

# Healthier Communities Select Committee Agenda

Wednesday, 1 March 2017

**7.00 pm,**  
Civic Suite  
Catford  
SE6 4RU

For more information contact: John Bardens (02083149976)

## Part 1

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# Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Wednesday, 1 March 2017.

Barry Quirk, Chief Executive  
Thursday, 23 February 2017

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

## **MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE**

**Tuesday 12 January 2017, 7pm**

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

Apologies: Councillors Paul Bell and Susan Wise

Also Present: Roz Hardie (Director, Lewisham Disability Coalition), Nigel Bowness (Chair for Work Plan Committee, Healthwatch Bromley and Lewisham), Dr Marc Rowland (Chair, Lewisham CCG), Dr Jacky McLeod (Clinical Director, Lewisham CCG), Ashley O'Shaughnessy (Deputy Director of Primary Care, Lewisham CCG), Colin Stears (Management Partner at St Johns Medical Centre), Gerald Jones (Adult Learning Lewisham Manager), Aileen Buckton (Executive Director of Community Services), Tony O'Sullivan (Save Lewisham Hospital), Cathy Ashley (Lewisham Pensioners' Forum), Dee Carlin (Head of Joint Commissioning), Joan Hutton (Head of Assessment and Care Management), and John Bardens (Scrutiny Manager).

### **1. Minutes of the meeting held on 24 November 2016**

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

### **2. Declarations of interest**

The following non-prejudicial interests were declared:

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

**Roz Hardie (Director, Lewisham Disability Coalition)** spoke and the following key points were noted:

- The integration of health and social care is an important issue for members of the Lewisham Disability Coalition. Members want to help shape things by sharing their experience of where services do and don't join up, but are currently unsure about where they can take their ideas.
- The Lewisham Disability Coalition welcomed the engagement events organised by the Scrutiny Manager and Healthwatch. They said it's essential to hear from the people using services.
- The voluntary sector is involved in a lot of innovation and collaboration on the front line of support provision, but it should also be more involved in strategy and planning. The Lewisham Disability Coalition is very keen to be involved, and are pleased to hear that the integration programme has recently been talking to voluntary sector organisations.
- Many of those who approach to the Lewisham Disability Coalition for support are experiencing complex health problems. Given this, the Lewisham Disability Coalition are particularly keen to explore opportunities to work closer with health professionals.
- The impact of welfare reform, and the crisis around benefits sanctions, is also a huge issue having a detrimental impact on people living with disabilities in the borough.
- A significant proportion of people who come to the Lewisham Disability Coalition for help have a complex series of needs – often welfare-related financial or housing problems – and usually need some form of advocacy or casework support.
- The Lewisham Disability Coalition do not have a position on universal basic income, but think that it could be, in principle, a good thing.
- The Lewisham Disability Coalition work closely with partners on issues such as safeguarding and keeping warm, and are also looking to work more closely with social care.

**Nigel Bowness (Chair for Work Plan Committee, Healthwatch)** spoke and the following key points were noted:

- As part of the Committee's review, the Scrutiny Manager worked in partnership with Healthwatch to organise a series of engagement events to hear the views of specific groups of people who use health and social care services.
- Three events were held and the experiences of more than 70 people were gathered. This included people with physical disabilities, learning disabilities and mental health needs.

- Overall, the evidence from the people engaged with indicates that the challenges faced by the wider health and care system are impacting on vulnerable people.
- People did not tend to distinguish between good and bad providers, they just wanted to be supported by compassionate, polite, respectful, and culturally competent professionals.
- The majority of people valued the services they received, but they were concerned that they were being reduced. People were particularly concerned about a reduction in choice and control over what they could do.
- There was some particular concern about customer service-related issues – for example, how long it took to get an assessment and how easy it was to communicate with social services.
- People particularly valued those care workers who gave that little bit extra – for example, helping someone read a letter or deal with changes to their benefits. For many people, this made a whole world of difference. Conversely, care workers who were unkind, patronising or disrespectful, whether intentional or not, had a significant negative impact on the lives of those who need help.
- People also said that having advocates, key workers, and care coordinators that were resourceful and competent made the whole world of difference to accessing services. People found the health and social care landscape complex and difficult to navigate and said that having someone to help them through the system, not just signpost them, is very important.
- The Lewisham Disability Coalition, Community Connections, Lewisham Homes, Stepping stones, Sydenham Gardens, and the Samaritans were organisations specifically mentioned as being helpful.
- Many people said that they were unhappy with the professionalism of the health professionals they had seen. Some said that they felt like they were being unfairly judged and that the professionals who were meant to be assessing their condition were taking irrelevant matters into account when deciding whether or not they are eligible for support.
- People were also either unaware of the complaints process, or didn't understand it and feel confident enough to use it.
- Many people had problems with the enablement process. People said that the support didn't last long enough and that after it ended they were just told to rely on friends and family.

Cathy Ashley (Lewisham Pensioners' Forum) spoke and the following key points were noted:

- Cathy said that it is essential to look at what's happening on the ground to the people that are "left behind" or "just about managing". Cathy stressed that a lot of pensioners are very poor.

- The Lewisham Pensioners' Forum carried out a local survey to gather views of those who use community-based health and social care services. They only received 29 responses, which they found worrying as it could mean that a lot of people are either now being excluded from services or isolated at home and unable to make their voice heard. Cathy stressed that it is crucial that all people are contacted and listened to.
- Cathy also commented that spending less than 1% of GDP on adult social care nationally is insufficient for a decent and moral society.

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

- The Committee noted the great value in the evidence of real life situations, and feedback from service users, provided by the engagement events.
- The committee noted that it is crucial that the council engages with all communities affected, and potentially affected, by the changes the health and care services.

*Resolved: the Committee noted the witnesses' evidence and agreed to make a referral to the Health and Wellbeing Board based on the questions submitted in written evidence by the Lewisham Pensioners' Forum.*

## **5. Primary care transformation and access to GP services**

Dr Marc Rowland (Chair, Lewisham CCG) and colleagues introduced the report. The following key points were noted:

- The officer report provides an overview of the situation in primary care following the refresh of the primary care strategy – *Developing GP Services (2016-2021)*. The four priorities of the strategy are: *proactive care, accessible care, coordinated care, and continuity of care*.
- GPs in Lewisham are under increasing pressure from population growth, widening health inequalities, and an ageing population with increasingly complex conditions.
- GPs have been working together around neighbourhoods since 2008, to try to shift activity and resources from secondary to primary care. The CCG's vision is for sustainable development of primary and community care, which is embedded within, and working together with, local communities and neighbourhood networks.
- Primary care will be increasingly delivered at scale and make better use of technology. It will also make better use of the buildings at its use and support the development of the local workforce to address shortages. Primary care in Lewisham is on the verge of a great improvement.
- The CCG has recently applied to move from the existing arrangement of co-commissioning of primary care services with NHS England to delegated commissioning, giving the CCG full responsibility for commissioning GP services. The new arrangement will start in April this year if the application is successful.

- The CCG has also recently started a primary care assessment pilot at the urgent care centre at Lewisham Hospital. This means that the first point of contact for patients arriving at the hospital will be a GP. Since October 2016, 60% of those seen under the pilot were treated by the GP they saw or redirected to an appropriate alternative service.
- Five practices towards the north of the borough are planning to merge to become a partnership. It will be a gradual, “evolutionary” merger focused on back-office functions, allowing for economies of scale. Patients will see very little change in service. The partnership is also looking to work with the council to take on apprentices to build its own workforce to address shortages.
- The partnership’s business plan will involve looking at the buildings it has to use. Some current practices are not fit for purpose, but there may be opportunities for some other practices to expand. This is high on the agenda and sites are currently being looked at.
- One Health Lewisham is the overall federation of all 40 General Practices in Lewisham. It is a limited company, wholly owned by the GP surgeries of Lewisham. It aims to working collaboratively to ensure high quality, equitable, and sustainable primary care across Lewisham.
- Many GP practices are struggling to remain financially viable, and GPs are becoming increasingly reluctant to become partners – including in Lewisham. This situation was exacerbated by the way the recent Department Health service charge request was handled.
- GPs in the borough are also looking at ways GP services are delivered. Traditional GP consultation slots may not be right for the future. May have to consider different ways of working, different consultation lengths, other forms of consultation (including phone and email), and how we use pharmacists. Technology could also be used to help reduce in-surgery waiting times.
- The national requirement to provide GP services from 8am to 8pm is being met in Lewisham by setting up a hub site at Lewisham hospital staffed by GPs from across the borough. The CCG is also looking for another, separate hub site.
- Meeting the extended hours requirement will be challenging, but the CCG and partners will monitor feedback on the central hub approach and review as necessary. It is not yet clear if the extended GP hours will improve outcomes. Communicating the availability of this service to the public will be key.

*Resolved: the Committee noted the report*

## 6. Adult learning Lewisham annual report

Gerald Jones (Adult Learning Lewisham Manager) introduced the report. The following key points were noted:

- The seven strategic objectives of Adult Learning Lewisham (ALL) are: *outcomes, quality, safeguarding, community, environment, staff, and finance*.
- In terms of outcomes, during 2015/16, success rates for learners remained very high, at 92%. And 42% of learners progressed into employment, further training, independent living or voluntary work.
- In terms of quality, ALL has moved away from assessment based on observing and grading lessons, and instead moved towards a less judgemental process of using self-reflection and leader guidance to create action plans. 97% of learners in 2015/16 rated the quality of teaching and learning as either good or excellent.
- Following the London-wide Area Review process, set up to address the financial problems in further education, ALL has been working closely with regional partners. The review recommended more collaboration across councils and some colleges around London are losing funding and may have to merge.
- In terms of the learning environment, ALL has developed a new accommodation strategy for the next three years. The first phase of this will involve work to make ALL buildings more visible, attractive and inviting to new learners.
- In terms of staff, in 2016 ALL successfully achieved the Matrix standard, the national kitemark for providing information, advice and guidance to learners to help them make the right choice. The kitemark shows that advice from ALL staff will be fair and impartial.
- Looking ahead, ALL will be collaborating more closely with partners across the sub-region to look at ways to be more efficient. ALL will also be looking into whether common outcome measures could be used that show ALL's contribution to other parts of the council's work, including public health, social care, and wellbeing.
- During 2016, ALL helped to establish the Disability Confident and Transition Steering Group. This brings together education, social care, economic development and Job Centre Plus, in order to find ways to help adults with learning difficulties into work, training and education.
- ALL are able to give advice to learners with disabilities about what can be done to help with their learning experience – the use of assistive technology, for example.

*Resolved: the Committee noted the report.*

## 7. Select Committee work programme



John Bardens (Scrutiny Manager) introduced the report.

- The Scrutiny Manager advised the committee that the elective orthopaedics item on the agenda for March would need to be pushed back to April to fit in with the programme team's new timeline.

*Resolved: the Committee agreed the work programme*

## **8. Referrals**

*Resolved: the Committee noted the witnesses' evidence and agreed to make a referral to the Health and Wellbeing Board based on the questions submitted in written evidence by the Lewisham Pensioners' Forum.*

The meeting ended at 21.30pm

Chair:

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Date:

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Healthier Communities Select Committee		
Title	Declaration of interests	
Contributor	Chief Executive	Item 2
Class	Part 1 (open)	01 March 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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<b>HEALTHIER COMMUNITIES SELECT COMMITTEE</b>			
<b>Report Title</b>	Lewisham Health & Wellbeing Strategy: Update on progress in 2016		
<b>Contributors</b>	Director of Public Health	<b>Item No.</b>	4
<b>Class</b>	Part 1	<b>Date</b>	1 March 2017

## 1. Purpose

1.1 This report provides members of the Healthier Communities Select Committee with an update on progress made during 2016 in the implementation of Lewisham’s Health & Wellbeing Strategy. It focuses on some of the key achievements during 2016 around the three priorities for action that were identified in the H&WB Strategy refresh for 2015-18:

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

## 2. Recommendation

2.1 Members of the Healthier Communities Select Committee are recommended to:

2.1.1 Note the contents of the report and the actions from each section and direct as required any further analysis or commentary.

## 3. Policy Context

3.1 Lewisham’s Health & Wellbeing Board brings together individuals from the key organisations that deliver health and care services, as well as representation from the borough’s voluntary and community sector. The perspective of citizens and patients is provided by Healthwatch. Key roles of the board include the promotion of integrated health and care services and the development of a Health and Wellbeing Strategy, based on a clear understanding of the needs of the population (through the Joint Strategic Needs Assessment process).

## **4. Background**

- 4.1 While the Health & Wellbeing Board will continue to monitor progress using our H&WB Outcomes Dashboard and ensure that existing delivery groups and plans work effectively to deliver the original 9 priority outcomes within the resources available, the board agreed in 2015 to provide a greater strategic focus on three actions where collective and concerted effort by the Health and Wellbeing Board member organisations in partnership with other stakeholders, and working with our local communities, could bring about significant population level improvements in Health and Wellbeing.
- 4.2 Consequently the board has identified three interdependent broader priorities for 2015-18: to accelerate the integration of care; to shift the focus of action and resources to preventing ill health and promoting independence; and supporting our communities and families to become healthy and resilient.

## **5. Lewisham Health & Wellbeing Strategy: 2016 Progress Update**

### 5.1 Accelerating the integration of care

5.1.1 The report describes the following achievements:

- Safe and Independent Living (SAIL) programme;
- Community Falls team;
- Neighbourhood care Networks;
- Neighbourhood Community teams;
- Dementia diagnosis and improved pathway;
- Public Mental Health and Wellbeing Strategy.

### 5.2 To shift the focus of action and resources to preventing ill health and promoting independence

5.2.1 The report describes the following achievements as a national whole system obesity pilot local authority:

- SUGAR SMART campaign;
- UNICEF Baby Friendly accreditation;
- Restrictive planning policy on fast food takeaways;
- Lewisham Food Partnership;
- The Daily Mile.

### 5.3 Supporting our communities and families to become healthy and resilient.

5.3.1 The report describes the following achievements:



- New borough wide community nutrition and physical activity service;
- Community Connections Partnership;
- Dementia friendly community award.

## **6. Financial Implications**

6.1 There are no specific financial implications.

## **7. Legal Implications**

7.1 The requirement to produce a Health & Wellbeing Strategy is set out above.

## **8. Crime and Disorder Implications**

8.1 There are no specific Crime and Disorder Implications from this report.

## **9. Equalities Implications**

9.1 Equalities Implications and the impact they have on health outcomes have been highlighted throughout the body of the report.

## **10. Environmental Implications**

10.1 The environment is a priority area for the Lewisham Whole System Obesity Action Plan. Therefore the aim is to positively impact the environment in relation to tackling obesity.

## **11. Conclusion**

11.1 The report outlines the progress made in 2016 in implementing Lewisham's Health & Wellbeing Strategy.

## **Background Documents**

Appendix 1: Lewisham Health and Wellbeing Strategy: 2016 Progress Update for Healthier Communities Select Committee

If there are any queries on this report please contact Danny Ruta, Director of Public Health, on 020 8314 9094 or by email at [danny.ruta@lewisham.gov.uk](mailto:danny.ruta@lewisham.gov.uk)

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## **LEWISHAM HEALTH AND WELLBEING STRATEGY: 2016 PROGRESS UPDATE FOR HEALTHIER COMMUNITIES SELECT COMMITTEE**

### **1. OUR REFRESHED STRATEGIC PRIORITIES FOR 2015-18**

1.1. In March 2016 the Lewisham Health and Wellbeing Board agreed to continue to monitor progress in delivering its original 9 priority outcomes using our H&WB Outcomes, but to provide a greater strategic focus on a smaller number of actions where collective and concerted effort could bring about significant population level improvements in Health and Wellbeing.

1.2. In order to prevent ill health and promote wellbeing and independence, the board and its partners identified a clear need for an integrated health and social care system and stronger communities. What also emerged from discussions was the need for simultaneous joined up action across the following 'fronts':

- integration of physical and mental health services;
- Integration of health and social care;
- Integration of care and prevention;
- Integration of primary and second health services (including community services);
- building on the strong and active communities that already exist in Lewisham, to mobilise their efforts and support them to help each other to make changes in their daily lives, and empower them to take control over their health and wellbeing.

1.3. Consequently the board agreed three interdependent broader priorities for action for 2015-18:

1. To accelerate the integration of care
2. To shift the focus of action and resources to preventing ill health and promoting independence
3. Supporting our communities and families to become healthy and resilient

1.4. These broad priorities align with, and support delivery of, key national and local policies and programmes. These include the NHS five year Forward View, the Care Act, the South East London Sustainability & Transformation Plan, Lewisham Health Partners' Integrated Care programme, and Lewisham's Children & Young People's Plan.

### **2. THE APPROACH WE HAVE TAKEN**

2.1. Since the refresh of the Strategy in 2015/16, we have taken action on these three priorities at three levels: at a population, community and individual/family level.

## 2.2 Population level approaches

- 2.2.1 Approaches directed at the whole population include healthy public policies, using legislation, and regulatory powers to support making 'healthy choices easy choices' for individuals and communities. Social marketing, communication and education strategies, service support and even enforcement actions are being used to achieve the biggest impact.

## 2.3 Community level approaches

- 2.3.1 Individuals and families will only choose certain behaviour and actions if those behaviours fit with the culture and belief system of their own community. These communities can be based on place (neighbourhood, school, workplace), culture (ethnicity, faith), and others (disability, sexual orientation). A powerful way to facilitate communities' awareness of and capability to alter the factors affecting health and wellbeing is through community development approaches that have been pioneered in Lewisham. Lewisham's voluntary, community and faith sector acts as a bridge between services and communities, and the new neighbourhood care networks emerging from the integration of health and social care (see below) provide an additional vehicle for engaging and empowering communities to improve their own health and wellbeing. Working with businesses is also part of a community approach.

## 2.4 Individual and family level approaches

- 2.4.1 Many interventions taken up at the individual and family level can only be implemented effectively to scale in an integrated health and care system where every contact presents a health improvement opportunity. Brief Interventions for behaviour change have been delivered to scale by front line staff, developing the personal skills amongst staff and service users to allow those service users to manage their own care.

