsibility of separate steering groups). This included curriculum interest through the creation of safe learning environments within which learners feel supported, able to make mistakes and move forwards in their learning, and able to gain referrals to other council services where necessary. Safeguarding, and safety, incidents are monitored and tracked and reported (anonymised) to the ALL Safe panel.
- 4.3.1 In order to sustain understanding and reinforce reporting requirements for Safeguarding staff training is monitored, ensuring that all staff have participated in relevant safeguarding training. In addition to this, Prevent e-learning training is available for staff via the Education and Training Foundation. In the past year 128 members of staff have completed on-line training with an additional 29 participating in-house training provided by Lewisham's Prevent Co-ordinator. In order to continue to build staff confidence around this agenda ALL held a successful Think Tank on Fundamental British Values, on 15 December, which provided further context on the Prevent Strategy and related duty.
- 4.3.2 ALL has refreshed its safeguarding policy, which highlights a fuller range of the types and indicators of abuse (including FGM, honour based violence and mate crime) and which also imbeds Prevent as a core policy component. Further work on a Prevent action plan will be undertaken in 2017 to minimise the risks of radicalisation and extremism across the whole service.
- 4.4 *Community Objective: Respond to the needs and views of learners and the wider community, working in partnership to shape future developments and curriculum.* The past year has seen the embedding of a number of critical strands of partnership work, both at a strategic and curriculum level, and with both internal LBL services and external organisations.
- 4.4.1 At a regional level ALL has been closely involved in the London-wide Area Review process. This review was established by central government to solve the financial problems within the Further Education sector, but Adult & Community Learning providers took this as an opportunity to review their structures, outcomes, efficiencies across London. ALL has been a core contributor to the Area Review, providing a rationale for adult learning that extends it beyond productivity and employment, and arguing the case for ACL's contribution to well-being, enrichment and cost-savings to councils. This debate will continue as London approaches the devolution of skills in 2019-20, with the GLA and Mayor taking the reins of this budget. One of the recommendations of the area review is that ACL providers work across councils to deliver savings, and ALL is looking at how this may be possible within Central and South East London.
- 4.4.2 At a local and council level ALL has endeavoured to close the gap between its own efforts and the overlapping work of other services and organisations, and to assist with the strategic connection of services across the council. It helped to establish the Disability Confident and Transition Steering group, which brings together education, adult social care, economic development and Job Centre Plus, in order to help create pathways into learning and work placements for adults with a learning difficulty or disability. ALL has contributed to the new Arts Strategic Position Paper (building enterprise links for ALL's creative arts and design learners), as well as to

the new Goldsmiths Memorandum of Understanding (establishing links for learners to progress to the university) and the new Work and Skills strategy. Curriculum links within Lewisham include: the Family Learning provision connecting with parents through the Breaking Through Barriers cross-schools initiative; the Supported Learning department piloting a partnership with LSCollege; the IT provision linking with the Go On project; the English provision maintaining its connection with libraries through the Reading Ahead competition (previously the 6 Book Challenge); and the ESOL department gearing up to work within the Syrian Refugee project. The service also has embarked on a six-month research project, with the support of a graduate trainee, to look at Downham and Whitefoot wards, and at what we can learn from past investment and what recommendations can be made for the future.

- 4.5 *Environment Objective: Ensure ALL buildings, services and resources enable learning to take place in a safe, fit-for-purpose and inspiring environment.* ALL have developed an Accommodation Strategy for the next three years, which was agreed in May 2016 and a Project Initiation Document was produced in July 2016, with approval to take the project forward confirmed in October 2016. Work has begun on the design, planning and costing for the delivery phase one of the project - enhancing the external environment. This is an exciting and essential phase which will improve the visibility of each centre in their locality, with the aim of attracting more learners, and new learners, to the service. The project manager is working closely with Regeneration & Place colleagues ensuring all project requirements are met.
- 4.5.1 Premises are now able to respond more quickly to internal work requests due to the launch in 2016 of an electronic premises work request system, which staff can access via Moodle. The system can be monitored, and has led to improved customer service, and is an essential performance indicator. The premises team continue to support the delivery of the facilities management (FM) contract; working with LBL's Asset Management to ensure access to the building for planned and cyclical maintenance and repairs. The premises team have been effective in identifying and reporting deficiencies, repairs and hazards. They follow up and escalate outstanding job requests as required; with the aim to ensure that all centres are safe places to be for learners, visitors and staff. The premises team will support Asset Management in monitoring the new contractors who are due to take up the FM contract in January 2017.
- 4.6 *Staff Objective: Support and Invest in skills development for ALL staff.* In 2016 ALL applied for, and was successful in achieving, the Matrix Standard, which is the nationally accredited Kite mark for providing information, advice and guidance to learners. The process was a lengthy one, involving several months of planning, pre-assessment visits and an Ofsted-like inspection (except friendlier) lasting three days and which scrutinised the entire adult learning service. Staff were included throughout in the preparation and planning of the assessment, and whole staff training (including think tanks) was provided to highlight changes in our service. The process led to the development of ALL's 'Making The Right Choices' flow chart and poster, now on display in all classrooms and distributed to all learners, to show the numerous ways in which ALL supports learners to help them make the right choices (see the figure below). The outcome was excellent, with ALL achieving the Matrix Accreditation standard at its first attempt, and without any conditions.