## 3. **PUTTING IT ALL TOGETHER: LEWISHAM HEALTH & WELLBEING STRATEGY REFRESH 2015-18**

- 3.1 Our refreshed strategy can be summarised in the following narrative:

We will ACT at the level of: populations, communities, individuals and families

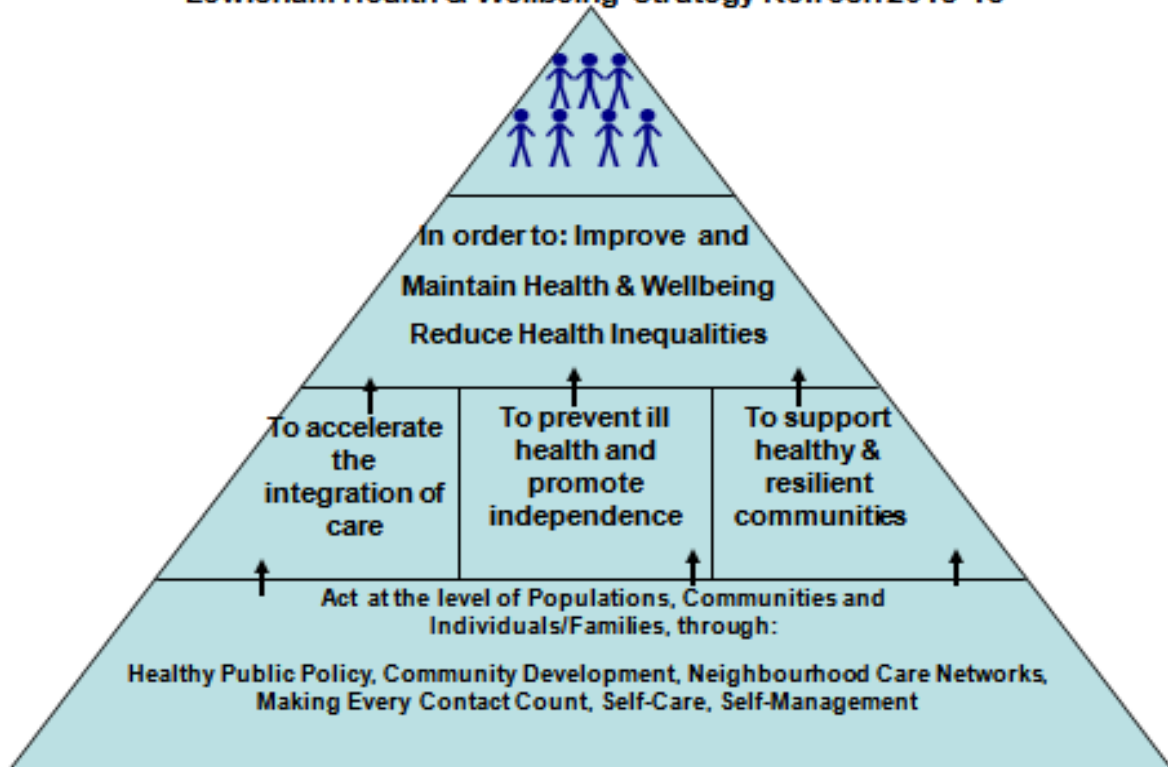
THROUGH: healthy public policy, community development, new neighbourhood care networks, making every contact count, self care and self management

TO: accelerate the integration of care, to prevent ill health and promote independence, and to support healthy and resilient communities

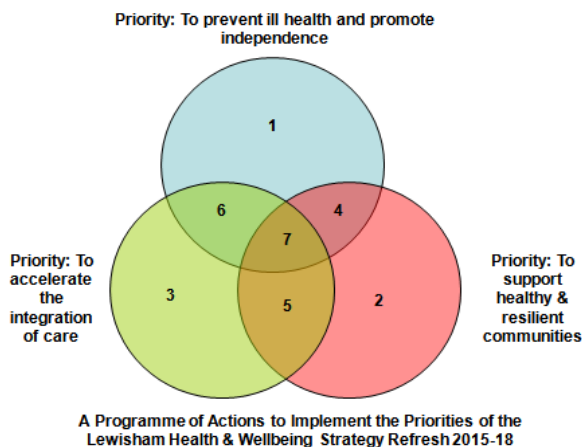
IN ORDER TO: improve and maintain health and wellbeing and reduce health inequalities.

- 3.2 The diagram below illustrates this narrative, bringing together our original vision and overall aim, our new strategic focus and priorities for the next three years, and the approaches we will take to addressing these priorities, in a Lewisham Health & Wellbeing Strategy Refresh 2015-18:

**Achieving 'Health for All Lewisham Residents 2023':  
Lewisham Health & Wellbeing Strategy Refresh 2015-18**



3.3 In order to achieve population level change in outcomes, we recognised the need to identify a programme of actions that addresses all three priorities, and wherever possible to identify actions that operate on two or three priorities at the same time. The Venn diagram below illustrates how identified actions operate together:



**Examples of how actions will operate together to address H&WB Strategy Refresh Priorities**

- 1 – Promote smoke free environments, including homes & playgrounds
- 2 – Identify community assets & gaps, and how public services can better support communities to support themselves
- 3 – Co-locate health & care staff (inc primary care) in each of the four neighbourhoods
- 4 – Work with local retailers / off licenses to reduce the supply of super strength lager/beer
- 5 – Promote cancer screening programmes in the community & work with GP practices so that they are more proactive in following up cancer screening non-attenders
- 6 – Support children at risk of deteriorating mental health or those exposed to risk factors for mental ill health
- 7 – Achieve and maintain baby friendly accreditation across maternity and community health

3.4 When considering the achievements during 2016 described below, it should be borne in mind that although achievements are described under one of the three priority action headings, many operate across two or even three priorities.

## 4 ACHIEVEMENTS DURING 2016

### 4.1 Accelerating the integration of care

4.1.1 Lewisham Health and Care Partners set itself a number of ambitious goals for integration of care during 2016, and although there has been slippage in some areas, good progress has been made in the following areas:

4.1.2 **The Safe and Independent Living (SAIL)** in Lewisham programme is designed to improve referral and access to a broad range of coordinated support and/or information services provided by the NHS, Council, Fire Brigade, Voluntary Sector and Private organisations to help keep people safe and independent in their own home. The SAIL programme was designed and commissioned during 2016, but the launch date was delayed while Information Governance concerns were addressed; however, these have now been resolved and SAIL went live in January 2017.

4.1.3 **The community falls team** (model based on current NICE guidelines) is part of a wider **falls pathway**. The pathway will also link with the UHL based Fracture Liaison Co-ordinator, Primary Care and health and social care partners to identify and proactively manage those at risk of falling (primary prevention) as well as providing a range of physical activity interventions and care coordination to reduce repeat falls (secondary prevention). Progress was made in 2016 with the design of the pathway, and commissioning of the community falls team. Although the implementation of a falls service has slipped from the original timeframe, progress has been made with the recruitment of a Falls Lead; however, a fully operationalised service is dependent on the contract variation between the CCG and Lewisham and Greenwich NHS trust.

4.1.4 The development of effective **Neighbourhood Care Networks** is a key element in the transformation of Community Based Care (CBC). The term **Local Care Network**, as used within the South East London Sustainability and Transformation Plan (STP), describes a more formalised model of care and governance structure which is more akin to our proposed partnership and governance arrangements for Community Based Care. Locally, our wider definition of a Neighbourhood Care Network is the way in which links and connections are made across all those delivering Community Based Care, across statutory providers, voluntary and community sector and communities themselves.

4.1.5 In Lewisham we are focusing on connecting people and services across four neighbourhood areas. Many existing health and care services delivering care outside hospital have been arranged to cover four neighbourhood areas. By arranging services at a neighbourhood level, the people working within them are able to connect more easily with other services working in that area and deliver holistic care in a joined up way. Mirroring the way in which many statutory health and care services have been organised, the voluntary and community sector (VCS) have also formed four **Neighbourhood Community Development Partnerships**. These neighbourhood partnerships bring together the voluntary and community sector in that area to support community development and to work with local statutory agencies to build stronger, healthier communities.

- 4.1.6 In order to facilitate integrated working at neighbourhood level, four **Neighbourhood Community Teams (NCTs)**, that include community nursing and social care staff, have been established. Good progress has been made in relation to the co-location of NCT1 at the Waldron. At an operational level, managers have committed to identifying and resolving issues collaboratively in their monthly meetings. Joint training has been undertaken in every NCT. Going forward in 2017, a more coherent workforce development plan will be developed to deliver a shared culture.
- 4.2 To shift the focus of action and resources to preventing ill health and promoting independence
- 4.2.1 In addition to the actions described above, many of which aim to prevent illness and promote independence (e.g. SAIL and the Falls Team), the most significant shift in the focus of action and resources was in the area of obesity, when Lewisham became a national pilot site for taking a whole system approach to tackling the obesity epidemic. Significant achievements are listed below.
- 4.2.2 In October 2016 Lewisham Council joined forces with Jamie Oliver and Sustain, to become the first local authority in London and only the second in the UK to launch a **SUGAR SMART campaign**. SUGAR SMART is an exciting campaign to reduce the amount of sugar in our diets by raising awareness of the health impact of the high levels of sugar in foods and drinks and encouraging action to reduce sugar intake. Local organizations, businesses and settings that join the Lewisham **SUGAR SMART** campaign pledge to make simple changes to promote healthier, lower sugar alternatives and limit less healthy choices.
- 4.2.3 The first Lewisham organisations to take the SUGAR SMART pledge in October 2016 included: Lewisham and Greenwich NHS Trust, Chartwells (our main school meal provider), Millwall Football Club, FareShare London, Bonus Pastor Catholic College and St William of York Primary school. Pledges included Millwall FC introducing a sugary drinks tax on match days, and Bonus Pastor Catholic College making the entire school premises water-only. Since the launch a further 14 organizations have submitted pledges and joined the campaign. These organizations cover a wide range of sectors such as food businesses, a GP practice, nurseries and secondary schools. A further 9 fast food premises will become SUGAR SMART as part of the Healthier Catering Commitments scheme by the end of the financial year. As part of the Neighbourhood Community Development Partnership approach, it is now proposed to approach 200 restaurants and takeaways in Neighbourhood 3 inviting them to join the campaign.
- 4.2.4 Breastfeeding improves the health and wellbeing of both mothers and babies. Evidence shows that for both mother and baby, in the longer term, breastfeeding reduces the risk of obesity. One of the key actions to support increasing breastfeeding prevalence in the borough is working towards achieving **UNICEF UK Baby Friendly accreditation** through the implementation of the Baby Friendly practice standards. As well as working to protect, promote, and support breastfeeding, the UNICEF Baby Friendly revised practice standards introduced in 2012 also aim to strengthen mother-baby and family relationships for all babies, not only those who are breastfed.

- 4.2.5 The UNICEF UK Baby Friendly Initiative is an externally evaluated programme recognized to improve breastfeeding prevalence and the health and wellbeing outcomes of all infants. The process consists of implementing the standards in three stages over a number of years. **Lewisham Health Visiting service achieved their Stage 3 award in July 2016** with the support of Lewisham Children's Centres and Lewisham Council's Public Health Team. Lewisham Maternity services are preparing for their Stage 3 assessment in April 2017.
- 4.2.6 According to the National Obesity Observatory, Lewisham has the 13<sup>th</sup> highest density of hot food takeaways per head of population in England. The Council adopted a **restrictive planning policy in relation to hot food takeaway uses** as part of its Development Management Local Plan in November 2014. The policy seeks to prevent the establishment of new hot food takeaways within 400 metres of any primary or secondary school. In areas further away from schools, the policy seeks to limit the number of takeaways by applying a maximum percentage in town centres and parades. As the Local Plan progressed through the decision-making process, the policy gained leverage in planning decisions. In the latter stages of preparation and following adoption **the policy was used successfully to refuse five applications in 2015-16 alone**. The policy has been used in discussion with applicants resulting in a number of withdrawn applications.
- 4.2.7 Lewisham has established a partnership of community members, public and voluntary services to help secure a healthier and sustainable food future for the borough. The aim of the **Lewisham Food Partnership** is to transform the food environment as part of the whole system approach to obesity, reducing health inequalities and improving the health outcomes of our residents. Bringing together a wide variety of partners allows a more joined-up approach, improving collaboration and increase awareness of what is going across the borough.
- 4.2.8 The partnership developed action plans to help address a wide range of issues, including access to healthy foods, building community knowledge and skills, food waste, procurement and food poverty. Examples of the some of the initiatives to transform the food environment are included in this report. The borough has now signed up to the **Sustainable Food Cities Network** in order to share ideas and learn from others working towards similar goals. Lewisham was recognised as a **leader borough in the 2016 Good Food for London awards** for 'its excellent achievements' and being consistently in the top five boroughs for their involvement in improving London's food. The report measured progress over 10 actions to support healthy and sustainable food: in supporting breastfeeding, supporting food growing, being an accredited living wage employer, serving Silver Catering Mark meals in the majority of schools and nurseries, serving sustainable fish in primary schools, serving cage-free eggs, running the healthier catering commitment, and being a member of Sustainable Food Cities, being a Fairtrade borough, and assuring access to good food.
- 4.2.9 Lewisham council has been working with local primary schools to implement **The Daily Mile**. This initiative, which began in a primary school in Stirling, Scotland, aims to improve children's physical fitness, as well as their social and emotional wellbeing, by getting children to run in the playground for 12 minutes every day, which averages one mile. This simple, 'no cost' initiative has swept the UK in the last year, and in 2016, a number of primary schools began to introduce the Daily Mile. **As of January 2017, 3,000 Lewisham**



**children are now running the Daily Mile every day** across 12 primary schools, with all Lewisham schools expressing an interest and three more schools about to start running after the half term holiday.

#### 4.3 Supporting our communities and families to become healthy and resilient

- 4.3.1 In addition to the programmes and initiatives described above that clearly support our communities and families to become healthy and resilient, two innovative initiatives have been particularly successful in the last year in applying a community development approach to health improvement:
- 4.3.2 In 2016 a new **borough wide community nutrition and physical activity service**, taking a community development approach, was commissioned to enhance the existing and very successful North Lewisham Health Improvement programme in Neighbourhood 1 and Bellingham Well London programme in Neighbourhood 4. The contract was awarded to the Greenwich Co-operative Development Agency (GCDA).
- 4.3.3 Between September and December 2016, 97 Lewisham residents attended 5 week cookery clubs, 47 residents attended food growing sessions in community gardens, and 21 volunteers from 12 different organizations were trained to deliver cookery sessions.
- 4.3.4 In 2015, Lewisham council and Age UK established a **Community Connections Partnership**. The Partnership: provides support to vulnerable adults to assist them in accessing services; prevents their needs from escalating; reduces the burden on statutory services and provides links to statutory services; maximizes the potential of community organizations to meet the needs of vulnerable adults in the community; identifies gaps in service provision and works with local voluntary sector organizations to develop services to meet these needs. Community Connections workers form part of the neighbourhood teams.
- 4.3.5 During 2016/17, the partnership has worked with over 800 vulnerable adults, and generated over 200 referrals from health services.

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<b>Healthier Communities Select Committee</b>		
Title	Health and adult social care integration in-depth review – draft final report	
Contributor	Scrutiny Manager	Item 5
Class	Part 1 (open)	1 March 2017

## 1. Overview

As part of the work programme for 2016/7, the Committee agreed to carry out a review of health and adult social care integration. The scope was agreed in May 2016 and evidence gathered at meetings in September, October and January 2017.

The attached draft report presents the written and verbal evidence received by the Committee. The executive summary, recommendations and conclusion will be inserted once the draft report has been agreed. The final report will be presented to Mayor and Cabinet at the earliest opportunity.

## 2. Recommendations

The Committee is asked to:

- Agree the draft review report
- Consider any recommendations the report should make
- Note that the final report, including the recommendations agreed at this meeting, will be presented to Mayor and Cabinet

## 3. Legal implications

The report will be submitted to Mayor and Cabinet, which holds the decision-making powers in respect of this matter.

## 4. Financial implications

There are no direct financial implications arising out of this report. However, the financial implications of any specific recommendations will need to be considered in due course.

## 5. Equalities implications

There are no direct equalities implications arising from the implementation of the recommendations in this report. The Council works to eliminate unlawful discrimination and harassment, promote equality of opportunity and good relations between different groups in the community and to recognise and to take account of people's differences.

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

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## Overview and Scrutiny

### Health and adult social care integration

March 2017

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#### Membership of the Healthier Communities Select Committee in 2016/17:

**Councillor John Muldoon (Chair)**

**Councillor Stella Jeffrey (Vice-Chair)**

**Councillor Paul Bell**

**Councillor Colin Elliot**

**Councillor Sue Hordijenko**

**Councillor Jamie Milne**

**Councillor Jacq Paschoud**

**Councillor Joan Reid**

**Councillor Alan Till**

**Councillor Susan Wise**

## Health and adult social care integration in Lewisham

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### **Executive Summary**

[to follow]

### **Recommendations**

[to follow]

## **The purpose and structure of this review**

- 1.1 At its meeting on 19 April 2016 the Healthier Communities Select Committee agreed to hold an in-depth review into the integration of health and adult social care.
- 1.2 At its meeting on 18 May 2016, the Committee agreed the scope of the review.
- 1.3 The key lines of enquiry were:
  - The structure of the Adult Integrated Care Programme in Lewisham
  - The priorities, activity and measures of success for the Adult Integrated Care Programme
  - The current and planned extent of partnership working in Lewisham, including with the voluntary and community sector
  - Examples of best practice in integrated care from around the country
- 1.4 The key questions for the review were:
  - How is the Adult Integrated Care Programme determining its priorities and areas for integration?
  - How is the programme involving local partners and maximising community assets?
  - How is the programme communicating and engaging with the public in Lewisham?
- 1.5 The timetable for the review was:
  - In September 2016 the Committee heard from representatives of the Adult Integrated Care Programme Board on the plans, successes and challenges of the programme.
  - In October 2016 the Committee heard from the Local Government Association, London Councils, Public World, and Age UK Lewisham and Southwark.
  - In January 2017 the Committee heard from Healthwatch Lewisham, the Lewisham Pensioners' Forum, and the Lewisham Coalition

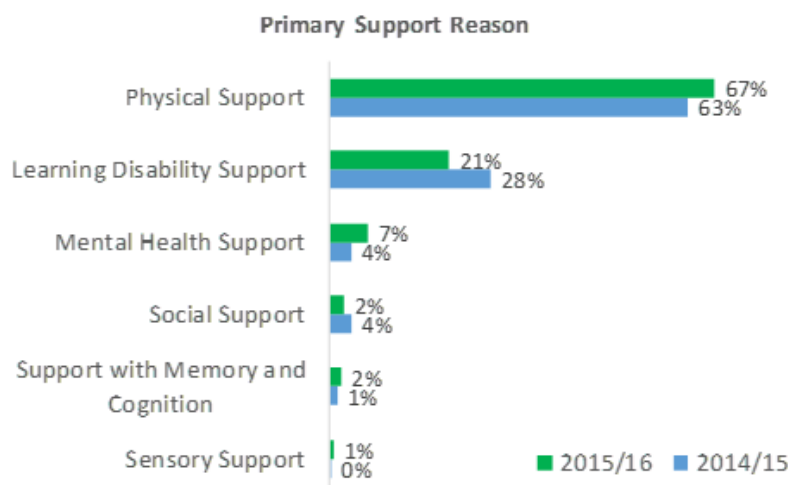
## **Introduction to integration in Lewisham**

- 2.1 Lewisham Health and Care Partners (LHCP)<sup>1</sup> recognise that Lewisham's health and care system needs to change – it is both financially unsustainable and failing to achieve the outcomes it should.
- 2.2 Demand for health and care services is increasing and, at the same time, people's health and care needs are becoming more complex and costly.
- 2.3 There are also significant health inequalities in Lewisham, with too many people living with ill health, and high-quality care not consistently available across the borough.

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<sup>1</sup> Lewisham Clinical Commissioning Group, Lewisham Council, Primary Care and local GPs, Lewisham and Greenwich NHS Trust, and South London and Maudsley Foundation Trust.

- 2.4 Results from the adult social care survey 2015/16 show that people are increasingly needing support with their physical needs – more than two thirds of people surveyed in 2015/16:



- 2.5 Lewisham Partners' vision is to achieve a viable and sustainable 'One Lewisham health and care system' by 2020/21, which will:
- Enable our local population to maintain and improve their physical and mental wellbeing
  - Keep people living independent and fulfilled lives
  - Reduce inequalities and provide services which meet the needs of our diverse community
  - Provide access to person-centred, evidence-informed, high quality, proactive and cost-effective care, when it is needed.
- 2.6 Lewisham's Adult Integrated Care Programme, the main focus of this review, is a key part of this work. Its overall aims are therefore quite similar:
- **Better Health** – to make choosing healthy living easier – providing people with the right advice, support and care, in the right place, at the right time to enable them to choose how best to improve their health and wellbeing, explicitly addressing health and care inequalities including parity of esteem between physical and mental health.
  - **Better Care** - to provide the most effective personalised care and support where and when it is most needed - giving people control of their own care and supporting them to meet their individual needs.
  - **Stronger Communities** – to build engaged, resilient and self-directing communities - enabling and assisting local people and neighbourhoods to do more for themselves and one another.
  - **Better value for the Lewisham pound** – by focusing on delivering population-based health and wellbeing outcomes and higher levels of service quality whilst containing costs over the five year period.

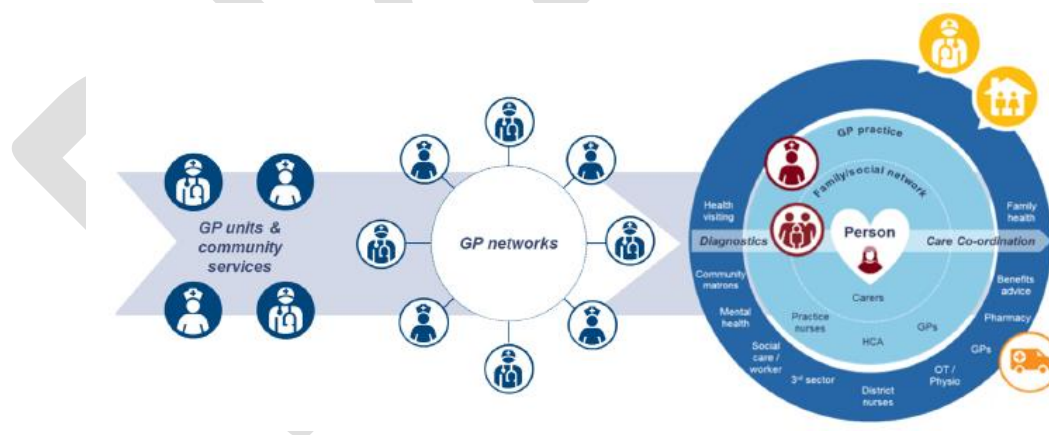


2.7 The specific priorities for the Adult Integrated Care Programme in 2016/17 were:

- Developing the prevention and early intervention offer for adults – including improving access to information and advice to support self-care and self-management, and creating signposting tools and mobile apps for use across the system
- Developing the Neighbourhood Care Networks, Neighbourhood Community Teams, multi-disciplinary working and an improved approach to risk stratification to support individual care planning
- Developing a rapid response service and home ward, and a community discharge and support team as part of the urgent and emergency care pathway<sup>2</sup>

2.8 The Adult Integrated Care Programme, combined with a number of other related projects,<sup>3</sup> represents the implementation in Lewisham of the model of community-based care set out in the Our Healthier South East London (OHSEL) strategy.

*Our Healthier South East London* is a five-year commissioning strategy intended to improve health and integrated care across south-east London. Led by the six south-east London CCGs, in partnership with local authorities and other local providers of care, it's focused on health issues that require collective action to be addressed successfully. A consolidated version of the strategy was published in 2015. The diagram below sets out the OHSEL model for community-based local area networks.

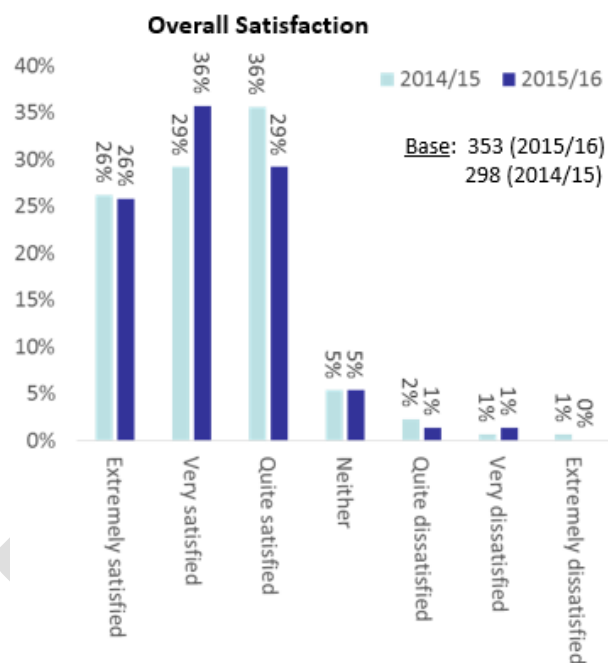


2.9 According to LHCP, the Adult Integrated Care Programme has made good progress in a number of areas, including establishing multi-disciplinary neighbourhood community teams; creating the single point of access for social care and district nursing; developing integrated enablement services; and establishing *Connect Care*.

<sup>2</sup> Report from HCSC on 13 September 2016: [Delivering a viable and sustainable One Lewisham Health and Care System](#), paragraph 5

<sup>3</sup> Including the One Public Estate programme, the south-east London Sustainability and Transformation Plan, and the devolution pilot

2.10 Results from the adult social care survey 2015/16 show that nine out of ten people were satisfied with the care and support services they receive, over a third were “very satisfied” (see right).



2.11 At the beginning of 2016, LHCP recognised the need to improve communications and engagement activity. Given the number of related projects, they agreed that they needed to set out their longer-term plans for health and care across the system in more detail, and more clearly.

2.12 LHCP subsequently set up a joint strategic communications group, which will produce a joint communications and engagement plan setting out the key milestones across the system.

2.13 At the same time, LCHP also reformed the Executive Board to include Lewisham Council’s Executive Director of Children’s Services.<sup>4</sup>

2.14 The new Executive Board will continue to oversee wider integration activity, including the Adult Integrated Care Programme, with particular focus on:

- the future role of commissioning and commissioning frameworks
- the provider models and vehicles for the delivery of community based care

2.15 The Board will also be looking at what other action needs to be taken to support effective local integration, with particular focus on:

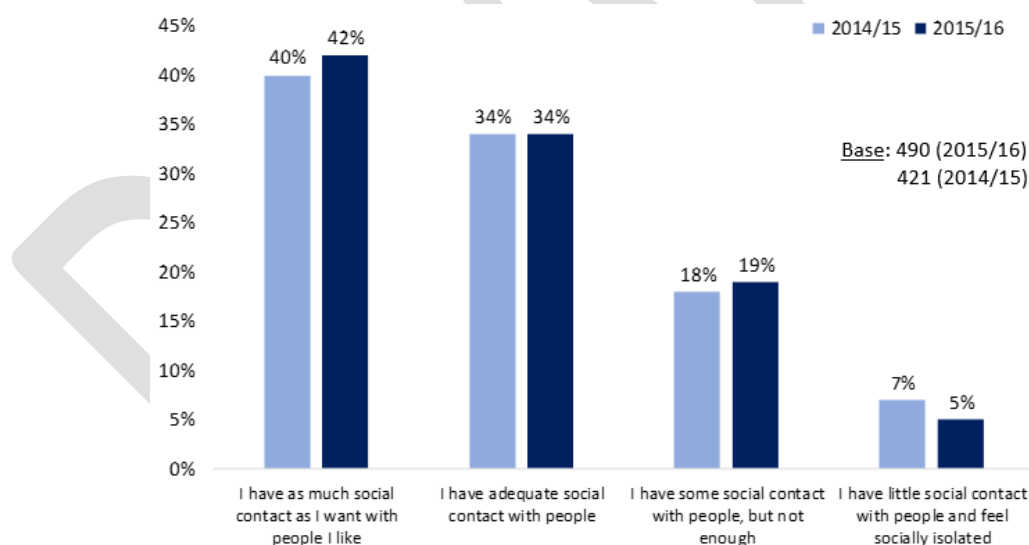
- the estate requirements for the delivery of health and care in Lewisham and to ensure this informs the Devolution Asks and work on One Public Estate
- the ways of working and the skills and competencies needed across Lewisham’s Health and Care workforce, including learning lessons from the Buurtzorg model in the Netherlands to apply to a Lewisham context
- the IT requirements that will enable partners within the system to deliver flexible, mobile and integrated care with appropriate access for local people
- a co-ordinated communication and engagement plan

2.16 The LHCP Board meets monthly and monitors the AICP every quarter.

<sup>4</sup> The Executive Board includes: Matthew Patrick (SLaM, Chief Executive) - prevention and early intervention; Marc Rowland (Lewisham CCG, Chair) - general practice; Aileen Buckton (LBL, Executive Director, Community Services) - neighbourhood community teams; Sara Williams (LBL, Executive Director, Children and Young People); Martin Wilkinson (Lewisham CCG, Chief Executive) - enhanced care and support; Tim Higginson (LGHT, Chief Executive) - estates, ICT and workforce; Danny Ruta (LBL, Director of Public Health); and Colin Stears (Management Partner, St John’s Medical Centre).

## What's happened so far

- 3.1 Work to bring health and adult social care services closer together began in Lewisham in 2011.
- 3.2 Lewisham Partners found through their engagement activity that people were finding it difficult to organise their care. Many said that they constantly had to give different professionals different information and that the instructions they got back were often confusing.
- 3.3 GPs were also saying that they found it difficult to find out about places where they could refer people for additional support and care in the community. Many GPs had valued having their own local social workers, district nurses and therapists in the past and felt that a sense of continuity had been lost with services being organised on a borough-wide basis and residents and GPs often dealing with several different professionals over a week.
- 3.4 GPs also said that many people were coming to them with problems that weren't best dealt with by a GP – particularly, those who were isolated and lonely. GPs felt that more helpful and effective care and support could be provided for these people by other organisations in the community.
- 3.5 Results from the adult social care survey 2015/16 show that one in five of people surveyed wanted more social contact:



- 3.6 LHCP started by integrating community-based staff, bringing together social care staff and district nurses in virtual teams with new ways of working. These teams have now been organised around four neighbourhood areas in Lewisham, based on the four GP federation areas. They have one point of referral and are looking to set up one telephone system as well.
- 3.7 The planning and buying of goods and services (or “commissioning”) for community-based care by the Council and Primary Care Trust (as it was then) was also brought together in 2011. Commissioning for services for people with

learning disabilities, physical disabilities, and some for older people were integrated first. The joint commissioning teams are currently based in (and led by) the Council, but are also accountable to Lewisham CCG.

3.8 Good progress has also been made integrating patient records. A new virtual patient record, *Connect Care*, has been set up, which allows health and care professionals across the system to share more information and work closer together.

3.9 There's been work to improve the referral processes for different types of care. This has focused on the way health and care staff are coordinated across the system as well as raising awareness of how to access different pathways. Work so far has focused on referral pathways for diabetes and dementia.

Set up in 2015, *Connect Care* is a local electronic record-sharing system that allows important information about patients to be shared by staff directly involved in their care, including GPs, hospital staff, district nurses, occupational therapists and social workers. It's intended to help health and care workers make more informed decisions about someone's care and treatment.

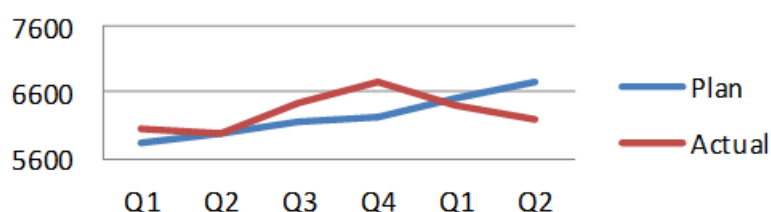
The organisations involved in the system are: GP Practices in Lewisham, Greenwich and Bexley GP; out-of-hours services in Lewisham and Greenwich; Lewisham and Greenwich NHS Trust; Oxleas NHS Foundation Trust Lewisham; and the Greenwich and Bexley local authorities.

3.10 Partners have been working to make the best use of the care and support available from the range of community and voluntary sector organisations in the borough. The *Community Connections* programme was set up in 2013 to help with this – matching isolated and lonely residents to local organisations, and helping local organisations develop to meet demand.

*Community Connections* is a community-development programme which helps vulnerable adults in Lewisham access local services to improve their social integration and general wellbeing. It also supports voluntary and community organisations to develop services to meet needs that aren't being met. It is run by Age UK Lewisham and Southwark in partnership with a consortium of voluntary sector organisations in Lewisham. An [evaluation](#) of the project was published in 2015.

3.11 Partners told the Committee that integration work has led to more efficient management and better coordination for staff working in the community. It has also started make headway with reducing the number of avoidable admissions:

### Non-Elective Admissions 2015/16 & 16/17



Source: Better Care Fund Metrics 15-16 and 16-17 (Q1 & Q2) – London Borough of Lewisham

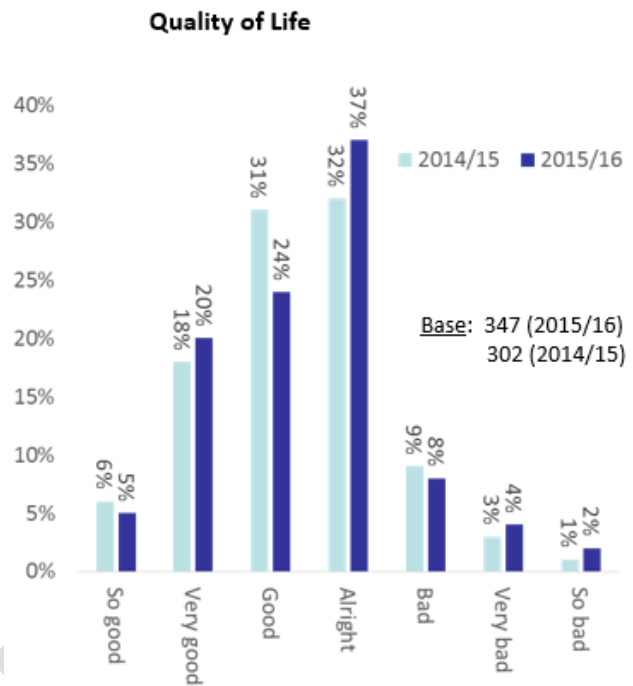
## Next steps in summary

- 4.1 Lewisham Partners told the Committee that they're aiming for a step change in the next part of their integration journey. Work so far has had a positive impact, but it needs to be taken further and more needs to be done.
- 4.2 They also said it was important to bear in mind the Government's requirement for local areas to fully integrate community-based staff by 2020 – although they were confident that Lewisham will be well ahead of this deadline.
- 4.3 As part of this step change, as mentioned earlier, at the beginning of the year LHCP reviewed the governance arrangements and set up a new Executive Board to include the Council's Executive Director of Children's Services.
- 4.4 The new Board will primarily look at the new models of care needed for adult social care integration with community-based health services, as well as what further integration of commissioning might be needed. Joint commissioning for some services has been in place since 2011, as mentioned earlier, but Partners are now going to look at commissioning across the whole system in a very different kind of way.
- 4.5 As well as this, over the coming months LHCP will continue to look at other ways to more formally integrate services in the community. This includes, in particular, looking at how each neighbourhood team could be based in the same building in each of the four neighbourhood network areas.
- 4.6 Partners explained that it has been extraordinarily difficult to find the right premises and to change the way some of these work so that the right people can be based there. But they're hoping to be able to get this done over the next year.
- 4.7 It was also mentioned, however, that while having the right buildings in the right places is important, having the right IT in place to support more mobile working is increasingly important too.
- 4.8 Another key area of work towards more formal integration will be looking at the roles and responsibilities of the health and care workforce and how it's currently organised.

Lewisham's neighbourhood care networks, also known as local care networks, are a key element of the new system. Based around the four GP neighbourhoods, they aim to provide more integrated, higher quality, more timely, and cost-effective community-based care by bringing together, at a local level, the different organisations, individuals and agencies involved in a person's health and care. They also aim to establish connections with other local support available, such as that provided by local voluntary and community organisations or by housing, welfare or education providers.

The sites identified so far as potential "Neighbourhood Care Hubs" include: the Waldron Health Centre; Lewisham Hospital; Sydenham Green Health Centre / Jenner Health Centre; and Downham Health and Leisure Centre.

4.9 Partners said that there's often too much focus on the condition someone is being treated for, and no one looking at the person's overall needs. Partners are therefore looking into a new model of care and a new "key worker" role, someone who'll look at things more holistically – possibly influenced by the Buurtzorg model of care in the Netherlands (discussed in the section *Developing new neighbourhood-based models of care*).



4.10 A key worker could be a nurse, a social worker, occupational therapist, but to do this it will mean looking at how the roles and responsibilities of health and care workers (as well as the voluntary sector) can be integrated more fully with much closer ways of working.

Results from the adult social care survey 2015/16 show that around a third of those surveyed currently rate their quality of life as "alright" – around a quarter rate their life as "good" (see above).

4.11 As part of looking at the way the health and care workforce is organised, earlier in the year Council officers visited the Netherlands to observe the *Buurtzorg* model of care in place in many areas there. Officers wanted to see if any of the principles of this model could be applied to a restructured service in Lewisham.

Founded in the Netherlands in 2007, the Buurtzorg model of district nursing has received much international attention for its entirely nurse-led approach.

It consists of small self-managing teams of nurses, no more than 12, which provide co-ordinated care for a specific catchment area – usually consisting of between 40 to 60 patients.

Key features of the Buurtzorg model include a holistic needs assessment and care plan; a map of informal care networks; and the promotion of self-care.

The model has achieved reductions in unplanned care and admissions; significant reductions in client costs; below average staff sickness rates; and a non-hierarchical structure.

For more information, see the [NHS Confederation's analysis](#) of the model.

4.12 Working much closer with mental health is another key part of more formal integration. Mental health teams do currently work with neighbourhood teams, but Partners said that they want them to more like one team, with a governance structure that reflects this.

4.13 Much of the work outline above comes under the Adult Integrated Care Programme. The key areas of work over 2016/17 for the programme include:

*Prevention and Early Intervention*

- Production of the Live Well Lewisham mobile app
- Improving referral and access to a broad range of coordinated support and/or information to help keep people safe and independent in their own home.
- Reviewing the use of assistive technology across the system
- Implementing the community falls team and physical activity exercise programme

*Neighbourhood Development*

- Developing further NCT processes and systems including the referral processes between the Neighbourhood Community Teams (NCT) and mental health services
- Co-locating NCT staff
- Developing the Care Navigator role
- Developing the Neighbourhood Care Networks and improving connections between existing formal and informal health and care providers.
- Testing out effectiveness of multi-disciplinary meetings and current networks and identifying further requirements
- Reviewing approach for risk stratification

*Enhanced Care and Support*

- Agreeing and developing the new model for a home ward
- Agreeing and developing the new model for a rapid response service
- Agreeing and developing the new model for Emergency Department and Community Discharge and Support.<sup>5</sup>

**Work to speed up hospital discharges and avoid admissions**

5.1 One of the main areas of change that Lewisham Partners are looking at is having more support in place in people's homes so that people are able to return home more quickly following a hospital admission, and less likely to need to go to hospital in the first place.

5.2 The Committee was told that the number of people in Lewisham ready to be discharged from hospital, but unable to leave because there isn't any support in place yet, varies day to day and week to week. The reasons also vary – sometimes the hospital hasn't been able to complete all the necessary

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<sup>5</sup> Report from HCSC on 13 September 2016: [Delivering a viable and sustainable One Lewisham Health and Care System](#)

paperwork and sometimes there are difficulties finding suitable placements in the community for people with complex needs.