4.6.1 The external Matrix assessor noted staff as a key strength of the service. The Matrix report notes that: *The overarching impression is of a dynamic leadership team and skilled workforce who are firmly focused upon inspiring and making a measurable difference to help each and every client to flourish and reach their potential.... The tutors' commitment to making a difference to every learner was frequently highlighted by clients as they key strength of ALL.* This commitment is helped by tutors being highly skilled in their respective fields, and able to create a learning environment in which learners are challenged to progress and reach their full potential. Tutors improve their teaching and assessment as a result of good, relevant and well-planned continuous professional development. Further training is identified through the service's new Support for Learning visits, which ascertain what tutors do well and what they need to do to improve.

4.6.2 A further innovation for 2016 was the introduction of the Think Tank, as an interactive vehicle for continuous professional development. The purpose of ALL's think tanks are to bring some energy to what might be considered 'dull' training, to harness the expertise and experience of staff and tutors in activities and discussion, to raise the level (and as a side effect, the volume) of debate, and to explore some of the nuances of adult learning that may be passed over by Ofsted but which are critical to effective teaching, learning and assessment. Think Tanks in the past year have looked at 'the Long Learner Journey', the concept of 'British Values', and have immersed staff in 'Making the Right Choices' (4.6 above). This approach to CPD was noted as a success by the Matrix assessor: *Staff feel listened too, and were particularly effusive about the Think Tank events and how these 'idea days' ensure staff from the three centres shape provision.*

4.7 *Finance Objective: Secure ALL on a sound financial footing and adding value to received funding.* Funding for ALL in 2016 is through a single designated SFA

stream, the Adult Education Budget, which is a merger of the Adult Skills Budget (for accredited courses) and the Community Learning Budget (broadly speaking for non-accredited courses), together with the Discretionary Learner Support fund. The table and chart below show the degree of funding cuts over the past few years to the Adult Skills budget, and the financial position of the current academic year.

	2014-15	2015-16	2016-17
Adult Skills Budget	£1,416,810	£1,317,649	
Community Learning Budget	£1,881,080	£1,881,080	
Discretionary Learner Support	£72,377	£58,167	
Adult Education Budget			£3,256,897
Total	£3,370,267	£3,256,897	£3,256,897