- 5.3 It's rare in Lewisham that a delayed discharge is the result of a social care package not being ready on time. Delays are increasingly due to difficulties finding specialist placements in the community for people with complex needs.
- 5.4 There are also often complications and delays when someone has chosen to be discharged into another borough. Lewisham Partners told the Committee that they were particularly concerned about the delays being caused by the increasing numbers of non-Lewisham residents in Lewisham and Lewisham residents in hospitals out of the borough.
- 5.5 Partners said that the focus now needs to be on discharging people with more specialist needs. Partners told the Committee that they know who these people are, what they need, and why they are not being discharged in good time, but that they now also need to get a better understanding of those people who end up back in hospital because they don't have the right support in place in their homes.
- 5.6 One of the ways that discharge delays are being reduced is by discharging more people before 1pm. This means that they can get home in time to see their carer and not have to wait until the next day. The number of patients currently discharged by 1pm is around 30% - the Trust is working towards the national target of 40%. Partners are also starting to plan discharges as soon as someone is admitted, so that all the necessary support can be identified and put into place in advance.
- 5.7 Partners have also developed a number of admission avoidance services, which they're looking to expand in the coming months. The enhanced care and support programme, for example, is about looking at what services can be provided in the community by federations of GPs to prevent older people going to A&E because it's the only way to get seen.
- 5.8 The programme includes developing "wards at home", which involves setting up some services in people's homes so that they don't always need to go to hospital. This is intended to include both "step up" care from the community, to prevent an avoidable admissions, and "step down" care, for patients ready for discharge but who require ongoing medical interventions. The Committee was told, however, that there have been some difficulties in getting this service up and running and that officers will be looking at the model again to make sure that it will work as effectively as possible.
- 5.9 Partners noted, however, that it's important to strike a balance between supporting people in the community and keeping those services in hospital that the hospital does best.
- 5.10 The capacity of the social care rapid response team is being increased to seven days a week 8am to 8pm so that more people at risk of emergency



admission can receive urgent assessments in the community. Access to GPs is also being extended to seven days a week, 8am to 8pm.

Announced by the Government in 2013, the *Better Care Fund* is intended to incentivise the integration of health and social care services by requiring local health and care partners in every area to pool budgets and agree an integrated spending plan for how they will use this. In 2016-17, the Better Care Fund stood at £3.9 billion, but local areas have the flexibility to pool more.

- 5.11 The Better Care Fund is being used to develop beds in the community – Partners said that they will come back to the Committee with more detail about these proposals.

- 5.12 The ambulatory care unit at Lewisham hospital also opened at the end of 2016. This provides an alternative to being admitted to hospital for those who come to A&E but don't necessarily need a bed – for example, people that need more detailed diagnostic tests.

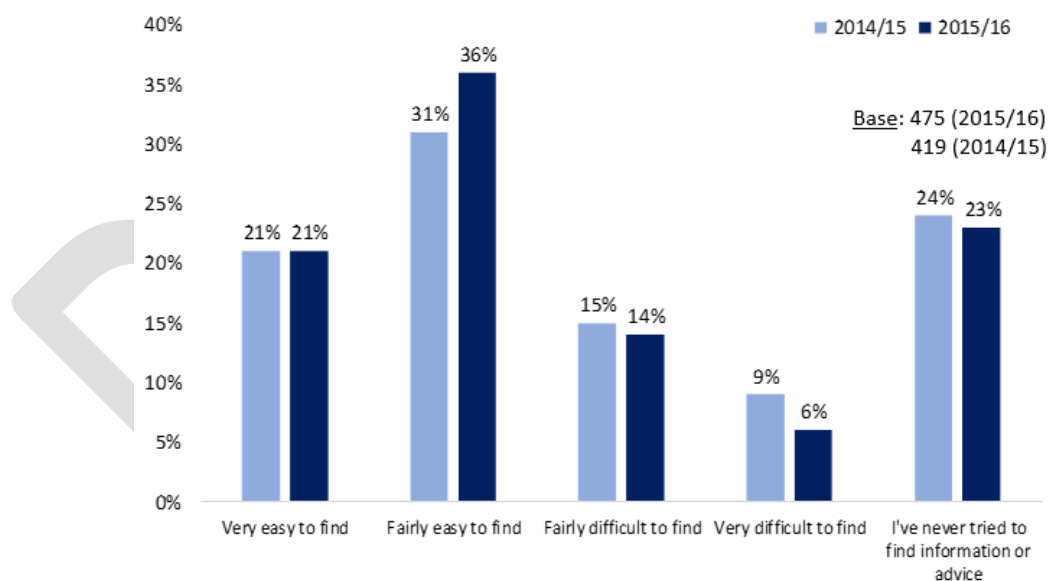
The ambulatory care unit is intended for adult patients, from any specialty, who require treatment or investigation that doesn't require an overnight stay. The services aims to reduce the need for hospital admission and patients' overall length of stay.

- 5.13 There's now social work support in A&E so that people can be found the right placements and support without necessarily being admitted.
- 5.14 There's also been work to improve access to mental health services, including looking at whether mental health assessments could be done somewhere else than A&E.
- 5.15 The Committee is pleased to hear that Lewisham Partners have identified the circumstances in which discharge delays are most likely to happen and are introducing a number of measures to both speed up discharges and reduce admissions.
- 5.16 Preventative measures, such as putting more support in place in people's homes and rapid response teams, are exactly what is needed to relieve pressure on the health and care systems and improve patient experience.
- 5.17 The Committee is concerned, however, to hear about the delays setting up the "ward at home" service. Providing certain services in people's homes could have a significant impact on reducing unnecessary admissions to hospital and give people more control over their care.
- 5.18 The Committee also notes Partners' concerns about the increasing number of delays caused by having to make arrangements for non-Lewisham residents who want to be discharged outside of the borough.

## Recommendations

## Developing new neighbourhood-based models of care

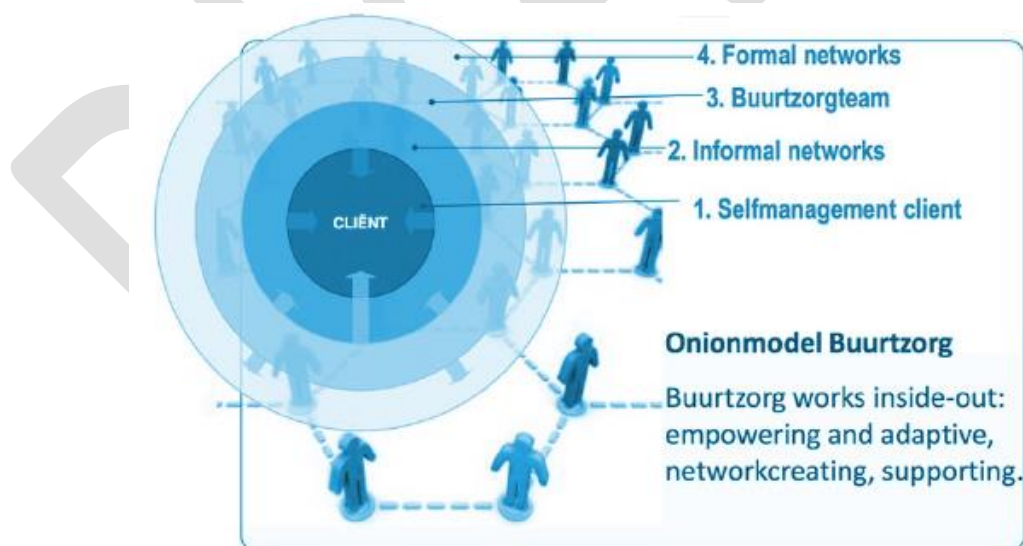
- 6.1 Partners said that people are often referred to social care as a matter of course, and then end up having to wait a long time for help when more appropriate support could've been provided by a local community organisation, for example.
- 6.2 To make sure that people get referred the most appropriate support as quickly as possible, Partners have established neighbourhood teams of various health professionals, from social workers to occupational therapists, known as “multi-disciplinary teams”, which regularly meet and share information. This also now includes GPs.
- 6.3 Partners are also setting up an improved information and advice network to provide GPs and other support providers with more information about possible referrals. Partners said that this will be particularly useful for supporting people with problems related to welfare, loneliness, and other social issues – problems that can take up a lot of GP time.
- 6.4 Results from the adult social care survey 2015/16 show that one in five of those surveyed had some difficulty finding information and advice about support, services or benefits:



- 6.5 Partners said that they are aiming for a system where referrals are made to the best place as quickly as possible. While pharmacies are not formally part of the multi-disciplinary teams, they are part of the wider neighbourhood community network.
- 6.6 Partners are also looking at new models for providing community-based care. Under the model currently being considered (influenced by the Buurtzorg model of care in the Netherlands) an individual would have a “key worker”, who would be responsible for co-ordinating their care around their needs as a whole. This

person would also provide the majority of the care, with other professionals brought in as and when different needs are identified.

- 6.7 The model of community-based care Partners are developing has been influenced by the Buurtzorg model in the Netherlands. The Buurtzorg model involves one key worker doing much more for one person and focusing on them as a whole. Partners said that this approach allows care to be more person-centred and consistent, and for patients to feel more in control. The model also gives key workers the chance to develop stronger networks with support available in the local community.
- 6.8 James Archer from Public World, the UK partner of Buurtzorg, told the Committee that Buurtzorg was set up by four nurses in the Netherlands 10 years ago in reaction to the industrialisation and fragmentation of social care, and now has more than 10,000 nurses across the Netherlands. The model is intended to provide person-centred and holistic care and to encourage nurses to spend more time getting to know their clients, their needs, and their support networks.
- 6.9 The model is based on small neighbourhood-based teams of no more than 12 nurses, 70% of which are registered nurses. But this more expensive workforce doesn't necessarily increase costs overall, because when nurses are providing personal as well as nursing care they have more opportunities to identify and treat any potential medical issues much earlier on. The level of skin ulcers, for example, is very low in the Netherlands compared with the UK.



- 6.10 There are no managers under the Buurtzorg model either – nurses manage their own teams. The entire back office of the organisation in the Netherlands is just 47 people. 19 of these are coaches, which give advice and help teams to find their own solutions. All the coaches under the model are nurses and other staff with particular specialisms are able to share their knowledge using the IT

network. Teams also have around 2% of their budget to spend on education and training.

- 6.11 The Committee was told that the Buurtzorg approach to integration doesn't look to organisational solutions. Instead, it starts with the person and looks at how services can be integrated around them. By supporting self-management and focusing on understanding people's wider problems, the model has been extremely successful in reducing the overall amount of care people need.
- 6.12 One of the only regulations under the model is that teams must have 60% contact time with their clients.
- 6.13 Because of the nature of self-managed teams, and the IT systems supporting them, the model can be scaled up without a proportionate scaling up of the back office.
- 6.14 There's been a huge amount of interest in the UK so far, including in Scotland, Guy's and St Thomas', Tower Hamlets, and Lewisham itself. But James Archer said that the challenge is huge, with the biggest difficulty being changing the mind-set of organisations that have become very used to several layers of management.
- 6.15 The Committee was told that it is not yet clear how the model will work in the UK with austerity – more will be found out as areas test and learn. A recent King's Fund report on district nursing did say, however, that austerity does make it harder to deliver high-quality services.<sup>6</sup>
- 6.16 In their evidence to the review, Carers Lewisham said that they were broadly supportive of integration. They mentioned that they've reorganised their services along a neighbourhood model to help with possible colocation, and are keen to work with the council and CCG.
- 6.17 They also highlighted, however, a number of practical considerations in a more integrated model. They stressed, for example, the importance of integrated staff identifying and consulting with carers when deciding on interventions, and suggested that a lead organisation responsible for this would need to be identified.
- 6.18 With greater involvement from the voluntary sector, Carers Lewisham also called for a more integrated approach to sharing personal details with voluntary partners. And with further integration generally, Carers Lewisham also stressed the importance of an integrated complaints process as well, so that only one complaint would need to be made, and one investigation carried out, even though a number of providers were involved.
- 6.19 In their evidence to the review, the Lewisham Local Medical Committee also stated their support for integrated care, in principle. They made a number of practical suggestions also, including, among other things, the need for a simple

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<sup>6</sup> The King's Fund, *Understanding quality in district nursing services*, August 2016, see p42

and easy-to-complete integrated form for referrals (covering occupational therapy, physiotherapy, social care, third sector, among others). To help partners better understand each other, and then work together better, they also suggested a “walk in my shoes” scheme between social care and health care, particularly for the leaders of these systems.

- 6.20 The Committee was pleased to hear about the work of multi-disciplinary teams in Lewisham – people from different professions working together and sharing expertise has the potential to significantly improve the coordination of people’s care and support.
- 6.21 The Committee is also, in principle, supportive of the new model of community-based care, influenced by Buurtzorg, currently being developed. A service where one person provides the majority of a person’s care is much better for continuity of care and patient experience.
- 6.22 The Committee does, however, raise a number of queries and potential concerns about the Buurtzorg approach.
- 6.23 First, with one key worker doing so much, what checks and balances will there be? And, second, how will quality be monitored in teams that are self-managed?
- 6.24 The Committee notes the role of coaches in the Buurtzorg model, but queries how they would be able to spot quality-related problems if a nurse wasn’t to approach them first?
- 6.25 Third, the Committee notes that teams under the Buurtzorg model have a maximum of twelve nurses and queries the scalability of the model in Lewisham, where the proposed neighbourhood networks would cover larger areas.
- 6.26 Fourth, after hearing evidence from the UK partner of Buurtzorg, the Committee also notes that the Buurtzorg model appears to be quite expensive and queries how this would work in the UK with ongoing austerity.
- 6.27 The Committee also expresses its support for an integrated complaints process and integrated form for referrals, as suggested by Carers Lewisham and the Lewisham Local Medical Committee. Given the insight from the Healthwatch engagement events – where the majority of people were unsure about the complaints process, or even who was providing their care – the Committee believes that these measures would be a great opportunity to build confidence in the new model among local people.

<p><b>Recommendations</b></p>
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## Supporting the effective integration of health and social care

### *Cultural change among local health and care partners*

- 7.1 Fiona Russell, the LGA's senior adviser on care and health improvement, and Clive Grimshaw, London Councils' strategic lead for health and adult social care, outlined some of the most recent analysis around the key enablers, barriers, and measures of success in relation to integrating health and adult social care.
- 7.2 Fiona cited three recent reports from the LGA (and others) to outline the latest evidence:
- *The journey to integration: Learning from the seven leading localities* - published in April 2016, this report analyses the experiences of seven different areas in developing integrated care. It found that it is possible to significantly reduce hospital admissions and improve a variety of health outcomes, but that it is important to, among other things, have the right workforce, payment systems, risk stratification, and governance. It also found that it is essential to have a strong vision, developed bottom up, with a person-centred narrative and widespread engagement across the system.
  - *Stepping up to the place: The key to successful health and care integration* - published in June 2016, this report sets out ten essential characteristics for a fully integrated health and care system, broken down into three areas: shared commitments, shared leadership and accountability, and shared systems. Among other things, the report stresses the importance of an approach that focuses on the best outcomes for citizens; that is based on the needs and assets of a community; and allows the leaders of the system to step outside of their organisations and make decisions based on a shared vision.
  - *Stepping up to the place: Integration self-assessment tool* - alongside the above report, the LGA also published an integration self-assessment tool. This is designed to help local health partners understand what some of their challenges may be, and how they can work to overcome these. It's currently being used in London and around the country.
- 7.3 Fiona explained that the findings in these reports come from national evidence on the integrated care pioneers, new care-model vanguards, and the better care fund – as well from speaking to people from around the country. She stressed that it's important to note, however, that there is no single approach that will work for everyone, and that integration has to be based on the needs of the local area. Equally important, she said, is working in new ways with local partners and achieving cultural change – not simply creating and imposing a new organisational form on the local system. She warned that this is an awful lot harder than it sounds.
- 7.4 Reflecting on the experiences of some of the London-based devolution pilots – particularly those relating to integration, in Lewisham, Hackney and north-east London – Clive Grimshaw also stressed the importance of achieving cultural change – describing it as a “real underpinning principle”.



7.5 He said that the simple ability for partners to sit around the table and have open, frank conversations about what they want to do across health and care is one of the critical things to get right. Without this or the right culture areas will find it more complicated to tackle some of the difficult issues as well as some of the practical enablers, around IT, workforce, and estates, for example.



7.6 Given the right culture, London Councils also spoke about what successful integration might look like in the longer term. Reflecting on what some the pilot boroughs in London are trying to do, he said it's about bringing health decisions closer to the community; having health models that are much more aligned with people's everyday needs and the local community's profile; and greater self-reliance leading to fewer hospital admissions.

### ***Changing the way services are regulated***

7.7 Reflecting on the experiences of some of the London-based devolution pilots again, Clive Grimshaw explained that another key barrier to integration that a lot of boroughs are coming across is the current regulatory process. He explained that regulation based on the current organisational boundaries often goes against the grain of what local areas are trying to achieve and acts as a disincentive to integration. To encourage services to integrate more, we need to make sure that the regulation process recognises that new models of care are being developed which cut across traditional organisational boundaries.

### ***Integrating services at a time of austerity***

7.8 The LGA also told the Committee that they do not believe there is enough money in the health and care system, particularly for social care. Although the LGA is pleased to see that some NHS bodies are also now recognising the impact of social care. The LGA also doesn't think that integration is a way of saving money – and is not aware of anybody who does. They said that integration is more about doing things differently because it's better – and that this is why the LGA advocates it. Integration may save money in the long run, but that's not what it's about.

7.9 The Committee notes the evidence from both the LGA and London Councils that cultural change among local partners is central to achieving effective integration. The Committee is aware that Lewisham is much further along the road to integration than a number of other areas and that there are a number of well-established partnership working arrangements already in place. The Committee is reassured that Partners are working towards cultural change.

7.10 The Committee notes the evidence from both the LGA and London Councils that integrated ways of working need to be aligned with the needs of the local community. The Committee is aware that there are significant differences in health and care needs across the borough.

- 7.11 The Committee notes evidence from Lewisham Partners, the LGA, London Councils (and elsewhere) that a key aim of integration is fewer hospital admissions. The Committee also notes evidence from London Councils indicating that the existing regulatory processes can be a barrier to more integrated ways of working.
- 7.12 Despite the potential positive impact of all the integration-related changes, the Committee does express some considerable concern about the severe lack of funding in the system, particularly for social care. The Committee is aware, from the sustainability and transformation plan process, for example, that the affordability gap faced by the health and care system in south-east London is forecast to be over £900m by 2020. The Committee is particularly anxious about the possibility that current levels of funding could lead to further cuts, privatisation and outsourcing arrangements – measures which the majority of Lewisham residents do not support.

## Recommendations

### Communicating and engaging with people about the changes

- 8.1 Lewisham Partners reassured the Committee that much thought has been given to communications and engagement around the integration of health and adult social care.
- 8.2 They pointed out, however, that the integration of health and adult social care in Lewisham has become just one small part of the wider transformation of services across south-east London, which is largely focused on primary and acute care.
- 8.3 There will be a communications and engagement strategy for the changes proposed within the south-east London Sustainability and Transformation Plan (STP), and Partners stressed that they will also communicate what these changes mean for Lewisham.
- 8.4 While the Adult Integrated Care Programme is not directly framed by the STP, the communications around it have to be aligned with the STP.