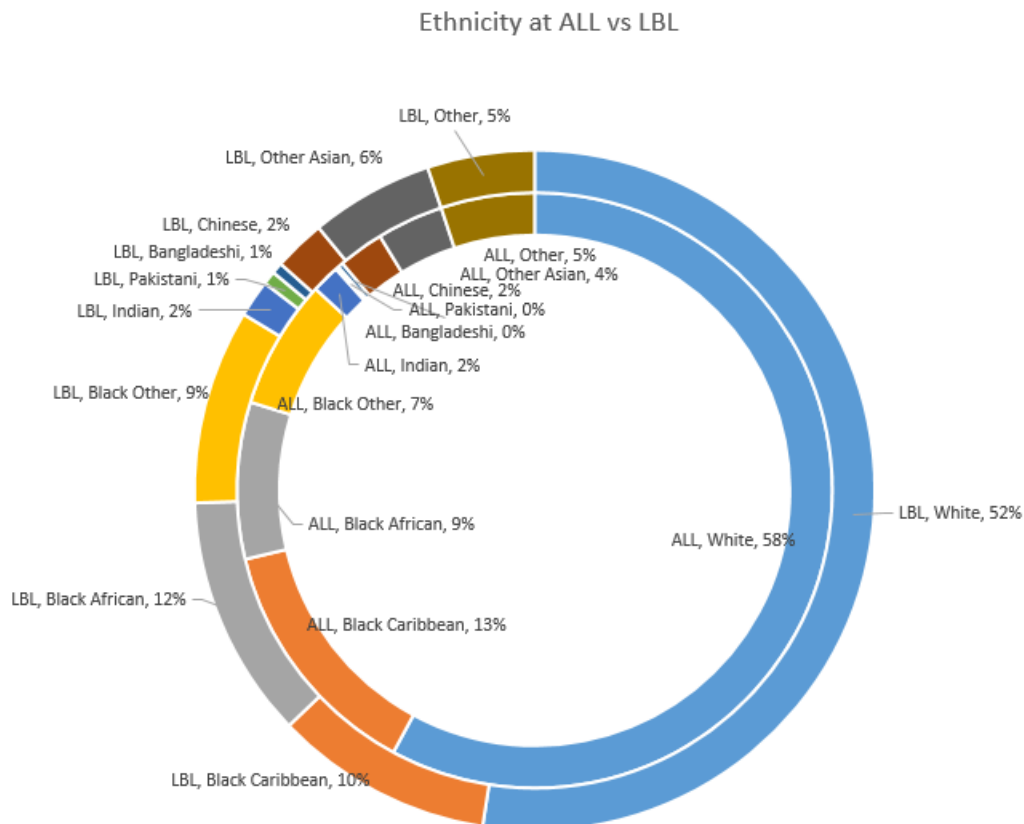
In addition to the SFA funding, ALL was able to work with the Mayor's office to secure around £50,000 of the Flexible Support Fund to enable it to continue with its Understanding The Language of Work project (helping people with ESOL needs move from reliance on benefits, and into employment). Of the two cohorts and twenty five learners, 64% left the course with a positive outcome. ALL also raises money to support its provision through learner fees, and was successful in the marketing of its courses (particularly in its Art & Design departments) to reach new over 1200 new learners and raise £450K in fees, which was reinvested in delivering courses for learners.

5. Key Performance Indicators

- 5.1 In addition to the seven performance indicators giving rise to the objectives outlined above in section 4, there are three *key performance indicators* on which the service reports to the directorate through its governance mechanism on a termly basis. These key performance indicators address three key questions: 'are residents enrolling?', 'are they learning?' and 'are they satisfied?' The first question is answered through a monthly analysis of learner enrolment and learner numbers, and for 2015-16 these were 10462 and 4931. The second question can be broadly answered by looking at success rates, namely do learners stay to the end of their course *and* do they achieve. We have already seen above (section 4.1) that in 2016 success rates remained exceptionally high, standing at 92.1% up from 91.8% in the previous year. Success rates on Adult Skills Budget courses were outstanding for learners at Entry Level (89.4%) Level 1 (81.1%) at Level 2 at 91.9%. These represent an excellent achievement for the service, but as always there is still room for improvement. The third question is answered both through the learner satisfaction ratings (noted in 4.2 above) and the government's FE Choices survey, which recorded that 95% of ALL learners are more than satisfied and would recommend ALL to a friend.

6. ALL Learner Demographics

- 6.1 Adult Learning Lewisham is funded to reach all Lewisham residents, but should prioritise the engagement in learning of those residents with the greatest needs (see paragraphs 10.1 and 10.2 below). In 2015-16 ALL enrolled on its courses 2000 learners who were unemployed or low-waged; 1280 enrolments, 423 learners in its specialist Supported Learning department who were managing mental ill health, or a physical or learning disability; 772 older learners on 2247 courses managing deteriorating health; 668 enrolments by 401 people studying ESOL to progress into work or training; 738 enrolments on English or Maths courses up to and including GCSE; and 296 people enrolling on 351 courses to train as Early Years or Childcare professionals, or gain a qualification to help them progress in work.
- 6.2 ALL has around 5000 individual learners on over 1000 courses, making up enrolment numbers of nearly 10,000 (meaning that on average each learner enrolls on two courses). 78% of ALL learners are female, which reflects the gender imbalance in adult learning engagement across the country (on average 25% of adult learners are male). Learners who are managing mental ill health, or a learning or physical disability, make up 22% of enrolments which reflects the success of two of our specialist curriculum areas (Supported Learning and Mindlift, and the Computer Project). Around two thirds of ALL learners (62%) are from non “white British” ethnic groups, which is a slightly higher percentage than for Lewisham residents as a whole (59%). But across the whole service, ALL reflects the diversity of Lewisham’s residents (see the diagram below).