In December 2015, NHS England asked every local health and care system to come together to produce a “sustainability and transformation plan” (STP) setting out how services within a specified geographic area (or “footprint”) would integrate and become sustainable by 2020/21.

Lewisham is part of the STP for south-east London, which also covers Bexley, Bromley, Greenwich, Lambeth, and Southwark. The south-east London STP was re-submitted in October 2016.

One of the key features of the south-east London STP is improving integrated and community-based care, building on the “local area network” models of care developed through the OHSEL programme.

The most recent version of the south-east London STP is available on the [OHSEL website](#).



- 8.5 Partners made the point that while the changes are quite confusing to most people, what is important is not the organisational form services will take, but how things are going to be different on the ground for people using these services.
- 8.6 Through their engagement activity, Partners have found that people in Lewisham find organising their care confusing. So this is something that does need to be communicated effectively from the beginning and the Committee will get to see the communications plans before they go out.
- 8.7 Partners pointed out that there's been public consultation and patient involvement in the STP process from the start, and communications throughout the process of putting the draft plan together.
- 8.8 London Councils told the Committee that integration-related changes are being communicated more prominently in the pilot boroughs. They said that boroughs that have been working closely with local health partners and looking at more advanced and accelerated forms of integration have tended to be more attuned to the need to talk about that with their local communities.
- 8.9 While most boroughs are not at the point of promoting different brands of integrated systems, they are talking about organisation and governance with people from different parts of the system and giving the changes an appropriate label so people understand it's an integrated way of working across the whole system.
- 8.10 The LGA said that they've been finding with many of the integration pilots that the people in charge quite often know a lot about their integration vision, but that the people outside of this group do not. The LGA said it's something that areas around the country are having problems with.

- 8.11 The LGA often cites the Torbay "Mrs Smith" narrative, which looks at how integration would change things from the perspective of different members of the Smith family, as good example of how to get the message across. The behind-the-scenes, organisational side of things are not, however, usually relevant to the person on the street.



- 8.12 The Committee stresses, looking at budget projections and what we know about STPs, that health and social care are going to be very different in the future.
- 8.13 The Committee believes that any major change is best achieved by taking people with you, with meaningful public involvement and co-production – particularly in the development of the new models of care. This will not only help Partners to tailor their approach, but would also raise awareness of the

changes among the public. The Committee appreciates that a communications strategy is being put in place, but notes that this is very different to genuine co-production.

- 8.14 A more engaging, public-facing brand for the changes could help with raising awareness of the changes. The Wigan deal for adult social care, for example – a public campaign featuring an informal agreement between the council and residents about how things will be done differently – has raised the profile of the challenges being faced by Wigan Council and the need for a change in approach. The Committee notes evidence from London Councils that integration-related changes are being communicated more prominently in pilot boroughs.



- 8.15 The Committee is also aware of how helpful case studies can be with explaining what complex changes will actually mean for the services used by different groups and individuals.
- 8.16 With the above in mind, the Committee notes the LGA's analysis (referred to in the previous section) that for successful integration it is essential to have a strong vision, developed bottom up, with a person-centred narrative and widespread engagement across the system.<sup>7</sup>
- 8.17 The Committee also understands that it is not necessary to widely communicate the organisational changes taking place behind the scenes, but believes that it is important that all the relevant local health professionals in the borough are aware, including in the voluntary and community sector.
- 8.18 In written evidence to the review, Lewisham's Local Medical Committee commented on the need for clear public engagement and ownership, while Carers Lewisham said that there was a danger of policy confusion among client groups and the public in general.

## Recommendations

<sup>7</sup> LGA, *The journey to integration: Learning from the seven leading localities*, April 2016

## The views of people using health and care services in Lewisham

9.1 When trying to understand and influence the way a service is changing, it's important to take into account the views of those currently using that service. Therefore, as part of this review, to give the Committee some insight into the views of people using health and adult social care services in Lewisham, the Committee worked in partnership with Healthwatch to organise a series of engagement events with specific groups.



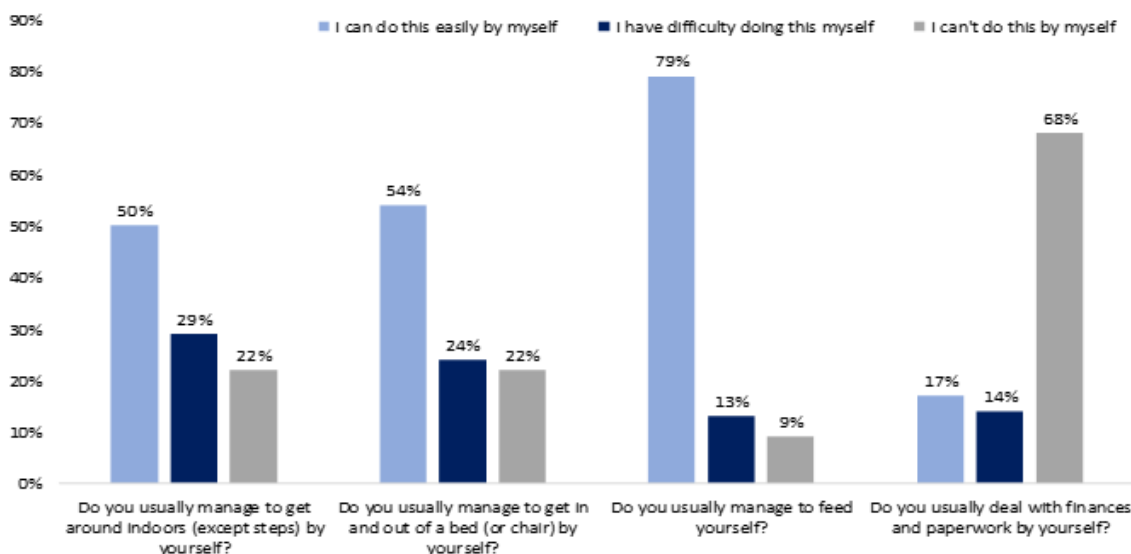
9.2 We held three events, one each with the Lewisham Disability Coalition, Sydenham Gardens, and the Big Group, to hear from people with physical disabilities, learning disabilities and mental health needs. We spoke to more than 70 people about their experiences – and many more people attended each event.

9.3 This work provided the Committee with some valuable additional context and was a key part of the evidence considered by the review.

9.4 Analysis of the feedback from the events shows that there are a number of common thoughts and feelings across all groups. The majority of people we spoke to, for example, valued the help and support they currently receive from their care workers, key workers, and other support workers.

9.5 We found that people particularly appreciated help and support with everyday tasks, such as reading letters and help managing household bills and benefits. People from the Sydenham Gardens group told us that this sort of basic support can help prevent problems spiralling out of control and their mental health being negatively affected through this extra stress.

Results from the adult social care survey 2015/16 show that over two-thirds of people surveyed cannot deal with paperwork or finances themselves:



- 9.6 One of the most common pieces of feedback across all groups was that people appreciate it very much when carers simply show an interest in them as a person and are able to take the time to ask how they are. One person from the Big Group event explained how, after having an informal chat about their day, their support worker had been able to warn him about a potential fraudster that had contacted him.
- 9.7 The majority of people said that the main thing they wanted was to be supported by compassionate, polite, respectful, and culturally competent professionals. For many, this made a whole world of difference. People didn't distinguish between good and bad providers, but care workers who were unkind, patronising, or disrespectful had a significant negative impact on people's lives.
- 9.8 One of the other things that people particularly valued was having someone – advocates, key workers, or care coordinators – to support them through the health and care system, not just signpost them. People said they often found the system too complex and stressful to navigate by themselves.
- 9.9 A number of people at the Lewisham Disability Coalition event said that they were unhappy with the professionalism of the health and care workers they had seen. They said that they felt like they were being unfairly judged at times and like the professionals that were meant to be assessing their condition were taking irrelevant matters into account when deciding whether or not they were eligible for support.
- 9.10 One person, for example, said that a social worker had told them that they clearly didn't need support as she had such a tidy home. Another person said that her doctor said that she didn't appear to need help and support with her conditions, one of which was incontinence, because her house didn't smell of urine. Some people said that they felt like some social workers were playing down the conditions they had so that they wouldn't get support.
- 9.11 Many people at the Lewisham Disability Coalition event also said that they'd had difficulties accessing support from social services. Some said that they had been initially contacted, but then not heard back. Others said that they had found it extremely difficult to contact social services about re-assessments, or to make a complaint. We also heard from people who'd had assessments, but been told that they were not eligible for support and that they should rely on friends and neighbours for support.
- 9.12 One person said she'd been unable to access any support to help her care for her husband, who has dementia and was recovering from a foot operation, while she was recovering from heart and knee surgery. She said she needed help to feed her husband as she was having difficulty getting up and down the stairs, but that someone from social services came to see her and told her that she should ask her neighbours for help.



- 9.13 Many people had also experienced problems with the enablement process. People felt that the support didn't last long enough and were unhappy that after it ended they were just told to rely on friends and family.
- 9.14 We found that many people were also either completely unaware of the complaints process, or didn't understand it or feel confident enough to use it. Those that were aware of it and had made a complaint said that they'd then had significant problems getting a resolution.
- 9.15 The Committee is extremely grateful to Healthwatch for their help organising this series of engagement events and collecting such useful evidence from these different groups. The Committee has found the stories from local people of real life situations incredibly insightful and helpful.
- 9.16 Looking at the evidence overall, the Committee notes the common message among all groups that what people value the most is care and support that is compassionate, respectful, treats them as an individual, and is flexible enough to provide support with some tasks that may not typically fall within a traditional package of health or social care.
- 9.17 It appears to the Committee that the majority of people at these engagement events were primarily concerned about the way they were treated, as opposed to the specific services they have been provided with.
- 9.18 The Committee also notes, with some concern, the lack of awareness among people at the events of the relevant complaints process, and the difficulty some people said they'd had making a complaint. Having an empathetic, fair and accessible complaints process is an effective way of learning from mistakes, improving satisfaction and building confidence in a service.

## Recommendations

### **Making the most of voluntary and community sector services**

- 10.1 The *Community Connections* service is a key part of the Council's plans for the integration of health and adult social care and increased involvement of community sector organisations.



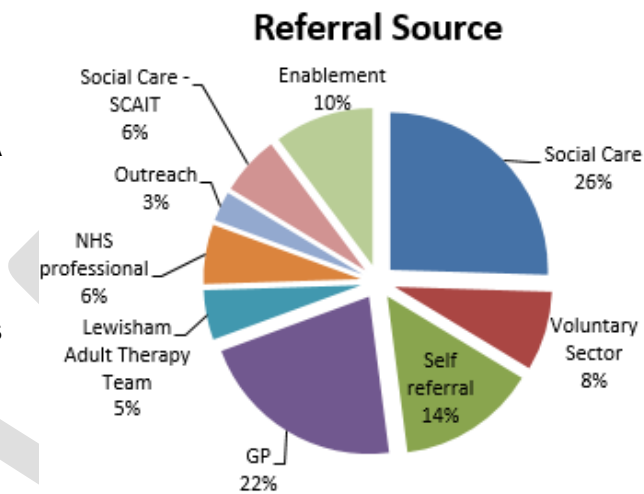
- 10.2 It supports vulnerable adults in Lewisham to improve their wellbeing and social integration by linking them up with local groups and services in the community.
- 10.3 It is a consortium of four operational partners: Rushey Green Time Bank, Lewisham Disability Coalition, Older Services Lewisham, Age UK Lewisham and Southwark, and two non-operational partners: Voluntary Action Lewisham

and Carers Lewisham. Age UK Lewisham and Southwark is the lead organisation.

10.4 It also supports a range of voluntary and community organisations to develop services and build capacity to meets needs in the borough not being met.

10.5 After being piloted in 2013, in April 2015 Age UK Lewisham and Southwark (and partners) were awarded a three year grant by Lewisham Council to continue to provide and develop the service. It is intended to operate within the neighbourhood care models also being developed.

10.6 Around a fifth of referrals come from GPs, a quarter come from social care, and about one in ten come from the voluntary sector. A very small number come from housing.



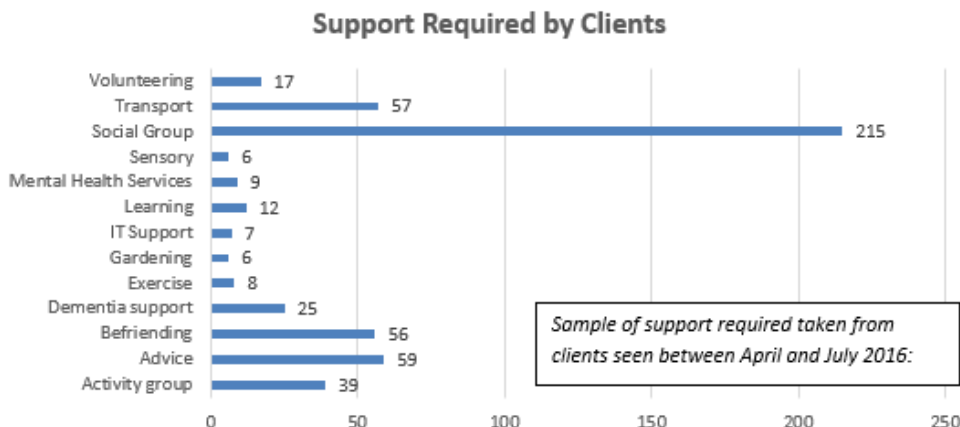
10.7 The chart to the right provides more detail of the referral sources for the first half of 2016/17:

10.8 Susan Underhill, Deputy Director of Age UK Lewisham and Southwark, told the Committee that the service is exceeding or achieving all its targets. Last year it provided 800 people with person-centred plans, as well as working with 38 organisations to develop capacity.

10.9 It also produces a report every quarter identifying the gaps in services in the community. The latest report identified gaps around befriending, dementia services, services for men, young adults with learning disabilities (particularly weekends and afternoons), and transport.

10.10 The service is putting together a bid to the big lottery fund for money to help with these gaps.

10.11 The chart below sets out the different support services clients required:



- 10.12 Community Connections is also facing cuts of 25%, which they said will be a huge challenge, but they are at the same time proactively looking at ways of generating income.
- 10.13 A Lewisham SAIL (Safe and Independent Living) programme is also being developed. Aimed at over 60s, Lewisham SAIL connections, is designed to provide a quick and simple way of accessing a range of local services to support older people maintain their independence and wellbeing. Anyone can make a referral by completing a single checklist. Age UK will then work with local organisations to identify groups and services the older person can join to improve their social wellbeing. SAIL has been running in Lewisham for three months now. In Southwark, where it's more established, it gets around 200 referrals a month.



#### **SAIL case study – Mr C**

Mr C is a 62 year old man who lives alone. He's living with HIV, which has led to complex medical needs, and has mobility issues as well. Living with these conditions made Mr C feel increasingly socially isolated.

Mr C was referred to Community Connections, who spoke to him about the kinds of activities that he thought would help him. Mr C said that he would like to meet and talk to more people and perhaps someone to help him with his laptop so that he could socialise online.

Mr C now has a long-term befriender, who is supporting him with his IT needs, he has signed up to a computer course at his local library, and he has joined a local LGBT Facebook group and is planning to go to their monthly socials.

- 10.14 The Committee praises the work of the Community Connections service in meeting its targets. It is important that Lewisham Partners look at how they can make full use of this programme, which appears to be working well for Lewisham residents.
- 10.15 The Committee are particularly concerned, however, about the trouble Community Connections is having finding activities in the borough for young adults with learning disabilities.

#### **Recommendations**

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<b>Healthier Communities Select Committee</b>			
<b>Report Title</b>	<b>Preparing for Adulthood and Transition from Children's to Adult Services</b>		
<b>Key Decision</b>	No	Item No.	6
<b>Ward</b>	All		
<b>Contributors</b>	Executive Director for Children and Young People / Executive Director for Community Services		
<b>Class</b>	Part 1	Date:	1 <sup>st</sup> March 2017

## 1. Purpose

- 1.1 This report provides Members of the Healthier Communities Select Committee with a summary of the key issues, what progress has been made and the future plans to support young people with special educational needs and/or disabilities aged between 14 and 25 years to prepare for adulthood and where there is an assessed need transition from Children services to Adult services.

## 2. Recommendation

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

## 3. Policy Context

- 3.1 Both the Children and Families Act 2014 and the Care Act 2014 acknowledge the importance of providing timely information, guidance and appropriate support to young people with special educational needs or disabilities and their families in preparation for adulthood.
- 3.2 These two pieces of legislation provide a context in which Children and Adult multiagency services are required to work collaboratively to ensure that young people and their families are supported to exercise greater individual choice, shape planning decisions and to prepare young people for their adult life.
- 3.3 Under the Children and Families Act, the Special Educational Needs and Disabilities (SEND) reforms emphasise the importance of improving the life chances and well-being for young people with complex needs.
- 3.4 The Children and Families Act 2014 requires and promotes the importance of early intervention and integrated planning across Adults and Children Services.
- 3.5 The SEND Reforms introduced a new approach which seeks to join up support across education health and care from 'birth to 25 years'. The implementation of Education, Health and Care plan (EHCP) replaces both the Statement of Special Educational Needs for children and young people and the Learning Difficulty Assessment.

- 3.6 The principles which underpin the Children and Families Act 2014 and the SEND Code of Practice are in recognition of the importance of planning with young people and their families, rather than planning for them at both an individual and strategic level.
- 3.7 The Care Act 2014 places a duty on local authorities to conduct transition assessments for Young people, children's carers and young carers where there is a likely need for care and support after the young person in question is aged 18. As in all assessments, local authorities need to consider the needs of the person, what needs they are likely to have when they (or the child they care for) become 18, and the outcomes they want to achieve in life.
- 3.8 Consideration should also be given as to what types of adult care and support might be of benefit at that point, and whether other options beyond formal Care Act eligible services might help the individual achieve their desired outcomes.
- 3.9 The SEND Code of Practice includes specific preparing for adulthood duties for local authorities. Local Authorities are required to work together with health services and develop joint commissioning arrangements about health and care provision, in order to enable positive adult outcomes for young people with diverse complex needs.
- 3.10 Under SEND Reforms, the local authority needs to publish a Local Offer provision which is designed to help individuals and their families prepare for adulthood and independent living. Consultation with children and young people about the Local Offer are also required.
- 3.11 In addition, local authorities are required to utilise Education, Health and Care plans to review outcomes for young people aged 13 to 14 years, including outcomes to prepare young people for adulthood. These outcomes would be reviewed on an annual basis and could include goals around further education, apprenticeship, health and wellbeing or life skill training which enable each young person to live as independently as possible.
- 3.12 A joint local area SEND inspection framework was published in Spring 2016. Ofsted and the Care Quality Commission (CQC) will jointly inspect local areas to see how well they fulfil their responsibilities for children and young people with special educational needs and/or disabilities. The local area inspection will judge the effectiveness of Lewisham in implementing disability and special educational reforms, including duties to prepare young people with SEND for adulthood.

#### **4. SEND Partnership Strategy**

- 4.1 The SEND partnership strategy 2016-2019 sets out the partnership vision and priorities for improving life outcomes for children and young people with SEND and that of their families. This strategy forms an integral part of Lewisham's Children and Young People's Plan for 2015-18.
- 4.2 The vision and impact for the SEND partnership strategy, is Lewisham is an inclusive community that is welcoming of all and has the knowledge and skills to meet the eligible needs of children and young people (0-25 years) with SEND to enable them to play, learn and work.
- 4.3 The Partnerships vision is underpinned by three key priority areas for change:
  1. Children and young people (0-25yrs) with SEND and their families are informed and empowered to be more resilient and independent within their communities

2. Children and young people with SEND who have been identified as requiring additional support across Health, Social Care and Education receive the right support at the right time in order to enable them to become as independent as possible.
3. Children and young people with SEND have the opportunity to be educated within Lewisham's education provision and are provided with the right support to enable them to achieve their full potential.