7. Financial implications

- 7.1 Grant funding for ALL was reduced again for 2015-16, and although it was not cut further for 2016 it had to adjust its expenditure (and curriculum provision) to accommodate the previous cuts which were in-year cuts. This planning has enabled ALL to contain its expenditure within the reduced Skills Funding Agency budgets.
- 7.2 The service will continue to adjust spend in the light of changes in funding, whilst minimising the impact on the number of learners it reaches.

8. Legal Implications

- 8.1 It is one of the roles of the Select Committee to review policy within its terms of reference. It can make enquiries and investigate options for future direction in policy development. Additionally the Committee can require the Executive Members or Executive Directors to attend before it to explain amongst other things the extent to which actions taken implement Council policy and provide evidence of the same.
- 8.2 The power for local authorities to provide an adult education service for adults is a discretionary one. This discretion should be exercised reasonably in the sense that only relevant matters should be taken into account and irrelevant considerations ignored.

9. Crime and Disorder Implications

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

10. Equalities Implications

- 10.1 The London Borough of Lewisham, like all inner London boroughs, is a place of heterogeneity, with areas of high income, high qualification rates and low unemployment sitting alongside areas of high multiple deprivation. Lewisham still has one of the highest percentages of people claiming JSA in London (at 2.6%). Rates of mental ill health are higher than in London or nationally, and this has been identified as a council priority – 3,400 people in Lewisham are on the severe mental health register. Of all skills, a lack of English has been identified as the largest barrier to employment by the Office of National Statistics (2014). The percentage of Lewisham households (9%) with no adults who can speak English is amongst the highest in the country, with 10,000 residents in those households.
- 10.2 Lewisham residents have a high level of qualification, with 54% of Lewisham residents educated to NVQ Level 4 and above (compared to a GB average of 36%). Widening this to Level 3 reveals that 70% have NVQ Level 3 and above which is equivalent to at least 2 A Levels. The proportion of residents with no qualifications has decreased from 17.7% in 2011 to 7.5% in 2015. There has also been a notable rise in those with Level 4 or higher (degree or equivalent). However, the distribution of residents with high levels of qualifications is not evenly spread over the borough, and geographical location is correlated with low qualifications.
- 10.3 ALL remains the only Grade 2 'Good' provider of adult skills in Lewisham. It offers accessible entry routes for new or returning learners as well as progression routes that are used by learners to further their skills and education. In addition, ALL

provides a range of informal learning activities aimed at communities in areas of high and multiple deprivation across the borough. Paragraphs 6.1 and 6.2 above outline the effectiveness of ALL's response to continuing inequality and disadvantage amongst some of Lewisham's communities. The service will continue to work in partnership with other services, and the voluntary sector, to reach those residents least likely to engage, but most likely to benefit, from adult learning.

11. Environmental Implications

11.1 There are no environmental implications arising from this report.

12. Conclusion – What Lies Ahead?

12.1 The past year has laid the groundwork in London for potentially significant changes to the structure and funding of adult learning and further education across the capital city. As noted above (4.4.1) ALL has been well placed to take part in the debate, to press home the value of adult learning both as a contributor to London's productivity and its well being, and to add to the GLA's vision of adult learning for the future. However, there is still much to be done. The service needs to investigate whether common outcome measures can be found, so that the civic contribution it makes to outcomes in public health, adult social care and resident well being can be measured. The service needs to demonstrate closer collaboration with other Adult Learning providers within its sub-region, and demonstrate how it is becoming more efficient. The service also needs to nurture the healthy roots and seedlings of its partnerships, especially within its Disability Confidence & Transition project (4.4.2) to create pathways for residents with a learning difficulty into work placement, its links with the Arts Strategy and creative industries (4.4.2) to build enterprise skills in learners enabling them to sell their work, and respond to the recommendations of the Downham research project. Finally, the service needs to ensure it initiates the projects outlined in its Accommodation Strategy, to make the three centres more invitational, welcoming and visible so that more learners continue to be engaged in this path to flourishing.

For further information please contact Gerald Jones, ALL Service Manager, ext. 46189

Glossary

ACL – Adult and Community Learning
ALL – Adult Learning Lewisham
ASB – Adult Skills Budget
BIS – Department of Business, Innovation and Skills
CPD – Continuous Professional Development
DFE – Department for Education
ESOL – English for Speakers of Other Languages
FE – Further Education
FGM – Female Genital Mutilation
ICT – Information and Communications Technology
GLA – Greater London Authority
JCP – Job Centre Plus
LBL – London Borough of Lewisham

LDD – adults with a learning difficulty or disability

Mindlift – ALL's supported learning programme for adults with a learning difficulty or disability

Moodle – a Virtual Learning Environment

NVQ – National Vocation Qualification

SFA – Skills Funding Agency

A note about Success, Retention and Achievement rates

- *Achievement Rate* – the rate of learners who achieve their qualification or learning goals measured as a percentage of the number of learners who are still on the course at the end.
- *Retention Rate* – the rate of learners who are still attending the course when it finishes measured as a percentage of the number of learners who started the course.
- *Success Rate* – the rate of learners achieve their qualification of learning goals measured as a percentage of the total number of learners who started the course. This is a tougher test of organisational performance than the achievement rate.

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Agenda Item 7

Healthier Communities Select Committee			
Title	Select Committee work programme		
Contributor	Scrutiny Manager	Item	7
Class	Part 1 (open)	12 January 2017	

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 1 March 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
Place-based care and neighbourhood care networks	Standard item	Active, healthy citizens	Medium
Delivery of the Lewisham Health & Wellbeing priorities	Performance monitoring	Active, healthy citizens	High
Leisure centre contract	Performance monitoring	Active, healthy citizens	Medium

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

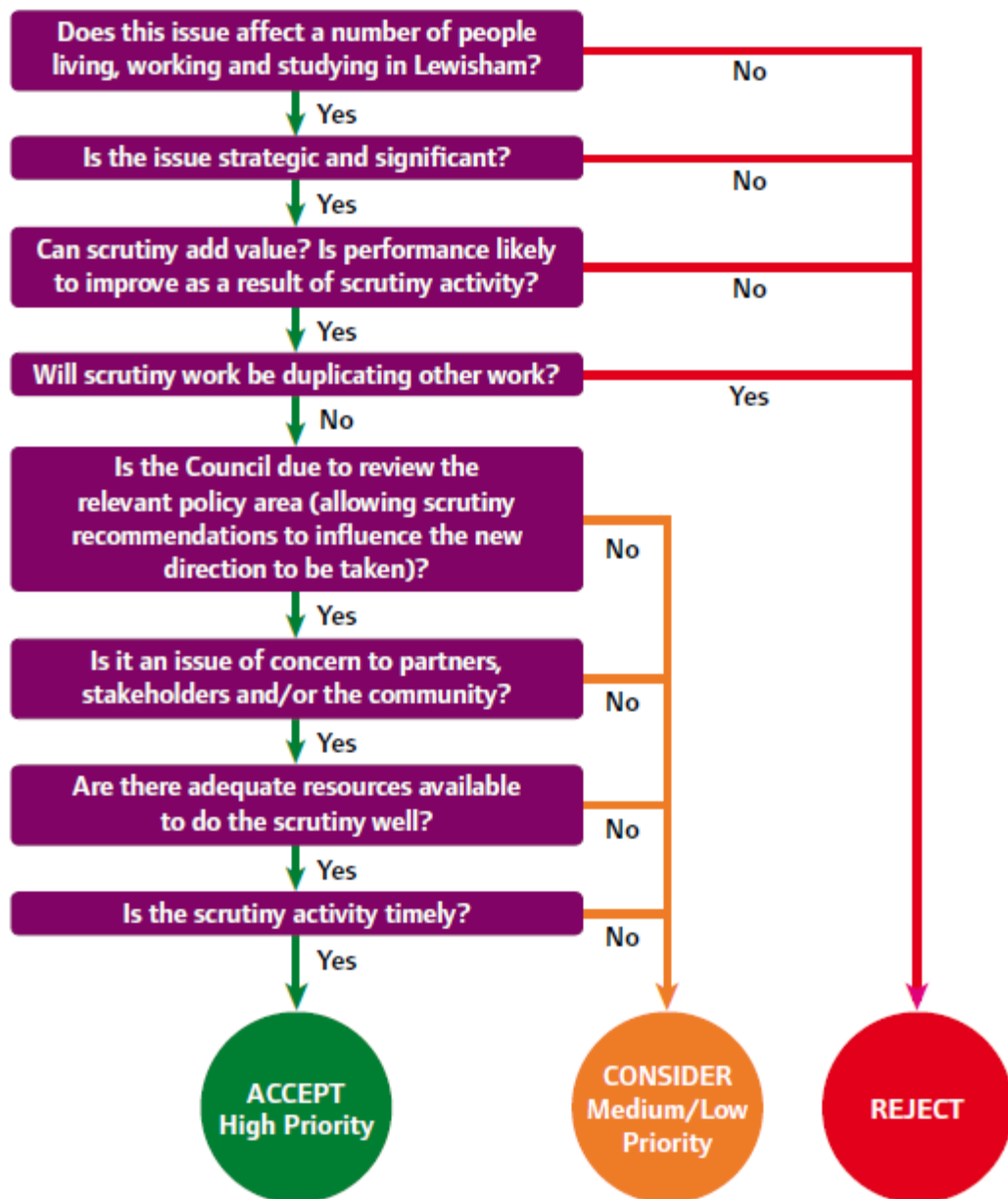
The date of the next meeting is Wednesday 1 March 2017.