4.4 In order to achieve the vision and impact of the SEND partnership strategy, there are a number of work streams including:

- Local Offer
- Quality Teaching
- Specialist Provision
- Education, Health and Care plans, transfers and annual reviews
- Personal budgets and personalisation
- Travel Assistance
- Health
- Social Care and Short Breaks
- Early Years
- Preparing for Adulthood and Transition from Children's to Adult services
- Autistic Spectrum Disorder (ASD) Review

4.5 The key actions for the Preparing for Adulthood and Transition from Children's to Adult services work stream are:

- Adulthood arrangements to begin at 14 years, this includes defined roles and Establishment of a clear pathway across the Partnership which allows for Preparing for responsibility within the Local Authority both strategically and operationally.
- A joint policy and guidance which includes the options available for young people from 14 to 25 years
- Development of shared processes and data collection systems within children and adult services in order to allow for the effective use of data for commissioning, planning and budget monitoring.
- A community strategy to engage parents/ carers and young people on the development of Preparing for Adulthood.
- The ongoing Development of advice, information and signposting for young people, parents/ carers and professionals through the Local Offer.
- The ongoing Development of the market place to ensure that there is suitable post 18 provision in place to support young people's aspiration and life choices through to adulthood, including employment.
- Development of a workforce training programme to up skill and embed the principles of Preparing for Adulthood, in line with legislative duties and children and adult service approaches.
- Establishment of a new Preparing for Adulthood and Transition Team between Children's and Adult's services to embed and co-ordinate a preparing for adulthood pathway.
- A mental health protocol which specifies how young people with a mental health support needs and a learning disability/ difficulty are prepared for adulthood and transition to adult mental health services, where appropriate.

## 5. Update on Current Progress

- 5.1 Lewisham's transition planning for young people moving from Children to Adult services has improved over the past year, but we acknowledge that more needs to be done to ensure our young people have timely and appropriate transition arrangements in place.

Children and Adult services meet every 6 weeks to identify young people who may require support from Adult services as a young adult at 18 years. These meetings look at individual cases and identify whether the young person would meet the Adult Social Care threshold or not.

If they meet Adult Social Care threshold, plans are put in place to undertake a social care assessment of their needs. If they don't meet Adult Social Care thresholds discussions take place to decide how to support and signpost the young person and their family.

- 5.2 A transition hub and pack is currently being developed to provide support, information and guidance for young people and their families currently preparing to turn 18 years and transitioning from Children services. This information will also be available on Lewisham's Local Offer.
- 5.3 The Children with Complex Needs service has retendered the Specialist Short Breaks services for children and young people up until the start of their 18th birthday. The new commissioned service providers are expected to provide a range of support programmes based on the assessed needs of the children / young people and that of their parent/ carers, in order for them to meet the child or young person's identified outcomes. The programmes of support should enable children and young people to be able to fulfil their potential, become as independent as possible and prepare them for adulthood and help parents/carers to be provided with a greater understanding and confidence to be able to care and support their child or young person. As part of this tender process a new mentoring and buddying service will be put in place to support young people from 12 years of age to develop strategies and approaches to enable them to prepare for adulthood and achieve optimum levels of independence as soon as they are able.
- 5.4 Lewisham's Adult Social Care service has Commissioned 'Lewisham Works' to support the Lewisham vision to "make Lewisham the best place in London to live, work and learn" by working with local partnerships, groups and employers in supporting pathways into employment for adults with learning disabilities.
- 5.5 Changes have also been made to the Children with Complex Needs SEND workforce and there is now a dedicated SEN Senior Case Officer who is leading on supporting Lewisham's young people post 16 who attend future education and training provision in and out of the borough with an EHC plan. The SEN team will notify the Adult service team linked to the young person of Annual Review meetings, within schools and colleges, where the young adult is likely to meet the threshold for social care services at age 18, so that they can be involved in their transition planning.
- 5.6 A travel training programme has been commissioned for young people to enable targeted young people to be able to travel independently on public transport services. Schools have identified pupils who will most benefit from travel training to empower disabled and vulnerable young people with the skills and confidence they need to independently travel to schools, colleges, employment, training and other locations.
- 5.7 Agreement has been given by the Executive Director of Children's and Adult's service to pilot a new Preparing for Adulthood and Transition Team who would be responsible for taking forward both the operational and strategic work.

- 5.8 An agreement has been reached between children and Adult services which details the minimum information that is required to achieve a successful handover of the young person's case when transferring to adult services. Where possible the cases are allocated to experienced social workers with a good knowledge base of working with young people.
- 5.9 The Lead operations manager for Adults with Learning Disability (AWLD) and the Multi Agency service manager in Children's Services are in regular contact and also meet at least bi-weekly to discuss cases and local market needs which in turn has led to the first joint meeting with children and adult commissioners and a group of national and local care providers to identify services that can meet needs post 16 to avoid additional moves for the young person wherever possible.
- 5.10 Children and Adult Services are also working together to learn each others care planning strategies, so that care can be provided by the least restrictive means with care plans that promote independence as much as possible, enabling the young person to reach optimum levels of independence.

## **6. Next Steps**

- 6.1 In order to take forward both the operational and strategic work of the preparing for adulthood and transition work stream a new Preparing for Adulthood and Transition Team (PAT) will be piloted for one year initially. This will enable greater understanding of the benefits of a dedicated team model.
- 6.2 The team will have responsibility for:
- Leading both the operational and strategic development work of the Preparing for Adulthood and Transition pathways for young people with Special Educational Needs and Disabilities (SEND).
  - Leading the integration across children and adults education, health and social care services, driving change to secure improved outcomes for children and young people with SEND.
  - Leading on development and continuous review of the Preparing for Adulthood and Transition pathways for young people with SEND.
  - Leading on the development of the market and commissioning of services and education provision to support Preparing for Adulthood and Transition options for young people with SEND.
  - Ensuring that there are effective arrangements in place which support a smooth transition for young people with complex needs from Children's Services to Adult Health and Social Care services.
- 6.3 The majority of the initial team will be pulled together from existing resources from within both Children's and Adult's services and will be jointly managed and have governance oversight by both Children's and Adults services. The managerial oversight will be by the AWLD Lead Operational Manager with joint governance to the Multi Agency Service Manager, CWCNS.
- 6.4 Over the pilot period, the impact on capacity in existing teams will be monitored. The team make up will be:
- Operational Team Manager - this post covered by the Operational Lead AWLD manager in the pilot phase
  - 4 x social workers ( 2x children SW & 2 adult SWs)
  - 2 x Senior SEN case workers
  - Access to Joint Commissioning from CYP and Adults

- 6.5 It is expected that this new team will be formed to start work by April 2017. Plans are being put in place to make professionals, parent/carers and young people aware of the new team and roles and responsibilities.
- 6.6 The team will work with children's services so that it has awareness of all young people aged 14 years and 15 years with an EHCP who have a SEND need through the quarterly panel meeting. This meeting raises the profile of young people who will need to be known by adult services. It is likely that these YP will become the client group once they turn 16yrs of the transition team.
- 6.7 The new transition team will pick up the total case work responsibility of all young people aged 16yrs plus who have an EHCP/SEND care need. It is likely that approximately 40 young people per cohort year will go on to qualify for full transition planning into adult services. The transition team will continue to work with any young person who has an EHCP /SEND with an ongoing care need until the EHCP has been ceased. Young people will then transfer into either AWLD, Neighbourhood team, Placements team or other identified service as required.
- 6.8 This pilot will need to be reviewed regularly throughout the first year by the governance structure that will be in place from both Children's and Adult Services. Consideration will need to be given to whether the proposed staffing structure is correct and able to case manage and achieve the outcomes and case movement expected based on the demand for the service. It will also need to give consideration for the potential of requiring a health member within the team or to developing clear links of accountability with both children and adult health teams. Currently both children and adults have their own health links but there is no reason why these cannot be jointly worked and accessed to achieve the best results for the young people and their needs.

## **7. Financial Implications**

- 7.1 The new service delivery model will be established by using existing resources from both children's and adult services staffing budgets. The annual cost pressure associated with transitions will be reduced as services are commissioned more locally to meet the needs of young people with complex needs who are preparing for adulthood.

## **8. Legal Implications**

- 8.1 The Care Act 2014 created a new structure for the assessment and provision of care services, encompassing a new approach (also provided for in the Children and Families Act 2014) for child carers and providing for more continuity through the transition, if eligible, of a young person from children's to adult services. There are also new general duties to promote the wellbeing of the individual in the community, and to prevent the need for escalating care and support, by the provision of signposting to relevant services, information and, when considering the delivery of many universal services across the Borough, whether as part of our duties as the Local Authority or in conjunction with Health and other services.
- 8.2 The particular paragraphs relevant to the transition from children's to adult services are found at paragraphs 58-66. The Local Authority must undertake a Child in Need assessment following a request from a parent / carer of a child. Having completed an assessment, where it appears that the young person is likely to have the same needs at 18 the authority may assess:
  - a) What the young persons needs for care and support are, and

b) What they are likely to be when they become 18.

8.3 A Local Authority can carry out an assessment even if the child lacks the capacity to consent, if to do so would be in the child's best interests.

8.4 For those young people who don't meet eligibility for social care, yet are vulnerable there will be support available to signpost appropriately.

8.5 A child's needs assessment must include an assessment of:

The outcomes that the child wishes to achieve in day-to-day life, and

8.6 Whether, or to what extent, the provision of care and support could contribute to the achievement of those outcomes.

8.7 In carrying out a child's needs assessment a Local Authority must, so far as it is feasible to do so, consult:

c) The child

d) The child's parents and any carer that the child has, and

e) Any person whom the child or a parent or carer of the child requests the local authority to consult.

8.8 Where a person to whom a child's needs assessment relates becomes 18, the authority must decide whether to treat the child's needs assessment as a needs assessment for adult services. They must consider when the assessment was completed, and whether there have been any changes of circumstances since becoming 18.

8.9 S17 Children Act 1989 is amended by s66 Care Act and there is a requirement to continue s17 services past 18 until a Care Act assessment is completed. There is a similar provision for CSDPA1970 s2 services.

8.10 There are wider duties imposed by the Care Act towards young people with whom the Local Authority are not necessarily directly engaged, for example, young people receiving CAMHS support, involved with Youth Justice, or those with Autism hitherto within the education service only. If there is a significant benefit of such a young person receiving a transition plan then there is a duty to prepare one. It is therefore important to identify such young people and to determine whether a plan would be in their interests.

## **9. Crime and Disorder Implications**

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

## **10. Equalities Implications**

10.1 An initial equality analysis assessment indicates that the proposals in this report would not unlawfully discriminate against any protected characteristics but would positively promote equality of opportunity for children and young people with special educational needs and disabilities.

## **11. Environmental Implications**

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

## 12. Background documents

12.1 None

**If there are any queries on this report please contact Warwick Tomsett, Head of Commissioning Strategy and Performance 0208 314 and Joan Hutton, Head of Adult Social Care on 020 8314 8364 or by email at [joan.hutton@lewisham.gov.uk](mailto:joan.hutton@lewisham.gov.uk) and [warwick.tomsett@lewisham.gov.uk](mailto:warwick.tomsett@lewisham.gov.uk)**



<b>HEALTHIER COMMUNITIES SELECT COMMITTEE</b>		
<b>Title:</b>	Leisure Contracts Update – March 2017	
<b>Key decision:</b>	No	<b>Item No:</b> 7
<b>Ward:</b>	All	
<b>Contributors:</b>	Executive Director for Community Services	
<b>Class:</b>		<b>Date:</b> 1 March 2017

## 1. Summary and Purpose of Report

- 1.1 This report invites comments from the Healthier Communities Select Committee on the 2015/16 performance of the two leisure centre contracts and their operators, 1Life for the Downham Health & Leisure Centre and Fusion Lifestyle for the other leisure facilities across the borough.
- 1.2 Additionally the report provides updates on the contracts against four strategic objectives: improve health and wellbeing and tackle inequalities, contribute to community cohesion, contribute to the regeneration of the borough and employment for local people.
- 1.3 The annual reports from both operators for the year 2015/16 are attached as appendices.

## 2. Recommendations

- 2.1 To note and comment on the contents of the report.

## 3. Background and History

- 3.1 The borough’s leisure facilities are managed on behalf of the Council by two contractors, Fusion Lifestyle and 1Life (formerly Leisure Connection).
- 3.2 On 1 June 2011, Mayor and Cabinet (Contracts) approved the award of the Leisure Services Contract to Fusion Lifestyle for a period of fifteen years. The contract commenced on 15 October 2011 with immediate transfer of The Bridge Leisure Centre, Ladywell Arena, Ladywell Leisure Centre and Wavelengths Leisure Centre.
- 3.3 In addition to these leisure centres, previously managed by Parkwood Leisure, the contract has since included the new centre on Loampit Vale (Glass Mill), Forest Hill Pools, Forest Hill School Sports Centre and the Warren Avenue playing fields. Bellingham Leisure and Lifestyles Centre transferred to Fusion 1<sup>st</sup> February 2014.
- 3.4 Fusion Lifestyle is a registered charity and as such is required to demonstrate charitable objectives. According to their website their objective is “to deliver high quality sport, health and wellbeing services that are inclusive and accessible to all without stigma or inequity. In particular we overcome barriers

to participation, including socio-economic, age, gender, disability, cultural and ethnicity”.

- 3.5 Downham Health & Leisure Centre opened in March 2007, and is managed by 1Life (formerly Leisure Connection Ltd) operating through an Industrial and Provident Society (IPS) or trust, Downham Lifestyles Limited.
- 3.6 1Life have a 32 year contract through a Private Finance Initiative (PFI). The centre includes health care facilities, library, community hall, and leisure services (including a 25m swimming pool, teaching pool, gym, studios, floodlit AstroTurf and multi use games area, and playing fields).

#### **4. Policy Context**

- 4.1 Lewisham’s Sustainable Community Strategy 2008 – 2020 ‘*Shaping our Future*’ reflects the many individual strategies and plans endorsed by different agencies and partnerships in Lewisham. All are working with our citizens to build a successful and sustainable future. The key principles of this strategy are reflected throughout the new leisure contract to ensure regular delivery to local residents over the life of the contract.

These key principles are:

- Ambitious and achieving – where people are inspired and supported to fulfil their potential
- Safer – where people feel safe and live free from crime, antisocial behaviour and abuse
- Empowered and responsible – where people are actively involved in their local area and contribute to supportive communities
- Clean, green and liveable – where people live in high quality housing and can care for and enjoy their environment
- Healthy, active and enjoyable – where people can actively participate in maintaining and improving their health and well-being
- Dynamic and prosperous – where people are part of vibrant communities and town centres, well connected to London and beyond.

#### **5. Leisure Contracts Update**

- 5.1 The key strategic areas of influence for the leisure contracts are as follows:
  - to improve health and wellbeing and tackle inequalities
  - to contribute to community cohesion
  - to contribute to the regeneration of the borough
  - employment for local people

Progress against each of these are set out below.

##### **5.2 Improve health and wellbeing and tackle inequalities**

- 5.2.1 A key objective of the two leisure contracts is to increase participation in sport and physical activity by local residents, through the use of the leisure facilities.

- 5.2.2 **Participation:** Use of all the borough's leisure facilities continues to grow year on year. In 2015/16 there were 1.75 million visits; an 8% increase from 1.6m visits in 2014-15.
- 5.2.3 General participation at the Fusion leisure centres has yet again increased compared to the previous year. During 2015/16 the number of attendances at the facilities increased to 1.26m (1.25m in 2014/15 and 1.1m in 2013/14). Facility hire and school swimming both performed particularly well with a 41% and 23% increase respectively; due to better relationships with local partners and schools.
- 5.2.3 Participation increased across four centres in particular: Bellingham, Forest Hill Pools, Glass Mill and the Bridge Leisure Centre. The Bridge saw the largest percentage increase, in most part due to refurbishment works undertaken there.
- 5.2.4 Participation across most of the target groups at Fusion centres has also continued to increase. There was a 1.3% increase by over 60s, 13% increase by BME users, 46% increase by under-16s and a 14% increase by women users. Some of these increases will be attributable to improved data capture through the various membership and loyalty schemes but the strong message is that target group participation is going in the right direction. Fusion deliver targeted activities to help increase participation from these groups; for example over 60s aquafit and Zumba, and women only evening at Wavelengths.
- 5.2.5 Participation by disabled users at Fusion centres has decreased again for a second year; dropping by 21% in 2015/16. Fusion acknowledge that further work is needed to reverse this trend and have worked with various organisations (e.g. Contact a Family, Community Connections and Young People's SEN forum) to raise awareness of free swimming, free gym and access to leisure centres. This is proving to be fruitful with disability participation 27% higher in Q3 of 2016/17 than Q3 of 2015/16. . Ladywell Arena hosted the annual disability sports day which was attended by 150 disabled people.
- 5.2.6 Visits to the leisure side of Downham Health and Leisure Centre during the year 2015/16 were 484,750, an increase of 7% on 2014/15. The three main areas of growth were swim school (at a record level for the centre), fitness member usage and fitness classes.
- 5.2.7 The Downham contract provides a range of activities geared towards participation of certain groups. Young people are catered for through teenage sports sessions and personal training and education sessions; as well as free tennis courses, trampolining and holiday programmes for children. Over 60s can access special social sessions with sports such as short mat bowls and boccia, and tea. 1Life has worked with the local mosque to arrange women only circuit sessions for women and girls; and other sessions are well attended by women and BME groups. The centre has worked with a number of organisations to increase usage by disabled people, including offering athletics and multi-sport sessions to the Downs Friendship Group during school holidays; as well as wheelchair dance sessions.
- 5.2.8 **Free swimming:** Free swimming was available for residents aged 16 and under and 60+ with a Lewisham library card during 2015/16. Across the Fusion contract there was a 13% decrease in the number of free swims during 2015/16 compared to the previous year; dropping from 47,920 to 42,043 free swims. At

Downham usage also decreased during 2015/16; down by 9% from 2014/15 to 18,125.

- 5.2.9 Free swimming for under 17s was funded by the council's Public Health grant and was identified for a saving during 2016/17. Following analysis of usage and the low health benefits due to not being used frequently enough a decision was taken to stop funding it from 1 April 2016, providing a £200,000 saving. Culture and Community Development service continued to fund free swimming for under 17s until end of August 2016 after which it ceased altogether. Feedback on this change has been limited; with Fusion and 1Life receiving no formal complaints about the removal; and the Council only receiving a handful. Free swimming for over 60s continues under the Be Active scheme.
- 5.2.10 **Swimming participation:** Both 1Life and Fusion centres have seen a drop in casual swimming year on year which follows a national swimming trend. Both operators have introduced different sessions to encourage people to swim more, such as inflatable family sessions and aquasplash for children.
- 5.2.11 Bucking this trend is the massive increase year on year of swim school (swim lessons) participants; partly as a result of more swimming lessons being offered for a wider age range of children and adults. This increase in programming of swim lessons is in response to demand; but comes with its own challenges of balancing public casual use and programmed sessions. Greater use of direct debit has also meant less drop-off of participants.
- 5.2.12 School swimming is also strengthening; with Downham seeing an increase of 2 schools using their facilities in 2015/16. There is, however, a low percentage of key stage 2 passes of school children accessing swimming at the borough's centres which is mainly due to low level swimming attainment generally in the population – a large number of children coming into school swimming lessons are non-swimmers. Both operators provide free courses and scholarships to local schools to identify children who may benefit from free swimming lessons over and above the school swimming sessions.
- 5.2.13 Officers are currently working with the Amateur Swimming Association, school representatives and both operators to develop initiatives to increase swimming participation, levels and review the school swimming offer.
- 5.2.14 **Be Active:** The Be Active card provides concessions and free access to leisure activities across the borough to certain eligible residents. Across the Fusion sites there were 3,985 Be Active members and 25,598 admissions in 2015-16, down by about 10% on the previous year. This is due to a number of reasons, including ongoing integrity checks, equipment to scan the library card in the centres frequently breaking and lower than previous year's levels of marketing and publicity. In Downham the number of visits to the centre was 7351 in the year.
- 5.2.15 Work is underway to transfer the administration of the scheme to the leisure operators from the library service in order to provide a more efficient customer service.
- 5.2.16 **Exercise on Referral and Active Heart:** These two schemes are run jointly with NHS Lewisham and allow eligible residents experiencing health issues to be referred into tailored exercise courses by their GP or cardiac staff at the hospital. This year the scheme has seen some significant changes as to how it operates. The scheme has gone completely electronic with GP's able to

refer direct to Fusion or 1Life, enabling the operators to contact customers and book their appointments more efficiently. The scheme has also been split into low and medium risk, called Active Start and Active Referral. Low risk referrals are for people who are overweight or at risk at developing long term medical conditions. The medium risk is for people who have long term medical conditions and have prescribed exercise to help with their conditions.

- 5.2.17 During 2015/16 Fusion had a total of 1,524 people referred across the two programmes (1,124 Active Referral and 400 Active Start). Numbers were lower this year when compared to previous years but this was due to the changes being implemented during June and July 2015. Downham had a total of 226 active referrals and 63 active start.
- 5.2.18 **Health promotion & activities:** 1Life work with their partners in the Downham Health & Leisure Centre to promote healthy lifestyles. For example, free NHS health checks, healthy walks, Downham Celebrates, IAPT and Delicious Nutritious.
- 5.2.19 Fusion worked with Bromley MyTime Health to run weight management classes for young people during 2015/16 at Glass Mill; with the aim to get inactive young people active. Fusion also delivered the final block of Get Moving sessions at the beginning of 2015/16, targeting inactive over 40s to take part in structured exercise classes such as aqua Zumba and pilates.
- 5.2.20 **Healthy eating:** Within both contracts there is a requirement for healthy food and healthy vending. Fusion have very recently changed their café operator in Forest Hill and the Bridge to Bickels Yard, and included more healthy eating options as part of that. The menus and prices at Fusion and 1Life managed sites are closely monitored to ensure that healthy options are included.
- 5.2.21 Lee Green community veg scheme delivers organic fresh vegetables from local farmers to local people and Glass Mill became one of their delivery hubs during 2015/16.
- 5.2.22 **Pricing:** Within the terms and conditions of leisure management agreement and the PFI, the Council works with Fusion and 1Life to provide reasonably priced leisure services. The growth of the commercial sector places pressure on the operators to be competitive. The reduced economic circumstances of some residents is addressed particularly through the Be Active card.
- 5.2.23 Fusion have recently been trialing a centre specific membership approach. Normally membership allows you to access all Fusion sites within Lewisham, but a centre only membership is being offered at a select number of sites. This is to encourage retention of existing members and increase yield in the face of competing budget gyms and other commercial operators. It is still too early to determine whether this approach is successful in meeting these aims.
- 5.2.24 Officers have developed a suite of changes to the Fusion contract as part of the agreed £1m savings from April 2017. These changes include an increase in headline membership (from £39.60 to a maximum of £42.95 per month) and Be Active membership (from £21.75 to a maximum of £24.95 per month); as well as increase on swim school prices (from £5 to a maximum of £6 per lesson). These increases still leave Lewisham low to mid-point in price comparison with its neighbouring boroughs.

5.2.25 **Inclusivity:** Access for all is a cornerstone of both contracts. In 2015/16 all Fusion sites held Inclusive Fitness Initiative (IFI) status. 1Life is not required to nor does it possess an IFI accreditation, however officers are working with the operator to achieve this. At Downham the Seals swimming club use the pool for disabled swimming sessions, the MS Society have two targeted weekly exercise sessions and the centre is one of 12 sites nationally to offer deaf friendly swimming lessons. The TAGS (Trans And Gender non-conforming Swimming) group continues to use Glass Mill and is well attended.

### 5.3 Contribute to community cohesion

5.3.1 Both contracts undertake a number of activities and initiatives which encourage participation, bring communities together and provide opportunities. Examples include the following.

5.3.2 Fusion undertake various community outreach initiatives as well as delivering targeted sessions within their centres and supporting events. Fusion are a key sponsor of People's Day, having an interactive and fun presence at the event. Through their adult swim campaign 5 adults learnt to swim during 2015/16 with the goal of taking part in the Swimathon 2016 at Glass Mill. Fusion hosted a falls prevention training course; with its staff now qualified to deliver fall prevention classes in the leisure centres. Around £8,000 was provided by Fusion to support community initiatives, including in kind facility hire of Glass Mill for the Lewisham Primary School Gala, and spaces provided for organisations such as London Wildlife Trust. In partnership with Adult Learning Lewisham Glass Mill hosted an art event with workshops and trial classes.

5.3.3 The sports development manager at Downham is very proactive in developing health and physical activity in the community and in the leisure centre. Throughout the year they support a number of events, including Downham Celebrates (summer and Christmas), Sport Relief Mile, Swimathon, and swim school galas. They fund and support various activities to get people more involved and active; such as girls football, Polish community group, joint bid for funding with Bellingham Community Project for free tennis sessions, stop smoking sessions, diabetes self-help group and dementia seated exercise sessions. 1Life has very recently launched their 'fit bus' to take more sessions out into the community.

5.3.4 The Industrial Provident Society (IPS) made awards of small grants to groups and partners who use the facilities at Downham Health & Leisure Centre, including roller skating programme, Dalmain Athletic Club 50+ walking football, and respite fitness sessions for parents.

### 5.4 Regeneration of the Borough

5.4.1 Significant investments both by the Council and Fusion Lifestyle have been made into the leisure portfolio over previous years, with new buildings at Glass Mill and Forest Hill Pools, and a major refurbishment at Wavelengths. All of these buildings have added enormously to the wider community offer helping to make Lewisham a more attractive place to live and work. Whilst there are still some building defects and latent defects associated with these sites many have now been resolved and disruption to the leisure service is minimised.

5.4.2 The council and the two operators continue to invest in the leisure facilities. Following refurbishment of the gym, sports hall, dry changing rooms and toilets in 2014, further work was undertaken at The Bridge Centre in 2015 including

the replacing the pool hall ceiling, air handling units, redecoration and new LED lighting, and the upgrading of multi-use games area to 3G pitch. Fusion have invested new gym equipment at Wavelengths and Glass Mill following feedback from customers.

- 5.4.3 The PFI facility services management contract at Downham continues to deliver planned lifecycle improvements. In 2015/16 this included reception carpet replacement, redecoration, shower head replacement, air con fans and spectator seating in the pool.
- 5.5.1 Employment for local people
- 5.5.2 The two leisure contracts provide opportunities for employment and training for local residents.
- 5.5.3 Fusion employs over 134 FTE staff across the Borough, with over 55% of these employees being Lewisham residents (down from 80% in 2014/15). Fusion have developed a successful 'Development Pathway' which provides a framework for all employees to progress within the organisation; and have promoted a staff member to General Manager recently under this scheme.
- 5.5.4 Following a period of stability within its staffing Fusion have recently seen a turnover of a number of its key staff including general managers and the divisional manager within Lewisham. This has provided both challenges and opportunities for the organisation.
- 5.5.5 1Life employs 32 FTE staff, of which 12 are Lewisham residents. It provides opportunities to upskill its staff including swim teacher and fitness instructor courses. The company continues to have a commitment to employing apprentices in roles such as reception, crèche and lifeguards; and has provided opportunities for college students to complete work experience at the centre.
- 5.6 Performance monitoring and Operational Issues
- 5.6.1 Officers continue to respond to issues about the quality of facilities or services offered by both operators, undertaking monitoring by way of site visits and quarterly technical inspections.
- 5.6.2 On a regular basis the Authorised Officer makes a more formal inspection of the facilities and measures performance against the Zone Data Sheets which set the standards for each area of the building. Any service issues are promptly reported to the operator and if not remedied within the prescribed period a financial penalty may be applied.
- 5.6.3 Technical inspections are made on a quarterly basis. They check for compliance on health and safety matters and to reassure the Council that the leisure operator is undertaking the necessary repairs and maintenance regimes in order to protect the Council assets. This is the third year of these inspections and standards have improved.
- 5.6.4 Whilst some service failures do still occur, complaints are still made and financial penalties are applied 2015/16 continued to see decent standard of delivery, building on previous work between Fusion and council officers. The areas that continue to concern officers are general cleanliness (especially at Glass Mill) and the turnaround of fixing repairs and unavailable services such as showers or lockers.

5.6.5 As part of their own feedback system, Fusion operates a comments card system and launched their new online feedback portal during 2015/16. The average scores for the year against each of the headings were as follows:

**Staff 97.0%**  
**Range of Activities 96.9%**  
**Building Condition 95.7%**  
**Cleanliness 90.8%**  
**Value for Money 96.9%**  
**Equipment 95.2%**  
**Ease of Booking 96.2%**  
**Ease of Gaining Information 93.8%**  
**Website 93.3%**  
**Average 95.1%**

5.6.6 These indicate that the quality of the service delivery has improved across the board with higher scores on most indicators and the average satisfaction of increasing from 94.4% in 2014/15 to 95.1% in 2015/16. Cleanliness remains the lowest scoring category; and is static from 2014/15 and continues to be an issue in 2016/17. Officers have raised this through the formal contract process and requested that changes are put in place to schedules and checks to increase the levels of cleaning required, and will continue to monitor regularly. Cleaning at Glass Mill is a particular challenge with an issue of noise to flats above from the heavy-duty mechanical cleaners; however officers are working to resolve this with the developer to allow full cleaning to be undertaken again.

5.6.7 1Life also regularly conducts customer surveys to improve their services. These include users, non-users, staff satisfaction and green travel. From their user surveys notably high satisfaction can be found in value for money, range of classes, and staffing. Areas such as availability of car parking, quality of play equipment on Downham Playing Fields and cleanliness of the pool changing facilities scored lower.

5.6.8 All the leisure facilities undergo rigorous assessments by Quest, a respected authority on leisure standards. Glass Mill was very recently awarded Excellent status; the highest level that can be achieved and above the requirements of the contract. Wavelengths, Forest Hill and Downham all achieved Good status.

## 5.7 2016/17 update

5.7.1 Local authority leisure provision is increasingly being squeezed in a changing market, with increasing competition from the commercial sector (particularly 'budget' gyms; with Fusion already seeing a negative impact from these). This requires the council and the two operators to continue to invest in the offer available and maintain or increase their market share. This includes providing a niche offer that the commercial sector doesn't; for example family participation. Officers are working with both Fusion and 1Life to develop proposals to enhance the offer; including soft play provision. Fusion is also developing a much more robust local marketing campaign, to highlight the particular local offer; e.g. climbing wall at Glass Mill, Ladywell Arena running track etc.



- 5.7.2 There has been a slight increase in complaints about the Fusion leisure centres recently; mostly to do with slow response in fixing broken facilities (e.g. showers, cold temperatures in studios etc) and a few to do with cleaning, particularly at Glass Mill (see 5.6.6 above). Officers have picked both of these issues up through the formal contract mechanisms and have been applying financial penalties where appropriate. It is worth bearing in mind, however, that there are 1.75 million visits per year and only a very small number of formal complaints received.
- 5.7.3 Officers continue to work with both contractors to deliver the best possible service and meet the key strategic areas outlined above; and further information on delivery will be available to the committee once the year has concluded.

## **6. Financial Implications**

- 6.1 There are no immediate financial implications arising from this report.
- 6.2 £1m will be removed from the leisure budget from April 2017. This is being achieved through removing the ring-fenced landlord budget and taking corporate risk on spend in future years; as well as service changes such as opening hours, timetabling, pricing and staffing arrangements. In addition to this free swimming for under 17s was removed from the Public Health budget.

## **7. Equalities Implications**

- 7.1 An Equalities Impact Assessment (EIA) for the Council's leisure services specification was conducted before both contracts were tendered. A number of the actions contained within the EIA aim to deliver a positive impact on equality in the Borough. Some highlights of this include:
- Free gym inductions have been offered for the Exercise on Referral and Active Heart programmes; and subsidised access for Be Active members.
  - Specific single sex sessions are being programmed including the continuation of the successful 'women's only' evening at Wavelengths.
  - Free access to facilities for national sportsmen and women of all ages is being provided for the duration of the contract (FANS scheme).
  - 70 hours of free access per year is being utilised by the Council's sports & Leisure Service. Emphasis will be placed on delivery of activities for the equalities groups listed within the EIA.
  - The TAGS (Trans And Gender non-conforming Swimming) group has become an established and popular session at Glass Mill, referenced at paragraph 5.2.25
- 7.2 Fusion's Annual Report – attached as appendix 1 shows significant participation increases across most equalities groups with their current service plan containing the following objectives:
- To deliver a 5% year-on-year increase in general participation

- To deliver a 5% year-on-year increase in participation by users aged under 16
- To deliver a 3% year-on-year increase in participation by users from BME groups
- To deliver a 3% year-on-year increase in participation by disabled users
- To deliver a 5% year-on-year increase in participation by 60+ users
- To deliver a 3% year-on-year increase in participation by female users

## **8. Legal Implications**

8.1 There are no legal implications arising from this report.

## **9. Conclusion**

9.1 Through the borough's two leisure providers, Fusion and 1Life, the Council can provide many benefits to local people such as; employment, state of the art facilities, subsidised and free activities for those most in need, and health improvements. Continuous monitoring and working in partnership with the two contractors will ensure continued benefit for local people.

If there are any queries on this report please contact Petra Marshall, Community Resources Manager on 020 8314 7034.

### **Additional Documents**

**Appendix 1 – Fusion Lifestyle Annual Report 2015/16**

**Appendix 2 – 1Life Annual Report 2015/16**

Healthier Communities Select Committee		
Title	Information item: King's College Hospital NHS Foundation Trust	
Contributor	Scrutiny Manager	Item 8
Class	Part 1 (open)	1 March 2017

## 1. Overview

This note advise members of a meeting on 26 January 2017 between Councillor Hall (Chair of Overview & Scrutiny), Councillor Muldoon (Chair of Healthier Communities Select Committee) and Colin Gentile (Chief Financial Officer at King's).

King's College Hospital NHS Foundation Trust is a healthcare provider of acute and elective services across three hospital sites in south-east London.

## 2. Recommendations

The Committee is recommended to note this information.

## 3. Summary of key points noted

- In the last financial year, 2015/16, King's had a deficit of £65m, although the recurrent deficit was significantly bigger.
- By month nine of 2016/17, the deficit was £78m, with a plan in place to get it down to £48.8m by the end of the year. It is accepted that achieving this will be a challenge.
- King's turnover is currently £1.2bn and it has a savings target of £50m year on year.
- Its own transformation programme is expected to start delivering efficiency savings next year. King's has not planned for any STP-related savings in next year's financial plans.
- King's is currently having to cancel a lot of elective and specialist surgery because of day-to-day emergency work coming in.
- The four biggest CCG customers of King's are, in order, Bromley, Southwark, Lambeth, and Lewisham.
- Combined local CCG spending at King's is around £327m. Specialist commissioning, on the other hand, makes up around £320m.
- Timely discharge from hospital with appropriate social care in place in a problem across the country. Healthcare trusts, local authorities and CCGs continue to work together to address this.

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<b>Healthier Communities Select Committee</b>			
Title	Select Committee work programme		
Contributor	Scrutiny Manager	Item	9
Class	Part 1 (Open)	Date	1 March 2017

## 1. Purpose

- 1.1 To provide Members of the Select Committee with an overview of the work programme for 2016-17 and to propose a draft work programme for 2017-18.

## 2. Summary

- 2.1 At the beginning of the municipal year each select committee is required to agree a work programme for submission to the Overview and Scrutiny Business Panel. The Panel considers the suggested work programmes and coordinates activities between select committees in order to maximise the use of scrutiny resources and avoid duplication.
- 2.2 The meeting on 1 March is the last scheduled meeting of the Healthier Communities Select Committee in the 2016-17 municipal year. This Committee's completed work programme is attached at appendix B. The Committee is being asked to put forward suggestions for the 2017-18 work programme.

## 3. Recommendations

- 3.1 The Select Committee is asked to:
- Consider the prioritisation process and priorities themes for the 2017/18 work programme
  - Note the completed work programme attached at **appendix B**
  - Review the issues covered in the 2016-17 municipal year
  - Take note of the key decisions attached at **appendix C**
  - Consider any other matters that it may wish to suggest for future scrutiny, including topics for in-depth review.
  - Note the draft work programme for 2017-18 attached at **appendix D**

## 4. Healthier Communities Select Committee 2016-2017

- 4.1 The Healthier Communities Select Committee had 8 meetings in the 2016-17 municipal year:
- 19 April 2016
  - 18 May 2016
  - 28 June 2016
  - 13 September 2016
  - 18 October 2016
  - 24 November 2016
  - 12 January 2017
  - 1 March 2017

4.2 Along with all other select committees, in 2016-17 the Healthier Communities Select Committee has devoted considerable attention to reviewing savings proposals put forward as part of the Lewisham Future Programme.

## **5. Prioritising and planning for 2017-18**

5.1 Eight meetings will be scheduled for the 2017-18 municipal year. The Committee is asked to consider a draft work programme report for 2017-18 for members to review, revise and agree (see appendix D). The draft work programme takes account of the Committee's previous work and incorporates:

- the scrutiny prioritisation process and potential key themes and priorities for 2017-18
- issues arising as a result of previous scrutiny;
- issues that the Committee is required to consider by virtue of its terms of reference;
- items requiring follow up from Committee reviews and recommendations;
- issues suggested by members of the public;
- petitions;
- standard reviews of policy implementation or performance, which is based on a regular schedule;
- suggestions from officers;
- decisions due to be made by Mayor and Cabinet.

### Council finances

5.2 The Council has already made savings of £138.4m to meet its revenue budget requirements since May 2010 and is proposing further savings of £23.2m in 2017/18. It is expected that the Council will need to identify further savings of circa £32.6m for the following two years, 2018/19 to 2019/20. This will bring the total savings in cash terms made by the Council in the decade to 2020 to just short of £200m. Monitoring the impact of savings on service delivery and performance will continue to be of importance to scrutiny committees. Lessons learnt from this process can be used to help shape the scrutiny of future savings proposals as and when they are put forward.