Background Documents

Lewisham Council's Constitution

Centre for Public Scrutiny: the Good Scrutiny Guide

Scrutiny work programme – prioritisation process



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								
Primary care transformation and access to GP services	Standard item	Medium	CP9	Jan								
Adult learning Lewisham annual report	Performance monitoring	Medium	CP9	Jan								
Elective orthopaedics	Standard item	High	CP9	Jan								
Transition from children's to adult social care	Standard item	Medium	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
2)	Wed	18 May
3)	Tue	28 Jun
4)	Tue	13 Sep
5)	Tue	18 Oct
6)	Thu	24 Nov
7)	Thu	12 Jan
8)	Wed	01 Mar

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FORWARD PLAN OF KEY DECISIONS

Forward Plan January 2017 - April 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, 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.

August 2016	Consultant Appointment 2016 Schools Minor Works Contract	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	Procurement for 'Staying Healthy' Public Health Services	13/12/16 Overview and Scrutiny Business	Aileen Buckton, Executive Director for Community Services and		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
		Panel	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		
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 and Addey & Stanhope School expansion results of consultations	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		
December 2016	Council Tax Base Second Homes Discount and Income Review	11/01/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2016	Discretionary Rate Relief Review	11/01/17 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 Kevin Bonavia, Cabinet Member Resources		
December 2016	Governing Bodies Reconstitution Rathfern Primary School	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	The Wharves Deptford - Compulsory Purchase Order Resolution	11/01/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
December 2016	Results of Handypersons consultation	11/01/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
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		
December 2016	Library Savings Programme update - Manor House	11/01/17 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
January 2016	New Bermondsey Housing Zone Bid Update	11/01/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
April 2016	New Homes Programme Parts 1 & 2	11/01/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
December 2016	Caretaker properties Disposal and Lease Award	11/01/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Damien Egan, Cabinet Member Housing		
August 2016	Regionalising Adoption	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		
November 2016	Waste & Recycling Services Update	11/01/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member		

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Public Realm		
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		
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		
December 2016	Council Tax Base Second Homes Discount and Income Review	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		

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	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		
December 2016	Contract Award Provision of School Kitchen Condition Surveys	31/01/17 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	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 Mayor and Cabinet	Phil Badley and Councillor Kevin Bonavia, Cabinet Member Resources		
December 2016	2017/18 Budget	08/02/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Councillor Kevin Bonavia, Cabinet Member Resources		
December 2016	Agreement to consult on changes to Targeted Short Breaks Offer for children and young people with complex needs	08/02/17 Mayor and Cabinet	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		
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		
December 2016	Stage 1 of 2-stage procurement for the proposed expansions of Ashmead Primary School and Addey & Stanhope Secondary School (Morningson Centre) and to enter into a Pre-Construction Services Agreement.	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		

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	Young Person's Health and Wellbeing Service 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		
November 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, Cabinet Member Resources		
December 2016	Brasted Close development	01/03/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
December 2016	New Homes Programme	01/03/17 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
			Councillor Damien Egan, Cabinet Member Housing		
December 2016	Lewisham Homes Management Agreement and Articles of Association	01/03/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
December 2016	Proposed Heathside and Lethbridge Estate, Lewisham - Phase 6 Compulsory Purchase Order 2017	01/03/17 Mayor and Cabinet (Contracts)	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
December 2016	Lewisham Construction Hub Contracts	01/03/17 Mayor and Cabinet (Contracts)	Sara Williams, Executive Director, Children and Young People and Councillor Alan Smith, Deputy Mayor		
December 2016	Statutory Funerals Contract	14/03/17 Overview and Scrutiny Business Panel	Aileen Buckton, Executive Director for Community Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
December 2016	Lewisham Place Planning Strategy 2017-2022	22/03/17 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
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

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