### 5.3 Budgetary issues of particular relevance to the work of the Committee

- The continuation of the adult social care precept. For 2017/18 councils have the additional flexibility to raise the precept by up to 3% in 2017/18 and 2018/19, but by no more than 6% in total up to 2019/20. For Lewisham, adding 3% for the precept to Council Tax in 2017/18 will provide an additional £2.68m in 2017/18.
- Adult social care continuing to be a "volatile budget area" for the council. Out of a projected overspend of £11.6m for the council, £2.5m of this relates to adult social care. This overspend is due to a number of factors, including the increased costs of residential care for older adults.
- Among the budget risks identified for 2017/18 is transition from children's to adults' social care as the council experiences an increase in the transfer of high-cost packages and placements for young people with a learning disability. The

numbers of the most elderly in the borough also appears to be increasing, along with their needs and the costs of providing them. The 2016/17 forecast for adult services is an overspend of £3.5m.

- The Better Care Fund in 2017/18. The value of the Better Care Fund for Lewisham in 2016/17 is £21.218m, out of a national total of £3.9bn. The 2017/18 plan is currently being developed, but any local increase is likely to be limited to an adjustment for inflation.
- The Public Health Grant in 2017/18. In 2016/17 the Council's allocation for Public Health Grant is £25.298m. National reductions of 2.6% annually have been announced for the next three financial years and the 2017/18 Lewisham allocation is £24.967m. There is also a £260k shortfall in savings which will need to be managed in 2017/18 or addressed with other savings due in 2017/18.
- In 2017/18 the Government is also redirecting of money from the New Homes Bonus scheme to an "improved Better Care Fund". This is intended for meeting the costs of social care and supporting integration work between health and social care. The funding for Lewisham is expected to be £1.2m in 2017/18.

#### Broader issues of particular relevance to the work of the Committee

5.4 From discussion with officers and the Chair, and from reviewing the items looked at over the course of the 2016-17 work programme, there are a number of issues that the committee may wish to consider for scrutiny over 2017-18:

- **Sustainability and transformation plans**  
The south-east London STP was submitted to NHS England last October and has since been published. The STP sets out plans for health and local government partners across six boroughs to jointly address the financial challenges faced by the health economy in south-east London. It sets out proposed changes in a number of areas, including community-based care, specialist care and provider collaboration. Consultation on the proposed consolidation of elective orthopaedic sites across south-east London is expected to start in spring this year. Scrutiny of the STP will continue to be carried out through the south-east London JHOSC, with updates to HCSC.
- **Devolution pilot**  
Lewisham's devolution pilot business case was submitted last October. It's focused on gaining greater freedoms around estates and workforce that could accelerate the transformation of community-based care. This includes changing how buildings are used so staff can be co-located and finding ways to create new, combined health and social care roles. The latest business case also included a request for transformation funding from the One Public Estate programme. Devolved arrangements are expected to be in place by April 2018. A progress update from officers is expected early in the new municipal year.
- **Neighbourhood care networks and place-based care**  
NCNs are a key part of the integration of health and adult social care services in Lewisham. They are intended to improve the connections between services within communities through multidisciplinary working. The NCN model has been in development since 2014. Next steps in 2017 are expected to include a more

detailed communications and engagement plan to explain what health and care services will be delivered at a local level and how better links can be made across the system.

Following the Committee's 2016-17 in-depth review of the integration of health and adult social care, part of which touched upon neighbourhood care networks, the Committee will also receive an update related to this at some point.

- **Transition from children's to adult social care**

As mentioned above, the transition for children's to adults' social care has been identified as a budget risk for 2017/18. The committee is due to receive an update from officers at this meeting about the council's plans for addressing the pressures in this area and developing an approach to managing transitions jointly and smoothly between children's and adults' social care. The committee is expected to receive a progress update later in the year. Members from the CYP committee will also be invited.

- **CQC inspections**

The committee has previously received regular updates from the CQC on the findings of local inspections. This year the committee will be receiving an update from the manager of adult social care inspections in Lewisham. This will be a general update setting out any themes and trends from recent inspections. Committee members are free to put forward any specific requests in advance. The committee will also be aware that there is a comprehensive inspection of the Lewisham and Greenwich NHS Trust planned for March. This will include Lewisham Hospital and eleven community sites across the borough.

- **Healthwatch priorities**

Healthwatch Bromley and Lewisham have stated that their priorities for 2017/18 are mental health, children and young people's wellbeing, and access to services. They are also planning a significant piece of work on social care which will include "Enter & View" to a number of care homes, discharge from hospital and access to assessments. Healthwatch expect to have completed this work by May this year.

## **6. Healthier Communities Select Committee terms of reference**

- 6.1 The Council's constitution sets out the Committee's powers, as defined by the terms of reference. These are included at **appendix A**. The Committee should familiarise itself with the terms of reference and consider its remit when selecting items for scrutiny.
- 6.2 The Council's constitution sets out the Committee's powers, based on the legal underpinning of the Council's Overview and Scrutiny Committee by legislation: in particular the NHS Act 2006 as amended, the Health and Social Care Act 2012, the Care Act 2014 and regulations made under that legislation, and any other legislation in force from time to time. The Committee has the ability to call decision makers to account for a decision or any series of decisions made. The Committee may also decide to call officers from partner organisations to answer questions about the delivery of health care services in the borough.



6.3 The Committee's role is to examine issues relating to, but not limited to, matters such as: public health; adult social care; services for disabled people; day care provision; delivery of healthcare by partners.

6.4 The Committee is also required to review proposals for substantial changes in services and decide whether or not consultation is required in the instance that those changes will have a significant impact on local people.

## **7. Financial Implications**

There are no financial implications arising from the implementation of the recommendations in this report.

## **8. 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.

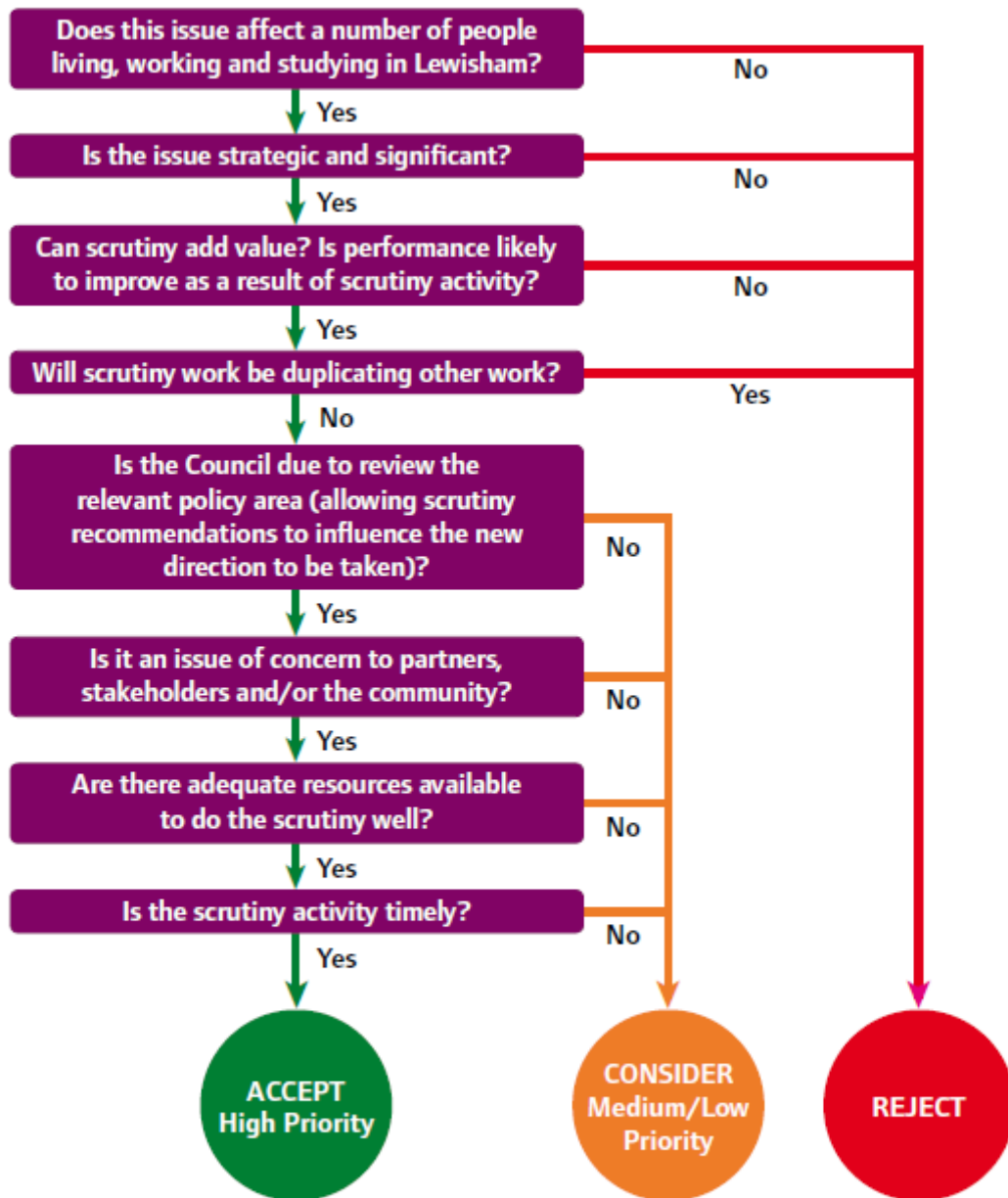
8.3 There may be equalities implications arising from items on the work programme and all activities undertaken by the Select Committee will need to give due consideration to this.

## **Background Documents**

Lewisham Council's Constitution

Centre for Public Scrutiny: the Good Scrutiny Guide

## Scrutiny work programme – prioritisation process



## Appendix A

### Healthier Communities Select Committee terms of reference

(a) To fulfill all of the Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers in relation to health matters given to the Council's Overview and Scrutiny Committee by any legislation but in particular the NHS Act 2006 as amended, the Health and Social Care Act 2012, the Care Act 2014 and regulations made under that legislation, and any other legislation in force from time to time. For the avoidance of doubt, however, decisions to refer matters to the Secretary of State in circumstances where a health body proposes significant development or significant variation of service may only be made by full Council.

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

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

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

(e) With the exception of matters pertaining to the Council's duty in relation to special educational needs, to fulfill all of the Council's Overview and Scrutiny functions in relation to social services provided for those 19 years old or older including but not limited to services provided under the Local Authority Social Services Act 1970, Children Act 2004, National Assistance Act 1948, Mental Health Act 1983, NHS and Community Care Act 1990, NHS Act 2006, Health and Social Care Act 2012 and any other relevant legislation in place from time to time.

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

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

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

(i) Without limiting the remit of this Select Committee, its terms of reference shall include Overview and Scrutiny functions in relation to: people with learning difficulties; people with physical disabilities; mental health services; the provision

of health services by those other than the Council; provision for elderly people; the use of Section 75 NHS Act 2006 flexibilities to provide services in partnership with health organisations; lifelong learning of those aged 19 years or more (excluding schools and school related services); Community Education Lewisham; other matters relating to Health and Adult Care and Lifelong Learning for those aged 19 years or over.

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

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

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								
Transition from children's to adults' social care	Standard item	Medium	CP9	Mar								
Delivery of the Lewisham Health & Wellbeing priorities	Performance monitoring	High	CP9	Mar								
Leisure centre contract	Performance monitoring	Medium	CP9	Mar								

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

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

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## FORWARD PLAN OF KEY DECISIONS

### Forward Plan February 2017 - May 2017

This Forward Plan sets out the key decisions the Council expects to take during the next four months.

Anyone wishing to make representations on a decision should submit them in writing as soon as possible to the relevant contact officer (shown as number (7) in the key overleaf). Any representations made less than 3 days before the meeting should be sent to Kevin Flaherty, the Local Democracy Officer, at the Council Offices or kevin.flaherty@lewisham.gov.uk. However the deadline will be 4pm on the working day prior to the meeting.

A "key decision"\* means an executive decision which is likely to:

- (a) result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates;
- (b) be significant in terms of its effects on communities living or working in an area comprising two or more wards.

November 2016	<b>Budget Update</b>	11/01/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
September 2016	<b>Ashmead Primary School expansion and Addey &amp; Stanhope School expansion</b>	11/01/17 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and		

<b>FORWARD PLAN – KEY DECISIONS</b>					
<b>Date included in forward plan</b>	<b>Description of matter under consideration</b>	<b>Date of Decision Decision maker</b>	<b>Responsible Officers / Portfolios</b>	<b>Consultation Details</b>	<b>Background papers / materials</b>
	<b>results of consultations</b>		Councillor Paul Maslin, Cabinet Member for Children and Young People		
December 2016	<b>Council Tax Base Second Homes Discount and Income Review</b>	11/01/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2016	<b>Discretionary Rate Relief Review</b>	11/01/17 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Kevin Bonavia, Cabinet Member Resources		
December 2016	<b>Governing Bodies Reconstitution Rathfern Primary School</b>	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		
September 2016	<b>Lewisham Music Business Plan and Transfer Terms</b>	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		
January 2016	<b>New Bermondsey Housing</b>	11/01/17	Janet Senior, Executive		



<b>FORWARD PLAN – KEY DECISIONS</b>					
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	<b>Zone Bid Update</b>	Mayor and Cabinet	Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
April 2016	<b>New Homes Programme</b>	11/01/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
August 2016	<b>Regionalising Adoption</b>	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	<b>School Health Service - Award Report</b>	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	<b>Council Tax Reduction Scheme 2017-18</b>	18/01/17 Council	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
December 2016	<b>Council Tax Base Second Homes Discount and Income</b>	18/01/17 Council	Kevin Sheehan, Executive Director for		

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	<b>Review</b>		Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
January 2017	<b>Mayoral Response Broadway Theatre</b>	18/01/17 Council	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
November 2016	<b>Transforming Construction Skills - Lewisham Construction Hub, Training, Apprenticeship and Employment Service</b>	31/01/17 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
November 2016	<b>Transforming Construction Skills - Lewisham Construction Hub, Local Supply Chain Development Services</b>	31/01/17 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
December 2016	<b>Contract Award Provision of School Kitchen Condition Surveys</b>	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	<b>Animal Welfare Charter</b>	08/02/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and		

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			Councillor Rachel Onikosi, Cabinet Member Public Realm		
December 2016	<b>Caretaker properties Disposal and Lease Award</b>	08/02/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Damien Egan, Cabinet Member Housing		
January 2017	<b>Determination of Admission Arrangements</b>	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		
January 2017	<b>Approval to Transfer Our Lady &amp; St Philip Neri Primary School to Catholic Archdiocese of Southwark</b>	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		
December 2016	<b>Results of Handypersons consultation</b>	08/02/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
January 2017	<b>IT Strategy</b>	08/02/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia,		

**FORWARD PLAN – KEY DECISIONS**

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			Cabinet Member Resources		
December 2016	<b>Library Savings Programme update - Manor House</b>	08/02/17 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
November 2016	<b>Pay Statement</b>	08/02/17 Mayor and Cabinet	Phil Badley and Councillor Kevin Bonavia, Cabinet Member Resources		
December 2016	<b>2017/18 Budget</b>	08/02/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
November 2016	<b>Waste &amp; Recycling Services Update</b>	08/02/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
December 2016	<b>Agreement to consult on changes to Targeted Short Breaks Offer for children and young people with complex needs</b>	08/02/17 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young		

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			People		
August 2016	<b>The Wharves Deptford - Compulsory Purchase Order Resolution</b>	08/02/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
November 2016	<b>Community Equipment Contract Award under London Consortium Framework Agreement</b>	08/02/17 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		
November 2016	<b>Health Visiting and Children's Centres - Award Report</b>	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	<b>Award of Contract for Specialist Short Breaks</b>	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	<b>Stage 1 of 2-stage procurement for the proposed expansions of Ashmead Primary School and Addey &amp; Stanhope Secondary School</b>	08/02/17 Mayor and Cabinet (Contracts)	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for		

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	<b>(Morningson Centre) and to enter into a Pre-Construction Services Agreement.</b>		Children and Young People		
November 2016	<b>Young Person's Health and Wellbeing Service Award Report</b>	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	<b>Budget Update</b>	15/02/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
January 2017	<b>Award of contract for Sexual Health clinics</b>	21/02/17 Overview and Scrutiny Business Panel	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
May 2016	<b>Council Budget 2017-18</b>	22/02/17 Council	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
November 2016	<b>Pay Statement</b>	22/02/17 Council	Phil Badley and Councillor Kevin Bonavia,		

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			Cabinet Member Resources		
November 2016	<b>Opting in to the Public Sector Audit Appointments Limited (PSAA) framework</b>	22/02/17 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Jonathan Slater		
December 2016	<b>Brasted Close development</b>	01/03/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
December 2016	<b>New Homes Programme</b>	01/03/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
December 2016	<b>Lewisham Homes Management Agreement and Articles of Association</b>	01/03/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
December 2016	<b>Proposed Heathside and Lethbridge Estate, Lewisham - Phase 6 Compulsory Purchase Order 2017</b>	01/03/17 Mayor and Cabinet (Contracts)	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
December 2016	<b>Lewisham Construction Hub Contracts</b>	01/03/17 Mayor and Cabinet (Contracts)	Sara Williams, Executive Director, Children and Young People and		

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			Councillor Alan Smith, Deputy Mayor		
December 2016	<b>Statutory Funerals Contract</b>	14/03/17 Overview and Scrutiny Business Panel	Aileen Buckton, Executive Director for Community Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
January 2017	<b>Award of contract for Sexual Health e-service</b>	14/03/17 Overview and Scrutiny Business Panel	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
December 2016	<b>Lewisham Place Planning Strategy 2017-2022</b>	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		
January 2017	<b>Catford Regeneration Programme Parts 1 and 2</b>	22/03/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2016	<b>Community Premises Management Contract Award</b>	19/04/17 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank,		



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			Cabinet Member Third Sector & Community		

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Work item	Type of item	Priority	Strategic priority	Delivery deadline	26-Apr	13-Jun	20-Jul	12-Sep	01-Nov	07-Dec	24-Jan	06-Mar
Lewisham future programme	Standard item	High	CP9	Ongoing								
Sustainability and transformation plan	Standard item	Medium	CP9	Apr								
Confirmation of Chair and Vice Chair	Constitutional req	High	CP9	Apr								
Select Committee work programme 2017/18	Constitutional req	High	CP9	Apr								
Devolution pilot	Standard item	Medium	CP10	Apr								
In-depth review	In-depth review	High	CP9	Dec		Scope	Evidence session	Evidence session	Report			
SLaM quality account	Performance monitoring	Medium	CP9	Jun								
Place-based care and neighbourhood care networks	Standard item	Medium	CP9	Jun								
CQC update	Performance monitoring	Medium	CP9	Jul								
Lewisham and Greenwich NHS Trust Quality Account	Performance monitoring	Medium	CP9	Jul								
Transition from children's to adult social care	Standard item	Medium	CP9	Sep								
Healthwatch annual report	Information item	Medium	CP9	Sep								
Lewisham hospital update (systems resilience)	Standard item	High	CP9	Nov								
Public health annual report	Performance monitoring	Medium	CP9	Nov								
Integration review update	Performance monitoring	Medium	CP9	Dec								
Partnership commissioning intentions	Performance monitoring	Medium	CP9	Dec								
Adult safeguarding	Performance monitoring	High	CP9	Jan								
Adult learning Lewisham annual report	Performance monitoring	Medium	CP9	Jan								
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)	Wednesday	26 April		5)	Wednesday	01 November
2)	Tuesday	13 June		6)	Thursday	7 December
3)	Thursday	20 July		7)	Wednesday	24 January
4)	Tuesday	12 September		8)	Tuesday	6 March

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